

CAO BANG VIET NAIV

Road Map towards Ending Poverty in Cao Bang, with the support of ChildFund New Zealand





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CHILDFUND'S ROAD MAP FOR CAO BANG, VIET NAM







ChildFund started working in Viet Nam in 1995. ChildFund Viet Nam works in three northern provinces

– Bac Kan, Cao Bang and Hoa
Binh – where the majority of people are from ethnic minority groups.

ChildFund New Zealand's focus area is in the remote and mountainous province of Cao Bang. Reaching these areas is challenging but it is critical to improving the lives of children and their families, who are among the most vulnerable and marginalised people in Viet Nam.

ChildFund's programmes focus on

five main areas of education, water and sanitation, livelihoods, health, and child protection. There is a strong emphasis on child rights and participation through activities like children's clubs.

This plan has been developed by the community, with the goal that by 2026 the community will be well on its way to solving problems on their own. ChildFund will then ease-up on its support and move to another area where help is needed.



The following pages are a plan of what we need to achieve, together.

Any of the activities and infrastructure we describe in this Road Map will contribute to the successful achievement of the plan.

ChildFund's sponsors, Change Creators, and donors will all help to achieve the Road Map, with the community. Talk to us at ChildFund about how you can help the people of Cao Bang get closer to achieving their dream.

Contact ChildFund New Zealand on: 0800 808 082



LIVELIHOODS



High in the mountains of Cao Bang province, Northern Vietnam, are the two districts of Trà Linh and Quảng Uyen.

Home to many ethnic minorities, they are also among the poorest districts in the country: the rate of poverty stands close to 41% for Trà Linh and 49% for Quảng Uyen.

The people in Trà Linh and Quảng Uyen are mainly farmers. Most of the produce they grow is used to feed their families; any extra is sold to cover essential needs. The farming techniques used are basic; irrigation is not very effective; labour is mostly by hand; and roads and other infrastructure is poor. Because of the state of storage facilities, much of what's harvested is lost to pests. People raise poultry, buffaloes, cows and pigs which are mainly housed within the family compound, resulting in poor sanitation and the spread of disease.

Climate change places additional strain on agriculture in Cao Bang - traditional planting and harvesting schedules are no longer reliable, and crops are lost through poor rainfall or crop-burn as a result of unusually high temperatures. Continuous use of the same crop varieties further depletes soil nutrients and worsens the existing situation.

This means many families are no longer able to amass stores of food for the long, cold winter months.

For young people in Trà Linh and Quảng Uyen, economic opportunities are limited. Local vocational training institutions fill-up quickly, and most youth can't afford training, or lack access to credit, in order to use their skills to earn an income. Migration to the cities to work in factories is a common response, offering no solution to the underlying issues.

Who can help?

ChildFund will work with the Youth Union, Department of Agriculture and Rural Development at provincial and district levels, the People's Committee and various training institutes.

How does this align with local plans?

The project activities will be developed based on Five Pillars, including: (1) Community's needs and IRR action plan, (2) ChildFund Vietnam's Development Strategies, (3) Socio-Economic Master Plans and Strategies of Trà Linh and Quảng Uyen (2015-2020), (4) Local Resources Available for Potential Socio-Economic Development and (5) Cao Bang Provincial Policies and Targets. The project activities will also align with, and be integrated into, national programs, such as the New Rural Program.

The goals:

- At least 90% of households are food secure.
- 2. Household income increases by at least 60%.
- 3. Poverty rate reduced by at least 55%.
- 4. At least 80% of youth have regular incomes from farm and non-farm activities.

What we've already achieved

- Built 13 canals; 10,465m to irrigate 157ha for 616 people
- Improved the quality and quantity of rice produced by working with 1040 households to introduce modern cropping techniques
- Supported improved chicken raising in 1,523 households in 13 communes
- Contributed to payments of a pig in 178 households, and improved pig-raising techniques and feeding for 662 households
- Trained 107 youth to find work
- Established a cow bank for 23 households
- Developed product markets for 250 households.
- Established 13 savings and credit groups for 970 households.



What still needs to be done

SOLUTION 1

Distribute cows and buffalos through a cow bank incorporating 200 households.

COST \$310,000

SOLUTION 2

Goats, pigs and other animals for 500 households.

COST \$124,500

SOLUTION 3

Growing crops such as peanuts, ginger, potato, chili, maize and cucumber

COST \$186,500

SOLUTION 4

Improve roads and build bridges

COST \$372.500

SOLUTION 6

10 more irrigation systems for farms

COST \$250,000 (\$25,000 per farm)

SOLUTION 7

Vocational training for 200 more youth

COST \$124,500 (\$622.50 per youth)

TOTAL COST OF WHAT'S REQUIRED

NZ\$1,368,000

WATER & SANITATION



Villagers in Cao Bang traditionally raise and keep animals under the floor of their houses (57% for Trà Linh and 6 % for Quảng Uyen), and have no toilet in or close to their houses (65% for Trà Linh and 57% for Quảng Uyen).

Human waste is discharged directly into the environment causing major health risks such as diarrhoea, malnutrition, skin diseases, respiratory and gynaecological diseases. This is of particular concern for children.

To address the environmental and health implications, there is a great need for projects that improve living conditions around livestock, and support the use of sanitary latrines.

There is also poor access to safe water for domestic use (49% access for Trà Linh and 37% for Quảng Uyen). This is due to reliance on natural wells that only provide water during the rainy season and river water that is often contaminated.

There is limited access to rainwater tanks, and in the few homes that do have them, families need to be trained in how to keep them in good order. These have serious implications for child health.

Existing water and sanitation facilities in schools are inadequate. Children often have no choice but to drink unsafe water at school, and will go to the toilet in the fields rather than using the school's toilets because of their poor condition.

To address water access issues, there is a great need for projects that increase children and their families' access to hygienic water sources.

Who can help?

ChildFund will work with the Department of Natural Resources and Environment, Department of Health and Medical, Department of Education, Youth Unions, People's Committee at the district, provincial, and commune level, and training and research institutes.

How does this align with local plans?

The project activities will be developed based on Five Pillars, including: (1) Community's needs and IRR action plan, (2) ChildFund Vietnam's Development Strategies, (3) Socio-Economic Master Plans and Strategies of Trà Linh and Quâng Uyen (2015-2020), (4) Local Resources Available for Potential Socio-Economic Development and (5) Cao Bang Provincial Policies and Targets. The project activities will also align with, and be integrated into, national programs, such as the New Rural Program.

The goals:

- 1. Households access to hygienic water increase to at least 90%.
- 2. Households that have hygienic latrine increase to at least 80%.
- 3. 100% of school have hygienic toilets.

What we've already achieved

- Built water supply systems with sufficient safe water for 13 communes
- Built sustainable sanitation facilities for pre- and primary schools in 13 communes
- Taught people in 13 communes to manage the water systems and sanitation facilities
- Built 1451 household latrines and 350 husbandry waste pits in 13 communes
- Established networks to promote hygiene and sanitation in 13 communes
- Raised awareness around water, hygiene and sanitation in 13 communes
- Provided water tanks for 150 households in 13 communes for storing rain water



What still needs to be done

SOLUTION 1

Increasing the knowledge and practice among communities to uphold a safe and clean environment in their households

COST \$50,000

SOLUTION 2

Reducing the risks of respiratory diseases and diarrhoea among children and their families through sanitation facilities

COST \$186,500

SOLUTION 3

Improving quality and access to safe water, sanitation and hygiene (WASH) facilities in schools and communities

COST \$620,000

SOLUTION 4

Water and Sanitation Advocacy activities

COST \$25,000

TOTAL COST OF WHAT'S REQUIRED

NZ\$881,500

EDUCATION



The Vietnamese
Government prioritises
education in both strategy
and budget allocation,
yet major disparity in
education quality remains.

It's not unusual to find children learning in temporary classrooms in rural and mountainous provinces.

Learning outcomes are poor due to the low quality of school managers, teachers, and inadequate learning conditions and facilities. Schools lack suitable child friendly facilities - infrastructure is dilapidated, conditions are often dirty and unsafe, and there are inadequate recreation areas.

Local teachers are reliant on traditional methods of teaching and rarely share issues relating to schooling with commune authorities and parents. Many students attend school, but are not actively engaged in their learning, largely because there are few teaching aids and learning resources.

Students also lack life skills and confidence, and so are unable to express their voice and agency.

They also have limited access to social, cultural or sporting activities.

ChildFund focuses on promoting child-centered teaching methods, addressing the situation of unsafe school environments and engaging parents and the community in child learning.

Who can help?

ChildFund will work with children, parents, and stakeholders, such as the Department of Education, Youth Union, the People's Committee at the district, provincial, and commune level, and training and research institutes.

How does this align with local plans?

The project activities will be built and designed based on the community's needs, socio-economic plan and strategy at district and province levels as well as national programs such as New Rural Program, National Target Education Program and policies and strategies in education of MOET (Ministry of Education and Training). The projects will also contribute to the promotion of children's right to participation, child protection, and child education in the period from 2016 to 2020 promulgated by Government and Prime Minister. The project activities will be implemented and integrated into the government's activities.

The goals:

- Schools have permanent school building with adequate facilities increase to at least 80%.
- Children (from 3 to 5) attending Early Childhood Development (ECD) centres increase to at least 90%.
- Preschool and primary schools' teaching methods to increase to at least a 70% good standard.

What we've already achieved

- Strengthened the capacity of preschool teachers through training and workshops
- Strengthened the capacity of primary school teachers
- Improved the study environment for children by constructing classrooms, providing study equipment and home learning
- Improved the voice and agency of children through establishing child interest groups and activities
- Strengthened the participation of parents and community in education



What still needs to be done

SOLUTION 1

Improving the quality of learning for children through supporting children in learning

COST \$93.500

SOLUTION 2

Improving soft skills and strengthening voice and agency through child interest groups

COST \$62,000

SOLUTION 3

Improving teaching capacity in language development and discovery science for preschool teachers

COST \$62,000

SOLUTION 4

Improving the capacity of primary teachers in reading and literature teaching

COST \$62.000

SOLUTION 5

Promoting and supporting the development of a high quality, safe study environment, including the upgrade of kitchen and cooking equipment, preschools and their facilities

COST \$280,000

SOLUTION 6

Improving the active participation of parents and stakeholders in children's education

COST \$185,000

FOTAL COST OF WHAT'S REQUIRED

NZ\$587,000

HEALTH



The rate of mothers and babies dying in childbirth in Cao Bang is disturbingly high.

Partly, this is due to pregnant mothers working in labour intensive jobs — a situation which compromises their health as well as the child's — leading to miscarriages, premature birth, and underweight newborns.

As well, only 63% of ethnic minority women are assisted by a skilled birth attendant. Access to health centres is limited and existing centres lack suitable facilities, equipment and drugs that provide appropriate interventions to save the lives of newborns and mothers.

The rate of malnourished children under the age of 5 is high and stunting is common. This has significant implications for children's mental and physical development. Mothers need better knowledge of how to care for children and about their nutritional needs. This should start with training in adolescence, and should include reproductive health and life skills.

Who can help?

ChildFund will work with the Department of Health and Medical, Department of Education, Youth Unions, People's Committee at the district, provincial, and commune level, and training and research institutes.

How does this align with local plans?

The project activities will be built and designed based on the community's needs, socio-economic plan and strategy at district and province levels as well as national programs such as New Rural Program and



Healthcare Target Program. The project activities will be implemented and integrated into government activities.

The goals:

- Malnutrition rate (low weight and stunting) reduces to at least 13%.
- Communes have national standard quality healthcare stations with good services increase to at least 70%.
- Youth and woman at reproductive age have knowledge on HIV prevention increase to at least 60%.
- Youth and adolescence have basic knowledge and practice on sexual reproductive health (SRH) increase at least to 80%.

What we've already achieved

- Constructed four commune health centres
- Provided medical equipment to 13 health centres
- Trained medical staff on child-friendly approaches, treatment of common diseases for children, safe motherhood and neonatal emergency
- Health examination for children under 5 years every quarter, reaching 2100 children
- Provided Davita (vitamins and minerals) to 600 malnourished children and 200 pregnant women
- Established seven study corners on adolescent reproductive health at seven secondary schools
- Trained student groups and teachers on adolescent reproductive health
- 18 talks given on adolescent reproductive health and life skills at 14 secondary schools



What still needs to be done

SOLUTION 1

Construct at least two new commune health centers

COST \$373,000

SOLUTION 2

Provide medical equipment for diagnosis and treatment of children and women at commune health centers

COST \$250,000

SOLUTION 3

Establish a child-friendly clinic model with equipment

COST \$62,000

SOLUTION 4

Establish a child nutrition club with equipment and training

COST \$50,000

SOLUTION 5

Establish a dental care model for children

COST \$31,000

SOLUTION 6

Establish an adolescent healthcare model (sexual health care, reproductive health, life skills)

COST \$50,000

TOTAL COST OF WHAT'S REQUIRED

NZ\$816,000

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CHILD PROTECTION



A worrying 88% of children in Trà Linh and Quảng Uyen report that they live in unfriendly and unsafe communities.

Child abuse is compounded by people lacking the life skills to respond to or prevent abuse, the repressed voice and agency of children, and a lack of access to community-based child protection services.

Effective child protection systems and early intervention strategies are important to ensure the prevention of violence against children. Yet staff capacity around child protection is limited: people have little knowledge of government laws and policies, are not aware of the methods of how to approach, support and work with children, or how to promote the participation of parents and children in child protection activities.

ChildFund understands the importance of equipping children with basic life skills to protect themselves, and helping children to be more confident and able to respond to dangers and risks. In project communes, 91% of children have not been taught how to protect themselves from abuse.

Voice and participation from vulnerable children is often neglected. Support from the adult community is needed. Children need to be empowered to raise their voice and participate in their homes and communities

Who can help?

ChildFund will work with the
Department of Labour, Department
of Education, Invalids and Social
Affairs (DOLISA), Youth Unions,
People's Committee at the district,
provincial, and commune level, and
training and research institutes.

How does this align with local plans?

The project activities will be built and designed based on the community's needs, plan and strategy of DOLISA at district and province levels as well as national programs such as Child Rights and Child Protection Program. The project activities will be implemented and integrated into government activities.

Goal: To help build communities in which children and youth are protected and are able to participate, express their ideas and act on issues related to them.

- Children's voices on their related issues in family, school, and community increase to at least 50%.
- 2. Youth's voices on their related issues in family, school, and community increase to at least 85%.
- 3. All schools have child-led clubs.
- Communities (village level) have youth-led club increase to at least 30%.
- Communes have a functioning Community Based Child Protection Mechanism increase to at least 65%.
- 6. Elimination of early marriage.
- 7. Child labour reduces to at least 10%.

What we've already achieved

- Training conducted on Child Protection Law with members of police offices, judicial officer and volunteer at project communes
- Nine training courses conducted on injury prevention, communication, case management and child rights
- 31 child clubs established and resourced
- Seven training courses on child club management for 185 core children
- Seven training courses on child rights and Child Protection Law
- Seven training courses on injury prevention for children
- Two child forums established with participation of 120 children
- Two workshops and two training courses held on safe house model
- 596 communication events held on child rights and injury prevention for children
- 396 community sessions and 38 events held on child rights and injury prevention for parents and caregivers
- 96 communication sessions on child rights and life skills were integrated with child club meetings
- 30 warning boards were set up to raise the awareness of safe environments for children
- 15 safe playgrounds were constructed and upgraded

What still needs to be done

SOLUTION 1

Building child protection systems from district to village

COST \$50,000

SOLUTION 2

Establishing at least 30 new child clubs and maintaining current child clubs

COST \$93,200

SOLUTION:

Providing at least 30 training courses on life skills for children via child club activities

COST \$93,200

SOLUTION 4

Constructing at least 10 safe playgrounds for children

COST \$50,000

SOLUTION 5

Child and youth participation into socio-economic plans at district and commune levels

COST \$62,000

SOLUTION 6

Organise 80 child forums at commune, district and provincial levels on early marriage, child sexual abuse, child physical abuse, etc.

COST \$93,200

TOTAL COST OF WHAT'S REQUIRED

NZ\$441,600

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REVIEW OF PROGRESS TOWARDS THE COMMUNITY VISION

In 2016, here's where we're at...

LIVELIHOODS

4.7%

WATER & SANITATION

62%

EDUCATION

52%

HEALTH

57%

CHILD PROTECTION

33%