PART III: SURVEY RESULTS

A/ DISTRICT LEVEL
1. ECC ACTIVITIES OF LOCAL GOVERNMENT AND INSTITUTIONS

1.1 Government
The management body responsible for childcare in the district is the Children Protection and Caring Committee (CPCC). The structure of the CPCC includes the Chairman of CPCC, who is the vice-chairman of DPC, responsible for general supervision. The vice-chairman of CPCC is responsible for coordination of specific activities with other members, who are the leaders of 15 main institutions (see Figure 1). The results of the interview with the vice-chairman of CPCC, at commune level the activities of CPCC are conducted by a full-time staff, who is often the Labour, Invalid and Social Affairs (LISA) officer. Depends on specific conditions of each commune, representative of Culture Office, CWU, CISS and Commune Military Committee (CMC) may also join as members of commune CPCC. The full-time staff of CPCC receives salary from CPC budget at the level of VND 200,000/month.

![Figure 1: Organization Diagram of the CPCC](source)

The main responsibilities of CPCC are to collect information needed to make action plan and coordinate related institutions to implement this plan. In addition, CPCC advise DPC on issues related to child development. CPCC also monitors related institutions in ECC activities. However, the monitoring work is only based on regular reports of implementing agencies; thus, the timeliness and precision are limited.

Particular activities of CPCC include the training of communication skills and the introduction of Child Protection Law (CPL) for full-time staff of communes, and assist communes to establish the Action Plan for Children (APC). As a result, 9 out of 34 communes in the district have established the APC for 2000-2010 period. All communes in the district have received four sets of document on ECC including the

---

1 Including Health, Education, Culture, LISA, Police, Youth Union (YU), WU, the Court, Finance, Banks, Farmers' Union (FU), Veteran Association (VA), Red Cross, Fatherland Frontier and Population and Family Planning Committee

2 Source: interview CPCC of Van Chan district
ECC handbook published by CPCC of Yen Bai province and the Department of Justice.

1.2 Education
The district government concerns very much about education for children. At present, the district and most of the communes have established the Education Committee with members from local government and representatives of major institutions as CPCC. At district level, the chairman of the Education Committee is the vice-chairman of the DPC, who is responsible for social sector. The main activities of the Education Committee is to encourage parents to let their children go to school, identify problems related to education and discuss with other institutions to find solutions.

Thanks to the concern of local government and cooperation of institution in the district, education, especially kindergarten, pre-school and primary school education in Van Chan have gained significant results. Up to the present, all communes in the district have to cover primary education, some communes also cover secondary education. At present, there are 9 kindergartens in the district with 137 classes, 209 teachers and 2,742 children. Among 209 kindergarten teachers, only 35 persons have not been trained officially. All primary schools and kindergartens in the district are state-owned. The private and semi-state owned schools are not developed.

Salary and wages of kindergarten teachers are very poor. Kindergarten teachers in official payroll receive a salary VND 120,000/month; contracted kindergarten teachers receive only VND 80,000/month. Meanwhile, the average salary of primary teachers in the official payroll is VND 500,000/month. In most of the communes, parents of students and local government have to provide additional support, thus, teachers receive at least VND 200,000/month. However, this salary is too little to survive, thus, it does not encourage teachers to work in remote areas.

The total spending for early childhood education of the whole district is VND 1.65 billion, accounting for 11% of total spending for education. Most of this spending is for teachers' salary and administrative cost.

Besides the official education programs of the government, Van Chan also establish a bilingual H'mong-Vietnamese classes for kindergarten children in Suoi Giang and Suoi Bu. CoET also cooperates with CWU and CHS to organize communication campaigns on child rearing techniques. However, methods of communications are not diverse and are not frequent.

1.3 Health
The health system of Van Chan includes DHC, district hospital, 7 regional polyclinics, 34 CHS and VHWs. In addition, there are special units under district hospital such as Family Planning Unit, Malaria Protection Unit, Epidemic Prevention Unit and Social Disease Unit (see Figure 2). The total number of beds of the district health system is 280, of which district hospital has 30 beds, polyclinics have 80 beds and CHS's have 170 beds. All health centers in the district are state owned; however some traditional healers are still practising at small scale.

\[\text{Source: District Statistic Office of Van Chan}\]
The total number of health workers in the district is 238 people, of which 21 people are medical doctors, accounting for 9%; assistant doctors and nurses share the same portion of 42%. The number of people with pharmacy degrees is very limited with 2 pharmacists and 14 assistant pharmacists in the whole district (see Table 1).

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctors</td>
<td>21</td>
<td>8.8</td>
</tr>
<tr>
<td>Assistant Doctors</td>
<td>100</td>
<td>42.1</td>
</tr>
<tr>
<td>Nurses</td>
<td>101</td>
<td>42.4</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Assistant Pharmacists</td>
<td>14</td>
<td>5.9</td>
</tr>
<tr>
<td>Total</td>
<td>238</td>
<td>100.0</td>
</tr>
</tbody>
</table>

DHC also often cooperates with other institutions such as DWU and CoET in organizing communication campaigns on family planning, environment sanitation and nutrition in the whole district. However, communication methods are not diverse, and skills and enthusiasm of communicators are not adequate. Scope of communications often limits to commune level. The communication to village level, especially remote villages like Tap Lang 2 of Suoi Giang are mainly done by village heads or VHWs. As a result, the quality of communication was much deteriorated.
1.4 Other Institutions

As mentioned in Part (1.1), other major institutions such as DWU, DYU, DVA and district Red Cross, Finance Office, Banks, district court and Police are all concerned and tightly cooperate with each other in ECC activities. The above institutions are the standing members of CPCC and Education committee of Van Chan district. Among the above institutions DWU has special roles in communication and implementation of programs on reproductive health, family planning, nutrition, mother and childcare. In addition, members of DWU are also very enthusiastic in establishing funds to provide loans for poor members to develop production and childcare.

District Youth Union (DYU) also have important impacts to ECC. Youth Union of institutions in Van Chan has established pre-marriage clubs with have operations twice a week with the main contents of communication on reproductive health and family planning. In addition, DYU also encouraging the Business Set-up Movement for Youth and exchange production experience. The operations of DYU have attracted large number of participants due to its diverse activities such as debating, discussion and music shows.

The Vietnam Bank for Agriculture and Rural Development (VBA) and Vietnam Bank for the Poor (VBP) are the most two important partners who provide credit for economic development activities in the district. Up to the present, the activities of VBP have reached 30 out of 34 communes in the district. The VBP provide loans according to the list of poor households with production ability* proposed by village heads and approved by the Hunger Elimination and Poverty Reduction Committee of the commune (HEPRC). Meanwhile, every person can get loans from VBA if they have application letter and production plan with approval of the CPC, and necessary collateral for the amount of loan exceeding VND 10 million. Interest rate is the major difference between loans of VPB and VBA. The current interest rate of VPB is 0.6%/month whilst the interest rate of VBA is 1.05%/month. The total credit source of VBP in Van Chan at present is VND 16.8 billion from the state budget and ILO. The total amount of loans in the district include VND 20 billion from VBA and VND 17 billion from VBP. Credit activities of the banks have actively improved the living of district people, making indirect impacts for the improvement of child caring and education at family and society levels.

Besides the credit supports of the banks, assistants on production techniques of Chamber of Agricultural and Rural Development (CARD) in Van Chan also have significant contribution for the economic successes of households in the district. The major activities of CARD include the providing of high yield crop varieties and livestock species, veterinary services, crop protection, agricultural materials and agro-forestry extension.

2. PROJECTS/PROGRAMS ON ECC

2.1 Education

The development programs on education in Van Chan during the last 10 years include:

- The integrated class program funded by UNICEF was implemented in 1991. At present, most of the communes in the district have established integrated classes in villages, where the number of children is too small to organize separate classes and the distance to larger village schools is too far. The major activities of the program

---

* According to VBP these households are often have labor, land or have sufficient conditions to develop off-season jobs but lack of capital because of poverty.
is to train integrated class teaching skills for teachers at primary schools. In addition to funding from UNICEF, the local government also provides supports for teachers of integrated classes.

- The construction program funded by the World Bank (WB). In 1998-1999 school year, WB has supported to construct 2 classrooms in two communes of the district. However, there are still a lot of temporary school but the program has contributed significant impacts to improve the teaching and learning conditions.

- The Bilingual H'mong-Vietnamese program for primary children at Suoi Giang and Suoi Bu. This program is conducted by the district in order to help H'mong children learn knowledge at school better, especially in the first few years of primary school when their Vietnamese is limited. After the pilot phase, the program has gained promising results. The knowledge taught by H’mong have improved the learning ability of children significantly. The bilingual training also improves communications between children and teachers to solve study difficulties. In addition, in bilingual classes Vietnamese was explained through H’mong, thus the study of H’mong children is easier.

- National programs on primary education and literacy coverage have been implemented in all communes in the district. The major institution participate in this programs include CoET, primary schools, D/C WU and D/C YU. AT present most of lowland communes in the district have completed primary education coverage. Similarly, most of the communes have completed literacy classes due to the cooperation between D/C WU, D/C YU. However, literacy classes are organized for those in the age group of 18-25 only, thus, the illiteracy incidence among those outside the above age range is very typical. In addition, many people are re-illiterate after completing literacy classes due to lack of chances to practice Vietnamese. This has adverse impacts to Vietnamese ability of children before going to school. In addition, because parents and childcare givers are illiterate the learning and applying childcare techniques are very limited.

2.2 Health

Besides national health programs such as immunization, family planning, malaria control, prevention of goiter, tuberculosis, and reproductive health there are other health programs operating in Van Chan as follows.

- The national program funded by UNFPA and has been implemented since 1994 in 34 communes and towns in the district. The major activities of this program include the construction of population and family planning houses, and providing medical equipment such as delivery table, delivery kit, sterilizers and a safe water filter kit. The acting agencies of this program include DHC and CHS’s.

- The Nutrition rehabilitation Program coded PAM 38441 has been implemented since 1998 funded by the World Food Program (PAM). The program has been implemented in 20 communes in the district including Suoi Giang. Major activities of the program include communication of nutrition knowledge for mothers, children weighing, establish child growth chart, demonstrate nutrition meals and providing nutrition foodstuff such as cooking oil and nutrition grain-mix. The partners of the program at local level are D/CWU, DHC, CHS and VHWs.

- The Program on Reduction of Peri-natal Mortality Rate (PMR), which has been implemented in 10 communes in the district in 2000. The program is co-operated by the Thai Binh Medical College and DHC. The program is implemented by research fund of Thai Binh Medical College. The major activities of the program are to identify the cause of peri-natal mortality and find the solution to decrease PMR.
The Vietnam-Australia Malaria Control (VAMC) Program was implemented in 4 communes of the district, where DWU is the acting agency. The main activities of the program include communications of malaria prevention methods, providing of mosquito nets and malaria pills for households. In addition, the program organize literacy classes for women projected communes. Communication activities of the program have play significant roles in improve the knowledge of the community in malaria protection and control. However, the approach of these programs, particularly the literacy program, is not very appropriate. Each participant of literacy classes received VND 3,000/day and this is considered the biggest incentive for participation. Even though this method has achieved high rate of participation in literacy classes, it will create negative premise for other development activities. In addition, the dependency on supported materials to implement programs will not guarantee the sustainability.

In short, health programs have positive impacts on improving community health. This will have direct impacts in making convenient conditions for holistic development of children.

2.3 Other sectors

- The 135 program of the government is one of the factors, which have indirect impacts to ECC. This program support 1715 poorest communes in the country. The major activities of this program are to construct rural infrastructure such as transport, electricity, schools and CISS's. In addition, the 135 program also invest on commercial-cultural centers in some communes to help people in remote areas have better chances to exchange goods practice culture activities. The acting agencies of the program include local government and related institutions such as health, education and transport.

- The 5-million Hectare Reforestation Program of the government has also implemented in Van Chan. At present, most of the forest areas in the district have allocated to households for reforestation and protection. The program has started with activities such as the instruction of reforestation techniques.

- The Ethnic Minority Development Program has implemented in two communes of the district. The program has implemented through the DWU of Van Chan with funding from the state. Major activities of the program include communications and support materials for the health care of mothers and children. In addition, the program provide credit for those need production investment.

- The program on improvement of income and communication of a book titled Things Needed for Life, has been implemented in 6 communes in the district. The program was implemented by DWU and funded by UNICEF. The major activities of this program stem from income generated activities such as production techniques, development of new jobs and supplying credit to those who have demand for production investment.

3. PROBLEMS AND SOLUTIONS FOR ECC

At the district workshop, problems related to child development at Suoi Giang commune have been discussed. The members of the district workshop have divided into three groups, namely health, education and multi-discipline. Major problems identified in the district workshop are presented below.

3.1 Problems

According to the government and institutions of the district, the most difficult problem in child development of Van Chan is the low education level. The incidence of
Illiteracy is very high, especially among those outside the age range for literacy classes. In addition, many people have been re-illiterate after completing literacy classes. Limited social contacts also increase the chance of re-illiteracy due to lack of practising Vietnamese. High incidence of illiteracy creates difficulties for learning production and childcare techniques. Thus, children do not have proper condition for their holistic development.

According to the analysis of district leaders, poor management skills of commune leaders also create big obstacles for the socio-economic development in general and child development in particular. Most of the key leaders in Suoi Giang have not completed secondary school. In addition, local leaders have very little chance to participate in training courses, especially training on management skills. As a result, the ability to handle management tasks of these leaders is not satisfactory. According to district leaders, some recording and filing work at the commune level are done by teachers from Suoi Giang primary school.

Poor management skills of commune leaders have created negative influences to the efficiency, independence and sustainability of development activities in the community, especially the child development activities. It is obvious that when the management ability of local leaders is poor the success of development activities will not be guaranteed. In addition, once the management and monitoring of local leaders are not satisfied, it is very difficult to coordinate organizations/individuals participating in child development activities.

Poor economic is also one of the crucial problems in ECC activities in Suoi Giang. According to district officers, Suoi Giang belong to the group of poor communes in Van Chan. The economy of the commune is mainly depended on agriculture, especially tea. It can be said that tea brings the crucial source of income for the commune, but the dependency to tea will make difficulties to the commune economy when tea price runs towards disadvantage direction. Other income sources of the commune include rice and maize. However, due to poor production techniques and dated tools, the productivity of these crops are very low. Limited access to credit also create difficulties in the economy of Suoi Giang. According to the figure of VBP, the total loan of Suoi Giang is VND 2 millions, borrowed by two households to invest on production. Bank officers commended that the major reasons for this problem are caused by lack of information on loan procedure. In addition, lack of confidence, which is caused by poor production techniques, has reduced the demand for loans. Poor economy has obviously created negative impacts for the development of children such as malnutrition, lack of parents' caring, inadequate education and exploitation of child labor.

According to assessment of education officers, the shortage of kindergarten teachers is also a difficult problem for Suoi Giang. At present, Suoi Giang has constructed a kindergarten, however, teachers are not enough due to limited payroll quota. As a result, the commune has to sign a contract with a kindergarten teacher. The contracted teacher does not have adequate salary and a stable position. In addition, the contracted teacher does not receive health insurance and social insurance, making negative impacts to the teaching quality.

The last problem of Suoi Giang identified in the district workshop is the inconvenient transport due to large area and complicated terrain. Even though the road is connected to the commune center walking tracks are the sole solution to go from the commune.
center to villages. In some villages, it takes 2-3 hours to walk to the commune center. The scattered distribution of villages was caused partly by the migration during the wartime. The construction of roads to villages is not realistic, economically and technically feasible due to steep and difficult terrain. Alternative solutions such as migration cannot be implemented either because it does not coincide with the people’s need.

Difficult transport has created a lot of obstacles for the socio-economic development of the commune, including child development. It requires at least two days to organize a meeting on ECC knowledge dissemination at commune level. In addition, villages are located far from the center and are scattered so that the implementation of national health programs such as immunization is very difficult. It is hard to inform the immunization plan to all households in the villages, and because of the far distance, the quality of vaccine may reduce when it reaches the villages. The difficult transport also prevents villages from regular social contacts, thus, limits information on production techniques. This has lead to economic difficulties and, in turn, have negative impacts on child development.

3.2 Solutions
After identifying the problems in ECC activities of Suoi Giang, representative of the district workshop have discussed and proposed solutions for the identified problems. Details of these solutions are discussed and are presented below.

a) Education
The first solution to be done is to improve education level for local community. According to the discussion of representatives, it is necessary to implement literacy classes for every body, including those who are illiterate. In addition, it is necessary to increase the quantity and quality of teachers in order to improve teaching and learning quality. The communication to encourage adults and children to attend literacy classes is extremely necessary to improve education level of the community.

Suoi Giang has some advantages to improve education level. Teachers at primary school and kindergarten are very enthusiastic. In addition, the commune has also established Education Committee, which is the key player to learn external education experiences and apply to the local condition. The organizations/individuals who have important roles in implementing these solutions are local leaders, Education Committee, DWU and DYU. The contribution of the provincial government to this solution includes the support of operational cost, payroll quota and encouragement policy for teachers in remote areas. The district government may support part of the running cost for literacy classes. The CoET is responsible for the design of training classes. The commune government, primary school and CWU may cooperate in organization of literacy classes and communication activities, which encourages people to allow their children to go to school.

According to the discussions of the education group, increase the number of official teachers for kindergarten is the necessary solution to convince teachers to stay at their work and to improve teaching quality. It is observed in Suoi Giang that the kindergarten is crowded with children, who come to class to study Vietnamese before entering primary school and to attend other activities. It can be said that kindergarten is a good environment to study Vietnamese. However, there is only one kindergarten in the whole commune, thus, it cannot mobilize all children to go to kindergarten. In addition, kindergarten operates on half-days only, thus, for the remaining of the day
children do not have proper caring and education. If more teachers are recruited as official staff, it is possible to mobilize more children to kindergarten for the whole day.

Improvement in the quality of education materials is also considered one of the important activities to raise the quality of education. The major activities of this solution concentrates on improving classrooms in villages, because the difficulties of terrain, the most suitable types of classrooms will be built by timber and roofed by fibercement. In order to implement this solution, CPC and village heads will mobilize the community to contribute labor and raw materials to improve classrooms. The workshop participants would like to receive financial assistance from UNICEF and ECD to cover the cost of construction, toys and teaching equipment.

b) Health
The major solution to improve the health of the community are communication on health, improvement in the skills of health staff, practice reproductive health and implement the national health programs. The discussion results at the district workshop reveal that main methods for health communication include mass media and integration with formal education programs. The major partners in this solution will be CHS, primary school and mass organizations such as CWU and CYU. Particularly, the primary school and CHS will incorporate to conduct the contents of health education in teaching programs at the commune center as well as in villages. The CHS is also responsible for instructing mass organization in integrating the contents of health communication into activities of organizations. The utilization of mass media for health propaganda will be the most suitable method since it can reach a vast audience at small cost. Among the mass media, radio is the most appropriate choice since most of the families have a radio, and local people are very keen on listening to the radio. Thus, if the programs are broadcast in H'mong at the right time, the efficiency of communication will be great. However, according to the director of the Radio and TV Broadcasting Station of Van Chan, the Station will not have programs broadcast in H'mong until 2001.

Improvement in the skills of the health staff is also considered the key activity to improve the quality of health service in Suoi Giang. Even though at present the CHS has 4 people on staff and each village has a VHW, the skills of health personnel are very poor. In addition, most of the VHWs are male, thus, it is not possible for them to deliver the babies because of local customs, which do not allow strange men to deliver for women. Therefore, to improve the quality of local health service, it is necessary not only to re-train existing health staff but to train traditional midwives to help expecting women deliver their babies at home. Major participants of these activities will be health sector and leaders at village and commune levels. The Department of Health (DoH) of Yen Bai Province and DHC of Van Chan district will be responsible for part of the training cost, training location, documentation and lecturers. The chairman of the CPC and village head will be responsible for the selection of traditional midwives and send them the required training. Part of the training cost will be supported by external sources such as UNICEF.

The activities for improvement of reproductive health will be concentrated on antenatal examination and caring of pregnant women before and after giving birth. At present the antenatal care activities and immunization against tetanus are implemented by CHS and DHC staff. However, due to transport difficulties, it is very hard to implement antenatal examination and immunization against tetanus by CHS and DHC.
staff. Therefore, the training of these skills for VHWs plays crucial roles in helping all pregnant women have a chance to be examined and immunized. The training cost is expected to be covered by DoH and external supports. The DHC of Van Chan will contribute location and lecturers for local health staff. In addition, in the short-term, CHS and DHC staff should organize campaigns on antenatal examination and immunization against tetanus for every village.

Activities to improve the quality of caring for expecting women before and after delivery will focus on communication delivery and caring techniques for those who will be responsible for the women such as husbands and related people. These communication activities will be responsible mainly by communicators at village and commune levels.

The last solution is to implement national health programs. At present, most of the national health programs have been implemented in Suoi Giang, however, the results achieved are not significant. The incidence of malnutrition is high, and many children are not immunized. Common diseases such as malaria, diarrhea and goiter are still very popular in the community. In order to implement national health programs more efficiently, the member of the district workshop stated that it is necessary to improve the cooperation among CHS, VHWs, local government and mass organizations.

c) Other sectors

Improvement in the management skills of local staff is one of the most priority solutions proposed at the district workshop. The main activities of this solution are the training of communication skills, management skills and community development skills for commune leaders and other key players such as Chairman/vice chairman of the CPC, village heads/deputy village heads, village elders and leaders of CWU, CYU, CFU, CHS and primary school. In addition, it is necessary to train ECC techniques and communication skills for village collaborators on health, population and family planning, and ECC sectors. Training courses can be done at the commune center. Lecturers for the training can be mobilized from district offices and local training institutions.

Economic development is considered an indirect solution for ECC in Suoi Giang. One of the main reasons for slow economic development in Suoi Giang is the lack of production knowledge. Thus, the beginning activities of this solution include the instruction of production techniques for the community so that they can borrow loans to invest in production. In addition, the workshop agreed that it is necessary to instruct the procedure to approach credit sources to the local people.

B/ COMMUNE LEVEL
1. ACTIVITIES OF LOCAL GOVERNMENT AND INSTITUTIONS

1.1 Government

Like at district level, the government of Suoi Giang very concerns about the development of children. The commune has established the Action Program for Children in the Period 1996-2000 with the particular objectives as follows.

- Improve health of mothers and children;
- Decrease the mortality rate related to pregnancy and delivery;
- Reduce the malnutrition rate in the commune from 29.7% in 1995 to 25% in 2000;
- Increase the rate of access to the safe water source from 22% in 1995 to 50% in 2000;
70% of children in the age group completed grade 3 and 30% of children in the age group completed primary school; Construct cultural house and playground for children; and Help children with difficulties.

At present, most of the above objectives were fulfilled except safe water and playground. The commune has just completed a kindergarten with sufficient rooms and teaching equipment. The kindergarten attracts about 40 children in the surrounding villages to go for study. Due to the shortage of rooms for all children in the age group, this kindergarten class can support only for the official 26-week program. More than 100 children are attending the intensive 36-week Vietnamese training program have to study in classrooms at the primary school.

Suoi Giang has established the Child Protection Committee in 1995 and the chairman of the CPC was also the chairman of the child protection committee. In 1998 the head of CHS has replace the chairman of the CPC. The chairman of the child protection committee work on half time basis and get an allowance of VND 20,000/month. Each village has a collaborator of the child protection committee with allowance of VND 10,000. According to the report of the CPC chairman, the major activities of the child protection committee from the establishment has focused on nutrition sectors such as child weighing, supply of nutrition grain and nutrition communication. In addition, to nutrition activities the child protection committee also organizes the campaign on introduction of Child Protection Law to the community. The Law was introduced to the community through the village head during village meeting activities of mass organization.

In addition to the activities of child protection committee, the government of Suoi Giang also cover the administrative expenses of the primary school and kindergarten, and cost for organization of children ceremony such as Mid Autumn Festival and the International Children Day 1st of June. The CPC also mobilize to contribute labor, materials and spend part of the commune budget to improve the materials and infrastructure for primary schools and kindergarten.

In short, the government of Suoi Giang concerns very much about the development of children. During the past few years, CPC and village heads have been the most active members of the child protection committee. The interview results show that 76% of households stated that local government has been more concerned about child development during the last 3 years; 20% of households stated that the concern of local government was unchanged; and none of the households replied that local government less concern about child development (see Table 2).

| Table 2: Concern of the Government |
|-------------------------|------------------|------|
| Level            | Count | %    |
| Better          | 19.00 | 76.00|
| Unchanged       | 5.00  | 20.00|
| No Idea         | 1.00  | 4.00 |
| Total           | 25.00 | 100.00|

Source: household interview

1.2 Education

(a) Personnel

The total personnel of education in the commune are 22 people, of whom 21 are primary school teachers and only one kindergarten teacher. Most of the teachers are from other areas except one teacher from Giang Cao village and he is now teaching in Tap Lang 2 village. Most of the teachers completed junior college, particularly 10 teachers completed high school and went for teachers’ training in 2 years (i.e., 12+2 system); among the remaining teachers, 4 people complete basic training for 9 months
and 8 people have never been completed official teachers’ training courses. In terms of language, 4 teachers can speak H’mong fluently. Among teachers in Suoi Giang 4 primary teachers and the kindergarten teacher have not been recruited as official staff.

Most of teachers in Suoi Giang are relatively young with the average age of 25 but they have rather long experiences in teaching due to early job start. The most experience teacher is the headmaster with 11 working years. The least experience person is the kindergarten teacher with less than 1 year of experience. Teachers with long experiences are the advantage for the education of Suoi Giang because they can communicate in H’mong with children.

b) Materials
Classrooms of the primary school at the commune center is made of timbers and roofed with fibercement. The new kindergarten is built of solid brick and tiled roof. At the village level, classrooms are built of bamboo with thatch roof. This type of classroom often lasts for one year. Chairs and desks are often made of rough timbers or tree trunk. There are no latrine or safe water tanks in every class in Suoi Giang.

c) Working Conditions
Salary and Allowances: Teachers in the official payroll receive an average salary of VND 600,000 per month, which is enough for living in Suoi Giang. However, the salary of newly graduated teachers or teachers who are not the official staff are too low. The salary of contracted kindergarten teachers at present is VND 80,000 per month, which is just enough to pay xe om⁵ back and forth to visit home at district center. To overcome this problem, commune government, parents and other teachers have contributed so that the kindergarten teacher can earn about VND 200,000 per month.

Office-Library-Accommodation: The primary school does not have office for teachers, even the headmaster has to work in his bedroom. The school does not have a library for teachers to improve their knowledge and update themselves with information. The teachers at the commune center stay in the dormitory near the school. In some villages, the commune has to build temporary accommodation for teachers; in other villages teachers have to stay in the houses of local people.

d) Advantages and Difficulties
Advantages: Teachers in Suoi Giang agreed that the major advantages of Suoi Giang are the concern of local government. The local community is also very enthusiastic in renovation and construction of classrooms for children. In addition, the commune will receive support for development programs such as integrated classes, bilingual class H’mong-Vietnamese, VAMC and ECC Project.

Difficulties: Suoi Giang has quite a lot of difficulties related to education. According to local teachers, the most difficulty of education in Suoi Giang is the limited awareness of the community about the importance of education. At the commune workshop, some local officers replied naively that "study does not produce rice" or "there is no vacancy in local government, our children will not have any position after studying".

The high incidence illiteracy and limited social contacts among parents are the main reasons of this problem. In addition, the efficiency of education communication is not high. Economic difficulties are the additional factor that has negative influences to education in Suoi Giang. Due to economic difficulties, parents cannot cover the cost of

⁵ Sort of motorbike taxi
education even though no tuition fee is required for primary education. Inconvenient transport also creates hardship for teachers in villages. Due to difficult transport, female teachers have difficulty in private life. Some teachers have devoted 7-8 years to teaching and have no chance for a private life. Finally, as mentioned previously, poor working conditions lessen the enthusiasm and skills of teachers. All these difficulties are having negative impacts on education in the commune. As a result, children have low education, underdevelopment of intellect, language, and finally children will have to follow steps of their predecessors into poverty cycle.

1.3 Health

a) Personnel
The total personnel of CHS is 4 persons, 1 assistant doctor, 2 nurses and a midwife. Among commune health personnel, the 2 nurses are local people of H'mong ethnicity and the other 2 are Vietnamese that come from other regions. All health staff have rather long working experiences, with an average of 10 years. Direct observations show that all commune health staff wear uniform in the workplace; and all of them are full-time official payroll staff.

There are 8 local VHWs in 8 villages of Suoi Giang, of whom 5 VHWs are trained for six months at DHC. The remaining was trained for only one month on basic health care techniques. All VHWs are male and receive monthly allowance from the government budget.

b) Infrastructure and materials
The CHS building was built of solid brick in 1985. The CHS has a sufficient number of rooms, including a room for the head of CHS, duty room, injection room, treatment room, drug counter, delivery waiting room, delivery room and kitchen. Besides, there is a safe water tank and a latrine.

The CHS is supplied with sufficient medical equipment such as a delivery table, delivery kit, IUD kit, sterilizers, vacuum, blood pressure kit and holding trays. In addition, the CHS is equipped with a microscope to conduct simple tests. However, the equipment for VHWs is very simple, especially the threes VHWs with short training.

The quality and variety of drugs in the CHS are enough for treatment of common diseases. However, drugs for VHWs are short.

c) Advantages and Difficulties
According to the discussion of the health group at commune workshop, health activities in Suoi Giang have following advantages and difficulties.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>✷ Sufficient of infrastructure and materials</td>
<td>✷ Skills are not updated and improved regularly</td>
</tr>
<tr>
<td>✷ Drugs are enough for treatment demand</td>
<td>✷ New equipment is not fluently operated</td>
</tr>
<tr>
<td>✷ Health staff have stable salary and allowances</td>
<td>✷ Difficult terrain to villages</td>
</tr>
<tr>
<td>✷ Most of health staff have completed basic training</td>
<td>✷ Community members are poor</td>
</tr>
<tr>
<td>✷ Have faith of the community</td>
<td>✷ Caring and nutrition knowledge are limited</td>
</tr>
<tr>
<td>✷ Have supports from local government</td>
<td>✷ Dated customs are practising</td>
</tr>
<tr>
<td></td>
<td>✷ Family size is to big</td>
</tr>
<tr>
<td></td>
<td>✷ Poor WATSAN</td>
</tr>
</tbody>
</table>
In short, health activities in Suoi Giang are relatively good with a sufficient number of staff from commune to village level. Infrastructure and materials such as the CHS building, equipment and drugs are quite sufficient. The main difficulties of health activities in Suoi Giang are transport, economics and awareness of the community about health care.

1.4 Other Sectors
Activities of other organizations such as FU and WU at commune and village level are not very significant. The contribution of these organizations to socio-economic in general and childcare in particular are limited. The head of the CFU has just completed a literacy class but he is unable to communicate in Vietnamese. Most members of the WU at commune and village level cannot speak Vietnamese. The CWU holds a meeting every quarter and the WU at village level rarely holds a meeting. The major activities of WU are to raise funds for social work such as funerals, weddings and visiting the ill. Activities, which relate to ECC, include the communication of family planning and child education. In addition, members of WU also encourage each other to participate in literacy classes and post literacy classes organized by DWU and funded by VAMC. This program also supports the community with a collection of book on health care, production techniques and nutrition to operate as a mini-library. However, the number of borrowers is very limited due to illiteracy and re-illiteracy.

The roles of CFU production activities in Suoi Giang are not very clear. The CFU does not have any support activities for production development, lack of extension workers and veterinarians. The interview results with the chairman of the CFU revealed that the major activities of CFU are to “encourage” farmers in production. At present, the CFU does not have branches at village level; the meetings of CFU are also rarely organized. Activities related to ECC are mobilizing CFU members to take their children to school, participate in nutrition programs, public sanitation, construction and renovation of schools and CHS.

Roles of other mass organizations such as VA and YU with ECC activities include communication as a tool to mobilize the community to participate in activities within the primary school, CHS and VHWs.

In short, the results of the commune workshop and detailed interviews with key informant in the local communities revealed that the roles of mass organization in ECC activities are very unclear. Also, the cooperation among the above institutions is very limited.

2. PROJECTS/PROGRAMS RELATED TO ECC
2.1 Education
- As mentioned in the assessment results at district level, Suoi Giang is one of the two pilot communes in the district implementing the bilingual program Vietnamese-H’mong. In addition, Vietnamese is taught in the 36-day intensive classes. The teaching in H’mong in the early stage of primary school has assisted children to study better.
- The Integrated Classes supported by UNICEF also started in Suoi Giang in 1991. At present, all villages in the commune have primary school classes and some villages have organized integrated classes. In order to encourage teaching and learning in integrated classes, children are provided free notebooks and pens; the teachers also receive additional allowances.
The literacy and post-literacy program, which was organized by DWU of Van Chan and supported by VAMC. The program has conducted 2 literacy and post literacy classes for CWU members. According to the staff of CWU, the participation rate of these two classes is almost 100%. However, as identified in the district workshop, the main motivation for this high attendance rate is the daily allowance of VND 3,000 for each participant. Thus, the efficiency of literacy classes did not meet the expected objectives. Most of the participants were re-illiterate due to lack of practice. The program also supports a book counter with interest topics such as production techniques, and nutrition and caring techniques but the number of borrowers is very limited. The reason for this problem is that women do not have time for reading. Moreover, the complexity of the books is too hard for those who just started reading. In addition, the borrowing-return procedure is very inconvenient, women were allowed to borrow books on the 25th day of every month to be returned on the 15th day of the next month.

The construction of the kindergarten at commune center with funding from DoET of Yen Bai. Besides the funding from the province, local community also contributes labour and raw materials. In addition, the CPC contribute VND 500,000 from the commune budget to buy toys for children. At present the kindergarten has two rooms, which are mainly used for children who are enrolled in the official 26-week program.

2.2 Health

The national health programs are the most exciting activities in health sector. Immunization activities, nutrition rehabilitation, family planning and antenatal care were implemented regularly by the health staff. Some activities such as surgery on family planning were implemented by the staff of DHC at the local site.

The VAMC implemented activities such as communication on malaria protection methods. Mosquito nets and chemicals to treat mosquito net were provided for households. In addition, the program implements education activities by organizing literacy class and supplying book counter. Activities of the program have contributed significantly in improving awareness of the community in malaria protection. Interviews and observations reveal that most of the households have used a mosquito net, in which the number of households purchasing mosquito nets has increased considerably from the previous three years.

The UNICEF safe water program has been implemented in Suoi Giang even though the coverage area is not significant. At present only part of the community live in Giang A and Giang B villages can access safe water tanks supported by UNICEF. Most of the remaining households have to use the water from the creeks.

Additional to the safe water system in Giang A and Giang B, UNICEF also support CHS with some medical equipment.

2.3 Other Sectors

There is no development program, except in health and education sectors, which have been implemented in Suoi Giang. Because electricity and roads are available at the commune center, Suoi Giang is not in the list of 1715 poorest commune under the 135 program of the government. Even though Suoi Giang has Vietnam’s renowned special tea, there is no master plan for this sector. The position of tea even becomes less important in the commune economy due to the drop of tea price, which is not encouraging households to pick tea.
3. PROBLEMS AND SOLUTIONS FOR ECC

3.1 Problems

There are a lot of problems related to ECC in Suoi Giang but low education level is the most difficult problem. As presented before, most of the community members cannot communicate in Vietnamese, especially women, due to the lack of practicing in their environment. All residents of Suoi Giang are H'mong and they rarely have the chance for outside contact, thus, H'mong was used most of the time. In addition, the high number of illiterate people are outside the age range for literacy classes, thus, they do not have a chance to study Vietnamese.

Large family size is also a burning issue of Suoi Giang. According to the survey results, the average number of children per family is 5. Moreover, these families are in the reproductive age, thus, it is possible that they may have more children if no adequate contraceptive method is applied. Low communication efficiency and poor awareness are the major reasons of this problem. Even though, each village has a communicator for population, health and education but the efficiency of communication is low and methods of communication are tedious. Limited awareness of the community also affects the efficiency of communication. These two factors have direct impacts on the problem of little knowledge and practices on contraceptive methods.

Malnutrition is also considered the crucial problem of ECC in Suoi Giang. Even though the statistics show that the malnutrition rate is only 22.7%, the discussion results at the commune workshop and interviews prove that a lot of children were not weighed because their homes are too far from village center or went to the field with parents on the day of weighing. Thus, the malnutrition rate in fact may be much higher. The major reasons of malnutrition are poor nutrition knowledge and practices of parents and childcare givers. The quality of communication and awareness of the community are two major factors that lead to poor nutrition knowledge. In addition, due to poor diet and nutrition for pregnant women, many children were malnourished at birth. The odd traditions of squeeze way colostrum, abstaining from cabbage, pumpkin leaves and fish after birth also lead to unbalanced diets for the infants.

Home delivery is also very popular in Suoi Giang and it will cause a lot of negative impacts to the health of mother and child. The major reasons of this problem are due to old tradition of H'mong. H'mong women often deliver at home and only husband or mother-in-law are allowed to help the women deliver the baby. At present the CHS has adequate equipment and skills to deliver children in the community but they use the CHS service only in the case of difficult delivery. Difficult transport from villages to CHS is also the main obstacle for CHS staff to get to the pregnant women in time. The distance from commune center to some villages take about 2-3 hours walking for healthy people, thus, it is not possible for expecting mothers to walk. Moreover, the terrain is too steep to carry pregnant women to CHS by hammock or horses.

A lot of discussions and interviews focus on medical and education equipment and materials in Suoi Giang. The results show that the quantity and quality of classrooms in Suoi Giang are very poor, especially at the village level. Children have to study in 2-shift classes where chairs and desks are lack and roofs are leaking. There are no playgrounds, latrine and safe water tanks for children in the classes. Education equipment is also short in quantity. Most of the classes contain some simple teaching equipment made by teachers.
Equipment of the CHS is quite sufficient except a microsurgery kit. However, VHWs are very poorly equipped. They do not have any equipment except needle and syringe. The quantity of drugs for VHWs is also very limited because they have to buy drugs from their own pocket to serve community members.

Poor sanitation and lack of water supply also have negative impacts to community health in general and children in particular. As mentioned before, there are only two water tanks in Giang A and Giang B, which were supported by UNICEF. However, the location of the two tanks is not very convenient for the whole community. Thus, majority of households in these two communes and all households in the remaining 6 communes do not have access to safe water. These households often use bamboo gutter to get water from creek to homes. Thus, water is not clear during rainy days due to lack of filters. In addition, bamboo gutters are often polluted by rubbish, dust and wastes of birth, chicken or rats, thus, water may not be safe when it reaches the home. Bamboo gutters are not durable and are not possible to get water from sources that are far away. As a result, in dry season the gutter of many families was dried.

The sanitation problem in villages is much more serious. Latrine and rubbish dump is strange terminology, which are not known by the community members. There is only one latrine, which was built in the CHS, in the whole commune. All community members release “hard waste” in bushes so that dogs and pigs will reuse. In addition, the free raising of livestock creates pollution for living environment. In Pang Cang village, which is located next to the commune center, livestock manure accumulates into a layer of 5 cm thick on the ground of the village and in the front yard of the households. Sanitation of households is not paid attention to either. Households are surrounded by bushes and sewage ditches. It is likely the reason for high incidence of malaria in the community.

Even though the impacts are not direct to ECC activities, economic difficulties are considered one of the most important factors of the commune. Most of the households in the commune are poor, even short of food, thus, it is very hard to care for children properly. The major reasons of poverty among households in the village are lack of production knowledge and limited access to credit. Because of low education level, it is very hard to exploit information from official sources such as books, newspaper and radio program in Vietnamese. In addition, technical instruction activities of DFU and Agricultural Extension never approach the community. In addition, the Suoi Giang community has little chance for social contacts so that they can learn social knowledge and production techniques. Due to lack of production knowledge, community members do not have enough confidence to borrow capital for production. In addition, information about loan procedure is not well known by community members. As a result of the above reason, up to the present there are only two households that borrow money from VBP with the total value of VND 2 million.

Difficult transport is the last of the problems, which were proposed at the commune workshop. Walking tracks are the typical route of transport even though a road is connected to the commune center. Walking tracks are very difficult to walk, especially in rainy seasons because of steep terrain. The difficulties of transport create huge obstacles for teachers and health workers to gain access to villages. Similarly, once villagers have any problem in education and especially in health, it is very hard to reach in time to gain services at the commune center. In addition, difficult transport limits economic development of the commune since it blocks the community members from social contacts.
In addition to the above problem, Suoi Giang faces many other problems related to ECC such as inequality between men and women and child labor exploitation. These problems are discussed in details in the gender section of this report.

In short, most of the results of the commune workshop coincide with the findings at the district workshop. Problems are discussed in more detail at in the commune workshop. However, at the district workshop discussions are focused on human resource capacity such as education level, management skills and community awareness. Meanwhile, at the commune workshop attention was focused on materials and infrastructure such as teachers’ salary, education and health equipment. Moreover, the commune workshop did not pay attention to management skills of the commune officers. However, according to the PRA team, this problem exists at the commune level and needs to be solved.

3.2 Solutions
After analyzing problems, participants of the commune workshop have proposed solutions for the above problems. These solutions are presented in details below.

Improvement in the education level is considered the highest priority. Major activities that will contribute to increasing the education level are; raising communication, increasing awareness of the community about the importance of education, mobilizing the community to participate on literacy classes, and mobilizing 100% children go to school. Participating in these activities include local government, health and education at all levels. The DoET and DoH of Yen Bai province are responsible for supporting part of the training course and supply document for communication and training. The commune government, CHS and primary school are organizations that are responsible for the organizations of literacy classes and communication on education. Part of the training cost, experts and other materials are expected to be supported by external agencies such as UNICEF, VWU and ECD.

The objective to strengthen family planning was set at the commune workshop to overcome the problem of rapid population growth. Major problems of this solution include communication on family planning within households and instruct contraceptive methods. This activity began a long time ago with other national health programs but no significant results were achieved. Tedious communication methods are the major reasons of this problem. Most of the communication campaigns are taken to village meeting. Moreover, attention was not paid to the cooperation among organizations and individuals in the communication campaigns. The communication work is often done by the collaborator on population, who is normally the village head. The communication in village meeting often attracts about 50% of households to participate. In addition, it is very hard for community members to understand to contents of communication campaigns with basic instructions at meetings regarding their low level of education. Hence, participants of the workshop emphasize on the cooperation among organizations in the community. Particularly, population collaborators will cooperate with CWU, CYU and CFU to conduct communication campaign for members of these organizations. These campaigns can be conducted in the form of informal debates and incorporation with activities of these organizations. Thus, leaders of mass organizations such as CWU, CFU, CYU and teachers will share the responsibility of communication with the village head.

Solutions for nutrition activities of children include communication and instruction of nutrition knowledge and practices for parents and childcare givers. Methods of
communication are similar to those mentioned in the solution for family planning. In addition to the communication and instruction activities, representatives also mentioned that it is necessary to maintain and develop the system of weighing and monitoring child nutrition.

Improvement in the equipment, appliances and infrastructure for education and health are serious concerns of the commune organizations. The major activities of these solutions include the construction of two kindergartens at Pang Cang and Tap Lang 2 villages. Moreover, it is planned to improve all classes and study equipment for all classes in the village. The classrooms are expected to be constructed from timber fiber cement. In order to implement the construction and repair of classrooms, the local partners have agreed to mobilize casual labor and raw materials from the community. The remaining construction costs include chairs and desks, toys and study equipment, which are expected to receive from UNICEF and ECD supports.

The requirements to improve equipment at the CHS are not much except the microsurgery kit. This equipment is also expected to be supported by UNICEF and external agencies.

The commune workshop concentrate on solving the water supply problem in the WATSAN; and priority is given to primary school and kindergarten. The safe water system includes filter tanks at upstream, which are connected to villages by pipe systems. The cost of the safe water system is high and the ability of mobilizing from the community is limited. The financial source for this solution is likely to come from the Safe Water Program of UNICEF.

The solution for transport system was discussed and expected to be implemented with contribution from the local community and support from the government. However, detailed discussions were not continued since the proposed solutions are not economically and technically feasible. Finally, the complement solution is to mobilize the internal capacity to repair walking tracks.

In short, compared to the district workshop, the commune workshop has discussed and proposed more detailed solutions for some problems such as low education level, population growth and water supply. However, many problems which were discovered in the district and commune workshops such as low awareness of reproductive health, economic difficulties, poor management skills, and unsatisfactory skills of education and health staff, and public sanitation were not solved at the commune workshop. The limited awareness of participants, which make the discussion process slower than expected. These problems will be crosschecked and analyzed in more detail using the survey on groups, households and individuals.

C/ HOUSEHOLD LEVEL
After identifying main problems on ECC in Suoi Giang though the district and commune workshops, the PRA team conducted semi-structured interviews with groups, individuals and key informant in villages. The survey at the village level is objected to double check findings at district and commune levels and investigate problems in more detail. Factors related to ECC at household levels are classified into direct and indirect factors. Direct factors include caring and education while indirect factors include economics, environment sanitation, management skills of local officers and professional skills of health and education staff. Details of these factors are presented below.
1. Caring and Protection
1.1 Pregnancy and Delivery Period

It is the fact that antenatal care and immunization against tetanus for pregnant women in villages are very rare. Women go for antenatal examination in case of sickness and abnormal signs. Many women, especially those who get pregnant before 1997, did not receive any information about antenatal examination and immunization against tetanus. H'mong husbands also admitted that they are not accustomed to let their wives be antenatal examined by strange persons.

The results of women group interviews revealed that H'mong women are properly cared for around the period of delivery. Husbands try to help their wives more in fieldwork as well as housework so that the wives can rest. According to the interviews, the maternity rest period of expecting women is 5 weeks, where 1 week before delivery and 4 week after delivery. However, the actual period of maternity-rest lasts from delivery to 1 week after giving birth. For the remaining time, even though no fieldwork is required but women have to do some housework such as cooking, feeding livestock and washing clothes. Before giving birth H'mong women also have to prepare for the coming baby. As the delivery day comes closer, women sew napkins or wash napkins of previous the children. Husbands often make cradle for the baby and prepare bed for the mother. In addition, H'mong family prepare a lot of fuel wood to use for the delivery period.

The delivery of H'mong women is often done by husbands or mother-in-laws. The household interview results show that 52% of women delivered by their husband and 20% by mother-in-laws. The remaining women are delivered by health staff, sisters or even by themselves. Husbands often learn delivery techniques from experiences of predecessors. Tools for delivery are extremely simple, including scissors to cut navel cord, threads to tie navel cut and old cloths to keep warm for the baby. These tools are not sterilized, thus, some unwanted incidents have happened such as following example.

A husband in Giang Cao village delivered to his wife. Because it is the first child, he did not have enough experience and after 7 days the child was dead. The whole family did not understand what happen and thought the child was dead because of sickness.

The diet of expecting mothers is also different with normal days. The interview results show that 84% of expecting women have better diet than normal. During the pregnancy period, 64% of women did not abstain from anything but 80% of women practice special diet after giving birth. The special diets taught by predecessors including abstain from buffalo meat, beef, fish, chilli, pumpkin leaves, cabbage and bamboo spouts. It is obvious that there is no scientific prove on these special diets but women still practice since the voices of elderly people have strong influences.

In short, in the pregnancy and delivery period, H'mong women are properly cared by husbands and mother-in-laws in work, diet and rest. However, the services of antenatal care, immunization against tetanus and safe delivery were not accepted by the community due to limited awareness. In addition, some dated customs such as abstaining diet and squeezing away colustrum have direct impacts to the development of children in Suoi Giang.

---

6 For details see Appendix 7.3: processed interview results
1.2 The new-born period (0-12 months old)
Long breast feeding custom is an advantage of the H'mong in child caring during this period. This custom has strong impacts to nutrition of children. A lot of families answered that their children are not malnourished after weighing even though the family cannot afford time and materials to cook nutrition meals. It is likely that long breast-feeding is the reason for this problem.

In the first month after birth, the child stay with mother at home and mother is responsible for caring activities such as feeding, bathing, lulling and washing napkins. The fathers also join caring activities such as holding and bathing the baby after returning from fieldwork. In addition, the father often buys baby clothing since they have more of a chance for outside contact.

The baby is carried to the field with parents at 6 months to 1 year old. At the field when parents work in the field, the child is hung in the rest hut with brothers or sisters. When baby cries, the mother comes and feeds. This is considered the hardest period because the mother has to work and to care the baby at the same time. Moreover, children are carried to the fields with parents, who often have no or little outside contact, thus immunization and weighing of the children are difficult because they are not well informed.

When the baby requires additional food besides breast feeding (6-9 months), s/he often stays at home with grandparents, brothers or sisters. The typical types of supplement food are chewed rice adult food. However, the new born’s diet does not consist of vegetables and fruits, only meat or fish, because of the traditional beliefs.

In the period of 9 months to 1 year, the child try to eat normal food as adults, and vegetables and fruits are allow use for feeding the child.

The main caring activities at this stage include bathing, washing, feeding, dulling, buying cloths and toys.

1.3 The Period of Day Care Service (1-3 years old)
Even though it is called the period of daycare service, there is no daycare center in Suoi Giang. Thus, children have to stay at home with grandparents or brothers and/or sisters. Direct observation show that many children at about 2-3 years of age play by themselves without appearance of adults or more grown up children.

The caring from the parents at this stage becomes less because of the fieldwork or caring for the newborn baby. Main caring activities in this period are bathing, washing, hair cutting, making toys and talking to the children in the evening.

The food for children at this stage is almost identical to that of adult except attention for hot food and bone. The child can eat by itself when s/he is hungry. At this stage, since children stay at home all the time, it is convenient to weigh children for a nutrition check. However, parents often do not pay attention to nutrition knowledge instructed by health staff because it is hard to follow; many women replied that “health staff instruct by words without practising so that we cannot follow”. As a result, the caring techniques are mainly instructed by mother-in-laws because they have a chance to practice the instructions again and again.

1.4 The kindergarten period (3-5 years old)
Only children at villages close to the commune center such as Giang A and Giang B have a chance to attend kindergarten. In the remaining villages, children have to stay at home and play by themselves, some children even have to look after their younger
brothers and/or sisters. However, the kindergarten operates in the morning only, thus, in the morning children in Giang A and Giang B also have to stay at home.

At this stage the children can perform many activities by themselves such as bathing, washing hands and feet, and helping parents with simple housework such as sweeping the house or washing up. The main caring provided by parents for children at this stage include buying clothes, buying medicine, get weighed and making toys if necessary.

Parents start to distinguish between two sexes during the caring stage when buying toys and clothes. Baby boys love to play with violent toys such as knives and tanks while baby girls love to play with dolls and cooking utensils.

1.5 In the first few years at primary school (6-10 years old)
Children in Suoi Giang start school later than the national standard age. According to the statistics of the primary school, 80% of children start grade 1 of primary school at the age of 7 and none of the children starts school at 6 years of age.

The caring activities at this stage include buying clothes, study tools and participating in construction of schools. Other activities such as eating, washing and playing the children can manage themselves. Many children, especially girls can help parents to work in the field after completing classes.

2. Education
Similar to caring and protection, education activities are divided into different age groups. It can be said that education levels of childcare givers are very limited. According to statistics, 64% of childcare givers are illiterate, 20% have completed literacy classes or quit primary school midway; only 16% of parents have completed primary school. In addition, even though many people have completed grade 3 or grade 4 but during the interview they hardly spoke Vietnamese. The limited education level of parents impacted the child’s education significantly, especially the language acquisition before going to school. Details of education for children before entering schools are presented below.

2.1 The pregnancy and delivery period
The study of parenting knowledge is very limited. Most of the interviewed mothers do lack the information regarding the number of times and when an antenatal check is required. Similarly, the number of immunization against tetanus and the reasons of immunization were not known by many people. This is partly proved that the communication of reproductive knowledge and child caring is not very efficient. Pregnant women were taught child caring techniques and preparation for delivery by mother-in-laws.

2.2 The new-born period (0-12 months)
At this period, some caring activities with education intentions such as lulling, talking to the baby and practising for the baby a proper eating and sleeping routine are implemented. However, the number of people who lull the baby by songs are not many. Table 3 shows that only 48% of the interviewed persons sing to lull the baby. The lulling songs are often in H'mong. This activity not only keeps the culture of H'mong but help familiarize the child with the language.

<table>
<thead>
<tr>
<th>Level</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12.00</td>
<td>48.00</td>
</tr>
<tr>
<td>No</td>
<td>13.00</td>
<td>52.00</td>
</tr>
<tr>
<td>Total</td>
<td>25.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: household interview
2.3 The period of day care service (1-3 years old)

The education for children at this stage concentrates on developing the mother language ability to children. The methods of teaching the language to children include story telling, song teaching and chatting. Table 4 illustrates that story telling is the most preferred methods, with 60% of the interviewed people often use and 20% of these people use sometimes. Meanwhile, teaching children to sing and chatting are the least preferred methods, with 60% and 64% of the people never use, respectively.

Table 4: Methods of teaching H'mong to children

<table>
<thead>
<tr>
<th>Methods</th>
<th>Song teaching</th>
<th>Chatting</th>
<th>Story telling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>28.00</td>
<td>28.00</td>
<td>60.00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>12.00</td>
<td>8.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Never</td>
<td>60.00</td>
<td>64.00</td>
<td>20.00</td>
</tr>
</tbody>
</table>

Source: household interview

Teaching Vietnamese never applies in this period. Most of the interviewed households would like their children to communicate fluently in H'mong before studying Vietnamese. This has significant influences to the teaching of Vietnamese to children. At this age, parents of children also pay attention to teaching children the way to behave with each other and respect elder people.

2.4 Kindergarten Period (3-6 years old)

The teaching of Vietnamese to children at this stage is very limited. Only 48% interviewed persons replied that they teach Vietnamese to children before entering school. Men are mainly responsible for teaching Vietnamese to children. In addition, children study Vietnamese when they play with each other. However, the quality of teaching and learning by these methods are very limited. During the interviews, the PRA team did not witness any H'mong children at 3-6 years of age communicating in Vietnamese. Some of the PRA team members had the chance to visit the 36-day Vietnamese intensive training class before entering school. The class is on singing lessons and no one can understand that the children are singing in Vietnamese without explanations of the teacher.

Besides teaching Vietnamese, during this period children are also taught how to wash hand and body, to cook, to sweep house and to feed livestock. Normally girls are taught how to cook, wash up, to sweep houses and to feed chickens and pigs. Girls also start to learn “women’s work” such as sewing dresses. Meanwhile boys start to learn simple stuff such as how to behave with friends, not to fight and wash hand before meals.

2.5 In the early stage of primary school (6-10 years)

Most of the interviewed households stated that the study condition of children in Suoi Giang has improved compared to the previous period. According to the interview results, 56% of the interviewed persons answered that the conditions for children to study have been improved and the remaining people stated that the study conditions are the same as the previous period. Although the conditions are better, they are still not sufficient. Parents still have to buy textbooks, notebooks and other study tools for their children even though no tuition fee is required for primary school. Thus, poor households often cannot afford the complete kit of textbooks and notebooks for their children. Table 5 shows that 100% of better off households buy enough books for children while 72.5% of poor households and 100% of hunger poor households do not buy enough books for their children.
Table 5: Ability of providing books for children (%)

<table>
<thead>
<tr>
<th>Level supply</th>
<th>Household economy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better off</td>
</tr>
<tr>
<td>Enough books</td>
<td>100.00</td>
</tr>
<tr>
<td>Not enough books</td>
<td>50.00</td>
</tr>
</tbody>
</table>

Source: household interview

Awareness about the importance of education also improves significantly, especially young families. Interview results reveal that 80% of the interviewed households have their children go to school. In the remaining households children, especially girls, have to stay home due to poor awareness of parents and economic difficulties of the family. Households who send their children to school are those who practice family planning and childcare properly. Following case study demonstrates that statement.

Case Study 1: Story of a Young H’mong Family

Vang A Cu, who is 23 years old and Dang Thi Dinh, 22 year old, are a young H’mong couple in Pang Cang village. The family has two children, a four-year-old son and two-year-old daughter. Even though the children are not going to school yet the family has started thinking for their education.

Cu said, “my wife has not been to school because her parents thought one day she would go to the in-laws and not comeback. At present she cannot speak any Vietnamese and I feel difficult in teaching and caring the kids”. Cu would like to have his son and daughter to school, “son and daughter are equal”, Cu said.

At present, Cu often teach Vietnamese to his son, “to prepare for him in the first grade I must teach him now”.

When I asked why he have only two children, Cu said “my wife and I also want to have more children but it is difficult to live and the government does not allow, so we have two children only”.

With such a thoughtful thinking and practices, it is believed that the future of Cu’s children will be better.

When the child starts school, a language barrier is the biggest issue at school. Even though a newly built kindergarten is available in Suoi Giang, the number of children participate in the kindergarten are mainly in Giang A and Giang B. The bilingual class was established at the commune center to overcome language difficulty. Like the kindergarten, the bilingual class attracts only children from villages near the commune center. The primary school has to allocate local teachers and those who can speak H’mong fluently in remote villages such as Tap Lang 2.

According to group and household interviews, a lot of people check the study of their children, especially those with high education level. Table 6 shows that 60% of illiterate people and 67% of those who completed literacy class never check the study of their children. The major reason of this problem is due to the illiteracy of parents. Those who concern about the study of their children only check the tidiness of notebook and tell their children to study. Meanwhile, all those who have completed primary school check the notes of their children and help them with study difficulties.

---

7 conducted by Nguyen Duc Thanh
Table 6: Incidence of Checking Study of Children (%)

<table>
<thead>
<tr>
<th>Frequency of checking</th>
<th>Education Level of Parents</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Illiterate</td>
<td>Completed Literacy Class</td>
<td>Completed Primary School</td>
</tr>
<tr>
<td>Frequent</td>
<td>33.33</td>
<td>33.33</td>
<td>100.00</td>
</tr>
<tr>
<td>Sometimes</td>
<td>8.33</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Never</td>
<td>58.33</td>
<td>66.67</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Source: household interview

3. Household Economy

The household economy in Suoi Giang is very poor. According to the survey results, most of the families, especially the poor and hungry, are shortage of food. Table 7 shows that 1/3 of better-off households are lack of food from 2-3 months per year; half of the middle households are lack of food from one to four months; and 70% of the poor families are lack of food from 3-6 months per years. Moreover, according to the results of random interviews the percentage of poor and hungry poor family is 44%. However, the ranking is done by household members themselves; according to the criteria of the government the poverty rate may be much higher. The poor economy of household has significant influences to the development of children. Poor and hungry poor households are often do not buy enough books for children. In addition, poverty limits the ability of households to provide nutrition meals and to buy medicine for children in case of sickness.

Table 7: The percentage of households and time of food shortage (%)

<table>
<thead>
<tr>
<th>Time of food shortage (month)</th>
<th>Types of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better-off</td>
</tr>
<tr>
<td>0.00</td>
<td>66.67</td>
</tr>
<tr>
<td>1.00</td>
<td>12.50</td>
</tr>
<tr>
<td>2.00</td>
<td>16.67</td>
</tr>
<tr>
<td>3.00</td>
<td>16.67</td>
</tr>
<tr>
<td>4.00</td>
<td>25.00</td>
</tr>
<tr>
<td>6.00</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: household interview

There are a lot of reasons for economic difficulties but large family size and lack of production knowledge are the two major reasons. The main production method in Suoi Giang is deforestation and hill cultivation with primitive tools such as hoe and jungle-knife. H'mong people are not accustomed to fertilizers and agricultural chemicals. Thus, people cultivate in the fields for 2-3 seasons and have to move other places because the soil is exhausted. This method of production not only destroys the forest, which in turn, leads to flooding and erosion but low cultivation efficiency. Results of group interviews show that the productivity of dry rice is 50 kg per sao\(^8\). To overcome the problem of low productivity, local people increase cultivation area. However, forest is allocated to households, thus, the availability of cultivable land is decreased. Thus, people have to work hard from morning till evening but cannot produce enough food for own consumption.

\(^8\) According to MoLISA, in rural areas the income of 15 kg of paddy/person/month is considered poor and the income of 13 kg of paddy/person/month is considered hunger.

\(^9\) 1 sao = 360 m\(^2\)
Due to the constant poverty and food shortage the community is not confident enough to get a loan. Moreover, the local community have not been accustomed to saving. The interview results show that tea can be harvest in 9 months with the 15 days per month. Each day, a family can harvest about 10 kg of fresh tea, which can be sold at the average price of VND 2000 per kg. The estimated income from tea for each family is VND 2.7 million per annum. However, since men have decision on spending money from tea; they often spend the money in pubs, some men go to pubs twice a week. As a result, constant poverty occurs despite the considerable benefit of tea.

The commune workshop pointed out that high fertility is common in Suoi Giang due to lacking information about contraceptive methods. In addition, available contraceptive methods are not very diverse. IUD is the most popular method, thus those who are allergic to IUD have no alternative. The concentration on IUD also limits the participation of men into family planning activities. High fertility has resulted in a series of problems such as poverty, illiteracy and gender inequality. Following case study illustrates this statement.

**Case 2: Giac Story**

Mrs Giang Thi Giac is a 36 year old women in Giang B village, Suoi Giang commune. She has 9 children; the eldest is 16 years old and the youngest is just 7 months old. Due to constant delivery, her family is very poor. Even in the year of good crop, her family produces enough food for six months only. For the remaining of the year her family has to consume maize and cassava.

In order to feed the big family Giac and her husband have to work hard all day, thus no time left to care for the children. When Giac and her husband work in the fields, children have to stay at home and play with each other. Due to busy fieldwork Giac has no time for social contacts either. She never comes to the local WU meeting. She never goes to the district town either, even though it is only 12 km away from her home.

Giac has never been immunized during pregnancy. All of her 9 children were born at home and delivered by her husband. She raises her children without any nutrition knowledge. Thanks God, all the family are very healthy “if any family member get sick, I do not know what to do because I cannot afford the cost of medicine” Giac admitted sadly.

Giac wants all her children go to school because teachers and the village head have told her to but due to economic difficulties she lets some children go to primary school and the remainings have to help her with fieldwork. The children, who have to stay home, are girls, “girls work harder, they can help a lot of work. In coming years I send them to literacy class before marriage and that will be all right”.

To explain the reason of having a lot of children she said “I have been installed IUD but I could not stand it, so I have it removed. At present I don’t know what to do. I would like to sleep separately but my husband does not want to”.

4. Quality of Health Service

To crosscheck with the results of the district and commune workshops, the interview with CHS, the PRA team has conducted interviews with households about the quality of health service. Interviews were conducted by Nguyen Duc Thanh.
of health service at the community. Following is the results of the interviews.

4.1 Personnel
A lot of the interviewed people replied that the quantity of local health staff at present is enough to examine and treat diseases for the community. However, the PRA team recognizes that there are not enough traditional midwives at villages. Most of VHWs are male, thus the gynaecological care and delivery for H'mong women are constrained by the custom.

Most of the interviewed people are happy with the professional skills and attitudes of local health staff, especially CHS staff. Table 8 shows that 36% of respondents believed VHWs have good skills and 60% of respondents stated that VHWs have good attitudes. Meanwhile, quite a lot of people have no idea about the performance of VHWs; 32% of respondents did not know how good the skills of VHWs are and 20% of respondents could not judge the attitude of VHWs. Most of these people rarely got sick, so they did not know how to evaluate the health service. People are likely to have more faith at CHS staff; 64% of interviewed households believed that CHS staff have good skills and warm attitudes towards patients.

In short, the professional skills and working attitudes of local health staff satisfy most of the community members. However, it is the feeling of the community. According to an assessment of a medical doctor in the PRA team, the professional skills of local health staff are very poor. Moreover, the coverage ability of local health service, especially CHS staff is very limited due to difficult terrain and inconvenient transport. Even though, each village has a VHW they are often very busy with production in the fields, thus, it is very difficult to examine and treat patients in time.

4.2 Drugs and Medical Equipment
According to assessment of the community, drugs and medical equipment of VHWs are very poor. Table 9 show that 24% of the interviewed people replied that VHWs have enough drugs and no one answered that VHWs have enough medical equipment. Some people even stated that no drugs and equipment are available for VHWs. In addition, most of the respondents have no idea about the drug quantity and medical equipment of local health service. This party reflects that the access of local community to health services is limited.
Table 9: Drugs and Medical Equipment of Local Health Service (%)  

<table>
<thead>
<tr>
<th>Level of Judgement</th>
<th>VHWs</th>
<th>CHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drugs</td>
<td>Equipment</td>
</tr>
<tr>
<td>Enough</td>
<td>24.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Not Enough</td>
<td>28.00</td>
<td>28.00</td>
</tr>
<tr>
<td>No Idea</td>
<td>40.00</td>
<td>60.00</td>
</tr>
<tr>
<td>None</td>
<td>8.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Total</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Source: household interview*

The quantity of drugs and medical equipment at CHS is much better than that of VHWs; 52% of respondents stated that the CHS supply enough drugs and 36% believed that they have enough equipment (see Table 9). However, 20% of the respondents complained that the CHS does not have enough drugs and equipment, and quite a lot of respondents have no idea about these issues.

4.3 Health Service Coverage and Efficiency of Coverage  
Most of the interviewed households do not know about the programs and activities of local health service. Table 10 stated that 44% of interviewed households have no idea about health programs for children and 56% of interviewed households do not know about health programs for mothers. This proves that the coverage of local health service is very limited. The household interviews also revealed that the percentage of children immunized three times accounts for only 24% of the total; the remaining immunized once or no immunization at all.

Table 10: Understanding about health activities (%)  

<table>
<thead>
<tr>
<th>Level of Understanding</th>
<th>Programs for Children</th>
<th>Level of Understanding</th>
<th>Programs for Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Idea</td>
<td>44.00</td>
<td>No Idea</td>
<td>56.00</td>
</tr>
<tr>
<td>Weight children</td>
<td>36.00</td>
<td>Family Planning</td>
<td>24.00</td>
</tr>
<tr>
<td>Immunization</td>
<td>20.00</td>
<td>Health Care</td>
<td>20.00</td>
</tr>
<tr>
<td>Total</td>
<td>100.00</td>
<td>Total</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Source: household interview*

5. Habits and Customs  
As analyzed in the child caring part above, some customs of the H'mong people have direct influences on the development of children, especially nutrition, abstain diet and squeeze colostrum. In addition, the customs do not allow for the antenatal examination to be performed by strange men, causing difficulties for health care for women.

6. Gender  
Gender is considered the important issue for development project. In the caring and education of children, gender roles are crucial. In this report, gender analysis is divided into three parts, namely work division, roles of men and women in ECC and the development of girls and boys. Following is a detailed presentation of this issue.

6.1 Work Division  
The survey results reveal that daily routine of women is harder than that of men;
women have to wake up early and sleep later than men. In a normal day, women have to spend 13 hours for production activities; 5 hours for reproduction activities such as child caring, washing up for the family, carrying water and cooking; the activities for themselves such as eating, drinking and sleeping occupy only 6 hours. Meanwhile, the similar figures of men are 11.5, 3.5 and 9 hours (see Table 11 for details). In addition, daily activities of men and women show that the time for childcare of men is very limited.

Table 11: Daily Routine Activities of Men and Women

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00</td>
<td>Sleep</td>
<td>4:00</td>
<td>Sleep</td>
</tr>
<tr>
<td>4:00-4:30</td>
<td>Carry water</td>
<td>5:00</td>
<td>Wake up</td>
</tr>
<tr>
<td>4:30-5:30</td>
<td>Cooking, feed the children</td>
<td>5:00-5:30</td>
<td>Sweep house, feed livestock</td>
</tr>
<tr>
<td>5:30-6:00</td>
<td>Have breakfast</td>
<td>5:30-6:00</td>
<td>Have breakfast</td>
</tr>
<tr>
<td>6:00-7:00</td>
<td>Go to the fields</td>
<td>6:00-7:00</td>
<td>Go to the fields</td>
</tr>
<tr>
<td>7:00-12:00</td>
<td>Work in the fields</td>
<td>7:00-12:00</td>
<td>Work in the fields</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Have lunch</td>
<td>12:00-13:00</td>
<td>Have lunch</td>
</tr>
<tr>
<td>13:00-17:00</td>
<td>Work in the fields</td>
<td>13:00-17:00</td>
<td>Work in the fields</td>
</tr>
<tr>
<td>17:00-18:00</td>
<td>Go home</td>
<td>17:00-18:00</td>
<td>Go home</td>
</tr>
<tr>
<td>18:00-18:30</td>
<td>Cooking</td>
<td>18:00-19:00</td>
<td>Have bath, feed livestock</td>
</tr>
<tr>
<td>18:30-19:00</td>
<td>Wash for self and for children</td>
<td>19:00-19:30</td>
<td>Have dinner</td>
</tr>
<tr>
<td>19:00-19:30</td>
<td>Play with children</td>
<td>19:30-20:00</td>
<td>Rest</td>
</tr>
<tr>
<td>19:30-21:30</td>
<td>Sew and embroider dress</td>
<td>20:00-21:00</td>
<td>Play</td>
</tr>
<tr>
<td>21:30</td>
<td>Go to sleep</td>
<td>21:00</td>
<td>Go to sleep</td>
</tr>
</tbody>
</table>

Source: household interview

6.2 Roles of Men and Women in ECC

The interview results show that women are more responsible in child caring while men are more responsible for child education. Particularly, 72% of interviewed women stated that they are often responsible for washing and feeding the children. When the children got sick, women are always the main caring persons (see Table 12). The activities, which are related to the education of children, especially in kindergarten and in the early stage of primary school, are men's responsibilities. Particularly, 70% of interviewed men often take children to school, tell children to study and attend meetings for parents at the schools. It can be said that the Vietnamese ability of men has assisted them to have better position in child education. Meanwhile, childcare is considered the natural duty of women. However, some caring activities, which are also very educational such as lull singing, story telling, teaching traditional dance and customs are women's responsibilities.

Table 12: Gender in Child Caring and Education (%)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding children</td>
<td>72.00</td>
<td>28.00</td>
</tr>
<tr>
<td>Caring children in sickness</td>
<td>68.00</td>
<td>32.00</td>
</tr>
<tr>
<td>Bathing for children</td>
<td>72.00</td>
<td>28.00</td>
</tr>
<tr>
<td>Taking children to school</td>
<td>32.00</td>
<td>68.00</td>
</tr>
<tr>
<td>Telling children to study</td>
<td>36.00</td>
<td>64.00</td>
</tr>
<tr>
<td>Attending parents' meeting</td>
<td>24.00</td>
<td>76.00</td>
</tr>
</tbody>
</table>

Source: household interview
6.3 The development of girls and boys

It is the fact that most of the households would like to raise boys because they believe that only boys will look after parents in their old age; girls will belong to their in-laws once they get married. As a result, boys are given more priorities from parents than girls. Most households would like to have boys complete primary education but girls are often allowed to complete literacy classes. According to group interviews, girls can help parents with housework such as cooking, carrying water and feeding the livestock from six years of age. Meanwhile, boys at the same age mostly play around, except some help parents to keep buffalo. Girls also have to quit school earlier than boys to help the family. The work of girls at ten years is almost similar to that of adults. It is likely that parents would like to exploit maximum benefit from girls before let them go to the in-laws after marriage. Following is a case study in an illustration of the development of an H'mong girl.

Case Study 3: Xa Story

Vang Thi Xa is an 11 year old girl in Giang B village. Xa has 4 brothers and sisters. Her elder brother is 15 years old and studying at grade 4. Xa has 2 younger sisters a 4-year-old and a two-year-old. The 4-year-old sister goes to kindergarten and the 2-year-old stay at home.

When she was small, Xa had not been to school like her sister but stayed at home with grand parents. Xa’s mother taught her to cook and do some small farm work such as weeding. Xa entered the first grade of primary school when she was 8 years old. Xa studied well; teachers and friends loved her very much but she had to quit school to help parents. “I would like to continue study so that I can be a school teacher but my mom does not allow”, Xa replied in good Vietnamese accent.

The current work of Xa at present is to take her sister to kindergarten and go to the fields with parents. In the afternoon, after coming back from the field Xa has to pick tea and carry to the factory to sell. Moreover, she has to help parents in looking after younger sisters, feeding livestock, carrying water and sewing dress in the evening.

Xa’s girlfriends face similar situation, some girls even worse. While chatting with me for about 10 minutes, an 8-year-old friend of Xa came and asked her to go to pick tea. The friend of Xa has not been to school yet, so she cannot speak any Vietnamese. I would like to chat with Xa for a little more, but I have to say goodbye to let her pick tea, otherwise her mom will get angry.

In short, gender inequality in livelihood and in ECC is quite popular in Suoi Giang. Women often have to work harder than men because they have to fulfil a lot of housework. However, the financial matters in the family are mostly handled by men. This partly explains why H’mong households do not have any saving for reinvestment.

Women also have less chance to contact with outside world and education than men. Thus, the illiteracy incidence among women is higher than men. Girls also have to help parents and quit school early while boys are treated differently.

While women spend more time for child caring, men dominate in helping children with education. The reason is simply because men are more literate than women.

---

Conducted by Nghiem Hong Son
PART IV: CONCLUSIONS AND RECOMMENDATIONS

During the fieldtrip the survey team discovered problems related to child development in Suoi Giang. In addition, the survey team worked with local institutions and the community to find solutions for the identified problems. Based on findings in the fieldtrip, the survey team proposed conclusions and recommendations in the tabular form below.

Among recommendations proposed some maybe beyond the scope of three partners of the ECC project namely UNICEF, ECD and VWU. However, the consultant would like these recommendations to be known by local institutions such as CARD, Forest Protection Division, Banks and the Safe Water Program; and the government so that cooperation can be set up.

In addition, the recommendations are set for the five-year period. Thus, some recommendations may be not realistic for yearly or 2 year plan context.

Capacity Building

<table>
<thead>
<tr>
<th>Conclusions</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managerial skills of local staff are very poor due to low education level and lack of opportunities. A lot of commune and village staff, especially women are illiterate. No training course in management skills for local staff was undertaken.</td>
<td>Conduct literacy and post literacy class for local staff, focus on women so that they can speak Vietnamese fluently</td>
</tr>
<tr>
<td></td>
<td>Conduct short training course in project management and participatory methods in community development so that they can apply in actual situation of the local community such as the plan to develop Vietnamese for children and plan to improve reproductive health</td>
</tr>
<tr>
<td></td>
<td>Organize short study tour to project in the nearby areas to exchange experiences in project implementation</td>
</tr>
<tr>
<td>Skills and enthusiasm of communicators are not sufficient. Communication techniques are poor and information is not updated systematically. In addition,</td>
<td>Select local communicators according to some pre-identified criteria. Following criteria may be considered: a) have the ability of learn the techniques and contents of communication, at least have fluent Vietnamese; b) have the ability to practice the contents of communication in his/her own family; have the ability to disseminate the communication contents to other people; d) have voices in the community; e) have good health; and f) on average level of wealth.</td>
</tr>
<tr>
<td></td>
<td>Organize training courses for selected persons. The training courses should not be longer than one</td>
</tr>
</tbody>
</table>
| limited salary and allowances are also reduce the enthusiasm of these communicators | week, so that it affects other activities of communicators. The contents of communication training should be concentrated on communication techniques that are relevant with education level and culture of the local society.  
Provide documents and equipment for communicators. The documentation and equipment should be suitable to local conditions. It is possible that suitable documentation and equipment for communication in Suoi Giang are posters, color pictures with limited number of levers in simple words, handy loudspeakers, and simple equipment for demonstration models.  
Organize competitions among communicators within some neighboring communes to provide the opportunity for communicators exchange experiences. The CPC can organize the competition with technical supports from DWU, CoET and DHC. |

| Awareness of the community about ECC is limited because of poor education level and lack of social contacts. In addition, dated habits and customs have strong influences to this issue. | Instruct the ECC knowledge for the community by the trained communicators.  
Establish interest group such as the group of breast feeding mother, the group of pregnant women and the group of women with less than 2 children so that it is easier to conduct regular informal meetings to exchange experiences and conduct communication campaigns on ECC. The advantage of these groups is the small number of members, who know each other very well and live next to each other, thus it is easy to call a meeting.  
Establish suitable education models with those who have big influences in the community such as the village head, village elders and head of the family line in order to have community members follow.  
Conduct contests about childcare and education in order to provide opportunities for community members to learn and apply ECC knowledge and put into practice. |
### Health

<table>
<thead>
<tr>
<th>Conclusions</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and practice on child nutrition of parents and childcare givers are limited. The main reasons of this issue also include poor education, lack of social contacts and dated customs. In addition, the poor cooperation between CWU and CHS is also lead to and interrupt nutrition activities.</td>
<td>Weigh to check nutrition level for all children under five years of age. The village heads and communicators should be informed about the plan to weigh children at least 1 week before hand so that they have time to inform the target households. The results of nutrition weighing should be transferred to households and village heads so that they can cooperate in implementation.</td>
</tr>
<tr>
<td></td>
<td>Instruct how to prepare nutrition food for children from local materials such as rice, maize, eggs, vegetables and fruits. One of the main results for failure in communication on ECC is lack of practice. Thus, the concentration on practice may contribute to the improvement of communication efficiency.</td>
</tr>
<tr>
<td></td>
<td>Maintain and develop the custom of H’mong in long breast-feeding. According to the customs, H’mong women normally do not stop breast feeding the child but let the child stop by itself or until the delivery of the next child. However, according to the warning of doctors the breast feeding during pregnancy while the period between two children is less than two years will results in negative impacts for both mother and children. Thus, the long breast feeding custom may be more efficient if the period between two children is more than three years.</td>
</tr>
<tr>
<td>Pregnant women and delivery mothers are not properly cared for. Particularly, the eating and resting are not reasonable. Antenatal care and immunization against tetanus for pregnant women are not fully implemented. In addition, the monitoring of gynecology is not properly done at local level.</td>
<td>Instruct the proper diet and rest for pregnant women and delivery mothers. The target groups for instruction include husbands and mother-in-laws since they are the most responsible persons in caring for pregnant women and delivery mothers.</td>
</tr>
<tr>
<td></td>
<td>Training antenatal care techniques for VHWs, especially in remote villages people at grassroot level can access to this kind of service. The activity also helps to identify difficulties in pregnancy to transfer to upper level in time.</td>
</tr>
<tr>
<td></td>
<td>Select and train traditional midwives to improve the quality of delivery. The traditional midwives will be provided necessary equipment for safe delivery. Provide and instruct the operations of safe delivery bags to expecting women to use in case traditional midwives do not come in time for delivery.</td>
</tr>
<tr>
<td></td>
<td>Conduct gynaecological examination for women regularly. Train gynaecological examination techniques to CHS staff so that the service can be closer to local community. However, it is a sensitive issue, local women are very shy in these kinds of activities, thus, it is better to allocate female staff to perform these tasks.</td>
</tr>
<tr>
<td>Conclusions</td>
<td>Recommendations</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Knowledge and practices on family planning are limited, most families have a lot of children.</td>
<td>Instruct and practice contraceptive methods for all those in the reproductive age. Establish premarriage clubs to provide opportunities for the youth to learn about family planning before marriage.</td>
</tr>
<tr>
<td>Low education level and poor awareness are the major reasons for this problem.</td>
<td>Provide a wider range of choices for contraceptive methods, focus on natural methods, which are easy to implement, not costly and have no side effect.</td>
</tr>
<tr>
<td></td>
<td>Provide tools and equipment to bring family planning services to grassroot level through CHS staff and CHWs</td>
</tr>
<tr>
<td>WATSAN in villages are very poor. There are only two safe water tanks at the commune center. Latrines</td>
<td>Support and instruct the construction and utilization of safe water system in villages. This solution may be implemented by cooperation between Rural Safe Water Program of Yen Bai Province and Safe Water Program of UNICEF. Its is necessary to mobilize the community to establish and practice the regulation on management, exploitation and maintenance of the safe water system to ensure its sustainability.</td>
</tr>
<tr>
<td>and garbage are terminology which are never exist. In addition, the free raising of livestock also pollute the living environment of the community.</td>
<td>Instruct the construction and utilization of proper latrine. Construct demonstration models, which are suitable to the local conditions.</td>
</tr>
<tr>
<td></td>
<td>Instruct the construction and utilization of livestock shelters, which are far from homes. Cooperate with the District Agricultural Extension Service (DAES) to allocate grazing areas. Establish and practice the regulation on control grazing.</td>
</tr>
<tr>
<td></td>
<td>Cooperate with DAES to instruct the construction and utilization of simple biogas stoves in order to exploit the abundant sources of manure, reduce pollution and deforestation.</td>
</tr>
</tbody>
</table>
### Education

#### Conclusions

- The incidence of illiteracy and re-illiteracy is very high, especially among women. Most of women staff at commune and village levels cannot speak Vietnamese. The illiterate are often those outside the age range for literacy classes. In addition, all of population of Suoi Giang is H'mong, thus the environment to learn and practice Vietnamese is poor.

- Education is suffering from shortage and poor quality of equipment and infrastructure. Classrooms at village are temporary, which require yearly repair. No village has kindergarten and daycare center. Lack of capital and poor organization skills of local staff are the major reasons of this problem.

- Skills of local teachers are very limited. The demand for local teachers is high and the supply is low, creating many problems.

#### Recommendations

- Conduct literacy classes for all those in the aged group of 15-40. Besides the literacy programs of the government, it is worthwhile to review the literacy document for ethnic groups edited by SDA, NOCEAD or AITCV since they are simple and suitable for adult education.

- Provide simple documents on production techniques so that the community have interest in reading and apply the studied knowledge in production. This activity will provide motivation and opportunities for local people to learn Vietnamese.

- Mobilize the contribution of local people in terms of raw construction materials such as timbers and bamboo to construct and repair classrooms.

- Establish the regulation on management, utilization and maintenance of classrooms to ensure the sustainability of construction work.

- Mobilize investment capital from government and external agencies for the construction and reconstruction of classrooms.

- Support the community to have more official teachers at primary school and kindergarten in the commune.

- Improve skills for teachers during summer breaks.

- Support to construct a library at the commune center, thus teachers have a chance to improve knowledge.

- Select some community members to train as kindergarten teachers in villages. The selection criteria should include fluent Vietnamese, young, enthusiastic, possible to stay with the community for long term basis and especially have faith with the community.

---

12. A Swiss program called Support for Disadvantage Areas
13. The National Organization for Continues Education and Adult Development
14. Asia Institute of Technology Center in Vietnam
<table>
<thead>
<tr>
<th>Conclusions</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Most children cannot speak Vietnamese before going to school because parents and childcare givers have very limited Vietnamese vocabulary. | Organize 36-day kindergarten Vietnamese intensive training for all children at 5 years of age.  
Establish playgroups with participation of primary school students and adults, especially during the summer holiday, thus, children can have a chance to learn and practice Vietnamese.  
In addition to the above activities, the literacy classes for adults and the improvement of teachers’ quality can influence improvement in children’s Vietnamese skills. |
### Conclusions

| Local people do not have knowledge and practice on saving. Income sources are not spent on investment. |
| Income generated activities are not diverse, no off income are available |

### Suggestions

| Production knowledge and practices of the community also very poor. This problem is caused by lack of technical instructions, lack of agricultural services and especially low education level in the community. |
| Local people do not have knowledge and practice on saving. Income sources are not spent on investment. |

- Cooperate with CARD and DAES of Van Chan to instruct production knowledge to the community. Focus on establishment of demonstration models and instruct techniques on these models.
- Organize study tours to exchange production experiences in areas, which have similar conditions. The target groups for study tour trips are key farmers, who have the ability to learn new knowledge, and apply the knowledge in practice and especially have ability to disseminate the knowledge to other households.
- Provide essential agricultural materials to the commune center so that the local community have favorable conditions in applying new techniques to put into production. Cooperate with DPC and Agricultural Material Company of the district to provide opportunities for instalment payment and/or exchange agricultural products for essential materials.
- Instruct necessary procedure to get loans from different sources so that people have investment capital for production. The major sources of capital that Suoi Giang people can access are VBA, VBP and resettlement capital.
- Instruct saving techniques for households
- Establish a credit and saving club on a small scale, focus on women to mobilize capital available in the community.
- Train staff who operate saving funds on bookkeeping techniques so that credit funds can operate efficiently.
- Work with the community to find and look for alternative jobs, at which the community have potentials and strengths, such as forest processing, weaving, bee keeping and mushroom cultivation. Attention should be paid on helping local community to have information about market for outputs.
- Organize technical training and study tours on selected jobs
- Instruct the practice of selected jobs, focus on the establishment of demonstration models in some villages in order to have experiences before the expansion to the next stage.
In short, in order to implement the Project efficiently on a sustainable basis, the improvement of capacity to local staff and community will be essential. However, this process requires a lot of time but once the awareness and capacity building is completed, the remaining activities will be very fast and sustainable. The communication work, building demonstration models, and organizing study tours will play crucial roles in improving awareness and participation of the community in project activities.

The selection and training project management techniques for officers of all partners in the project are also very important. Since the project site is very remote and the local population is dominated by ethnic minority groups, the project officers should be very enthusiastic and have sound knowledge on participation methods and basic understanding about customs of ethnic group in the project site. If local communities understand and believe in the project officers, the activities will run smoothly. However, once the H'mong community loses faith in project officers it will be very difficult to mobilize them to participate in any project activity.

It is essential that project officers be trained on project management, participatory planning, monitoring and evaluation, and communication skills. During the implementation of the project, officers should monitor project activities closely according to its indicators. Internal and independent evaluations should also be conducted regularly to monitor the efficiency and impacts of the Project comparing to its goals and objectives; thus, the project management board will be able to make appropriate decisions.