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PREFACE

This Analysis is among the first in a series of provincial situation analyses that UNICEF Viet Nam has initiated to support provinces under the Provincial Child Friendly Programme. The initiative aims to inform the provinces' five year (2011-2015) and annual Socio-Economic Development Plans (SEDPs) as well as their sectoral plans, making them more child-sensitive and evidence-based.

The Analysis of the Situation of Children in Dien Bien Province provides a holistic picture of the situation of girls and boys, including an in-depth analysis of remaining challenges that children face. It also examines the possible causes of the situation of children, and analyses the province in the context of the North West region and Viet Nam as a whole. The report aims to contribute towards establishing a stronger knowledge base on children by compiling and analysing information and data on children's issues that exists but has not yet been consolidated or comprehensively analysed.

The Analysis' findings confirm the province's remarkable progress across a broad spectrum of children's issues, in line with its socio-economic development achievements in recent years. However, there are areas where disparities exist and progress is still needed, such as child malnutrition, health care for ethnic minority children and those who are living in poor households, increasing HIV/AIDS prevalence, poor water supply to mountainous communes and villages, limited access to hygienic sanitation by the rural population, limited education for ethnic minority children at all levels, and limited access to special protection measures by vulnerable groups of children.

It is our intention that this Situation Analysis will be a frequent reference document for Dien Bien Province during the process of planning and implementing the province's SEDPs and sectoral plans, and for development partners working in the province.



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ABBREVIATIONS

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
CLTS	Community Led Total Sanitation
CRC	Convention on the Rights of the Child
CWD	Children with Disabilities
DOET	Department of Education and Training
DOF	Department of Finance
DOH	Department of Health
DOLISA	Department of Labour, Invalids and Social Affairs
DPC	District People's Committee
DPI	Department of Planning and Investment
FSW	Female sex workers
GMS	Greater Mekong Sub-region
GSO	General Statistics Office
HIV	Human Immunodeficiency Virus
IBCC	Integrated Behaviour Change Communication
IDU	Intravenous Drug Users
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
MCNV	Medical Committee of the Netherlands
MICS	Multiple indicator cluster surveys
MOET	Ministry of Education and Training
MOH	Ministry of Health

MOLISA	Ministry of Labour, Invalids and Social Affairs
NCERWASS	National Centre for Rural Water Supply and Sanitation
NGO	Non-government Organisation
NTP	National Targeted Programme
ODA	Official Development Assistance
PCERWASS	Provincial Centre for Rural Water Supply and Sanitation
PCFP	Provincial Child Friendly Programme
PEDC	Primary Education for Disadvantaged Children Project
PMTCT	Prevention of Mother to Child Transmission
PPC	Province People's Committee
PSO	Province Statistics Office
RWSS	Rural Water Supply and Sanitation
SEDP	Socio-Economic Development Plan
SOS	SOS Children's Village
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office of Drugs and Crime
VHLSS	Viet Nam Household Living Standards Survey
VND	Viet Nam Dong
WES	Water, Environment and Sanitation
WHO	World Health Organization

Exchange rate: 1 USD = VND 19,490

EXECUTIVE SUMMARY AND MAIN RECOMMENDATIONS

1. This report provides a Situation Analysis of Children in Dien Bien Province. The overall objective of the study is to provide policy-makers and planners with information on children's issues and priorities in the province today. The specific objectives are: (i) to consolidate information and analyse the situation of children in the context of the province's socio-economic development; (ii) to identify relevant issues affecting knowledge on child rights and the advancement of these rights; and (iii) to provide recommendations to improve children's situation that can be incorporated into the province's Socio-Economic Development Plan (SEDP) and sector plans and budgets for health, education and child protection.
2. The analytical approach adopted by the study has two main elements. First, children's issues are analysed according to clusters of child rights that relate to different areas of sector activity, including the rights to survival, development, protection and participation. This conforms to the definitions of child rights given in the Convention on the Rights of the Child as well as in Vietnamese laws and policies, including the Law on Child Protection, Care and Education, and the National Plan of Action for Children (2001-2010). Second, the study combines this rights-based approach with a structured analysis of programming and budgeting for child-related concerns in the provincial SEDP. This is in order to identify those aspects that are comparatively well covered and resourced, and those that appear to be under-resourced and not adequately addressed in existing plans and budgets.
3. This Executive Summary presents the main findings of the study and recommendations for enhancing the integration of children's issues and concerns in province and sector planning. These are presented according to sector priorities; keys areas of cross-sectoral coordination, collaboration and capacity building; and priorities for filling data and information gaps. While the main report includes many different suggestions, this section covers what we consider to be the main recommendations. Reference is made in square brackets to sections of the main report where a full presentation and analysis of each issue is found.

Comparative health, water supply and sanitation and education indicators (2008)

Indicator	Dien Bien	Nation-wide	North West Region	Source
Poverty rate 2006 (%)	42.9	15.5	39.4	a)
Poverty rate 2008 (%)	39.3	13.4	35.9	a)
IMR (‰)	33	15	25.5	b)
Fully immunised under-1 children (%)	93	93.9	95.1	b)
Moderately underweight under-5 children (%)	22.5	16.7	22	c)
Commune clinics with a doctor (%)	27.5	65.9	32.4	b)
Communes with a midwife/junior delivery doctor (%)	90.6	93	86.2	b)
Communes meeting national health standards (%)	32.8	55.5	18.3	b)
Rate of new HIV infections per 100,000 people	148.9	23.5	49.3	b)
Cumulative HIV infections per 100,000 people	595.5	208.5	375.3	b)
Households with clean water supply (%)	72	75	70*	d)
Households with sanitary latrines (%)	39	51	52*	d)
Gross primary school enrolment rate 2008-09 (%)	103.8	100.2	100.5	e)
Net primary school enrolment rate 2008-09 (%)	96.4	97	97	e)
Gross secondary school enrolment rate 2008-09 (%)	75.4	89.7	88.9	e)
Net secondary school enrolment rate 2008-09 (%)	69.75	84.4	79	e)

Sources: (a) GSO (2010) *VHLSS 2008*; (b) Ministry of Health (2008); (c) National Nutrition Surveillance System; (d) National Centre for Rural Water Supply and Sanitation (2008); (e) Ministry of Education and Training.

CHILD HEALTH AND SURVIVAL

4. Quality healthcare for children [Sections 3.5 & 4.3]. There have been substantial improvements in health infrastructure, in the system of diagnosis and treatment, and the delivery of primary healthcare programmes in Dien Bien in recent years. Public expenditures on healthcare have increased from VND 42.7 billion in 2005 to around VND 249 billion in 2009 (483 per cent). According to the Department of Finance, funding for basic diagnosis and treatment for children under six years of age has increased from around VND 4.32 billion in 2006 to 7.86 billion in 2008. In recent years, approximately half (47 per cent) of the service delivery funding under the NTP on Prevention of Social Diseases, Epidemics and HIV/AIDS has been allocated to the three projects that have the most direct connection to child survival – the projects on malnutrition prevention, universal vaccination and reproductive healthcare.
5. Funding for the reproductive healthcare project under this NTP is supplemented by funds from the NTP on Population and Family Planning (allocated VND 4 billion in 2009), to the extent that this sub-sector appears to be comparatively well resourced. In contrast, it can be generally observed that the project on universal immunisation (allocated VND 400 million in 2009) and the project on prevention of malnutrition (allocated VND 1.29 billion in 2009) appear to be under-resourced. This observation is based on the understanding that the malnutrition and universal immunisation projects need to be strengthened most urgently in remote rural communes and villages, where the direct costs and transaction costs of improving service delivery are highest. As indicated below, in view of the critical importance of these issues to child survival, resource allocation to prevention of child malnutrition and universal immunisation needs to be increased. Furthermore, it appears that comparatively few resources have been allocated to the NTP on Food Hygiene and Safety, even though this is an issue of nationwide public concern, having a direct impact on child health and nutrition.

6. **Reproductive healthcare** [Section 4.2]. Funding for family planning and reproductive healthcare projects and programmes has increased over recent years. Even so, provincial data suggest that there have only been limited changes or improvements in some of the key indicators of reproductive healthcare, such as: the percentage of pregnant women receiving regular antenatal check-ups; tetanus vaccinations for women of child-bearing age; the proportion of women giving birth with qualified/skilled personnel in attendance; and the maternal mortality rate. There are clear differentials in the patterns of reproductive health and healthcare between ethnic groups. This suggests that social and cultural factors determining reproductive healthcare behaviour are important. Improving the effectiveness of Information, Education and Communication (IEC) on reproductive healthcare will be important to address these issues and provide services in an appropriate way for ethnic minority women. For instance, by providing gynaecological and antenatal check-ups in a private and friendly setting; providing appropriate assistance for home delivery including clean delivery kits; and targeting traditional leaders and people-of-influence (village elders, religious leaders, folk-healers) to enhance the impacts of IEC.
7. **Child immunisation** [Section 4.3]. According to official statistics, Dien Bien has largely achieved the national targets for achieving full immunisation of children under one year old. However, unofficial sources suggest that the actual rates are lower than the officially reported figures (for example figures of around 70 per cent are quoted for the rural communes of Tua Chua and Tuan Giao). The reasons for the differences between officially reported figures and actual rates may include the tendency of local authorities to over-report in order to reach the targets, and reporting initial registration and inoculation rates rather than children completing full immunisation over time. The immunisation programme still meets difficulties in the remote communes and villages because parents do not realise the importance of immunisation, the lack of health staff, the lack of refrigeration to store vaccines, and ineffective IEC activities for ethnic minority people. This suggests that local authorities should pay more attention to improving people's awareness of the importance of full immunisation, and to ensure health facilities to provide this service in an effective way. In particular, it is recommended that resources should be increased for the activities of district mobile vaccination teams for communes with many villages, including sending cadres from successful districts to help less-successful districts to improve vaccination coverage.
8. **Prevention of Acute Respiratory Infections** [Section 4.3]. While improvements have been made in the amount and quality of basic diagnosis and treatment, there are still gaps in the coverage of basic examinations and preventive healthcare for children. One particular area of concern is Acute Respiratory Infections (ARI), which continue to be major causes of overall morbidity and child mortality in the province. Diagnosis and treatment of ARI is not included in the NTP on Social Diseases, Epidemics and HIV/AIDS. There is a shortage of funding for this and for associated interventions relating to shelter and clothing for children from poor households. It is recommended that more resources should be allocated to addressing ARI as a major factor influencing child health and survival. Similarly, there are other aspects of child health that are not covered by the NTPs and for which existing budgets are limited, including iodine deficiency control and school dentistry.
9. **Use of health insurance cards for the poor** [Section 4.4]. In the group discussions with local people, many opinions were expressed about the quality of healthcare services and the use of health insurance cards for the poor. Local people recognise the improvements made in the provision of free health check-ups for children under six and health

insurance cards for poor households. However, it appears that effectiveness of the health insurance cards is limited by several factors. Firstly, lack of birth registration affects the distribution of insurance cards. Secondly, information provision and awareness of parents of the entitlements of the health insurance cards is limited. Thirdly, there is particular concern amongst local people with the referral system for using the insurance cards in serious or emergency cases (i.e. the referral system from commune-to-district and district-to-province). In some cases, people do not have a clear understanding of – or are not given clear information about – the referral system. People are also concerned about under-the-table payments to obtain hospital treatment at the provincial level.

10. **Healthcare seeking behaviour and equality** [Section 4.5]. It appears that there are significant differences between ethnic groups in child health status and the rate of children receiving regular health examinations and full immunisation. Social factors related to ethnic minority status also play an important role in parental decisions to seek care for a sick child. There appear to be a range of factors that give rise to the hesitation and apprehension of many ethnic minority people to go to the formal healthcare services, and which have a detrimental impact on child survival. These include: (i) the distance and cost of going to the commune health centre or district/province hospital from the remote villages; (ii) unfamiliarity with the procedures due to language barriers and the lack of explanation and information about how to follow the procedures; (iii) a lack of knowledge in these communities on common diseases and ailments, how serious they are and how to treat them; (iv) the maintenance of traditional healthcare beliefs and practices.– while these are undoubtedly relevant to some aspects of healthcare, they can inhibit better healthcare seeking behaviour for serious problems; and (v) some instances of informal payments that need to be made for hospital treatment. These factors suggest that more concerted efforts need to be made to ensure equality in access to healthcare for children from all population groups.
11. **Child nutrition and malnutrition** [Section 4.6]. According to provincial statistics, the malnutrition rate among children under five (percentage of underweight children) in Dien Bien declined from 28.4 per cent in 2006 to 24.3 per cent in 2009. According to the nationwide Nutrition Surveillance System, Dien Bien ranked 52nd out of 63 provinces in the rate of moderately underweight children in 2009. Even so, it should be noted that malnutrition rates in the province are not disproportionately high as compared to other provinces and regions. Child nutrition and malnutrition is a serious concern nationwide, and Dien Bien is not alone in this respect. In particular, child malnutrition continues to be a major problem among some ethnic minority population groups and poor rural households. Approximately 25 per cent of the funding for service delivery under the NTP on Social Diseases, Epidemics and HIV/AIDS is allocated to the Project on Child Malnutrition Prevention. These activities are carried out in all communes; however, effectiveness of the project is limited by the lack of recurrent funds to synchronously implement activities across the province.
12. Tackling child malnutrition requires a comprehensive and coordinated effort between various sectors including health, education, agriculture extension, and trade and commerce. It is recommended that further efforts are needed to ensure adequate and affordable availability of nutritional supplements for children, ensuring nutritious meals at semi-boarding school facilities, and enhancing the productive capacity of poor households to grow their own vegetables and small livestock to improve household food supply and nutrition. This needs to be combined with improved survey data collection to gain a better understanding of the patterns of child malnutrition between different ethnic groups, in order to prioritise resource allocation for the most disadvantaged population groups.

13. **Water supply and sanitation** [Section 4.7]. Steady progress has been made in expanding the provision of both urban and rural clean water supply in recent years. It is estimated that the proportion of the rural population with access to clean water has increased from 54 per cent in 2005 to 75 per cent in 2009, which is on the way to achieving the provincial target of 85 per cent as set out under the National Plan of Action for Children 2001-2010. Regular water supply in many upland communes and villages is, however, a difficult issue because of absolute water shortages in the dry season. Many schemes in these areas use settlement/filtration methods, which means that water quality and hygiene are not guaranteed, especially in the rainy season. A lack of regular operations and maintenance also means that regular water supply is not ensured in some areas. It needs to be ensured that effective operations and maintenance systems and management arrangements are in place to safeguard the investments and progress that have been made in clean water supply in recent years.
14. Sanitation indicators, on the other hand, continue to lag behind national standards and targets. According to provincial figures, as of 2009 around 53 per cent of the rural population and 75 per cent of the urban population use appropriate hygienic latrines, falling below the provincial targets of 70 per cent and 90 per cent respectively under the National Plan of Action for Children 2001-2010. Figures from the National Centre for Rural Water Supply and Sanitation suggest a lower rate of hygienic latrine usage in rural areas of around 40 per cent in 2008. Improved approaches to sanitation IEC and Community Led Total Sanitation have been introduced in some pilot locations through donor-supported projects. These may provide successful models for working with ethnic minority communities on sanitation issues, which can be replicated in the government system. This should be combined with enhancing the coverage of sanitation awareness in schools, combined with IEC activities that use both mass media and face-to-face communication methods.
15. **Child injury prevention** [Section 4.8]. In recent years the Government has given considerable attention to strengthening child safety programmes. Even so, the number of deaths from injury amongst children and adolescents under 19 years old nationwide has continued to increase from 6,938 in 2005 to almost 8,000 in 2008, with 48 per cent of fatalities due to drowning and 28 per cent due to road accidents. This is, therefore, a serious concern for all local government authorities and local communities. The available data on child injuries in Dien Bien is fragmented. However, general indications are that patterns of child injury reflect those in many other places. It is alarming that around 20 per cent of child injuries reported by provincial and district hospitals were due to road accidents, which clearly indicates that more should be done on road safety awareness amongst both parents and children. While intensive awareness-raising activities on injury prevention for parents and children have been introduced in some areas, in general there is a shortage of provincial funding for these activities. As of 2008, only four out of nine districts and 4 out of 106 communes and wards had steering committees, plans or activities for child injury prevention. One priority will be to scale up these activities in future, especially with regard to road safety and traffic laws, drowning and protection from labour-related injuries.

CHILD DEVELOPMENT – EDUCATION

16. **Improving education access and quality** [Sections 3.6 & 5.2]. Improving access to schooling and improving the quality of education is of high priority for the provincial authorities in Dien Bien. The education and training sector has occupied an increasing proportion of annual public expenditure, rising from 15 per cent (VND 258 billion) in 2005 to 28.3 per cent (VND 763 billion) in 2008. Substantial capital investments have been made to expand and upgrade the quality of kindergarten, primary and secondary school infrastructure and facilities throughout the province. Capacity building for teachers and education managers, better teaching facilities, and improved teaching methods have also been introduced, with support from the NTP on Education and Training and several donor/NGO-supported projects. This is reflected in the good progress that has been made towards achieving the child development targets set out in the National Plan of Action for Children 2001-2010, including the rate of children attending kindergarten by age five and the primary and secondary school enrolment and completion rates.
17. **Nursery and kindergarten schooling** [Section 5.2]. In the school year 2008-09, the rate of children attending kindergarten by age five was 94.2 per cent; the province has thereby largely achieved the 95 per cent target set out in the National Plan of Action for Children. However, the rate of children attending nursery classes was only 10.3 per cent in 2008-09. This suggests continuing difficulties in preschool access and preparation for schooling amongst young children. There has been an expansion of commune and village-level nursery and kindergarten classes; even so, in some areas access to nursery schools is still limited. According to MOET, Dien Bien is one of three provinces in the Northern Mountains Region that have no non-public preschools or kindergartens. This limits the options for parents, as they have to rely on the public school provision. This may decrease the competitiveness and quality of education and childcare between public and non-public sectors. The reasons for this situation should be studied further, considering elements of the demand for additional facilities, and policies to support individuals and collectives to invest in establishing non-public nursery schools and kindergartens.
18. **Schooling for ethnic minority children and girls** [Sections 5.2 to 5.4]. The proportion of ethnic minority pupils attending primary and lower secondary school in Dien Bien (80 per cent to 90 per cent) reflects the proportion of ethnic minority children in the general population. However, there is a decline in the proportion of ethnic minority pupils attending upper secondary school (60 per cent to 70 per cent in recent years). While the proportion of girls attending primary school is a positive indicator, as it reflects the proportion of girls in the general population in this age group (48.6 per cent in 2008-09), a lower proportion of girls attend lower secondary school (40 per cent) and upper secondary school (around 37.5 per cent in 2008-09). There has not been a noticeable increase in the proportion of girls enrolled at lower secondary level in recent years. There are substantial differences in the figures reported for each district, with low rates of girls attending lower and upper secondary school in Tua Chua, Muong Nhe and Dien Bien Dong districts.
19. For ethnic minority girls, these differences are more pronounced. While ethnic minority girls constitute around 39 per cent of all primary school pupils, this declines to around 31 per cent of lower secondary pupils and a lower proportion of upper secondary pupils (23 per cent in 2008-09). These overall figures mask differences between ethnic groups, with proportionally higher rates of Kinh and Thai pupils and girls going on to secondary school than amongst other ethnic minority groups. It is recommended that further research is needed to identify those ethnic minority groups in which more concerted effort and remedial action is required to improve secondary schooling opportunities.

20. All these figures indicate that there are still barriers to access to secondary schooling for ethnic minority children, especially for girls. These findings confirm other studies that have shown that ethnic minority girls continue to be disadvantaged in the transition to secondary schooling. There are various reasons why this transition is problematic. Child labour is frequently associated with temporary withdrawal from school during peak agricultural seasons, as well as being one of the main causes of permanent discontinuation from school. Working children are less likely to benefit from extra classes offered outside regular school hours. Children who find it difficult to catch up often feel inferior and may permanently stop education by themselves. When it is necessary to care for family members, girls are more frequently pressed by parents to return home. Traditional values still give priority to completing schooling for boys, even though it has been shown that investment in girls' education is an important economic decision, as educated girls will likely bring better income, get married later and have fewer but healthier children. Despite great efforts made by the schools and teachers, they report that this situation is difficult to address.
21. **Ethnic minority semi-boarding schools** [Sections 3.6 & 5.3]. Semi-boarding facilities have become an important part of increasing access to schooling for children from remote villages. There has been a steady growth in the number of schools with semi-boarding facilities from 84 schools in 2004, to 181 in 2009 (50 per cent of primary schools and 74.5 per cent of lower secondary schools have semi-boarding facilities). The number of semi-boarding pupils has increased from 8,619 in 2004, to 17,456 in 2009 (i.e. currently around 16.6 per cent of the total number of pupils). External funding for semi-boarding facilities has increased in recent years from local government resources and some donor/NGO-supported projects. Provincial support to semi-boarding pupils has increased from VND 4 billion in 2004-05 to VND 7.855 billion in 2008-09. Funding has also been allocated under Component IV of Programme 135-II to improve semi-boarding facilities and support poor pupils with cash or food supplements. Even so, state support still only constitutes 6 per cent of funding for school facilities, with the remaining 94 per cent coming from local contributions. Many of the semi-boarding facilities are still in a poor condition, lacking auxiliary facilities such as kitchens and water supply, with a limited supply of blankets and mosquito nets, and other supplies
22. The Ministry of Education and Training has recently issued new guidelines on the establishment, organisation and activities of ethnic minority semi-boarding schools. This circular stipulates that in addition to housing, water supply and sanitation, semi-boarding schools should be equipped with sports and recreational facilities and with medicine cabinets. However, the circular does not specify the level of financial support for meals and accommodation for pupils or sources of finance to establish or run the schools. Increased provincial funding will be required. While not all schools can be upgraded to a high standard of construction, particular attention should be given to ensuring nutritious meals, separate and safe living quarters for girls, and clean water supply and sanitation.
23. **Operations and maintenance funding for schools** [Section 3.6]. Between 80 and 90 per cent of the recurrent budget for kindergarten, primary and secondary education is on staff salaries and salary-related expenditures. This poses constraints on the available recurrent budget and service delivery budget for all other types of school development and maintenance costs. In particular – given the large amount of new school infrastructure – it is likely that there will be future shortfalls in the available recurrent budget for operations and maintenance. Allocating more funds to operations and maintenance, and replacement costs for school facilities, equipment and materials, will be essential to maintain the quality of school infrastructure and education in the coming years. At present, education sector budgeting does not sufficiently earmark these types of costs. As the spending on infrastructure declines, particular attention will need to be given to assessing these needs.

CHILD PROTECTION

24. **Responsibility and financing for child protection** [Section 3.7]. Child protection includes a wide range of issues and activities including the care of children in need of special protection, HIV/AIDS awareness and prevention, the control of child labour, birth registration, and the prevention of child abuse and trafficking. The responsibilities for child protection are also divided between many sectors and agencies, including the Department of Labour, Invalids and Social Affairs, the Department of Health, the Police Department, the Department of Justice, the commune authorities, mass associations and traditional community leaders. Accordingly, financing is disparate and it is very difficult to determine total budgetary allocations to child protection. However, it is evident that given limited provincial and district resources, some aspects of child protection in Dien Bien continue to be under resourced.
25. **Social protection funding for community-based care** [Section 3.7 & 6.3]. Since 2007 there has been a consolidation of the financing and fund-allocation procedures for social protection and child protection at the commune level, following the introduction of Decree No.67/2007/ND-CP on policies to support social protection targets. It appears that this consolidated legislation has simplified and improved the procedures for supporting vulnerable households. However, it is recommended that the province should undertake a more detailed investigation to determine the effectiveness of the target criteria, strategy and adequacy of funding for child protection under Decree No.67 to inform SEDP planning.
26. **Capacity gaps in the system of child protection** [Section 6.2]. As reported by UNICEF Viet Nam, a key challenge in child protection in Viet Nam is the absence of a strong and efficient social protection system, the lack of professional social services with the capacity to respond to vulnerable children, and the absence of a 'continuum of services' that can assure the protection of children at all times across the range of child protection issues. During this study, a number of capacity gaps were identified in the child protection system, as follows:
- An absence of a network of village collaborators involved in childcare and protection activities, including a lack of funding for this network, a lack of professional social workers at the community level, and local people with social work skills and experience.
 - The commune authorities and village heads find it difficult to accurately assess and follow up child protection needs in the community, and the commune legal cadres have difficulty in keeping up-to-date with birth registration requirements.
 - The commune authorities, community leaders and local communities themselves lack experience with more effective approaches to dealing with new and emerging social issues and child protection issues (for example, HIV/AIDS and drug abuse).
 - The justice sector has a limited number of staff at the district and commune level to adequately follow up birth registration procedures in addition to their other duties; and while the commune health clinics and hospitals are responsible for recording births, this cannot often be done at time of birth because many deliveries take place at home.
27. **Care of children in need of special protection** [Section 6.3]. In recent years, government support for the care of children in need of special protection has been expanded. Even so, given limited provincial and district resources, some aspects of

child protection continue to be underfunded. A majority of children in need of special protection with special needs are cared for in the community where financial support is provided to some families, while institutional care is provided for some children in Social Protection Centres. According to DOLISA, in the period 2007-08, around 308 children were receiving regular financial support, equivalent to around 12 per cent of the total number of children in need of special protection. Of these, 198 children (64 per cent) were receiving community-based care and financial support. Around 50 per cent of fully orphaned and abandoned children were receiving some form of assistance in 2007 (including 34 per cent in institutional care or foster care and 16 per cent receiving financial support in the community). Support for children with disabilities varies according to the type of disability and household poverty status. Poor households with either adults or children with disabilities and lacking labour are eligible for financial support. However, the coverage of this community-based support appears to be limited: in 2007, only 6.6 per cent of children with disabilities received financial assistance in the community.

28. **HIV/AIDS awareness and prevention** [Section 6.3]. There is a rapidly rising prevalence of HIV/AIDS in the North West Region. In 2008, Dien Bien had the highest rate of new HIV infections in the country at 149 per 100,000 people. Comprehensive intervention measures are critical before the epidemic in this region reaches the same level as in urban centres and older epidemics. There were cases in all districts, and in 86 of 112 communes and wards in 2009. The infection rate amongst intravenous drug users is high, associated with widespread drug use. Drug use is not only confined to the urban population, but also in rural areas and among ethnic minority populations. There is also evidence of a growing rate of HIV infections among female sex workers in rural areas. The rate of sexual transmission to the female population and the number of children infected through mother-to-child transmission is expected to increase over the next few years.
29. The province has considerably strengthened its HIV/AIDS awareness, prevention and treatment measures. Approximately 35 per cent of provincial funding under the NTP on the Prevention of Social Diseases, Epidemics and HIV/AIDS was allocated to the HIV/AIDS project in 2006 to 2008. This includes investment in an HIV/AIDS Prevention Centre and an annual increase in service delivery expenditures from VND 620 million in 2006 to VND 1.1 billion in 2009. Even so, these activities will need to be intensified on a province-wide basis in the next few years, demanding considerable financial and human resources.
30. It is likely that the HIV/AIDS prevention effort will be more difficult in Dien Bien than in some other provinces. This is because one of the higher-risk groups lies in the rural population and ethnic minority population. This is potentially a more diffuse epidemic than in urban centres, as the rural population is scattered and there are many challenges when conducting effective IEC within the ethnic minority population. It will be critical not to neglect this predominantly rural population group, particularly ethnic minority women and young adults. Enhanced communication methods are required to reach both men and women in these groups, and to tackle the difficult issues of rural drug use. The HIV/AIDS Prevention Among Youth Project has introduced an integrated approach to improving the quality of information and awareness-raising on population and family planning combined with HIV/AIDS prevention for youth. Consideration should be given as to how the lessons from these pilot activities can be effectively scaled up.

31. **Child labour** [Section 6.5]. Child labour is one of the child protection issues about which least is known in Dien Bien. Overall estimates are available on the number of rural children involved in agricultural and domestic work for their families. There is, however, limited data on the numbers of rural or urban children involved in different types of wage labour in agriculture, or in local enterprises and industries. The Government has clearly specified legislation on child labour regulations and the most hazardous forms of work that are prohibited for children; however, there are no data available on the numbers of children in Dien Bien involved in hazardous forms of work. This is an important priority for improved data collection and understanding. First and foremost, there is a need for better data on the number of children that may be involved in hazardous forms of work, combined with direct action to ameliorate this situation if it exists. Secondly, strengthening prevention measures to reduce the flow of children into child labour, including: (i) continued improvement of secondary school access and opportunities, especially for girls; (ii) enhancing remedial measures whereby children temporarily removed from school can catch up and complete schooling; and (iii) continued awareness-raising amongst local communities.
32. **Birth registration** [Section 6.6]. Birth registration is essential to ensure many aspects of a child's future well-being and livelihood opportunities, including education, healthcare and employment. Various sources of information indicate that a fairly high proportion of children in Dien Bien are still not registered at birth. According to a MICS survey in 2006, the national rate of children under five with birth registration was 87.6 per cent, while a lower rate of 75.3 per cent was recorded in the North West Region. According to the Department of Justice, in Dien Bien the rate of birth registration was only around 60-70 per cent in 2007, while in some rural communes it may be as low as 30 to 40 per cent. Awareness-raising amongst the general public on the law and entitlements related to birth registration should be done regularly and comprehensively by the local authorities, in combination with other initiatives such as building cultural families and villages. The capacity of justice sector officials should be improved. Specific mechanisms should also be introduced to facilitate birth registration among ethnic minority people, such as providing face-to-face guidance and mobile birth registration at the village level in remote areas.

KEY ASPECTS OF CROSS-SECTORAL COORDINATION AND CAPACITY BUILDING

33. **Capacity gap assessment.** Various capacity building and training needs have been identified in this study; however, time was not available to fully investigate these needs. All sector departments and levels of local government say that more effective capacity building is needed. Similarly, many local people express the need to improve the capacity of those agencies and individuals engaged in social work at the community level, as well as for better sources of information. It is, therefore, recommended that the province should undertake a comprehensive capacity gap assessment with respect to the institutional responsibilities to address children's issues and concerns.
34. Based on the evidence from this study, three areas of capacity building stand out as being of highest priority in the next few years. Firstly, improving and strengthening cross-sector coordination and collaboration in critical aspects of child survival and protection, including: (i) the linkages between family planning, reproductive healthcare and HIV/AIDS awareness and prevention; and (ii) the linkages between child nutrition,

malnutrition prevention and water supply and sanitation. Secondly, building up the formal social work system at the provincial, district and community level according to the new Government policy. Thirdly, reviewing and strengthening the system of village collaborators involved in child protection and survival.

35. **Building up the social work system** [Section 3.7 & 6.2]. The promulgation of Decision No.32/QĐ-TTg (dated 25/03/2010), which approved a scheme to develop social work over the 2010-2020 period, provides an excellent opportunity to develop more comprehensive and effective systems of child protection. Decisions will need to be made on the job profiles, recruitment and deployment of the contingent of social workers; the scope of activities and services they are involved in; the organisation and management of activities at the grassroots level; and how this integrates with community-based organisations that are involved in child welfare and protection. There will be a need to develop and introduce effective social worker training and coaching programmes that meet the specific learning needs and social requirements of different population groups in the province. All these activities will demand adequate resourcing under the SEDP in the coming years.
36. **Village collaborators in child survival and protection.** It is recommended that special attention should be given to reviewing the roles and responsibilities of village collaborators involved in various child survival and protection activities, in light of Decision No.32. This will require coordinated action between DOLISA and DOH. The aim would be to integrate the roles and responsibilities of village collaborators in ways that strengthen the synergy in service delivery within and between these sectors. For example, DOH suggests that it may be most effective to combine the responsibilities for reproductive healthcare, HIV/AIDS awareness for mothers, birth delivery assistance, and infant/child nutrition and malnutrition prevention for village midwives. These efforts to strengthen the system of village collaborators should be concentrated on remote communes and villages and ethnic minority communities.
37. Decision No.32 will also give the provincial authorities and DOLISA an opportunity to evaluate and replicate successful elements of improved approaches that have been introduced through various projects, such as the Community-Based Child Protection Network activities. Many studies confirm the advantages of family and community-based care and support for children. Clearly, given the social context in Dien Bien, this will be the most appropriate and effective means of expanding child protection services, especially amongst ethnic minorities. The key challenges for the future will be:
(a) to strengthen the human resource base to facilitate the development of these community-based child protection organisations; (b) to provide appropriate assistance to enable them to take increasing responsibility and leadership for these activities in the locality; and (c) to enhance the level of child participation in these organisations.
38. The district level is primarily responsible for the practical implementation of child protection policies and care services on the ground. However, funding for these activities at the district level is confined to state funding through social protection funds. District-level participation in projects and programmes that supplement resources for child protection and aim to introduce improved approaches is still limited. Increasing district budgets for child protection will be important so that each district can adapt services in appropriate ways for each locality.
39. **Strengthening awareness raising and information provision.** In recent years, the province has given attention to improving the level of awareness-raising and information on issues related to child rights, reproductive healthcare, and HIV/AIDS. This not only includes regular information and communication activities, but also new approaches to 'integrated behaviour change communication' and 'community-based interpersonal

communication' that are linked to community-based mobilisation and service delivery. The province previously relied largely on ODA projects and NTP financing for this, and the coverage and scale of these activities is in some cases still limited. There is a **general shortage of provincial funding to scale up these approaches to all communes and villages**. An increased level of funding for such activities under the SEDP will be important in the coming years. There is a particular need to extend the understanding of child rights to participation, particularly through mechanisms that encourage ethnic minority children and young adults to contribute to local affairs.

DATA AND INFORMATION GAPS AND PRIORITIES

40. There are three main areas in which there is insufficient statistical information and qualitative analysis and understanding regarding the situation of children in Dien Bien. It is recommended that steps should be taken to fill these gaps in order to better inform the SEDP planning process and content during 2010 to 2011.
41. **Coverage and quality of data on child protection indicators** [Section 6.1]. The available statistical information on some child protection indicators is fragmented and does not give a fully reliable picture of the current situation. There is also a lack of in-depth qualitative information and understanding about some critical child protection issues. There appear to be several reasons for this. Firstly, the responsibility for data collection on some child protection indicators is divided between different agencies, which hampers the consolidation of these figures. Secondly, data on some indicators are not available because adequate surveys have not yet been carried out (for example, with respect to the child labour situation). Thirdly, because of social sensitivities surrounding issues such as HIV/AIDS, child abuse and drug use, it is likely that there is a degree of under reporting and non-reporting. Fourthly, due to the lack of local collaborators dealing specifically with social work, and the weak capacity of commune and village officials, data collection on child protection indicators at the community level is problematic. Lastly, there are inconsistencies in the reporting on child protection support between administrative levels and localities. In this respect, there are four main priorities for improved data collection and analysis:
 - Improved basic information and understanding on the child labour situation in the province, in particular the numbers of children that may be involved in hazardous forms of work, in order to develop appropriate preventative measures and solutions.
 - Better information and understanding on patterns of child abuse in the province, amongst both urban and rural population groups.
 - More consistent and regular reporting by districts on the support provided to children in need of special protection under Decree No.67 (2007). It is recommended that this should be combined with a survey to better understand the effectiveness of the target criteria and strategy, and adequate funding for this community-based care and protection.
42. **Better disaggregated data according to ethnicity** [Section 2.3]. One of the most important findings of this study is that there is a critical lack of ethnically disaggregated statistical information on child survival and development in Dien Bien. All the evidence suggests that ethnicity is the most prominent factor influencing intra-provincial patterns of differentiation in poverty, child survival and development indicators. However, there is a lack of sufficient official data to fully examine these patterns of differentiation, and on which to base planning decisions and resource allocation. In this respect, there is a

particular need to differentiate key indicators more clearly between: (a) the majority Thai ethnic minority population of the province; (b) the H'mong as the second major ethnic minority group in the province; and (c) the smaller-population ethnic minority groups that may be in disadvantaged situations.

43. Careful consideration will need to be given as to how to address this information gap. Obviously, it is unrealistic to expect that all regular provincial and district data collection and reporting should incorporate ethnically disaggregated data. There is a need to identify which categories of data are most urgent, and how best to go about collecting this information. Based on the analysis of this report, there are four main priorities:
 - Key ethnic differentials in child survival and health indicators, including: (i) child malnutrition rates, (ii) full vaccination rates, (iii) prenatal and antenatal care indicators, and (iv) access to clean water and household sanitation.
 - Key ethnic differentials in access to schooling and educational achievements, including precise data on the rate of boys and girls from different ethnic minority groups attending and completing primary and secondary school.
 - More detailed data on and understanding of the child protection situation amongst different ethnic minority groups, including children with disabilities, orphans and abandoned children, and the situation of single-parent and destitute households.
 - Lastly, improved basic demographic data on the different ethnic groups in the province (it should be noted that these data will be available from the 2009 Population Census).
44. It is recommended that – in the short term – the best way of filling this information gap would be to undertake a sample survey in a number of communes. The objective of this survey would be to get a better understanding of these ethnic differentials, with respect to the situation of women and children. The selected communes would need to be representative of the major demographic characteristics of the province, as well as covering some of the smaller-population ethnic minority groups.
45. **Baseline population data and sex-disaggregated data.** Currently, one of the main difficulties in assessing the situation of children in Dien Bien is the lack of up-to-date population data that can be used to make a deeper analysis of trends in child survival, development and protection. In particular, there is a lack of sex-disaggregated data on the child population that can be used to make a thorough gender analysis. Figures on the number of boys and girls of different age groups, in different areas, amongst different population groups (for example. income categories and ethnic groups) within the province are not readily available. This makes it difficult, for instance, to make a full analysis of trends in school enrolment and completion rates. One reason for this lack of population data is that Dien Bien was separated from Lai Chau following the 1999 population census. This situation should be resolved with publication of the results of the 2009 Population and Housing Census. It is recommended that, over the next year, the Provincial Statistics Office should give priority to preparing baseline datasets on the child population. These datasets could be distributed to the sector departments to enable them to make a more detailed analysis to inform the SEDP planning process and resource allocation.

CHAPTER 1. INTRODUCTION



1. INTRODUCTION

1.1 Research objectives and questions

Over the last decade, the Government of Viet Nam has embarked on a process of decentralising its planning and budgeting responsibilities to the provincial government authorities. According to a study on decentralisation in East Asia carried out by the World Bank in 2005, subnational expenditures account for 48 per cent of total public spending in Viet Nam, which is the second-highest level of decentralisation in the region following China.¹ It is recognised, however, that the capacity of the provincial government administrative system and individual sector agencies to manage the socio-economic development planning process in the most effective ways, to allocate resources, and to execute projects and programmes that achieve results for the poorest, marginalised and most vulnerable sections of society is still weak. Despite greater decision-making and budgetary autonomy, the local government authorities have not used many opportunities to maximise the resources available to address local concerns. The prioritisation of children's concerns requires evidence-based planning and budgeting for children through the Socio-Economic Development Plan (SEDP) process. Unfortunately, data and information on social issues and on children in particular, though they exist at the provincial level, are not always available in a systematic and consolidated form that allows analysis of the full picture.

This study provides a Situation Analysis of Children in Dien Bien Province. The overall objective of the study is to provide policy-makers and planners with information on children's issues and priorities in the province. The specific objectives are: (i) to consolidate information and analyse the situation of children in the context of the province's socio-economic development; (ii) to identify relevant issues affecting knowledge on child rights and the advancement of these rights; and (iii) to provide recommendations to improve the situation of children that can be incorporated into the provincial SEDP, sector plans and budgets. The specific research questions addressed by this study are as follows:

- What are the major nationwide, regional and locally specific socio-economic trends that impact on the quality of life of children in the province, both today and in the future?
- What are the major issues and challenges facing children and families in the province today and what are the causes of these issues and challenges?
- What are the capacity gaps of rights-holders to claim their rights and what are the capacity gaps of duty-bearers to fulfil these claims?
- How have the government and province responded to children's issues, what are the existing policies and programmes supporting children, and how effective have they been?
- Have the government and province given a sufficient proportion of their budget resources and public investments to the realisation of children's rights?
- What are the key issues that policy-makers should take into account when planning for the provincial annual and five-year SEDPs?

¹ World Bank (2005). *East Asia Decentralizes: Making Local Governments Work*.

1.2 Analytical framework and methodology

The analytical approach adopted by the study has two main elements. Firstly, children's issues are analysed according to clusters of child rights that relate to different areas of sector activity. These include: (1) the right to survival – including healthcare, water supply, sanitation and shelter; (2) the right to development – including education and learning; (3) the right to protection – including care of children with special needs, child labour and legal aspects of child protection; and (4) the right to participation – including the right to contribute ideas to the family, community and to the process of decision-making on children's issues. This conforms to the definitions of child rights given in the Convention on the Rights of the Child (CRC) as well as in Vietnamese laws and policies, including the Law on Child Protection, Care and Education, and the National Plan of Action for Children (2001-2010).

Secondly, the study combines this rights-based approach with a structured analysis of programming and budgeting for child-related concerns in the provincial SEDP. This is in order to identify those aspects that are comparatively well covered and resourced, and those that appear to be under resourced and not adequately addressed in existing plans and budgets.

The study combines quantitative and qualitative information sources. Background statistical data has been collated from secondary sources, including national, provincial and local statistics offices. Qualitative information and understandings have been gathered from primary sources during fieldwork for the study, as well as from various provincial reports and a desk review of relevant research studies. The main elements of the methodology are as follows:

- Collation of statistical data. Attention has been given to collating the available statistical data that relate to children's issues from various secondary sources, including national and provincial database systems and reports and from national surveys. Budget information has been extrapolated from the provincial SEDP for the three-year period from 2007 to 2009. As far as possible, the data have been cross-checked and validated from several sources. Inconsistencies have been identified where they occur, as well as gaps in currently available statistics. Where possible, time-line data and trends over time have been analysed.
- Focus group discussions and in-depth interviews. Field work was conducted in three districts and three communes, in addition to meetings and interviews held at the provincial level. Focus group discussions and interviews were held with 88 people including province, district and commune level officials, commune health workers and teachers, and groups of parents, local people and school children from the study communes. Group discussions were held with 40 pupils from the lower-secondary schools in each commune. In all cases, the children were freely asked if they wished to participate in the group discussions, and they were asked to sign a letter of confirmation that their ideas and opinions could be used in the study.
- Background reports and research studies. Extensive use has been made of a large number of provincial and district reports prepared by the local authorities and sector agencies. Summary reports for this study were also prepared by the main agencies responsible for children's issues. Particular attention has been given to cross-checking and validating the statistics given in these reports, and the qualitative analysis of advantages, difficulties and solutions given in these reports has been integrated into this analysis. In addition, reference is made to a number of research studies that provide further insight and recommendations.

1.3 Fieldwork locations

Fieldwork was conducted in Thanh Xuong Commune in Dien Bien District, Quai Nua Commune in Tuan Giao District, and Muong Bang Commune in Tua Chua District (Table 1). The selection of these districts and communes was jointly agreed with the Project Management Unit of the UNICEF-supported Provincial Child Friendly Programme (PCFP) under the Department of Planning and Investment (DPI).

The commune selection criteria were as follows: (i) they should represent the range of demographic, ethnic and geographic conditions in the province, including lowland, midland and upland areas; and (ii) they should be representative of major issues such as child malnutrition, children in need of special protection, child poverty and other factors that reflect the social circumstances and the situation of children in rural areas. It should be noted, however, that these communes are not representative of the situation in urban wards, nor in the most remote and isolated communes and villages in districts such as Muong Nhe or Muong Cha.

Table 1. The research locations, 2009

	Dien Bien district	Tuan Giao district	Tua Chua district
Number of communes/wards	19	14	12
Population	106,398	74,287	47,445
Population density	64.9 people/km2	65.3 people/km2	69.2 people/km2
Percentage of ethnic minority people	64%	90%	96%
Percentage of poor households	18.3%	35%	51.6%
	Thanh Xuong commune	Quai Nua commune	Muong Bang commune
Position	Valley	Midland	Upland
Area	19.22 km2	52.13 km2	68.41 km2
Population	7,448	5,506	7,819
Population density	387.5 people/km2	105.6 people/km2	114.3 people/km2
Number of villages	26	16	25
Number of households	1,782	1,166	1,543
Percentage of poor households	199 (11.16%)	479 (41%)	779 (50.5%)
Ethnic groups	Thai (58%), H'mong (38%), Kho Mu (5%)	Thai (70%), Kinh (14%), others (16%)	Thai (47%), H'mong (46.5%), Kho Mu (4.5%), Kinh (2%)

Source: District/Commune People's Committees.

All three communes are broadly representative of the demographic composition of the province's rural areas. The Thai form the majority population, with the H'mong and Kinh as the second and third most populous ethnic groups. The Kho Mu represent one of the ethnic minority groups with a lower population. While the average number of villages per commune is around 10 in the Northern Mountains Region as a whole, communes in the North West Region generally have a larger number of villages. Thanh Xuong Commune is situated in a valley area, with good road access, a higher population density, and comparatively low poverty rate of around 11 per cent. Thanh Xuong is recognised as a commune that has met various national standards and is one of the 'leading' communes in Dien Bien Province. The other two communes, Quai Nua and Muong Bang, are representative of midland and upland areas respectively. Both have road access to the commune centres, but with a lower population density and a higher poverty rate.

1.4 Contents of the report

Following this introduction, the report is divided into six main sections, as follows:

Section 2 introduces the province's social and economic background, including its geographic situation and infrastructure conditions, demographic characteristics and trends, ethnic diversity, poverty status and child poverty, the province's economy and household income and expenditure patterns. In particular, this section contextualises the socio-economic situation in Dien Bien in relation to regional and national trends and indicators, using national statistical data sources.

Section 3 provides an analysis of programming and budgeting for children in the provincial SEDP. This includes trends in social sector components of overall province expenditures; the development investment budget under the SEDP; National Target Programme (NTP) financing; sector financing for child survival, development and protection; the district budget plans; and financing for software activities.

The following sections examine the clusters of child rights and service provision in greater depth including child health and survival (Section 4); child development and education (Section 5); child protection, including care of children in need of special protection, HIV/AIDS awareness and prevention, child labour, birth registration, child abuse, and children in conflict with the law (Section 6); and children's participation (Section 7). Each section gives a summary of the available statistical data, combined with qualitative information and analysis gained in the research. Reference is made throughout to the statistical data tables presented in Annex 1.

CHAPTER 2

DIEN BIEN PROVINCE - SOCIO-ECONOMIC BACKGROUND



2. DIEN BIEN PROVINCE – SOCIO-ECONOMIC BACKGROUND

2.1 Geographical situation and infrastructure

Dien Bien is a mountainous province in the North West Region of Viet Nam. With a land area of 9,563km², Dien Bien shares a 360km border with the Lao PDR and a 40km border with Yunnan Province in China. The province has nine administrative units, comprising Dien Bien Phu City, Muong Lay Town and seven rural districts, with 112 rural communes and urban wards. Topographically, the province consists primarily of dissected mountainous terrain rising to 1,800m; 70 per cent of the land area has a gradient over 25°. At the centre of the province lies the 150km² Muong Thanh valley, where Dien Bien Phu City is situated. The province lies at the watershed of three major river catchments, with many streams and rivers that flow into the Ma River and Da River in Viet Nam and the Mekong River watershed in the Lao PDR.

Dien Bien has advantages with respect to developing transport linkages and external economic relations with neighbouring countries in the Greater Mekong Sub-region (GMS). It is strategically located to link with the main branches of the GMS North-South Economic Corridor (Hai Phong to Kunming and Kunming to Chiang Rai).² The Tay Trang border gate with Phongsaly Province in the Lao PDR has recently been upgraded to an international border gate and an economic zone is being built. Other border gates with Luang Prabang and Yunnan are also being opened or upgraded to national entry points. Dien Bien has recently opened a trade promotion office in Luang Prabang, and both Luang Prabang and Yunnan have trade offices in Dien Bien City. These are important preconditions for Dien Bien and other northern provinces in Viet Nam to expand their regional economic cooperation and linkages. At the same time, the development of regional economic corridors brings challenges in terms of ensuring equitable economic benefits for all sections of local society, and the cross-border control of communicable diseases, which has become a top priority for regional health collaboration in the GMS.

Considerable investment has been made in basic social and economic infrastructure in recent years. Even so, weak infrastructure continues to hinder economic development and the provision of social services, especially in remote and mountainous districts and communes.

According to figures given in the provincial SEDP for 2009,³ while a majority of rural communes now have roads to the commune centre, only 70 per cent have all-weather vehicular road access. Around 77 per cent of communes have electricity supply from the national grid, but there are many rural villages and households that are still without electricity, even in communes connected to the grid. All communes and wards now have cultural post offices and telephones. While 100 per cent of communes have commune clinics, by 2009 only 42 per cent of communes had reached national health standards. It is estimated that around 75 per cent of the rural population and 78 per cent of the urban population has access to clean water; however, even with improved water-supply systems, many upland residents still lack regular clean water, especially in the dry season.

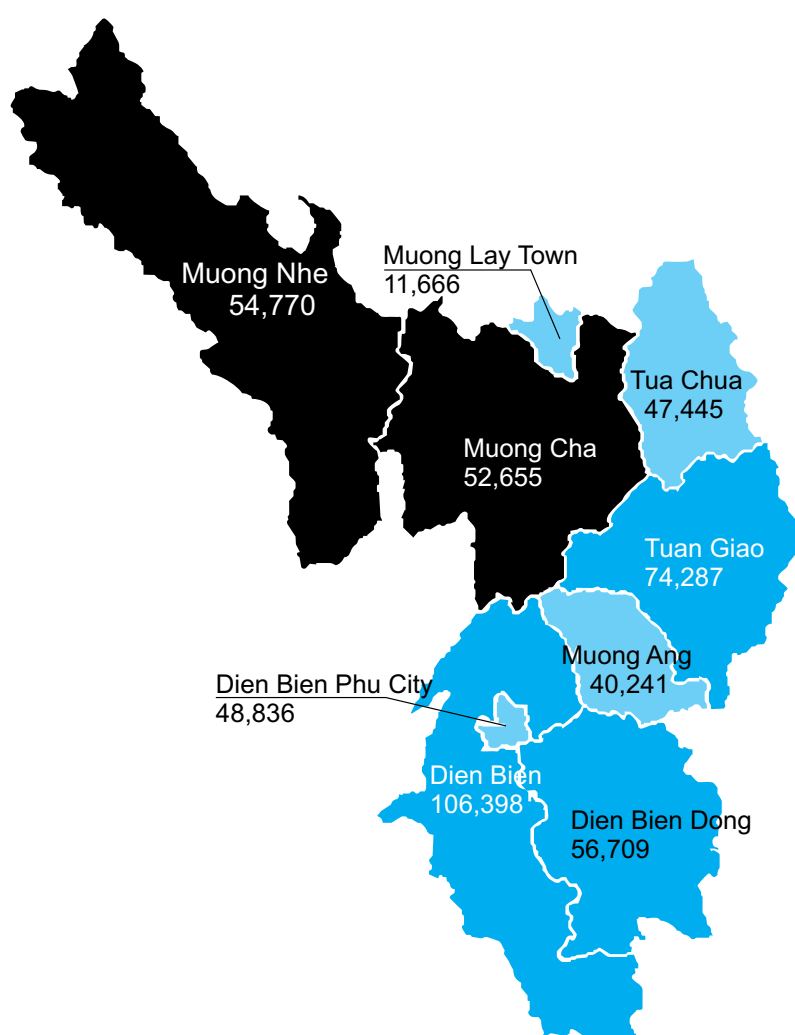
² According to Decision No.1151/QĐ-TTg (30/08/2007) approving plans for the Viet Nam-China border region to 2020, Dien Bien lies in the Secondary Economic Zone II, along the Son La hydroelectric development corridor in the districts of Muong Te and Sin Ho (Lai Chau), Muong Lay Town, Muong Cha and Tuan Giao Districts (Dien Bien), which is a zone for the development of hydroelectric industry, processing and mining industries, urban and rural services, and forestry.

³ Dien Bien Provincial People's Committee (2008). *Report on review of the implementation of socio-economic development, national defence and security in 2008 and the objectives and mandate of the SEDP and national defence and security for 2009*. Report No.136/BC-UBND (28/11/2008).

2.2 Demographic characteristics and trends

As of 2009, the province population stood at 493,000 people (Annex 1.1 & 1.2), of which 85 per cent is rural (418,287) and 15 per cent is urban (74,720). The female population comprises 49.8 per cent and children under the age of 16 comprise 35.24 per cent of the current population. The sex ratio at birth is 111.5, slightly above the national rate of 110.8 (Annex 1.26). Ethnic minorities account for around 80 per cent of the total population, concentrated in rural districts and communes.

Map 1. Population by district, 2009



Source: PSO (2010) *Dien Bien Statistical Yearbook, 2009*
Map generated from Vietinfo

Dien Bien has an average population density of 52 people per km² (Map 1). This is the third lowest in the country; only the neighbouring province of Lai Chau and Kon Tum in the Central Highlands have a lower average population density. Within the province, however, population density ranges widely from 22 people per km² in Muong Nhe District to 760 people per km² in Dien Bien Phu City, with the average in rural districts being around 46.3 people per km². It is notable that the two most remote northern districts – Muong Nhe and Muong Cha, comprise almost half the provincial land area (45 per cent) but have only 20 per cent of the provincial population.

In these geographical areas, the low population density and mountainous terrain have a significant impact on service delivery in a number of ways. Firstly, physical access to services

is more difficult for the rural population. For instance, according to the Viet Nam Access to Resources Household Survey conducted in 12 provinces in 2008,⁴ the average distance to upper secondary school in Dien Bien is 16.7km as compared to the average of 9.6km for the 12 provinces. Secondly, the service infrastructure investment costs, transaction costs and per capita costs of service delivery are also proportionally much higher in these areas (for instance, in terms of staff time, travel costs and transport of materials). In several sections of this report, it is suggested that the additional cost of social service provision in remote communes and villages is not adequately covered in SEDP planning and budgeting, or in the cost norm systems of government projects and programmes.

Over the last decade, there have been shifts in the age profile of the population in Dien Bien, as in many other rural provinces in Viet Nam (Figure 1 and Annex 1.3). Firstly, whereas children under the age of 10 made up 29.5 per cent of the population in 1999, this has reduced to 20.53 per cent in 2008 and is forecast to continue to decline in the future. This is associated with continued reductions in the overall birth rate from 24.3 per 1,000 live births in 2006 to 23.7 per 1,000 live births in 2008⁵ and concomitant reductions in average family size, from 5.9 people in 2004 to 5.3 people in 2008 (Annex 1.5). Secondly, the labour age population and labour force have increased in this period, and will continue to increase substantially over the next two decades. Generating productive employment and livelihood opportunities for the increasing number of school-leavers and young labourers will therefore become a major priority for the provincial authorities over the coming years.

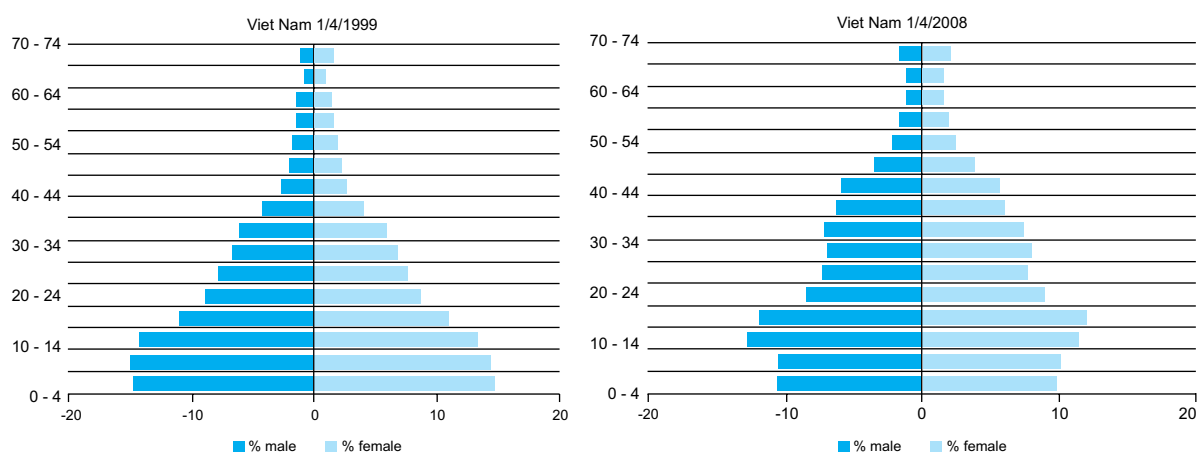
While these trends are common to rural Viet Nam, the situation in Dien Bien – and in other provinces in the Northern Mountains Region with similar socio-economic characteristics – is somewhat unique because of the comparatively high birth rates and household size distribution (Annex 1.4 and 1.5). A high proportion of households in Dien Bien have over five people (46.3 per cent), as compared to the national average of 31 per cent; this figure is similar to Lai Chau (52 per cent), Ha Giang (51 per cent) and Son La (46 per cent). Results from the Viet Nam Household Living Standards Survey (VHLSS) 2008 indicate that household size is closely related to household income status.⁶ In 2008, the average household size in the poorest economic quintile in Dien Bien was 7.9 people – well above the national average of 4.12 people, while the average household size in the top economic quintile in Dien Bien was 3.6 people – below the national average of 3.8.

⁴ Central Institute for Economic Management (CIEM), Institute of Policy and Strategy for Agriculture and Rural Development (IPSARD), Institute of Labour Science and Social Affairs (ILSSA) (2009). *Characteristics of the Vietnamese Rural Economy: evidence from a 2008 rural household survey in 12 provinces*.

⁵ Department of Health (2009). *Report on the implementation of health plan indicators in the period 2006–2008*. Report No.1299/BC-SYT (28/09/2009).

⁶ General Statistics Office (2010). *Results of the Survey on Household Living Standards 2008*.

Figure 1. Population pyramids 1999 and 2008



Source: Provincial Statistics Office

These figures hide marked differences in demographic trends between population groups within the province. Birth rates continue to be comparatively high amongst the rural population and ethnic minority population, with larger household sizes concentrated in the poorest economic quintiles. Local people frequently associated large family size with poor and difficult living conditions: *“Mr QVS has a family of five children. They don’t even have a house, just a very small hut. Last year, thanks to Programme 134 support, he was provided with roofing material, but he can only improve the hut and does not have timber to build a house. His children are going to school. He and his wife are still of working age but they are hungry all year round. Having too many children is the reason for being poor and hungry. The Government supports them with 140,000 dong each month, but this cannot cater for all their needs. The soil now becomes poorer day by day and people do not know how to apply modern technologies in their production. Therefore, people’s needs are still not yet met even if the Government has paid a lot of attention.”* (Group discussion with local people in Quai Nua Commune, Tuan Giao).

These demographic trends have implications for the concentration of efforts and financing under reproductive health and family planning programmes – with the need to concentrate resources on the poorer rural population groups. At the same time, it needs to be recognised that increasing the availability of household labour continues to be an essential medium- to long-term livelihood diversification strategy for these poor households and population groups.

2.3 Ethnic diversity and differentiation

Dien Bien has 21 ethnic groups, including the Thai (40.5 per cent), H’mong (29 per cent) and Kinh (20 per cent) (Annex 1.7). The proportion of ethnic minorities ranges from around 21 per cent in Dien Bien Phu City to over 99 per cent in Dien Bien Dong and Muong Nhe districts (Annex 1.2). The Thai and H’mong are the most populous ethnic minority groups. Of the other groups, the most populous are the Kho Mu, Dao, Giay, Ha Nhi, Lao and La Hu. The province also contains a small-population ethnic minority group – the Si La, for which there are special preservation and development projects of the government. The Si La have less than 1,000 people nationwide, and around 200 people in one village in Muong Nhe District.

As with other provinces in the Northern Mountains Region, Dien Bien is characterised by a high degree of ethnic diversity and coexistence of ethnic groups over a long historical

period.⁷ Many communes and villages have several ethnic groups living side-by-side. A common rural settlement pattern is that of several Thai villages (as the majority population) situated in lower areas of the commune nearer to the commune centre, with one or two villages occupied by other ethnic minorities situated at higher altitude in remote parts of the commune. This is the settlement pattern in each of the three study communes (Table 1).

These complex patterns of human settlement and ethnic coexistence have major implications for the targeting of programme activities and service delivery. For instance, standard approaches to people's participation, bilingual education, written information provision, and reproductive healthcare are difficult to implement and achieve in areas of such ethnic and linguistic diversity. As described by local people in Thanh Xuong Commune: *"In this commune, there are some people who only speak Thai or H'mong or Kho Mu... When disseminating information to households that do not know the Kinh language, the way is to show them pictures to see what people are doing in those pictures. Those activities should or should not be done."* (Group discussion with local people in Thanh Xuong Commune, Dien Bien District).

One of the most important findings of this study is that there is a critical lack of ethnically disaggregated statistical information on child survival and development in Dien Bien (Box 1). All of the evidence suggests that ethnicity is the most prominent factor influencing the different patterns of poverty and child survival and development indicators within the province; however, there is a lack of sufficient official data to fully examine these patterns of differentiation, on which to base planning decisions and resource allocation.

Box 1. Data on ethnic minorities

During this research it has been hard to obtain basic information on ethnic minority groups in the province, such as up-to-date data on the current population of all ethnic groups. This is partly because Dien Bien was separated from Lai Chau Province following the last nationwide census in 1999, so the baseline demographic figures are difficult to extrapolate. The Provincial Statistics Yearbook only contains two pieces of ethnically disaggregated information – the overall number of ethnic minority teachers and pupils in general education, and the number of couples having more than two children. The Provincial Statistics Yearbook follows the format required by the General Statistics Office (GSO); even so, this is indicative of the lack of data related to ethnic differentials.

Official reports from the sector departments (for example, on the National Action Plan for Children) also contain limited analysis of the differences between ethnic groups. Similarly, the province and district SEDPs contain limited ethnically disaggregated data on which to base targeting strategies. Informally, ethnically disaggregated data are available from the district offices, and local officials are well aware of these differences and how they affect the implementation and success of various projects and programmes. The main gap lies in the lack of official data used in the analysis for effective targeting and resource allocation in the SEDP at different levels.

2.4 Poverty status and trends

As in other parts of the country, there have been steady overall reductions in poverty in Dien Bien in recent years (Table 2 and Annex 1.8). Even so, poverty rates in the North West Region continue to be amongst the highest in the country. According to the Government Poverty Line, the overall poverty rate in the four provinces of this region declined from 39.4 per cent in 2006 to 35.4 per cent in 2008 and from 42.9 per cent to 39.3 per cent in Dien Bien over the same period. According to the VHLSS expenditure poverty line, a higher poverty rate is given for the North West Region, but with a similar rate of reduction from 49 per cent in 2006 to 45.7 per cent in 2008.

⁷ Shanks, E. (2009). *Review of UNICEF's Ethnic Minorities Programme and Work in Viet Nam*. Report prepared for UNICEF and the Committee for Ethnic Minority Affairs.

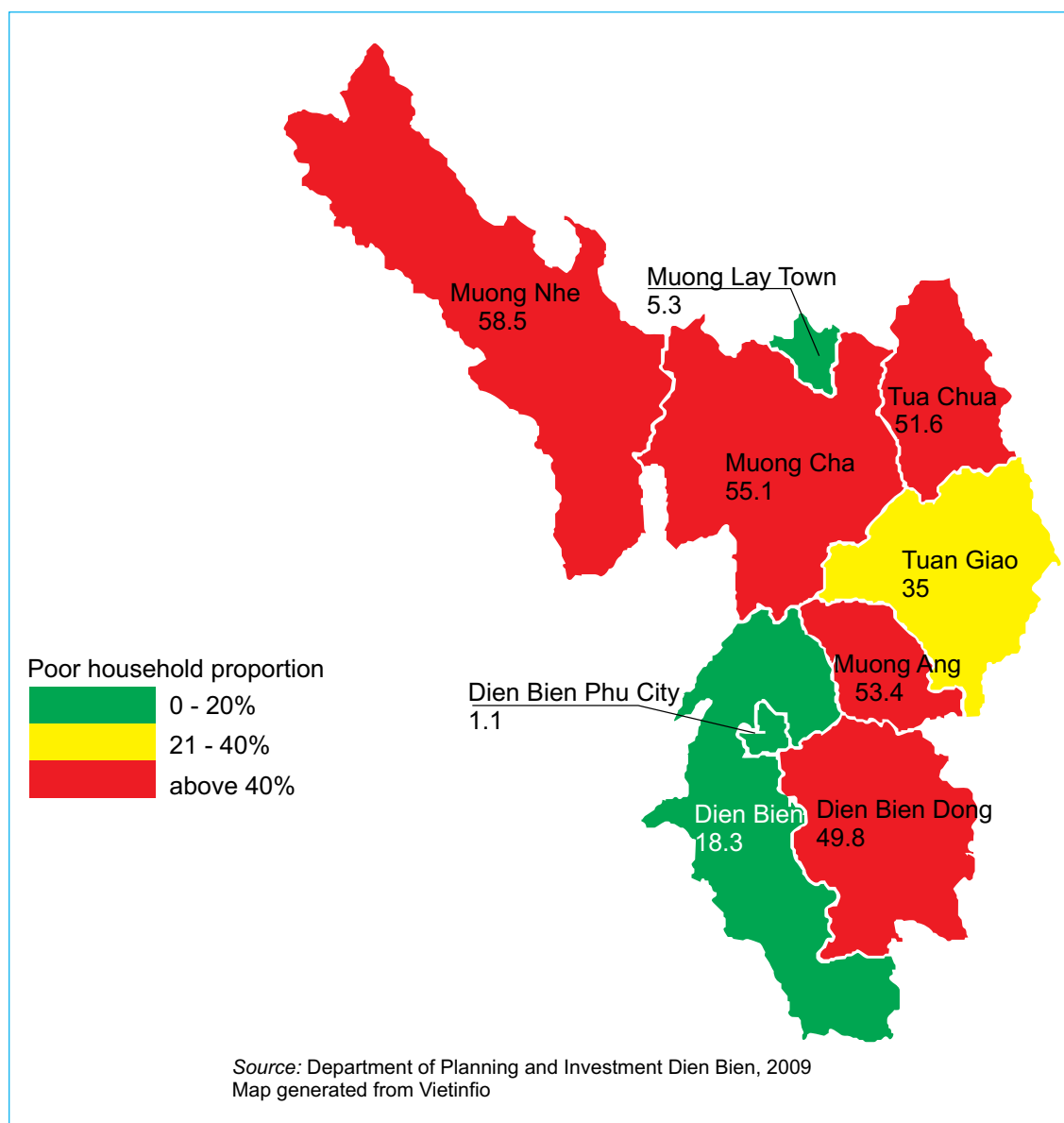
There are clear intra-provincial differences in poverty status, particularly according to (a) place of residence (urban or rural) and (b) ethnicity (Table 2 and Map 2). According to provincial figures, in 2009 the poverty rate ranged from 1.1 per cent in Dien Bien Phu City and 5.3 per cent in Muong Lay Town, up to 55.1 per cent in Muong Cha and 58.5 per cent in Muong Nhe districts (Table 2). In this period, the reported rural poverty rate has remained more-or-less static in some districts (for example. Dien Bien Dong and Tua Chua), declined substantially in other districts (for example. Muong Nhe, Tuan Giao and Dien Bien), and increased in Muong Cha. The reasons for these differences are not fully apparent and further research is needed to assess their significance.

Table 2. District poverty rates, 2007 - 2009 (in percentage)

Administrative area	Poor households (%)		
	2007	2008	2009
Whole province	38.3	36.8	33.6
Dien Bien Phu City	1.3	1.0	1.1
Muong Lay Town	9.8	5.2	5.3
Muong Nhe	72.0	66.2	58.5
Muong Cha	41.5	55.3	55.1
Tua Chua	51.2	55.0	51.6
Tuan Giao	47.0	40.0	35.0
Dien Bien	32.9	22.3	18.3
Dien Bien Dong	48.3	50.6	49.8
Muong Ang	-	58.3	53.4

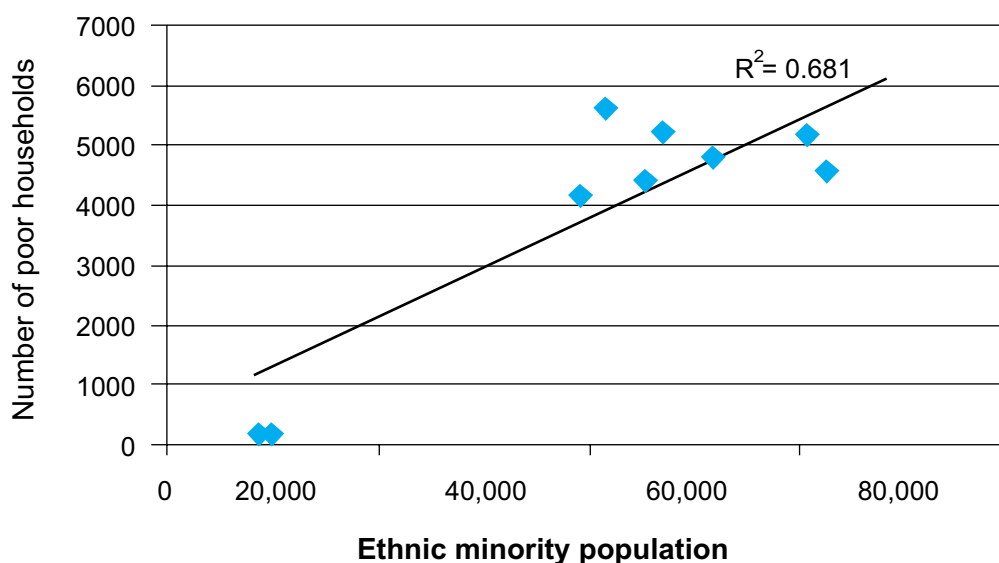
Source: Department of Planning and Investment

Map 2. Proportion of poor households, 2009 (in percentage)



According to the province's figures, it is notable that from 2008 onwards, almost 100 per cent of poor households in Dien Bien are ethnic minority households, which indicates that there are very few poor Kinh households (Annex 1.9). The close correlation between the ethnic minority population and the number of poor households of each rural district or urban centre is shown in Figure 2.

Figure 2. Ethnic minority population and number of poor households, 2008



Source: Data extracted from the Provincial SEDP 2008

Poverty is not evenly spread between ethnic groups within each district. The concentration of poverty amongst some ethnic groups is illustrated for Tua Chua District in Table 3. In this district, poverty is highest amongst the H'mong (60.45 per cent) and the smaller ethnic minority groups such as the Phu La and Kho Mu (84.13 per cent), while it is generally lower amongst the Thai and Kinh populations. It is notable that the Hoa (or Chinese) are reported to have a fairly high poverty rate (45.3 per cent), whereas in many reports, the Chinese are grouped together with the Kinh. The high rate of poverty amongst the smaller-population ethnic minority groups is a cause for concern, indicating that more needs to be done to understand the reasons for this and to develop appropriate solutions.

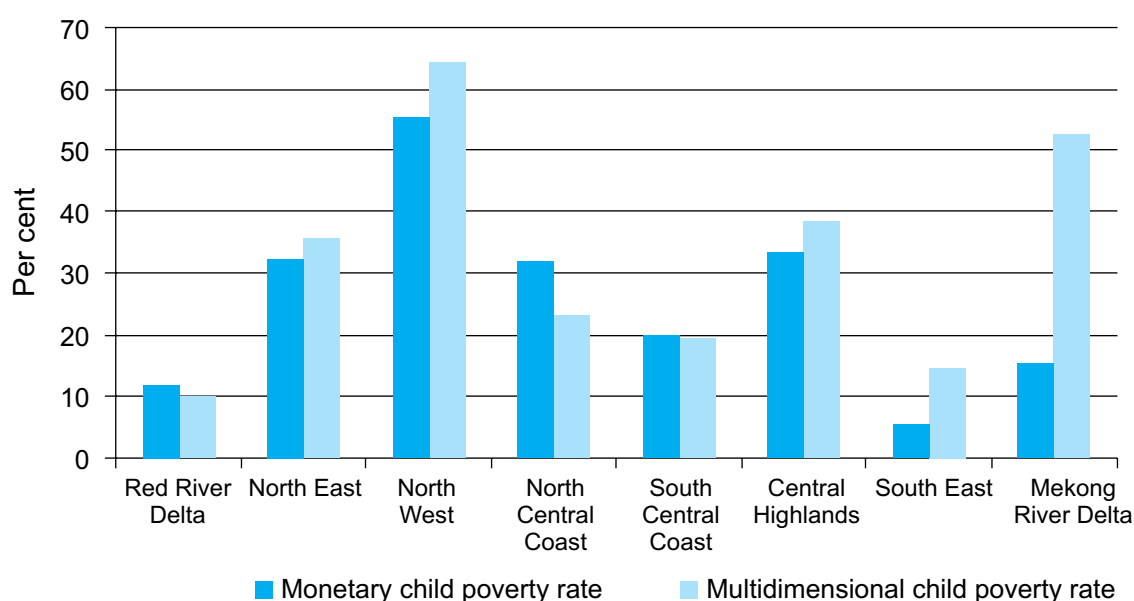
Table 3. Tua Chua District: ethnic characteristics of poor households, 2008

Ethnic group	Number of people	Percentage of total population	Number of households	Number of poor households	Poverty rate (in percentage)
H'mong	30,718	67.28	5,006	3,026	60.45
Thai	8,081	17.7	1,498	807	53.87
Kinh	2,428	5.32	618	66	10.68
Dao	2,315	5.07	358	195	54.47
Hoa	1,217	2.67	192	87	45.31
Other ethnic groups (Phu La, Kho Mu)	901	1.97	126	106	84.13

Source: Tua Chua People's Committee. *Programme document on sustainable poverty reduction and socio-economic development (2009-2020)*

The conventional method used to measure child poverty focuses on the household's income in relation to the monetary poverty line. This method has limitations because it does not indicate whether children's basic needs are being met. As described in the VHLSS report for 2008, children have special needs to ensure their comprehensive development physically, intellectually and spiritually.⁸ A multidimensional approach is therefore needed to fully measure and understand child poverty. The VHLSS 2008 assessed the child poverty rate as the proportion of children who are deprived of their basic needs in at least two of the six following domains: education, health, shelter, water and sanitation, child work, and social inclusion and protection (Figure 3 and Annex 1.10). According to this survey, the multidimensional child poverty rate in the North West Region in 2008 was 64.6 per cent, considerably higher than the nationwide average for rural areas (34.3 per cent) and the overall average of 28.9 per cent.

Figure 3. Monetary and multidimensional child poverty rates by region, 2008 (in percentage)



Source: GSO (2010) VHLSS 2008

The VHLSS report indicates that in some regions of the country, there have only been modest reductions – and in some regions a slight increase – in the rates of child poverty between 2006 and 2008 (Annex 1.10). This suggests the persistence of factors contributing to child poverty. The VHLSS data indicate that child poverty in the North West Region is, in particular, related to factors of education, water supply and sanitation, shelter and child work. In contrast, the social protection poverty rate is lowest in this region in comparison to other regions of the country.

2.5 Economy, household incomes and expenditures

Dien Bien has benefited from steady economic growth in recent years. The economic potentials of many sectors including agriculture, forestry and fisheries, tourism, hydropower and mining have been developed more effectively. The provincial GDP at constant prices has increased from VND 1.156 trillion in 2005 to a projected figure of VND 1.779 trillion in 2009 (Annex 1.11). In 2008, growth in the agriculture, forestry and fisheries sector was 6 per

⁸ General Statistics Office (2010) *Viet Nam Household Living Standards Survey 2008*.

cent, industry and construction 16.2 per cent, and services 12.6 per cent. The structure of the local economy has remained relatively constant in this period, with agriculture, forestry and fisheries comprising 37.1 per cent, industry and construction 25.7 per cent, and services 37.2 per cent of the provincial GDP in 2008. The proportional rate of growth in the industry and construction sector has been slower than in some other rural provinces that have a better location in terms of industrial and goods production.

According to the VHLSS, the average per capita monthly income in Dien Bien has more than doubled from VND 224,000 in 2004, to VND 485,000 in 2008 (Annex 1.12). The provincial SEDP for 2009 gives a higher per capita income of VND 7.7 million per annum (or VND 642,000/month).⁹ In all regions of the country, monthly incomes increased substantially in the period between 2006 and 2008.¹⁰ Even so, levels of income in Dien Bien continue to be amongst the lowest in the country, and well below the national average of VND 995,000 per month for 2008 as reported by VHLSS. This reflects widening income gaps between regions of the country. The average per capita income in the South East Region is three times higher than in the North West Region.

Results from the Viet Nam Access to Resources Household Survey in 2008 confirm these regional differences in the income-earning potential and opportunities of rural households.¹¹ As shown in Figure 4, Dien Bien and Lai Chau have comparatively low rates of household heads with either upper-secondary school certificates or vocational training, and a high rate of household heads who cannot read or write in the national language. These factors limit off-farm/non-farm wage labour opportunities due to a lack of the necessary skills and qualifications.

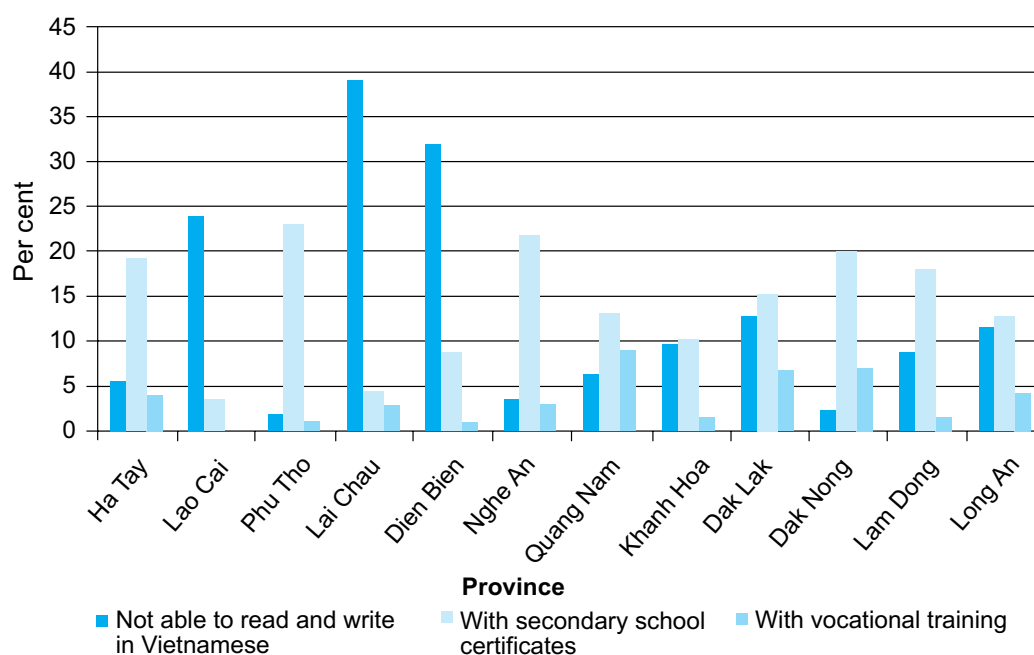
Nonetheless, diversification of income sources is an important element of household livelihood strategies in this region. As shown in Figure 5, in Dien Bien 94.3 per cent of rural households have two or three income-earning sources, as compared to an average of 81 per cent for the 12 provinces. A comparatively large proportion of households in this region also receive public financial transfers (89.8 per cent in Lai Chau and 75.5 per cent in Dien Bien) as compared to the average of 41 per cent. On the other hand, the proportion of rural households engaged in business activities in Dien Bien (17 per cent) is lower than the average for all 12 provinces (25 per cent). Furthermore, as shown in Figure 6, rural incomes in the North West Region also continue to be heavily reliant on agriculture, forestry and fisheries to a greater extent than in other rural provinces in the North East Region and the Central Highlands (Annex 1.12).

⁹ Dien Bien Provincial People's Committee (2008) *Provincial SEDP 2009*.

¹⁰ Nationwide, one reason for income growth in 2008 was an increase in the minimum salary level in the state sector at the beginning of 2008, from VND 450,000 per month to VND 540,000 per month.

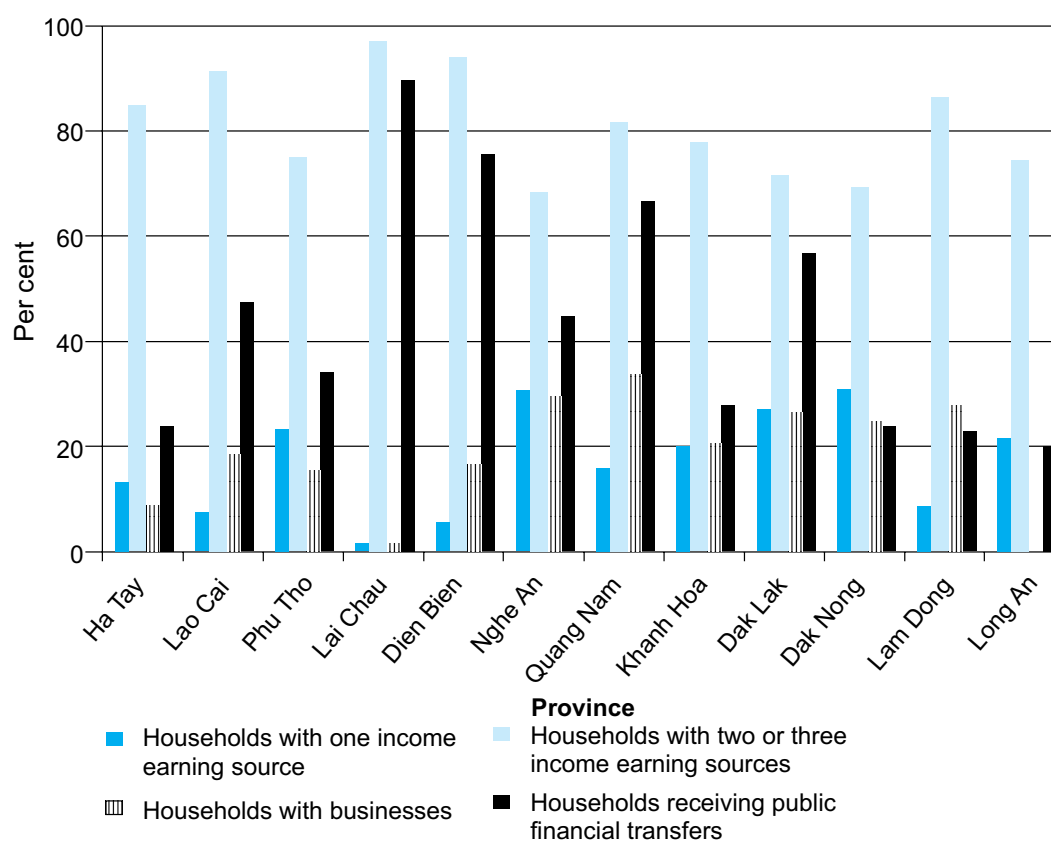
¹¹ Central Institute for Economic Management (CIEM), Institute of Policy and Strategy for Agriculture and Rural Development (IPSARD), Institute of Labour Science and Social Affairs (ILSSA) (2009). *Characteristics of the Vietnamese Rural Economy: evidence from a 2008 rural household survey in 12 provinces*.

Figure 4. Education level of household heads in 12 provinces, 2008 (in percentage)



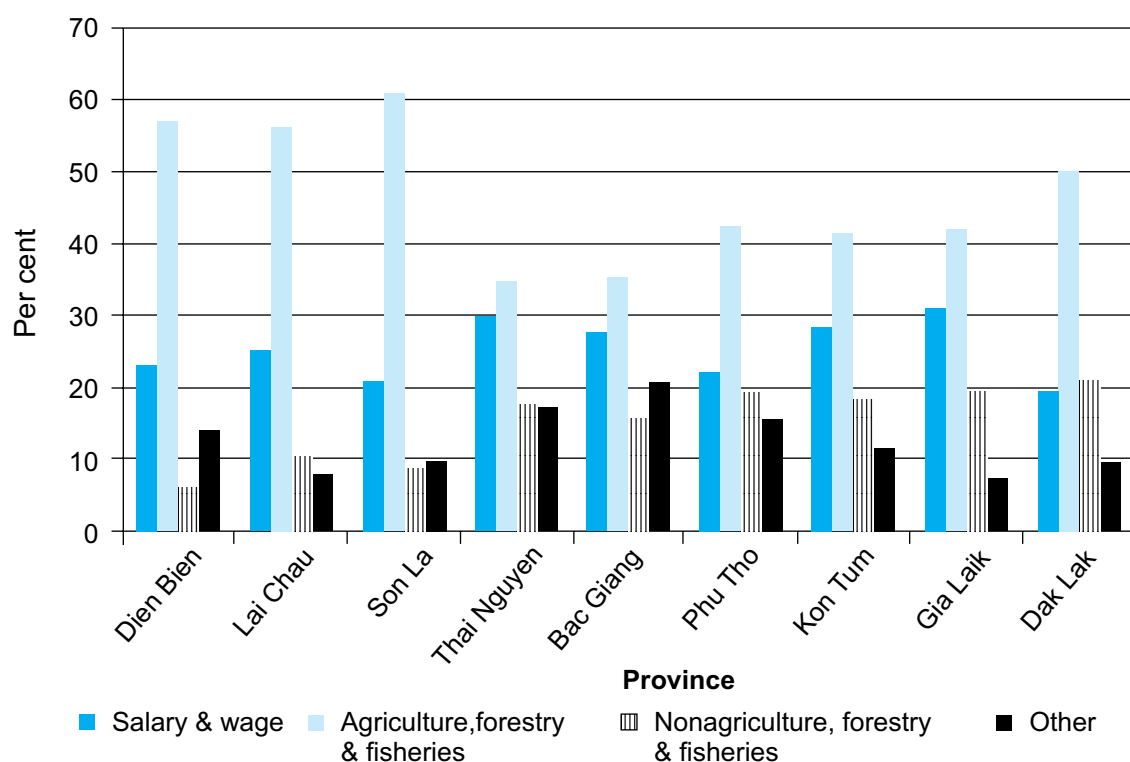
Source: Viet Nam Access to Resources Household Survey 2008

Figure 5. Household income sources and level of public transfers in 12 provinces, 2008 (in percentage)



Source: Viet Nam Access to Resources Household Survey 2008

Figure 6. Structure of monthly income sources in nine provinces, 2008 (in percentage)



Source: GSO (2010) VHLSS 2008

In summary, it can be seen that while diversification of income sources is an important livelihood strategy amongst rural households in Dien Bien, the options for this are limited because of a lack of wage labour opportunities and household business opportunities, and weak human resource capacity. The level of specialisation of income sources and diversification into non-agricultural activities is also limited. This has important implications for future policy in terms of generating productive employment for the large number of school-leavers and rural youth who will be entering the market and seeking work over the next decade.

VHLSS data on household expenditure patterns reveal a number of important points regarding child survival and development in Dien Bien, as compared to other regions (Table 4).

Firstly, households in the North West Region generally spend a higher proportion of their incomes and cash reserves on food, foodstuffs and fuel (59.9 per cent in 2008) as compared to all other regions and the national average of 53 per cent in 2008. The share of total household expenditures for food and fuel is one useful indicator to assess living standards – the higher this share, the lower the overall standard of living. Secondly, households in this regions also spent the lowest proportion nationwide on housing, electricity, water and sanitation – 2.3 per cent as compared to the national average of 3.9 per cent; healthcare – 5.2 per cent as compared to the national average of 6.4 per cent; and education – 3.8 per cent as compared to the national average of 6.2 per cent.

Table 4. Structure of household consumption expenditure, 2008 (in percentage)

Consumption expenditure items	National	Region							
		Red River Delta	North East	North West	North Central Coast	South Central Coast	Central Highlands	South East	Mekong Delta
Eating, drinking & smoking	53.0	53.4	57.9	59.9	56.7	54.1	53.7	47.1	55.8
Food	12.8	12.7	17.1	21.6	17.8	12.6	16.0	7.8	14.0
Foodstuff	27.3	29.2	29.9	27.9	27.4	26.5	26.4	24.2	29.1
Fuel	2.9	2.7	3.6	4.7	3.4	2.8	2.9	2.5	3.0
Non-eating, drinking & smoking	47.0	46.6	42.1	40.1	43.3	45.9	46.3	52.9	44.3
Garments, hats, shoes, sandals	4.2	4.5	4.5	4.7	4.0	4.4	5.1	3.7	4.1
Housing, electricity, water, sanitation	3.9	4.0	3.1	2.3	3.2	3.6	2.3	5.3	3.2
Furniture	8.3	8.8	8.7	8.8	8.0	8.2	8.8	8.0	8.6
Healthcare	6.4	6.0	5.4	5.2	7.0	6.3	7.2	5.9	8.0
Travel and communication	13.9	13.2	13.3	13.8	10.7	13.7	14.1	17.3	11.1
Education	6.2	6.7	5.1	3.8	8.5	7.7	6.4	6.3	4.2
Culture, sport, recreation	1.5	1.5	0.5	0.4	0.4	0.8	0.6	3.2	0.9
Other	2.6	2.0	1.5	1.1	1.5	2.4	2.0	3.2	4.1

Source: GSO (2010) *VHLSS 2008*

These are regional figures, but they clearly indicate the development context in which many households in the North West Region have limited cash reserves or alternative income sources to improve living standards. The first priority in this situation is to ensure household food supply and food security, while other necessary expenditures on education and healthcare have a lower priority. As indicated above, to fully understand this situation, it is necessary to go beyond the regional and provincial level of analysis, to examine the intra-provincial patterns of differentiation, including the differences between urban and rural areas and the differences between ethnic groups.

2.6 National Plan of Action for Children 2001-2010

Dien Bien has made significant progress towards achieving the targets set out in the National Plan of Action for Children 2001-2010¹² (Table 5). According to a provincial report from DOLISA,¹³ many targets have been basically achieved, while the main targets that have not yet been reached include: (i) the rate of rural households with clean water supply and using appropriate sanitary latrines; and (ii) the rate of communes and wards having recreational and cultural venues and facilities for children. Other important national targets that have not been reached include: (i) the child malnutrition rate; (ii) the rate of children with disabilities attending school; and (iii) the rate of children under five with birth certificates.

Some other reports give different figures to those presented in Table 5. Figures from the National Centre for Rural Water Supply and Sanitation (NCERWASS) suggest a lower rate of 39 per cent of rural households using appropriate hygienic latrines in 2008, as compared to 50 per cent reported by DOLISA. Unofficial sources suggest that the actual rates of full child immunisation are considerably lower than the officially reported figures. And as noted in Section 6.1 below, the available data on key child protection indicators are fragmented and not fully consistent.

¹² Decision No.23/2001/QĐ-TTg (26/02/2001) approving the National Action Plan for Children in the period 2001-2010.

¹³ Department of Labour, Invalids and Social Affairs (2009). *Report on results of indicators of the National Action Program for Children 2001-2009*, Report No.933/BC-SLDTBXH (18/08/2009).

Table 5. Targets and provincial achievements under the National Plan of Action for Children, 2001-2010

Indicator	National Action Plan Targets 2010		Dien Bien Province				Source
	National	Province	2006	2007	2008	2009	
Infant mortality rate (‰)	<25	<30	45.3	44.6	36	33	a) + b)
Under-five mortality rate (‰)	<32	<45	56.1	54.9	50	45	a) + b)
Maternal mortality rate/100,000 births	<70	<100	106.1	161	84	110	a) + b)
Under-five child malnutrition rate (%)	<20	<20	28.4	26.8	25.5	24.3	a) + b)
Infants with low birth weight (under 2,500g) (%)	<5	-	9.8	9.5	8.85	8.15	a) + b)
Pregnant women + tetanus vaccination (%)	>90	-	89	92.2	86.3	92.2	a) + b)
Under one children with full vaccination (%)	>95	100	90	93.5	93	96.1	a) + b)
Rural population using clean water (%)	85	80	54	65	69	75	a)
Urban population using clean water (%)	90	85	65	70	75	78	a)
Rural pop. using appropriate latrine (%)	70	60	43.2	48.8	50	53	a)
Urban pop. using appropriate latrine (%)	90	85	49.3	53.4	70	75	a)
Schools with clean water (%)	100	85	-	-	63	79	a)
Schools with appropriate latrines (%)	100	85	-	-	63	80	a)
Children at kindergarten by five (%)	95	90	68.7	87.5	92.3	94.2	a)
Primary enrolment rate at right age (%)	99	90	85.14	86.2	88.7	90	a)
Primary school completion rate (%)	95	90			91.8	92	c)
Lower secondary completion rate (%)	75	70			78.8	76	c)
Children in special need of protection at school (%)	80	-	37.3% of children with disabilities at primary or secondary school in 2008				d)
Orphaned children being cared for (%)	100	70	34% in institutional/foster care & 16% receiving community support in 2008				d)
Children with cleft palate with operation (%)	100	-	246 children				d)
Children with disabilities undergoing operation/rehabilitation (%)	70	-	584 children with operations and 200 with disability aides				d)
Reduction rate for children in hard labour or working in dangerous environment (%)	90	-	N/A				
Reduction rate for children using drugs (%)	90	-	N/A				
Reduction rate for children committing serious crime (%)	90	-	N/A				
Health card for children under six (%)	95	95	85	90	92	94	
Children having birth certificate before five years of age (%)	90	70	60	65	70	75	e)
Communes/wards having cultural venue and recreation point for children (%)	100	-	13.4				e)
Communes, wards & districts having outdoor play equipment for children (%)	100	-	30.3				e)
Communes/wards meeting standards for children's recreation (%)	50	-	22.3				e)

Sources: (a) DOLISA (2009) *Report on results from implementation of targets on child protection and care in Dien Bien Province 2001-2010*; (b) DOH (2009) *Report on review of results from implementation of the National Action Programme for Children 2001-2010*, Report No.870/BC-SYT (31/07/2009); (c) PSO (2010) *Dien Bien Statistical Yearbook 2009*; (d) PPC (2008) *Report on implementation of policies on child protection and child injury prevention activities in Dien Bien*, Report No.931/BC-UBND (08/2008); (e) DOLISA (2009) *Report on results of indicators of the National Action Programme for Children 2001-2009, and priorities for 2010*. Report No.933/BC-SLDTBXH (18/08/2009).

CHAPTER 3

PROVINCIAL SEDP – PROGRAMMING AND BUDGETING FOR CHILDREN

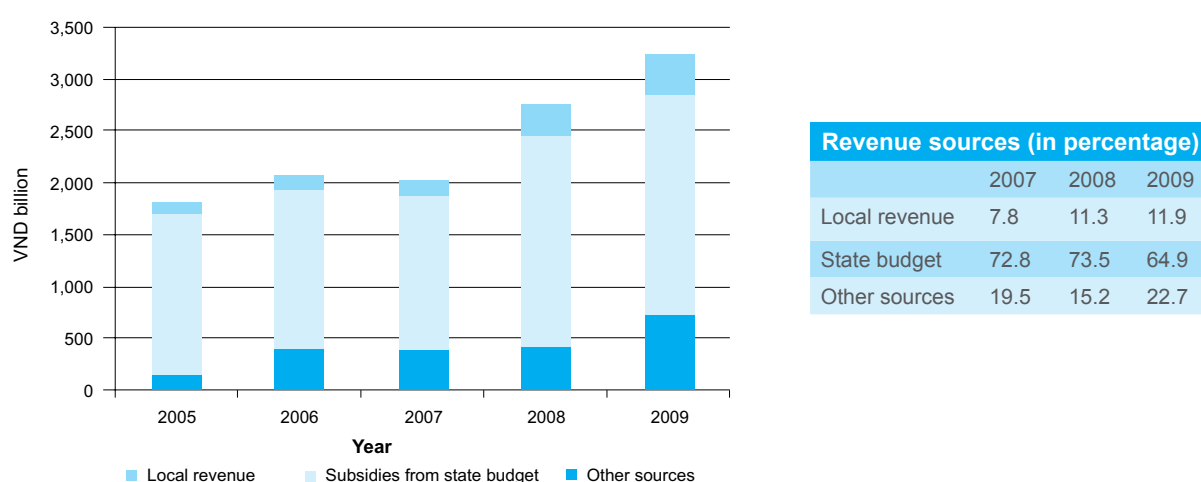


3. PROVINCIAL SEDP - PROGRAMMING AND BUDGETING FOR CHILDREN

3.1 Overall provincial revenue and expenditures

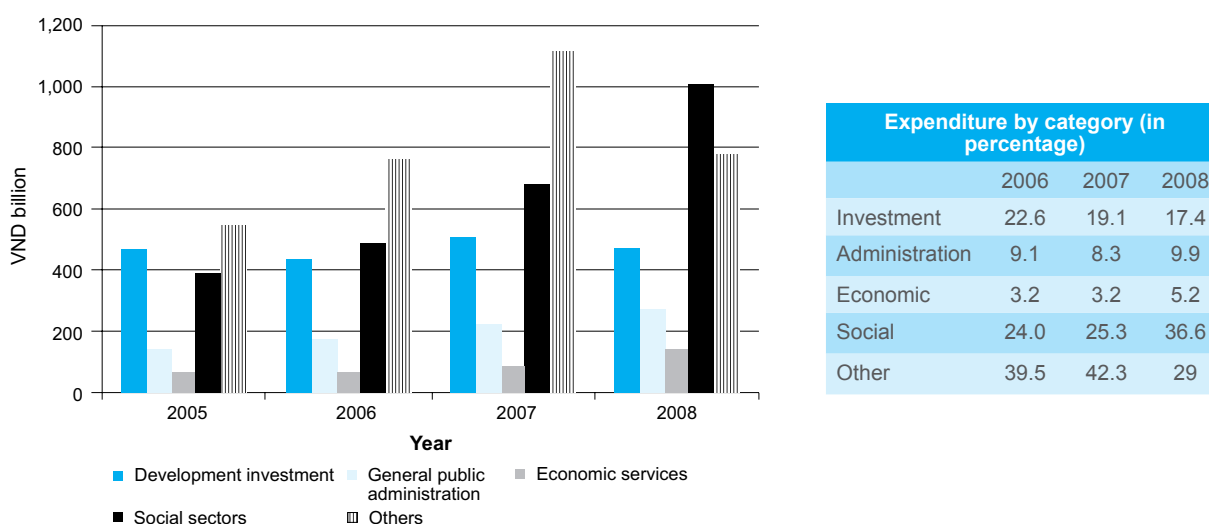
There has been a 71 per cent increase in provincial revenue from VND 1,896 billion in 2005 to a preliminary estimate of VND 3,247 billion in 2009 (Figure 7 & Annex 1.15). In this period, the highest proportional increase has been in local revenue (249 per cent) and other sources of revenue (394 per cent). Even so, the main source of provincial revenue continues to be budget transfers and subsidies from the central state budget, which accounted for 81.8 per cent of province revenue in 2005 (VND 1,551 billion) and an estimated 64.9 per cent of provincial revenue in 2009 (VND 2,107 billion).

Figure 7. Provincial revenue by source and year, 2005-2009 (in VND billion)



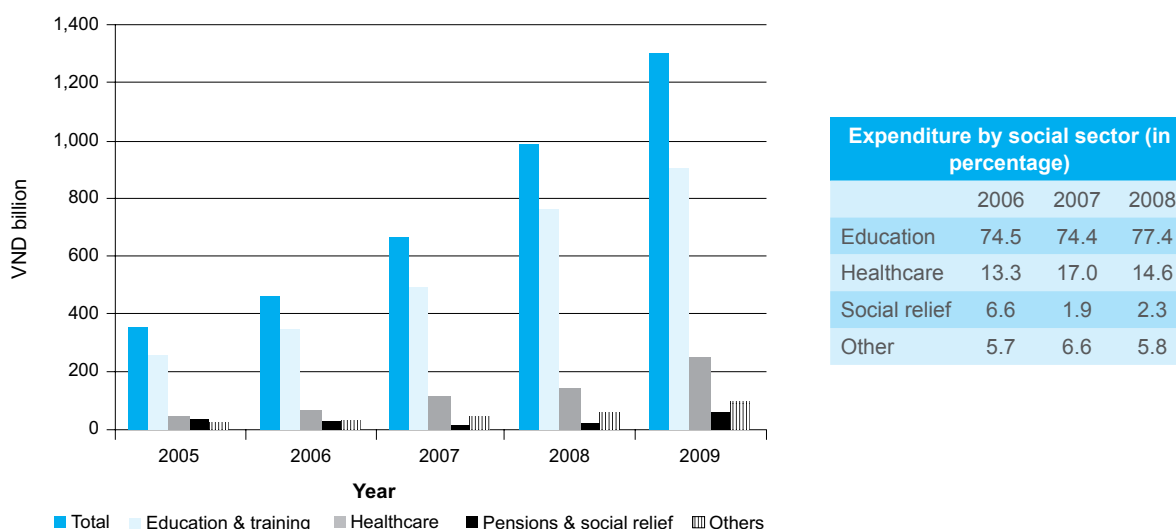
Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*.

Figure 8. Provincial state budget expenditures by category, 2005-2008 (in VND billion)



Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*.

**Figure 9. Provincial state budget expenditure on social sectors, 2005-2009
(in VND billion)**



Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*.

Overall, provincial expenditure has increased by 61.5 per cent from VND 1,755 billion in 2005 to a preliminary estimate of VND 2,834 billion in 2009 (Figure 8 & Annex 1.16).¹⁴ According to expenditure categories, the highest rate of increase in this period has been in economic services (284 per cent) followed by social sector services (269 per cent). In 2008, the social sector accounted for 36.6 per cent of total expenditures, followed by 'other' (29 per cent),¹⁵ capital investment for development (17.4 per cent), general public administration (9.9 per cent) and economic services (5.2 per cent).

Overall expenditure on the social sectors has risen substantially from VND 352.5 billion in 2005 to a preliminary estimate of VND 1,300 billion in 2009 (Figure 9 & Annex 1.16). The highest rate of increase has been in healthcare (483 per cent), education (250 per cent) and 'other' (383 per cent).

The education and training sector stands out as occupying an increasing proportion of the total annual provincial expenditures, rising from 14.7 per cent (VND 258 billion) in 2005 to 28.3 per cent (VND 763 billion) in 2008. This is primarily due to the significant capital investments that have been made to expand and upgrade the quality of kindergarten, primary and secondary school infrastructure in remote rural areas, with funding from various programme sources. At this point in time, this high level of expenditure on education and training is warranted, given the demographic profile of the province, with the large number of school pupils and school leavers joining the labour force. It is to be expected that education sector expenditures will level out in the next few years; indeed, budget projections made by DOET anticipate a decline of 16 per cent in the (non-recurrent) investment budget for education in 2011 (Annex 1.22).

Overall healthcare expenditures increased from VND 42.7 billion in 2005 to a preliminary estimate of VND 249 billion in 2009. The overall amount and proportion of expenditures on pensions and social relief declined from VND 33.1 billion in 2005 to VND 22.3 billion in 2008, but has risen again in preliminary estimates for 2009 (VND 56.9 billion).¹⁶ The reasons for

¹⁴ Provincial Statistics Office (2009). *Dien Bien Statistical Yearbook 2009*.

¹⁵ The high level of expenditures in the 'other' category in recent years is primarily due to substantial financing of resettlement and other investments under the new Son La hydropower scheme.

¹⁶ Provincial Statistics Office (2009). *Dien Bien Statistical Yearbook 2009*.

this decline between 2005 and 2008 are not fully clear; however, it is likely to be associated with reassignment of sector functions in this period.

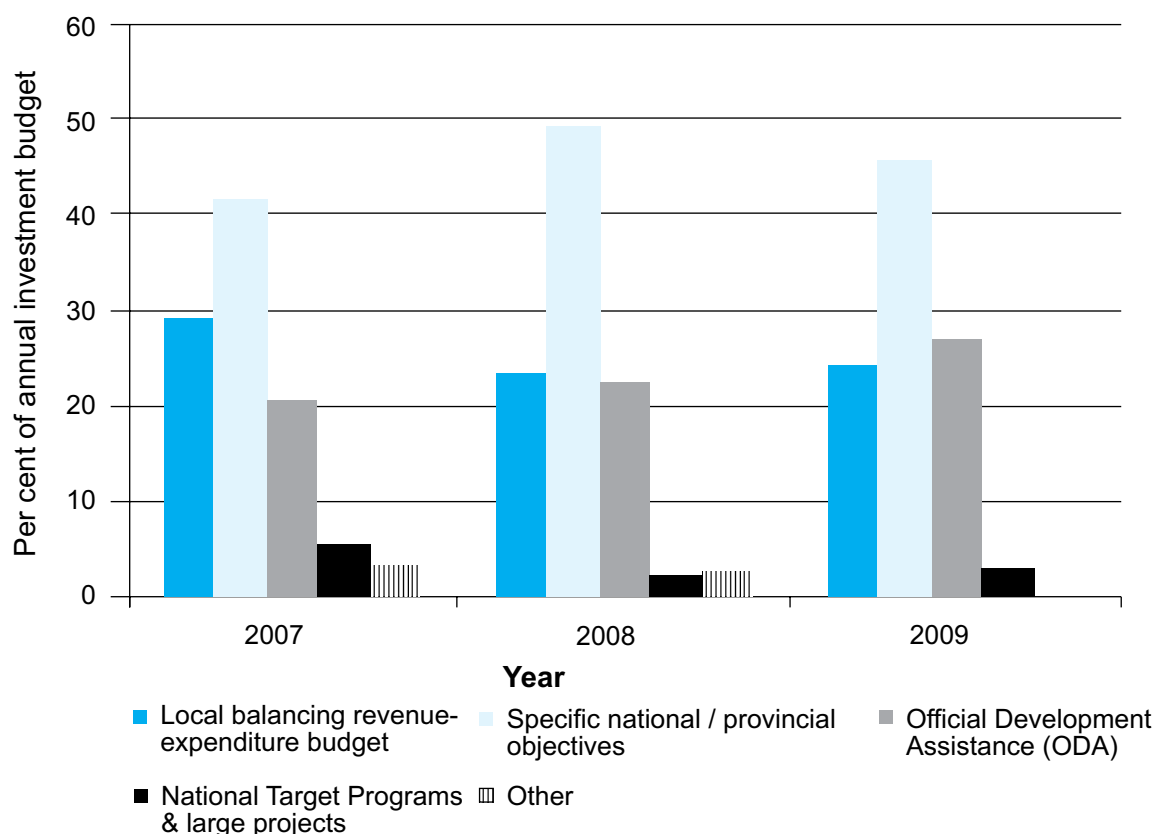
3.2 SEDP development investment budget

The SEDP provides figures on the annual ‘development investment budget’ of the province (Figure 10 & Table 6).¹⁷ The investment budget managed by the provincial authorities consists of several main financing sources: (i) the local balancing revenue-expenditure budget (*vốn cân đối ngân sách địa phương*) carried over from year-to-year; (ii) central state budget transfers, which include (a) financing for specific national and provincial objectives (*vốn hỗ trợ theo các mục tiêu*) and (b) financing for the National Target Programmes (NTPs) and large projects; and (c) Official Development Assistance (ODA). The overall development investment budget also includes other investment sources, not managed by the local authorities, including state enterprises, private and non-public sector investments, and centrally managed investments.

The SEDP budget plan primarily includes ‘investment funding’ (*vốn đầu tư*) and some ‘service delivery expenditures’ (*vốn sự nghiệp*), but does not incorporate all recurrent expenditures (*chi thường xuyên*) of the local authorities (e.g. salaries and regular operating expenditures). Investment funding (*vốn đầu tư*) is primarily for major capital development and infrastructure works. There is no direct or precise English-language term for *vốn sự nghiệp*, which is an important category in the Vietnamese budgeting system. The Viet Nam Institute for Finance Research suggests that the term ‘service delivery’ may best describe the contents of this budgeting category. In practice, a proportion of *vốn sự nghiệp* is used as recurrent budget (*chi thường xuyên*). It also includes discretionary funding for sector departments and local authorities for budget items such as: investment in materials, facilities and equipment; operations and maintenance; information and communication activities; testing implementation ‘models’; and allowances for part-time staff and local collaborators working at the community level.

¹⁷ It should be noted that the data referred to in this section are SEDP planning figures, not expenditure figures. Each year, the SEDP includes projected implementation/expenditure figures from the previous year, and some discrepancies do exist between these figures given in the SEDP and projected implementation/expenditure figures given in sector department reports. As far as possible, the consultants have attempted to cross-check all these data, but in some cases it has not been possible to resolve differences in the reported figures. There is generally a higher level of consistency in the figures reported for the health sector. The discrepancies are more evident in the education sector, while there is also a lack of fully reported figures in the social protection and RWSS sectors.

**Figure 10. Composition of SEDP development investment budget plan, 2007-2009
(in percentage)**



Source: Compiled from Dien Bien Provincial SEDP for 2007, 2008 & 2009.

Table 6. Provincial Development Investment Budget Plan, SEDP 2007–2009

Budget category		Year (VND billion)		
		2007	2008	2009
1.	State investment budget managed by the local authority	469.8	572.127	573.863
1.1	Local balancing revenue-expenditure budget (a)	137.354	134.254	139.964
1.2	Allocated central state budget	292.846	409.45	417.496
1.2.1	Investment for specific national/provincial objectives	195.826	281.86	262.496
1.2.2	Investment under NTPs and large projects (b)	97.02	127.590	155.153
1.3	Official Development Assistance	25	13.5	16.250
1.4	Other (c)	14.6	14.923	-
2.	Other investment sources			
2.1	Government bonds and Son La dam resettlement	360	578.5	-
2.2	Private and non-public sector investment	200	470	-
2.3	State enterprise sector investment	190	71	-
2.4	Central ministry investment (MARD, MOT, MOD)	775.48	319.022	-

Source: Compiled from Dien Bien Provincial SEDP for 2007, 2008 & 2009.

Notes: (a) including local land tax revenue; (b) figures only include investment budget under NTPs and large projects – not service delivery (*vốn sự nghiệp*); (c) including support for education and health from the state lottery and other sources.

In the period 2007 to 2009, the local revenue-expenditure budget has remained relatively constant, while there has been a 34 per cent increase in state budget transfers for

investment under specific national and provincial objectives, and a 60 per cent increase in budget transfers for investment under the NTPs and large projects. ODA resources are budgeted as 'investment capital' even though they may actually be used for service delivery and some recurrent expenditures within ODA financed projects and programmes. ODA accounts for a small proportion of the annual investment budget of between 2.4 per cent and 5.3 per cent, while it makes a significant contribution to the health and child protection sectors in particular (Annex 1.18).

3.3 Investment for specific national and provincial objectives

This category represents between 42 per cent and 49 per cent of the annual development investment budget between 2007 and 2009, and in 2008 was double the amount for NTPs and large projects. This is, therefore, a substantial and important component of the SEDP. A breakdown of the areas of investment under this category is given in Annex 1.17. Some are national/regional priorities determined at the central level, such as for border area development (e.g. financing under Resolution No.37/2004/NQ-TW on the orientation of socio-economic development and assuring national defence and security in the midlands and north mountainous areas by 2010¹⁸). This category includes supplementary resources for province and district health facilities (VND 43 billion in 2007-2009) and drug rehabilitation centres (VND 12 billion in 2008-2009). Other budget items are provincially determined investment priorities that may vary from year-to-year. In 2007 this included market infrastructure for agriculture products, fisheries and village industries.

With respect to the provision of social and economic service infrastructure in rural areas, in Dien Bien there continues to be substantial investments through various government decisions and policies on resettlement, and investment in infrastructure for commune cluster centres and newly divided provinces and districts. This is in addition to the substantial resources allocated to resettlement in the catchment area of the new Son La hydroelectric scheme.

3.4 National Target Programmes and large projects

The proportion of the development investment budget allocated to the NTPs and large projects has risen from around 21 per cent in 2006 to 27 per cent in 2009 (Annex 1.19 & 1.20). According to a report from the DPI, total expenditure on the NTPs in the period 2006 to 2008 was in the order of VND 415 billion (Table 7).¹⁹ According to the estimation, approximately half of this was for the NTP on Education and Training (48 per cent), followed by the NTP on RWSS (19 per cent), the NTP on Employment (11 per cent) and the NTP on the Prevention of Social Diseases, Epidemics and HIV/AIDS (7 per cent). It appears that comparatively little has been allocated to the NTP on Food Hygiene and Safety (0.5 per cent) even though this is an issue of nationwide concern for the government and the general public, as well as having an impact on child health and nutrition.

The approximate proportion of service delivery funding (*vốn sự nghiệp*) and investment funding (*vốn đầu tư*) under the NTPs is shown in Table 8. On paper, this appears to be a rational division of resources according to the specific objectives, contents and requirements of each NTP. It should be noted that under several programmes, the service delivery funds are divided between different sector departments. For instance, service delivery under the NTP on RWSS is divided between PCERWASS and the health (DOH) and education (DOET) sectors.

¹⁸ This relates to Decision No.1151/QĐ-TTg (30/08/2007), which includes investment for border gate development, border resettlement, transport systems, power supply, urban clean water supply, waste water treatment and solid waste collection and treatment systems in urban areas.

¹⁹ Department of Planning and Investment (2009). *Report on implementation of the National Target Programmes from 2006-2008, projected implementation in 2009 and plan for 2010*.

Table 7. Provincial expenditure on National Target Programmes, 2006–2009

NTP	Total actual expenditure (VND million)	Approximate percentage of NTP expenditure
Total	±415,000	
NTP on Poverty Reduction	10,295	2.48
NTP on Employment	46,221 (a)	11.14
NTP on Population and Family Planning	20,572	4.96
NTP on Prevention of Social Diseases, Epidemics and HIV/AIDS	28,991	6.99
NTP on Food Hygiene and Safety	2,217	0.53
NTP on Culture	10,102	2.43
NTP on Education and Training	200,362	48.28
Anti-criminal programme	2,760	0.67
Drug control programme	12,330	2.97
NTP on Rural Water Supply and Sanitation	80,221	19.33

Source: DPI (2009) *Report on implementation of the National Target Programs from 2006-2008, projected implementation in 2009 and plan for 2010*.

Notes: (a) including VND 14.5 billion employment support loans and VND 390 million for district cadre training.

Table 8. Proportion of planned expenditure on service delivery and investment under NTPs and large projects, SEDP 2008 & 2009

Programme	Average expenditure on service delivery (in percentage)	Average expenditure on investment (in percentage)
Total	30.5	69.5
NTP on Poverty Reduction	100	0
NTP on Employment	100	0
NTP on Population and Family Planning	100	0
NTP on Prevention of Social Diseases, Epidemics and HIV/AIDS	48–49	51.3
NTP on Food Hygiene and Safety	100	0
NTP on Culture	73.8	26.2
NTP on Education and Training	39–43	57.6
Anti-criminal program	100	0
Drug control program	100	0
NTP on Water Supply and Environmental Sanitation	10.5–11.5	88.5
Programme 135-II	22.5	77.5
Five million hectares forestry program	0	100

Source: *Provincial SEDP 2008 & 2009*

3.5 Child survival

Improvements in child survival have been underpinned by an increased level of funding for the NTP on Prevention of Social Diseases, Epidemics and HIV/AIDS and the NTP on Population and Family Planning. The amount and quality of basic diagnosis and treatment for children under six years of age has also been increased in recent years; according to the Department of Finance, funding for this has risen from VND 4.324 billion in 2006 to 7.862 billion in 2008.²⁰

Service delivery financing under the NTP on Social Diseases, Epidemics and HIV/AIDS

²⁰ Department of Finance (2009). *Report on budget allocations to children in Dien Bien from 2006-2008*. Report No.144/BC-TC (30/09/2009).

is summarised in Table 9 (Annex 1.21). Approximately half (47.2 per cent) has been allocated to those projects that have the most direct connection to child survival – the projects on malnutrition prevention, universal vaccination and reproductive healthcare. Funding for reproductive healthcare is supplemented by funds from the NTP on Population and Family Planning (allocated VND 4 billion in 2009). In contrast, it can be generally observed that the project on universal vaccination (allocated VND 400 million in 2009) and the project on prevention of malnutrition (allocated VND 1.29 billion in 2009) still appear to be underresourced, despite their relatively high proportion of the total service delivery expenditure. This observation is based on the current situation of malnutrition and vaccination in the province especially in remote rural communes and villages, and the understanding that the malnutrition and universal vaccination projects need to be strengthened most urgently in these areas, where the direct costs and transaction costs of improving service delivery are highest.

Table 9. Service delivery expenditures under the NTP on social diseases, epidemics and HIV/AIDS, 2006-2009

Project under NTP	Projected actual implementation (VND million)			Plan	Percentage of total
	2006	2007	2008	2009	
Service delivery	3,166	4,065	3,745	4,874	
Project on child malnutrition prevention	700	800	1,050	1,290	24.3
Project on HIV/AIDS control	620	987	803	1,092	22.1
Project on malaria control	490	549	545	1,002	16.3
Project on reproductive healthcare	610	794	320	425	13.6
Project on universal vaccination	350	360	360	400	9.3
Project on community mental health	186	230	300	360	6.8
Project on TB control	136	155	173	46	3.2
Project on leprosy control	74	80	134	167	2.9
Army cooperation in people's healthcare		60	60	92	1.3
Dengue fever control		20			0.1

Sources: (a) Provincial SEDP 2008 & 2009; (b) Department of Health. Report No. 1299/BC-SYT (28/09/2009); (c) Department of Finance. Report No. 144/BC-TC (30/09/2009)

The target of fully immunising 100 per cent of children has been difficult to achieve for a number of reasons (see Section 4.3 below). According to the DOH, one reason is that the budget allocation (9.3 per cent of NTP funding) is just sufficient for vaccination supplies, labour costs and part of the transport fuel costs for reaching the remote communes and villages. It does not cover training for immunisation staff, purchase of necessary cooling equipment, or undertaking communication and dissemination activities in the local communities.

Approximately 25 per cent of the funds for service delivery under the NTP are allocated to the Project on Child Malnutrition Prevention. These activities are carried out in all communes and wards, with a selection of 'focal communes' (49 of 112 communes in 2009). The selection criteria for these focal communes are: (i) the malnutrition rate for under – five children and (ii) the commune poverty rate.²¹ These are valid targeting criteria. However, according to the DOH, this does not cover all eligible communes and the effectiveness of the programme is limited because of the lack of recurrent funds to synchronously implement activities in all

²¹ The communes are selected by the National Institute for Nutrition, based on a list of eligible communes submitted by the province.

areas of the province.²² The allowance level for responsible staff and local collaborators is limited – for example, only collaborators in the focal communes receive full allowances while those in other communes do not. This is one of the main challenges affecting the coverage and impacts of the malnutrition prevention program.

There are still limitations on the level of provision of basic preventive healthcare for children. One particular area of concern is acute respiratory infections (ARI). For instance, according to district reports, in the first nine months of 2009 in Tuan Giao District, among the 7,873 children under the age of six, only 3,094 were examined for respiratory infections. During the same period in Dien Bien District, examinations were only conducted in seven out of 19 communes. Diagnosis and treatment for ARI is not included in the NTP on social diseases, epidemics and HIV/AIDS. There is a shortage of local funding for this, while pneumonia and other pulmonary infections are major causes of overall morbidity and child mortality in the province. Similarly, the province budget allocation for the dentistry in schools project is very modest and almost unchanged during the last few years – receiving just VND 50 million in 2008.

The national health sector budget allocations from the central state budget are based on a head count rather than the actual needs and requirements of activities of each locality and programme. According to the DOH, the budget allocated to the province in 2009 was VND 175,700 per capita per annum (equivalent to USD 9.3).²³ This falls short of the USD 34 considered as a minimum by the World Health Organization to deliver essential services in a country. The cost-norms for each bed at each hospital are regulated according to this. At the commune level, in addition to the head count allocation, each commune receives VND 10 million per year for recurrent expenditures. However, according to the DOH, recurrent budget allocations are generally only sufficient to cover basic salaries and allowance payments. This makes it difficult to undertake short-term (annual) and medium-term (five-year) strategic planning to respond to changes in healthcare requirements arising from structural demographic changes (i.e. health spending composition for each population group); changes in disease prevalence and incidence; or for emergency preparedness and epidemiological security in health. While per-capita budget allocations are standard, these also do not fully take into account the additional cost of universal coverage and effective healthcare provision in remote rural areas.

3.6 Child development and education

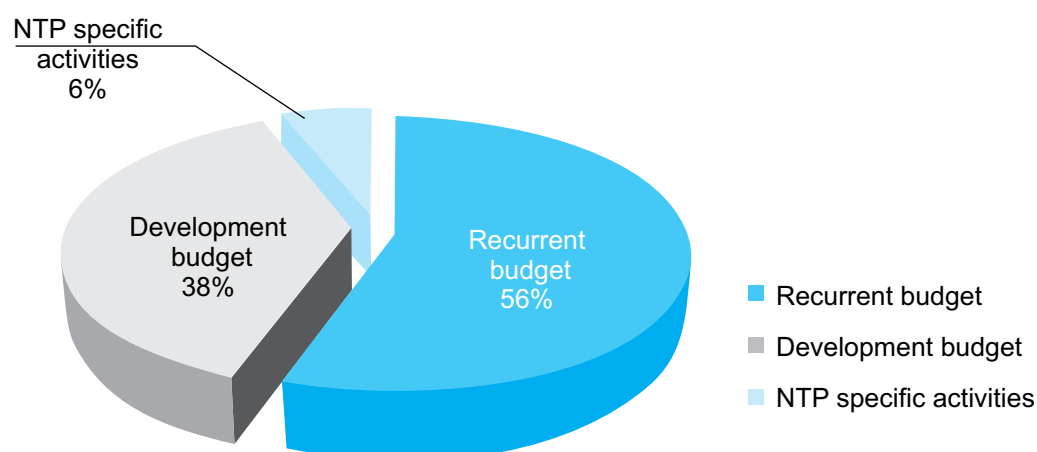
The education sector presents a somewhat different set of issues with respect to the balance between (a) investment in school infrastructure and facilities (*vốn đầu tư*), (b) regular recurrent expenditures (*chi thường xuyên*) and (c) costs for improving and maintaining the quality of education (*vốn sự nghiệp*). Local education revenue in Dien Bien is limited due to the high level of fee exemptions for poor pupils, which means that the state budget accounts for almost all education revenue. For example, in 2008 the total education budget was around VND 1,637,507 billion, of which 99 per cent came from the state budget and the remaining VND 16.6 billion was from fees and local contributions.²⁴ Within this budget, 56 per cent was allocated to recurrent expenditures, 38 per cent to development investment, and 6 per cent to specific NTP activities related to developing education sector capacity (Figure 11). According to DOET projections for 2009 to 2012, approximately 77 per cent is allocated to recurrent expenditures and 23 per cent to investment (Annex 1.22).

²² Department of Health (2009). *Report on implementation of health plan indicators in the period 2006–2008*. Report No.1299 / BC-SYT (28/09/2009).

²³ Department of Health (2009) *Report on implementation of integrated targets of planning for children under the Socio-Economic Development Plan of Dien Bien*. Report No.1042/BC-SYT (17/08/2009).

²⁴ Department of Education and Training (2009) *Plan for development of education and training in the period 2010-2015*.

Figure 11. Breakdown of education budget, 2008 (in percentage)



Source: DOET 2009

There has been substantial investment in school infrastructure in recent years. The province relies heavily on central government programmes and donor projects for these investments. For instance, in the 2009 plan for education projects, only 2.3 per cent came from the provincial budget, while 84 per cent came from the National Programme on Concretisation of Schools and Classrooms (Annex 1.23). Investment in school infrastructure is projected to decline by as much as 45 per cent for primary, 19 per cent for lower-secondary and 36 per cent for upper-secondary schools in 2011 as compared to 2010, while investment in new kindergarten and vocational training schools and facilities will continue.

It is notable that in kindergarten, primary and secondary education, between 80 to 90 per cent of the recurrent budget is on staff salaries and salary-related expenditures (Annex 1.22). This poses constraints on the available recurrent/service delivery budget for all other types of school development and maintenance costs. In particular – given the large amount of new schools infrastructure – it is likely that there will be future shortfalls in the available recurrent budget for operations and maintenance. Allocating more funds to operations and maintenance, and replacement costs for school facilities, equipment and materials, will be essential to maintain the quality of school infrastructure and education in the coming years. At present, education sector budgeting does not sufficiently earmark these types of costs. As the spending on infrastructure declines, particular attention will need to be given to assessing these needs.

As indicated above, with the changing age profile of the population, it will become increasingly important to strengthen vocational training for the large number of school leavers and young labourer in the coming years, as already reflected in new government policies. This will demand increased resources. At the same time, continued attention will need to be given to ensuring that disadvantaged ethnic minority children have improved primary and secondary schooling.

Semi-boardings facilities for disadvantaged ethnic minority pupils from remote villages have been expanded in recent years (see Section 5.3 below). This is an important policy for improving access to schooling and school attendance for these pupils. However, according to the province, the state budget allocation for building semi-boardings facilities only accounts for 6 per cent, with the remaining 94 per cent contributed by local people.²⁵ Given the low

²⁵ Dien Bien Provincial People's Committee (2009) *Report on improvement, maintenance and development of models on local people-supported boarding schools in the period 2004-2009, and orientation for development in 2010-2015 in Dien Bien Province.*

incomes in these communes, the scale and investment quality of the semi-boarding facilities is limited and fragmented. Many are built with bamboo and mud, which does not ensure safety or sufficient light for children. The number of solid boarding rooms only meets 16 per cent of the actual need, while 95 per cent of kitchens and water-supply facilities are in a temporary condition. In addition, in some areas the financial support provided to these children has been reduced (from VND 70,000 to around VND 40,000 to 50,000) because the number of children has increased faster than the budget allocations.

The Ministry of Education and Training (MOET) has recently issued new guidelines on the establishment, organisation and activities of ethnic minority semi-boarding schools.²⁶ This circular stipulates that in addition to housing, water supply and sanitation, semi-boarding schools should be equipped with sports and recreational facilities and with medicine cabinets etc. However, the circular does not specify the level of financial support for meals and accommodation for pupils or sources of financing for establishing and running the schools.

3.7 Child protection

Child protection includes a wide range of issues and activities, including the care of children in need of special protection, HIV/AIDS awareness and prevention, the control of child labour, birth registration, and the prevention of child abuse and trafficking. As reported by UNICEF Viet Nam, a key challenge in child protection in Viet Nam is the absence of a strong and efficient social protection system and the lack of professional social and protection services with the capacity to respond to vulnerable children.²⁷ There is also an absence of a 'continuum of services' that can assure the protection and welfare of children at all times across the range of protection issues.

The responsibilities for child protection are divided between many sectors and agencies, including the Department of Labour, Invalids and Social Affairs, the Department of Health, the Police Department, the Department of Justice, the commune authorities, mass associations and traditional community leaders. Accordingly, financing is disparate and it is very difficult to determine total budgetary allocations to child protection. However, it is evident that given limited provincial and district resources, some aspects of child protection in Dien Bien continue to be underresourced. As an official from the provincial DOLISA stated, because of limited funds, *"... a trade-off has to be considered in budget spending for children, focusing on issues requiring more attention. For example, people usually say 'even if there are no funds to build playgrounds, children won't die'... The annual budget for information dissemination on child protection is only 4 million dong. It is used up on two competitions and one training course. A majority of funding for competitions and forums on these issues comes from projects."*

Since 2007 there has been a consolidation of the financing and fund allocation procedures for social protection and child protection at the commune level, following the introduction of Decree No.67/2007/ND-CP,²⁸ supplemented by Decree No.13/2010/ND-CP in 2010.²⁹ Decree No.67 brought together previously fragmented legislation and sets of procedures to support families and children with disabilities or living with HIV/AIDS etc. Each year, the district sets aside an amount of funding under the 'commune budget' category for this. The fund allocation is made on the basis of a needs assessment – the commune authorities submit lists of eligible households to receive support, which are checked by the district Labour, Invalids and Social Affairs Section and Planning and Finance Section. For instance, in 2009,

²⁶ Circular No.24/2010/TT-BGDDT (02/08/2010) on the organisation and activities of ethnic minority semi-boarding schools.

²⁷ UNICEF Vietnam (2009). *UNICEF and the Children of Viet Nam*.

²⁸ Decree No.67/2007/ND-CP (13/04/2007) on policies to support targets under social protection.

²⁹ Decree No.13/2010/ND-CP (27/02/2010) on adjusting and supplementing a number of articles in Decree No.67/2007/ND-CP on policies to support targets under social protection

the Tuan Giao District budgeted VND 610 million for this – around VND 43.6 million for each commune or town (Annex 1.25).

It is likely that this consolidated legislation has simplified and improved the procedures to support vulnerable households. During this research, some indications were given by local people that they do not fully understand the selection and decision-making criteria and process (see Section 6.2 below). However, insufficient time was available to make a thorough assessment of this matter. It is recommended that the province should undertake a more detailed investigation to determine the effectiveness of the target criteria, strategy and adequacy of funding for child protection under Decree No.67 to inform SEDP planning.

There are certain critical aspects of social service delivery that do not receive sufficient funding from either the NTPs or regular local government budgets. In particular, this is for local staff costs and activities – e.g. salaries and allowances for ‘village collaborators’ working at the community level, which are currently not adequately covered by either service delivery funds (*vốn sự nghiệp*) or by regular local government recurrent budgets (*chi thường xuyên*).

This has been the case in the social protection sector. With the cessation of the Committee on Population, Family and Children in 2007, the main responsibility for population and family planning was moved to the health sector (MOH/DOH), while the responsibility for children’s issues was moved to MOLISA/DOLISA. However, with the transfer of these new responsibilities to the DOLISA sector, many districts and communes have difficulties assigning staff to monitor and deal with children’s issues at the grassroots level. Similarly, there are limited funds to cover the allowances for village collaborators working on HIV/AIDS prevention and child malnutrition under the DOH. While the social sector NTPs provide some funding for allowances for village collaborators in a number of ‘focal communes’, this is not sufficient to cover all communes in the province.

This situation should be partly resolved by the recent Government decision to institutionalise the profession of social work.³⁰ Under this decision, by 2015 the number of social work cadres, staff and collaborators will be increased by 10 per cent nationwide, with each commune having one to two social workers with a monthly allowance at least equivalent to the minimum wage of the government. By 2020, the contingent of cadres, staff and local collaborators at all levels will be increased by 50 per cent. The commune-level social workers will be officially part of the government system and payroll. This should contribute greatly to the future development of a more comprehensive and effective social protection system for families and children under DOLISA.

3.8 District budget plans

The structure of the annual state budget plan of each district broadly follows that of the overall provincial SEDP budget plan (as described in Section 3.2 above). The 2009 budget for Tuan Giao District is given in Annex 1.25 as an example. In this district, out of an overall budget of VND 110.5 billion, around 53 per cent is allocated to education. Around 0.5 per cent (VND 587 million) is allocated to the District Health Section for recurrent expenditures, while there is additional financing for health infrastructure and for the district hospital that is under provincial management. Around 0.46 per cent (VND 510 million) is allocated to the District Department of Labour, Invalids and Social Affairs for regular activities, in addition to VND 620 million for social protection payments at the commune level (Decree No.67/2007/ND-CP) and an additional VND 150 million on social protection support (giving a total of VND 1.27 billion, or 1.15 per cent of the total budget).

³⁰ Decision No.32/2010/QĐ-TTg (25/03/2010) on approval of the scheme on development of social work in the period 2010-2020.

There are a number of important points about the district budget plans that are relevant to this study. Firstly, the education and health sector budget plans are primarily determined at the provincial level. The district authorities have a limited role in determining the targets, scope and content of services, or budget allocations within these two sectors. This is in contrast to the economic development sectors – agriculture and rural development and trade and industries – over which the districts generally have a greater level of decision-making authority and discretion. Secondly, while management of the education sector budget is decentralised to the districts and individual schools (thereby included in the district budget for reference), the province largely retains management of the health sector programme budgets.

The districts do have a limited discretionary budget with which they can allocate resources to meet local objectives and priorities. For instance, in the 2009 budget plan for Tuan Giao, this includes additional support for exercise books and learning equipment for school children, support for semi-boarding school pupils, bonuses for cultural villages, supplementary support for elderly people, and for the activities of the Committee for Women's Advancement. However, this discretionary budget is limited. District administrations in these rural areas also have limited alternative sources of local revenue to augment their recurrent/service delivery budgets to cover the costs of 'software' activities such as public consultations, participatory planning, and monitoring and evaluation. The main implication of these findings is that it is difficult for the district authorities to incorporate 'needs-based' planning criteria and targets into their SEDP.

The district level is primarily responsible for practical implementation of child protection policies and care on the ground. However, funding for these activities at district level is confined to state funding through social protection funds. District-level participation in projects and programmes that supplement resources for child protection and aim to introduce improved approaches is still limited. Increasing district budgets for child protection will be important so that each district can adapt services in appropriate ways for each area.

3.9 Financing for 'software' activities

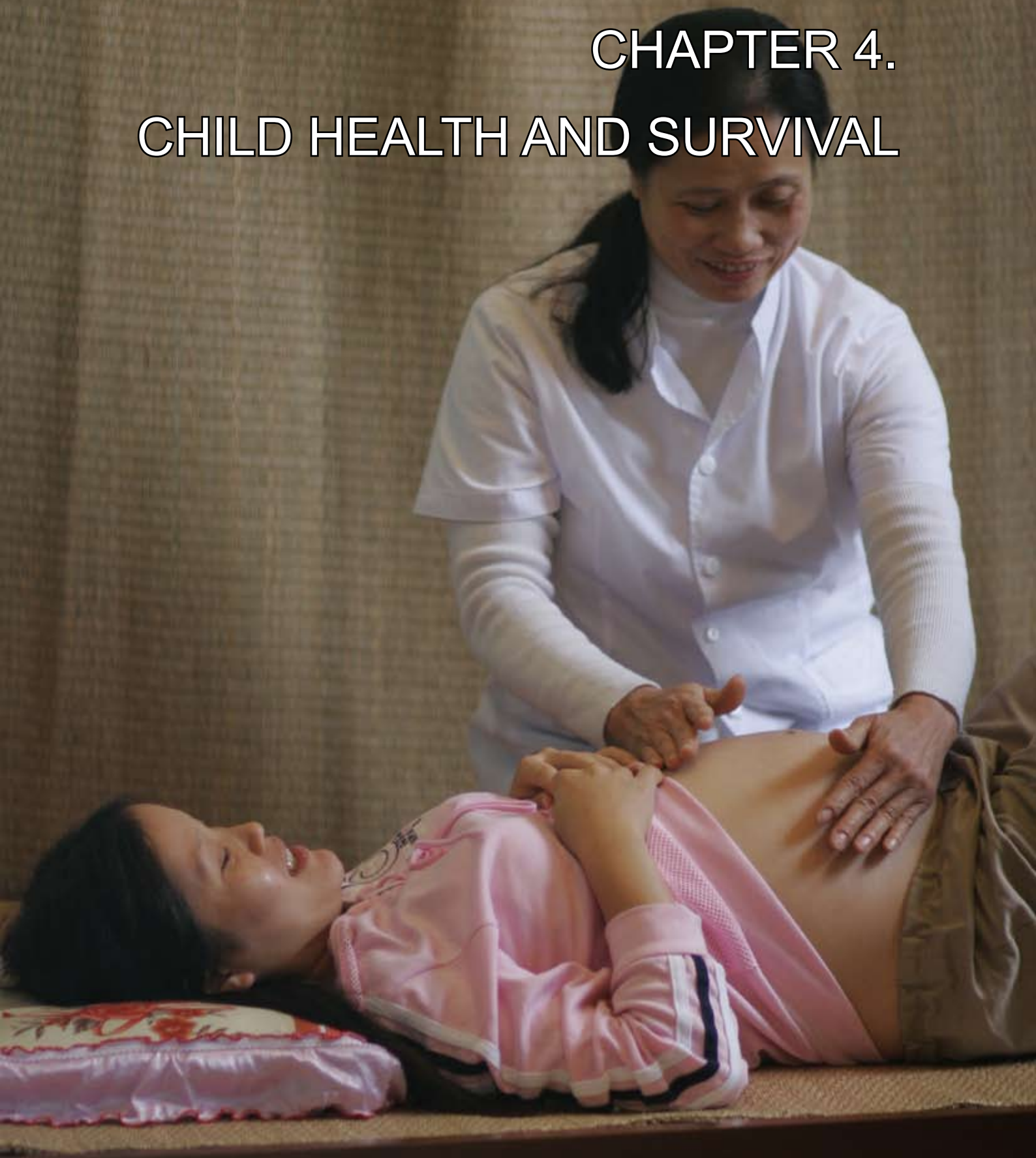
At this level of budget analysis, it has not been possible to extrapolate data on the budget allocations to capacity building, staff training, information and communication (IEC), or other 'software' activities. However, it is possible to make some overall observations about this:

- Firstly, financing for these types of activities is hidden within the service delivery and recurrent budget categories. Provincial officials frequently state that the available 'local budget' to improve the skills of planners and technical staff is limited, particularly at the district level. This leads to weak human resource capacity and work performance.
- Secondly, the province relies heavily on the NTPs and other government programmes, as well as on ODA projects, to finance capacity building and IEC work. This means that these activities are tied to the particular objectives of these projects and programmes.
- Thirdly, training budgets are highly fragmented between different sectors and different projects and programmes. In some cases this leads to overlapping and ineffective training activities. While core staff training (i.e. for basic public administration and long-term staff qualifications) is coordinated by the Department of Home Affairs, there is a lack of consolidation and coordination of training plans and budgets for shorter-term applied training (i.e. for on-the-job management and technical skills training).

- Lastly, various donor-supported projects have been working in Dien Bien on integrated approaches to social protection and child protection (i.e. to develop a continuum of services). These include the UNICEF-PCFP work on Integrated Behaviour Change Communication (IBCC) and Community Based Child Protection Networks. The ADB-financed HIV/AIDS Prevention Among Youth Project,³¹ which works in 14 provinces including Dien Bien, has also been introducing an integrated approach to population and family planning and HIV/AIDS prevention for youth. However, there are limited incentives – or requirements – within the regular local government budgeting system to ensure that different sector agencies coordinate and collaborate more closely and effectively in the delivery of services on the ground. While donor-supported projects are able to provide additional incentives to stimulate better cross-sector coordination, the replication of these approaches faces many challenges due to these constraints in the government budgeting system.

³¹ This project is managed by the Department of Population and Family Planning under the Ministry of Health.

CHAPTER 4. CHILD HEALTH AND SURVIVAL

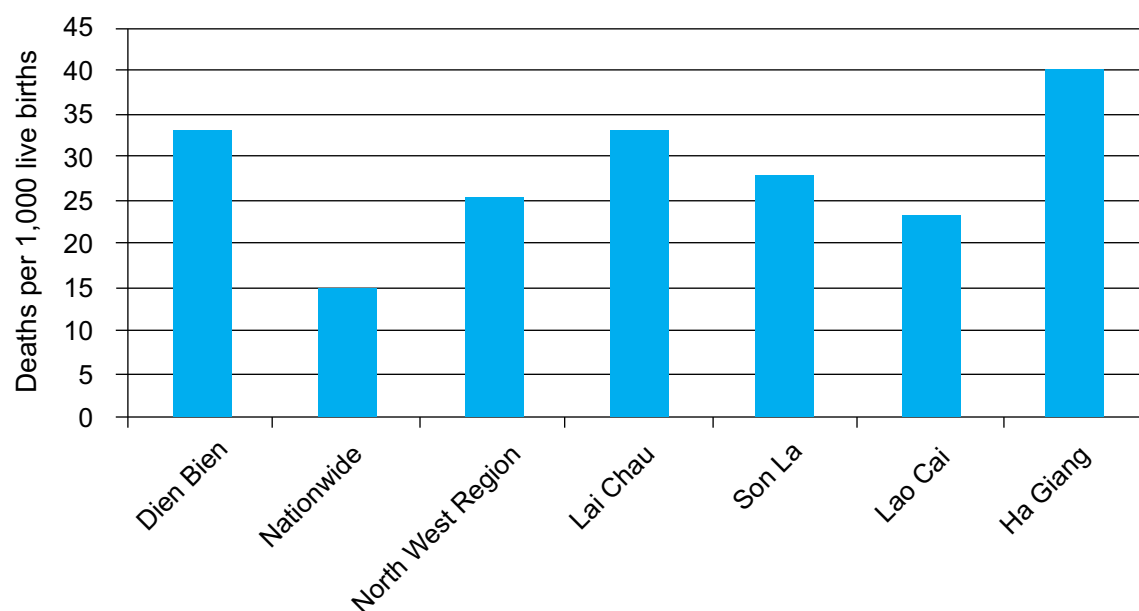


4. CHILD HEALTH AND SURVIVAL

Child survival in Dien Bien Province is characterised by a number of regionally and locally specific issues and causative factors, as follows:

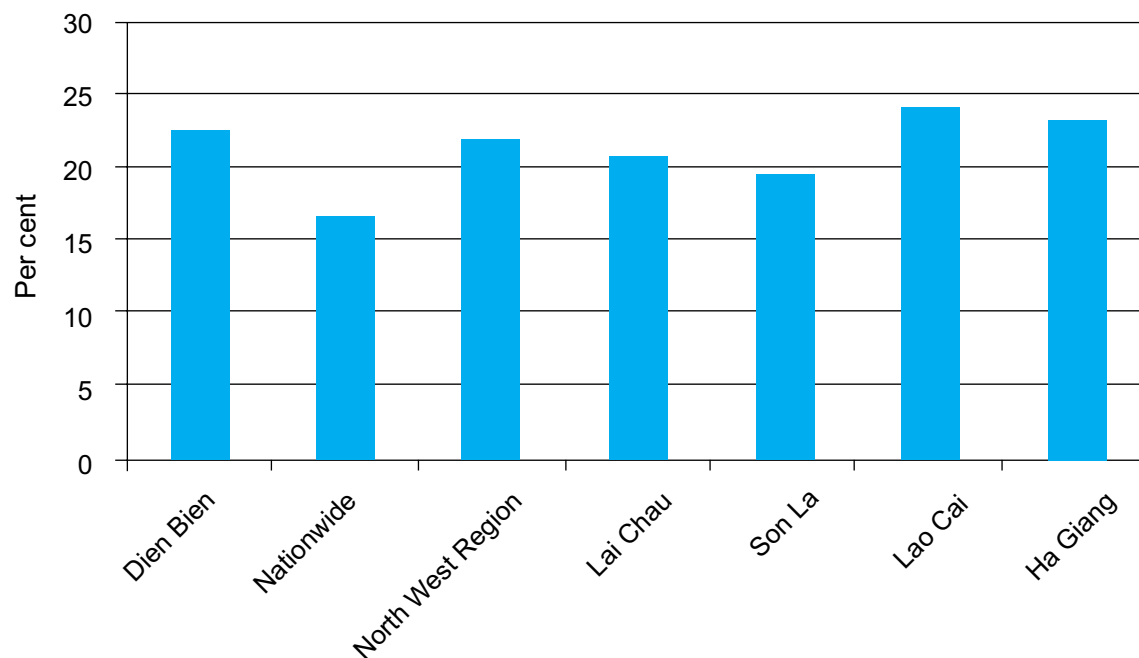
- Continuing high rates of infant and child mortality as compared to the majority of other provinces and regions of the country (Figure 12);
- Only limited changes or improvements to some of the key indicators of reproductive health over the last few years;
- Persistence of child malnutrition, although rates are not disproportionately high compared to other provinces, reflecting nationwide concern with child nutrition (Figure 13);
- Significant intra-provincial differentials in health status and the provision of quality healthcare services between administrative areas (districts and communes);
- A likely concentration of high rates of child mortality, malnutrition, and a lack of full immunisation amongst the poorest rural households and some ethnic minority groups;
- Increased funding for diagnosis and treatment for children in recent years, but persistent gaps in the coverage of basic examinations and preventative healthcare;
- Particular concern at the lack of full diagnosis and treatment for Acute Respiratory Infections (ARI), which are a major cause of infant and child mortality;
- Improvements in access to clean water supply in both urban and rural areas in recent years, but with high numbers of children still living in dwellings without adequate sanitary conditions and without fully regular water supply;
- According to provincial reports, the child survival indicators that are most difficult for the province to reach are: 100 per cent of fully vaccinated children; 20 per cent malnutrition rate for children under five years old; and regularity in reproductive healthcare provision.

Figure 12. National, regional and provincial infant mortality rates: a comparison, 2008 (per 1,000 live births)



Source: MOH (2010) *Health Statistics Yearbook 2008*

Figure 13. National, regional and provincial under-five moderate underweight prevalence: a comparison, 2009 (in percentage)



Source: NIN (2010) *Nutrition Surveillance System 2009*

4.1 Infant and child mortality

The infant and child mortality rate in Dien Bien is high in comparison to many other provinces and regions of the country (Table 10 and Annex 1.26). According to national data, in 2008 Dien Bien had the fifth-highest Infant Mortality Ratio (IMR) nationwide at 33 per 1,000 live births, more than double the national rate of 15 per 1,000. According to provincial data, in 2008 the IMR in Dien Bien as a whole was 36 per 1,000 and the under-five mortality rate was 50 per 1,000. Provincial and district reports suggest that the main primary causes of child mortality are acute respiratory infections and digestive ailments. Child malnutrition, a lack of antenatal and postnatal mother and childcare, and limited access to primary healthcare are also important contributory causes. Health records and interviews in the survey communes confirmed these causes (Box 2).

Box 2. Causes of child mortality in Muong Bang Commune

In the first nine months of 2009, there were 13 reported child deaths in Muong Bang Commune in Tua Chua District, half of which were due to pneumonia. The number, time and causes of death were recorded by the Commune Health Centre as follows: in February, one six-month-old child died of pneumonia; in March, one five-month-old child died of diarrhea and one 40-month-old child of pneumonia; in April, one four-day-old child died of inborn heart disease, another two-year-old child of pneumonia; in May, one two-month-old child died of pneumonia; in June, one two-day-old child died of premature birth, one died at birth of inborn deformity; in July, one nine-month-old child died of pneumonia, one died during pregnancy; in August, one five-day-old child died of pneumonia; in September, premature twins both died at birth (Source: Commune Health Centre, Muong Bang).

Table 10. Selected reproductive health and child survival indicators, 2006-2008

Indicator (data source)	Year			Nationwide 2008
	2006	2007	2008	
Reproductive healthcare				
Birth rate (‰) (a)	24.3	23	23.7	
Couples using birth control methods (%) (a)	66.5	68	69	
Communes/wards with midwives and/or junior delivery doctor (%) (c)	62.4	46.2	90.6	
Women with three pregnancy check-ups (%) (a)	68	71.1	63.4	
Women delivering in commune/ward clinics (%) (b)	56.9	54.8	55.5	
Women giving birth with qualified/skilled personnel (%) (a)	62	65.1	63.1	94.7(d) 87.7(e)
Maternal mortality rate per 100,000 births (b)	106.1	161	84	75(e)
Tetanus vaccination (TT2)for pregnant women (%) (a)	89	92.2	86.3	93.5(d) 86(e)
Mothers with professional check-up one month after delivery (%) (b)	48.6	52.2	50	
Child survival				
Infants with low birth weight (under 2,500g) (%) (a)	9.8	9.5	8.85	7(e)
IMR (‰) (a)	45.3	44.6	36.0	15(d) 22(e)
Under-five mortality rate (‰) (a)	56.1	54.9	50.0	27(e)
Underweight among children under five years of age (%) (a)	28.4	26.8	25.5	
Under-one children with full vaccination (%) (a)	90	93.5	93	93.9(d) 81.8(e)
Malaria				
Number of malaria cases (a)	2 905	2 481	2 106	
Rate of cases per 100,000 people (a)	660	550	450	70.23(d)
Iodine deficiency				
Total goitre rate (%) (a)	6.38	6	6	

Children's goitre rate (%) (a)	5.93	5.5	5.2	3.6 (among children at 8-10 years of age) (e)
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Sources: (a) DOH. Report No. 1299/BC/SYT (28/09/2009); (b) research team data collected from Department of Health; (c) PSO (2009) *Dien Bien Statistical Yearbook 2008*; (d) MOH (2010) *Health Statistics Yearbook 2008*; (e) GSO and UNICEF Viet Nam (2007) *MICS 2006*.

4.2. Reproductive health and safe delivery

Selected reproductive health and child survival indicators for the period 2006 to 2008 are shown in Table 10. There appear to have been only limited changes or improvements to some of the key indicators of reproductive healthcare service provision over this period, including: the percentage of pregnant women receiving regular antenatal check-ups and tetanus vaccinations; the proportion of women giving birth with qualified/skilled personnel in attendance; and the maternal mortality rate. In general, figures are much lower in some ethnic minority groups than others, although disaggregated data are not available to examine these differences in detail. According to national statistics, between 88 per cent and 95 per cent of childbirths nationwide are supported by skilled health staff, while the reported figure in Dien Bien is only 63 per cent. According to a report from Tuan Giao District, in the first nine months of 2009 only 271 out of 1,209 births occurred in public health facilities (22.5 per cent), while the remaining 77.5 per cent were delivered at home.³² Figures are not available, however, for the proportion of women delivering at home but with skilled assistance from village midwives or traditional birth attendants.

Home delivery without adequate care is a common risk in the province's rural areas. Due to infections and the lack of knowledge and skills to handle difficult cases, the infant and maternal mortality rate remains quite high. As a district health official in Tua Chua District stated: *"Most child births are assisted by traditional midwives, except in some villages in the lowland areas and people in the district town. In 2008, we calculated that the percentage of births delivered in clinics was only 7 to 10 per cent. Local people mainly give birth at home, only in cases such as placental retention do they come to the hospital"*. It is also sometimes difficult for commune health staff to persuade families of the importance of reproductive health and safe delivery messages: *"In one case we foresaw that it would be a difficult delivery. We advised the family to go to hospital, but they didn't follow the advice. During the delivery, the child was in the wrong position [breach birth], they were taken to the hospital for emergency but it was too late. We made efforts for the whole year, but just because of this case we could not be considered for meeting the national commune health standards did not meet the national commune health standards."* (Health official from the Muong Bang Commune health centre).

Childbirth is still influenced by traditional beliefs and practices in ethnic minority communities such as the Hmong and Dao, and women from these communities often prefer to give birth at home. As noted in several recent studies on reproductive health and childbirth amongst ethnic minority communities conducted by UNFPA, there is a need to accommodate differences in birth-giving practices and customs by acknowledging the needs of ethnic minority women.³³ For instance, by allowing religious practices before delivery and preferred birth delivery positions when requested; providing gynaecological and antenatal check-ups in a private and friendly setting; providing appropriate assistance for home delivery, including provision of safe delivery kits; and targeting traditional leaders and people-of-influence (village elders, religious leaders, folk-healers) to enhance the impacts of IEC in reproductive healthcare. In two districts, the DOH has tested an approach of supporting 'village midwives'

³² Tuan Giao District People's Committee (2008) *Report on reproductive health in Tuan Giao District to September 2008*.

³³ United Nations Population Fund (2008). *Reproductive Health of Hmong People in Ha Giang Province: a medical anthropology perspective*.

who are selected by local women and receive six months of training and coaching from the hospitals and an allowance of VND 60,000 per month. An initial review indicates that this is an effective approach, particularly because local women trust the village midwives, who can persuade mothers to seek assistance from the commune clinics. So far only 35 out of 2,365 villages in the province have these village midwife positions. The DOH suggests that it would be most effective to combine this village midwife position with responsibilities for IEC on reproductive healthcare, child nutrition and malnutrition prevention.

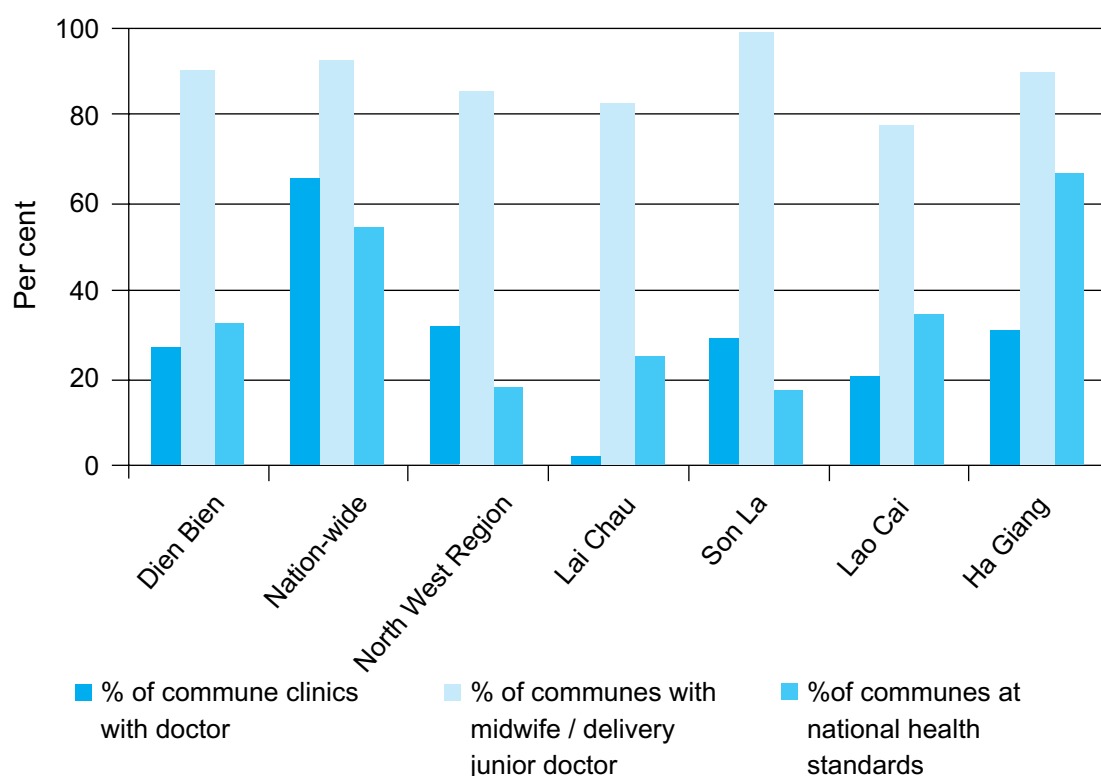
4.3 Access to quality healthcare

There have been substantial improvements in health infrastructure, in the system of diagnosis and treatment, and the delivery of primary healthcare programmes in Dien Bien in recent years. According to the DOH,³⁴ the main improvements have been in: administrative procedures and the attitudes of health staff; enforcement of policies on hospital fees and health insurance, in particular for children from poor households; capacity and technology in the provincial hospital for quality diagnosis and treatment, and in district hospitals for basic diagnosis and treatment; and the use of traditional medicines, especially for the treatment of chronic illnesses and functional rehabilitation. These improvements have been supported by a number of donor-financed health sector projects (Annex 1.18).

Even so, there continue to be weaknesses and financing shortages including: (i) a lack of doctors and pharmacists, particularly at the district and commune level; (ii) investment does not meet demand, particularly for commune clinics to meet national standards; (iii) limited investment in health equipment for diagnosis and treatment units, particularly in district hospitals and commune cluster polyclinics; (iv) a lack of maintenance and repair funds for equipment and appliances; (v) no proper medical waste treatment system; (vi) in some places the attitudes and assistance of health staff is still not sufficient in terms of adequately explaining problems and entitlements to patients, which has caused some complaints; and (vi) the budget for diagnosis for treatment is still mainly reliant on government programme funding, and socialisation mainly through health insurance, which is not enough to fully meet the demand.

³⁴ Department of Health (2009). *Report on the implementation of health plan indicators in the period 2006–2008*. Report No.1299/BC-SYT (28/09/2009).

Figure 14. National, regional and provincial commune healthcare indicators: a comparison, 2008 (in percentage)



Source: MOH (2010) *Health Statistics Yearbook 2008*

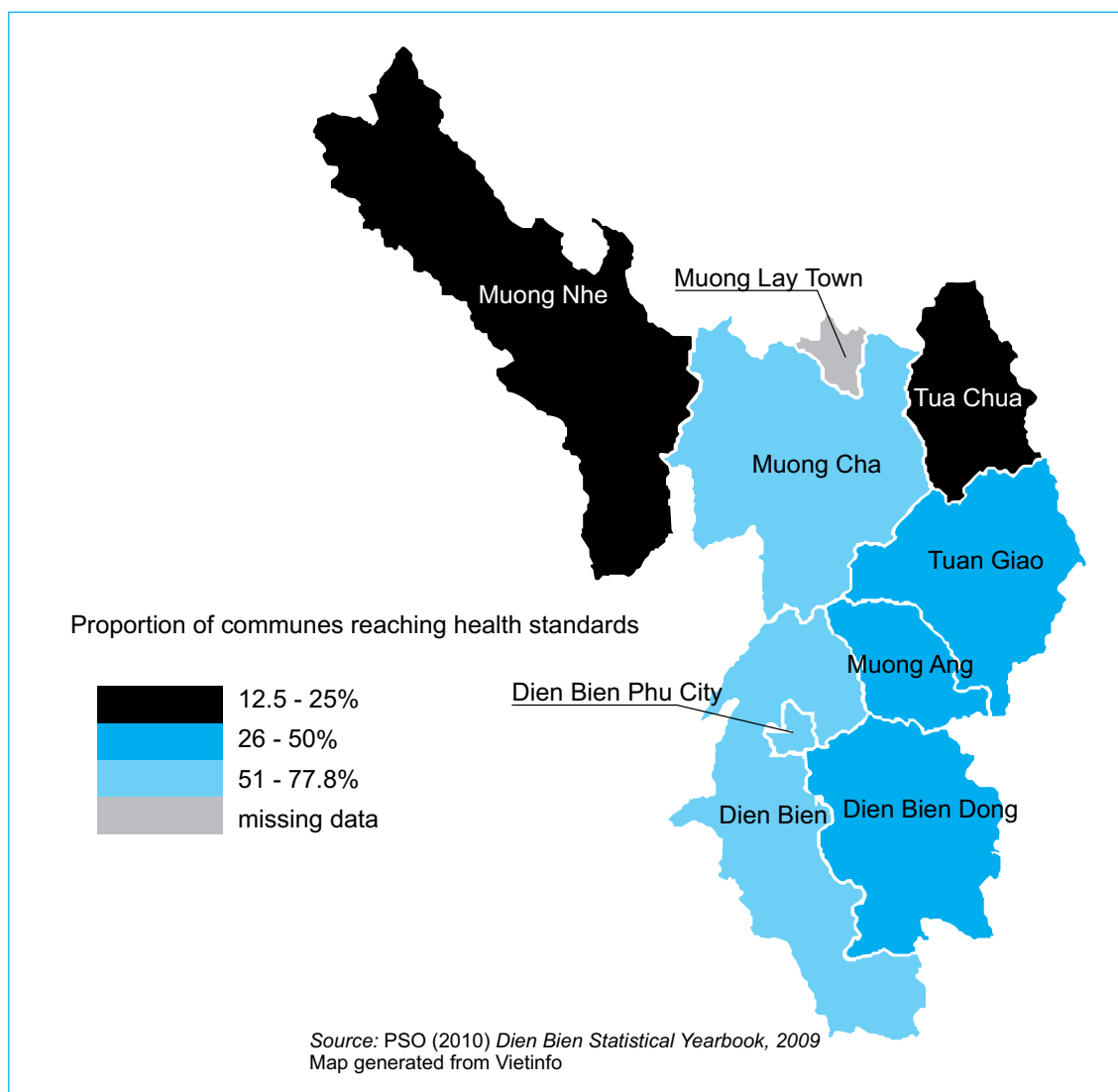
Dien Bien compares well with neighbouring provinces in terms of standards of commune healthcare, while the proportion of communes with doctors and communes reaching national health standards still falls substantially below the national average (Figure 14). The lack of access to primary healthcare services and facilities at the commune and district level is recognised as contributing to high rates of child mortality. In this respect, there are significant differences in health status and healthcare provision between administrative areas – as illustrated in the district ranking of health service indicators given in Map 3 and Table 11.

Table 11. Ranking of districts according to health service indicators, 2009

Administrative area	Communes or wards reaching national health standards		Ranking: number of patient beds per 10,000 people	Ranking: percentage of communes or wards with midwives	Ranking: doctors and junior doctors per 10,000 people	Overall district ranking
	%	Ranking				
Dien Bien Phu City	77.8	1	1	2	1	1
Muong Lay Town	-	-	2	6	2	2
Muong Cha	53.3	3	4	3	3	3
Muong Ang	30	5	6	3	5	4
Tua Chua	25	7	5	6	4	4
Muong Nhe	12.5	8	3	7	7	4
Dien Bien Dong	28.6	6	7	5	6	5
Tuan Giao	50	4	8	1	8	5
Dien Bien	68.4	2	9	8	9	6

Source: Extrapolated from PSO (2010) *Provincial Statistical Yearbook 2009*

Map 3. Proportion of communes reaching national health standards, 2009



The overall provincial rate of communes and wards reaching the national health standards was 32.8 per cent in 2008 and 42 per cent in 2009, while the national rate was 55.49 per cent in 2009 (Annex 1.27 & 1.28).³⁵ There are large differences between the districts. At the lower end, only 12.5 per cent of communes in Muong Nhe and 25 per cent in Tua Chua reached the national health standards by 2009, while 68 per cent in Dien Bien and 78 per cent in Dien Bien Phu City have done so. Across the province, the overall number of doctors and junior doctors per 10,000 people is 23 (Annex 1.29); the highest rates are in Dien Bien Phu City (81) and Muong Lay Town (53) while the lowest rates are in the rural districts of Dien Bien (12) and Tuan Giao (14). The reported rate of communes and wards with midwives fluctuates from year to year, but the general rate reflects similar patterns.

As expected, Table 11 shows that these health service indicators are generally better in urban areas. The comparatively accessible rural districts of Dien Bien, Dien Bien Dong and Tuan Giao have the lowest overall ranking, due to their high population and resulting low per capita figures for these indicators. The remote and less-populated district of Muong Cha ranks highly across all four indicators, while Muong Nhe has a lower ranking. This suggests

³⁵ Decision No.370/2002/QĐ-BYT (dated 01/02/2002) by the Minister of Health on promulgating national standards on commune clinics over the period 2001 to 2010.

that there is a need to concentrate efforts in those rural districts with a high population, and in those remote districts that still have weak infrastructure, staff capacity and levels of service.

According to provincial reports, the expanded child immunisation programme has been implemented in all communes and wards, while it has only been implemented periodically in some remote communes in Muong Cha and Muong Nhe where the electricity network has not yet reached. The DOH reports that the rate of children will full immunisation was 93 per cent in 2008. In reality, according to discussions with health officials, the actual rate is lower than the officially reported figures. Figures of around 70 per cent have been quoted for the rural communes of Tua Chua and Tuan Giao districts. As a district health official in Tua Chua explained: *“For the vaccination of children under one year of age with seven types of vaccine, we could only reach 507 out of the planned figure of 1,170, accounting for 43 per cent... The vaccination programme here is only fully implemented in the more accessible communes because people bring their children to the vaccination point – the village health post, commune health centre. For remote villages, the village health worker has to carry the vaccination bag to each household to give the shots. Because people go to the upland fields, they take the children with them. Even when there is an announcement, they still go. In addition to that, the quality of the vaccinations with this approach is not assured because the bag has no cooling system for the vaccines”*.

The MOLISA and UNICEF Viet Nam report on child poverty estimates that nationwide around 31 per cent of children between 24-59 months have not been fully vaccinated, while the rate is substantially higher in the North West Region as a whole (up to 59 per cent not fully vaccinated).³⁶ The reasons for the differences between officially reported figures and actual rates may include the tendency of local authorities to over-report in order to reach the targets, and reporting initial registration and inoculation rates rather than reporting children completing full immunisation over time. The immunisation programme still meets difficulties in the remote communes and villages because parents don't realise the importance of immunisation, the lack of health staff, the lack of electrification to store vaccines, and/or ineffective IEC activities for ethnic minority people. This suggests that local authorities should pay more attention to improving people's awareness of the importance of full immunisation, and to ensure health facilities to provide this service in an effective way.

4.4 Use of health-insurance cards

In the group discussions, local people expressed many opinions about the quality of healthcare services and the use of health-insurance cards by the poor. It appears that the effectiveness of health-insurance cards is limited by several factors. Firstly, the lack of birth registration affects the distribution of insurance cards (see Section 6.7). Secondly, information provision and awareness among parents of the entitlements of the health-insurance cards is limited. Thirdly, as described in Box 3, there is particular concern amongst local people with the referral system for using the insurance cards in serious or emergency cases (i.e. the referral system from commune-to-district and district-to-province). In some cases, people do not have a clear understanding of – or are not given clear information about – the referral system. People are also concerned about under-the-table payments to obtain hospital treatment at the provincial level.

4.5 Healthcare-seeking behaviour

It appears that there are significant differences in child health status between ethnic groups. In many communes in Dien Bien, ethnic minority groups such as the Hmong and Kho Mu live in the most isolated villages, and child health conditions in these communities are more

³⁶ Ministry of Labour, Invalids and Social Affairs and UNICEF Vietnam (2008). *Children in Viet Nam: who and where are the poor?* .

problematic than in villages closer to the commune centre: *“In this commune, the common health problems for children are worms, skin diseases, diarrhea, pneumonia and other acute respiratory infections. This is because parents haven’t paid proper attention and their capacity in healthcare is not high... At the beginning of September, a number of Kho Mu people came to the clinic for pneumonia, but not many Kinh or Thai people.”* (Health official from Muong Bang commune health centre).

The groups also reported differences in healthcare seeking behaviour: *“For normal problems such as flu or sore throats, people are treated in the clinic... For serious cases, people are sent to the hospital... People usually only come to the clinic when it is too serious. A number of children died at home. The village health worker reported the deaths, then the commune clinic sent people to identify the causes... The usual cause of child mortality is firstly parents not knowing how to take care of children. Secondly, a majority of ethnic minority people don’t know which problems are serious, they only know that their child is sick. Among the child deaths, mostly they were kept at home for ghost offerings until it was too serious. Some cases when we came to provide vaccinations, seeing the situation we told the parents that it is serious now and they should go to the hospital, but they didn’t follow, so we don’t know what to do. This is to do with dissemination.”* (Health official from Muong Bang commune health centre).

Box 3. Viewpoints on healthcare service quality from Thanh Xuong commune

In the group discussion in Thanh Xuong Commune (Dien Bien District), one woman told a story about her neighbour: “They had a three-month-old baby and the provincial hospital identified that she had a [congenital] heart problem. The provincial hospital said it was not possible to cure her and sent her home. The family found other ways to treat her... like ghost offerings and hearing about traditional medicines... She was born in 1997. She grew up in very weak health. Last year, the problem came back again. The family took her to the district hospital, but the doctor didn’t do any diagnosis and just prescribed some antibiotics and fever-reducing medicine. The mother told him about her daughter’s problem in the past. The doctor said ‘No problem, she’s as healthy as an elephant’. The mother asked for some tests [at the provincial hospital] but the doctor didn’t allow it... When she was small, the free children’s check-ups were not available and now she is above that age, but the family is poor and has a health card for the poor. Because in the past, the doctor said that this problem could take her life at any time, the family went to borrow money to take her to a private clinic. The doctor made a prescription, but he didn’t say anything and the handwriting was too difficult to read, and they couldn’t understand the ultrasound test results.”

On hearing this story, the head of the commune health centre said: “It is very complicated to change the level of treatment under this health insurance system. At the provincial level, they will refuse to treat a normal problem. If it’s a serious problem without a proper referral, they will return the patient. And that was the situation in this case. Many local people complain about the referral system. The insurance agency says one thing today and another thing tomorrow. It’s very difficult for the district health staff to cope with these changes, sometimes they ask the age of the children and sometimes they ask the birth date.” When discussing whether people go to the health centre or hospital to deliver a baby, one man said: “At the provincial hospital, it costs 500,000 dong extra.” Another man said: “If you don’t give money in advance, you won’t get delivery assistance.” Another man said: “My wife went to the provincial hospital in 2007 for delivery, but they left her outside, saying that they have to find this room or that room. Fortunately, we know a nurse working in the same section. The nurse told me ‘You prepare an envelope,’ she said that straight. I gave her an envelope and in less than five minutes, my wife was in”.

The level of information is not the only factor. There appear to be a range of factors that give rise to the hesitation and apprehension of many ethnic minority people to approach formal healthcare services, and which have a detrimental impact on child survival:

- Firstly, the distance and cost of going to the commune health centre or district/provincial hospital from remote villages;
- Unfamiliarity with the procedures, due to language barriers and the lack of explanation and information about how to follow the procedures;
- A lack of knowledge in these communities on common diseases and ailments, how serious they are and how to treat them;
- The maintenance of traditional healthcare beliefs and practices – while these undoubtedly have relevance for some aspects of healthcare, they can inhibit better healthcare-seeking behaviour for serious problems;
- Lastly, the ‘practice’ of informal payments for hospital treatment, which is particularly difficult for ethnic minority people because they have fewer ‘contacts’ in the system.

These observations support the findings of a research study that found social factors related to ethnic minority status play an important role in parental decisions to seek care for a sick child.³⁷ This study found that ethnic minority parents were less likely to report that their children were sick than Kinh or Chinese parents. When they recognised episodes of illness, they were also less likely to seek care, whether self-prescribed care or professional help. The study found that maternal education is the strongest determinant for reporting children’s illnesses. The study reached two conclusions that are relevant to the situation in Dien Bien. Firstly, health policy initiatives – such as extending free healthcare for the poor – may not have fully addressed the equity problems confronting poor ethnic minority families. Secondly, greater effort in extending maternal education among ethnic minorities may eventually contribute to bridging the health equity gap between Kinh/Chinese people and ethnic minorities.

4.6 Child nutrition and malnutrition

Child malnutrition is a serious concern across the country, and Dien Bien is not alone in this respect. According to the national Nutrition Surveillance System, the proportion of moderately underweight children in Dien Bien declined from 25.4 per cent in 2005 to 22.5 per cent in 2009 (Table 12). These figures are higher than the national rates and slightly above the regional average. The proportion of severely underweight children is generally lower than both the national and regional rates, declining from 2.5 per cent in 2005 to 1.2 per cent in 2009. Even so, it should be noted that underweight rates in the province are not disproportionately high in comparison to other provinces and regions. Stunting prevalence among children in Dien Bien has changed differently. Moderate stunting increased sharply from 12.1 per cent in 2005 to 24.5 per cent in 2007, then declined to 22.8 per cent in 2009, while severe stunting kept decreasing from 24.5 per cent in 2005 to 12.9 per cent in 2007 to be 11.9 per cent in 2009. In 2009, the provincial moderate stunting prevalence is still higher than the national and regional average, but its severe rate gets lower.

³⁷ Teerawichitchainan, B. & Phillips, J.R. (2007). *Ethnic Differentials in Parental Health Seeking for Childhood Illness in Vietnam*. Poverty, Gender and Youth Working Paper No.3. The Population Council, New York.

Table 12. Prevalence of underweight children under five years of age, 2005-2009 (in percentage)

Area	2005				2007				2009			
	Moderately underweight	Severely underweight	Moderately stunting	Severely stunting	Moderately underweight	Severely underweight	Moderately stunting	Severely stunting	Moderately underweight	Severely underweight	Moderately stunting	Severely stunting
Nationwide	21.9	3.2	18.8	10.8	18.3	2.8	19.2	14.7	16.7	2.1	18.1	13.8
North West Region	24.8	5.3	17.9	17.7	22.4	4.6	21.8	15.8	22	2.5	21	14.7
Dien Bien Province	25.4	2.5	12.1	24.5	23.6	1.7	24.5	12.9	22.5	1.2	22.8	11.9

Source: NIN 2010. *Nutrition Surveillance System 2009*

The causes of child malnutrition are diverse and complex, and there is no unanimous opinion amongst researchers. A recent study on health equity related to maternal and child mortality in Viet Nam found that even though the average rates of child malnutrition have steadily declined over recent years, inequality in child malnutrition has increased.³⁸ This study found that income differences between provinces account for most of the inequalities observed in moderately stunting and underweight status of children under five. Another study concluded that children from rural areas, those in poor households and those from ethnic minority households have about 17.6, 10.9 and 14.1 per cent greater prevalence of malnutrition than those coming from urban areas, non-poor households and the Kinh majority.³⁹ However, some other studies conclude that there is only a weak relationship between household income and child nutrition status.⁴⁰ Other community factors, such as the distance from a pharmacy or providing commune health centres with sanitary toilets and ample supplies of oral rehydration salts, could also have substantial positive impacts on child health.

The contributory causes of child malnutrition in Dien Bien are illustrated in Figure 16. Local participants identified some of these causes during this study, while others were added by the research team based on our analysis. The participants in focus group discussions and the interviews with local officials and local people in Dien Bien identified three main sets of causes of child malnutrition: (i) mothers, infants and children are not fed enough nutritious food; (ii) parents often lack knowledge of childcare and nutrition; and (iii) compounding health and environmental problems.

As a health official from Tua Chua District explained: *“Malnutrition is the most urgent problem in the district. The percentage of malnutrition was 34 per cent in 2007, 32 per cent in 2008 and we expect 28.6 per cent in 2009, but we are not sure we can reach that... The main reason is a lack of eating... After giving birth, mothers mainly breastfeed children but don’t give them additional food. Even though the commune health centre periodically organises demonstrations of nutritious meals, mothers come to listen but they forget when they go back home. Furthermore, due to poor material wealth, they don’t have adequate supplies of staple foods, which leads to a high rate of malnutrition. The mothers participate in the*

³⁸ Knowles, J. C. et al (2009). *Health Equity in Vietnam: a situation analysis focused on maternal and child mortality.* Background paper prepared for the UNICEF Consultancy on Equity in Access to Quality Healthcare for Women and Children, April 8-10, 2009, Ha Long, Vietnam.

³⁹ Nguyen, T.M. and B.M. Popkin. “In an Era of Economic Growth, is Inequity Holding Back Reductions in Child Malnutrition in Vietnam?” *Asia-Pacific Journal of Clinical Nutrition* 12(4): 405-10. 2003.

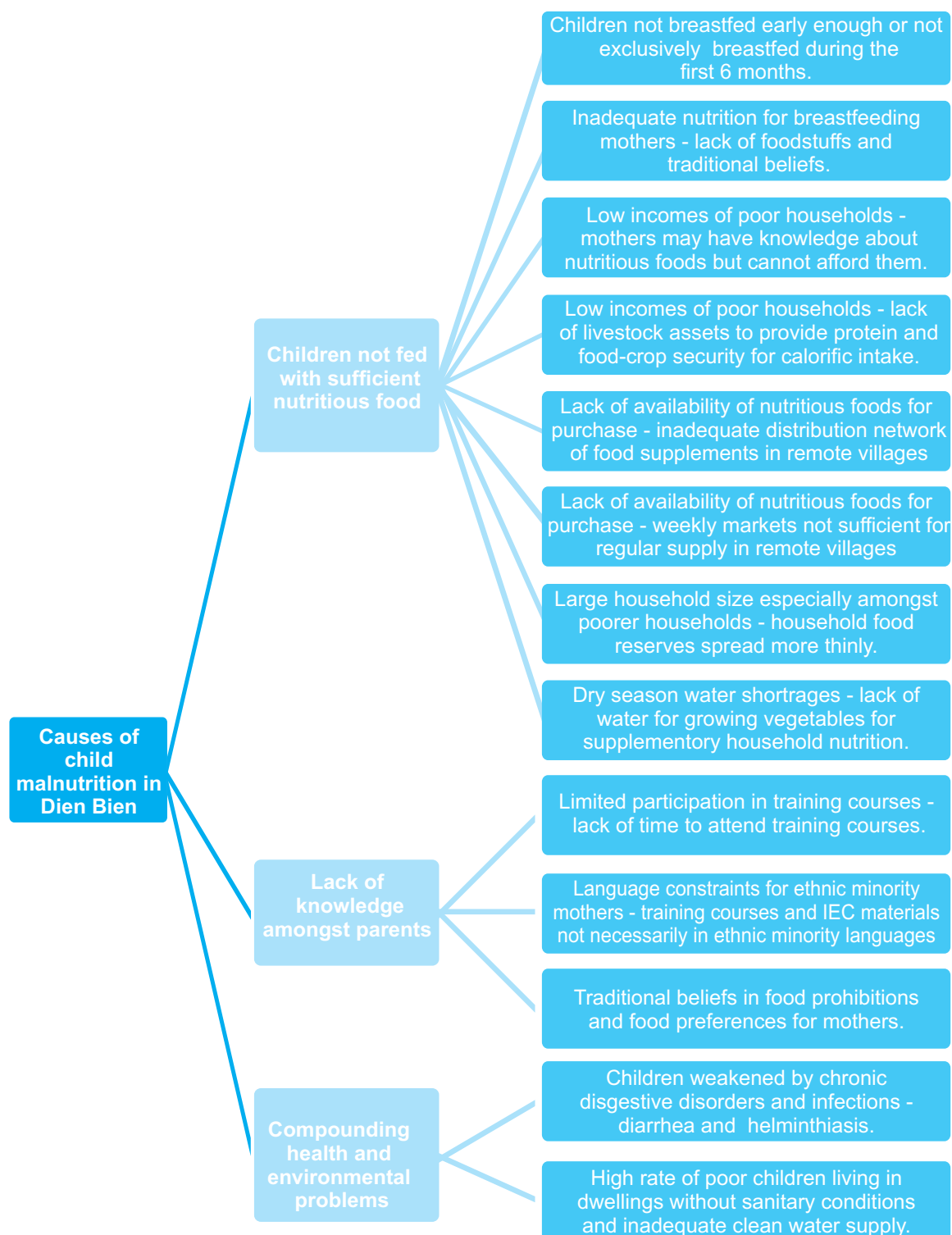
⁴⁰ Glewwe, P., S. Koch and B.L. Nguyen (2002). *“Child Nutrition, Economic Growth and the Provision of Health Care Services in Vietnam in the 1990s”*. World Bank Policy Research Working Paper No. 2776, Washington DC: World Bank.

demonstrations but they do not have food for children... In remote villages it is difficult to buy staple food even if households have money. Staple food is available in the commune centre, but for distant villages the market is open every five days and people can only buy staple foods on market day”.

Circumstantial evidence suggests that child malnutrition is concentrated in the poorest rural households and some ethnic minority communities. Local people are aware of the difficulty of ensuring equality when reducing malnutrition: *“Here we contribute 6,000 dong per day for our children to go to kindergarten, but out there for ethnic minorities, people are in a difficult situation so they can only contribute 2,000 dong per day, then it’s impossible to talk about the objective to reduce malnutrition equally. That will be difficult.”* (Group discussion with local people in Thanh Xuong Commune, Dien Bien District). Some local government staff also said that the officially reported malnutrition rate does not reflect the actual situation because of the difficulty of accurate data collection across the province. As stated by one provincial official: *“Malnutrition in Dien Bien is a difficult issue, and in practice it is very difficult to have proper statistics on it, and the malnutrition rate gets higher in more difficult areas.”*

The linkages between household crop and livestock production for food supply, household income status and expenditure patterns, and the availability of nutritious foods for mothers and infants are obviously complex. However, it is worthwhile highlighting several demographic characteristics and characteristics of the household economy in Dien Bien that are associated with this. Firstly, as indicated in Section 2.2 above, a high proportion of households in Dien Bien have over five people (46.3 per cent). In 2008, the average household size in the poorest economic quintile was 7.9 people, well above the national average of 4.12 people. Per capita incomes in Dien Bien are amongst the lowest in the country. The proportion of household expenditures spent on food, foodstuffs and fuel is also highest in the North West Region (58.7 per cent) as compared to the national average of 46.1 per cent. In an absolute sense, therefore, household food reserves and cash reserves amongst poor households are more thinly spread, even though per-capita cereal production is generally equivalent to other provinces in the northern mountains.

Figure 15. Causes of child malnutrition in Dien Bien



People in more densely populated areas have a different perspective on child nutrition. Food hygiene and safety currently pose many challenges across the country. The issue does not only affect communes in the research area. Parents of children at the primary school in Thanh Xuong Commune, Dien Bien District, expressed their concerns about junk food with unclear origin sold to pupils at stalls in front of the school: *“At the entrance to the school there are stalls selling Chinese food, the packages have no address or name of the*

manufacturers, and I know for sure they are harmful to children's health, they could even cause diseases. The issue has been discussed with the commune authorities but the issue has not been solved, they said it was not the work of the commune authority but the trade or health section. Children like this kind of food, so they buy lots of it." (Group discussion with people of Thanh Xuong Commune). According to a district report, in the first six months of 2009 the district health section investigated 170 food facilities, 245 food-trading facilities and eight food-processing facilities, and concluded that these facilities all properly followed the regulations. The research findings show that while the district authorities are making a good effort to conduct inspections and announce the findings, local people are concerned about food hygiene and safety.

4.7 Water supply and sanitation

Due to the province's geological characteristics, people in the upland communes people rely mainly on natural spring water sources, while people in the lower areas of the Muong Thanh valley mainly use underground water sources. According to the national Agriculture, Forestry and Fisheries Census in 2006, approximately 58 per cent of households in the province were reliant on spring water, 19.5 per cent on water wells, 12.5 per cent on other water sources (such as nearby rivers and streams), while less than 1 per cent of the rural population used tap water (Annex 1.31). The census also recorded very low levels of improved latrine usage in 2006, with 42 per cent of households using unimproved pit latrines and 51 per cent of households had no latrines or were not using latrines (Annex 1.32).

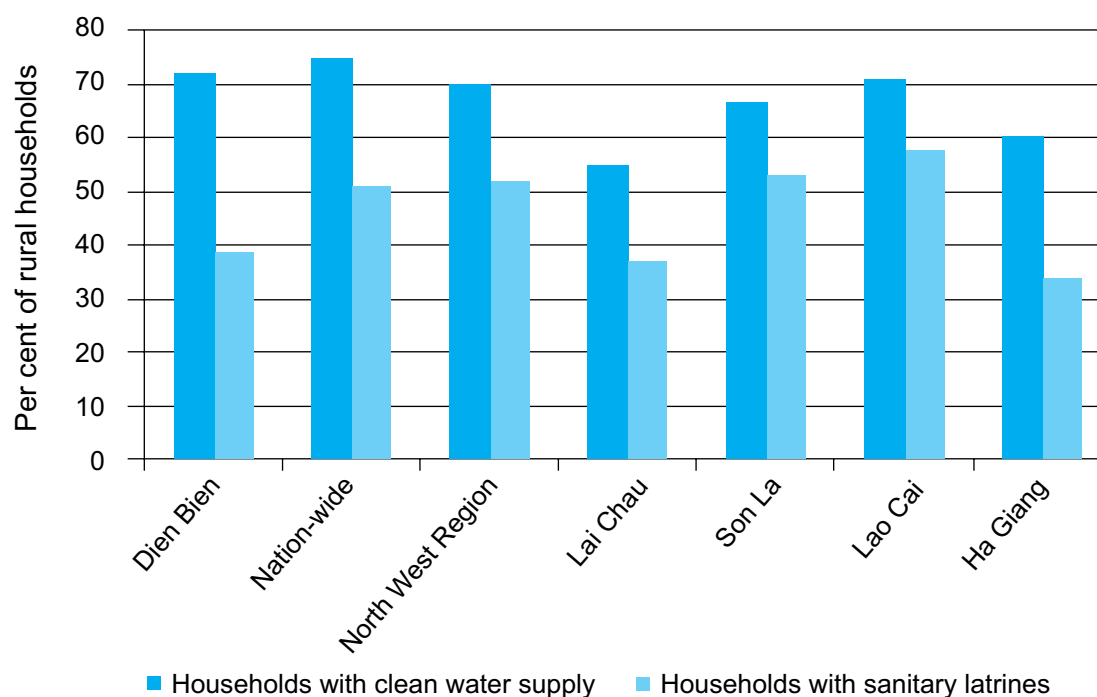
Steady progress has been made in expanding the clean water supply in recent years, but sanitation indicators continue to lag behind (Figure 16). According to 2009 statistics from the National Centre for Rural Water Supply and Sanitation (NCERWASS), out of a total of 78,212 rural households in Dien Bien, 81 per cent had access to clean water and 20 per cent to appropriate hygienic latrines, as compared to nationwide rates of 79 per cent and 54 per cent respectively.⁴¹ According to a 2009 report from DOLISA, 75 per cent of the rural population and 78 per cent of the urban population now have access to clean water.⁴² These figures broadly equate with child poverty rates based on the MICS 2006, which suggested that around 31 per cent of children in the North West Region live in dwellings without safe drinking water (the national rate is 12.5 per cent) while 75 per cent of children in this region live in dwellings without hygienic sanitation (with a national rate of 41 per cent).⁴³

⁴¹ National Centre for Rural Water Supply and Sanitation (2010). *Results of the NTP on Rural Water Supply and Sanitation for 2009*.

⁴² Department of Labour, Invalids and Social Affairs (2009). *Report on Results of Indicators of the National Action Program for Children 2001-2009. Report No.933/BC-SLDTBXH (18/08/2009)*.

⁴³ Ministry of Labour, Invalids and Social Affairs and UNICEF Vietnam (2008). *Children in Viet Nam: who and where are the poor?* .

Figure 16. National, regional and provincial rural water supply and sanitation coverage: a comparison, 2009 (in percentage)



Source: NCERWASS 2009

Other reports present slightly different figures. VHLSS results for 2008 suggest that in the North West Region as a whole, there was a substantial increase in the proportion of households using filtered spring water (i.e. settlement/filtration tanks and gravity-fed piped water supply systems) from 7.1 per cent in 2002 to 49.2 per cent in 2008. One report for Dien Bien also indicates that the proportion of rural households that are using ‘improved water supply systems’ is around 52 per cent.⁴⁴

It is likely that all these figures need to be interpreted with some caution. The number of people theoretically served by improved water supply systems does not necessarily equate to actual usage patterns. Many residents in upland communes and villages in Dien Bien still lack clean water, especially in the dry season when shortages of water are widespread. Many schemes use settlement/filtration methods, which means that water quality and hygiene are not guaranteed, especially in the rainy season. A lack of regular operations and maintenance also means that in some areas regular water supply is not ensured. In some places, commune health staff are not certain about the water quality: “People in Thanh Xuong mainly use well water. If it’s considered that clean water is tap water, then only 5 per cent have clean water... No one comes to test the quality of the well water. We only use casual methods like seeing if the well is 5 metres away from an animal stall, if it’s constructed, if the water looks clear and does not smell. There hasn’t been any assessment of whether the water meets national standards.” (Health official from Thanh Xuong Commune health centre).

There are also intra-commune differences in household water supply and sanitation status. For example, in Na Say Commune, Tuan Giao District, there are two Hmong villages situated up to 30km from the commune centre, among a predominantly Thai population (with 12 villages in total). A review conducted for UNICEF/PCFP in 2009 found that RWSS activities had not been implemented in these Hmong villages. Various reasons were given

⁴⁴ Dien Bien Provincial People’s Committee, Ministry of Planning and Investment and World Bank (2009). *Feasibility Report for the Dien Bien Poverty Reduction Project 2010-2015*.

for this, including: (i) the lack of water in high-altitude H'mong villages,⁴⁵ which means that Water, Environment and Sanitation (WES) models are not appropriate; (ii) the long distances that make communication and transport of materials difficult; (iii) the difficulty of addressing sanitation issues amongst the Hmong community; and (iv) the perceived need to demonstrate the WES models in the more accessible and favourable locations and Thai villages first.

Commune health staff in Dien Bien frequently state that unhygienic water and unsanitary household conditions are one of the main causes of common illnesses amongst children. A survey conducted by UNICEF Viet Nam amongst ethnic minority communities in Lao Cai and Gia Lai provinces in 2007 found that a high proportion of people were not aware of the potential consequences of not following proper hygiene practices and were unaware of serious diseases.⁴⁶ This study found that education and household income were the most important determining factors as far as knowledge of basic hygienic practices is concerned. People with some secondary education had an awareness level more than double the sample average, and the young were on the whole more aware than adults of hygienic practices and of disease prevention. The main recommendation made by this study was to implement measures that can improve education (especially of girls), combined with IEC activities that use both mass media and face-to-face communication methods with ethnic minority communities.

In Dien Bien, approximately 88.5 per cent of funding under the NTP on RWSS is allocated to infrastructure and 11.5 per cent to service delivery (vốn sự nghiệp), which is divided between PCERWASS and the health and education sectors. During this research, it has not been possible to ascertain the proportion of this expenditure that is allocated to IEC work. Improved approaches to sanitation IEC and Community Led Total Sanitation (CLTS) have been introduced in some pilot locations through donor-supported projects, including the UNICEF-PCFP and SNV. It is to be hoped that this will provide successful models for working with ethnic minority communities on sanitation issues, which can be replicated in the government system. However, as indicated in Section 3.9 above, particular attention should be given to potential budgetary constraints that may prohibit the scaling-up of these approaches.

4.8 Child injury prevention

In recent years, the Government has given considerable attention to strengthening child safety programmes. Even so, the number of deaths from injury amongst children and adolescents under 19 years of age nationwide has continued to increase from 6,938 in 2005 to almost 8,000 in 2008, with 48 per cent of fatalities due to drowning and 28 per cent due to road accidents. This is, therefore, a serious concern for all local government authorities and local communities.

⁴⁵ Shanks, E. (2009). *Review of UNICEF's Ethnic Minorities Programme and Work in Viet Nam*. Report prepared for UNICEF and the Committee for Ethnic Minority Affairs.

⁴⁶ UNICEF Viet Nam and National Centre for Rural Water Supply and Environmental Sanitation (2007). *Water, Environment and Sanitation Knowledge, Attitudes and Practices Survey among Hmong and Gia Rai*.

Table 13. Accidents and injuries among children and young people referred to province and district hospitals, 2008

Place and cause	Age range/percentage of accidents and injuries		
	0-4 years	5-14 years	15-19 years
Total number	381	744	828
Place of accident			
On the road	14.4	23.7	49.3
At home	76.1	51.5	27.8
At school	3.4	12.9	9.5
At work	0.5	2.6	5.9
In public places	3.1	5.8	6.5
Other	1.0	0.7	0.1
Lake, ponds, rivers	1.0	3.0	0.8
Cause of injury			
Road accident	15	18.4	25.7
Labour accident	0.4	5.6	12.7
Animal bites, stings etc.	4.7	4.6	2.7
Falling	43.8	48.4	26.3
Drowning	0.8	0.4	0.1
Poisoning by chemicals and food	10.2	4.6	7.0
Suicide	0.3	1.1	1.8
Violence and conflict	0.5	0.8	7.4
Other	9.4	11.2	15.0

Source: Department of Health.

The available data on child injuries in Dien Bien is fragmented. However, general indications are that patterns of child injury reflect those in many other places. According to DOH figures, in 2008 the provincial and district hospitals reported 6,085 accidents and injuries, of which 32 per cent (1,953) were of children under 19 years of age, and of which 64 per cent were boys (Annex 1.51). Table 13 shows the main places and causes of these injuries. In the zero to four age range, a majority occur at home and are due to falls, although it is notable that 15 per cent are due to road accidents. In the 5 to 14 age range, the location and causes of injuries becomes more diverse, with an increasing incidence of road accidents and labour-related injuries. In the 15 to 19 age range, a majority of accidents take place on the road, while both labour accidents and injuries from violence also increase. Poisoning and animal bites and stings are frequent amongst younger children. It is alarming that on an overall basis, 21 per cent of child injuries were due to road accidents, which clearly indicates that more should be done on road safety awareness amongst both parents and children.

It is likely that these hospital-reported cases underreport the number of child fatalities, as well as some types of accidents such as drowning, which are commonly handled and reported by the Police Department. The commune health centres also receive less serious cases, so the total number of accidents and injuries is higher.

According to the Police Department, between 2004 and 2008 there were 57 reported child fatalities due to drowning, of which 60 per cent were boys. Boys tend to be more active and interested in bathing in open spaces such as rivers and ponds than girls. Therefore boys face greater risks of drowning. However, drowning may also occur around the home (Box 4). These stories show that schools and local communities need to pay more attention to protect children from drowning and flash floods, and to teach them swimming skills.

Box 4. Cases of children drowning

A Hmong child was killed in a heart breaking case. His name was Vang, eight years old. He studied in the second grade in Pu Nhung Commune. His mother died when he was small. The father married another wife. Vang lived with his grandmother. In July 2009, he visited his father and was asked to cook food for the pigs. He had to climb up a water tank to get water. The water bucket was very heavy and unfortunately he fell into the tank. He drowned and was only discovered by neighbours at midday. (Tuan Giao Health Section official).

During the summer holiday in 2007-2008, four Thai children aged between 10 and 12 from Pa Luong Village in Thanh Xuong Commune went to play and bathe in a pond located in Nam Thanh. They almost drowned and tried to give signals for help. Eventually three of them were able to get help, but one died as it was too late. (Thanh Xuong Commune official).

According to local people, the main factors contributing to child injury include: (i) insufficient recreational places for children; (ii) children are not taught injury prevention skills, such as how to swim or what to do when they are bitten; (iii) a lack of supervision during out of school hours; and (iv) some children have to work in an unsafe environment. Commune health staff said that many child injuries occur when children are undertaking agricultural work or looking after livestock. As a health worker from Quai Nua Commune said: *“When children go to work they often get bee stings, or drink bad stream water. Last month one girl was brought to the clinic after looking after a buffalo, to remove a small gecko that got into her nose. At first I used tweezers to pick it out but it went deeper. Then I followed my experience to use bitter medicine to put some drops into her nose then it came out. There are many cases of bee stings, but children stay at home for one or two days then it is OK.”*

While some areas have introduced intensive awareness-raising activities on injury prevention for parents and children, in general there is a shortage of provincial funding for these activities. As of 2008, only four of nine districts and 4 of 106 communes and wards had steering committees, plans or activities for child injury prevention.⁴⁷ One priority will be to scale-up these activities in the future, especially with regard to road safety and traffic laws, drowning, safety around the home, and protection from labour-related injuries.

⁴⁷ Dien Bien Provincial People's Committee (2008) *Report on implementation of policies on child protection and child injury prevention activities in Dien Bien*. Report No.931/BC-UBND (08/2008).

CHAPTER 5. CHILD DEVELOPMENT - EDUCATION



5. CHILD DEVELOPMENT – EDUCATION

5.1 Data and information on education

There is a considerable amount of data available on education indicators in Dien Bien. However, this study found that there is a lack of consistency in some of the figures reported by different provincial agencies. Particularly with respect to enrolment, completion and graduation rates at different schooling levels, there are differences in the figures reported by DOET, the Provincial Statistics Office and DOLISA, as well as between figures reported by the province and those used by the Ministry of Education and Training (MOET). It is, therefore, not easy to gain a precise understanding of the current situation. This difficulty is compounded by the lack of sufficiently disaggregated basic population data (e.g. on the total number of boys and girls of different age groups in different areas and population groups within the province), which would enable a fuller analysis of school attendance and completion patterns.

This report uses the official figures provided in the Provincial Statistics Yearbook as the main source of information in the analysis, supplemented with data and information provided in reports from DOET and MOET. The data from different sources have been cross-checked as far as possible. Even so, it should be noted that some inconsistencies are still apparent with respect to gross and net enrolment rates at primary, lower-secondary and upper-secondary school levels.

5.2 Overall situation of kindergarten, primary and secondary schooling

Improving access to schooling and the quality of education is a high priority for the provincial authorities. As indicated in Section 3.2, in 2008 around 36.6 per cent of public expenditure in Dien Bien was on the education and training sector. The province has made considerable investments to expand and improve school infrastructure and facilities throughout the province in recent years. According to the DOET,⁴⁸ as of 2009, there were 404 schools in total, and:

- 100 out of 112 communes and wards (89.3 per cent) had central kindergartens and 1,515 out of 1,659 villages (91.3 per cent) had preschool or kindergarten classrooms;
- 100 per cent of communes and wards have at least one primary school, while primary school classrooms are integrated with the lower-secondary schools in a number of communes;
- 100 per cent of communes and wards have lower-secondary schools, while lower-secondary classrooms are integrated with primary schools in a number of communes in Tua Chua District;
- There are 28 upper-secondary schools in the province, including seven district-level upper-secondary boarding schools for ethnic minorities.

In line with the changing age profile of the child population, the total number of primary school pupils declined from 58,546 in 2005-06 to 54,486 in 2009-10, while the number of lower secondary pupils increased from 33,653 in 2005-06 to 36,169 in 2009-10 (Annex 1.39).

⁴⁸ Department of Education and Training (2009). *Plan for development of education and training in the period 2010-2015*.

The number of upper secondary pupils has remained relatively constant in this period, just above 14,000 pupils. As of 2009, approximately 60 per cent of teachers are female, 28.5 per cent are ethnic minorities and 10.2 per cent are female ethnic minority teachers (Annex 1.35).

The province has introduced capacity building for teachers and education managers, better teaching facilities and improved teaching methods, with support from the NTP on Education and Training and several donor-supported projects (Annex 1.18 & 1.23). The NTP includes projects to support school facilities, reform curricula and textbooks, and train teachers in information technology and foreign languages. A significant part of the NTP support has been to build up information technology facilities and capacity. Donor project support for education quality has included: (i) the project on Primary Education for Disadvantaged Children (PEDC), which has included building satellite schools, establishing school funds, providing essential materials, and mobilising children with disabilities to go to school; (ii) the UNICEF-PCFP, which has focused on enhancing the child-friendly school environment at kindergarten, primary and lower-secondary school level; (iii) ADB-financed lower-secondary and upper-secondary school projects; (iv) a project on comprehensive education for ethnic minority children supported by World Vision; and (v) a project on early childhood care and development supported by Save the Children UK.

The new schools have improved access to education at all levels for children in Dien Bien. This is reflected in the figures on overall enrolment rates. The universalisation of primary education has been maintained since 2000. In March 2009, MOET formally recognised the universalisation of lower-secondary education in the province (defined as 80 per cent of children aged 11 to 14 having completed primary school, while the remaining are still attending primary school).

Early childhood education

In the school year 2008-09, the rate of children attending kindergarten by age five was 94.2 per cent; the province has thereby largely achieved the 95 per cent target set out in the National Plan of Action for Children 2001-2010 (Table 5). However, the rate of children attending nursery classes was only 10.3 per cent in 2008-09. This is reflected in the low pupil-to-teacher ratio in nursery classes in Dien Bien (5.74) as compared to the national average of 11.52 (Annex 1.46). This suggests continuing difficulties in preschool access and preparation for schooling amongst young children.

There has been an expansion of commune and village level daycare centres and kindergarten classes. Even so, in some areas, access to preschools is still limited. This partly reflects a lack of preschool facilities in the remote villages, as well as household labour patterns whereby infants and young children are cared for by siblings or by parents when undertaking agricultural work. For example, Muong Bang Commune has 25 villages but only two have nursery school classes. In the focus group discussions in Muong Bang, people said that there are many children of early childhood age, in villages several kilometres away from schools, so they cannot attend preschool because their parents are busy and the children are too young to walk to school themselves through the mountainous terrain. In general, only those families located near the centre of the commune can send their children to preschools. As well as reducing the early-learning opportunities of these young children, this has a knock-on effect because elder siblings, in particular girls, may also be withdrawn from school to look after them.

According to MOET, Dien Bien is one of three provinces in the Northern Mountains Region that have no non-public preschools or kindergartens (Annex 1.44 & 1.45), although one private kindergarten started operating in 2008-09. This limits the options for parents, as they have to rely on the public school provisions. This may decrease the competitiveness and

quality of education and childcare between public and non-public sectors. The reasons for this situation should be studied further, considering elements of the demand for additional facilities, and policies to support individuals, collectives and organisations to invest in non-public preschools.

Primary education

According to DOET, in 2008-09, the number of children from 6 to 10 years old attending school was 98.7 per cent, with 1.3 per cent of children not attending in this age bracket (Table 14).⁴⁹ Around 87 per cent of primary pupils were ethnic minorities (Figure 17 & Annex 1.39). In 2008-09, around 46.3 per cent were girls, ranging from 40.7 per cent in Tua Chua District to 50.7 per cent in Muong Lay Town (Figure 18 & Annex 1.37). Of the total number of primary pupils, around 39 per cent were ethnic minority girls (Figure 19). According to the PSO, the primary school completion rate was 92 per cent in 2008 and 2009, while the completion rate for girls was lower at around 83.5 per cent (Table 16). The average number of pupils per class is 18, which compares favourably with the national average of 26 (Annex 1.46).

Table 14. School enrolment rates, 2005 – 2010

Enrolment indicators	School year				
	2005-06	2006-07	2007-08	2008-09	2009-10 (preliminary)
Primary: number of pupils	59,227	56,261	54,640	54,488	55,493
Children aged 6-10 attending (%)	94.0	95.5	96.3	98.7	99.3
Girls (%)	43.2	44.5	44.5	46.3	46.9
Lower secondary: number of pupils	32,939	32,796	34,755	36,228	37,671
Children aged 11-14 attending (%)	52.0	58.1	61.2	63.4	84.8
Girls (%)	38.6	39.3	39.9	39.8	39.6
Upper secondary: number of pupils	14,515	14,164	14,624	14,886	14,651
Children aged 15-18 attending (%)	36.0	39.5	42.9	44.7	50.5
Girls (%)	38.7	39.7	39.1	41.5	42.1

Source: Department of Education and Training

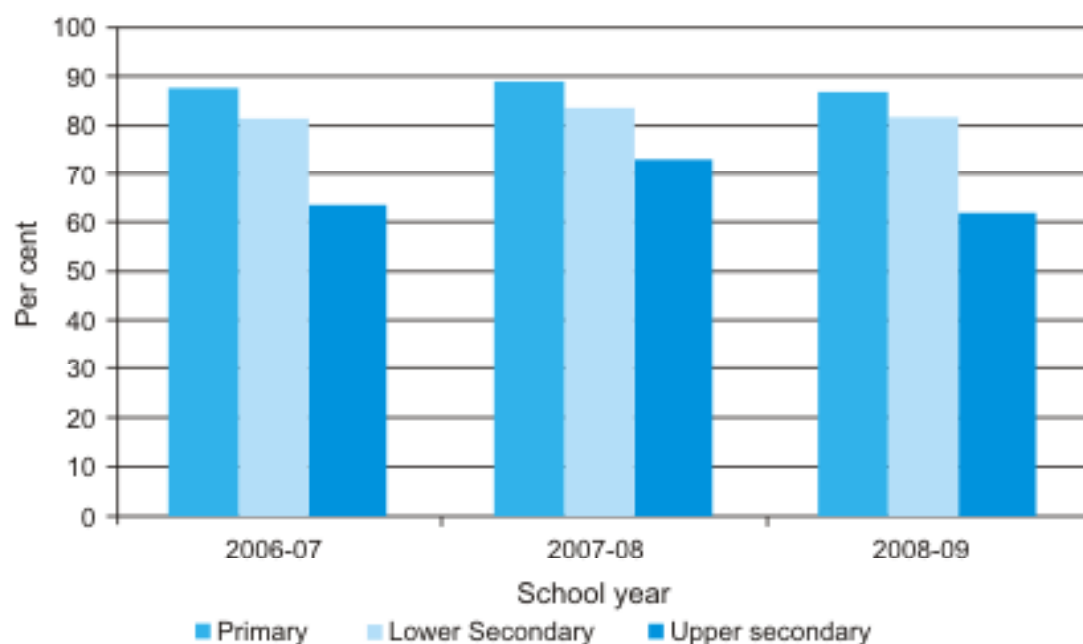
Some national surveys give lower primary school attendance rates. According to the GSO's Population, Labour Force and Family Planning Survey of 2008, around 88.4 per cent of children aged 6 to 9 in Dien Bien attend school (Annex 1.33). This is broadly equivalent to other provinces with similar socio-economic conditions in the Northern Mountains Region and compares favourably with the national rate of 90.4 per cent. According to this survey, 10.4 per cent of children from 6 to 9 years old in Dien Bien have never attended school, as compared to the national rate of 8.1 per cent.

Lower-secondary education

DOET figures indicate that in 2008-2009, 63.4 per cent of children from 11 to 14 years old were enrolled in lower-secondary school in 2008-09. Just over 80 per cent were ethnic minorities. Of the total number of pupils in 2008-09, 39.7 per cent were girls and 31 per cent were ethnic minority girls. The overall lower-secondary school completion rate was 79 per cent in 2008 and 76 per cent in 2009, while the completion rate for girls was somewhat lower at 73.5 per cent and 74.5 per cent, respectively. The average number of pupils per class is around 29.2, which compares favourably with the national average of 36.6 (Annex 1.47)

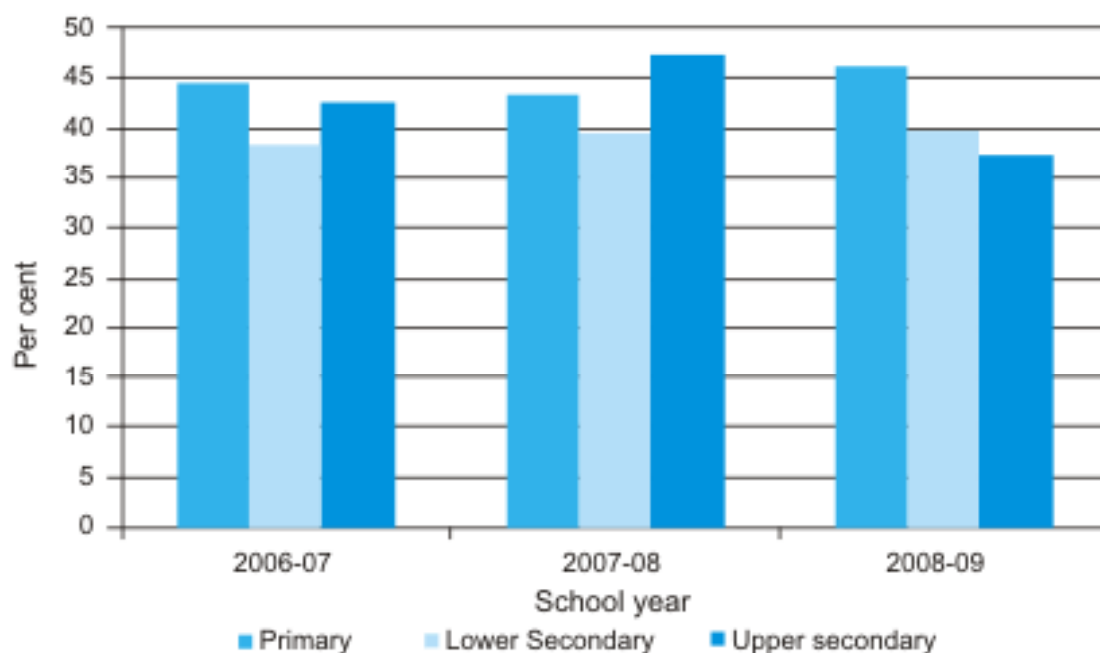
⁴⁹ Department of Education and Training (2009). *Plan for development of education and training in the period 2010-2015*.

Figure 17. Proportion of ethnic minority pupils at different grades, 2006-2009 (in percentage)



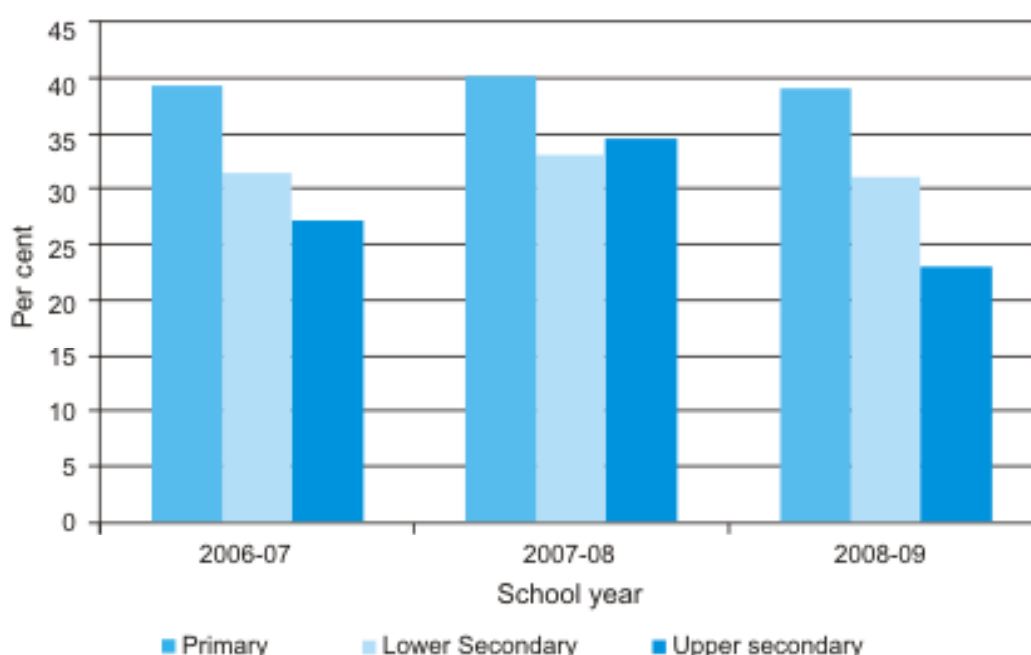
Source: Department of Education and Training

Figure 18. Proportion of girls at different grades, 2006-2009 (in percentage)



Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*

Figure 19. Proportion of ethnic minority girls at different grades (in percentage)



Source: Department of Education and Training

Table 15. School completion rates, 2008 – 2009 (in percentage)

	2008	2009
Primary (%)	91.78	91.97
Girls (%)	82.6	83.45
Lower secondary (%)	78.82	76.01
Girls (%)	73.48	74.52
Upper secondary (%)	64.4	63.12

Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*

Upper-secondary education

The upper-secondary enrolment rate was around 45 per cent in the 2008-09. Of the total number of upper-secondary pupils, 62 per cent were ethnic minorities and 41.5 per cent were girls. However, the proportion of ethnic minority girls was only around 23 per cent. The overall upper-secondary school completion rate was 64.4 per cent in 2008 and 63.1 per cent in 2009, while the completion rate for girls was marginally lower at around 60.5 per cent. Of the total number of upper secondary pupils taking final graduation exams in 2009, 49 per cent were girls, however girls had a higher graduation rate of 81.8 per cent compared to the overall rate of 74.8 per cent (Annex 1.38). The average number of pupils per class is around 40.5, which is close to the national average of 45 (Annex 1.48).

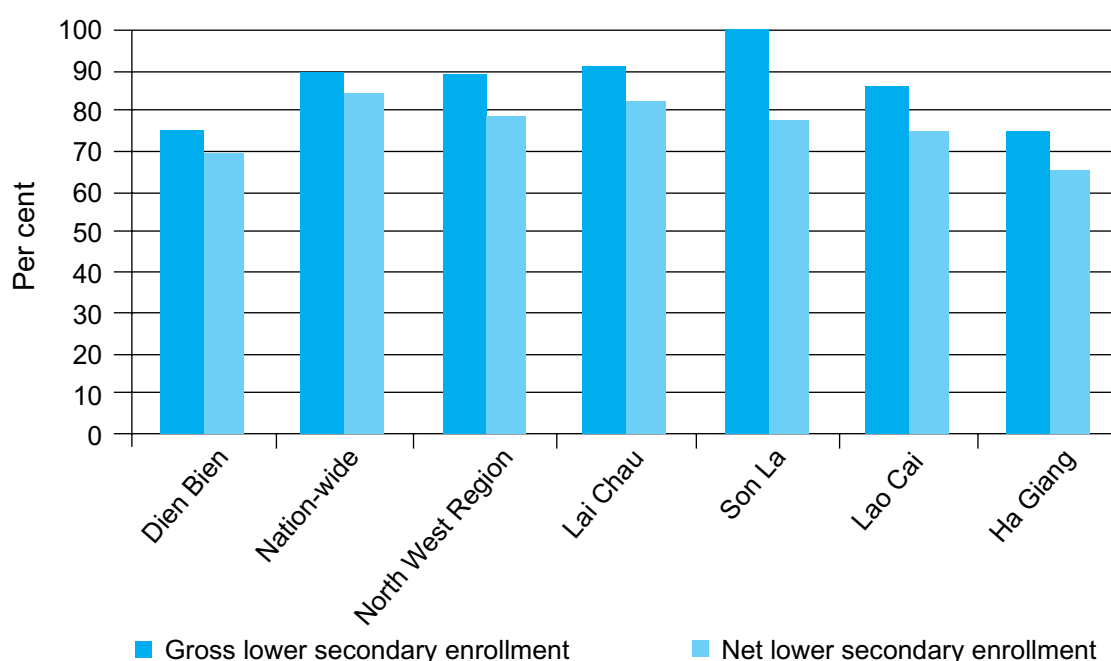
The statistics presented above reveal a number of important points about the performance of the education sector over recent years in Dien Bien:

- The province has made good progress towards achieving the child development targets set out in the National Plan of Action for Children 2001-2010, including the

rate of children attending kindergarten by age five, the primary school enrolment rate, and progress towards meeting the targets on primary and lower-secondary school completion rates (Table 15).

- As expected, the repetition rate and drop-out rate increase from primary to lower- and upper-secondary school (Annex 1.34). The repetition rate has remained relatively constant for primary and lower-secondary level in recent years, while there has been a moderate increase in the repetition rate for upper-secondary level. Similarly, the drop-out rate for primary and lower-secondary level has remained relatively constant, while for upper-secondary level it has shown a slight increase.
- According to figures provided by MOET and MOLISA, the lower-secondary school enrolment rate in Dien Bien in 2008-09 is somewhat lower than the national and regional average and the rate in neighbouring provinces (Figure 20).⁵⁰

Figure 20. National, regional and provincial lower-secondary school enrolment rates: a comparison, 2009 (in percentage)



Source: MOLISA (2009) *Child Indicators in Viet Nam 2008 - 2009*

- While the proportion of ethnic minority pupils attending primary and lower-secondary school (80 per cent to 90 per cent) almost reflects the proportion of ethnic minority children in the general population, there is a marked decline in the proportion of ethnic minority pupils attending upper-secondary school (60 per cent to 70 per cent in recent years). This indicates continued barriers to access upper -secondary school for ethnic minority children.
- While the proportion of girls attending primary school is a positive indicator (48.6 per cent in 2008-2009), the proportion of girls attending lower- and upper-secondary school is lower. Moreover, PSO figures indicate that there has not been a noticeable increase in the proportion of girls enrolled at lower-secondary school in recent years, while there has been a moderate increase in the proportion of girls enrolled at upper-secondary school.

⁵⁰ Ministry of Labour, Invalids and Social Affairs (2009). *Children Indicators in Viet Nam 2008-2009*.

- In this respect, there are substantial differences in the figures reported for each district: much lower rates of girls attend lower- and upper-secondary school in Tua Chua District (27.4 per cent and 21.8 per cent), Muong Nhe District (31.6 per cent and 33 per cent) and Dien Bien Dong District (35.6 per cent and 32.9 per cent) respectively, as compared to the other districts (Annex 1.37). Girls in more difficult districts generally have lower enrolment rates compared to their peers in better-off districts.
- For ethnic minority girls, these differences are more pronounced. While ethnic minority girls constitute around 39 per cent of all primary school pupils, this declines to around 31 per cent of lower-secondary pupils and an even lower proportion of upper-secondary pupils (23 per cent in 2008-2009). These figures confirm the results of a UNICEF study in 2008 that found the transition of ethnic minority girls to secondary schooling continues to be a major obstacle.⁵¹
- These overall figures on ethnic minority pupils mask significant differences between ethnic minority groups. It is probable that more Kinh and Thai children progress to secondary school than children from other ethnic minority groups. However, education statistics have not been disaggregated to specific ethnic groups, which would provide a complete picture of the barriers and difficulties that each group is facing. It is a high priority for future data collection and analysis to identify those ethnic minority groups in which more concerted efforts and remedial action are required to improve overall secondary schooling opportunities.
- In 2009, of the total number of children with disabilities, around 50 per cent attended kindergarten, 80 per cent primary, 30 per cent lower-secondary and 10 per cent upper-secondary school.⁵² However, the province does not have specialised schools for children with disabilities.

The SEDP consultations held by line departments in July 2009 in Dien Bien Phu City highlighted a number of key issues relating to child development and education, including: (i) the low enrolment rate of children, especially girls, from ethnic minorities due to the lack of preschool teachers; (ii) a shortage of schools and classrooms and poor facilities including school water supply and latrines; (iii) a low transition rate to secondary school due to poor living conditions and early marriage amongst girls; (iv) the low quality of all levels of education which is more serious in mountainous areas due to the shortage of teachers, especially for 'satellite' schools, poor school infrastructure, including the lack of boarding facilities, functional rooms and teacher accommodation; and (v) the weak management capacity that is more serious in mountainous areas due to a low level of experience, limited training opportunities and lack of self-learning interest.⁵³ The following sections examine some of these issues and causal factors in more detail.

5.3 Ethnic minority semi-boarding schools

Increasing the provision of semi-boarding facilities has become an important part of increasing access to schooling for children from remote villages. There has been a steady growth in the number of schools with semi-boarding facilities, from 84 schools in 2004 to 181 schools in 2009, with a planned increase in the future (Annex 1.41 & 1.42).⁵⁴ As of

⁵¹ UNICEF Viet Nam, Ministry of Education and Training and United Nations Education and Scientific Organization (2008). *The Transition of Ethnic Minority Girls from Primary to Secondary Education*.

⁵² Department of Education and Training (2009) *Report on implementation of education sector development plan in Dien Bien*.

⁵³ UNICEF Provincial Child Friendly Program (2009) *Report on consultations with children on SEDP priorities conducted on 28-29 July, 2009*.

⁵⁴ Dien Bien Provincial People's Committee (2009) *Report on improvement, maintenance and development of models on local-people supported boarding schools in the period 2004-2009, and orientation for development in 2010-2015 in Dien Bien Province*.

2008-09, around 50 per cent of primary schools, 74.5 per cent of lower secondary schools and 53.5 per cent of upper secondary schools have semi-boarding facilities. The number of semi-boarding pupils has increased from 8,619 in 2004 to 17,456 in 2009 (i.e. currently to cover around 16.6 per cent of the total number of pupils).

Many of these semi-boarding facilities were initially established by local communities themselves in response to local demand. To support their children, parents from remote villages used pieces of land near the schools to build temporary houses for them. Pupils often return home at the weekends and bring rice, salt and possibly some money to buy food, to cook by themselves after the school day finishes. Initially the growth of these schools was spontaneous and a temporary solution, with no overall plan from the province or district authorities.

External support and funding for the semi-boarding facilities has increased in recent years, from both local government resources and some donor/NGO-supported projects. Funding has also been allocated under Component IV of Programme 135-II to improve semi-boarding facilities in some areas and support poor pupils with cash or food supplements.⁵⁵ DOET has been implementing pilot models to improve the semi-boarding conditions, including hiring assistants (at around VND 450,000 per month) to support pupils to buy food and cook meals. As well as helping to ensure nutritious meals, this saves children's time for learning, reduces the fire hazard and possible injury, and ensures a proper use of funds. The family contributes 13kg of rice every month and VND 2,000 to 5,000 per day, and pupils participate in collecting firewood. Contributions from the general public and enterprises are also sought for clothes, winter garments, notebooks, mosquito nets or blankets.

Provincial support to semi-boarding pupils has increased from VND 4 billion in 2004-05 to VND 7.855 billion in 2008-09 (Annex 1.43). Due to the rapid increase in the number of semi-boarding pupils, however, it is reported from some areas that the allocation to each pupil has been reduced (from VND 70,000 to around VND 40,000 to 50,000). Provincial support still only constitutes 6 per cent of the funding for the school facilities, with the remaining 94 per cent coming from local contributions. According to the provincial report, many of the semi-boarding facilities are still in a poor condition. Many are built with simple bamboo or timber frames and mud, which does not ensure safety or sufficient light for children. Around 95 per cent of auxiliary facilities such as kitchens and water supply are in a temporary condition, and there is limited regular supply of blankets, mosquito nets and other necessary belongings. Many rooms are overcrowded and there is a lack of funds for operations and maintenance.

Despite these constraints and difficulties, it is clear that continued improvement of the semi-boarding facilities is essential for increasing access to and quality of schooling for many pupils. While not all schools can be upgraded to a high standard of construction, particular attention should be given to ensuring nutritious meals, separate and safe living quarters for girls, clean water supply and sanitation, as well as child protection issues. As indicated in Section 3.6, at the proposal of MOET, the government is currently considering a new policy decision to support semi-boarding schools and pupils, which should increase state funding.

5.4 Transition to secondary schooling for ethnic minorities and girls

There are a number of reasons why the transition to secondary schooling continues to be problematic for children from remote villages, and for ethnic minority girls and boys in particular. In this respect, the findings of this research generally confirm those of other studies. Poverty is considered to be the most important cause. Household labour demands

⁵⁵ Decision No.112/2007/QĐ-TTg dated 20 July 2007 on policies to support services, improve and increase people's living standards, and provide legal aid for legal awareness-raising under the Program 135 Phase II.

for teenage labour, and economic constraints amongst poor households are highlighted as reasons for not sending children to secondary school or withdrawing children from school. Various studies have shown that higher levels of household income and higher levels of parent's education increase the probability of girls in particular to continue school and reduce their likelihood of working. Physical access to secondary schools also plays a role in determining household decisions to keep children in school, combined with the qualification requirements.

Child labour is frequently associated with temporary withdrawal from school during peak agricultural seasons, as well as being one of the main causes of permanent discontinuation from school (see Section 6.5). According to children from the semi-boarding lower-secondary school in Muong Bang Commune: "During the harvest, many children leave school because we have to help our families. We were told by our parents to do so." Temporary absence from school has a significant impact on children's progress and results. Working children are less likely to benefit from extra classes offered outside regular school hours. Children who find it difficult to catch up often feel inferior and may permanently stop education by themselves. Despite great efforts made by the schools and teachers, they report that this situation is difficult to address.

Girls are more likely to be withdrawn from school at an earlier age, particularly in the transition from primary to lower-secondary school, in order to support their families with domestic work, as well as for marriage at an earlier age than boys. When it is necessary to care for family members, girls are more frequently pressed by parents to return home. Traditional values still give priority to completing schooling for boys, even though it has been shown that investment in girl's education is an important economic decision, as educated girls will likely bring better income, get married later and have fewer but healthier children.

MOET has issued criteria on the selection of ethnic minority pupils to attend upper-secondary boarding schools located in the district centres, for which there is an annual quota. There are a limited number of places available and not all children can attend, even if their families wish to. The quote below suggest that there needs to be clearer information about the selection criteria and process, as well as expanding these upper-secondary school opportunities for ethnic minority children. As described by local people in Thanh Xuong Commune: "Some applications to go to full boarding school are accepted, but some are not because the kids are too weak in learning. The results from primary school are considered to accept the pupil to go to secondary boarding school... The pupils who are weak already from the beginning of school can never go. Last year, two kids were accepted from this commune and this year only one. The number of kids who continue learning is very limited. When they are not accepted into full boarding school, some go back to other schools in their local area, and some don't and become non-learning children".

In group discussions, some people described how access to the district boarding schools is dependent on other factors, such as good economic conditions, having relatives or connections to help, but the poorer the family is, the more difficult it is for them to go to boarding school. These ideas need further exploration, especially in regards to a broader picture of how a government policy such as the boarding school policy can be rolled out at the grassroots level to satisfy all people. A main concern here is the need to make the local decision-making process as transparent and participatory as possible, in order to avoid social discontent among any population groups.

5.5 The costs of schooling

There are widespread school-fee exemptions for poor households in Dien Bien, and officially people's contributions only constitute around 2 per cent of education sector revenue. It has also been noted that in the North West Region in general, a lower proportion of household

expenditure is allocated to education (3.8 per cent) as compared to the national average of 6.2 per cent (Section 2.5).

Even so, during this research many opinions were expressed about the high cost of schooling. Insufficient money to buy school uniforms, materials and food (especially for semi-boarding pupils) is frequently cited as a difficulty. Many opinions were also expressed about the different types of school contributions that need to be made. When asked about this in Thanh Xuong Commune, one person responded: "This is regulated by the school. Contributions to the fund for awards and bonuses, the fund for movements, the fund for education socialisation, the fund for school dentistry. In addition to that, each class may organise contributions to buy a class flower vase, hand washing basin... about 120,000 dong of contributions per year in total." Another person from Thanh Xuong said: "Contributions for electricity, for water, for hygiene, for parking etc., quite a few. I counted 12 different types and pay 250,000 dong for my kid who is in Grade 8. That does not include the insurance money, because it is voluntary".

It is evident that the contributions that parents have to make are associated with a general lack of sufficient regular operations and maintenance funds for management of the schools. While investment in new primary, lower- and upper-secondary school infrastructure will be reduced over the next two years, investment in new preschool, kindergarten and tertiary education infrastructure needs to continue. As suggested in Section 3.6, adequate funding for operations and maintenance will be essential to maintain the quality of the new schools infrastructure and facilities in the coming years. In this respect, the model for school funds for operations and maintenance that has been introduced by PEDC may yield valuable lessons.

5.6 School facilities, materials and extra-curricular activities

In recent years, there has been more attention towards enhancing the quality of schooling, including improved teaching facilities, recreational facilities and extra-curricular activities. The UNICEF-PCFP has been instrumental in raising awareness and demonstrating models for this, through the Child Friendly School Environment approach. The Child Friendly School Environment includes an integrated package of support for water supply and sanitation, teaching aids, library books, playground facilities, short courses for teachers to upgrade teaching skills etc. This has added value to existing trends of improved school attendance rates.

While the value of this integrated approach has been clearly demonstrated in pilot locations, there are still constraints on government funding to replicate this approach to all schools in the province. According to DOLISA, 20 per cent of schools still do not have appropriate hygienic latrines.⁵⁶ In this research, it was found that some daycare centres and kindergartens have not been provided with toys or adequate learning aides; teachers have to make these themselves. Many schools in the province are also still without specially constructed playgrounds with safe equipment for children.

More widely, throughout the province there is a general lack of recreational venues and facilities specially created for children. According to DOLISA, only 22 per cent of communes and wards have met the standards for having recreation places and cultural venues for children (Table 5). This is one of the main targets under the National Plan of Action for Children (2001-2010) that the province has not achieved. As one provincial official noted: "Even in Dien Bien Phu City, there is not even a park that has a playground for children. Some private playgrounds require payment, so a majority of poor children cannot afford to play there." The local authorities have organised out-of-school classes for children in urban

⁵⁶ Department of Labour, Invalids and Social Affairs (2009). *Report on results of indicators of the National Action Programme for Children 2001-2009*. Report No.933/BC-SLDTBXH (18/08/2009).

areas, such as swimming classes and other sports, martial arts and dancing classes. The commune and ward authorities organise summer vacation activities for children whenever possible, but these activities are still quite limited (see Section 7). Extra-curricular activities in the remote communes and villages, either for recreation, additional learning or in essential life-skills are especially lacking.

5.7 Continuing education and adult literacy

The maintenance of universal primary education in Dien Bien is noteworthy. According to DOET, the literacy rate among people aged 15-25 is around 95 per cent and among people over 35 years old it is around 75 per cent.⁵⁷ Continuing education and literacy classes (pho cap xoa mu) have been maintained in rural communes in Dien Bien, while funding for these activities has been reduced or discontinued in some other provinces following the achievement of universal primary education. However, as noted in several recent national studies, accurate figures are not available on the numbers of people falling back into illiteracy.⁵⁸ The lack of national language skills, functional literacy and numeracy skills continues to be a major difficulty for many elder women and ethnic minority women. During this research, it was confirmed that many ethnic minority parents could not read or write fluently in Vietnamese. Continuing efforts in adult education for ethnic minority parents and women are therefore essential.

⁵⁷ Department of Education and Training (2009). *Report on implementation of education sector development plan in Dien Bien*, (18/08/2009).

⁵⁸ Vietnam Academy of Social Sciences (2009). *Participatory Poverty Assessment: Synthesis Report*.

CHAPTER 6. CHILD PROTECTION



6. CHILD PROTECTION

6.1 Data and information on child protection

The available statistical data on child protection indicators in Dien Bien are fragmented, and it is likely that they do not give a full reliable picture of the current situation. There is also a lack of in-depth qualitative information and understanding about some critical child protection issues. There appear to be several main reasons for these data and information gaps:

- First, the responsibility for data collection is divided between different sector agencies. For instance, child abuse data are kept by DOLISA and the Department of Justice, as well as being recorded by the police. Compiling these data from various sources, while avoiding overlap on the reported cases, is cumbersome.
- Second, data on some indicators are not available or insufficient because adequate surveys have not yet been carried out. In particular, this appears to be the case for child labour. Very limited information is available on the child labour situation in the province, in particular on the number of children exposed to the most hazardous forms of labour. This is one of the main gaps and priorities for future data collection.
- Third, because of social sensitivities surrounding issues such as HIV/AIDS, child abuse and drug use, it is likely that there is a degree of under-reporting and non-reporting. For instance, local officials believe that the number of HIV/AIDS cases is under-reported because of the difficulties of encouraging voluntary testing. Similarly, it is likely that child abuse is under-reported or in many cases not officially reported.
- Fourth, due to the absence of 'village collaborators' who specifically deal with social work, and the weak capacity of commune and village officials, data collection on child protection indicators at the community level is problematic. It is difficult for village leaders to fully capture the real situation of children in need of special protection.
- Lastly, there are inconsistencies in the reporting on child protection indicators, both over time and between administrative levels and localities. In particular, there are inconsistencies in district-level reporting on social protection support under Decree No.67 (2007),⁵⁹ which makes it difficult to aggregate these figures. For example, some district reports give the total number of people with disabilities (adults and children) who are eligible for support, others give the total number of people with disabilities receiving support but not disaggregated by age group, while other reports give the number of children with disabilities receiving support.

Improving the coverage and quality of data reporting on child protection indicators is a high priority. The main data gaps lie in: (i) basic information about and understanding of child labour; (ii) basic information on the incidence of physical or sexual child abuse; and (iii) consolidated cross-sector data reporting on child injuries. At the same time, there is a need for more consistent regular reporting on the support provided to children in need of protection.

6.2 Capacity gaps in the system of child protection

A characteristic of the child protection sector is that the responsibilities for various child protection activities are divided between many sectors and agencies, as follows:

⁵⁹ Decree No.67/2007/ND-CP (13/04/2007) on policies to support targets under social protection

- DOLISA for overall state management and coordination of child protection policies and services; management of institutional care at the provincial Social Protection Centres and community-based child protection activities; coordination of awareness-raising and prevention activities related to child protection and injury prevention; monitoring, evaluation and reporting on child protection issues and activities.

The commune authorities and village heads for the identification of children in need of special protection; and management of community-based support under Decree No.67.

- The Department of Health, commune health clinics and hospitals, for the provision of operations and functional rehabilitation to children with disabilities; registration at birth in the commune clinics and hospitals, and treatment and record-keeping on child injuries.
- The Police Department for regulation of child protection issues; handling accidents and record-keeping on child injuries, including awareness-raising on traffic regulations and safety; and dealing with cases of child abuse and trafficking and children in conflict with the law.
- The Department of Justice and commune legal cadres for birth registration procedures and record-keeping; and dealing with cases of child abuse, trafficking and children in conflict with the law.
- The Department of Education and Training and the Department of Culture, Information and Tourism for awareness-raising and teaching life skills as part of the school curriculum and extra-curricular activities for children.
- The mass associations and traditional community leaders for mobilising awareness, collective values and actions to support children in need.
- The community-level reconciliation boards (ban hoa giai), traditional community leaders, commune authorities, police and justice sector for resolving cases of intra-family and inter-family conflict and abuse affecting children.

During this study, the following capacity gaps were identified in the system of care and protection of children in Dien Bien:

- Absence of a network of local collaborators involved in childcare and protection activities, including a lack of funding for this network, a lack of professional social workers at the community level, and local people with social-work skills and experience.
- The commune authorities and village heads find it difficult to accurately assess and follow up on child protection needs in the community, and the commune legal cadres have difficulty in keeping up-to-date with birth registration requirements.
- The commune authorities, community leaders and local communities themselves lack experience with more effective approaches to dealing with new and emerging social issues and child protection issues (e.g. HIV/AIDS and drug abuse).
- The justice sector has a limited number of staff at the district and commune level to adequately follow up birth registration procedures, in addition to their other duties; and while the commune health clinics and hospitals are responsible for recording births, this often cannot be done at time of birth because many deliveries take place at home.
- Lack of resources allocated to child injury prevention – in 2008 only four out of

nine districts and four out of 106 communes had steering committees, plans or activities for child injury prevention;⁶⁰ a lack of safe recreation places for children; and limited attention to injury prevention awareness-raising and teaching life skills in extra-curricular activities of schools.

6.3 Care of children in need of special protection

Children in need of special protection include orphaned and abandoned children and children with disabilities. According to a report from the PPC, as of 2007 there were 1,693 orphaned children in the province, of whom 17.3 per cent had both parents missing, 3.7 per cent had been abandoned and 79 per cent had only one parent.⁶¹ In 2007, there were around 2,117 children with disabilities, of whom 58.5 per cent had congenital (serious) disabilities and 41.5 per cent had other disabilities (Annex 1.49 & 1.50).

The number of children who need special protection and are cared for by the provincial Social Protection Centres is limited. Most are cared for in the community, where government support is provided to some families. According to DOLISA, in the period 2007-08, around 308 children were receiving regular financial support from the government, equivalent to around 12 per cent of the total number of children in need of special protection.⁶² Of these, 198 children (64 per cent) including 58 orphans and 140 children with disabilities were receiving community-based care and financial support. In addition, 40 orphans were being cared for at the Social Protection Centres, and 70 orphans were living with 63 foster families. In 2007, the total financing for these children under institutional or community-based care was around VND 461.6 million.

These figures indicate that around 34 per cent of fully orphaned and abandoned children were in institutional care or foster care in 2007, while a further 16 per cent were receiving support in the community. District reports indicate somewhat higher rates of orphans receiving support under Decree No.67. For instance, in Tua Chua District in 2008, out of a reported number of 199 orphaned and abandoned children, 118 received social protection support in the community and 13 were placed with foster parents.⁶³ Some orphans are cared for at the SOS school, which may account for the differences in reported figures. However, this does not fully cover the number of single-parent households, or all orphaned children living with poor relatives.

Support for children with disabilities (CWD) varies according to the type of disability and household poverty status. Poor households with either adults or children with disabilities and lacking labour are eligible for financial support under Decree No.67. However, the coverage of community-based support appears to be limited. According to DOLISA figures, in 2007 only 6.6 per cent of CWD received financial assistance in the community. In Dien Bien District in 2008, out of 408 children with disabilities, only six received regular financial support.⁶⁴ Children with disabilities receive subsidised health inspections, combined with free operations and disability aides. In 2007, around 37 per cent of CWD were attending primary or lower secondary school, and received extra support for school uniforms and materials. Each year, around 200 CWD also receive scholarships with support from children's sponsorship funds and enterprises.

⁶⁰ Provincial People's Committee, Dien Bien (2008) *Report on implementation of policies on child protection and child injury prevention activities in Dien Bien*. Report No.931/BC-UBND (08/2008).

⁶¹ PPC (2008) *ibid*.

⁶² Department of Labour, Invalids and Social Affairs (2009) *Report on results of indicators of the National Action Programme for Children 2001-2009*. Report No.933/BC-SLDTBXH (18/08/2009).

⁶³ Tua Chua People's Committee (2008) *Report on status of implementation of works in 2008 and orientation for 2009*.

⁶⁴ Dien Bien District People's Committee (2008) *Report on care, protection and education of children 2008-2009*. Report No.120/BC-LD-TB&XH (01/10/2008).

As indicated in Section 3.7, it is likely that the introduction of Decree No.67 (2007) has simplified and improved the procedures for identifying and supporting families and children in need of social protection at the community level. During this research, it was not possible to fully determine the effectiveness of the target criteria and strategy, or adequacy of funding for child protection under this policy. However, as suggested above, there are indications that coverage is still limited. Decree No.67 includes 35 categories of households and individuals eligible for support, while in practice the districts and communes commonly use around six of these categories.⁶⁵ In particular, it appears that community-based support under Decree No.67 has not yet been extended to families living with HIV/AIDS. During this research, some stories were told about eligible families and children who were unable to get support, while in general local people expressed their satisfaction with the improvements made under this policy.

As stated in the Law on Child Protection, Care and Education (2004): “The government is responsible for making policies that enable children in difficult circumstances to enjoy their rights, that support individuals and families to nurture those children, that encourage individuals and institutions to provide support to those children, and that support the establishment of protection institutions where displaced children can be nurtured and cared for.” (Article 42)

In some other provinces and cities, besides the state social protection centres, there are various forms of community-based support, child counselling services, and non-profit or private sector agencies providing care and support for children in special circumstances. Operating on a small scale and with light procedures, these models have proved to be effective as part of the socialisation of child protection. In Dien Bien, while some children are cared for by foster families and in the SOS school, in general there is a lack of voluntary or private sector involvement in child protection. Similarly, child helplines are proving to be popular and effective in some provinces and cities as a way to provide confidential counselling and consultation for children. There is no helpline in Dien Bien, and for ethnic minority children from remote villages, this means of communication may not work because of a lack of access to telephones, a lack of language skills and understandable hesitancy about an unfamiliar service.

Many studies confirm the advantages of family and community-based care and support. Clearly, given the demographic and social context in Dien Bien, this will be the most appropriate and effective means of expanding and strengthening child protection services, especially amongst ethnic minority communities. Various models already exist for this, including the Community Based Child Protection Network under the UNICEF-PCFP. The key challenges for the future will be: (a) to strengthen the human resource base to facilitate the development of these community-based child protection organisations and activities; (b) to provide appropriate assistance to enable them to take increasing responsibility and leadership for social protection activities in the locality; and (c) to enhance the level of child participation in these organisations.

The recent Government decision to institutionalise the profession of social work should provide a good basis for future development of a more comprehensive and effective social protection system for families and children.⁶⁶ In the next few years, sufficient resources will need to be allocated by the province to train and build up the contingent of social workers engaged in child protection. Experience from the UNICEF-PCFP shows that in ethnic

⁶⁵ These categories are: orphans and abandoned children; elderly people with limited family support; people over 85 years old without insurance; households with either adults or children with disabilities and limited labour; isolated poor households raising children between 18 months old and 16 years old; and foster families caring for orphans

⁶⁶ Decision No.32/2010/QĐ-TTg (25/03/2010) on approval of the scheme on development of social work in the period 2010-2020.

minority communities, the effectiveness of the Community Based Child Protection Network activities is enhanced when well-respected ethnic minority women are engaged as local collaborators.

Providing effective training for ethnic minority women does, however, require additional funding for repeater-training courses over time, and on-the-job coaching, so they can fulfil this role.

6.4 HIV/AIDS awareness and prevention

There is a rapidly rising prevalence of HIV/AIDS in the North West Region of Viet Nam, particularly amongst intravenous drug users (IDUs). In 2008, Dien Bien had the highest rate of new HIV infections in the country at 149 per 100,000 people (Figure 21, Table 16 & Annex 1.30). In 2008, the province ranked sixth in the country in the total number of HIV infections, with the second-highest overall infection rate after Ho Chi Minh City, nearly three times higher than the national prevalence rate. This trend continued in 2009, with Dien Bien reporting a 45.9 per cent increase in the number of newly identified HIV infections, and the highest overall prevalence rate of 599 per 100,000 people.⁶⁷ The epidemic in the North West Region is more recent than those in large urban areas and some other provinces. As clearly recommended by the Ministry of Health, comprehensive intervention measures are critical before the epidemic in this region reaches the same level as in urban centres and older epidemics.⁶⁸

Table 16. Dien Bien: HIV/AIDS cases by year, 2006 - 2009

Indicators	Year			
	2006	2007	2008	2009
New HIV cases	422	554	852	
Cumulative number of people living with HIV/AIDS	1,550	2,104	2,956	3,920
Cumulative HIV cases in children under 16	5	12	30	
Cumulative AIDS cases	207	766	1,437	
Cumulative AIDS cases in children under 16	3	5	20	
Cumulative mortalities	125	442	921	1,099

Source: DOH Report No. 1299/BC/SYT (28/09/2009); PSO (2010) *Provincial Statistical Yearbook 2009*.

HIV/AIDS incidence is widespread in the province – with cases in all districts and in 86 out of 112 rural communes and urban wards in 2009, but with a concentration in Dien Bien Phu City and Dien Bien and Dien Bien Dong districts. A high-risk hotspot is the area around the Tay Trang international border gate with the Lao PDR in Dien Bien District.⁶⁹

As in other regions, HIV/AIDS is concentrated in the 20-29 age group (around 48 per cent) and the 30-39 age group (around 37 per cent). Most cases are male, with around 88 per cent of infection through blood transmission and 12 per cent through heterosexual transmission. The infection rate amongst IDUs is especially high, and is associated with a widespread and growing problem of drug use in recent years. Drug use is not only confined to the urban population, but also in rural areas and amongst ethnic minority populations.⁷⁰ There is also evidence of a growing rate of prevalence amongst female sex workers (FSW) and amongst midwives in rural areas. The cumulative rate of children under the age of 16 infected with HIV

⁶⁷ Ministry of Health (2010). *Summary Report on HIV/AIDS for 2009*. Report No.1991/BYT-AIDS (06/04/2010).

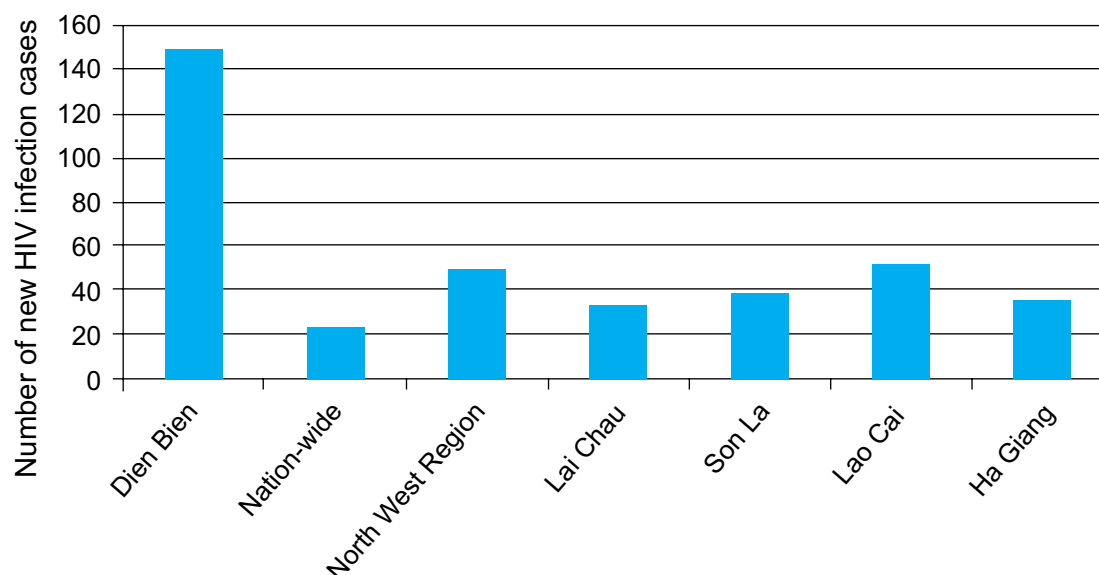
⁶⁸ Ministry of Health (2009). *Viet Nam HIV/AIDS Estimates and Projections 2007-2012*.

⁶⁹ Asian Development Bank (2009). *HIV Transmission in Vietnam-Laos Border Areas: current status and solutions*. Joint study report for the Greater Mekong Sub-region Communicable Diseases Control Project.

⁷⁰ United Nations Office on Drugs and Crime (2003). *Ethnic Minorities, Drug Use and Harm in the Highlands of Northern Viet Nam: a contextual analysis of the situation in six communes from Son La, Lai Chau and Lao Cai*.

rose from five in 2006 to 30 in 2008. It is to be expected that the rate of sexual transmission to the female population and the number of children infected through mother-to-child transmission will increase over the next few years.

Figure 21. National, regional and provincial rates of new HIV infections per 100,000 people: comparison, 2008



Source: MOH (2010) *Health Statistics Yearbook 2008*

These trends are confirmed by district reports. For instance, in Tuan Giao District in the third quarter of 2009, 68 confirmed cases of HIV were reported. Of these, 65 per cent were in the 20-29 age group, 23.5 per cent were in the 30-39 age group, five cases were under 10 years old and 68 per cent were male. It was estimated that 65 per cent were through blood transmission primarily through IDU, 25 per cent through sexual transmission, and three cases of mother-to-child transmission.

In discussions with provincial, district and commune officials, and with local people, it is clear that there is serious concern about how the linked problems of HIV/AIDS and drug use can be tackled. In discussions held at the commune level, it was sometimes difficult to openly discuss HIV/AIDS because of the sensitivities surrounding drug trafficking, drug dealing and drug use. For instance, in Muong Bang Commune, local people said that there are many drug users in some villages (e.g. people reported that in Na Ang Village, 32 out of 47 households have drug users). However, according to the commune report, the number of drug users 'managed' by commune authorities is much lower (only 25 in the whole commune). The number of people in the community with HIV is unknown because of the policy of confidentiality and antidiscrimination for patients, and inhibitions about voluntary testing.

In Dien Bien District, for example, it is reported that many different methods were introduced over the last five years, including establishing 87 HIV/AIDS prevention and drug use clubs⁷¹ with a membership of around 3,000 people. Even so, district officials say that prevention activities continue to face many difficulties. As one district official in Dien Bien District stated during this research: "...only some HIV-positive children have been identified in the district. In reality, people do not come for testing so it is difficult for us to know the exact number of mother-to-child transmissions. Parents are only tested for HIV when undergoing treatment

⁷¹ "HIV/AIDS prevention requires concrete and effective activities." *Dien Bien Phu Newspaper*. May 17, 2010.

for drug use, but people don't voluntarily go for testing. That is the factor preventing us from knowing exactly how many children have HIV. There are currently more than 1,000 HIV-positive people who were only identified when tested during their drug use treatment, not through voluntary tests. It is almost impossible for us to know all of the children who have HIV." As this district official goes on to explain: "Public education provided by the mass associations is often ineffective because it's not accepted. Target groups are invited to join clubs but the people don't often come. A number of our communes have club activities for dissemination and education but people won't join them... the younger targets are the most difficult to educate."

Intensified awareness-raising and prevention activities will therefore need to take place on a province-wide basis, demanding considerable resources over the next few years. It is likely that the prevention effort will be more difficult in Dien Bien than in some other places. One reason for this is because one of the higher-risk groups lies in the rural and ethnic minority populations. This is potentially a more diffuse epidemic than amongst FSW and their clients, or amongst IDUs in urban areas for instance. The rural population is scattered, and there are many challenges to conducting effective IEC activities within the ethnic minority population. These findings confirm those of another recent study conducted by the Medical Committee of the Netherlands (MCNV) in partnership with the Provincial Aids Committee (Box 5).⁷²

Box 5. Thai women and vulnerability to HIV in Dien Bien

This study was carried out in three villages in Thanh An Commune, Dien Bien District. The objective was to understand factors affecting the vulnerability to HIV of rural Thai women of reproductive age, including barriers to accessing HIV testing, and local practices related to contraception, pregnancy and childbirth. The study found a widespread drug use problem in the commune, with clusters of men in the same families using drugs; 67 per cent of Thai respondents and 55 per cent of Kinh respondents reported some drug use in their families. The study found that Thai women are highly vulnerable to HIV because of widespread drug use amongst male villagers and low levels of condom use. The study also found low levels of HIV testing amongst pregnant women (less than 50 per cent), associated with a lack of utilisation of antenatal care services. The Thai have a long-standing cultural practice whereby, before marriage, the male suitor moves to live with his future wife and parents-in-law to 'provide service' to them and prove his suitability as a husband or son-in-law. This study found that there has been a reduction in the length of this premarital custom over the last two decades, which may also increase women's vulnerability to HIV. The study concludes that the emphasis on 'high-risk' groups, such as FSW and urban IDUs, may neglect this predominantly rural population group.

HIV/AIDS awareness, prevention and treatment activities have been stepped up considerably in recent years. Approximately 30-35 per cent of provincial funding under the NTP on social diseases, epidemics and HIV/AIDS was allocated to the HIV/AIDS project in 2006 to 2008 (Table 1.6 above). This includes investment in an HIV/AIDS Prevention Centre and an annual increase in service delivery expenditures from VND 620 million in 2006 to VND 1.1 billion in 2009.

In Dien Bien province, there are several donor and NGO projects working on PMTCT and HIV awareness and prevention amongst children and young people.⁷³ The ADB-financed HIV/AIDS Prevention Among Youth Project, which works in Dien Bien and 13 other provinces, has introduced an integrated approach to improving the quality of dissemination on population and family planning with HIV/AIDS prevention for young people. According to a local press report, this project focuses on strengthening community-based interpersonal communication activities. This includes training and information dissemination for parents with adolescent children, lower and upper secondary school teachers, students of vocational schools, the province's social protection centre, the province's ethnic minority boarding

⁷² Medical Committee of the Netherlands (2010) *Thai Women and Vulnerability to HIV, Dien Bien Province: findings of an assessment*. Presentation to the Technical Working Group on HIV/AIDS, May 26, 2010, Ha Noi

⁷³ "Effectiveness of models on integration of HIV/AIDS prevention for youth." *Dien Bien Phu Newspaper*. June 26, 2010

schools, workers at the Dien Bien cement factory, and also for high-risk groups (drug users, sex workers, and people working in bars or restaurants). The project has selected 80 collaborators and peer-educators, and has set up 22 communication points in local communities. The project has also established Voluntary Counselling and Testing (VCT) rooms. There were 2,636 voluntary tests between December 2009 and May 2010, of which 147 were identified as HIV-positive. Local officials have confirmed the effectiveness of an integrated approach to combining and improving the quality of dissemination on population and family planning with HIV/AIDS prevention for young people.

6.5 Child labour

Child labour is one of the child protection issues about which least is known in Dien Bien. Overall estimates are available on the number of rural children involved in agricultural and domestic work for their families. There is, however, limited data on the numbers of rural or urban children involved in different types of wage labour in agriculture, or in local enterprises and industries. The Government has clearly specified legislation on child labour regulations and the most hazardous forms of work that are prohibited for children,⁷⁴ however, there are no data readily available on the numbers of children in Dien Bien involved in hazardous forms of work. This is an important priority for improved data collection and understanding.

Despite this lack of hard evidence, it is possible to make some general observations regarding patterns of child labour that may inform more detailed analysis in future. Nationwide, there have been steady reductions in the proportion of children involved in economic activity in recent years, but it is recognised that child labour continues to be a problem in rural areas such as Dien Bien. Background studies and qualitative information from our fieldwork indicates similar patterns of child labour in Dien Bien as in other comparable provinces, as follows:

- Firstly, children's involvement in economic activity is largely a rural (agriculture sector) phenomenon, and is comparatively high in the North West Region. Using VHLSS data from 2006, one study indicates large regional differences in the rate of children's work involvement, ranging from 16 per cent in the North West Region to 4 per cent in the South-Central Coast.⁷⁵ This highlights the need for geographic targeting of child labour elimination efforts.
- Child work is common in rural families. Young children are involved in domestic chores (collecting wood, carrying water, looking after infants) and many older children undertake farm work and look after livestock, as well as sideline income-earning activities (gathering bamboo shoots, collecting firewood and hunting small animals for the market etc.).
- As described in Section 5.3, child labour is frequently associated with temporary withdrawal from school during peak agricultural seasons. Household labour demand for teenage labour is also one of the main causes of permanent dropout from school amongst poor families. Lastly, girls are more likely to be withdrawn from school at an earlier age, particularly in the transition from primary to secondary school, in order to support their families with domestic work, as well as for marriage at an earlier age than boys.

⁷⁴ Inter-Ministerial Circular No.9/1995/TT-LB (13/04/1995) – this lists 81 occupations prohibited for young workers, and 13 harmful working conditions in which employment of young workers is prohibited

⁷⁵ International Labour Office, UNICEF, World Bank. (2009). *Understanding Children's Work in Viet Nam*. Understanding Children's Work Project Country Report Series.

- Children's work frequently forms part of a household's livelihood strategy for dealing with risk and vulnerability, and for improving economic opportunities. Rural households with several children may adopt a strategy whereby one elder boy is sent out to obtain casual wage labour to support the family while the younger siblings still attend school. Alternatively, the family may invest in complete schooling for at least one child so they can obtain a better-paid job in future. These are rational livelihood decisions made by these households, in order to balance the demands of agricultural labour, complete schooling for at least one or two children, as well as helping to improve the longer-term economic prospects of the family.

Recommendations given in a recent study on understanding children's work in Viet Nam are relevant to the situation in Dien Bien.⁷⁶ First and foremost, there is a need for better data on the number of children who may be involved in hazardous form of work in the province, combined with direct action to ameliorate this situation if it exists. Secondly, strengthening 'prevention measures' to reduce the flow of children into child labour, including (i) continued improvement of secondary school access and opportunities, especially for girls; (ii) enhancing remedial measures whereby children temporarily removed from school can catch up and complete schooling; and (iii) continued awareness raising amongst local communities and parents. As indicated in this study, effective implementation of these measures requires reliable information, an appropriate legal and regulatory framework, functioning coordination structures, capable and committed institutions and a mobilised and aware society.

6.6 Birth registration

Birth registration is essential to ensure many aspects of a child's future well-being and livelihood opportunities including education, healthcare and employment. Children's rights associated with birth registration are fully enshrined in Vietnamese law. The Law on Citizenship regulates basic rights of citizenship and registration (Articles 16-19). These rights are stated in the Civil Code and in the Law on Child Protection, Care and Education (Article 11). Over the last decade, the government has given increased attention to improving the procedures for household registration and birth registration. The National Plan of Action for Children (2001-2010) contains the objective of achieving 80 per cent birth registration for children under five years of age by 2005 and 90 per cent by 2010. Various sources of information indicate that a fairly high proportion of children in Dien Bien are still not registered at birth. Nationwide, according to MICS data from 2006, the rate of children under five years of age with birth registration was 87.6 per cent, while in the North West Region a lower rate of 75.3 per cent was recorded. According to the Department of Justice in Dien Bien, the rate of birth registration was only around 60-70 per cent in 2007.

As stated by a province official from DOLISA: "The percentage of children having birth certificates on time is low, in the remote communes around 60 per cent, and in some communes it may only be 30 to 40 per cent. After giving birth, parents often do not go to register their child, so many children only get birth certificates at the age of five or six, and this is one critical issue requiring improvement in the coming time..." This situation was confirmed in the study locations: "Many families only get birth certificates when children go to school or are sick and require insurance. The rate of timely birth registration in the commune is only around 40 per cent. Early birth registration is conducted only by parents with proper awareness, but the majority do not register." (Interview with an official from Thanh Xuong Commune).

There are a number of factors that contribute to this situation:

⁷⁶ International Labour Office, UNICEF, World Bank. (2009). *Understanding Children's Work in Viet Nam*. Understanding Children's Work Project Country Report Series

- Firstly, many provincial, district and commune officials say that the main reason is a lack of awareness amongst parents about child rights and the legal requirements and entitlements of birth registration. The benefits may only be realised by parents when the need arises, rather than routinely registering children at birth.
- The capacity of the justice sector is generally weak in the remote districts and communes, and IEC on birth registration is limited. This contributes to the lack of attention to this issue amongst commune officials, parents and community leaders. For example, during this research, in some localities it was found that justice work was seen as unmanageable and could not be addressed immediately. In some schools, teachers had to get the registration forms themselves and then ask the commune authorities to issue the birth certificates in order to complete the required documents for school registration.
- Even though a policy was introduced in 2007 to link birth registration to birth delivery at commune clinics and hospitals, a high proportion of births still take place at home, which means that birth registration is not automatically linked to delivery.
- Lastly, this issue is partly related to early-age marriage. Early-age marriage is generally more common in the Northern Mountains than in other parts of the country; 28.3 per cent of adolescent girls in this region will be married by the age of 19, as compared to 19.2 per cent nationwide (Annex 1.6). In Dien Bien, early age marriage is recognised as prominent amongst some ethnic minority groups. Because of a lack of knowledge about the law, these young couples may not pay attention to registration at birth, and may themselves be under the legal age of marriage. Cases of early-age marriage are normally not recorded in the locality, and are considered as a social phenomenon implicitly accepted by some ethnic communities.

There is no firm evidence regarding the level of non-registration in different population groups. Some local officials said that it is most common in remote communes and amongst ethnic minority groups such as the Hmong and Kho Mu. However, high rates of non-registration are also recorded in comparatively accessible and well-developed communes and districts, and amongst the majority Thai ethnic group, such as in Dien Bien District. Evidence does suggest, however, that non-registration is particularly high amongst migrants in border communes.

Awareness raising amongst the general public on the law and entitlements related to birth registration should be done regularly and comprehensively by the local authorities, in combination with other initiatives such as building cultural families and villages. The capacity of justice sector officials should be improved. Specific mechanisms should be introduced to facilitate birth registration amongst ethnic minority people, such as providing face-to-face guidance and mobile birth registration at the village level in remote areas. Linking birth registration activities to the legal-aid activities under Programme 135 may also be a way of achieving this.

6.7 Child abuse and children in conflict with the law

The incidence of child abuse – whether physical, sexual or psychological abuse – is another child protection issue about which there is limited information. During this research it was only possible to obtain full statistics on the incidence of different forms of child abuse from the early part of the decade (2000-2005),⁷⁷ while according to information provided by the Police Department, between 2006 to 2008 there were 17 officially reported cases of child

⁷⁷ Steering Committee 138 (2005). *Report on five-year review of Scheme 4 (2000-2005) on fighting against all kinds of criminals relating to child abuse and teenage criminals*. October 5, 2005. According to this report, from 2000 to 2005 there were 78 cases of child abuse involving 96 children, including 41 cases of rape and sexual abuse, 10 murders, 12 cases of intentional physical harm, two cases of child trafficking involving a total of 12 children, with the remaining children affected by other forms of abuse.

sexual abuse. This does not mean that more recent information does not exist, but it does suggest that such data are not widely available. Similarly, it was not possible to obtain up-to-date or fully reliable information on child trafficking, particularly with respect to the cross-border situation. Psychological or physical harm caused by bullying at school is also not reported.

In discussions and interviews with local officials, some people stated that the incidence of child abuse is on the increase. However, this may be the result of increased awareness and attention to the issue, rather than increased incidence. With respect to the circumstances and causes of child abuse, one official province report states that⁷⁸: *“The sites of the crimes are mainly remote and ethnic minority localities, where economic, social and cultural conditions are low in terms of growth and the understanding of laws among part of the local ethnic minority population is still limited. Many criminals committed a crime because they are illiterate, and have a low understanding and self-awareness of their own behaviour and consequences. The victims are young children who are easily seduced and cheated. Many children become victims of backward customs and practices, inappropriate to the ethics of Vietnamese people. Therefore this has brought a lot of difficulties for the investigations. In particular, after sexual abuse, the victims’ families sometimes reconcile with the perpetrators themselves and only file official complaints if they are not satisfied with material compensation. That creates a lot of difficulty for the work against criminals.”*

A provincial official expressed a similar viewpoint: *“Children in the remote areas are not only sexually abused when they have to stay overnight to watch the upland fields, but also when looking after buffaloes in the empty forests. There are cases where girls looking for buffaloes have been dragged into bushes and raped. The families don’t report it when the crime occurs, but usually go to reconciliation. If the reconciliation doesn’t work, then the family makes claims. In some cases the families are too poor, in some cases the criminals are reckless and do not care. These cases mainly happen in the remote areas with low literacy families. When the crime happens then the public voice of the community doesn’t have an effective response.”*

There is, however, no firm evidence to suggest that child abuse is more common in rural than urban areas, or more frequent amongst ethnic minority communities and poor households. Indeed, the research team believes it would be dangerous to make this assumption. Studies from elsewhere show that child abuse may occur across all economic categories and sections of society.

As indicated above, it is likely that there is significant under-reporting and non-reporting of child abuse, either by families, neighbours or the children themselves. Families often prefer to go through an informal reconciliation process rather than officially reporting to the police or local authorities. This highlights the need for increased awareness-raising amongst local communities on the importance of addressing different forms of child abuse. Little is known about the efficacy of informal reconciliation procedures, or reconciliation procedures according to customary law of different ethnic minorities, when dealing with child abuse. Similarly, it is not clear to what extent the ‘commune reconciliation boards’ can deal with such cases. This is one important area for future research to help strengthen community-based child protection mechanisms.

According to the Police Department, the situation of children in conflict with the law has become more complicated in recent years. This is associated with social change and the behaviour of teenagers and young adults. In the period 2006 to 2008, there were 70 reported crimes by children, involving 158 children. A majority were cases of theft, many of which were associated with drug use. This figure only includes cases that were officially handled by the authorities. In reality, the number of cases is much higher. As described by one commune

⁷⁸ Steering Committee 138 (2005) *ibid*

official from Quai Nua Commune: *"Theft happens as often as daily meals."* Analysis provided by the Police Department revealed a common pattern of drug users initially stealing from their families, then from neighbours and others. Most are adolescent boys or young men. In other cases, teenagers are overactive and want to show off to their friends. Many come from disadvantaged and unhappy families (e.g. parents divorced or imprisoned, or with a family history of crime). Many of the children in conflict with the law have also dropped out of school.

Dien Bien has tried with community-based detoxification and rehabilitation of young drug users in recent years. However, according to some provincial and district officials, the results were not been as expected. It is difficult to control the illegal drug supply and to manage drug users in the community. Similarly, collaboration between DOLISA and the Police Department to send drug users to rehabilitation centres has not proved effective in some cases. As one district official reported: *"The annual target for community-based drug use rehabilitation is 250 people per year. However, this is just cosmetic because they will reuse drugs after being reintegrated with the community. 100 per cent will return to drug use even after concentrated treatment at the rehabilitation centre for one year when they return to their community."* This is a further indication of the difficulties of confronting the linked problems of drug use and crime amongst a proportion of the young population, and HIV/AIDS in the province today.

CHAPTER 7. CHILDREN'S PARTICIPATION



7. CHILDREN'S PARTICIPATION

As a recent report by UNICEF Viet Nam suggested, children's rights to participation is a relatively new concept in Viet Nam.⁷⁹ Traditionally, the Vietnamese family provides a good protective environment for children, while gender and age define a person's status, and girls are traditionally in a weaker position than boys. In local communities, there is often a strong emphasis on meeting the needs of children, for instance through the organisation of various clubs and events, but in many ways children's rights to participation have not been institutionalised. Considerable efforts have been made to introduce more child-centred teaching methodologies in schools, but more teacher-training and capacity building is needed for this. The UNICEF report concluded that while significant efforts have been made, these initiatives remain generally ad hoc and there is a general lack of awareness amongst children and adults on how to facilitate child participation processes. The findings of this research generally confirm these observations.

In this research, questions about child participation focused on issues such as the extent to which children's viewpoints are listened to within the family (e.g. in relation to family expenditures); are they informed when parents attend school meetings or village meetings; are they involved in family decisions about school attendance; the rights of school pupils to voice their concerns about unfair treatment from teachers or from other pupils; and the extent to which children's concerns are directly reflected in the planning and budgeting process. In general, it was found to be difficult to open up discussion with children themselves about such issues. While many children express awareness about their basic rights, through teaching at school, they were less forthcoming about how to exercise their rights to participation in a broader context.

7.1 Cultural and ethnic perspectives

Given the particular socio-cultural context found in Dien Bien – with a largely rural population and a high degree of ethnic diversity – children's participation needs to be considered from a variety of perspectives. Many provincial and district leaders and officials are familiar with a rights-based approach; for instance, as related to international and national laws and conventions such as the Convention on the Rights of the Child (CRC). However, these concepts are still new to a majority of grassroots officials and local people. Expressions of children's participation are still very much linked to Neo-Confucian norms and conceptions of society that underlie Vietnamese society as a whole. This necessitates understanding the ways in which rights are articulated according to these norms, and how they are evolving in the modern-day context.

It is important to note that there are both 'formal' and 'informal' aspects to this. For example, for many Vietnamese people, the opportunities to develop 'personal affiliations' of various kinds, such as same-age groups based on education peer-groups, is of paramount importance. This is especially in order to obtain 'mutual assistance' and 'entry-points' to further opportunities in later life. Participation in these informal social groupings may be just as important as participation in formal processes and forums to promote the rights of children.

Furthermore, the question of child participation in Dien Bien needs to be looked at from the perspective of the culture of each ethnic minority group. This includes the opportunities that ethnic minority children and young adults have to engage with wider society on the one hand, and to develop and maintain their involvement with their own society on the other. As indicated in a recent study, there has been little research on how young ethnic minority

⁷⁹ UNICEF Viet Nam (2009). *UNICEF and the Children of Viet Nam*.

people perceive their futures or are adapting to new opportunities and social pressures in the modern world.⁸⁰ There is a need for such research to inform approaches to enhancing child participation. This study highlighted the need to give more attention to child-to-child communication amongst adolescents and young adults in ethnic minority communities, and enhancing learning opportunities for young women to take up informal leadership positions in their communities, in order to provide role models for younger children to follow.

7.2 Participation in family affairs

Many parents express traditional viewpoints on children's participation. As one father in Quai Nua Commune said: "When children say things that are beneficial to the family, then they should be listened to, if those things are not beneficial then they should be controlled. In general, children should listen to parents more." A female participant in the discussion group in Quai Nua Commune said: "Parents tell their children about the difficult situation of the family so that they should help their parents. At school, teachers also teach them their responsibilities at school as well as at home, and children are aware of their responsibilities to help grandparents and parents in this way, and to help teachers and friends in that way."

Many local people express the opinion that the extent of children's participation is related to the family's economic situation. As one woman in Quai Nua Commune said: "Children's rights to their interests are almost not met at all, because of their parents' difficult economic situation. It is common for parents to buy things that they think are children's 'needs' rather than their 'interests'. For example, when kids ask parents for toys, parents may only buy them sandals or hairpins, even though their eyes are wide open looking at the toys, but the family cannot afford them. It is of children's interest but it's not possible to satisfy them."

It is important to dig deeper into these expressions of the link between child participation and the family's economic situation and needs. According to the traditional Confucian upbringing, the needs of the family are paramount to the needs and rights of the individual. These are deeply held beliefs. Children may not perceive the submission of their individual interests as a problem, to the extent that their sense of belonging is dependent on the well-being of the family. For instance, as suggested in Section 6.5, poor households frequently adopt a livelihood strategy whereby they focus efforts on at least one child maintaining and completing schooling, which means that other siblings may have to withdraw from school and obtain casual employment to support them. For the latter children, it is conceivable that it is also in their interests to support their family in this way. This is not to suggest that the objectives of Education for All are not important and essential; but rather, this is a difficult but necessary area of analysis in order to understand how rights-based approaches can be extended in this social context.

7.3 Participation in community affairs

In the study locations in Dien Bien, many activities are organised for children at the community level, including Youth Union activities, festivals and summer vacation activities etc. Local people express a good appreciation of the requirements to make these activities effective and worthwhile. As described in Box 6, this not only includes the need for funding, but also good collaboration, leadership and facilitation skills amongst people working with children.

With respect to children's participation in identifying their needs and priorities for planning, for instance in schools and the local community, many local officials said there is a limited scope for this. As one district official in Tuan Giao District replied, when asked about

⁸⁰ Shanks, E. (2009). *Review of UNICEF's Ethnic Minorities Program and Work in Viet Nam*. Report prepared for UNICEF and the Committee for Ethnic Minority Affairs.

budgeting priorities for children: “In terms of priorities, many have been identified in state policy. Decree No.67 has covered almost all of them – children with disabilities, children with physical deformities – the state already has policies. For other children, I think there is less need to prioritise either, because children of poor households have received support through scholarships for children in extremely difficult communes, children who go to semi-boarding schools receive 70,000 dong per month, which means all the priorities are there. For the children in the district town, it’s sure that their parents can meet the needs even more than sufficiently”.

Box 6. Effective children’s activities in Thanh Xuong Commune

There need to be active secretaries at the village Youth Union. In some areas, there should be collaboration between the youth and women’s unions, because young people have all migrated, to organise collective activities for children. The two unions should collaborate with each other to supplement their capacity gaps in order to best organise interesting recreation activities or education about injury prevention, HIV/AIDS etc. It is important to change the way of organising collective activities for children. When the Youth Union is a bit weak, then the Women’s Union could support them. Village health workers should also be involved because they have undergone some relevant training. In short, it is necessary to have a ‘kernel person’ and collaborators, because a majority of secretaries of the grassroots youth unions are weak in capacity. Some of them even can’t apply what they have been trained in, are unable to say anything in front of children, let alone being able to provide instructions for them. This is a difficult job, therefore it needs collaboration.

Furthermore, everything requires money and the local funding is very limited. For example, the commune could only provide each village with 200,000 dong for the last Autumn Festival, no more. That already came to 5.2 million dong for the 26 villages. The commune’s revenue is very tight with more than 99 per cent relying on allocation from higher levels. It is also difficult to raise money for children from voluntary contributions, because there are other charity funds, such as for people with disabilities and poor people etc. There are usually five or six charity drives each year, therefore it is very difficult. Some villages put it in their conventions that each family has to contribute 2,000 dong each month for summer collective activities for their kids. (Consolidated comments from Thanh Xuong Commune discussion group).

An official from Dien Bien District also expressed a similar opinion with respect to education sector priorities: “The major children’s activity is learning and that is taken care of by teachers. As for the budget allocations, they’re not actually related to children. In terms of state management, based on regulations and policies issued by the state, the finance and education sectors have to make the allocation for the right targets and people. If we say that children should take part in the budgeting process, saying that they have this difficulty, that difficulty, then even if it’s submitted to the province and districts, no solution will be provided, because it is not regulated by the law.” This indicates that there are still limitations on the extent to which the local authorities can adapt the planning and budgeting process to respond to the identified needs and priorities of either children or local communities.

Some new approaches to enhancing child participation have been introduced, such as consultations with children on the SEDP, activities of the Healthy Living and Life Skills Clubs linked to behaviour change communication, and integration of awareness-raising on child rights in classroom teaching and the activities of these youth clubs etc. More widely, according to an official from DOLISA: “There have not been many dissemination activities on child rights, on what they should do or should not do, therefore the proportion of children who understand and have a good grasp on their rights and responsibilities is limited... The extra-curricular activities of schools have not yet included dissemination on child rights.”

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Annex 1.1 Nationwide and regional demographic characteristics

Region/province	Year/average population ('000 people)										Population density	
	1995	1999	2000	2004	2005	2006	2007	2008	2009	Area (km2)	Density (people/km2)	
Whole country	71,995.5	76,596.7	77,635.4	82,031.7	83,106.3	84,136.8	85,171.7	86,210.8	86,024.6	33,1051.4	260	
Red River Delta	17,078.4	17,877.8	18,055.2	18,903.8	19,107.5	19,318.9	19,488.3	19,654.8	19,625	21,063.1	932	
North East Region	7,457.2	7,845.5	7,926.8	8,176.2	8,275.5	8,363	8,451.1	8,542	8,358	57,894	144	
Ha Giang	550.3	605.9	616.6	661.6	673.1	683.8	694	705.1	727	7,945.8	91	
Cao Bang	489.2	492.1	496.5	508.2	514.2	518.7	522.1	528.1	512.5	6,724.6	76	
Lao Cai	550.1	598.5	607.2	565.7	575	583.3	593.6	602.3	614.9	6,383.9	96	
Bac Kan	254.2	276.4	280.1	295.1	298.6	302.1	305.8	308.9	295.3	4,859.4	61	
Lang Son	679.2	705.9	712.3	731.4	739.1	746	752.1	759	733.1	8,323.8	88	
Tuyen Quang	638.8	677.3	684	718.1	726.2	732.2	738.4	746.2	727.5	5,870.4	124	
Yen Bai	647.7	682.1	690.7	722.7	731.8	740	749.1	750.2	743.4	6,899.5	108	
Thai Nguyen	1,005	1,047.8	1,054.4	1,095.4	1,110	1,125.6	1,137.9	1,149.1	1,127.4	3,526.2	320	
Phu Tho	1,211.7	1,263.8	1,274.6	1,314.5	1,326.8	1337	1,348.8	1,364.7	1,316.7	3,532.5	373	
Bac Giang	1,431	1,495.7	1,510.4	1,563.5	1,580.7	1,594.3	1,609.3	1,628.4	1,560.2	3,827.8	408	
North West Region	2,065.7	2,239.8	2,278	2,524	2,563.1	2,607.9	2,648.3	2,665.1	2,737.2	37,444.8	73	
Lai Chau	535.5	593.6	604.3	308	314.7	323.6	330	335.3	371.4	9,112.3	41	
Dien Bien	NA	NA	NA	440.9	449.9	459	467.6	475.6	493	9,562.9	52	
Son La	811.7	886.5	905.9	972.6	988.4	1,005.2	1,021.5	1,036.5	1,083.8	14,174.4	76	
Hoa Binh	718.5	759.7	767.8	802.5	810.1	820.1	829.2	817.7	789	4,595.2	172	
North Central Coast	9,580.6	10,030.6	10,101.8	10,504	10,604.8	10,644	10,720.2	10,795.1	18,870.4	95,885.1	197	
South Central Coast	7,620.6	8,103.9	8,206.1	7,126.3	8,762.4	8,850.8	8,939.7	9,025.1				
Central Highland Region	3,384.8	4,096.1	4,236.7	4,673.8	4,757.9	4,854.9	4,934.1	5,004.2	5,124.9	54,640.6	94	
Kon Tum	279.5	316.6	324.8	366.1	374.8	382.7	390.6	401.5	432.9	9,690.5	45	
Gia Lai	850.7	981.5	1017	1,095.5	1,116.2	1,144.6	1,168.1	1,188.5	1,277.6	15,536.9	82	
Dak Lak	1,398.3	1,793.4	1,860.9	1,687.7	1,712.1	1,736.9	1,757.9	1,777	1,733.1	13,125.4	132	
Dak Nong	NA	NA	NA	385.8	397.7	411.9	421.4	431	492	6,515.6	76	
Lam Dong	856.3	1004.6	1034	1,138.7	1,157.1	1,178.8	1,196.1	1,206.2	1,189.3	9,772.2	122	
South East Region	9,276.3	10,218.8	10,486.1	11,501.8	11,779.1	12,097.2	12,455.7	12,828.8	14,095.7	23,605.2	597	
Mekong Delta Region	15,531.9	16,184.2	16,344.7	17,076.1	17,256	17,400.1	17,534.3	17,695	17,213.4	40,518.5	425	

Sources: (i) GSO (2007) Statistical Yearbook 2002; (ii) GSO (2009) Statistical Yearbook 2008; (iii) GSO (2010) Statistical Handbook 2009.

Annex 1. 2 Dien Bien demographic characteristics by districts

City/town/ district	Number of communes/ wards	Area (km2)	Average population 2009	Population density 2009 (people/ km2)	Average population 2006	Ethnic minority population 2006	Ethnic minorities 2006 (%)
Total	112	9,563	493,007	51.6	460,219	362,672	78.8
Dien Bien Phu City	9	64.27	48,836	759.9	47,932	10,013	20.8
Muong Lay Town	3	112.56	11,666	103.6	14,303	8,282	57.9
Muong Nhe	16	2,499.5	54,770	21.9	37,681	37,266	99.1
Muong Cha	15	1,772	52,655	29.7	47,304	45,265	95.7
Tua Chua	12	685	47,445	69.2	44,634	42,749	95.8
Tuan Giao	14	1,138	74,287	65.3	72,632	65,250	89.8
Dien Bien	19	1,639	106,398	64.9	106,477	68,006	63.9
Dien Bien Dong	14	1,209	56,709	46.9	52,242	52,101	99.7
Muong Ang	10	443.5	40,241	90.7	37,077	33,740	91.0

Source: PPC (2009) *Provincial SEDP 2008*; PSO (2010) *Provincial Statistics Yearbook 2009*.

Annex 1.3 Dien Bien: changes in population age structure, 1999 & 2008

Age group	1999			2008			
	Total (%)	Male (%)	Female (%)	Population 2008	Total (%)	Male (%)	Female (%)
0-4	14.84	14.88	14.80	48,672	10.14	10.52	9.77
5-9	14.70	14.95	14.45	49,872	10.39	10.64	10.16
10-14	13.86	14.22	13.49	58,176	12.12	12.79	11.47
15-19	10.98	10.98	10.98	57,456	11.97	12.03	11.92
20-24	8.84	8.90	8.79	41,568	8.66	8.47	8.85
25-29	7.75	7.81	7.68	36,288	7.56	7.38	7.74
30-34	6.77	6.72	6.82	36,000	7.50	7.00	7.98
35-39	6.10	6.15	6.04	35,088	7.31	7.18	7.43
40-44	4.12	4.17	4.06	29,376	6.12	6.24	6.00
45-49	2.69	2.64	2.74	27,888	5.81	5.96	5.66
50-54	2.15	2.04	2.27	17,376	3.62	3.55	3.69
55-59	1.88	1.80	1.97	11,184	2.33	2.29	2.36
60-64	1.60	1.48	1.73	8,736	1.82	1.75	1.89
65-69	1.49	1.45	1.54	6,672	1.39	1.28	1.5
70-74	0.89	0.77	1.01	6,240	1.30	1.13	1.46
75+	1.35	1.05	1.63	9,360	1.95	1.79	2.11
Total	100.0	100.0	100.0	~ 480,000	100.0	100.0	100.0

Sources: (a) GSO(2010) *Population & Housing Census 1999*; (b) *Provincial Statistics Office*.

Annex 1.4 Proportion of households by household size, region and province, 2008

Region/province	Total (%)	1 person	2 people	3 people	4 people	5 people+
Whole country	100	6.2	13	20.2	29.6	31
Northern Midlands & Uplands	100	3.7	11.5	20.4	30.8	33.7
North & South Central Coast	100	6.8	13.5	18.7	28	33
Central Highlands	100	3.6	8.9	17.6	29.1	40.8
South East	100	6.4	12.1	21.4	28.6	31.5
Mekong Delta	100	5.3	10.4	21.8	29.7	32.7
North East Provinces						
Ha Giang	100	2	5.8	13.6	27.7	50.8
Cao Bang	100	4.4	11.2	23.3	26.4	34.7
Lao Cai	100	2.8	7.9	16.7	29.9	42.7
Bac Kan	100	2.7	10	21.8	33.9	31.6
Lang Son	100	2.4	8.5	19.2	32.2	37.7
Tuyen Quang	100	3.4	11.4	23.5	33.7	28
Yen Bai	100	3.7	11.3	20.7	27.8	36.5
Thai Nguyen	100	4.6	14	24.5	33.1	23.8
Phu Tho	100	5.4	15.9	21.8	31.7	25.2
Bac Giang	100	4.9	14.4	21.4	30.9	28.4
Quang Ninh	100	5.5	13.6	21.8	34.1	25
North West provinces						
Dien Bien	100	2.4	8.8	17	25.5	46.3
Lai Chau	100	3	6.8	14.6	23.8	51.9
Son La	100	1.5	6.3	16	30.1	46.1
Hoa Binh	100	3.8	11.6	20.7	33.6	30.3
Central Highlands provinces						
Kon Tum	100	3.9	9.7	17	27	42.4
Gia Lai	100	3.1	8.3	19.2	28.7	39.7
Dak Lak	100	3	7.5	16.4	29.4	43.7
Dak Nong	100	3	8.3	15.8	29.7	43.2
Lam Dong	100	4.9	10.4	18.6	29.4	36.8

Source: GSO (2009) *Population Change, Labour Force and Family Planning Survey 2008*.

Annex 1.5 Average number of people per household by income quintile, 2004 & 2006

Region/province	Income quintile											
	Year 2004						Year 2006					
	Total	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Total	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Whole country	4.36	4.76	4.57	4.34	4.23	4.0	4.24	4.63	4.43	4.26	4.11	3.9
Red River Delta	3.92	3.81	4.15	4.06	3.87	3.7	3.84	3.67	4.10	3.95	3.82	3.6
North East	4.46	5.10	4.70	4.35	4.08	3.7	4.30	4.93	4.44	4.16	3.93	3.6
Ha Giang	5.0	5.5	4.9	4.5	4.3	3.3	5.0	6.0	5.6	5.4	4.7	3.9
Cao Bang	4.6	5.1	4.6	4.5	4.1	3.5	4.6	5.0	5.2	4.7	4.4	3.9
Lao Cai	5.1	5.9	5.0	4.5	4.1	3.6	4.8	5.7	5.5	5.4	4.3	3.7
Bac Can	4.6	5.1	4.7	4.5	3.9	3.3	4.5	5.5	4.9	4.4	4.3	3.8
Lang Son	4.8	5.3	5.0	4.6	4.3	3.9	4.6	5.1	4.8	4.8	4.3	4.0
Tuyen Quang	4.6	5.0	4.6	4.5	4.1	4.1	4.3	4.8	4.5	4.3	4.1	3.9
Yen Bai	4.4	5.2	4.6	4.2	3.7	3.5	4.4	5.5	4.9	4.8	4.0	3.6
Thai Nguyen	4.3	4.6	4.8	4.4	4.1	3.6	4.1	4.2	4.4	4.4	4.0	3.6
Phu Tho	4.3	5.0	4.5	4.2	3.8	3.5	4.0	4.6	4.3	3.9	4.0	3.4
Bac Giang	4.3	4.7	4.6	4.3	4.1	3.5	4.2	4.6	4.4	4.3	4.1	3.6
Quang Ninh	4.2	4.8	4.5	4.4	4.4	3.9	4.1	4.6	4.2	4.1	4.1	3.8
North West	5.15	5.93	5.37	4.55	3.93	3.5	4.93	5.78	4.97	4.34	3.99	3.5
Lao Chau	5.7	6.0	6.3	5.0	4.6	3.7	5.0	6.1	5.7	5.1	4.6	3.8
Dien Bien	5.9	6.9	5.5	4.8	3.9	3.5	5.6	6.3	6.4	6.1	5.4	4.5
Son La	5.5	6.5	5.6	4.7	4.3	3.7	5.2	6.7	5.7	5.4	4.9	4.0
Hoa Binh	4.4	4.8	4.7	4.4	3.5	3.3	4.3	4.8	4.7	4.5	4.2	3.7
North Central Coast	4.40	4.79	4.55	4.23	4.03	3.7	4.28	4.65	4.33	4.23	3.84	3.6
South Central Coast	4.24	4.37	4.40	4.25	4.17	4.0	4.22	4.31	4.35	4.22	4.16	4.0
Central Highlands	4.93	5.85	5.13	4.68	4.41	4.2	4.93	5.85	5.13	4.68	4.41	4.2
Kon Tum	5.0	6.3	4.8	4.9	4.5	3.9	4.9	6.4	5.7	5.2	4.1	4.1
Gia Lai	5.2	6.2	5.5	4.7	4.7	4.4	5.1	6.6	5.8	4.8	4.8	4.2
Dak Lak	5.4	6.1	5.7	5.4	4.8	4.4	5.1	5.9	5.7	5.1	4.9	4.5
Dak Nong	4.8	5.4	4.7	4.3	4.5	4.2	4.5	5.1	4.8	4.8	4.2	4.0
Lam Dong	4.7	5.3	5.1	4.5	4.5	4.0	4.6	5.5	4.9	4.6	4.3	4.0
South East	4.48	5.08	4.89	4.68	4.62	4.2	4.34	4.91	4.61	4.65	4.51	4.0
Mekong River Delta	4.47	4.80	4.72	4.50	4.41	4.0	4.32	4.57	4.56	4.39	4.18	4.0

Source: GSO (2010). VHLSS 2008.

Annex 1.6 Percentage of ever-married adolescents aged 15-19 years by age, region and sex, 2008

Region	Males (Age)						Females (Age)					
	15	16	17	18	19	15-19	15	16	17	18	19	15-19
Whole country	0.2	0.3	1.1	2.2	4.6	1.5	0.3	1.2	4.2	9.9	19.2	6.2
Urban	0	0.1	0.5	1	2.8	0.8	0.1	0.6	2.3	5.8	11.6	3.9
Rural	0.2	0.4	1.3	2.6	5.3	1.7	0.4	1.4	4.7	11.2	22.1	6.9
Northern Midlands and Uplands	0.8	1.3	3.1	5.4	11	3.9	1.2	2.8	7.3	16.2	28.3	10
Red River Delta	0	0.2	0.3	0.5	1.5	0.4	0.2	0.4	1.4	7.5	16.5	4.4
North Central and South Central Coast	0	0.1	0.8	1.4	2.6	0.8	0.1	0.8	3.4	6.7	14.5	4.1
Central Highlands	0.4	0.3	1.6	3.3	7.9	2.3	0.8	2.2	5.7	14.1	25.8	8.1
South East	0.2	0	0.8	1.1	2.9	1	0	0.6	3.6	7.1	14	5.3
Mekong River Delta	0.1	0.3	1	3.1	6	2	0.2	1.5	5.8	12	23.1	8.1

Source: GSO (2009) *Population Change, Labour Force and Family Planning Survey 2008*.

Annex 1.7 Dien Bien: Ethnic groups

No	Ethnic group	Location	Population
1	Thai	Dien Bien, Tuan Giao	38.4%
2	H'mong	Tua Chua, Dien Bien Dong	29.6%
3	Kinh	Dien Bien Phu City, district towns	20%
4	Dao	Muong Nhe, Tua Chua	
5	Kho Mu	Dien Bien, Tuan Giao, Dien Bien Dong, Muong Cha	
6	Ha Nhi	Muong Nhe	
7	Giay	Dien Bien Phu City, Muong Lay Town, Tuan Giao, Tua Chua, Dien Bien	
8	La Hu	Muong Nhe	
9	Lao	Dien Bien, Dien Bien Dong	
10	Lu	Mixed with others	
11	Hoa	Muong Cha, Tua Chua	
12	Khang	Tuan Giao, Muong Cha, Muong Nhe	
13	Mang	Muong Lay, Dien Bien Phu	
14	Tay	Dien Bien Phu City and Dien Bien District	
15	Cong	Muong Nhe, Dien Bien, Dien Bien Phu	
16	Xinh Mun	Dien Bien Dong (Chieng So Commune)	
17	Lo Lo	Mixed with others	
18	Si La	Muong Nhe, Muong Lay	
19	Nung	Dien Bien Phu, Dien Bien Dong	
20	Muong	Dien Bien Phu, Muong Lay	
21	Phu La	Tuan Giao, Dien Bien Dong	

Source: Dien Bien Phu Newspaper archives.

Annex 1.8 Poverty rate based on new Government poverty line and General Poverty rate by expenditure, 2006 & 2008

Region/province	Poverty rate (%)		General poverty rate (%)	
	2006	2008	2006	2008
Whole country	15.5	13.4	16.0	14.5
Urban	7.7	6.7	3.9	3.3
Rural	18	16.1	20.4	18.7
Red River Delta	10.1	8.7	8.8	8.1
North East Region	22.2	20.1	25.0	24.3
Ha Giang	41.5	37.6		
Cao Bang	38	35.6		
Lao Cai	35.6	33.2		
Bac Kan	39.2	36.8		
Lang Son	21	19.3		
Tuyen Quang	22.4	20.6		
Yen Bai	22.1	20.4		
Thai Nguyen	18.6	16.5		
Phu Tho	18.8	16.7		
Bac Giang	19.3	17.5		
Quang Ninh	7.9	6.4		
North West Region	39.4	35.9	49.0	45.7
Lai Chau	58.2	53.7		
Dien Bien	42.9	39.3		
Son La	39	36.3		
Hoa Binh	32.5	28.6		
North Central Coast	26.6	23.1	29.1	22.6
South Central Coast	17.2	14.7	12.6	13.7
Central Highland Region	24	21	28.6	24.1
South East Region	4.6	3.7	5.8	3.5
Mekong Delta Region	13	11.4	10.3	12.3

Source: GSO (2010). VHLSS 2008.

Annex 1.9 Dien Bien: ethnic minority poverty rate by dishict 2007, 2008 & 2009

Dishict	2007				2008				2009			
	Total number of households	Poor households (%)	Number of poor households	Number of poor ethnic minority households	Total number of households	Poor households (%)	Number of poor households	Number of poor ethnic minority households	Total number of households	Poor households (%)	Number of poor households	Number of poor ethnic minority households
Total												
Dien Bien Phu City	11,758	1.3	147	140	11,889	1.0	118	114	14,187	1.1	155	155
Muong Lay Town	3,921	9.8	385	381	4,008	5.2	207	203	2,931	5.3	155	155
Muong Nhe	6,507	72.0	4,684	4,684	8,773	66.2	5,804	5,804	9,591	58.5	5,614	5,614
Muong Cha	7,889	41.5	3,271	3,271	9,361	55.3	5,172	5,172	9,476	55.1	5,220	5,220
Tua Chua	7,400	51.2	3,789	3,789	7,798	55.0	4,287	4,287	8,563	51.6	4,421	4,421
Tuan Giao	19,064	51.3	9,780	9,780	13,857	38.4	5,315	5,315	14,756	35.0	5,168	5,168
Dien Bien	22,404	32.9	7,362	7,362	23,485	22.3	5,239	5,239	24,961	18.3	4,565	4,565
Dien Bien Dong	8,130	48.3	3,928	3,928	9,045	50.6	4,579	4,579	9,643	49.8	4,804	4,804
Muong Ang					7,961	58.3	4,638	4,638	7,834	53.4	4,180	4,180

Source: Department of Planning and Investment, Dien Bien.

Annex 1.10 Child poverty estimates using VHLSS & MICS, 2006 & 2008

Region/population group	2006			2008	
	VHLSS (a)		MICS (b)	VHLSS (a)	
	Monetary child poverty rate (%)	Multidimensional child poverty rate (%)	Multidimensional poverty rate (%)	Monetary child poverty rate (%)	Multidimensional child poverty rate (%)
Whole country	22.6	30.7	36.65	20.7	28.9
Urban	5.4	11.3	12.04	4.9	12.5
Rural	27.6	36.3	43.40	25.9	34.3
Region					
Red River Delta	13.2	9.7	11.26	12	10.4
North East	34.1	36.2	58.76	32.5	35.8
North West	58.9	63.1	77.65	55.5	64.6
North Central Coast	38	25.8	30.95	32.1	23.3
South Central Coast	16.7	18.5	28.79	19.4	19.4
Central Highlands	37.2	39.3	40.53	33.5	38.7
South East	9.1	20.2	22.63	5.5	14.8
Mekong River Delta	12.6	56.3	59.95	15.5	52.8
Sex					
Male	22.4	30.5	36.86	19.2	28.4
Female	22.9	31	35.42	22.3	29.5
Ethnicity					
Kinh/Chinese	14.5	24.1	28.27	12.7	22.4
Other	61.3	62.3	78.09	60.7	61.5

Sources: (a) GSO Vietnam Households Living Standards Survey 2006 & 2008; (b) GSO (2007) Multiple Indicator Cluster Survey 2006.

Annex 1.11 Dien Bien: Gross Domestic Product at constant prices by economic sector 2005 - 2009

VND million

Year	Total (VND million)	Agriculture, forestry and fisheries (VND million)	Industry and construction (VND million)	Services (VND million)
2005	1,155,926	453,409	239,820	462,697
2006	1,281,229	480,800	273,687	526,742
2007	1,423,935	473,912	317,210	632,813
2008	1,583,898	502,582	368,672	712,644
2009 (preliminary)	1,779,056	542,614	441,181	795,261

Index (previous year = 100%).

Year	Total (%)	Agriculture, forestry and fisheries (%)	Industry and construction (%)	Services (%)
2005	110.16	106.32	103.79	117.52
2006	110.84	106.04	114.12	113.84
2007	111.14	98.57	115.90	120.14
2008	111.23	106.05	116.22	112.62
2009 (preliminary)	112.32	107.97	119.67	111.59

Source: PSO (2010) Provincial Statistical Yearbook 2009.

Annex 1.12 Monthly income per capita 2004, 2006 & 2008

Region/province		2004				2006				
	Total (VND '000)	Salary & wage (%)	Agriculture, forestry & fisheries (%)	Non-agriculture, forestry & fisheries (%)	Other (%)	Total (VND '000)	Salary & wage (%)	Agriculture, forestry & fisheries (%)	Non-agriculture, forestry & fisheries (%)	Other (%)
Whole country		484,4								
Red River Delta		488,2								
North East		379,9				511,2				
Ha Giang		247,1	20.9	62.3	5.5	11.3	329	28.2	50.1	10.3
Cao Bang		278,7	25.7	41.7	13.1	19.5	395	33.1	34.8	10.4
Lao Cai		280,1	26.9	47.3	15	10.9	400	29.7	44.5	12.8
Bac Kan		272,0	29.3	46.4	11.8	12.5	388	32.5	44.8	11.2
Lang Son		348,7	23.8	46.7	15.5	14	455	21.9	41	18.3
Tuyen Quang		341,4	26	44.5	16.3	13.2	450	26.6	40	18.5
Yen Bai		327,9	24.1	42.8	16.3	16.8	424	27.3	38.1	13.2
Thai Nguyen		396,8	30.2	35	17.6	17.2	555	30.7	28.8	17
Phu Tho		370,1	27.8	35.6	15.7	21	520	30.1	26.4	15.4
Bac Giang		392,4	22.3	42.6	19.6	15.5	490	28.2	40.6	14.8
Quang Ninh		671,8	43.3	18.1	19.4	19.2	867	46.9	16.1	18
North West		265,7					372,5			19
Lai Chau		215,7	25.4	56.1	10.3	8.2	273	25.3	57.8	5.1
Dien Bien		224,2	23.1	56.9	5.9	14.1	305	26.7	49.1	9.2
Son La		277,1	20.8	61	8.7	9.6	394	20.7	51.1	18.4
Hoa Binh		292,0	30.5	42.3	8	19.2	416	34.4	37.7	8.2
North Central Coast		317,1					418,3			
South Central Coast		414,9					550,7			
Central Highland Region		390,2					522,4			
Kon Tum		340,4	28.4	41.4	18.6	11.5	445	35.2	37.8	13.5
Gia Lai		369,3	31.1	42.1	19.5	7.3	498	30.3	35.6	21.9
Dak Lak		385,3	19.8	50	20.7	9.5	507	21.5	49.7	19.4
Dak Nong		356,9	16.2	63.4	11.6	8.9	500	17.1	67.5	8.8
Lam Dong		443,7	22.5	45.6	21.5	10.3	596			6.6
South East Region		833,0					1,064,7			
Mekong Delta Region		471,1					627,6			

Annex 1.12 Monthly income per capita, 2004, 2006 & 2008 (continued)

Region/Province	2008				
	Total 1000 VND	Salary & wage (%)	Agriculture, forestry & fisheries (%)	Non-agriculture, forestry & fisheries (%)	Other (%)
Whole country	995,2				
Red River Delta	1048,5				
North East	768,0				
Ha Giang	474,6	30.5	51.2	10.9	7.5
Cao Bang	586,4	30.1	36.2	12.9	20.8
Lao Cai	611	25.3	48.3	15.3	11.1
Bac Kan	558,1	31.5	44.8	10.5	13.2
Lang Son	691,4	26.1	38.5	19.1	16.3
Tuyen Quang	668,5	25.4	40.7	19.7	14.2
Yen Bai	636,3	31.1	39.1	14.5	15.3
Thai Nguyen	850,7	32.8	26.4	21.5	19.3
Phu Tho	793,2	34	27.2	13.7	25.1
Bac Giang	710,5	29.9	39.5	16.6	13.9
Quang Ninh	1,328,3	47.3	13.4	20.7	18.7
North West	549,6				
Lai Chau	414,2	26.1	54.4	9.2	10.3
Dien Bien	485,1	24.1	52.3	14	9.7
Son La	571,6	22	50.9	17.1	10
Hoa Binh	612	37.3	36.6	9.6	16.5
North Central Coast	641,1				
South Central Coast	843,3				
Central Highland Region	794,6				
Kon Tum	663,9	32.9	41.3	16.2	9.6
Gia Lai	754,8	32.2	38.4	19.6	9.8
Dak Lak	784,8	22.3	46.4	20.3	11.1
Dak Nong	765,5	15.5	63.7	13.1	7.8
Lam Dong	903,9	24.5	46.6	19.2	9.7
South East Region	1,649,2				
Mekong Delta Region	939,9				

Source: GSO (2010) VHLSS 2008.

Annex 1.13 Production of cereals: rice and maize per capita, 2000 - 2008

Region/province	Production of cereals (rice & maize) per capita (kg)					
	2000	2004	2005	2006	2007	2008
Whole country	444.9	482.5	476.8	471.2	472.5	501.8
Red River Delta	390.9	385.6	353.5	365.9	352.8	366.5
Northern Uplands	287.5	356.6	360.6	361.1	386.9	390.7
Ha Giang	313.5	362	367.7	364.1	363.8	397.5
Cao Bang	330.7	380.2	402	381.3	438.8	448.6
Lao Cai	249.3	304	316.7	314.8	336.6	331.7
Bac Kan	312.4	400.9	426.7	408.5	485.6	491.4
Lang Son	266	363.4	377.1	346.6	383.2	362.8
Tuyen Quang	326.2	422.5	425.2	419.9	441	434.1
Yen Bai	246.3	279.8	277.3	288.8	291.1	287.0
Thai Nguyen	281	336.9	339.9	338	350.8	356.9
Phu Tho	254.8	320.9	324.2	305.4	301.3	308.7
Bac Giang	332.5	382.4	380.2	369	366.1	349.7
Lai Chau	289.3	346.1	386.8	405.4	416.4	470.3
Dien Bien		386.3	392.5	404.4	402.1	419.9
Son La	269.2	361.8	360.5	406.1	580.3	568.8
Hoa Binh	277	378.6	359.3	397.5	384.8	425.5
Central Coast Region	291	341.2	317.2	347.5	334.9	351.8
Central Highland Region	214.1	327.6	353.2	390.3	389.8	406.2
Kon Tum	199.8	269.6	261.8	264.2	269.1	263.5
Gia Lai	235.8	344.6	380.2	417.3	413.9	408.4
Dak Lak	242.5	432.2	436	527.7	501.5	537.6
Dak Nong		313.9	491.8	515.9	537.5	628.5
Lam Dong	146.1	179.6	186.6	158.6	189.4	178.4
South East Region	148.7	144.5	139.8	131.3	135.6	137
Mekong Delta Region	1025.1	1097.4	1129.4	1055.1	1076.9	1181.8

Source: GSO (2009) *Population Change, Labour Force and Family Planning Survey 2008*.

Annex 1.14 Comparative health, water supply and sanitation and education indicators

Indicator	Dien Bien	Nation-wide	North west region	Lai Chau	Son La	Lao Cai	Ha Giang	Source
Poverty rate 2006 (%)	42.9	15.5	39.4	58.2	39	35.6	41.5	a)
Poverty rate 2008 (%)	39.3	13.4	35.9	53.7	36.3	33.2	37.6	a)
IMR (‰)	33	15	25.5	33	28	23	40	b)
Fully immunised children under one year of age (%)	93	93.9	95.1	94.8	93.7	95.5	92.2	b)
Moderately underweight children under five years of age (%)	22.5	16.7	22	20.8	19.6	24.3	23.2	c)
Commune clinics with a doctor (%)	27.5	65.9	32.4	2.5	29.5	20.1	31.8	b)
Communes with a midwife/junior delivery doctor (%)	90.6	93	86.2	83.7	99	78	90.8	b)
Communes meeting national health standards (%)	32.8	55.5	18.3	25.5	17.2	34.8	67.2	b)
Rate of new HIV infections per 100,000 people	148.9	23.5	49.3	32.8	39	52.3	35.3	b)
Cumulative HIV infections per 100,000 people	595.5	208.5	375.3	179.6	532.6	192.4	112.3	b)
Households with clean water supply (%)	72	75	70*	55	67	71	60	d)
Households with sanitary latrines (%)	39	51	52*	37	53	58	34	d)
Gross primary school enrolment rate 2008-09 (%)	103.8	100.2	100.5	101.9	99.7	97.9	95	e)
Net primary school enrolment rate 2008-09 (%)	96.4	97	97	98.4	96.9	95.6	94	e)
Gross secondary school enrolment rate 2008-09 (%)	75.4	89.7	88.9	91.2	990.9	86	75.2	e)
Net secondary school enrolment rate 2008-09 (%)	69.75	84.4	79	82.8	78.2	75.6	65.5	e)

Sources: (a) GSO (2010) *VHLSS 2008*; (b) Ministry of Health (2008); (c) National Nutrition Surveillance System; (d) National Centre for Rural Water Supply and Sanitation (2008); (e) Ministry of Education and Training.

Annex 1.15 Dien Bien: Budget revenue , 2005 - 2009

Unit: VND billion

Revenue source	2005	2006	2007	2008	2009 (preliminary)
Total revenue	1,896.286	2,074.613	2,020.990	2,756.833	3,247.429
A. Revenue in local area	110.573	139.889	156.798	311.206	385.550
A1. Domestic revenue	108.008	135.807	156.108	306.979	383.650
A1.1 Revenue from central economy	7.256	9.032	9.365	4.954	11.0
A1.2 Revenue from local economy	100.677	126.682	144.900	301.914	372.500
-Revenue from State sector	21.326	28.708	33.153	30.405	28.235
-Revenue from non-state sector	27.593	35.855	53.067	72.524	83.701
-Agriculture land-use tax		0.387	0.431	0.320	0.320
-Tax on income		0.172	0.238	0.704	5.9
-Other revenue	51.758	61.560	58.011	197.961	254.344
A.1.3 Revenue from foreign investment sector	0.75	0.93	1.843	0.111	0.150
A2. Export and import duties	2.565	4.082	0.690	4.227	1.9
B. Subsidies from central budget	1,551.327	1,550.737	1,470.920	2,026.676	2,107.911
C. Other	148.966	383.987	393.272	418.951	735.968

Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*.

Annex 1. 16 Dien Bien: State Budget expenditure, 2005 - 2009

Unit: VND billion

Year	2005	2006	2007	2008	2009
Total expenditure	1,755.497	1,925.391	2,639.021	2,691.242	2,834.298
A.Expenditure on development investment	470.377	434.480	503.278	469.211	912.395
-Of which: Capital expenditure	468.816	433.280	471.625	468.301	301.616
B.Recurrent expenditure	738.446	730.684	1,019.444	1,440.557	1,920.903
B1. Expenditure on general public administration	139.903	175.321	219.474	265.947	322.437
B2. Expenditure on economic services	59.929	62.305	85.529	138.978	230.591
B3. Expenditure on social sectors	352.523	462.346	668.461	985.890	1,300.258
-Education and training	258.086	344.432	497.627	763.004	903.814
-Healthcare	42.720	61.352	113.586	143.684	249.095
-Pension and social relief	33.142	30.310	13.011	22.306	54.934
-Others	19.125	26.261	44.237	56.896	92.415
B4. Other recurrent expenditures	204.666	30.12	45.980	49.742	67.617
C.Contribution to central state budget	-	-	-	-	-
D.Other expenditure	546.674	760.227	1,116.299	781.474	1.000

Source: PSO (2010) *Dien Bien Statistical Yearbook 2009*.

Annex 1. 17 Dien Bien: Financing specific state/province objectives 2007- 2009

Budget category	Year (VND billion)		
	2007	2008	2009
Total	195.826	281.86	262.496
Support for Resolution No.37 a)	39.7	53.840	75.370
ODA counterpart funds	7	8	12
Support for border gate economic zone infrastructure	15	15	15
Support for tourism infrastructure	10	10	10
Investment under Decision No.120 b)	11	11	11
Support for border management	14	15	16
Support for province & district health investment	15	15	13
Support for radio broadcasting in northern mountain provinces	3	3	2
Support for resettlement in landslide areas: Decision No.193	3.5	5	3
Support for project on computerisation of Party offices	2.626	1.320	2.126
Support for newly divided provinces & districts	20	15	20
Support for commune office construction	10		4
Support for investment in drug rehabilitation centres		6	6
Support for development of small-population ethnic groups (Si La)		5	3
Support for agriculture product market infrastructure	3		
Support for fisheries infrastructure	4		
Support for village industries infrastructure	3		
Support for forest development		4	
Supplementary investment under National Assembly resolutions		20	
Support for Decision No.134 c)		76.7	
Support for cultural/tourism conservation		18	20
Support for commune block centres			5
Support for investment in education and health from lottery			8
Support for ethnic minority resettlement: Decision 33 d)			6
Support for sustainable development of Laos border			11
Other			20

Source: Provincial SEDP 2007, 2008 & 2009.

- Resolution No.37/2004/NQ-TW of the Communist Party of Viet Nam Politburo on the orientation of socio-economic development and assuring national defence and security in the midlands and northern mountainous areas by 2010.*
- Decision No.120/2003/QD-TTg on the program of support to development of provinces along the border with China.*
- Decision No.134/2004/QD-TTg on policies on support for production land, residential land, residential houses and domestic water supply for poor ethnic minority households.*
- Decision No.33/2007/Qd-TTg on policies to support relocation of ethnic minority inhabitants for sedentary farming and settlement in the 2007-2010 period.*

Annex 1.18 Dien Bien: List of relevant ODA projects and programmes

No	Name of projects and supporting agencies	Period	Financing
1	ADB-funded project on preventative health system support	2006-2010	USD 592,000
2	EC-funded project on health care support to the poor of the Northern Uplands and Central Highlands (HEMA)	2006-2010	1,847,332 euro
3	UNICEF-funded Provincial Child Friendly Programme (PCFP)	2006-2010	VND 6.4 billion
4	Programme on reduction of maternal and infant mortality rates funded by the Netherlands government	2006-2010	VND 11.2 billion
5	World Bank-funded project on health care support in Northern Uplands	2008-2014	USD 6,810,093
6	Project on reaching tuberculosis patients among high-risk groups, remote populations and people living with HIV/AIDS funded by Global Fund for AIDS, TB and Malaria	2005-2013	VND 16.660 billion
7	Project on strengthening basic health care system in disadvantaged provinces funded by the GAVI Alliance	2008-2010	USD 1,600,000
8	ADB-funded project on HIV prevention among young people	2008-2010	USD 2,000,000
9	The Northern Mountains poverty reduction project phase II funded by World Bank	2010-2015	USD 17,000,000
10	The project to build a SOS Village in Dien Bien, co-funded by SOS Children's Villages and Dien Bien PPC	2008-2009	VND 56 billion
11	The project on primary education for disadvantaged children co-financed by the World Bank and donors group	2004-2009	VND 130 billion
12	ADB-funded project on lower secondary education development	2005-2010	
13	ADB-funded project on upper secondary education development	2003-2009	
14	Comprehensive education for ethnic minority children project funded by World Vision	2007-2009	
15	The early childhood care and development (ECCD) project co-funded by Save the Children UK	2005-2007	
16	Programme on rural water supply and sanitation supported by SNV	2008-2009	

Annex 1.19 Dien Bien: Summary budget plan for National Target Programmes (NTPs) and large projects in Dien Bien Province 2007 to 2009

Unit: VND million

No	National Target Programmes and large projects	Projected Implementation 2007	2008		Projected Implementation 2008	Plan 2009			
			Breakdown		Total	Breakdown			
			Service delivery	Investment		Service delivery	Investment		
	Total	162,969	178,726	51,136	127,590	279,322	229,341	74,188	155,153
A	National Target Programmes	82,571	97,330	41,040	56,290	129,098	111,075	49,625	61,450
1	NTP Poverty Reduction	1,974	2,156	2,156		2,376	2,161	2,161	
	Project on capacity building for poverty reduction	200	192	192		192	177	177	
	Project on vocational training for the poor	300	580	580		729	630	630	
	Project on replication of poverty reduction models	600	500	500		500			
	Project on monitoring and evaluation	34	44	44		44	74	74	
	Project on agricultural extension	700	700	700		711	1,200	1,200	
	Policy on legal aid support to the poor	140	140	140		200	80	80	
2	NTP on Employment	60	140	140		140	130	130	
	Labour training and employment management		70	70		70	40	40	
	Monitoring and evaluation		70	70		70	90	90	
3	NTP on Population and Family Planning	5,818	3,849	3,849		4,537	4,047	4,047	
4	NTP on Prevention of Social Diseases, Dangerous Epidemics and HIV/AIDS	7,241	7,743	3,743	4,000	11,342	9,811	4,811	5,000
5	NTP on Food Hygiene and Safety	446	572	572		572	876	876	
6	NTP on Culture	2,624	2,110	1,610	500	4,134	3,480	2,480	1,000
7	NTP on Education and Training	47,300	53,590	22,050	31,540	69,950	61,200	26,700	34,500
8	Anti-criminal program	460	770	770		770	870	870	
9	Drug control program	3,000	3,300	3,300		3,482	5,000	5,000	
10	NTP on Water Supply and Environmental Sanitation	13,468	23,100	2,850	20,250	31,795	23,500	2,550	20,950
B	Programme 135	71,192	61,096	10,096	51,000	123,850	86,213	24,563	61,650
	Project on infrastructure investment	40,282	47,600		47,600	67,986	61,650		61,650
	Social policy and legal aid support		272	272		19,996	315	315	
	Project on production support	2,950	8,840	5,440	3,440	24,801	15,210	15,210	
	Project on capacity building	2,360	4,080	4,080		6,829	4,725	4,725	
	Support for P135 Steering Committee	254	304	304		553	429	429	
	Operations and maintenance of infrastructure					3,685	3,884	3,884	
C	Five million hectares forestry programme	9,206	20,300		20,300	26,374	32,053		32,053

Source: Provincial SEDPS 2008 & 2009.

Annex 1.20 Dien Bien: Expenditure on National Target Programmes ,2006 - 2009

Unit: VND million

National Target Programme		Total expenditure from 2006 to 2009	Proportion of total NTP expenditure (%)	Service delivery proportion (sự nghiệp)
Total		~ 415,000		
1	NTP Poverty Reduction	10,295	2.48	
2	NTP on Employment	46,221	11.14	
3	NTP on Population and Family Planning	20,572	4.96	15,222 (80%)
4	NTP on Prevention of Social Diseases, Dangerous Epidemics and HIV/AIDS	28,991	6.99	13,991 (48.25%)
4.1	Project on malaria control	2,586		
4.2	Project on universal vaccination	1,470		
4.3	Project on leprosy control	454		
4.4	Project on TB control	510		
4.5	Project on community mental healthcare	1,077		
4.6	Project on HIV/AIDS control	4,516		
4.7	Project on child malnutrition prevention	3,840		
4.8	Project on army cooperation in people's healthcare	152		
4.9	Construction of TB & lung disease hospital	8,000		
4.10	Construction of HIV/AIDS centre	7,000		
5	NTP on Food Hygiene and Safety	2,217	0.53	
6	NTP on Culture	10,102	2.43	
7	NTP on Education and Training	200,362	48.28	74,818 (39.33%)
7a	Maintaining the results of primary education, universalisation of lower secondary education	22,000		
7b	Project on renovation of curricula and textbooks	25,630		
7c	Project on training, refresher training in information technology and foreign languages	10,000		
7d	Project on training, refresher training for teachers and education managers	18,251		
7e	Project to support education in mountainous, ethnic minority and difficult areas	28,386		
7g	Project on improvement of school facilities	35,692		
8	Anti-criminal program	2,760	0.67	
9	Drug control program	12,330	2.97	
10	NTP on Water Supply and Environmental Sanitation	80,221	19.33	8,308 (10.35%)

Source: DPI (2009) *Report on implementation of the National Target Programmes from 2006-2008, projected implementation in 2009 and plan for 2010.*

Annex 1.21 Dien Bien: Budget Plan for NTPs on Health, Food Hygiene and Safety, and Population and Family Planning, 2007 - 2009

Unit: VND million

	Programme and component	Implemented 2006	Projected Implementation 2007	Plan 2008	Projected Implementation 2008	Plan 2009
A	NTP on Prevention of Social Diseases, Dangerous Epidemics and HIV/AIDS		7,241	7,743	7,745	9,811
1	Service delivery	3,166	4,065	3,743	3,745	4,874
1.1	Project on malaria control	490	549	545	545	1,002
1.2	Project on child malnutrition prevention	700	800	1,050	1,050	1,290
1.3	Project on universal vaccination	350	360	360	360	400
1.4	Project on TB control	136	155	173	173	46
1.5	Project on community mental healthcare	186	230	300	300	360
1.6	Project on leprosy control	74	80	132	134	167
1.7	Project on HIV/AIDS control	620	987	803	803	1,092
1.8	Dengue fever control		20			
1.9	Army cooperation in people's healthcare		60	60	60	92
1.10	Project on reproductive healthcare	610	794	320	320	425
2	Investment		4,000	4,000	4,000	5,000
2.1	TB & lung disease hospital		4,000	2,000	2,000	
2.2	HIV/AIDS centre			2,000	2,000	5,000
B	NTP on Food Hygiene and Safety		446	572	572	876
C	NTP on Population and Family Planning		5,218	3,849		4,047
1	Project on behavioural change education			910		1,138
2	Project on improvement of family planning services			400		761
3	Project on logistics and enhancement of social marketing on birth control methods			130		172
4	Project on improving capacity for management and organisation of program implementation			1,412		1,516
5	Project on improving quality for management information on population and family planning			375		460

Source: (a) Provincial SEDPS 2008 & 2009; (b) Department of Health. Report No.1299/BC-SYT (28/09/2009); (c) Department of Finance. Report No.144/BC-TC (30/09/2009).

Annex 1.22 Dien Bien: Implemented and planned state budget expenditures in the education sector 2008 - 2011

	Content	Unit	Projected Implementation 2008	2009		2010		2011	
				Planned	Estimated Implementation	Planned	Increase (%)	Planned	Increase (%)
	Total state budget for Education	VND million	908,734	832,274	1,044,969	1,307,366	52.10%	1,412,370	8%
	Recurrent budget	VND million	706,879	602,313	815,008	857,742	18%	1,119,370	17%
	Non-recurrent budget (investment)	VND million	201,860	229,961	229,961	349,624	52%	293,000	-16%
Kindergarten									
1	Total	VND million	154,017	142,400	192,400	425,000	72%	285,000	16%
1,1	Recurrent	VND million	119,617	90,000	140,000	170,000	89%	200,000	18%
	Recurrent expenditure per pupil	VND '000	4,503.7	3,118.2	4,850.5	5,483.9	13%	5,800.0	6%
	Salaries and salary-related expenditure	VND million	93,175	87,000	120,000	150,000	72%	170,000	13%
	Proportion of recurrent expenditure on salaries	%	78%	97%	86%	88%	2%	85%	-4%
1,2	Non-recurrent budget (investment)	VND million	34,400	52,400	52,400	75,000	43%	85,000	13%
Primary									
2	Total	VND million	382,372	345,954	440,499	474,180	37%	530,000	12%
2,1	Recurrent	VND million	320,653	275,455	370,000	420,000	52%	500,000	19%
	Recurrent expenditure per pupil	VND '000	5,884.8	5,112.7	6,867.5	7,795.5	14%	8,500.0	9%
	Salaries and salary-related expenditure	VND million	268,505	250,000	320,000	370,000	48%	420,000	14%
	Proportion of recurrent expenditure on salaries	%	84%	91%	86%	82%	-4%	84%	2%
2,2	Non-recurrent budget (investment)	VND million	61,719	70,499	70,499	54,180	-23%	30,000	-45%
Lower secondary									
3	Total	VND million	221,072	193,814	233,814	347,592	79%	345,000	-1%
3,1	Recurrent	VND million	164,640	150,000	190,000	230,000	53%	250,000	9%
	Recurrent expenditure per pupil	VND '000	4,554.6	3,866.0	4,896.9	5,679.0	16%	8,117.6	43%
	Salaries and salary-related expenditure	VND million	135,306	130,000	160,000	185,000	42%	200,000	8%
	Proportion of recurrent expenditure on salaries	%	82%	87%	84%	80%	-7%	80%	-1%
3,2	Non-recurrent budget (investment)	VND million	65,432	43,814	43,814	117,592	168%	95,000	-19%

	Content	Unit	Projected Implementation 2008	2009		2010		2011	
				Planned	Estimated implementation	Planned	Increase (%)	Planned	Increase (%)
Upper secondary									
4	Total	VND million	100,527	94,522	115,035	157,659	67%	150,000	-5%
4,1	Recurrent	VND million	58,618	44,487	65,000	80,000	80%	100,000	25%
	Recurrent expenditure per pupil	VND '000	3,937.8	2,737.5	3,999.8	4,360.4	9%	7,317.1	68%
	Salaries and salary-related expenditure	VND million	47,908	38,367	55,000	70,000	82%	85,000	21%
	Proportion of recurrent expenditure on salaries	%	82%	86%	85%	88%	1%	85%	-3%
4,2	Non-recurrent budget (investment)	VND million	41,909	50,035	50,035	77,659	55%	50,000	-36%
Continuing education									
5	Total	VND million	7,317	10,740	13,050	25,000	133%	35,000	40%
5,1	Recurrent	VND million	7,317	6,190	8,500	10,000	62%	15,000	50%
	Salaries and salary-related expenditure	VND million	4,885	3,730	6,400	8,000	114%	10,000	25%
	Proportion of recurrent expenditure on salaries	%	67%	60%	75%	80%	33%	67%	-17%
5,2	Non-recurrent budget (investment)	VND million		4,550	4,550	15,000	230%	20,000	33%
Other education centres									
6	Total	VND million	12,987	9,673	15,000	16,551	71%	20,000	21%
6,1	Recurrent	VND million	9,787	6,673	12,000	15,000	125%	18,000	20%
	Salaries and salary-related expenditure	VND million	1,480	1,790	3,000	5,000	179%	7,000	40%
	Proportion of recurrent expenditure on salaries	%	15%	27%	25%	33%	24%	39%	17%
6,2	Non-recurrent budget (investment)	VND million	3,200	3,000	3,000	1,551	-48%	2,000	29%
Vocational upper certificate									
7	Total	VND million	3,910.00	4,728.00	4,728.00	5,500.00	16%	6,500.00	18%
7,1	Recurrent	VND million	3,910.00	4,728.00	4,728.00	5,500.00	16%	6,500.00	18%
	Recurrent expenditure per student	VND '000	5,594.00	5,600.00	5,600.00	5,800.00	4%	6,000.00	3%
	Salaries and salary-related expenditure	VND million	2,874.00	3,692.00	3,692.00	3,908.00	6%	4,200.00	7%

	Content	Unit	Projected Implementation 2008	2009		2010		2011	
				Planned	Estimated implementation	Planned	Increase (%)	Planned	Increase (%)
	Proportion of recurrent expenditure on salaries	%	74%	78%	78%	71%	-9%	65%	-9%
7.2	Non-recurrent budget (investment)	VND million							
	Colleges								
8	Total	VND million	26,537.72	30,443.00	30,443.00	35,883.50	63%	40,870.00	37%
8.1	Recurrent	VND million	22,337.72	24,780.00	24,780.00	27,214.50	10%	29,870.00	10%
	Recurrent expenditure per student	VND '000	10,300.00	11,620.00	11,620.00	11,880.00	2%	12,160.00	2%
	Salaries and salary-related expenditure	VND million	14,254.17	15,854.00	15,854.00	18,115.00	14%	20,756.50	15%
	Proportion of recurrent expenditure on salaries	%	63.8%	64.0%	64.0%	66.5%	4%	69.5%	4%
8.2	Non-recurrent budget (investment) Source: Provincial Department of Education and Training	VND million	4,200	5,663	5,663	8,642	53%	11,000	27%

Source: Department & Education and training.

Annex 1.23 Dien Bien: Budget plan for education and training projects and programs 2009

Unit: VND million

	Programme/project/funding source	Completed expenditures	Funding for 2009	Total
	Total	29,612	157,170	489,782
A	NTP on Education and Training	20,900	38,300	61,200
1	Service Delivery (vốn sự nghiệp)		24,700	26,700
1.1	Maintaining the results of primary education, universalisation of secondary education	2,000	4,000	6,000
1.2	Project on renovation of curricula and textbooks		2,400	2,400
1.3	Project on training, refresher training for teachers and education managers		1,200	1,200
1.4	Project on training, refresher training in information technology and foreign languages		3,000	3,000
1.5	Project on vocational training		14,100	14,100
2	Development investment (đầu tư phát triển)	20,900	13,600	34,500
2.1	Project to support education in mountainous, ethnic minority and difficult areas	10,905	7,600	18,505
2.2	Project on improvement of school facilities	9,995	6,000	15,995
B	Province budget for education infrastructure	7,245	4,200	11,445
1	Province counterpart funds for MOET-managed projects (ODA projects)	4,758	1,200	5,958
1.1	Project for Education of Disadvantaged Children (World Bank/DFID)	450		450
1.2	Lower-Secondary School Development Project II (ADB)	2,785		2,785
1.3	Upper-Secondary Education Development Project (ADB)	1,523	1,200	2,723
2	Integrated investment budget	2,487	3,000	5,487
C	NTP on water supply and environmental sanitation	785	4,930	5,715
1	Service delivery budget (sự nghiệp)		750	750
2	Investment budget (đầu tư phát triển)		4,180	4,965
D	Programme on Concretisation of Schools and Classrooms (2008-2012)		410,669	410,669
E	Fund for Viet Nam-Laos training cooperation	682	71	753

Source: DOET Report 11/2008.

Annex 1.24 Dien Bien: Investment plan for National Target Programme on Water Supply and Environmental Sanitation, 2009

Unit: VND million

Item		Design capacity		State Budget Plan 2009			Management agency
		Quantity	Unit	Total	Breakdown		
					Central budget	Donor budget (three donors)	
Total				20,950	7,200	13,750	
A	INFRASTRUCTURE INVESTMENT BUDGET			20,950	7,200	13,750	Under district investment ownership and management
A1	Water supply works construction			17,038	7,200	9,838	
1	Agriculture and RD sector			17,038	7,200	9,838	
1.1	Continuing expenditures from 2008 (district ownership)	16,571	people	14,338	5,500	8,838	
1.2	New construction in 2009	14,719		2,500	1,500	1,000	PCERWASS
1.3	Pipeline investments for 2010		people	200	200		
A2	Latrine construction (including water supply)	14,681	people	3,912		3,912	DOET
1	Education sector	14,291	people	2,205		2,205	
1.1	Continuing expenditures from 2008	6,541		1,005		1,005	
1.2	New construction in 2009	7,750		1,200		1,200	
2	Health sector	390	people	1,707		1,707	DOH
1	Continuing expenditures for 2008	210	people	927		927	
2	New construction in 2009	180	people	780		780	
B	SERVICE DELIVERY (recurrent)						DOET
1	DOET: dissemination, training, supervision, evaluation, O&M, others						DOH
2	DOH:						
	+ Pilot models on latrines suitable for households						
	+ Dissemination, training, supervision, evaluation, O&M, others						DARD
3	DARD						
	+ Dissemination, training, supervision, evaluation, O&M, other						
	+ Programme office, experts, translators, fuel, allowances, other						

Source: Provincial SEDP 2008-2009.

Annex 1.25 Tuan Giao District: Annual Budget, 2009

Unit: VND million

No	Budget category	Total	People's Committee Office	People's Council Office	District Guest House	Inspection Committee	Home Affairs	Labour & Social Affairs	Finance & Planning	Agriculture and RD	Environment & NR	Trade & Commerce	Culture & Tourism
			1	2	3	4	5	6	7	8	9	10	11
	TOTAL BUDGET EXPENDITURE	110,550	1,789	1,717	223	308	475	510	548	10,298	346	9,909	1,002
A	LOCAL BALANCING REVENUE - EXPENDITURE BUDGET	90,314	1,789	1,717	223	308	475	482	548	2,320	346	1,462	1,002
I	Development investment expenditure	2,080										232	121
1	Programme on socio-economic development in upland areas	1,080											
2	Infrastructure expenditures from land leasing revenue	1,000										232	121
II	RECURRENT EXEPNDITURES	85,384	1,789	1,717	223	308	475	482	548	2,320	346	1,230	881
II.1	Expenditures for local specific objectives	79,766	1,589	1,567	223	228	405	302	493	519	244	419	781
	Support for exercise books and learning equipment for children	415											
	Supports for semi-boarding school pupils	1,037											
	Training for People's Councils	820	314										
	Bonus for cultural villages	12											12
	Old age association	70											
	Activities for Committee for Women's Advancement	20											
II.2	Expenditures for national/ province objectives	5,618	200	150	0	20	70	180	55	1801	102	811	100
1	Economic service delivery	3,872								1,801		811	
	Budget for agriculture support	1,586								1,586			
	Support for planting black cardamom	15								15			
	+ Agriculture extension models	80											
	+ Transportation services	400										300	
	+ Irrigation services	200								200			
	+ Public lighting	72										72	
	+ Ornamental lighting in district centre	200										200	
	+ Environmental sanitation	239										239	
	+ Programme on socio-economic development in upland areas	1080											
2	State management expenditures	405	200			20	70	30	55	0	30	0	0
	+ Repairs	200	200										
	+ Purchases	135				20		30	55		30		
	+ Bonuses	70					70						
3	Expenditures on activities of the Party (repairs)	150		150									
4	Cultural service delivery	368											100
	+ Mobile cinema for uplands	100											100
	+ Support for resident clusters	206											
	+ Commune Steering Committee	62											
5	Expenditures on social protection support	150						150					

No	Budget category	Total	People's Committee Office	People's Council Office	District Guest House	Inspection Committee	Home Affairs	Labour & Social Affairs	Finance & Planning	Agriculture and RD	Environment & NR	Trade & Commerce	Culture & Tourism
6	Expenditures under Decree No.67/2007 (a)	601											
7	Environment service delivery										72		
III	Contingency	2,850											
B	NTPS & LARGE PROJECTS	16,525						28		6,240		6,947	
I	NTP on poverty reduction	6											
	Legal support activities	6											
II	Programme 135	11,864								1,800		6,947	
1	Commune infrastructure investments	8,600										5,785	
2	O&M budget for infrastructure	485										485	
3	Commune cadre training	660										660	
4	Production support	2,040								1,800			
5	Social, legal support and culture activities	44											
6	Steering Committee expenditures	35										17	
III	Drug control program	190						28					
1	Information dissemination	62											
2	Surveillance activities	85											
3	Steering committee and bonuses	15											
4	Rehabilitation organisation	28						28					
IV	Anti-criminal program	25											
1	Information dissemination	10											
2	Surveillance activities	15											
V	NTP on water supply and environmental sanitation	4,440								4,440			
	Central budget supplement	1,105								1,105			
	Donor budget	3,335								3,335			
C	SUPPORT TO SOME SPECIFIC TARGETS & MANDATES	2,161								1,738			
I	Support for domestic lighting fuel in Decision No.289	423								0			
II	Budget on resettlement under Decision No.33	847								847			
1	Community support	460								460			
2	Direct support	414								414			
III	Support for program on reorganisation of residence under Decision No.193	864								864			
1	Support for moving residents	850								850			
2	Management expenditures	14								14			
D	Expenditures from revenues from state budget	1,550										1,500	
	Investment for commune clinic construction from production revenues	1,550										1,500	

Source: Tuan Giao District People's Committee 01/2009.

Annex 1.25 Tuan Giao District: Annual Budget, 2009 (continued)

No	Budget category	Total	Health	Education & Training	Minority Boarding School	Extension station	Political training centre	Mass associations	Commune budget	District security	Defence	Other	Project Management Unit
			12	13	14	15	16	17	18	19	20	21	22
	TOTAL BUDGET EXPENDITURE	110,550	587	58,349	2,480	353	429	998	13,019	337	350	3,061	3,462
A	LOCAL BALANCING REVENUE-EXPENDITURE BUDGET	90,314	537	58,349	2,480	353	429	998	12,299	150	350	3,050	647
I	Development investment expenditure	2,080							1,080				647
1	Programme on socio-economic development in upland areas	1,080							1,080				
2	Infrastructure expenditures from land leasing revenue	1,000											647
II	RECURRENT EXPENDITURES	85,384	537	58,349	2,480	353	429	998	11,219	150	350	200	
II.1	Expenditures for local specific objectives	79,766	537	58,349	2,480	273	429	998	9,170	150	350	200	
	Support for exercise books and learning equipment for children	415		415									
	Supports for semi-boarding school pupils	1,037			1,037								
	Training for People's Councils	820							506				
	Bonus for cultural villages	12											
	Old age association	70					70						
	Activities for Committee for Women's Advancement	20					20						
II.2	Expenditures for national/province objectives	5,618				80			2,049				
1	Economic service delivery (sự nghiệp kinh tế)	3,872				80			1,180				
	+ Budget for agriculture support	1,586											
	+ Support for planting black cardamom	15											
	+ Agriculture extension models	80				80							
	+ Transportation services	400							100				
	+ Irrigation services	200											
	+ Public lighting	72											
	+ Ornamental lighting in district centre	200											
	+ Environmental sanitation	239											
	+ Programme on socio-economic development in upland areas	1,080							1,080				
2	State management expenditures	405											
	+ Repairs	200											
	+ Purchases	135											
	+ Bonuses	70											
3	Expenditures on activities of the Party (repairs)	150											
4	Cultural service delivery	368							268				
	+ Mobile cinema for uplands	100											
	+ Support for resident clusters	206							206				
	+ Commune Steering Committee	62							62				
5	Expenditures on social protection support	150											

No	Budget category	Total	Health	Education & Training	Minority Boarding School	Extension station	Political training centre	Mass associations	Commune budget	District security	Defence	Other	Project Management Unit
6	Expenditures under Decree No.67/2007 (a)	601							601				
7	Environment service delivery												
72													
III	Contingency	2,850										2,850	
B	NTPS & LARGE PROJECTS	16,525							308	187			2,815
I	NTP on poverty reduction	6							6				
	Legal support activities	6							6				
II	Programme 135	11,864							302				2,815
1	Commune infrastructure investments	8,600											2,815
2	O&M budget for infrastructure	485											
3	Commune cadre training	660											
4	Production support	2,040							240				
5	Social, legal support and culture activities	44							44				
6	Steering Committee expenditures	35							18				
III	Drug control program	190								162			
1	Information dissemination	62								62			
2	Surveillance activities	85								85			
3	Steering committee and bonuses	15								15			
4	Rehabilitation organisation	28											
IV	Anti-criminal program	25								25			
1	Information dissemination	10								10			
2	Surveillance activities	15								15			
V	NTP on water supply and environmental sanitation	4,440											
	Central budget supplement	1,105											
	Donor budget	3,335											
C	SUPPORT TO SOME SPECIFIC TARGETS & MANDATES	2,161							412			11	
I	Support for domestic lighting fuel in Decision No.289	423							412			11	
II	Budget on resettlement under Decision No.33	847											
1	Community support	460											
2	Direct support	414											
III	Support for program on reorganisation of residence under Decision No.193	864											
	Support for moving residents	850											
	Management expenditures	14											
D	Expenditures from revenues from state budget	1,550	50										
	Investment for commune clinic construction from production revenues	1,550	50										

Source: Tuan Giao District People's Committee (2009).

Annex 1.26 Child survival and health indicators, 2008

Region/province	CBR (‰)	Sex ratio at birth	IMR (‰)	Underweight children under five years of age (%)	Children under five with stunted growth (%)	Vaccination				Fully vac. (%)
						BCG (%)	OPV (%)	DPT (%)	Measles (%)	
Whole country	16.7	110.8	15	19.9	32.6	95.7	95.5	95.5	95.6	93.9
Red River Delta	16.1	113.1	11	18.1	28.6	94.4	94.7	94.7	97.6	93.9
North East Region	19.1	110.8	21	24.1	35.2	97.1	97.8	98.2	95.5	93.7
Ha Giang	24.1	102.9	40	27.5	40	91.9	91.6	92.9	93.2	92.2
Cao Bang	17.8	110.4	40	23.9	36.4	91	95.8	96	98.6	97.7
Lao Cai	22.6	112.2	23	28.4	43	98.7	99.6	100	96.5	95.5
Bac Kan	17.1	110.8	21	28.3	37.5	88.3	93.7	96	97.8	97.4
Lang Son	17.3	113.6	22	23.1	33.9	96.5	96.7	96.4	96.6	96.4
Tuyen Quang	17.1	106.4	32	24	33.7	100	97.8	98.7	99.8	99.4
Yen Bai	20.1	111.7	32	24.7	35.7	98.4	98.4	98.7	99.4	98.3
Thai Nguyen	16.7	115.7	19	20.6	29.7	99.4	98	98.4	93.9	92.4
Phu Tho	16.3	112.9	19	21.6	32	96.8	99.7	100	93	89
Bac Giang	17.9	111.4	18	22.5	35.1	97.4	99.4	99.4	96.7	95.4
Quang Ninh	16.9	110.1	18	20	29.5	99.6	99	98.7	92.2	88.3
North West Region	19.1	110	25.5	25.9	36.7	98.1	97.6	97.2	96.6	95.1
Lai Chau	26.3	107.6	33	28.5	39.8	99.8	99.4	99.4	94.8	94.8
Dien Bien	23.8	111.5	33	24.4	36.4	93	92.8	92.8	92.9	93
Son La	22.3	109.1	28	25.6	38.5	98.9	97.9	97.4	97	93.7
Hoa Binh	16.7	111.7	28	25	32.1	100	99.9	98.6	99.9	98.8
North Central Coast	16.3	111.2	16	23.7	35.1	94.9	93.2	93.4	95.3	94.8
South Central Coast	16.3	111.2	16	19.2	30.3	99	97.8	97.7	96	96
Central Highland Region	21	108.4	23	27.4	38.1	97.1	97	97	96.7	95.6
Kon Tum	27.5	111.6	48	30.2	43.5	96.7	94.9	94.9	94.1	92.7
Gia Lai	23.2	108	28	28.4	37.7	98	95.9	95.6	97.3	93.8
Dak Lak	19.6	107.7	19	29.1	39.5	98.5	97.5	98.1	98.7	97.3
Dak Nong	22.2	109.8	27	30.5	41.3	98.2	95	95.3	95.2	94.2
Lam Dong	18.1	107.9	14	18.9	28.8	93.6	99.8	99.2	94.8	97.4
South East Region	16	110.9	8	17.3	28.1	92.9	94.6	94.4	92.2	91.1
Mekong Delta Region	15.9	109.2	11	19.3	29.9	97	95.5	95.3	96.1	94.4

Source: Ministry of Health (2010). Health Statistics Yearbook 2008.

Annex 1.27 Health service indicators, 2008

Region/province	Total budget 2008 (VND million)	Budget per capita ('000)	Provincial hospital beds	District hospital beds	Total hospital beds	Commune health centre beds	Communes with a doctor (%)	Communes with a midwife (%)	Communes reaching national health standards (%)
Whole country	11,450,330	132.8	80,044	52,060	132,104	45,994	65.93	93.05	55.49
Red River Delta	2,097,860	113.1	15,655	10,695	26,350	8,928	76.63	87.86	67.23
North East Region	1,713,370	177.5	8,275	7,311	15,586	8,634	61.67	91.53	53.06
Ha Giang	161,775	229.4	485	750	1,235	519	31.79	90.77	67.18
Cao Bang	137,618	260.6	460	735	1,195	567	34.02	89.69	7.22
Lao Cai	130,167	216.1	485	545	1,030	820	20.12	78.05	34.76
Bac Kan	90,029	291.5	320	400	720	372	53.28	81.97	19.67
Lang Son	144,706	190.7	460	590	1,050	746	72.57	99.12	77.88
Tuyen Quang	130,693	175	575	550	1,125	700	52.14	99.29	70
Yen Bai	134,358	179.1	630	506	1,136	983	48.89	97.22	61.11
Thai Nguyen	173,507	151	1,240	575	1,815	840	92.22	90	42.22
Phu Tho	195,307	143.1	1,060	660	1,720	1,376	85.77	81.02	62.77
Bac Giang	220,246	135.3	1,200	970	2,170	1,145	96.94	98.69	65.5
Quang Ninh	194,964	175.7	1,360	1,030	2,390	566	61.83	100	54.3
North West Region	527,423	197.9	2,000	2,335	4,335	2,518	32.41	86.22	18.31
Lai Chau	95,885	286	230	340	570	359	2.04	83.67	25.51
Dien Bien	110,801	233	530	270	800	318	27.36	90.57	32.8
Son La	197,275	190.3	720	855	1,575	1,005	29.56	99.01	17.24
Hoa Binh	123,462	151	520	870	1,390	836	51.9	72.86	9.05
North Central Coast	1,338,487	124	5,685	8,070	13,755	9,275	61.35	97.2	52.14
South Central Coast	887,376	122	5,471	5,534	11,005	2,440			
Central Highland Region	892,080	165.7	3,550	2,670	6,220	2,628			
Kon Tum	96,685	240.8	450	360	810	480			
Gia Lai	154,899	130.3	930	690	1,620	880			
Dak Lak	295,009	166	900	690	1,590	465			
Dak Nong	88,907	206.3	200	350	550	208			
Lam Dong	193,580	160.5	1,070	580	1,650	595			
South East Region	2,201,264	150.8	25,713	5,985	31,698	3,733			
Mekong Delta Region	1,855,470	104.9	13,695	9,460	23,155	7,838			

Source: Ministry of Health (2010). Health Statistics Yearbook 2008.

Annex 1.28 Dien Bien: Medical staff (continued) and rate of communes reaching national health standards, 2009

City/town/district	Communes or wards with a midwife (%)			Communes reaching national health standards (%)	
	2005	2008	2009	2008	2009
Total	44.1	90.57	71.43	32.8	42
Dien Bien Phu City	62.5	100	88.89	75	77.8
Muong Lay Town	33.3	66.66	66.67		
Muong Nhe	33.3	81.81	50	9.1	12.5
Muong Cha	30	100	80	40	53.3
Tua Chua	25	50	66.67	8.3	25
Tuan Giao	61.9	100	100	35.7	50
Dien Bien	73.7	100	47.37	57.9	68.4
Dien Bien Dong		92.86	78.57	21.4	28.6
Muong Ang		100	80	10	30

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.29 Dien Bien: Hospital/clinic beds and medical staff by district, 2009

City/town/district	Population	Total number of hospital & clinic beds	Number of patient beds per 10,000 people	Number of medical staff				Number of doctors/physicians per 10,000 people
				Doctors	Physicians	Nurses	Midwives	
Total	480,248	1,446	30.1	256	850	515	224	23
Dien Bien Phu City	49,467	522	105.5	154	248	264	56	81.3
Muong Lay Town	11,832	79	66.8	6	57	25	12	53.2
Muong Nhe	48,033	128	26.6	10	61	34	23	14.8
Muong Cha	49,928	125	25	8	94	31	23	20.4
Tua Chua	45,405	96	21.1	11	70	41	15	17.8
Tuan Giao	74,148	192	12.4	20	82	42	29	13.75
Dien Bien	107,903	122	11.3	24	109	41	21	12.3
Dien Bien Dong	54,652	102	18.7	12	73	4	22	15.5
Muong Ang	38,880	80	20.6	11	56	33	23	17.2

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.30 HIV/AIDS indicators, 2008

Region/province	Cumulative number of HIV-positive people	Cumulative rate per 100,000 people	Cumulative number of people living with HIV/AIDS	Rate of new HIV infections per 100,000 people
Whole country	179,735	208.48	71,119	23.5
Red River Delta	41,127	221.77	14,148	25.97
North East Region	26,341	272.9	10,487	36.80
Ha Giang	792	112.32	267	35.31
Cao Bang	1,954	370.01	733	23.86
Lao Cai	1,159	192.43	253	52.30
Bac Kan	1,156	374.23	297	45.65
Lang Son	2,644	348.35	1,882	16.73
Tuyen Quang	926	123.98	386	12.85
Yen Bai	2,881	384.03	607	77.18
Thai Nguyen	4,758	414.06	905	100.95
Phu Tho	1,825	133.73	413	27.11
Bac Giang	1,813	111.34	887	10.32
Quang Ninh	6,433	579.76	3,857	19.92
North West Region	10,003	375.33	2,403	49.34
Lai Chau	603	179.64	115	32.81
Dien Bien	2,832	595.46	1,010	148.86
Son La	5,524	532.59	722	38.98
Hoa Binh	1,044	127.68	556	11.37
North Central Coast	9,342	86.54	3,757	12.06
South Central Coast	4,382	60.41	2,320	6.67
Central Highland Region	2,700	53.95	776	10.81
Kon Tum	166	41.34	96	6.48
Gia Lai	169	14.22	64	4.54
Dak Lak	1,377	77.49	343	16.71
Dak Nong	183	42.46	31	9.05
Lam Dong	805	66.74	242	10.36
South East Region	55,330	378.95	24,411	33.50
Mekong Delta Region	29,854	168.71	12,817	18.95

Source: Ministry of Health (2010). *Health Statistics Yearbook 2008*.

Annex 1.31 Household sanitation indicators, 2006

Region/province	Households with septic latrines (%)	Households with pour-flush filtered (%)	Households with eco-latrines (%)	Households with ventilated improved pit latrines (%)	Households with other latrines (%)	Households with no latrines (%)	Households with constructed bathroom (%)	Households with other kind of bathroom (%)	Households with no bathroom (%)
Whole country	16.91	5.77	22.65	1.68	41.81	11.18	44.38	30.31	25.32
Red River Delta	24.49	5.2	42.32	0.73	26.27	0.99	68.85	22.18	8.97
North East Region	5.48	2.08	35.62	1.98	40.28	14.56	38.62	29.95	31.43
Ha Giang	2.74	2.31	1.4	0.89	51.33	41.33	6.84	32.72	60.44
Cao Bang	3.46	1.3	2.72	0.39	52.69	39.44	6.54	21.94	71.52
Lao Cai	5.32	5.47	2.22	0.63	41.82	44.54	11.83	23.18	64.99
Bac Kan	2.34	1.31	14.84	5.38	58.21	17.92	10.8	61.61	27.59
Lang Son	3.2	2.01	8.48	0.79	60.36	25.16	14.15	41.42	44.43
Tuyen Quang	5.84	2.09	18.5	11.32	54.91	7.34	33.19	40.87	25.94
Yen Bai	5.65	3.16	14.34	2.8	61.8	12.25	21.87	36.01	42.12
Thai Nguyen	5.66	0.81	47.87	0.92	36.61	8.13	46.25	30.11	23.64
Phu Tho	6.68	0.88	42.63	1.07	44.13	4.61	53.13	29.32	17.55
Bac Giang	4.53	0.88	75.23	0.44	13.37	5.55	65.03	17.87	17.1
Quang Ninh	12.08	6.87	49.96	1.04	24.81	5.24	54.59	28.22	17.19
North West Region	3.8	2.28	5.33	2.76	58.65	27.18	12.47	22.39	65.14
Lai Chau	0.77	0.61	0.91	0.16	11.13	86.42	2.15	4.23	93.62
Dien Bien	1.49	0.63	4.67	0.36	41.98	50.87	7.97	11.59	80.44
Son La	3.92	2.03	2.56	3.78	69.82	17.89	9.93	26.35	63.72
Hoa Binh	5.77	3.89	10.36	3.56	69.71	6.71	21.02	28.99	49.99
North Central Coast	9.88	3.69	40.7	2.08	34.41	9.24	45.28	18.71	36.01
South Central Coast	24.28	5.31	13.37	2.26	15.91	38.87	40.56	10.72	48.72
Central Highland Region	9.24	8.25	4.21	2.72	45.58	30	24.64	26.58	48.78
Kon Tum	4.92	1.49	5.5	2.68	55.28	30.13	11.91	14.96	73.13
Gia Lai	5.67	5.43	2.08	1.2	35.58	50.04	18.24	19.72	62.04
Dak Lak	7.76	10.95	6.36	4.28	49.49	21.16	28.77	26.65	44.58
Dak Nong	8.4	4.22	4.04	2.42	55.64	25.28	16.37	44.72	38.91
Lam Dong	17.9	11.28	2.54	1.94	41.65	24.69	33.6	28.99	37.41
South East Region	32.9	19.83	3.22	3.53	29.15	11.37	58.52	28.17	13.31
Mekong Delta Region	13.3	3.59	0.67	0.86	76.97	4.61	24.12	57.63	18.25

Source: GSO(2007). *Agriculture, Forestry and Fisheries Census 2006*.

Annex 1.32 Household water supply sources for drinking and cooking, 2006

Region/province	Households with tap water (%)	Households with purchased water (%)	Households with rain water (%)	Households with drilled well water (%)	Households with constructed well water (%)	Households with other well water (%)	Households with river, lake, pond water (%)	Households with spring water (%)	Households with other sources of water (%)
Whole country	8.28	0.38	15.08	27.94	26.79	6.79	8.26	4.98	1.51
Red River Delta	5.53	0.11	42.45	38.42	12.23	0.83	0.4	0.03	
North East Region	3.44	0.16	2.99	9.13	47	14.25	0.47	14.63	7.39
Ha Giang	0.8		13.06	0.21	14.18	7.51	0.51	63.73	
Cao Bang	2.99	0.21	5.76	0.7	15.89	6.55	2.33	17.26	48.31
Lao Cai	1.33		0.17	0.16	21.91	13.85	0.12	62.28	0.18
Bac Kan	1.01	0.1	0.08	3.58	17.99	14.78	0.52	38.04	23.9
Lang Son	2.37	0.52	0.66	1.65	20.68	31.92	1.14	7.94	33.12
Tuyen Quang	5.69	0.13	0.23	0.8	58.46	16.13	0.29	3.07	15.2
Yen Bai	1.14		0.1	23	46.31	20.28	0.16	31.78	
Thai Nguyen	4.18	0.07	0.17	8.53	49.66	32.17	0.07	3.91	1.24
Phu Tho	4.69	0.31	1.59	4.53	73.81	11.41	0.18	1.59	1.89
Bac Giang	3.3		0.53	30.9	58.48	4.18	0.47	1.33	0.81
Quang Ninh	6	0.48	16.9	10.15	51.25	5.3	0.41	7.04	2.47
North West Region	1.98	0.08	1.09	0.64	24.3	16.33	0.61	50.78	4.19
Lai Chau	0.04	0.04	0.59	0.1	13.54	10.47	0.4	64.14	19.58
Dien Bien	0.37	0.05	0.31	1.45	4.64	13.99		57.88	12.41
Son La	3.15		1.6	0.18	12.17	15.5	1.1	66.3	
Hoa Binh	2.03	0.2	1.03	0.99	49.98	20.36	0.38	25.03	
North Central Coast	5.26	0.33	8.09	24.86	48.62	6.13	1.02	5.09	0.6
South Central Coast	4.54	0.3	0.22	26.45	59.5	3.84	0.34	4.58	0.23
Central Highland Region	1.77	0.13	0.5	5.27	41.47	37.96	1.62	6.51	4.77
Kon Tum	0.74	0.23	0.3	0.35	38.43	19.37	0.69	22.46	17.7
Gia Lai	0.92	0.09	0.59	4.23	43.98	23.55	4.76	9.29	12.59
Dak Lak	2.84	0.16	0.19	5.3	66.22	21.25	0.59	2.61	0.84
Dak Nong	1.5	0.22	0.58	10.06	4.61	79.72	0.45	1.88	0.98
Lam Dong	1.5	0.04	0.95	5.65	15.58	68.55	0.73	6.94	0.06
South East Region	10.02	1.91	1.12	47.35	27.24	9.81	1.35	0.86	0.34
Mekong Delta Region	19.14	0.3	13.29	30.03	1.67	0.53	34.79		0.07

Source: GSO(2007). Agriculture, Forestry and Fisheries Census 2006.

Annex 1.33 General school attendance of children aged six to nine years, 2008

Region/province	School attendance		
	Currently attend (%)	Ever attended (%)	Never attended (%)
Whole country	90.4	1.5	8.1
North East provinces			
Ha Giang	85.6	2.2	12.2
Cao Bang	83.6	1.2	15.2
Lao Cai	90.8	1.8	7.4
Bac Kan	88.3	1.8	9.9
Lang Son	92.3	1	6.6
Tuyen Quang	94.2	0.4	5.4
Yen Bai	86.6	1.5	11.9
Thai Nguyen	94	0.3	5.7
Phu Tho	90.9	1.3	7.8
Bac Giang	93.8	0.1	6.1
Quang Ninh	92.3	0.8	6.9
North West provinces			
Dien Bien	88.4	1.2	10.4
Lai Chau	84.4	1.1	14.6
Son La	88.5	1.4	10.1
Hoa Binh	92.6	0.3	7.2
Central Highlands provinces			
Kon Tum	85.8	2.8	11.5
Gia Lai	84.2	2.5	13.3
Dak Lak	87.8	1.5	10.7
Dak Nong	90	1.7	8.4
Lam Dong	90.6	2.8	6.6

Source: GSO (2009). *Population, Labour Force and Family Planning Survey 2008*.

Annex 1.34 Dien Bien: Rate of school repeaters and drop-out by grade and sex, 2005-2009

	School year				
	2005-06	2006-07	2007-08	2008-09	2009-10 (preliminary)
A. Repeater rate	1.18	1.54	2.64	2.81	1.95
Girls (%)	0.81	1.14	2.02	2.26	1.76
Primary (%)	0.66	1.09	1.82	2.29	1.60
Girls (%)	0.55	0.90	1.40	1.99	1.48
Lower-secondary (%)	0.60	0.50	1.23	2.53	1.35
Girls (%)	0.24	0.18	0.64	2.14	1.12
Upper-secondary (%)	5.17	5.73	8.81	5.27	4.67
Girls (%)	3.48	4.33	7.49	3.45	4.22
B. Drop-out rate	0.85	1.10	1.39	2.85	2.30
Girls (%)	1.62	0.77	1.51	2.98	3.17
Primary (%)	0.62	0.60	0.17	1.14	0.76
Girls (%)	0.64	0.84	0.15	1.10	0.95
Lower-secondary (%)	1.11	1.25	1.34	1.17	3.79
Girls (%)	0.77	1.42	1.24	1.35	6.87
Upper-secondary (%)	1.39	2.94	7.40	11.41	4.52
Girls (%)	1.51	1.50	9.42	13.01	5.32

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.35 Dien Bien: Rate of female ethnic minority teachers and pupils, 2005-2009

	Year		
	2005-2006	2007-2008	2009-2010
Total number of teachers	6,641	7,039	7,853
Total number of pupils	105,334	103,697	107,172
Number of female teachers	4,333	4,288	4,727
Female teachers (%)	65.2	60.9	60.2
Number of ethnic minority teachers	1,676	1,749	2,242
Ethnic minority teachers (%)	25.2	24.8	28.5
Number of ethnic minority female teachers	604	741	803
Ethnic minority female teachers (%)	9.1	10.5	10.2
Number of school girls	44,411	44,059	47,405
School girls (%)	42.2	42.5	44.2
Number of ethnic minority pupils	88,874	87,961	91,641
Ethnic minority pupils (%)	84.4	84.8	85.5
Number of ethnic minority school girls	37,510	38,126	40,751
Ethnic minority school girls (%)	35.6	36.8	38.0

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.36 Dien Bien: proportion of communes with primary and secondary schools, by district

City/town/district	Communes with primary school (%)		Communes with secondary school (%)	
	2006-07	2009-10	2006-07	2006-07
Total	80.19	96.42	86.97	86.97
Dien Bien Phu City	100	100	100	100
Muong Lay Town	66.61	66.66	100	100
Muong Nhe	81.81	100	54.54	54.54
Muong Cha	100	93.33	60	60
Tua Chua	58.3	100	100	100
Tuan Giao	80.95	85.71	95.23	95.23
Dien Bien	100	100	94.73	94.73
Dien Bien Dong	57.14	100	78.57	78.57
Muong Ang	0	100	0	100

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.37 Dien Bien: number of school pupils and percentage of school girls by grade and district, 2009

City/town/district	Total pupils		Primary		Lower-secondary		Upper-secondary	
	Total pupils	Girls (%)	Total pupils	Girls (%)	Total pupils	Girls (%)	Total pupils	Girls (%)
Total	107,172	44.2	55,751	46.8	37,359	40.8	14,062	43.2
Dien Bien Phu City	10,239	48.6	3,753	48.5	2,854	49.3	3,632	48.0
Muong Lay Town	1,885	49.7	830	50.7	605	47.4	450	50.9
Muong Nhe	14,395	41.7	9,134	47.5	4,539	31.6	722	33.0
Muong Cha	12,353	44.8	6,852	47.0	4,837	42.2	664	40.7
Tua Chua	9,602	35.0	5,922	40.7	2,749	27.4	931	21.8
Tuan Giao	16,032	45.0	8,236	46.5	5,957	43.3	1,839	43.6
Dien Bien	20,299	47.1	9,582	47.7	7,551	46.1	3,166	47.3
Dien Bien Dong	12,887	41.8	7,007	47.5	4,760	35.6	1,120	32.9
Muong Ang	9,480	46.8	4,435	48.0	3,507	44.9	1,538	47.3

Source: Provincial Statistics Office (2010). Provincial Statistical Yearbook 2009.

Annex 1.38 Dien Bien: rate of school drop-outs by grade, and upper-secondary graduates by district, 2009

City/town/district	Rate of drop-outs (%)		Rate of graduates from upper-secondary school			
	Primary	Lower-secondary	Upper-secondary	Number of pupils taking exams		Rate of graduates (%)
				Total	Girls	
Total	0.76	3.79	4.52	3,632	1,782	74.8
Dien Bien Phu City	0.41	3.53	3.55	1,158	620	90.2
Muong Lay Town	0.91	3.70	5.17	88	48	62.5
Muong Nhe	0.74	4.09	5.18	92	33	32.6
Muong Cha	0.71	3.94	5.21	136	62	52.9
Tua Chua	0.86	3.85	4.96	177	58	52.8
Tuan Giao	0.67	3.73	4.73	513	210	63.0
Dien Bien	0.63	3.56	4.68	930	509	77.2
Dien Bien Dong	0.79	4.06	5.30	119	39	63.9
Muong Ang	0.74	3.74	4.66	419	203	62.4

Source: Provincial Statistics Office (2010). *Provincial Statistical Yearbook 2009*.

Annex 1.39 Dien Bien: proportion of ethnic minority pupils at different grades, 2005 - 2009

Schooling level	Academic year							
	2005-2006		2006-2007		2007-2008		Projected 2008-2009	
	Total number of pupils	Total number of ethnic minority pupils	Total number of pupils	Total number of ethnic minority pupils	Total number of pupils	Total number of ethnic minority pupils	Total number of pupils	Total number of ethnic minority pupils
Total pupils	105,334	88,874	104,831	86,360	103,697	87,961	104,848	85,604
Primary education	58,546	52,231	57,060	50,147	54,768	48,685	54,486	47,239
Lower-secondary education	33,653	27,755	33,210	26,937	34,476	28,697	36,169	29,565
Upper-secondary education	14,135	8,888	14,561	9,276	14,462	10,579	14,193	8,800

Source: Dien Bien Department of Education and Training (2008).

Annex 1.40 Dien Bien: Support for poor pupils going to school, 2007 - 2009

Year	Number pupils				Amount (VND '000)
	Kindergarten	Primary	Lower secondary	Upper secondary	
Last four months of 2007	4,710	1,852	2956	948	4,023,402
First five months of 2008	4,734	1,871	3,119	955	5,793,060
Last four months of 2008	5,130	2,291	4,655	1353	6,065,480
First five months of 2009	7,021	3,177	5,711	719	9,217,250
Last four months of 2009	9,843	19,179	13,248	1,917	21,988,680

Source: Dien Bien Department of Education and Training. Report of February 26, 2009.

Annex 1.41 Dien Bien: Number of (people-supported) semi-boarding schools and pupils, 2004 to 2014-15

Year	Number of schools with people-supported boarding pupils			Number of people-supported boarding pupils				
	Total	Upper-secondary	Lower-secondary	Primary school	Total	Upper-secondary	Lower-secondary	Primary school
2004	84	6	22	56	8,619	730	4,632	3,257
2009	181	15	82	84	17,456	4,278	9,757	3,421
2010-2011	188	15	86	87	18,188	4,035	10,722	3,431
Plan 2014-2015	194	19	93	92	19,257	4,586	11,144	3,527

Source: Dien Bien Province People's Committee. Report of June, 2009

Annex 1. 42 Dien Bien: Number and proportion of schools with semi-boarding facilities by district, 2008-2009

City/town/district	Total schools			Primary			Lower-secondary			Upper-secondary		
	Total number of schools	Number with semi-boarding	Percentage with semi-boarding	Total primary schools	Number with semi-boarding	Percentage with semi-boarding	Total lower-secondary schools	Number with semi-boarding	Percentage with semi-boarding	Total upper-secondary schools	Number with semi-boarding	Percentage with semi-boarding
Total	306	181	59.2	168	84	50.0	110	82	74.5	28	15	53.6
Dien Bien Phu City	21	4	19.0	9	2	22.2	8	1	12.5	4	1	25.0
Muong Lay Town	9	1	11.1	4	0	0.0	4	0	0.0	1	1	100.0
Muong Nhe	38	29	76.3	22	16	72.7	13	11	84.6	3	2	66.7
Muong Cha	41	35	85.4	21	17	81.0	18	17	94.4	2	1	50.0
Tua Chua	27	23	85.2	15	10	66.7	9	12	133.3	3	1	33.3
Tuan Giao	42	24	57.1	25	10	40.0	14	12	85.7	3	2	66.7
Dien Bien	62	22	35.5	37	10	27.0	19	9	47.4	6	3	50.0
Dien Bien Dong	41	27	65.9	23	11	47.8	15	14	93.3	3	2	66.7
Muong Ang	25	16	64.0	12	8	66.7	10	6	60.0	3	2	66.7

Source: Dien Bien Province People's Committee. Report of June, 2009

Annex 1.43 Dien Bien: Provision of state funding for people-supported boarding pupils, 2004 - 2008

Year	Number of turns	Support amount (VND per school year)	State budget support (VND per school year)
Total			16,040,000,000
2004-2005	8,889	450,000	4,000,000,000
2005-2006	12,088	450,000	5,540,000,000
2006-2007	13,334	450,000	6,000,000,000
2007-2008	15,792	450,000	7,516,000,000
2008-2009	17,456	450,000	7,855,000,000

Source: Dien Bien Province People's Committee. *Report of June, 2009*

Annex 1.44 Nursery school statistics, 2007-2008

Region/province	Number of nursery groups			Number of nursery pupils			Children to teacher ratio
	Total	Public	Non-public	Total	Female children	Ethnic children	
Whole country	33,789	7,834	25,955	508,694	242,811	50,947	11.52
Red River Delta	13,187	628	12,559	219,842	106,590	1,089	12.27
North East Region	6,547	2,457	4,090	69,064	31,602	27,225	11.99
Ha Giang	532	526	6	5,675	2,633	3,816	11.04
Cao Bang	114	87	27	1,857	869	1,529	8.36
Lao Cai	166	147	19	4,741	2,172	1,363	22.26
Bac Kan	244	244		2,684	1,208	2,082	9.19
Lang Son	244	231	13	3,763	1,795	2,482	9.75
Tuyen Quang	930	448	482	8,408	3,999	3,981	6.95
Yen Bai	166	153	13	8,291	4,060	6,695	17.45
Thai Nguyen	699	165	534	6,472	3,109	1,608	9.23
Phu Tho	1,157	53	1,104	7,350	3,399	1,634	10.84
Bac Giang	2187	295	1,892	16,813	6,932	1,806	20.43
Quang Ninh	108	108		3,010	1,462	229	12.24
North West Region	1,683	786	897	19,141	8,940	11,070	7.08
Lai Chau	97	97	'''	1,532	714	599	8.51
Dien Bien	137	137		2,160	1,027	863	5.74
Son La	570	411	159	5,921	2,734	2,995	9.37
Hoa Binh	879	141	738	9,528	4,465	6,613	6.28
North Central Coast	5,945	1,220	4,725	74,883	36,169	7,913	10.86
South Central Coast	1,205	301	904	21,604	10,485	330	10.57
Central Highland Region	958	279	679	18,008	8,361	1,941	10.06
Kon Tum	92	82	10	1,073	486	332	8.19
Gia Lai	229	68	161	4,316	1,991	439	8.46
Dak Lak	120	64	56	3,288	1,650	526	10.34
Dak Nong	51	39	12	1,317	654	177	19.37
Lam Dong	466	26	440	8,014	3,580	467	10.5
South East Region	3,013	1,531	1,482	61,936	29,827	1,082	12.22
Mekong Delta Region	1,251	632	619	24,216	10,837	297	12.37

Source: Ministry of Education & Training (2009). *Education and Training Statistics Yearbook 2007-2008*, .

Annex 1.45 Kindergarten school statistics, 2007-2008

Region/province	Number of kindergarten classes			Number of kindergarten pupils			Children to teacher ratio
	Total	Public	Non-public	Total	Female children	Ethnic children	
Whole country	101,575	48,716	52,859	2,687,037	1,308,022	398,572	20.86
Red River Delta	23,318	1,913	21,405	649,565	322,176	3,933	21.39
North East Region	14,398	8,439	5,959	333,981	164,097	148,247	17.15
Ha Giang	1,518	1,517	1	31,283	14,625	25,384	17.55
Cao Bang	704	701	3	14,429	7,124	13,138	15.74
Lao Cai	1,240	1,162	78	24,171	11,561	17,524	14.81
Bac Kan	754	754		11,367	5,155	8,767	15.55
Lang Son	1,450	1,411	39	27,498	13,343	22,235	16.1
Tuyen Quang	1,576	252	1,324	31,773	15,463	17,927	16.99
Yen Bai	1,145	1,110	35	28,587	13,812	14,675	15.93
Thai Nguyen	1,284	351	933	35,388	18,125	8,655	16.32
Phu Tho	2,020	187	1,833	47,744	25,195	8,548	16.57
Bac Giang	2,126	413	1,713	53,156	26,059	9,114	18.94
Quang Ninh	581	581		28,585	13,635	2,235	24.16
North West Region	6,164	4,317	1,847	115,969	55,826	90,921	16.11
Lai Chau	1,011	1,011		19,542	9,524	16,172	15.66
Dien Bien	989	989		22,529	10,863	18,503	18.29
Son La	2,034	2,019	15	45,530	21,794	35,751	19.8
Hoa Binh	2,130	298	1,832	28,368	13,645	20,495	11.74
North Central Coast	14,210	3,370	10,840	367,278	179,542	38,438	19.37
South Central Coast	7,873	2,155	5,718	208,676	97,619	16,467	21.33
Central Highland Region	7,294	5,856	1,438	183,081	86,325	62,332	23.12
Kon Tum	1,275	1,235	40	16,575	8,262	9,859	17.09
Gia Lai	1,942	1,733	209	49,408	24,298	22,047	24.02
Dak Lak	2,086	1,691	395	57,773	27,790	19,897	24.09
Dak Nong	621	592	29	16,666	5,591	7,199	25.37
Lam Dong	1,370	605	765	42,659	20,384	3,330	23.21
South East Region	14,234	9,881	4,353	417,845	199,977	17,078	20.98
Mekong Delta Region	14,084	12,785	1,299	410,642	202,460	21,156	26.97

Source: Ministry of Education & Training (2009). *Education and Training Statistics Yearbook 2007-2008*, .

Annex 1.46 Primary school statistics, 2007-2008

Region/province	Number of classes	Number of students	Number of girls	Number of ethnic students	Students per class
Whole country	266,400	6,871,795	3,175,825	1,099,045	25.8
Red River Delta	42,132	1,259,874	599,211	9,125	29.9
North East Region	39,375	767,766	327,551	314,997	19.5
Ha Giang	4,840	77,314	24,419	44,434	15.9
Cao Bang	3,359	45,482	14,382	28,482	13.54
Lao Cai	3,755	62,790	29,715	47,237	16.72
Bac Kan	1,459	22,952	10,156	19,030	15.73
Lang Son	3,669	60,484	25,681	46,493	16.49
Tuyen Quang	3,074	56,982	27,253	33,628	18.54
Yen Bai	2,898	64,011	24,484	28,442	22.09
Thai Nguyen	3,166	77,634	37,547	23,843	24.52
Phu Tho	4,255	91,013	43,828	15,695	21.39
Bac Giang	4,843	123,331	53,381	20,109	25.47
Quang Ninh	4,057	85,773	36,705	7,604	21.14
North West Region	15,287	265,590	113,864	212,890	17.37
Lai Chau	2,987	43,176	17,487	35,771	14.45
Dien Bien	3,073	54,640	24,237	48,652	17.78
Son La	6,059	108,899	44,841	86,066	17.97
Hoa Binh	3,168	58,875	27,299	42,401	18.58
North Central Coast	33,850	840,432	386,244	106,141	24.83
South Central Coast	22,251	596,007	283,468	44,666	26.79
Central Highland Region	22,570	586,012	257,250	220,271	25.96
Kon Tum	2,822	49,868	22,963	30,335	17.67
Gia Lai	5,785	150,017	57,108	53,421	25.93
Dak Lak	7,435	203,389	95,747	81,050	27.36
Dak Nong	2,285	61,173	25,809	23,544	26.77
Lam Dong	4,243	121,565	55,623	31,921	28.65
South East Region	36,579	1,130,102	534,990	81,177	30.89
Mekong Delta Region	54,356	1,426,012	673,247	109,778	26.23

Source: Ministry of Education & Training (2009). *Education and Training Statistics Yearbook 2007-2008*, .

Annex 1.47 Secondary school statistics, 2007-2008

Region/province	Number of classes	Number of students	Number of girls	Number of ethnic students	Students per class
Whole country	159,910	5,858,484	2,856,483	874,642	36.64
Red River Delta	31,571	1,181,031	578,578	9,355	37.41
North East Region	22,375	699,007	337,933	318,257	31.24
Ha Giang	1,788	50,850	23,517	42,925	28.44
Cao Bang	1,281	36,690	17,673	36,447	28.64
Lao Cai	1,692	51,099	23,842	35,902	30.2
Bac Kan	,732	22,619	11,792	17,983	30.9
Lang Son	2,098	62,026	31,059	53,583	29.56
Tuyen Quang	1,603	53,669	25,941	32,026	33.48
Yen Bai	1,763	57,439	26,858	33,305	32.58
Thai Nguyen	2,090	72,597	35,727	21,766	34.74
Phu Tho	2,901	94,672	45,467	16,110	32.63
Bac Giang	4,129	117,011	57,024	17,306	28.34
Quang Ninh	2,298	80,338	39,033	10,904	34.96
North West Region	6,657	198,435	96,897	164,483	29.81
Lai Chau	803	21,324	8,236	18,608	26.56
Dien Bien	1,192	34,755	13,914	29,085	29.16
Son La	2,641	83,735	36,218	71,338	31.71
Hoa Binh	2,021	58,621	28,529	45,452	29.01
North Central Coast	24,610	901,037	442,808	107,607	36.61
South Central Coast	14,740	572,484	280,108	35,499	38.84
Central Highland Region	11,731	433,079	217,866	135,142	36.92
Kon Tum	1,339	36,016	17,996	19,876	26.9
Gia Lai	2,640	94,565	46,278	31,231	35.82
Dak Lak	4,103	165,049	82,439	50,757	40.23
Dak Nong	1,076	40,100	19,303	11,226	37.27
Lam Dong	2,573	97,349	51,850	22,052	37.83
South East Region	21,886	888,828	436,162	64,128	40.61
Mekong Delta Region	26,340	984,583	476,131	58,171	37.38

Source: Ministry of Education & Training (2009). *Education and Training Statistics Yearbook 2007-2008*, .

Annex 1.48 Upper-secondary school statistics, 2007-2008

Region/province	Number of classes	Number of students	Number of girls	Number of ethnic students	Students per class
Whole country	67,937	3,070,023	1,587,714	305,055	45.19
Red River Delta	15,333	740,926	379,986	3,795	48.32
North East Region	8,309	360,840	195,760	124,513	43.43
Ha Giang	420	17,153	8,631	12,000	40.84
Cao Bang	518	22,456	12,841	21,636	43.35
Lao Cai	454	18,674	9,059	8,403	41.13
Bac Kan	273	11,366	5,644	8,727	41.63
Lang Son	634	28,727	16,676	23,022	45.31
Tuyen Quang	791	32,043	17,808	15,003	40.51
Yen Bai	646	26,479	12,948	10,428	40.99
Thai Nguyen	872	39,591	22,146	9,995	45.4
Phu Tho	1,077	50,236	26,086	5,247	46.64
Bac Giang	1,569	66,486	39,282	6,385	42.37
Quang Ninh	1,055	47,629	24,639	3,667	45.15
North West Region	2,021	85,921	40,110	58,858	42.51
Lai Chau	156	5,987	2,713	3,671	38.38
Dien Bien	386	15,624	6,821	10,579	40.48
Son La	763	33,365	14,375	24,099	43.73
Hoa Binh	716	30,945	16,201	20,509	43.22
North Central Coast	10,547	486,200	239,848	36,702	46.1
South Central Coast	6,344	304,397	157,657	10,191	47.98
Central Highland Region	4,599	199,604	106,018	36,325	43.4
Kon Tum	289	11,417	6,116	3,566	39.51
Gia Lai	937	39,272	20,379	6,363	41.91
Dak Lak	1,771	83,360	44,434	16,769	47.07
Dak Nong	432	18,208	9,668	2,884	42.15
Lam Dong	1,170	47,347	25,421	6,743	40.47
South East Region	10,030	440,420	236,444	15,612	43.91
Mekong Delta Region	10,754	451,715	231,891	19,059	42

Source: Ministry of Education & Training (2009). *Education and Training Statistics Yearbook 2007-2008*, .

Annex 1.49 Dien Bien: Consolidated figures on children in special circumstances by district, 2007

	Total number of children	Children with two deceased parents	Children with one deceased parent	Abandoned children	Children with disabilities	Children with congenital deformities
Whole province	2,573	292	1,338	63	880	1,237
Dien Bien City	236	5	159	5	67	97
Dien Bien District	507	58	207	46	196	245
Dien Bien Dong District	297	35	81	5	176	139
Tuan Giao District	614	60	388	0	166	266
Tua Chua District	455	46	290	1	118	127
Muong Cha District	272	47	166	3	56	148
Muong Lay Town	78	13	44	3	18	67
Muong Nhe District	114	28	3	0	83	148

Source: Dien Bien Province People's Committee. Report No.931, 08/2008.

Annex 1.50 Dien Bien: Consolidated figures on children in special circumstances, 2007

	Number of children
Orphaned children	1,693
Children with disabilities and physical deformities	2,117
Orange Agent victims	1
Children living with HIV/AIDS	6
Abused children	6
Children in trouble with the law	69
Children in hard labour or working in hazardous conditions	2,760
Children migrating to work	35
Homeless children	5
Children using drugs	10

Source: Dien Bien Province People's Committee. *Report No.931, 08/2008.*

Annex 1.51 Child accidents and injuries referred to provincial and/or district hospitals, 2008

Place and type of accident or injury	Number of accidents and injuries							
	All age groups		0-4 years		5-14 years		15-19 years	
	Total	Female	Total	Girls	Total	Girls	Total	Girls
Place of accident	6,085	2,077	381	148	744	253	828	298
On the road	2,279	705	55	19	176	66	408	147
At home	2,687	1,082	290	122	383	129	230	97
At school	239	60	13	3	96	24	79	24
At work	429	104	2	1	19	5	49	17
In public places	308	70	12	2	43	15	54	10
Others	15	5	4	1	5	2	1	0
Lake, ponds, rivers	128	51	5	0	22	12	7	3
Number of injuries (ICD 10)	6,085	2,077	381	148	744	253	828	298
Road accident (V01-V99)	1,695	469	57	15	137	46	213	68
Labour accident (W20-W49)	635	166	2	1	42	12	105	41
Animals (bites, stings etc.)	227	89	18	3	34	12	22	9
Falling (W01-W19)	1,895	727	167	66	360	118	218	72
Drowning (W65-W84)	11	3	3	1	3	2	1	0
Poisoning by chemicals or food	525	244	39	15	34	17	58	34
Suicide (X60-X84)	96	62	1	0	8	5	15	10
Violence and conflict (X85-Y09)	353	77	2	1	6	1	61	6
Others	506	179	36	19	83	24	124	53

Source: Provincial Department of Health.

Note: Data on the number of referrals to the provincial general hospital, general hospital of Muong Lay and nine district hospitals (not indicating number of mortalities).