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AN ANALYSIS

OF THE SITUATION OF CHILDREN AND WOMEN IN KON TUM PROVINCE

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The research was completed by a research team consisting of Edwin Shanks, Buon Krong Tuyet Nhung and Duong Quoc Hung with support from Vu Van Dam and Pham Ngoc Ha.

Findings of the research were arrived at following intensive consultations with local stakeholders, during fieldwork in early 2013 and a consultation workshop in Kon Tum in July 2014. Inputs were received from experts from relevant provincial line departments, agencies and other organisations, including the People's Council, the Provincial Communist Party, the Department of Planning and Investment, the Department of Labour, Invalids and Social Affairs, the Department of Education, the Department of Health, the Provincial Statistics Office, the Department of Finance, the Social Protection Centre, the Women's Union, the Department of Agriculture and Rural Development, the Provincial Centre for Rural Water Supply and Sanitation, the Committee for Ethnic Minorities, Department of Justice.

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PREFACE

This Analysis is part of a series of provincial situation analyses that UNICEF Viet Nam has initiated to support provinces under the Social Policy and Governance Programme. The initiative aims to inform the provinces' planning and budgeting, including Socio-Economic Development Plans (SEDPs) as well as sectoral plans, in order to make them more child-sensitive and evidence-based.

The Analysis of the Situation of Children provides a holistic picture of the situation of girls and boys in Kon Tum province. This Analysis takes a child rights-based approach, looking at the situation of children from the equity perspective. The Analysis therefore makes a unique contribution to understanding the situation of children – girls and boys, rural and urban children, Kinh and ethnic minority children, poor and rich children – today in Kon Tum province.

The report's findings confirm the province's remarkable progress in child rights implementation, in line with its socio-economic development achievements in recent years. However, there are areas where disparities still exist and more progress is needed. This is particularly the case for disadvantaged population groups including ethnic minority, but also in areas such as child stunting and malnutrition, water and sanitation, transition from primary to secondary education and child protection.

We hope that this Situation Analysis will be an useful reference document for Kon Tum Province to inform the planning, implementing, monitoring and evaluation processes with a view of making provincial SEDPs, sectoral plans and development interventions more child sensitive.

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Representative

UNICEF Viet Nam

LE THI KIM DON

Vice Chair

Kon Tum Provincial People's Committee

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LIST OF ABBREVIATIONS

CLTS	Community Led Total Sanitation
CHC	Commune Health Clinic
CWD	Children with Disability
DOET	Department of Education and Training
DOH	Department of Health
DOLISA	Department of Labour, Invalids and Social Affairs
DPI	Department of Planning and Investment
GDP	Gross Domestic Product
GSO	General Statistics Office
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
KAP	Knowledge, Attitudes and Practices
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
MMR	Maternal Mortality Rate
NIN	National Institute of Nutrition
NTP	National Target Programme
ODA	Official Development Assistance
PCERWASS	Province Centre for Rural Water Supply and Sanitation
PPC	Province Peoples Committee
RWSS	Rural Water Supply and Sanitation
SEDP	Socio Economic Development Plan
SRB	Sex Ratio at Birth
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VHLSS	Vietnam Housing and Living Standards Survey
VHW	Village Health Worker
VND	Vietnamese Dong

CHAPTER 1

INTRODUCTION

CHAPTER 1. INTRODUCTION

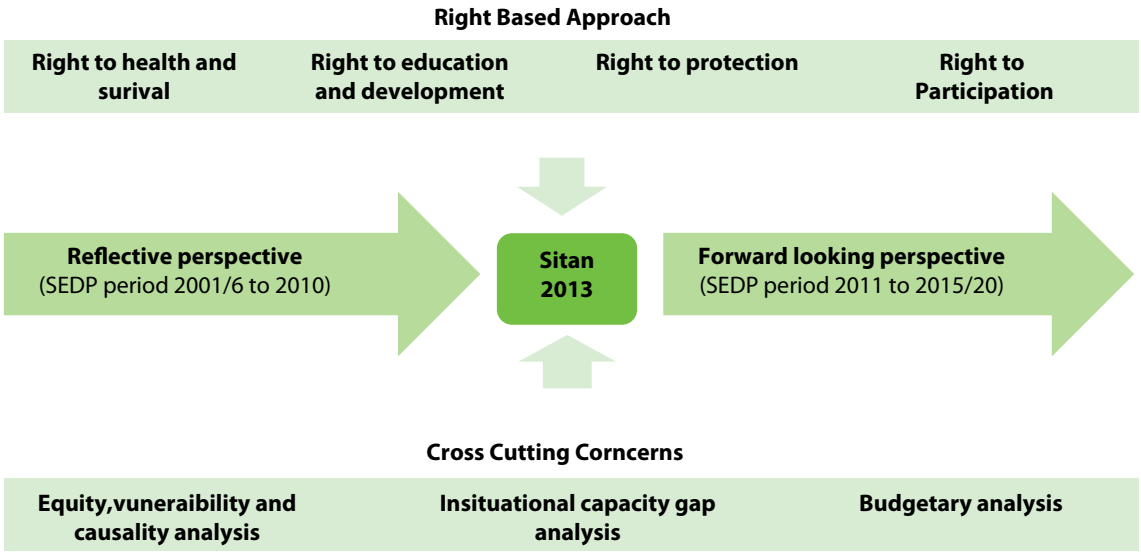
1.1 Research objectives

The purpose of this study is to provide a holistic picture, analysis and understanding of the situation of children and women in Kon Tum Province in the Central Highlands Region of Vietnam. The study aims to inform policy-makers and to help improve planning and the allocation of resources in the provincial Socio-Economic Development Plan (SEDP) and sector plans and budgets so that they are more child sensitive and evidence-based. The specific objectives of the study are threefold:

- Firstly, to improve understanding of the current status of the fulfillment of children's rights in relation to four clusters of child rights and areas of sector activity: (i) maternal and child health and nutrition, water, sanitation and hygiene; (ii) pre-school and general education; (iii) child protection; and (iv) children's participation.
- Secondly, to strengthen local capacity to undertake and use the situation analysis as a means for monitoring the situation of children and women, particularly vulnerable and disadvantaged groups and how their rights are being met.
- Thirdly, to provide practical recommendations on how to improve the situation of children and women in the province in relation to the SEDP and sector planning, budgeting and monitoring, and the implementation of services on the ground.

1.2 Analytical framework and research methodology

The aim of the Situation Analysis (SitAn) is to reflect reality as accurately as possible in a way that will inform policy and programming. The main elements of the analytical framework are based on UNICEF's Guidelines on Conducting a Situation Analysis of Children's and Women's Rights (2012) and can be visualized as follows:



The research encompasses four levels of analysis, as follows:

- Analysis of the situation in Kon Tum as compared to other provinces in the Central Highlands, other regions of the country and nationally.
- Analysis of intra-provincial differences according to geographical and administrative area, ethnicity, poverty status and socio-economic group etc.
- In-depth case-study analysis from a selection of urban wards and rural districts and communes in different zones of the province.
- Viewpoints of different groups of children, parents, local leaders, officials and service providers.

The specific research questions which have been used to guide the study are listed in Table 1.1. In order to build-up a comprehensive picture and understanding, the research has collected, compiled and analyzed both quantitative data and qualitative information drawn from a number of different sources.

Quantitative data sources have included: (i) statistics from national surveys and databases; (ii) statistics from province and district departments, monitoring systems and reports; and (iii) the compilation of budgetary and expenditure information on the provincial SEDP and sector programmes and services. It should be noted that the research has not attempted to gather new primary statistical data, but rather to compile a comprehensive database of existing statistical information. These data tables are presented in Annex 1. The research is therefore limited by gaps in the currently available data and information; such data gaps and inconsistencies are identified in the report and recommendations are given for priorities for improved monitoring, further research and analytical work to fill these gaps.

Qualitative information sources have included: (i) meetings with local government leaders, officials and service providers from different sectors at province, district and commune levels; (ii) meetings and focus group discussions with front-line service providers including teachers, health workers, local collaborators and commune and village cadres; and (iii) focus group discussions and participatory analysis with groups of children, parents and other community members. This has been complemented by a literature review of other relevant research studies and reports, including a review of social sciences research publications on various topics and issues related to the indigenous ethnic minority groups in the Central Highlands.

Box 1.1 Research Questions

Situation assessment:

- What are the major national, regional and province-wide socio-economic trends that have had impacts on child and maternal outcomes in Kon Tum in the past 5 years?
- How do child and maternal outcomes and trends differ across population groups and regions? Which are the most deprived groups of children and women? Where are they located? What forms of deprivation and exclusion do these groups face? What are the determining factors that give rise to and perpetuate their exclusion?
- What are the major issues and challenges facing children and families in Kon Tum today as well as in the coming 5 years? What are the underlying causes of inequalities including gender across population groups and regions?
- What are the immediate, underlying and structural barriers and bottlenecks to child and maternal well-being and to accessing and utilizing basic social services and other resources?
- How is the situation in Kon Tum different from that of the central highland region and the country as a whole?
- What emerging issues and risks (climate change, migration, and social protection) exist that are likely to affect the patterns of deprivation and exclusion etc.?

Roles, responsibilities and capacities:

- What existing social, institutional and political factors (e.g. social norms, institutional capacities at all levels of local government, accountability and coordination mechanisms, policy and legal frameworks) impede or could potentially support the creation of an enabling environment for the realization of children's rights?
- Who is supposed to do something/act upon the identified issues, challenges and disparities in at different levels?
- Does the policy environment proactively address disparities and deprivations through legislation, policies and budgets? What gaps are there in policy response and in implementation?
- How are budgets mobilized, planned, allocated and used in general and for children in particular in Kon Tum (both state budget and donor funds)? Are these done to address children's issues and priorities?
- What are the existing capacities and capacity gaps of rights-holders in Kon Tum to claim their rights? What are the existing capacities and capacity gaps of and of duty-bearers in Kon Tum to fulfill these claims?
- What capacities exist at different local levels to participate in analytical processes that examine the causes and consequences of shortfalls and inequities and to what extent are disadvantaged groups involved in such efforts and with what results?
- What are the key issues and solutions recommended for key stakeholders at national and local levels, particularly local policy makers to take into account when developing, planning, implementing, monitoring and evaluation for the provincial policies, annual and 5- year SEDP and sectorial plans in order to address specific dimensions of inequality and vulnerability?

1.3 Fieldwork locations and research participants

The study covers the entire province in terms of the background statistical data collection and the analysis and discussion of the results. Meetings and focus group discussions were held with a wide range of stakeholders at provincial level, in two districts (Dak To and Kon Plong) and in Kon Tum City. Fieldwork was also undertaken in two rural communes and one urban ward (Table 1.1). These locations were selected to be broadly representative of different demographic and socio-economic zones in the province.

- **Po E Commune** is situated in a remote location in Kon Plong District, characterized by a majority ethnic minority population (98 percent Hre people), low population density (18 persons/km^2), comparatively high poverty rate (46.9 percent) and low average annual per capita income (VND 4.3 million). Po E is in a heavily forested area, with large tracts of protection forest. People's livelihoods still rely heavily on forest resources, as well as crop cultivation on small areas of paddy land in valley-bottoms and the cultivation of cassava and other crops on sloping-land.
- **Tan Canh Commune** is an accessible rural commune situated on Highway No.14 in Dak To District, characterized by a mixed population of Kinh people, indigenous ethnic minorities (mainly Xe Dang) and northern ethnic minority migrants. Tan Canh is in a more prosperous agricultural area, with a cassava processing factory and rubber plantations in the commune which provide employment for local people. These better economic conditions are reflected in the lower poverty rate (10.5 percent) and comparatively high average annual per capita income (VND 20 million).
- **Le Loi Ward** is a peri-urban ward in Kon Tum City, with a mixed population of Kinh people (75 percent) and ethnic minorities (25 percent). Le Loi Ward includes five urban residence groups and two rural villages. The economic structure of the ward reflects these conditions with a combination of manufacturing enterprises which employ local people as well as workers from other parts of the province and agriculture activities in the rural villages. Le Loi Ward is therefore broadly representative of both urban and peri-urban conditions.

Table 1.1 The fieldwork locations

Key characteristics	Po E Commune Kon Plong District	Tan Canh Commune Dak To District	Le Loi Ward Kon Tum City
Area (hectares)	11,189	5,166	387
Number villages / wards	7	8	7
Ethnic groups	Hre, Kinh	Kinh, Xe Dang, Thai, Muong, Xie trieng	Kinh, Bahnar, Nung, Tay, Hoa
Population (persons)	1,984	4,733	6,264
Kinh	36 (2%)	2,654 (56%)	4,706 (75%)
Ethnic minority	1,948 (98%)	2,079 (44%)	1,558 (25%)
Population density (persons/km^2)	18	92	1,618
Number households	484	1,367	1,592
Number poor households	227	144	162
Kinh	0	30 (21%)	35 (21.5%)
Ethnic minority	227 (100%)	114 (79%)	127 (78.5%)
Poverty rate	46.9%	10.5%	10.1%
Number near poor households	17	49	5
Average annual per capita income	VND 4.3 million	VND 20 million	VND 17 million

Source: Commune / Ward Peoples Committees – Data provided during fieldwork

Research participants. In total, around 280 participants were involved in the research at province, district, commune or ward and community level. Around 70 percent of the participants were at grassroots level, including commune/ward leaders and officials, healthcare workers, teachers, village leaders, women's groups, local collaborators, parents and secondary school students, as follows:

• Number of province participants	60
• Number of city/district participants	25
• Number of commune/ward participants	50
• Number of community level participants	56
• Number of school teachers	22
• Number of school students (in three schools)	67
• Percentage male participants	60%
• Percentage female participants	40%

Participatory analysis and statements made by children are included at several points in the report. In all cases, children were asked if they wished to participate in the group discussions and they were asked to sign a note of confirmation that their ideas and opinions could be used in the report.

The province, district and commune/ward level departments and agencies that have participated in the research include the following:

Province level

- Province People's Committee
- Province People's Council
- Party Propaganda and Education Committee
- Department of Planning and Investment
- Department of Finance
- Department of Labour, Invalids and Social Affairs
- Department of Health and sub-departments and health centres
- Department of Education and Training
- Centre for Rural Water Supply and Environmental Sanitation
- Province Statistics Office
- Province Women's Union
- Province Youth Union
- Province Ethnic Committee
- Department of Justice
- Province Police
- Province People's Prosecution Office
- Province People's Court
- Province Health Insurance
- Province Social Protection Centre

District, commune and ward level

- District / City People's Committee
- Planning and Finance Section
- Labour, Invalids and Social Affairs Section
- Health Section
- Preventive Health Centre
- Women's Union
- Youth Union
- Commune / Ward People's Committee
- Commune Health Clinic
- Commune schools

1.4 Structure of the report

Following this introduction, the report is divided into seven main chapters:

Chapter 2 Development Context sets the scene for the study by describing salient aspects of the geographical setting, demographic characteristics and trends, ethnic composition, the provincial economy and household incomes. In doing so, a comparison is made between the situation of key human development indicators in Kon Tum and neighbouring provinces in the Central Highlands and other regions of the country; and development issues and challenges are highlighted with respect to land use, employment, climate change, water resources and environmental vulnerability.

Chapter 3 Institutional Context and Intra-provincial Differentiation provides the foundation for the more detailed analysis made in subsequent chapters. Firstly, attention is given to the overall institutional context for the fulfilment of child rights. This includes a summary of provincial revenues, the provincial budget and social sector expenditures; the legislative framework for child care, protection and education; the Province Socio Economic Development Plan and Province Action Programme for Children; and cross-sector coordination, integration and synergy in the delivery of services. This is used as a basis for identifying institutional capacity gaps in subsequent chapters.

Secondly, district-level indicators and statistics are used to build up a picture of the major patterns of intra-provincial differentiation according to geographical and administrative area, poverty status, and ethnicity. This is used to identify the most disadvantaged districts and areas of the province, as well as identifying patterns of inequality in the situation of children and women. Thirdly, this chapter identifies the most hard-to-reach and vulnerable groups of children and women in Kon Tum. This is used in subsequent chapters as a basis for analyzing the sources and causes of these patterns of intra-provincial differentiation, inequality and vulnerability.

Chapter 4 Socio-economic and Socio-cultural Factors Underlying Vulnerability examines in detail the causative factors that underlie the patterns of intra-provincial differentiation and inequality and vulnerability identified in the previous chapter. This analysis relates to two sets of issues. Firstly, household incomes, food supply and nutrition – including patterns of livelihood diversification, household cooperation and dependency, and maternal and infant nutrition and feeding practices. Secondly, factors influencing reproductive healthcare behaviour – including differential trends in childbirth, early marriage and early pregnancy, spiritual and ritual aspects of childbirth, and education, religious affiliation, family planning and birth control.

Chapter 5 Children's Participation and Social and Cultural Transformation looks and children's participation from several perspectives. Firstly, children's social networks and daily life activities are described from the perspective of children themselves. This is used to understand differences in the situation and world-view of children in urban and rural areas, as well as to understand some of the problems and difficulties they face at home, in the community and at school. Secondly, consideration is given to the participation and protection of teenagers and young adults, particularly those who leave education at the end of lower secondary school. In particular, we examine the processes of social and cultural change that are taking place amongst indigenous ethnic minority communities in Kon Tum. This is in order to understand how these changes may affect the care, protection and education of children in these communities, as well as factors which influence the participation of children and women in modern day society.

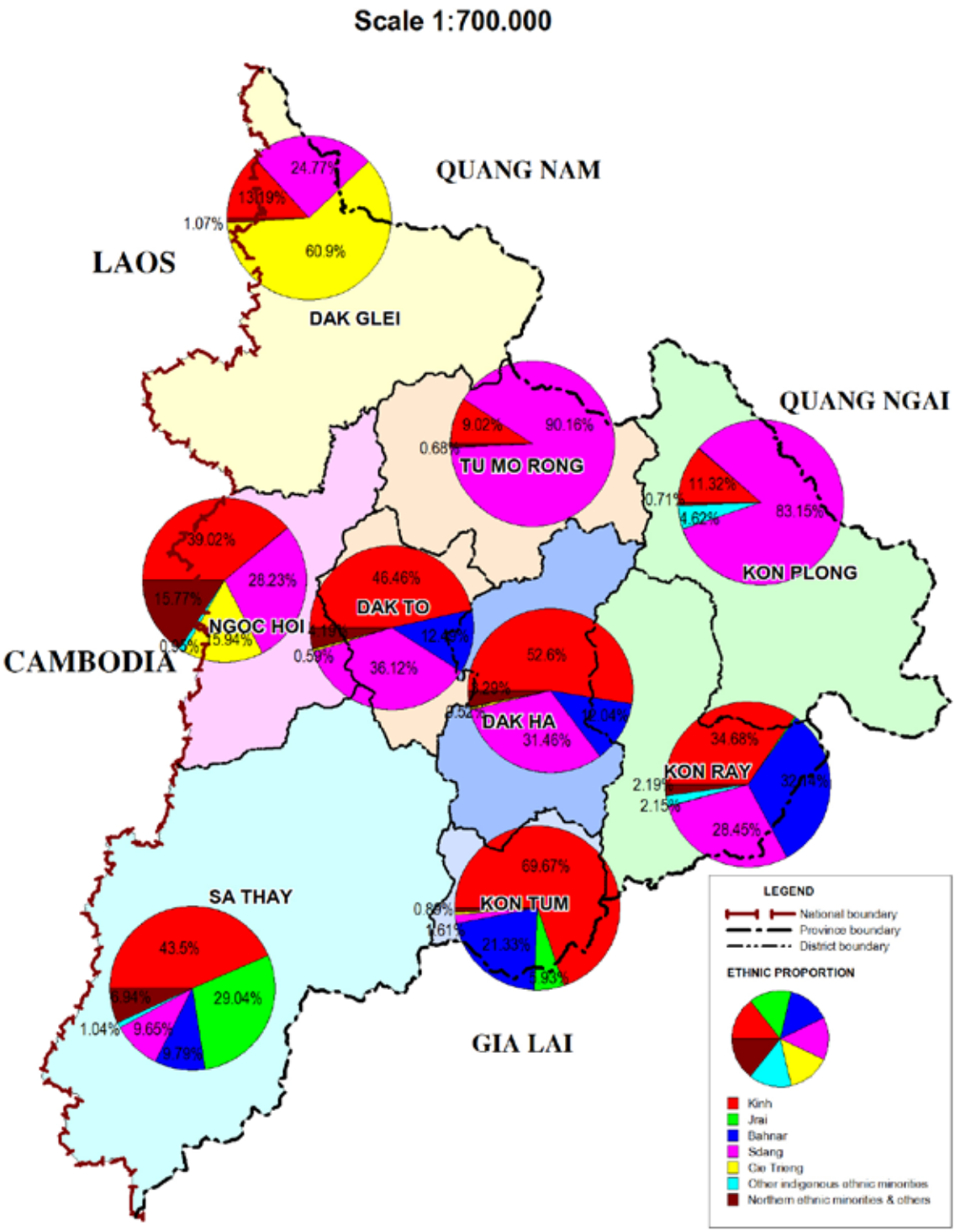
The following chapters go on to analyse the clusters of child rights and areas of sectoral activity in more detail, including maternal and child healthcare and nutrition, water supply and sanitation **(Chapter 6)**, education and development **(Chapter 7)** and child protection and social protection **(Chapter 8).** Each chapter begins with a description of the main sector policies and programmes that are included under the National Action Plan for Children (2012-2020), together with a description

of the corresponding province policies and programmes and an analysis of budgetary allocations to the National Target Programmes and province programmes. An analysis is then made of the current situation in each sector, including analysis of quantitative statistics and indicators, and qualitative analysis of the strengths, weaknesses and capacity gaps in service delivery.

Each of these chapters concludes with a section on priorities and recommendations. In this respect, it should be noted that the purpose of this study is not to duplicate all the priorities and recommendations that have been identified in strategic sector planning documents of the province – such as the Master Plan for Development of Peoples Health (2011 to 2020) or the Master Plan for Training and Education Development (2011 to 2020). Rather, the purpose of this report is to reflect on the overall development strategy that is articulated in these planning documents, to identify institutional capacity gaps and to make specific recommendations based on the analysis in this report.

Map 2.1 Kon Tum Province

Map 2.2 Ethnic Composition of Kon Tum Province



CHAPTER 2

DEVELOPMENT CONTEXT

CHAPTER 2 DEVELOPMENT CONTEXT

This chapter sets the scene for our analysis of the situation of children and women in Kon Tum Province by describing salient aspects of the geographical setting, demographic characteristics and trends, ethnic composition, the provincial economy and household incomes. In doing so, a comparison is made between the situation of key human development indicators in Kon Tum and neighbouring provinces in the Central Highlands and other regions of the country; and key development issues and challenges are highlighted with respect to land use, employment, climate change, water resources and environmental vulnerability.

2.1 Geographical setting

Kon Tum Province is the northern-most province in the Central Highlands Region, bordering the coastal provinces of Quang Nam and Quang Ngai to the north and east and Gia Lai Province to the south (Map 2.1). Kon Tum shares a 280 kilometer international borderline with Cambodia and Laos to the west where the Bo Y Border Gate is located at the junction between the three countries. Kon Tum was separated from the former Gia Lai-Kong Tum Province in October 1991. Administratively, the province includes Kon Tum City and eight districts, six district towns, 86 rural communes and 10 urban wards.

Topographically, the province is divided into three main zones. The northern part of the province, including Dak Glei and Tu Mo Rong districts, forms part of the Truong Son Mountain Range, with Ngoc Linh Mountain rising to 2,598 meters above sea level. This zone contains large areas of semi-evergreen lowland and upland forests, which are recognized to be of high biodiversity value and are included in Greater Mekong Subregion (GMS) Biodiversity Conservation Corridors Initiative[1]. The east of the province consists of an upland plateau in Kong Plong District, ranging from 1,100 to 1,300 meters above sea level, which is also extensively forested and has low population density. The central and western parts of the province are made up of rolling mid-altitude plateau land. The central districts in this zone, including Dak Ha, Dak To and Ngoc Hoi, as well as Kon Tum City are the most prosperous parts of the province, characterized by higher population density and more intensive agricultural production conditions.

Kon Tum straddles the watershed between three river systems: the Vu Gia-Thu Bon River and Ba River catchments which flow to the north and east, and upper tributaries of the Sesan River which flow westwards to join the Mekong River in Cambodia. The province lies to the south of the Truong Son Mountain Range which has the highest annual rainfall in Vietnam (up to 5,000mm per annum) and the province contains numerous river catchments and tributaries which flow into the Sesan River system. Surface water volume is therefore quite sufficient. Even so, many districts and communes face water shortages in the dry season, especially in the west and south of the province, where rivers and streams often dry out completely in the dry season (e.g. in Sa Thay, Dak Ha and around Kon Tum City)[2]. There is also rapidly increasing demand for water – for domestic use, commercial and subsistence agriculture and hydropower.

Internal and external transportation links have been steadily improved in recent years. Kon Tum is linked to the north and south by Highway 14, together with east-west road links to the seaports in Quy Nhon and Da Nang and the international airport in Da Nang. Recently, the eastern branch of the Ho Chi Minh Highway has been upgraded, linking the western districts of Kon Tum to Quang Nam in the north and Gia Lai and Binh Dinh provinces to the south. According to the 2011 Rural, Agriculture and Fisheries Census, 100 percent of communes in Kon Tum are connected to the electricity grid and have all year round road access, while 98.4 percent of rural villages are connected to the electricity grid and 92.6 percent have road access (Annex 1.1). Further investment in connective infrastructure including roads, electricity, irrigation and the internet, is a top priority in the current Socio-Economic Development Strategy (2011-2020).

1 GMS Core Environment Programme (2008) Biodiversity Conservation Corridors Initiative.

2 Ketelsen et al (2012) Geographic and seasonal distribution of water availability in the Sesan Central Highlands.

2.1.1 Climate change, water resources and environmental vulnerability

According to studies by the Ministry of Natural Resources and Environment[3], the World Bank[4] and ICEM[5], under middle-range greenhouse gas emission scenarios, the main impacts of climate change on the Central Highlands are projected to include: increased rainfall in some parts of the region combined with increased rainfall variability; extended dry season drought periods; increased high temperature extremes; and increased incidence and exposure to storm events. Overall rainfall amounts in the upper Sesan catchment (including Kon Tum and parts of Gia Lai) are projected to increase, but this may be combined with increased rainfall variability and dry season drought[6].

Long-term rainfall figures for the Central Highlands indicate that average rainfall is decreasing in the dryer months (December to May) and increasing in the wetter months (June to November). The Central Highlands has Vietnam's highest drought index – with dry season droughts occurring every five years on the Dak Lak Plateau since 1983, with consecutive droughts between 2003 and 2005 and 2009 to 2010[7/8] . Across the region, people are already facing challenges of periodic drought and water shortages.

The Central Highlands has been described as a potential 'hotspot' in terms of the impacts of climate change[9]. Shifts in temperature and rainfall regimes could have a major impact on growing conditions for some of the most important commercial and subsistence crops in the region, with an adverse impact on the agriculture economy and people's livelihoods. For instance, coffee is highly sensitive to water availability and water stress in critical periods of the growing season and shifts rainfall patterns could make some parts of the Central Highlands unsuitable for coffee production in the future.

It is likely that ethnic minority households and farmers will be particularly vulnerable to increased rainfall variability and drought because of their reliance on sloping-land cultivation and rain fed agriculture. In addition, increased incidence of storms events will adversely affect these households; for example, major impacts of Typhoon Ketsana in 2008 included damage to local water supply systems and inundation and siltation of small but valuable areas of paddy land in the valley-bottoms.

Hydropower has been one of the most significant development trends in the Central Highlands in recent years, with many small and medium-sized schemes recently put into operation, under construction or in the planning pipeline. In Kon Tum, plans were prepared for 60 schemes, including the major staircase hydropower scheme on the Sesan River. Recently, however, the Central Highlands Steering Committee and the Ministry of Trade and Industry have cancelled plans for many small and medium sized schemes in the Central Highlands because of concerns about detrimental environmental and livelihood impacts, poor construction standards and human safety concerns[10]; this includes 21 small-scale schemes that have been cancelled in Kon Tum[11].

2.2 Demographic characteristics and trends

2.2.1 Population size and urbanization

In several respects, Kon Tum has unique demographic characteristics which make it stand out in comparison with other rural provinces in Vietnam. Kon Tum is the third smallest province in the country in terms of population size, but the eighth largest province in land area. With a population of 462,394 in 2012 and a land area of 9,690 km^2, Kon Tum has the second lowest average population density nationwide at 48 persons per km^2 (Annex 1.2) . Within the province, the population density ranges widely from 15 persons per km^2 in the remote and

3 MONRE (2009) Climate Change, Sea Level Rise Scenarios for Vietnam.

4 World Bank (2010) The Social Dimensions of Adaptation to Climate Change in Vietnam.

5 ICEM (2012) Mekong ARCC Climate Change and Impact and Adaptation Study for Natural and Agricultural Systems.

6 ICEM (2012) ibid.

7 Nguyen Dang Tinh (2006) Coping with Drought in the Central Highlands of Vietnam.

8 KBR (2009) Viet Nam Water Sector Review Project: Final Report.

9 ICEM (2012) ibid.

10 Source: Vietnamnet, July 23, 2013: http://english.vietnamnet.vn/fms/society/79815/more-hydropower-projects-in-central-highlands-proposed-to-cancel.html

11 Source: Vietnam Chamber of Commerce and Industry, Vietnam Business Forum, March 7, 2013: http://vccinews.com/news_detail.asp?news_id=28059

heavily forested district of Kon Plong, up to 330 persons per km^2 in Kon Tum City to (Annex 1.3). Around 56 percent of the province population resides in Kon Tum City and the two central districts of Dak Ha and Dak To.

Kon Tum has a moderately higher urban population as compared to neighbouring provinces in the Central Highlands, with the urban share of the population rising moderately from 31.8 percent in 1999 to 33.5 percent in 2009 (Annex 1.2)[12]. Currently, one third of the province population resides in Kon Tum City or in district towns.

2.2.2 In-migration

In common with other provinces in the Central Highlands, there has been substantial in-migration to Kon Tum over recent decades. Although the Central Highlands first became an agricultural frontier during the period of French occupation in the early 20th Century, it was programmes of official resettlement to New Economic Zones between the 1970s and 1990s that had the greatest impact on the demographic structure of the region[13]. This period also saw the establishment of substantial land holdings under the State Forest Enterprises and agricultural farms. In-migration was driven by rapid development of commercial cash crop production and trading opportunities. In-migration has also included free-migration of Kinh people primarily from the North Central Coast and Red River Delta and ethnic minorities from the Northern Mountains.

Census data from 1989, 1999 and 2009 show that the highest rates of in-migration were in the 1980s, when the Net Migration Rate in the combined Gia Lai-Kong Tum Province was 53.6 persons per 1,000 population (Table 2.1). The Net Migration Rate has reduced in subsequent periods, but has remained fairly constant at 28.9 in the period 1994-1999 and 26.9 in the period 2004-2009. It is notable that in the late-1980s the rate of in-migration to Kon Tum was substantially lower than the agriculturally more prosperous provinces of Dak Lak and Lam Dong, but in-migration to Kon Tum has been sustained in recent years while it has fallen more sharply in these other provinces.

12 Province Statistics Office (2013) Province Statistics Yearbook 2012.

13 Dang Nguyen Anh et al (2003) Migration in Viet Nam: A review of information on current trends and patterns, and their policy implications.

Table 2.1 Net migration rates in the Central Highland provinces, 1989, 1999 & 2009

1984 to 1989		1994 to 1999		2004 to 2009	
Province	Net Migration Rate (per 1,000 persons)	Province	Net Migration Rate (per 1,000 persons)	Province	Net Migration Rate (per 1,000 persons)
Gia Lai-Kon Tum	53.6	Kon Tum	28.90	Kon Tum	26.9
Dak Lak	198.7	Gia Lai	62.99	Gia Lai	10.5
Lam Dong	144.2	Dak Lak	72.15	Dak Lak	-11
		Lam Dong	81.50	Dak Nong	65.8
				Lam Dong	7.2

Source: GSO Vietnam Population and Housing Census 1989, 1999 & 2009

In the present day context, one of the major migration patterns is the seasonal flow of laborers from provinces in the South Central Coast, mainly Phu Yen and Binh Dinh, to work on rubber and pine plantations and coffee farms. According to the Province Statistics Office, precise information is not available on the number of seasonal laborers involved or the different routes to the labour market. Labour market places exist in some districts, such as Dak Ha, where farm-owners can hire workers, while some enterprises bring in their own workers. According to some respondents, in a few instances the seasonal inflow of laborers results in conflicts with local people and cases of civil disobedience. However, information is not available on the extent to which seasonal labour movement is associated with issues such as prostitution.

2.2.3 Ethnic composition

As of 2009 Census and Housing Survey, ethnic minorities make up 53.2 percent and Kinh people 46.8 percent of the population, with a similar proportion recorded ten years previously in the 1999 Census (Map 1.2 and Annex 1.4). The highest proportions of Kinh people are found in Kon Tum City (69.7 percent) and in the more prosperous central districts such as Dak Ha, Dak To and Ngoc Hoi (Annex 1.5). Kinh people make up a smaller proportion of the population in the remote rural districts including Tu Mo Rong (9 percent), Kon Plong (11.3 percent) and Dak Glei (13.2 percent) which are predominantly ethnic minority.

Ethnic minorities in Kon Tum include both indigenous groups and northern migrants. The largest indigenous ethnic groups are the Xe Dang which comprise one quarter of the province population (24.36 percent) followed by the Bahnar (12.55 percent), Gie Trieng (7.36 percent) and Jrai (4.79 percent). Xe Dang people are distribution across all districts in the province, while the other groups are concentrated in certain districts. Jrai people are concentrated in Sa Thay (where they comprise 29 percent of the population), while Gie Trieng people are concentrated in the northern districts of Dak Glei (where they comprise 60.9 percent of the population) and Ngoc Hoi (15.9 percent). The highest proportions of Bahnar people are in Kon Ray (where they comprise 32.1 percent of the population) as well as in Kon Tum City (comprising 21.3 percent).

The indigenous ethnic minorities in Kon Tum fall under two ethno-linguistic groups: the Mon-Khmer group including the Xe Dang, Gie Trieng, Bahnar, Brau, Ro Mam, Hre and Co; and the Malayo-Polynesian group including the Jrai. Within these communities there are many different local and intermediate groups[14]. These local groups reflect clan structures as well as the long history of contiguous symbiotic relationships through marriage between groups and social relations with groups from other areas.

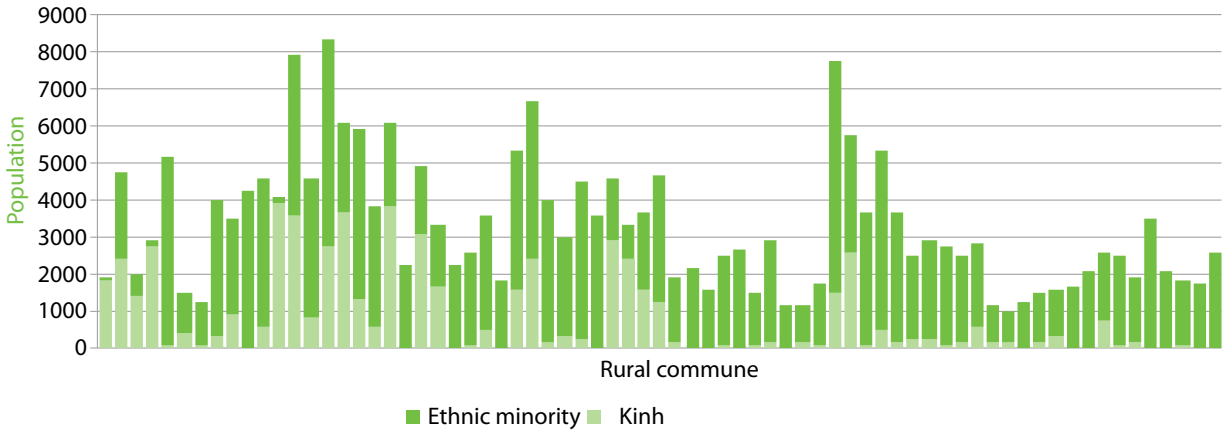
Kon Tum has two indigenous ethnic groups with small population size that are concentrated in this province. These are the Ro Mam, with a population of 419 people, located primarily in Mo Rai Commune in Sa Thay District (where they comprise just under 1 percent of the district population) and the Brau, with a population of 379 people in Bo Y Commune in Ngoc Hoi District (where they also comprise just under 1 percent of the district population). Other indigenous ethnic minority groups with a smaller population include the Hre and Co, most of who live in Kon Ray and Kon Plong districts.

Northern ethnic minority migrants, including the Thai, Tay, Nung, Dao, Muong and Hmong, make up around 3.34 percent of the province population as of 2009. This is a smaller proportion than in some other Central Highland provinces, such as in Dak Lak where northern ethnic minorities make up around 11.2 percent of the population (Annex 1.4). In Kon Tum, northern ethnic minority people are mainly concentrated in Ngoc Hoi District, where they make up 15.6 percent of the district population (Map 2.2).

Historically, the indigenous ethnic groups in the Central Highlands tended to occupy distinct geographical territories. The in-migration of Kinh people and northern ethnic minorities has, however, diversified the population structure – while indigenous ethnic minorities still form the majority in most rural communes, a considerable number of communes now have a mixed population (Figure 2.1).

14 For example, local groups within the Xe Dang include the Xoteng (Hdang, Xdang, Xdeng), To Dra (Xdra, Hdra), Mnam, Kadong, Halang (Xlang), Ta Trih, Chau, Kmrang, Kadong or Brila. Local names of the Bahnar include the Bahnar Tolo, Bonam, Glo Lang, Ro Ngao, Krem, Roh, Kon Kdeh, Ala Kon, Krang, Bo Mon, Kpang Cong and Ylang.

Figure 2.1 Population characteristics of rural communes in Kon Tum, 2010

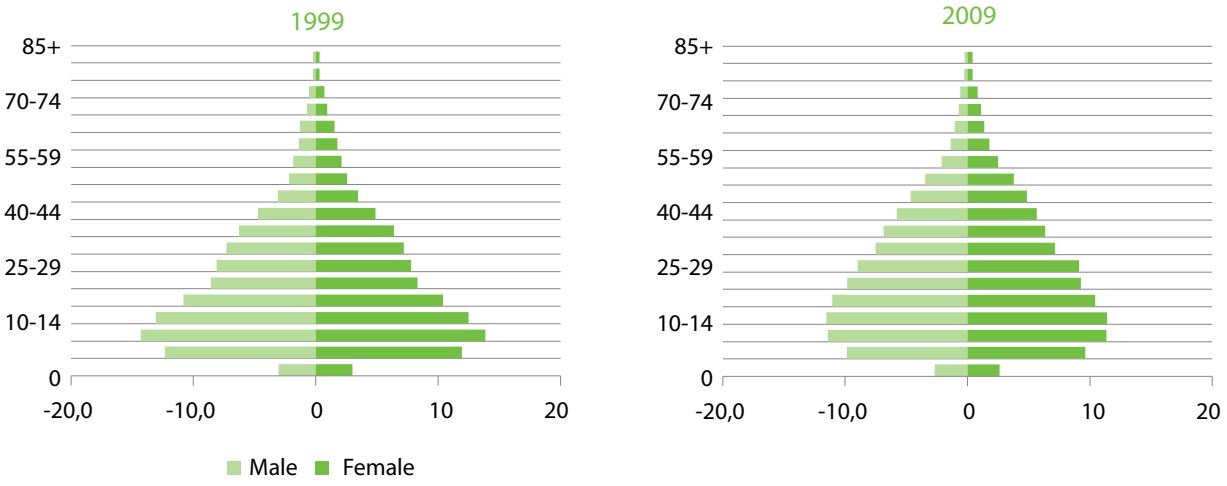


Source: Shanks et al (2012)

2.2.4 Population age structure and life expectancy

Kon Tum has a young population. Children under the age of 15 accounted for 42 percent of the population in 1999 and 35.2 percent in 2009, while children under the age of 19 accounted for 52.6 percent of the population in 1999 and 46 percent in 2009 (Figure 2.2 & Annex 1.6). Currently, 64.5 percent of the population is under the age of thirty. Kon Tum has the lowest average life expectancy nationwide at 66.2 years, as compared to the regional and national averages of 69.1 and 72.8 years (Annex 1.2).

Figure 2.2 Population age structure, 1999 & 2009



Source: GSO Vietnam Population and Housing Census 1999 & 20099

2.2.5 Population growth and fertility

As compared to other provinces and regions of the country, Kon Tum continues to have a high population growth rate (Table 2.2 & Annex 1.7). According to the 2009 Census and Housing Survey, Kon Tum has the highest Crude Birth Rate in the country at 28.5 live births per 1,000 persons (31 in rural areas), as well as the highest Total Fertility Rate with an average of 3.45 children per woman (3.87 in rural areas) [15]. In 2009, around 34.5 percent of all women in Kon Tum have three or more children (39.5 percent in rural areas) as compared to the regional rate of 27.4 percent and 16.1 percent nationwide.

2.2.6 Sex ratio at birth

According to the 2009 Census and Housing Survey, Kon Tum has an overall Sex Ratio at Birth (SRB) of 103.6 male births per 100 female births, which is lower than both the regional and national averages (Table 2.2 & Annex 1.8). This figure is within the biologically normal SRB of around 105. In common with other provinces in the Central Highlands, sex selection during pregnancy is still limited in Kon Tum. There are, however, differences between the urban SRB in Kon Tum (107.2) which is 5 points higher than the rural SRB (102.2)[16]. This may indicate that the demand for male children appears to be stronger in urban and more accessible rural areas, and possibly amongst the Kinh population in these localities, where facilities for screening during pregnancy are also more accessible.

15 A slightly lower Crude Birth Rate of 26.8 in 2009 and 25.8 in 2011 is given by the Province Statistics Office in the Statistical Yearbook 2011.

16 GSO (2011) Sex Ratio at Birth in Vietnam: new evidence on patterns, trends and differentials.

Table 2.2 Demographic and human development indicators: nationwide, regional and provincial comparison

Indicator [Source]	**Whole country**	**Central Highlands**	**Kon Tum**	**Kon Tum**
Annual population growth rate 2009 (%)	[1]	1.2	2.3	3.1
Annual population growth rate 2012 (%)	[7]			2.39
Crude birth rate 2009 (births per 1,000 persons)	[1]	17.8	23.1	Total 28.5 Rural 31
Crude birth rate 2012 (births per 1,000 persons)	[7]			Total 27.8 Rural 29.24
Total fertility rate 2009 (number of children per woman)	[1]	2.03	2.65	Total 3.45 Rural 3.87
Total fertility rate 2009 (number of children per woman)	[7]			Total 3.21 Rural 3.42
Women with 3 or more children 2009 (%)	[1]	16.1	27.4	Total 34.5 Rural 39.5
Sex ration at birth 1999	[2]	107	102.7	101.9
Sex ratio at birth 2009	[2]	110.6	105.6	Total 103.6 Urban 107.2 Rural 102.2
Sex ratio at birth 2012	[7]			Total 113.0 Urban 116.06 Rural 110.85
Average number of persons per household 2009	[2]	3.8	4.1	Total 4.2 Urban 3.8 Rural 4.5

Indicator [Source]	**Whole country**	**Central Highlands**	**Kon Tum**	**Kon Tum**
Total dependency ratio 2009 (%)	[2]	46.3	57.9	65.6
Infant mortality rate 2009 (per 1,000 live births)	[1]	16	27.3	38.0
Infant mortality rate 2012 (per 1,000 live births)	[3]	15.4	26.4	39.0
Under 5 child mortality rate 2009 (per 1,000 live births)	[1]	24.1	41.6	59.5
Under 5 child mortality rate 2012 (per 1,000 live births)	[3]	23.2	40.2	62.6
Children under 5 underweight 2011 (%)	[4]	16.8	25.9	27.4
Children under 5 with stunting 2011 (%)	[4]	27.5	37.3	41.4
Rural people using safe water 2011 (%)	[5]	79.7	73.7	72.7
Rural people with clean water 2011 (%)	[5]	39.3	28.6	11.6
Rural households with hygienic latrines 2011 (%)	[5]	54.3	44.14	37.2
Persons aged 5 and over never attended school 2009 (%)	[6]	4.0	5.8	Total 9.4 Rural 12.8
Males aged 5 and over never attended school 2009 (%)	[6]	2.7	4.3	Total 6.5 Rural 8.6
Females aged 5 and over never attended school 2009 (%)	[6]	5.2	7.3	Total 12.7 Rural 17.8
Literacy rate of males aged 15 and over 2009 (%)	[6]	95.8	92.3	90.1
Literacy rate of females aged 15 and over 2009 (%)	[6]	91.4	85.1	79.0
Urban literacy rate of persons aged 15 and over 2009 (%)	[6]	97.0	96.2	94.1
Rural literacy rate of persons aged 15 and over 2009 (%)	[6]	92.0	85.5	79.1

Sources:
[1] GSO (2011) Fertility and Mortality in Viet Nam: Patterns, Trends & Differentials (Population and Housing Census 2009).
[2] Province Statistics Office (2010) Province Population and Housing Census 2009.
[3] GSO (2012) The 1/4/2012 Time-Point Population Change and Family Planning Survey: Major Findings.
[4] National Institute of Nutrition, Nutrition Surveillance System.
[5] National Centre for Rural Water Supply and Sanitation (2012) RWSS M&E Database.
[6] GSO (2011) Education in Viet Nam: An Analysis of Key Indicators (Population and Housing Census 2009).
[7] Province Statistics Office (2013) Province Statistics Yearbook 2012.

2.2.7 Household size

According to the 2009 Census and Housing Survey, the average household size in Kon Tum is 4.2 persons, as compared to the national average of 3.8 persons (Table 2.2 & 2.3). The Vietnam Households and Living Standards Survey (VHLSS 2010) indicates that the average household size has reduced from 5 persons in 2004 to 4.4 persons in 2010 (Annex 1.9).

Household size is linked to a number of factors including place of residence, the level of household income and ethnicity. Table 2.2 indicates that the average household size in Kon Tum is higher in rural areas (4.5 persons) than in urban areas (3.5 persons); while according to the VHLSS, in 2010 the average household size in the lowest economic quintile was 5 persons, but only 3.7 persons in the highest economic quintile (Annex 1.9).

Table 2.3 indicates that 41.7 percent of rural households in Kon Tum have five or more members. However, these figures need to be interpreted carefully. Some ethnic groups in this region still favour living in multi-generational families, which inflates the figures on household size. This gives rise to a high Total Dependency Ratio (i.e. the number of young and elderly family members who are dependent on others for their daily living) of 65.6 in Kon Tum as compared to the nationwide ratio of 46.3. This is important in understanding the living and learning conditions of ethnic minority children who live in families with many children and dependents.

Table 2.3 Household size and dependency ratio, 2009: nationwide, regional and provincial comparison

Area	Proportion of households (%)				
	1 person	2-4 people	1-4 people	5-6 people	7+ people
Whole country	7.3	64.7	72	23	5.1
Central Highlands	5.3	58.8	64.1	27.4	8.5
Kon Tum (total)	5.1	58.6	63.7	25.3	11.1
Urban	6.7	66.2	72.9	21.5	5.6
Rural	4.1	54.1	58.3	27.4	14.3

Source: Province Statistics Office (2010) Province Population and Housing Census 2009

2.3 Comparison of key human development indicators

2.3.1 Infant and child mortality

According to the 2009 Census and Housing Survey, Kon Tum has the third highest Infant Mortality Rate (IMR) in the country at 38.2 infant deaths per 1,000 live births, following Lai Chau (47.7) and Dien Bien (39.7) (Table 2.2 & Annex 1.7). A higher IMR for 2010 is given in the provincial health sector master plan, at 46 infant deaths per 1,000 live births, reducing from 62 in 2005 and 82 in 2001[17]. Similarly, according to the 2009 Census, Kon Tum has the third highest under 5 Child Mortality Rate in the country. The IMR and CMR rates for Kon Tum are also substantially higher than the regional rate. The Population Change and Family Planning Survey of 2012 indicates these patterns are persisting, with even slightly higher IMR and CMR rates for Kon Tum in 2012 (Table 2.2).

17 DOH (2012) Master Plan for the Development of Peoples Health Care and Protection in Kon Tum Province in the period 2011-2020 with a vision to 2025.

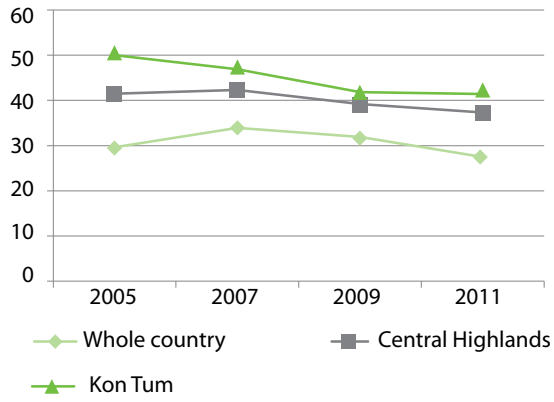
2.3.2 Child nutrition

According to the Nutrition Surveillance System, the rate of children under 5 years old that are underweight in Kon Tum has declined from 35.8 percent in 2005 to 26.3 percent in 2012 while the rate of children with stunting has declined from 50 percent to 41.4 percent in the same period (Figure 2.3. & Annex 1.11). Despite these reductions, Kon Tum continues to have the highest rates of under 5 child malnutrition in the country. According to the General Nutrition Survey of 2009-2010, Kon Tum is in the category of having a high prevalence rate of underweight children, a very high prevalence rate of children with stunting, and a high prevalence rate of children with wasting at 7.1 percent in 2010 and 6.8 percent in 2011[18]. The comparatively high stunting and wasting rate in Kon Tum is a major problem that has resulted in the roll-out of the Integrated Management of Acute Malnutrition Programme.

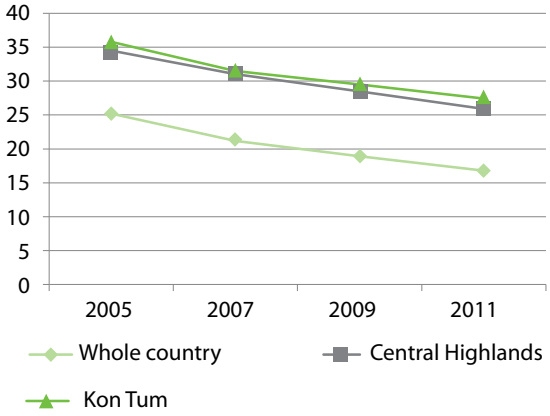
18 NIN & UNICEF (2011) A Review of the Nutrition Situation in Viet Nam 2009-2010.

Figure 2.3 Under 5 child malnutrition rates, 2005-2011: nationwide, regional and provincial comparison (%))

(a) Children under 5 that are underweight



(b) Children under 5 with stunting



Source: National Institute of Nutrition – Nutrition Surveillance System.

The General Nutrition Survey demonstrates that the patterns of under nutrition are correlated to factors of poverty and income status, ethnicity, levels of maternal education and household dietary diversity. Nationwide, the prevalence of child under nutrition progressively decreases with higher levels of maternal education and higher levels of household income. There are also significant differences between ethnic groups; for example, with comparatively high rates of under nutrition amongst children belonging to ethnic minority groups such as the Bahnar in the Central Highlands[19].

2.3.3 Water supply and sanitation

Figures from the National Centre for Rural Water Supply and Sanitation for 2011 indicate that 72.7 percent of rural households in Kon Tum use safe water, which is broadly equivalent to the regional rate but below the national average of 79.7 percent (Table 2.2). However, the proportion of households using clean water according to Ministry of Health standards in Kon Tum is 11.6 percent, which is substantially below the regional average of 28.6 percent and the national average of 39.3 percent. Around 37.2 percent of rural households in Kon Tum have hygienic latrines, which is also substantially below the regional average (44.1 percent) and the national average (54.3 percent).

19 MOH, NIN & UNICEF (2010) ibid.

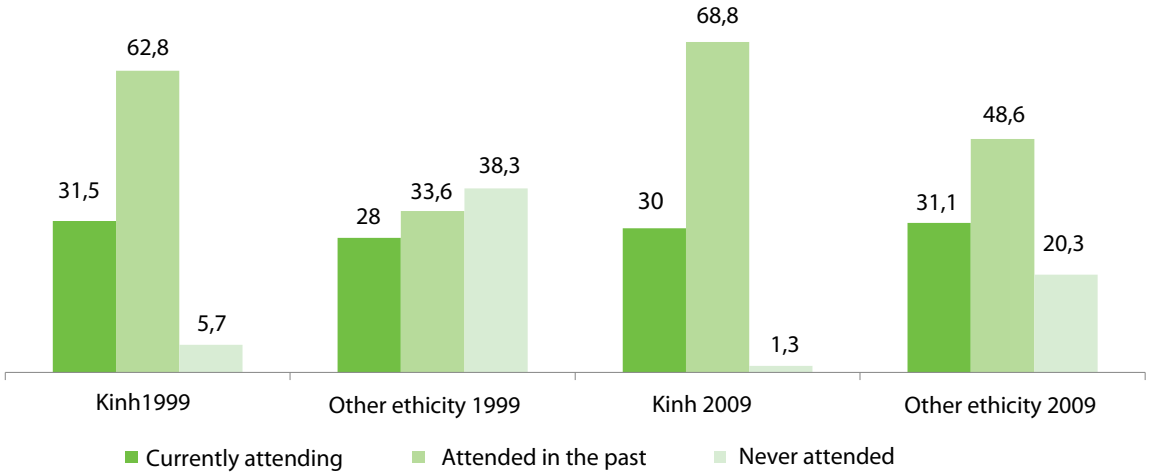
2.3.4 Education status of the adult population

A comparatively high proportion of the adult population in Kon Tum has never attended school. According to the 2009 Population and Housing Census, around 6.5 percent of males and 12.7 percent of females over 5 years old have never attended school, higher than the regional and national averages (Table 2.2). The rate is substantially higher in rural areas, where 8.6 percent of males and 17.8 percent of females have never attended school.

These differentials are also evident in adult literacy rates which are lower than the regional and national averages, particularly amongst women in rural areas (Table 2.2). Whereas there is a 12.4 percentage point gap between the female literacy rate in Kon Tum (79 percent) and the national rate for females (91.4 percent), the percentage point difference for males is only 5.7 percent. While there is a difference of 11.1 percentage points between the male and female literacy rates within Kon Tum, the difference between males and females nationwide is only 4.4 percentage points. Similarly, while there is a difference of 15 percentage point between the urban and rural literacy rates in Kon Tum, the nationwide difference is only 5 percentage points.

These figures reveal a legacy of inequalities in formal educational attainment and literacy according to sex, ethnicity and urban-rural residence, whereby ethnic minority females in rural areas are particularly disadvantaged. However, it should be remembered that these figures include the entire adult population and hence do not reflect the improvements in educational attendance and attainment made in recent years.

Figure 2.4 Proportion of the population over 5 years old currently attending, attended in the past, or never attended school by ethnicity, 1999 & 2009 (%)



Source: GSO Population and Housing Census 1999 & 2009.

Improvements in the education status of the overall population are evident in data on school attendance from the 1999 and 2009 Population and Housing Census Surveys (Figure 2.4). The proportion of ethnic minority people over 5 years old who have never attended school dropped from 38.5 percent in 1999 to 20.3 percent in 2009, with a concomitant rise in the proportion that have attended school in the past from 33.6 percent in 1999 to 48.6 percent in 2009. Similar trends are evident in the Kinh population, with a drop in the number of Kinh people who have never attended school from 5.7 percent in 1999 to 1.3 percent in 2009. While these trends can be partly explained by changes in the population age structure, they also indicate overall improvements in education status.

2.4 Provincial economy, household incomes and employment

2.4.1 Structure of the provincial economy

According to figures provided in the Statistical Yearbook, GDP at constant prices has doubled from VND 1,446 billion in 2006 to VND 2,885 billion in 2011 (Annex 1.15). In this period, there has been 205 percent increase in GDP at constant prices in industry and construction, followed by a 119 percent increase in services and a 40 percent increase in agriculture, forestry and fisheries. Proportionally, as of 2011, agriculture, forestry and fisheries accounts for 44.7 percent of GDP at current prices, followed by services (32.7 percent) and industry and construction (22.8 percent). It is notable that the proportion of GDP occupied by

agriculture forestry and fisheries has remained constant over the last decade (reducing only slightly from 45.9 percent in 2000 to 44.7 percent in 2011). This reflects the continuing importance and growth in the agriculture sector.

2.4.2 Household incomes and consumption expenditures

Data from the Vietnam Households and Living Standards Survey (VHLSS 2010) indicate there has been a threefold increase in the average per capita monthly income in Kon Tum from VND 234,400 in 2002 to VND 947,300 in 2010 (Annex 1.12). According to these figures, in 2010 the income gap between the lowest and highest economic quintiles in Kon Tum is comparatively small (6.0) as compared to the regional average (8.3) and national average (8.1). This suggests that economic differentiation between the poorest and richest households in Kon Tum is less pronounced that in some other provinces.

Higher figures for the average per capita monthly income are reported by the Province Statistics Office of VND 1.2 million in 2010[20]. These figures also suggest a much wider income gap of 8.9 between the average monthly income in the lowest economic quintile (VND 327,000) and the highest economic quintile (VND 2.9 million).

Household expenditures – in particular the ratio between the proportion of household expenditures on food, foodstuffs and fuel and other types of expenditure (such as education, healthcare, transport and housing) is a useful indicator to assess overall living standards. VHLSS data on household expenditures indicate that households in the Central Highlands spend a moderately higher proportion of their incomes on food, foodstuffs and fuel (52.3 percent in 2010) as compared to the national average of 49.7 percent (Annex 1.14). Data from the Province Statistics Office, on the other hand, suggest a higher proportion of household expenditures on food, foodstuffs and fuel of 59.3 percent in 2010 (Annex 1.13)[21]. It is likely that these latter figures are closer to reality: as indicated below, an important characteristic of the household economy in Kon Tum is the extent to which households need to purchase rice for domestic consumption.

20 Province Statistics Office (2012) Statistical Yearbook 2011

21 Province Statistics Office (2012) ibid.

2.4.3 Land use and recent developments in the agriculture economy

With regard to land use, as of 2011 around 67 percent of the land area in Kon Tum is made up of forest land and 21.25 percent agricultural land (Table 2.4). A number of important points emerge from these land use statistics which relate to rural livelihoods and hence to the situation of women and children in Kon Tum.

Table 2.4 Land use structure, 2011 (%))

1. Agricultural land	**21.25**
Annual crop land	11.87
Paddy land	*1.83*
Perennial crop land	9.38
2. Forest land	**67.04**
Production forest	39.95
Protection forest	17.73
Special use forest	9.36
3. Non-agricultural land	**4.49**
4. Unused land	**7.14**

Source: Province Statistics Office (2012) Statistical Yearbook 2011 1

Firstly, there is a limited amount of irrigated paddy land in Kon Tum – only 1.83 percent of the total land area. The conversion of annual crop land to perennial commodity crops, such as rubber and coffee, combined with restrictions on growing agricultural crops in forest areas, means that the land available for household food production is limited. This means that a majority of rural households in Kon Tum – including both richer and poorer households – need to obtain cash to purchase household rice supplies. Household food security is thus dependent on household cash supply, to a greater extent than in other regions of the country[22]. This characteristic is shared with other provinces in the Central Highlands and is related to land use pressure and rapid commercialization of the rural economy in this region. As discussed later in Section 4.2.3, this has a number of important implications for household livelihood strategies and household nutrition.

Recent years have seen continued rapid growth

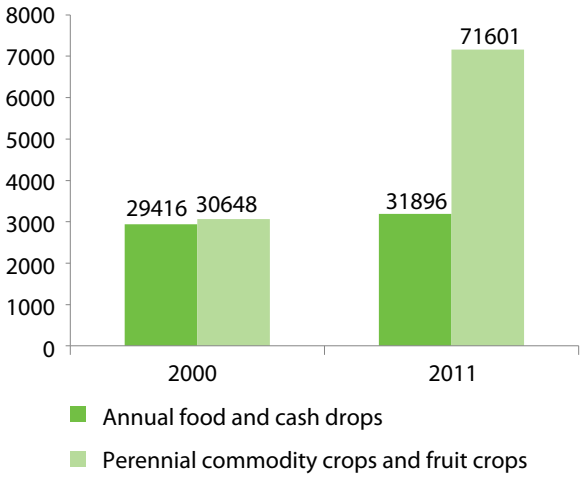
22 See: M4P (2006), IFAD (2009) and Shanks et al (2012).

in the agriculture economy in Kon Tum, with a shift towards perennial commodity crop production. Between 2000 and 2011, while the land area under annual food and cash crops remained constant, there has been a substantial increase of 125 percent in the area under perennial commodity crops (Figure 2.5 & Annex 1.16). Between 2006 and 2010 there was a 95 percent increase in the area planted under rubber, together with a 151 percent increase in rubber production, and a 17 percent increase in the area planted under coffee. While the production of some other cash crops (such as cassava) has also increased, the production of other cash crops (including sugarcane and pepper) has declined in this period, primarily due to market factors and land conversion to other perennial crops.

These changes in the structure of the agriculture economy and land use are significant for this study in several respects. Firstly, the on-going conversion of substantial areas of agriculture land to perennial commodity crops reflects the process of commercialization of agriculture land resources under economic farms and agriculture enterprises. This puts pressure on smallholder farmers, who have limited scope to increase the area of land planted under annual food crops or short-rotation cash crops to help ensure household food security and to keep pace with population growth: this is reflected in figures from the Province Statistics Office, which indicate a declining trend in the gross output of food per capita, from 257kg in 2007 to 228kg in 2011[23].

23 Province Statistics Office (2012) ibid.

Figure 2.5 Agriculture land area planted under annual and perennial crops, 2000 & 2011 (hectares)



Secondly, the conversion of agricultural land also reflects the concentration of land resources under some population groups. Based on the 2006 Rural, Agriculture and Fisheries Census, Table 2.5 shows that farm households in Kon Tum and the Central Highlands generally use much larger areas of agriculture land than in other parts of the country. But these figures also suggest there are significant differentials between the land holdings of Kinh and non-Kinh farm households. Nationwide, ethnic minority households tend to use larger areas of land than Kinh households, but in the Central Highlands the opposite is the case: in Kon Tum, for instance, Kinh households have an average land area of 15,132m^2 while the average area of ethnic minority households is 12,659m^2.

Table 2.5 Agricultural production land assets per household and agricultural labourer, 2006

Region / Province	Agricultural production land per household (m^2 per household)			Agricultural production land per agricultural employee of labour age (m^2 per labourer)		
	Total	Kinh	Non-Kinh	Total	Kinh	Non-Kinh
Whole country	5,769.95	5,128.48	8,875.91	3,317.7	3,186.48	3,749.71
Central Highlands	12,936.51	12,475.39	13,651.39	6,196.88	6,546.44	5,761.07
Kon Tum	13,468.89	15,132.68	12,659.16	6,614.46	8,356.68	5,898.97

Source: GSO (2007) 2006 Rural, Agricultural and Fisheries Census..

2.4.4 Labour force structure and participation

As of 2010, around 68 percent of the total labour force in Kon Tum is engaged in agriculture, forestry and fisheries (Table 2.6) – this includes both formal employment (i.e. in agriculture enterprises) and non-formal employment (i.e. on household farms). Of the total number of workers in the labour force, around 12 percent are workers in the state and non-state enterprises. Of these workers in the formal employment sector, around 60.6 percent are employed in industries and construction, 21.2 percent in agriculture, forestry and fisheries, and 18.2 percent in the services sector[24].

24 The figure for the number of workers in the formal sector in agriculture, forestry and fisheries does not include the considerable amount of seasonal (often migrant) workers on commercial farms and plantations.

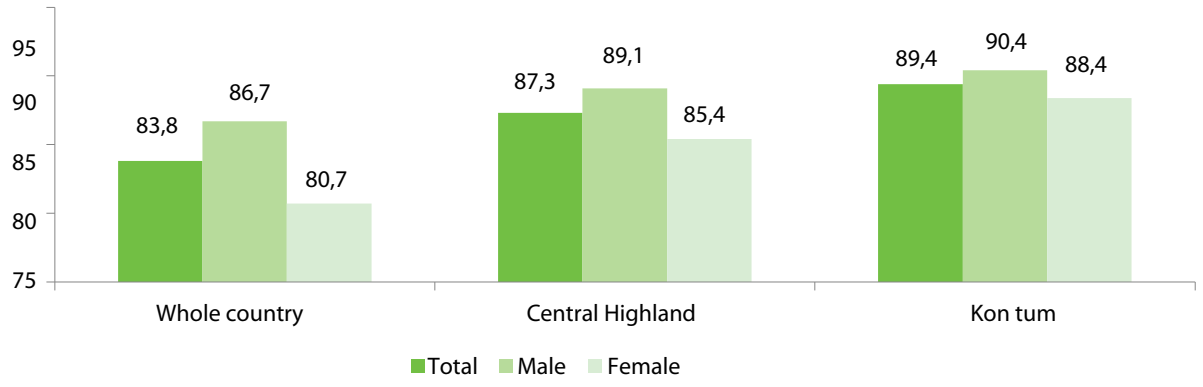
Table 2.6 Structure of the labour force, 2011

Sector	Number of workers (persons)	Proportion (%)
Total labour force	**247,615**	
Agriculture, forestry and fisheries	169,647	68.5
Industry and construction	26,546	10.1
Services	51,422	20.4
Workers in acting enterprises	**29,607**	
Agriculture, forestry and fisheries	6,291	21.2
Industry and construction	17,950	60.6
Services	5,366	18.2

Source: Province Statistics Office (2012) Statistical Yearbook 2011

The labor force participation rate refers to the percentage of working-age persons who are actively employed. According to the MOLISA Survey on Labour and Employment in 2010, Kon Tum has a comparatively high labour force participation rate, as compared to regional and national averages, of 90.4 percent amongst males and 88.4 percent amongst females (Figure 2.6). These figures reflect the dynamism of the rural economy in the Central Highlands, whereby a large proportion of the labour force is employed.

Figure 2.6 Labour force participation rate in 2010: nationwide, regional and provincial comparison (% of working age population actively in work)



Source: MOLISA (2010) Labour and Employment Survey.

CHAPTER 3

INSTITUTIONAL CONTEXT AND INTRA-PROVINCIAL DIFFERENTIATION

CHAPTER 3 INSTITUTIONAL CONTEXT AND INTRA-PROVINCIAL DIFFERENTIATION

This chapter provides a foundation for the more detailed analysis made in subsequent chapters. Firstly, attention is given to the overall institutional context for the fulfilment of child rights. This includes a summary of provincial revenues, the provincial budget and social sector expenditures; the legislative framework for child care, protection and education; the Provincial Socio Economic Development Plan and Provincial Action Programme for Children; and cross-sector coordination, integration and synergy in the delivery of services. This is used as a basis for identifying institutional capacity gaps in subsequent chapters.

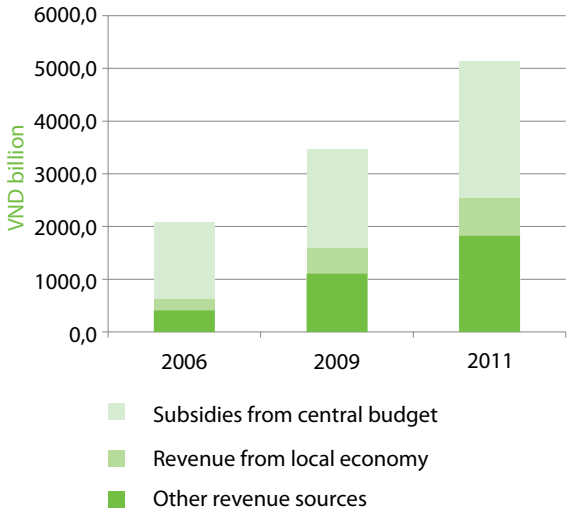
Secondly, district-level indicators and statistics are used to build up a picture of the major patterns of intra-provincial differentiation according to geographical and administrative area, poverty status, and ethnicity. This is used to identify the most disadvantaged districts and areas of the province, as well as identifying patterns of inequality in the situation of children and women. Thirdly, this chapter identifies the most hard-to-reach and vulnerable groups of children and women in Kon Tum. This is used in subsequent chapters as a basis for analysing the sources and causes of these patterns of intra-provincial differentiation, inequality and vulnerability.

3.1 Institutional context for the fulfilment of child rights

3.1.1 Provincial revenue, provincial budget and social sector expenditures

According to the Province Statistical Yearbook, there has been a 156 percent increase in provincial revenue from VND 2,111 billion in 2006 to VND 5,404 billion in 2011 (Figure 3.1 & Annex 1.17). In this same period, there has been a decrease in the proportion of provincial revenue coming from subsidies from the central state budget from 68.7 percent in 2006, to 54.2 percent in 2009 and 47.8 percent in 2011.

Figure 3.1 Province revenue sources, 2006-2011

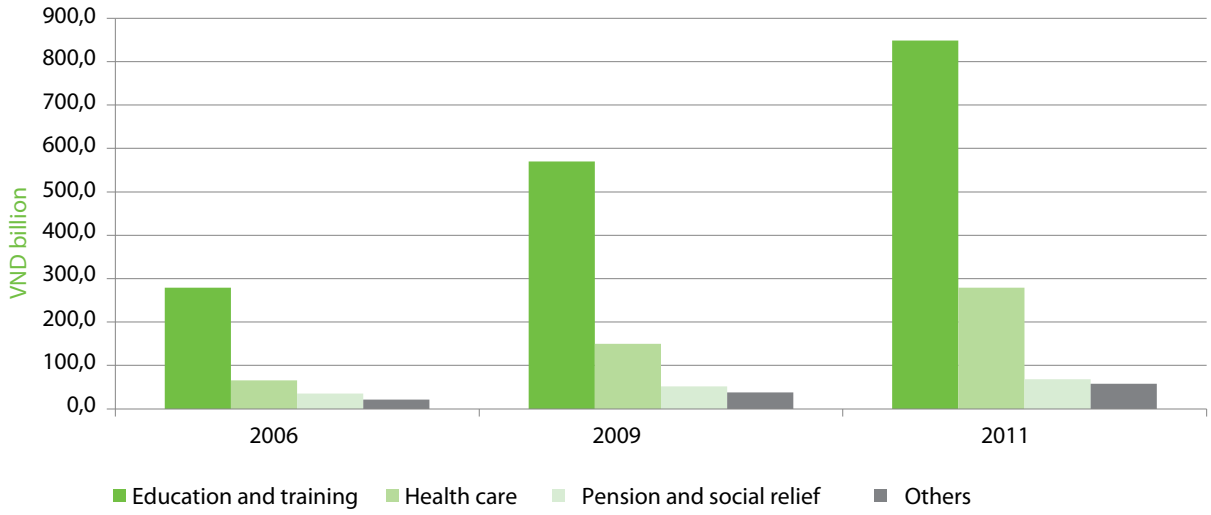


Source: Province Statistics Office (2012) Statistical Yearbook 2011

The rapid growth in revenue has come from a combination of a five-fold increase in revenue from the central economy (i.e. from external domestic corporations, companies and enterprises operating in the province); a three-fold increase in revenues from Foreign Direct Investment and imports and exports; and a doubling of revenues from the local economy (including state and non-state enterprises and income tax).

Overall province budget expenditures increased by 152 percent VND 2,090 billion in 2006 to VND 5,276 billion in 2011 (Annex 1.18). In this period, overall social sector expenditures rose by 211 percent from VND 402 billion in 2005 to VND 1,247 billion in 2011. Social sector expenditures constituted 19.2 percent of total province expenditures in 2006, rising to 24.2 percent in 2009 and 23.6 percent in 2011 (Figure 3.2). In this period, there has been a 200 percent increase in education and training sector expenditures (from around VND 280 billion in 2006 to VND 850 billion in 2011); a 322 percent increase in health sector expenditures (from around VND 66 billion in 2006 to VND 279 billion in 2011); and a 94 percent increase in pensions and social welfare expenditures (from around VND 35 billion in 2006 to VND 68 billion in 2011).

Figure 3.2 Province social sector expenditures, 2006-2011



Source: Province Statistics Office (2012) Statistical Yearbook 2011

The province Socio-Economic Development Plan sets out the development investment budget for the period 2011-2015, with a projected figure of around VND 52,000 billion[25]. It is projected that around 48 percent of the development investment budget (VND 24,900 billion) will come from the State Budget, of which around 79 percent is locally managed budgetary resources and 21 percent managed by central government agencies (Table 3.1).

It is notable that, according to these figures, Official Development Assistance constitutes a small proportion (0.75 percent) of the state budget contribution to the development investment budget. It is projected that a further 35 percent of the overall development investment budget (VND 18,200 billion) will come from other sources, including credit from financial services, the private sector and state-owned enterprises.

25 Decision No.45/QD-UBND (24/12/2010) approving the plan for socio-economic development, assuring national defense and security in the period 2011-2015.

Table 3.1 Projected contributions to the Province Development Investment Budget, 2011-2015)

Budget contributions		Contribution (VND billion)
1.	State budget sources	24,900
1.1	Locally managed budget	19,600
1.1.1	Locally balanced budget	2,300
1.1.2	Investment for central objectives	8,800
1.1.3	Government bonds	7,800
1.1.4	Official Development Assistance	750
1.2	Centrally managed budget	5,300
2.	Other sources	18,200
2.1	Credit from financial services	8,500
2.2	State-owned enterprises	1,540
2.3	Private sector	8,150

Decision No.45/QD-UBND (24/12/2010) approving the plan for socio-economic development, assuring national defense and security in the period 2011-2015

Decision No.45/QD-UBND (24/12/2010) approving the plan for socio-economic development, assuring national defense and security in the period 2011-2015.

3.1.2 Legislative framework for child care, protection and education

The policy and institutional framework for child care, protection and education is complex and covers many sectors and inter-related areas of activity. Broadly speaking, the policy framework includes several different types of legislative instruments and documents, as listed in Table 3.2. The Province Socio-Economic Development Strategy is a broad document which sets out the overall strategic orientation of the province in the current planning period (2011-2015 and 2016-2020). The development targets and investment priorities set out in the Socio-Economic Development Strategy reflect those which are elaborated in more detail in the Sector Master Plans, National Target Programmes and other strategic planning documents, which also form the basis for the annual Socio-Economic Development Plan and sector plans. Implementation of these policies and programmes is further guided by National Standards and Guidelines, as well as by Province Specific Plans and Decisions (examples of which are given in Table 3.2).

The Province Socio-Economic Development Plan for 2011-2015 expresses a strong commitment to child protection in the following terms:

> 'To continue to implement effectively strategies for child protection and programmes on child care… to focus on the mobilization of resources for child care and protection; strengthen state management in implementation of policies related to child care and protection at all levels and sectors; improve and develop the network for community based child protection following Decision No.32; to strengthen inter-sector coordination in dissemination and social mobilization to prevent and minimize child abuse, violence, trafficking and child injury; minimize children in conflict with the law, and homeless and early working children.'

In recent years, with support from UNICEF, Kon Tum has piloted integrated methods of socio-economic development planning and budget planning to make them more evidence-based and child friendly. Commitment and effort has been provided by the Province People's Committee and relevant sector agencies; and issues related to children have been prioritized and incorporated into the SEDP and sector plans. This has contributed to an improvement in the situation of children especially for children in ethnic minority groups. Even so, the indicators and objectives for children in the SEDP and in some sector plans are still broad, not sufficient in identifying short-comings, lacking evidence for equity and lacking disaggregated data, which leads to challenges for the analysis of factors related to geography, ethnicity and gender etc. One example is that there is not sufficient and up-dated disaggregated data to ascertain which disadvantaged groups, ethnic groups and localities are facing the greatest difficulties, which can be used as reliable evidence for resource allocation in the SEDP and sector plans.

3.1.3 Province Action Programme for Children

In this policy context, the National Action Programme for Children (2012-2020) – together with the Province Action Programme for Children – is essentially an umbrella programme and an important strategy document for two reasons. Firstly, it draws together all the main policies and programmes related to children in one common framework, presented according to four clusters of child rights and areas of sector responsibility, including: health, nutrition, clean water and sanitation; education; child protection; and culture and recreation. Secondly, the Action Programme sets out the monitoring indicators for assessing progress towards realization of child rights.

According to DOLISA, good progress was made through implementation of the Action Programme for Children in the period 2001 to 2012, but there are still some short-comings. With respect to child health and nutrition, only the target for universal vaccination has been achieved, not the other targets for the reduction

in maternal and child mortality and under-nutrition. The targets for education have been achieved and exceeded; and education quality has been improved. The rights of children in special circumstances have been taken care of in a prompt way, with the rate of children in special circumstances reducing by 0.5 percent annually. So far no cases have been identified of child trafficking. With respect to cultural and recreation objectives, these have not been achieved, primarily because of limited attention in development planning and limited investment in facilities and activities.

The current Action Programme for Children in Kon Tum in the period 2013-2020 was approved by the Province Peoples Committee through Decision No.136 in March 2013. The overall objective of the programme is stated as follows:

> To build an environment that is safe, friendly and healthy for better realization of child rights. Step-by-step to reduce the gaps in life conditions between children's groups in advantaged and disadvantaged areas, especially children in remote and ethnic minority localities. To improve the quality of life and create equal development opportunities for children.

Overall guidance and supervision of the Province Action Programme for Children is through a Steering Committee under the Provincial People's Committee, while the institutional responsibilities for implementation are divided between sixteen provincial departments, mass organizations and other agencies as listed in Table 3.3. Funding for the different components of the Province Action Programme is channeled through the respective National Target Programmes, other national programmes, central and local budget resources, and mobilization of other funding sources as relevant in each sector. Provincial budget resources are also ear-marked for state management of the programme.

Table 3.2 Policy Framework for Child Care, Protection and Education

Socio-Economic Development Strategy:

- Decision No.936/2012/QD-TTg on the Central Highlands Socio-Economic Development Strategy to 2020.
- Province Socio-economic Development Strategy 2011-2020.
- Decision No.45/2010/QD-UBND on the Province Socio-Economic Development Plan for the period 2011-2015.

National and Provincial Action Programme for Children:

- Decision No.1555/2012/QD-TTg on the National Action Programme for Children (2012-2020).
- Decision 136/2013/QD-UBND on the Province Action Programme for Children in Kon Tum (2013-2020).

Provincial Sector Master Plans:

- Master Plan for the Development of Peoples Health in Kon Tum in the period 2011-2020/25.
- Master Plan for Training and Education Development in Kon Tum in the period 2011-2020/25.

National Target Programmes and other National Action Plans and Schemes:

- Decision No.1208/2012/QD-TTg on the NTP health (2012-2015).
- Decision No.1199/2012/QD-TTg on the NTP on population and family planning (2012-2015).
- Decision No.84/2009/QD-TTg on the national action plan for children affected by HIV/AIDS (2012-2015).
- Decision No.1202/2012/QD-TTg on the NTP on HIV/AIDS (2012-2015).
- Decision No.226/2012/QD-TTg on the national strategy on nutrition (2011-2020/25).
- Decision No.1210/2012/QD-TTg on the NTP on education and training (2012-2015).
- Decision No.239/2010/QD-TTg on the scheme on universalization of kindergarten education (2010-2015).
- Decision No.267/2011/QD-TTg on the national programme on child protection (2011-2015).
- Decision No.32/2010/QD-TTg on the scheme to develop the social work profession (2010-2020).
- Decision No.1217/2012/QD-TTg on NTP on crime prevention (2012-2015).
- Decision No.1427/2011/QD-TTg on the national action plan on combatting human trafficking (2011-2015).

National Standards and Implementation Guidelines:

For example:

- Decree No.67/2007/ND-CP and Decree No.13/2010/ on support policies for social protection targets.
- Decision No.370/2002/QD-BYT on national commune health standards (2001-2010).
- Decision No.37/2010/QD-TTg on standards for communes and wards fit-for-children.
- Decision No.85/2010/QD-TTg on regulations for incentives for ethnic minority boarding schools.
- Decision No.239/2010/QD-TTG on support school students.

Province Specific Plans and Decisions (as related to national policies):

For example:

- Decision No.381/2011/QD-UBND on the Programme on Child Protection in Kon Tum (2011-2020)
- Plan No.2339/2010/KH-UBND on the scheme to develop the social work profession in Kon Tum (2010-2020).
- Decision No.62/2007/QD-UBND on the scheme to improve education quality for ethnic minorities (2008-2015).
- Decision No.1330/2009/QD-UBND on assistance for people with disability in Kon Tum (2009-2010).
- Decision No.904/2009/QD-UBND on the plan for the prevention of child injuries in Kon Tum (2009-2010).
- Decision No.1117/2012/QD-UBND on the plan for the prevention of child drowning (2012-2015).
- Decision No.1403/2014/KH-UDND on the action plan for children affected by HIV/AIDS (2014-2020).
- Decision No.330/2013/QD-UBND to promulgate the action plan for implementation of Plan No.38-KH/TU/2013 by the Standing Committee of the Provincial Party on implementation of Directive No.20-CT-TW (05/11/2012) on strengthening ther party leadership on child care, education and protection in the new situation.

Table 3.3 Institutional responsibilities of different agencies, bodies and sectors in implementing objectives for children in the province

(Source: Decision 136/2013/QD-UBND on the Province Action Programme for Children in Kon Tum 2013-2020)

Department of Labour, Invalids and Social Affairs:

- To advise and support the Province Peoples Committee in overall coordination and monitoring and evaluation of the programme; to coordinate with other relevant provincial departments and local authorities on guidance, implementation, monitoring and evaluation of the programme;
- Directly implement programme objectives, monitoring indicators and activities related to child protection; capacity building for staff and collaborators working on child protection; and public education and awareness raising for behaviour change in child protection;
- Implement specific programmes for children including those in child protection and injury prevention;
- Provide guidelines for building communities fit for children and activities related to children's participation;
- Guide activities of the Children's Funds;
- In cooperation with the Department of Justice, review legal regulations and policies in the localities related to child rights and the care and protection of children.

Department of Justice:

- Take the lead in coordinating with other relevant departments in dissemination and public information on laws and regulations related to child care, protection and education;
- Assure that birth registration is conducted sufficiently and on time;
- Implement legal aid programmes for children and their families and guardians;
- Monitor regulations on the adoption of children;
- Improve the effectiveness of reconciliation mechanisms for domestic and civil disputes affecting children in cooperation with local authorities.

Province Police:

- Take the lead in coordination and implementation of programme objectives on crime prevention and violations of law by children, crimes against children, and the abuse and trafficking of children;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Health:

- Take the lead in coordination and implementation of the programme objectives on maternal and children's health and nutrition;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Education and Training:

- Take the lead in coordination and implementation of the programme objectives on education and training of children;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Culture, Sports and Tourism:

- Take the lead in coordination and implementation of the programme objectives on culture and recreation for children;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Planning and Investment:

- Take the lead in cooperation with other relevant departments in preparing resource allocation plans and coordinating resource allocation from different sources including National Target Programmes and national programmes that have objectives and indicators for child care, protection and education;
- Assure integration of these plans in the provincial SEDP and annual plans;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Finance:

- Take the lead in cooperation with DPI and DOLISA and other relevant departments to provide advice to the Province Peoples Committee on budgetary allocations to the programme in accordance with local budget resources;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Agriculture and Rural Development:

- Implement the objectives of the programme related to water supply and sanitation;
- Monitor and evaluate the programme in cooperation with DOLISA.

Department of Information and Communication:

- Based on the mandate and responsibilities of the sector, to prepare plans and guidelines for the press and mass media on programmes related to child rights and activities related to the care, protection and education of children.

District and City Peoples Committees:

- To prepare implementation plans, resource allocation, organizations for implementation, and monitoring and evaluation of the programme as required;
- To ensure that from 0.3 to 1 percent of expenditures in the locality from the local budget are on child care and protection.

Fatherland Front and Mass Organizations:

- To take part in implementation of programme in the localities and to integrate objectives of programme with regular activities of the Fatherland Front and Mass Organizations;
- Disseminate and mobilize local people and social organizations to take part in child care and protection and mobilize members to take part in charitable activities for children;
- Supervise obedience to the Law on Child Care, Protection and Education;
- Provide recommendations and proposal for measures to achieve programme objectives.

Youth Union:

- In cooperation with other functional organizations and local authorities, to organize activities to mobilize support for children in difficult circumstances;
- Organize activities for children around child rights and the protection and education of children;
- Organize recreation activities for children in communes and villages, residence groups, cultural houses and protection centers.

Province Militia:

- To take part in the dissemination of laws and policies on child care and protection in border communes and to identify and prevent crimes against children, providing support for children with difficulties in border communes, and fighting against child trafficking with other relevant agencies.

Province People's Prosecution and Courts:

- To liaise with the Programme Steering Committee on the results of legal cases related to children; and to provide strict sentences for crimes against children.

3.1.4 Institutional roles and responsibilities for child rights

The development objectives for children relate to many different socio-economic development sectors of the locality and are implemented by different agencies (Table 3.3). The realization of child rights is a task of the whole society, requiring the participation of different levels of authority and socio-political organizations. While election bodies (the Peoples Council) together with socio-political organizations (the Fatherland Front, Women's Union, Youth Union etc.) have an implementing role, they also take part in monitoring and supervising the implementation of child related activities under the SEDP and sector plans. Therefore, each relevant body has specific tasks and mandates to implement different activities related to the fulfilment of child's rights .

In order to assess to what extent these agencies and bodies take part in the implementation of child related objectives, and to propose measures for strengthening collaboration and coordination of different policies and programs related to children, representatives from important agencies and bodies have taken part in analyzing, discussing and providing additional information related to their roles and responsibilities and major capacity-gaps as follows:

Agency	Roles and responsibilities (related to 4 clusters of child rights)	Capacity analysis (Responsibilities, jurisdiction, resources…)	
		Gaps and areas for improvement	Solutions
Party bodies	• Issuing guidelines and orientation for communication on how to realize resolutions and policies of the Politburo and Central Party (e.g. Plan No.38 of the Provincial Party for implementation of Directive No.20 of the Politburo in which task assignment is made to the organization section under the Province Peoples Committee and the Province Party Propaganda and Education Committee to provide guidance on propaganda and mobilization on tasks to strengthen party leadership over children's issues); • Issuing official documents to direct and orient representatives of bodies, authorities and socio-political organizations over children's issues in the localities that need party leadership based on proposals by agencies that are directly involved in children's issues (e.g. recently an official document has been issued on the month of action for children); • Monitoring and supervision (after issuing official documents) in two forms: (i) occasional supervision missions when required by central level; (ii) regular monitoring and supervision; • After supervision missions, the Provincial Party Standing Committee provides conclusions and solutions for addressing weaknesses.	• Mechanisms for information provision to promote party leadership is not yet regular or sufficient (some events are only known through the press instead of being reported by relevant state management agencies which directly work on children's issues); • Limitations in supervision and following-up actions related to children.	• Taking part in activities and events related to children to provide stricter leadership.

Agency	Roles and responsibilities (related to 4 clusters of child rights)	Capacity analysis (Responsibilities, jurisdiction, resources…)	
		Gaps and areas for improvement	Solutions
Peoples Council	• Issuing important decisions of the locality including resolutions, and approving the provincial SEDP and budgets. • Monitoring and supervision of implementation of laws and policies in the locality.	• Capacity of representative members is not even; • Representative members lack information and skills; • Lack of evidence, information and analysis during the process of formulating resolutions possibly leading to infeasible resolutions (e.g. it was not possible to realize the resolution issued in 2005 on building cultural houses for children at district level because of a lack of land sites and capital resources); • Not being able to realize children's rights frequently (there is no children's participation in meetings with constituents because children are not old enough to be constituents, even though in 2012 the Province Peoples Council in coordination with DOLISA organized a provincial children's forum); • People's Council does not yet have a specific process and tools and post-monitoring mechanism to propose solutions to the Peoples Committee and sector agencies (e.g. in 2008 a review on children's rights for recreation was organized but no follow-up reviews have been organized so far because there is only one person working on it in the Peoples Council); • The Province Peoples Council, when identifying problems upon monitoring, can only propose solutions for sectors at different levels, while there is no specific regulations to fully exercise their supervision powers.	• Capacity building for representative members and support staff (information and skills); • Skills for approaching and communicating with children; • Updating information and regulations on the situation related to children and conventions on children's rights; • Equipping and training on monitoring tools following Peoples Council guidelines (proposed to have a Law on Province Peoples Council monitoring); • Systemizing policies related to children to have a basic set of indicators which is compulsory for implementation under the socio-economic development tasks in the locality.
Justice, courts, prosecution and investigation agencies	• Assuring children's rights are protected during the process of investigation, prosecution and adjudication.	• Limited capacity and knowledge of the application of law, not grasping the essence of legality during investigation, prosecution and adjudication of juveniles as reflected in the rate of sentence cancellations due to violation of legal proceedings (e.g. not inviting defending lawyers or legal support).	• Strengthen capacity and spirit of responsibility (better study and understanding of laws and regulations related to juveniles).

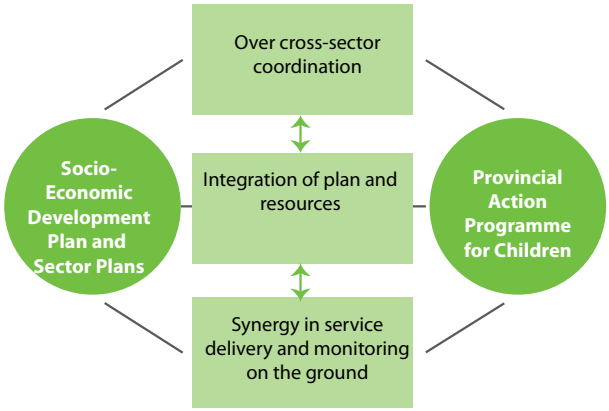
Agency	Roles and responsibilities (related to 4 clusters of child rights)	Capacity analysis (Responsibilities, jurisdiction, resources…)	
		Gaps and areas for improvement	Solutions
Planning and investment sector	• Advising the Province Peoples Committee in allocating investment budget for development; guiding other sectors in planning; coordinating objectives and indicators related to children; • Compiling and advising the Province Peoples Committee reports on the socio-economic situation and implementation of the SEDP.	• Lack of updated data and information from different sectors and levels (in terms of timing and reliability); • Capacity and understanding of planning staff is not even; • Limited capacity for mobilization and coordination of resources.	• Strengthen capacity in preparing and screening plans; • Strengthen capacity in mobilizing and coordinating resources for development; • Guidelines on procedures and tools for planning and monitoring and supervision following new methods.
Education and training sector	• Implementing solutions related to four clusters of child rights and concentrating on the right to development; • Advising the Province People's Committee on implementing strategies for education in the locality; • Monitoring and supervision of the implementation of education development plans and augmenting policies related to child rights; • Propaganda and mobilization around child rights.	• Objectives for realization of child rights are not feasible due to a lack of corresponding resources; • Relatively big gap between plans and budgetary allocations; not appropriate resource allocation for policy implementation; • Collaboration between related sectors and agencies are not close; • Part of the teacher contingent in remote areas is limited in communicating in local ethnic monitory languages.	• Strengthen capacity in bottom-up and evidence-based planning methods; • Take the initiative in mobilizing resources outside the state budget (integration of different resources to achieve common objectives); • Develop training plan to improve technical capacity in child rights to resolve inequity in staffing contingent especially ethnic minority teachers; • Advise the Province Peoples Committee and Peoples Council to provide appropriate allocation of budgets.
Health sector	• Implementing solutions related to the cluster of child rights for survival and development.	• Weak capacity in technical expertise and communications of grassroots health staff (commune and village level); • Number and capacity of village health workers is insufficient, not meeting the demand for health care.	• Continue to invest in capacity building for grassroots health staff; • Additional training for skilled village midwives and awareness raising in child and community healthcare; • Strengthen communication work in sanitation, nutrition and feeding practices.

Agency	Roles and responsibilities (related to 4 clusters of child rights)	Capacity analysis (Responsibilities, jurisdiction, resources…)	
		Gaps and areas for improvement	Solutions
Province Social insurance	• Implementing solutions related to the cluster of child rights for child survival and development.	• 20% of children from 7 to 16 years old do not take part in health insurance; • Communication work is not comprehensive and in-depth; • Lack of close collaboration (between DOET, DOF and Province Social Insurance) in attracting people to take part in health insurance.	• Direction for implementation of laws, circulars and guidance related to the Law on Insurance which clarifies in detail the roles and responsibilities of different sectors and stakeholders.
Labour, Invalids and Social Affairs sector	• State management role in implementing solutions related to all four clusters of child rights; • Advising the Province Peoples Committee in strategy and plans related to children; • Screening, checking and assessing objectives related to child rights.	• Lack of consistent set of criteria and indicators for children's issues; • Limited capacity for rights-based planning and monitoring; • Lack of budget allocation; • Lack of consistency in collaboration between relevant agencies to implement objectives for children; • Appropriate knowledge and skills of staffing in the sector is limited; • Lack of social work services, and models on child protection implemented on a limited scale with insufficient budget; • No specific regulations on responsibilities and jurisdiction in coordinating and intervening in child protection especially at grassroots level; • Frequent changes in criteria for assessing children in special circumstances; • Communication on child rights and child protection is not frequent and on a limited scale.	• Establish and maintain a consistent set of criteria and indicators for children between different relevant sector agencies; • Strengthen capacity for rights-based planning and monitoring; • Take initiative in integrating and combining different resources through identifying priorities of different sectors; • Strengthen technical knowledge and skills for cadres responsible for counselling children under special circumstances; • Prioritize setting-up province centre for social work (providing social services, counselling, case-management); • Develop community-based child protection network and other models; • Assure sufficient budget allocation as decided and integrate with other sources; • Develop and issue official documents on multi-sector responsibilities and functions in child protection at grassroots level; • Central level should issue official documents on consistent criteria for children under special circumstances; • Strengthen communication work on policies and rights for protection of children for cadres, children and people, appropriate to their level of capacity and situation at grassroots level; • Develop and disseminate documents on child protection.

3.1.5 Cross-sector coordination, integration and synergy

Given the complexity of the policy and institutional framework for child care, protection and education, it is widely recognized that there is a need for strong and effective coordinating mechanisms; this has, for instance, been highlighted in the recommendations of a recent policy mapping report prepared by the province[26].

In practice, these issues need to be considered on three levels, as follows:



At the upper level, there is a need for effective mechanisms of cross-sector coordination in the overall guidance and supervision of programmes. These types of mechanisms are generally well established, for instance, in steering committee structures at different levels of the local government system. Secondly, there is a need for cross-sector coordination and collaboration in planning and resource allocation, to help ensure the effective integration of resources as well as complementarity in the plans of different implementing agencies. In recent years, in Kon Tum and other provinces, increasing steps have been taken to promote integrated planning and resource allocation, in relation to the SEDP and sector plans, as well as in relation to specific programmes[27].

The mechanisms for multi-sector collaboration in checking, monitoring and evaluation of laws and policies related to objectives under the Action Programme for Children have been strengthened to achieve better quality and in-depth results. These include multi-sector collaboration in annual and mid-term reviews and evaluations of the programme; conducting capacity building training for staff involved in child care and protection at commune and district levels; regular coordination with Provincial Party Propaganda and Education Committee and district level committees to review implementation of Directive No.55-CT/TW and Directive No.20-CT-TW of the Central Party Standing Committee on child care, protection and education at grassroots level; and conducting review workshops and conferences for different programmes.

A third, equally important, aspect is to develop detailed action plans to promote synergy in the practical delivery of services on the ground, at community level, and in data collection and monitoring systems. This is especially important to address the complex and multi-faceted issues affecting women and children, which involve multiple service-delivery agencies, and in order to make the most effective use of scare human resources. In general, as will be discussed in later sections of the report, this aspect not satisfactorily covered and examples will be given of issues around which there is a need for more detailed action plans to promote greater synergy in service delivery.

The protection and care of children in special circumstances involves multiple sectors and agencies at different levels. Given this situation, there is a need to continue to strengthen the mechanisms of cross-sector coordination and communication, both vertically and horizontally. To illustrate this point, we can give the example of different elements of services for children with disability, which involves four departments at province level, together with the mass associations, charitable and private sectors and the local authorities (Table 3.4). It will be seen from this table that there is a need for a focal agency and/or mechanism to stich these different elements together: for example, to improve the quality of data collection on CWD at community level, in coordinating care for CWD and improving their access to education, and in helping CWD and their families or guardians to access information about their rights and entitlements.

26 Province Peoples Committee (2012) Report on Review of Poverty Reduction Programmes for Ethnic Minorities and Children in Kon Tum Province.

27 Decision No.22/QD-UBND (09/01/2012) on coordination mechanisms for programmes and projects and financing sources to implement the National Target Programme on New Rural Areas.

Table 3.4 Institutional responsibilities related to children with disability (CWD)

Department of Labour, Invalids and Social Affairs	Department of Health and District Health Centre	Department of Education and Training and local schools	Department of Justice
▸ Care in the community and at social protection centres. ▸ Financial assistance policies. ▸ Data collection on number of CWD.	▸ Medical definition and screening of CWD. ▸ Treatment and functional rehabilitation.	▸ Data collection on number of CWD. ▸ Education and training for CWD.	▸ Awareness raising and information on the Law on Persons with Disability and the rights of CWD.
District authorities (DOLISA)	**Commune authorities**	**Mass associations**	**Charity and private sector**
▸ Screening and implementation of financial assistance policies. ▸ Data collection on number of CWD.	▸ Identification of CWD in need of and eligible for state assistance.	▸ Propaganda, awareness-raising and social mobilization.	▸ Non-state Social protection centres. ▸ Contributions to Children's Funds.

3.2 Major Patterns of Intra-Provincial Differentiation

The Action Programme for Children in Kon Tum has the important objective to 'reduce the gaps in life conditions between children's groups in advantaged and disadvantaged areas' and to 'create equal development opportunities for children'. In relation to this objective, this section summarizes district-level indicators and statistics to build up a picture of the major patterns of intra-provincial differentiation according to geographical and administrative area and ethnicity. These indicators include poverty status, the use of safe water, child malnutrition, early marriage, birth registration and levels of educational attainment and service delivery indicators .

3.2.1 Demographic zonation

The major patterns of intra-provincial differentiation in Kon Tum are delineated by a combination of geographical and ethnic characteristics. In this respect, it is useful to distinguish between three main demographic zones in the province (Table 3.5). These include: (i) Kon Tum City and the central districts (Dak Ha and Dak To) which are characterized by a comparatively high Kinh population, higher population density and comparatively low poverty rates; (ii) the northern and eastern districts (Dak Glei, Tu Mo Rong and Kon Plong) which are characterized by a predominant ethnic minority population, low population density and comparatively high poverty rates; and (iii) the western and southern districts (Sa Thay, Ngoc Hoi and Kon Ray) which display mixed demographic characteristics – while some communes in these districts are similar to those in the central zone, others are similar to the remote rural districts.[28]

28 These particular indicators have been selected partly on the basis that they are ones for which generally reliable data exists down to district level.

Table 3.5 Demographic zones in Kon Tum Province

Demographic zone	Administrative Area	Kinh Population (%)	Ethnic minority population (%)	Population density (people/ km²)	Poverty rate 2012 (%)	Number of poor households 2012
Kon Tum City and central districts	Kon Tum City	69.7	30.3	330	8.2	2,986
	Dak Ha	52.6	47.4	73	16.2	2,396
	Dak To	46.5	53.5	74	18.2	1,799
Western and southern districts	Sa Thay	43.5	56.5	17	36	3,658
	Ngoc Hoi	39.0	61.0	50	20.2	2,349
	Kon Ray	34.7	65.3	25	34.1	1,974
Northern and eastern districts	Dak Glei	13.2	86.8	26	43.9	4,429
	Kon Plong	11.3	88.7	15	47.7	2,587
	Tu Mo Rong	9.0	91.0	26	53.0	2,645

Source: see Annex 1.3, 1.5 & 1.20

3.2.2 Poverty status and trends

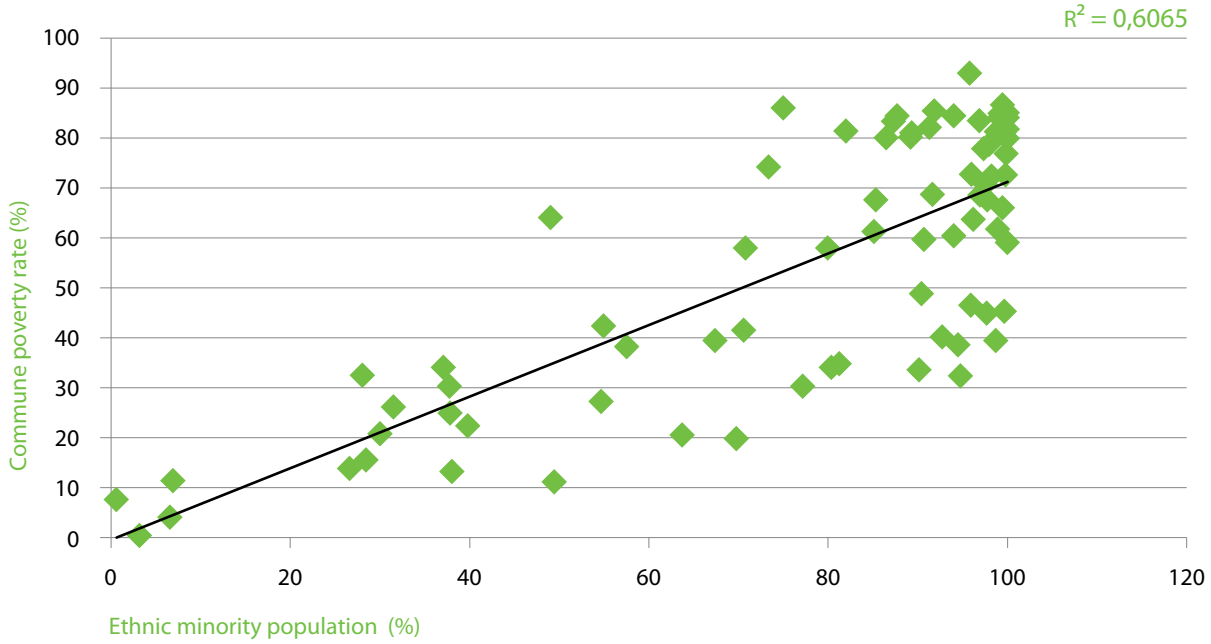
According to figures provided by DOLISA – following the new poverty line introduced by the Government in 2010 – the overall poverty rate in Kon Tum has declined by over ten percentage points from 33.4 percent in 2010 to 22.8 percent in 2012 (Annex 1.19 & Annex 1.20). In this period, there has been a sharp decline in the proportion of ethnic minority households that are poor from 59.8 percent in 2010 to 42 percent in 2012, while the proportion of Kinh households that are poor declined from 10.1 percent in 2010 to 3.7 percent in 2012. These figures appear to suggest that despite the slowdown in the growth of the national economy over recent years, steady reductions in poverty, amongst all ethnic groups, have been maintained in Kon Tum.

Map 3.1 shows the poverty rate and Map 3.2 shows the household poverty density (i.e. the number of poor households) by administrative area in 2012. Map 3.1 shows that the highest poverty rates are concentrated in the three remote northern and eastern districts, with Tu Mo Rong having the highest overall poverty rate at 53 percent, followed by Kon Plong (47.7 percent) and Dak Glei (43.9 percent). In these three districts, ethnic minority households account for over 98 percent of the poor.

The pattern of poverty density is more variable, with the largest numbers of poor households being concentrated in Dak Glei and Sa Thay districts, followed by Kon Tum City (Map 3.2). These three administrative areas contain almost half of all poor households in the province (45 percent).

Poverty is strongly concentrated amongst ethnic minorities in Kon Tum, which represent 91.9 percent of all poor households in the province in 2012 (Annex 1.20). As shown in Figure 3.3, there appears to be a strong correlation between the commune poverty rate and the proportion of the commune population that is ethnic minority.

Figure 3.3 Commune ethnic minority population and poverty rate, 2010



Source: Using data from PPC (2012) Report on Review of Poverty Reduction Programmes for Ethnic Minorities and Children in Kon Tum Province.

Kinh households represent a minor proportion of the poor in the rural districts, while in Kon Tum City 27.1 percent of poor households are Kinh households (Figure 3.4). Figure 3.5 shows that Sa Thay District has the highest rate of ethnic minority households that are poor (59.1 percent), followed by the three northern and eastern districts (51.7 to 54 percent) and Kon Ray (49.6 percent), while the lowest rate is in Kon Tum City where only 23.9 percent of ethnic minority households are poor. The largest numbers of poor ethnic minority households are in Dak Glei and Sa Thay, which combined have around one-third of all poor ethnic minority households in the province (Figure 3.6).

Figure 3.4 Proportion of poor households that are Kinh households, 2012 (%)

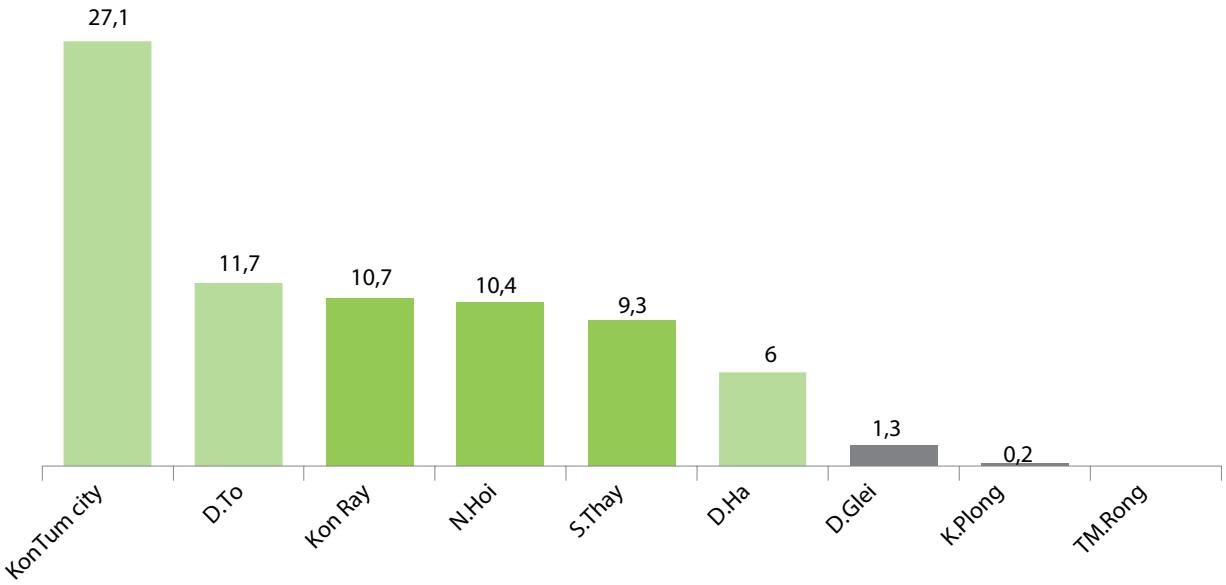


Figure 3.5 Proportion of ethnic minority households that are poor, 2012 (%)

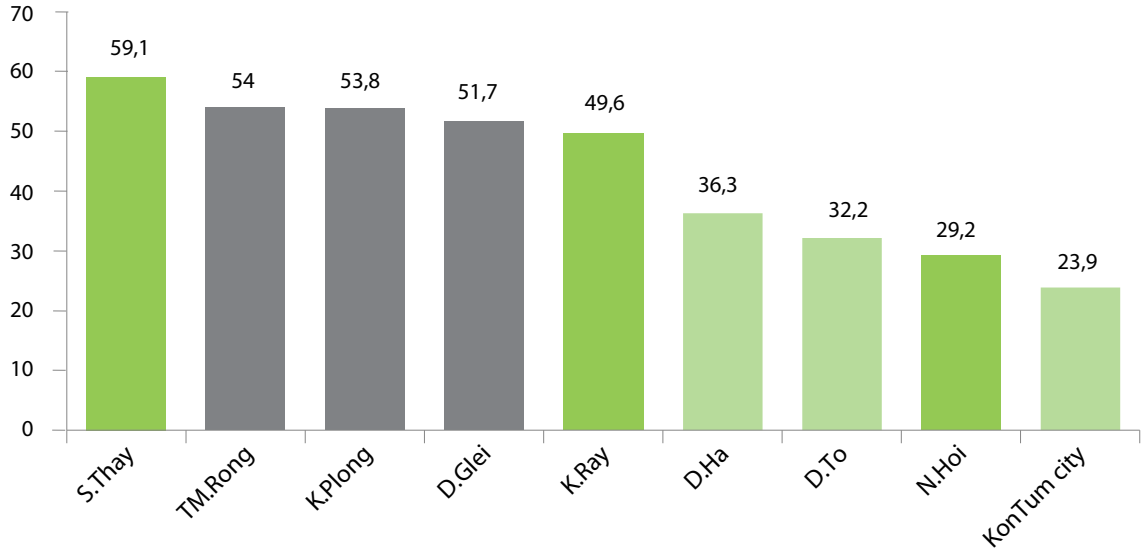


Figure 3.6 Number of poor ethnic minority households, 2012 (persons)

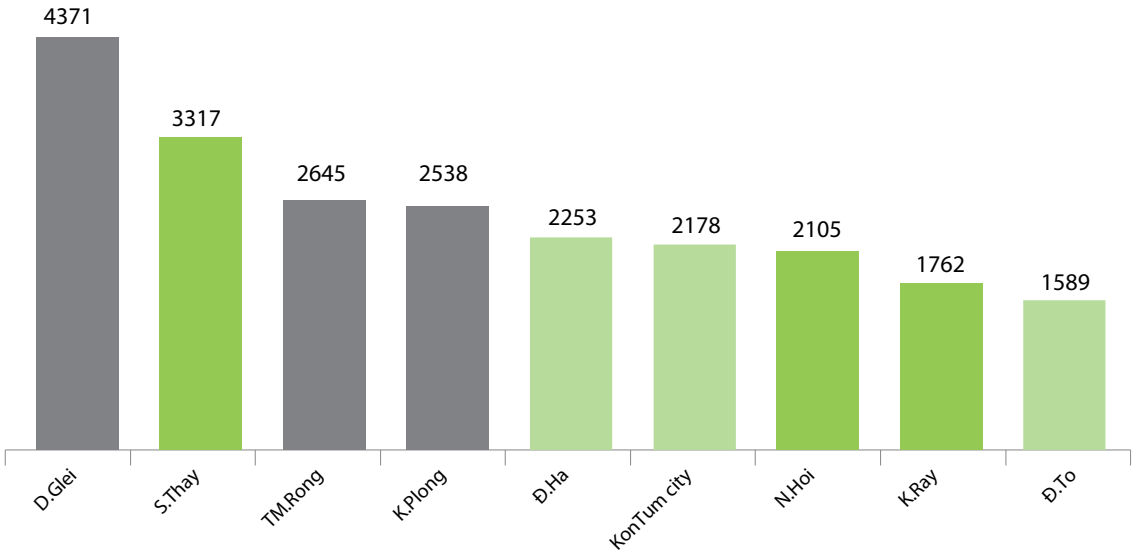
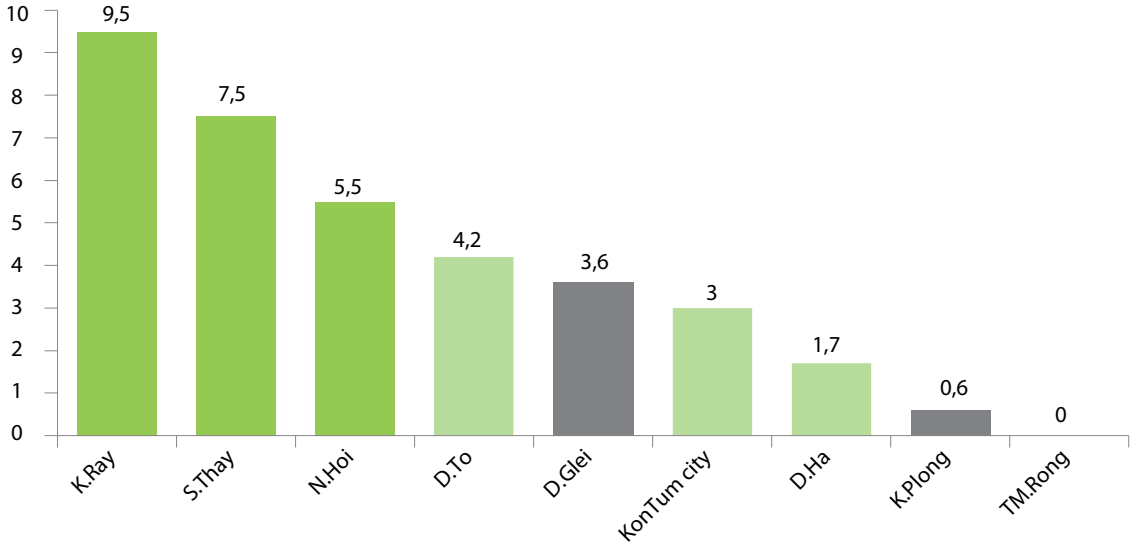


Figure 3.7 Proportion of Kinh households that are poor, 2012 (%)



Source: see Annex 1.20

It is notable that the highest rates of Kinh households that are poor are in the western and southern districts of Kon Ray (9.5 percent), Sa Thay (7.5 percent) and Ngoc Hoi (5.5 percent) (Figure 3.7). These three districts contain around 40 percent of all poor Kinh households in the province, with an additional 40 percent being in Kon Tum City. Kon Tum City also has the highest number of near-poor households (Annex 1.20).

In summary, these figures reveal several important spatial patterns. Firstly, while the highest poverty rates are found in the more remote rural districts and communes, the largest numbers of poor households and near-poor households are more variably distributed across the province. Dak Glei and Sa Thay districts, in particular, stand out for having comparatively high poverty rates and the largest numbers of poor households.

Secondly, there are concentrations of poverty in peri-urban areas around Kon Tum City and in poor communes and villages in the more prosperous central districts. For instance, Kon Tum City has 10 urban wards in which the poverty rate ranges from 0.8 percent to 8.9 percent, and 11 peri-urban communes in which the poverty rate ranges from 5.2 percent to 30.3 percent. According to the Committee for Ethnicity, there are 60 ethnic minority villages in peri-urban communes around Kon Tum City. The residents of these villages face particular difficulties in maintaining access to crop land, housing and water supply conditions, and in obtaining loans and job opportunities. The larger number of near-poor households in the city and more prosperous districts also suggest that many households in these areas remain vulnerable for a variety of reasons. These spatial patterns have implications for poverty targeting and resource allocation – taking into account the differential patterns of poverty between ethnic groups.

3.2.3 Multi-dimensional child poverty

In 2013, the General Statistics Office (GSO) used data from the VHLSS 2010 to make an analysis of multi-dimensional child poverty for all provinces and cities in the country including Kon Tum, and to develop a ranking of child poverty for policy development. According to the multi-dimensional poverty analysis, children are considered poor if not meeting two out of six basic dimensions, including: education, health, housing, water supply and sanitation, labour and social inclusion. The report on multi-dimensional child poverty classifies provinces into six groups, of which Kon Tum belongs to the group with a high level of child poverty – Level 2 with a multi-dimensional poverty rate from 40.5 percent to 48.2 percent. While this is a fairly new approach, it is suggested that it will be important for provinces to continue to study and apply the multi-dimensional child poverty approach to assess and monitor policies and programmes on poverty in a comprehensive and sufficient manner.

3.2.4 Ranking of districts according to level of disadvantage

By superimposing other human development indicators onto the poverty analysis it is possible to rank the districts in order to map-out the overall patterns of disadvantage between districts in the province (see Annex 1.66 and Map 3.3). A set of 14 indicators has been used for this ranking, include several service delivery indicators, as follows:

- Overall household poverty rate in 2012
- Ethnic minority household poverty rate in 2012
- Communes reaching national health standards in 2010
- Communes/wards with doctor in 2012
- Under 5 child malnutrition rate by weight in 2012
- Under 5 child stunting rate in 2012
- Rural population using safe water in 2011
- Rural households with appropriate clean latrines in 2011
- Birth deliveries with skilled assistance in 2012
- Women aged 15-19 years old with one or more children in 2009
- Births registered on time in 2012
- Primary schools meeting national standard in 2012

- Persons over 5 years old with incomplete primary education in 2009
- Persons over 5 years old with completed primary education in 2009.

The data summarized in Annex 1.66 show that there continue to be strong inequalities across the province, particularly with respect to access to safe water and sanitation (see Section 6.2.5 for a further analysis of these data), child nutrition status (see also Chapter 4 and Section 6.2.1) and secondary education (see Section 7.2.2).

Map 3.3 illustrates the district ranking, in which the most disadvantaged districts are in darker colour-shading. According to this composite ranking, the most disadvantaged districts are the northern and eastern districts of Tu Mo Rong and Kon Plong. These two districts were included under Resolution No.30A/2008/NQ-CP on the Programme to Support Rapid and Sustainable Poverty Reduction in 62 Districts. The next most disadvantaged districts are Dak Glei, Sa Thay and Kon Ray. These three districts have been recently included under Decision No.293/2013/QD-TTg on 23 districts with high poverty rate that can apply the Resolution 30A mechanisms (known as 30B districts).

The selection of districts under Resolution 30A and Decision 293 is mainly made on the basis of the district poverty rate and economic and social infrastructure conditions. The ranking made in this section, based on a partly different set of social indicators, validates the district selection under the Government poverty reduction programmes.

3.3 Hard-to-reach and vulnerable groups of children and women

In broad terms, this research has found that there are two main groups of hard-to-reach and vulnerable children and women in Kon Tum.

3.3.1 Mothers, infants and pre-school aged children

The first group comprises mothers, infants and pre-school aged children (under 3/5 years old) – especially those in families in the more remote rural communes and villages, amongst poor ethnic minority households, and young mothers with children.

The continuing incidence of comparatively high infant and child mortality rates in Kon Tum, combined with the comparatively high rates of under-nutrition amongst children, clearly indicate that the issues surrounding maternal and early childhood health and nutrition are of upmost priority. These issues also relate to patterns of reproductive healthcare behaviour. The complexity and diversity of these issues and causative factors relates to the socio-economic situation of households, underlying socio-cultural factors, as well as the out-reach capacity and quality of essential services.

These inter-related socio-economic and socio-cultural factors relating to the situation of vulnerable mothers and the care of infants and pre-school aged children are examined in detail in the following chapter (Chapter 4). Following this, issues related to the current status and out-reach capacity and quality of essential services in healthcare, nutrition and water supply and sanitation are examined further in Chapter 6.

3.3.2 Teenagers and young adults

The second major vulnerable group comprises teenagers and young adults – especially those who leave education at the end of primary or lower secondary school.

In preparation for this research, the provincial authorities in Kon Tum identified three particular issues that the research should investigate: (i) the situation of children in conflict with the law; (ii) the situation of early marriage; and (iii) priorities for the development of child protection networks and services to respond to this situation.

These issues had been identified in a survey undertaken by DOLISA on the situation of children in 14 communes, wards and townships in 2012[29]. This survey found that early marriage amongst teenagers in the 15 to 17 year old age group is still common in some communities and this results in students leaving lower secondary school and the ethnic minority boarding schools. This survey also found that many localities have symptoms of civil disobedience and children coming into conflict with law and this is reportedly an increasing trend (the report cites examples of teenagers gathering in gangs,

29 DOLISA (2012) Report on results of the survey of children and children in special circumstances in Kon Tum in 2012.

drinking and fighting and unhealthy behaviour not appropriate to school age including sexual relationships at an early age). The report notes that in some places it is quite common for groups of boys to leave home for several days, following gangs or to get short-term work to make some money, and this increases the risk of them falling into special circumstances and suffering road accidents and other types of injuries.

Furthermore, the DOLISA survey found that, for a variety of reasons, a majority of communes and wards have not prepared adequate plans for the child protection[30]. Different localities have a number of measures for dealing with civil disobedience amongst teenagers, but in actuality these have not solved the trend. Moreover, in some localities, there is insufficient coordination between schools and the local authorities and insufficient attention is given to communication and awareness raising around child protection issues. The survey notes that alternative recreational activities and services for children and teenagers are lacking and lacking in diversity. The survey also links these issues to the family environment and parental attitudes and behaviour.

Our research has confirmed that there is a cluster of critical issues concerning teenagers and young adults in Kon Tum today. To set the scene for the analysis made in later sections, a number of preliminary observations can be made about these issues:

- Firstly, it is evident that none of these issues can be understood or addressed in isolation – while a child protection response may lie at the heart of the response to these issues, they need to be addressed in a broad sense including relevant responses in healthcare, education and child protection and participation.

- Secondly, these issues may affect teenagers and young adults in both urban and rural areas and amongst both Kinh and ethnic minority families and communities; they are, as such, broad ranging concerns that affect all sections of society.

- Thirdly, this is not an easily targeted population group and there is a lack of policies or support services that are specifically aimed at teenagers and young adults.

- In many respects, these issues are symptomatic of deeper social and economic pressures on young people and need to be considered alongside the actual opportunities that are available to teenagers to participate in modern-day society.

- All these issues revolve around how teenagers and young adults participate in the family, in their community and in wider society and are inter-linked with the employment and income earning opportunities for young workers.

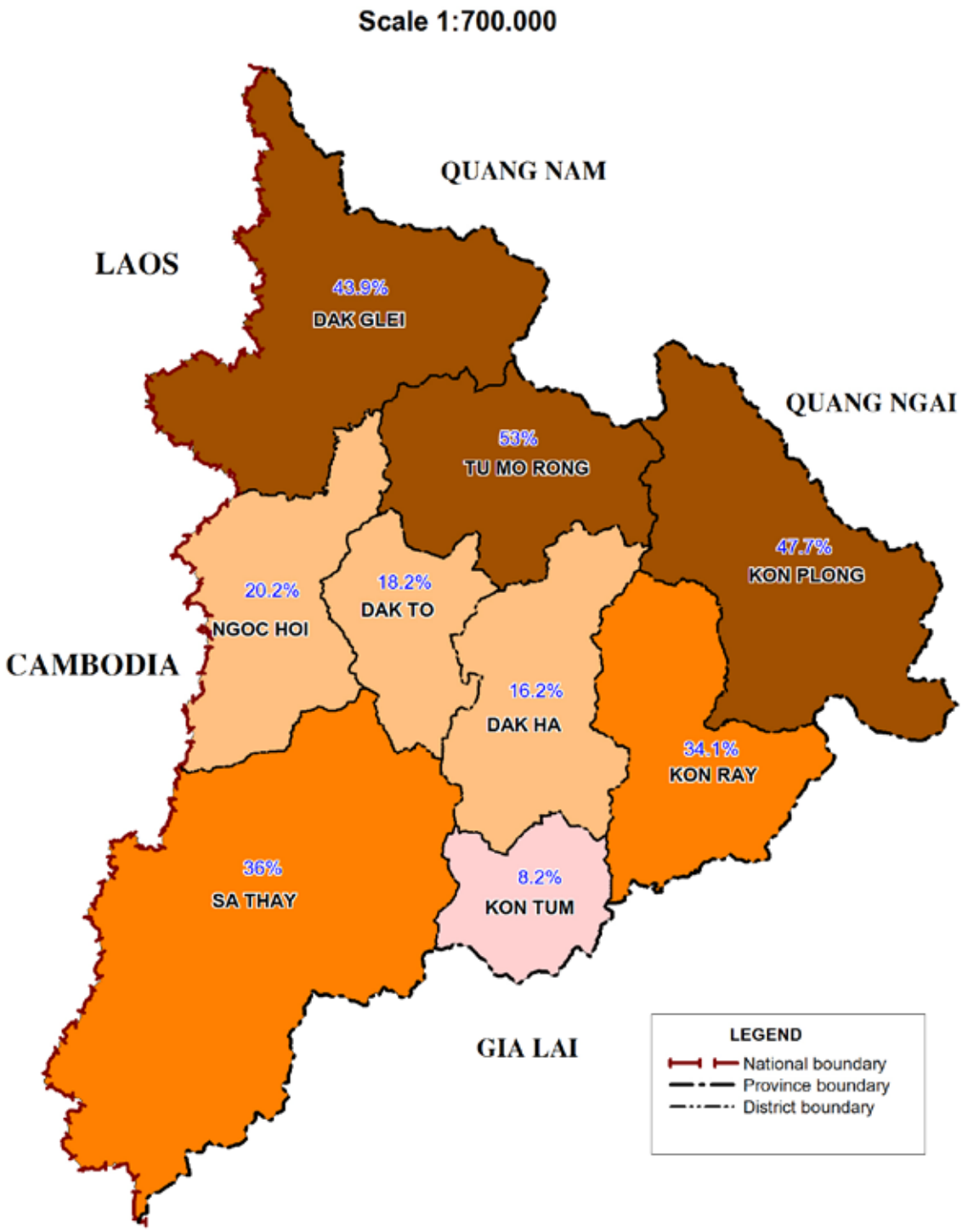
- Lastly, there are important inter-generational aspects to these issues, since parental attitudes and social behavioural norms towards the care, protection and education of the next generations of young children will depend, to a great extent, on what happens to the teenagers and young adults of today.

The protection and participation of teenagers and young adults is considered further in Chapter 5, including the perspectives of teenagers themselves, and discussion on the transformation of social and cultural institutions amongst the indigenous ethnic minority groups in the Central Highlands and how this affects the situation of children. Chapter 7 discusses the further educational opportunities that are available to school-leavers and Chapter 8 looks in detail at child protection needs and responses.

In addition to these two broad groups, several other particularly vulnerable and/or hard-to-reach groups will be discussed during the course of this report, including: (i) single parent households or households with one adult unable to work; (ii) newly separated young households with limited crop land; (iii) poor urban households and poor ethnic minority villages in peri-urban locations; (iv) children (primarily ethnic minority children) that leave education at the end of primary school or who drop-out of lower secondary school; and (vi) families with children living with disabilities.

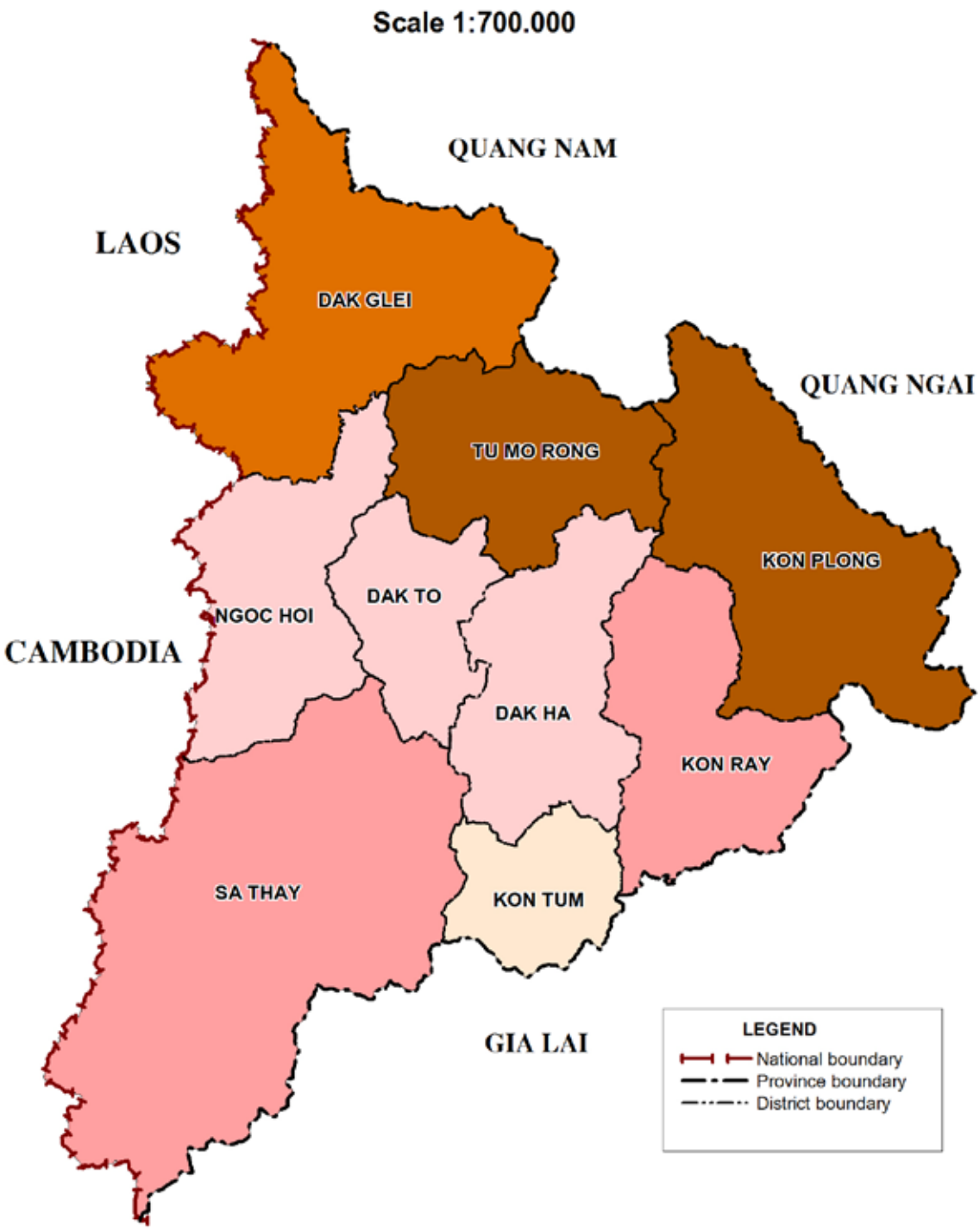
30 DOLISA (2012) ibid.

Map 3.1 Household poverty rate by administrative area in 2012 (%)



Map 3.2 Number of poor households by administrative area in 2012

Map 3.3 Ranking of districts according to overall level of disadvantage



CHAPTER 4

SOCIO-ECONOMIC AND SOCIO-CULTURAL FACTORS UNDERLYING VULNERABILITY

CHAPTER 4. SOCIO-ECONOMIC AND SOCIO-CULTURAL FACTORS UNDERLYING VULNERABILITY

This chapter examines socio-economic and socio-cultural factors that underlie the patterns of intra-provincial differentiation and inequality and vulnerability that were preliminary identified in the previous chapter. This discussion relates in particular to maternal and child nutrition and reproductive healthcare behaviour.

The complexity and diversity of the causative factors influencing maternal and child nutrition and reproductive healthcare behaviour presents researchers with a big methodological challenge. In a situation such as we find in the Central Highlands Region and in Kon Tum today, this methodological challenge is further compounded by the rapidity and magnitude of the economic and social change processes that have been taking place over recent decades and which affect the situation of households.

To unravel these causative factors, some studies attempt to identify 'immediate' (or primary) causes, 'underlying' (or secondary) causes, and deeper 'structural' causes. In reality, however, it is sometimes inaccurate and can be exceedingly difficult to establish linear relationships between immediate, underlying and structural causes. Reality is almost always more complex, especially where intangible socio-cultural factors influence behaviour and attitudes towards nutrition and reproductive healthcare.

For this reason, our preferred approach has been to map-out the complex inter-linkages between different types of causative factors, as shown in the causal-loop diagram presented in Figure 4.1. This shows the inter-linkages between three sets of issues and causative factors: (i) household food supply, food security and maternal and child nutrition; (ii) reproductive healthcare behaviour and ante-natal and post-natal care; and (iii) out-reach capacity and quality of reproductive healthcare and nutrition services.

4.1 Household incomes, food supply and nutrition

As noted in Section 2.3.3, one of the prominent features of the rural household economy in Kon Tum is the extent to which a most rural households (including both richer and poorer households) need to obtain cash to purchase household food supplies, including both staple rice supplies and other foodstuffs. Household food supply is therefore dependent on cash supply – to the extent that it is more appropriate to talk about patterns of household 'cash insecurity' rather than 'food production insecurity'.

This is also true for many ethnic minority households. It is sometimes said that poor ethnic minority households in the Central Highlands still rely on 'subsistence agriculture' and have limited involvement with the 'cash economy' or 'market economy'. However, closer examination reveals that this is not the case anymore, except in some more remote rural locations[31]. Poor ethnic minority households interact with the cash economy in a multiplicity of ways; however, the nature of this interaction is often fragmented.

31 Shanks et al (2012) Central Highlands: ethnic minority livelihoods, local governance and lesson-learning study.

Figure 4.1 Maternal and Early Childhood Health and Nutrition – Causal Loop Diagram

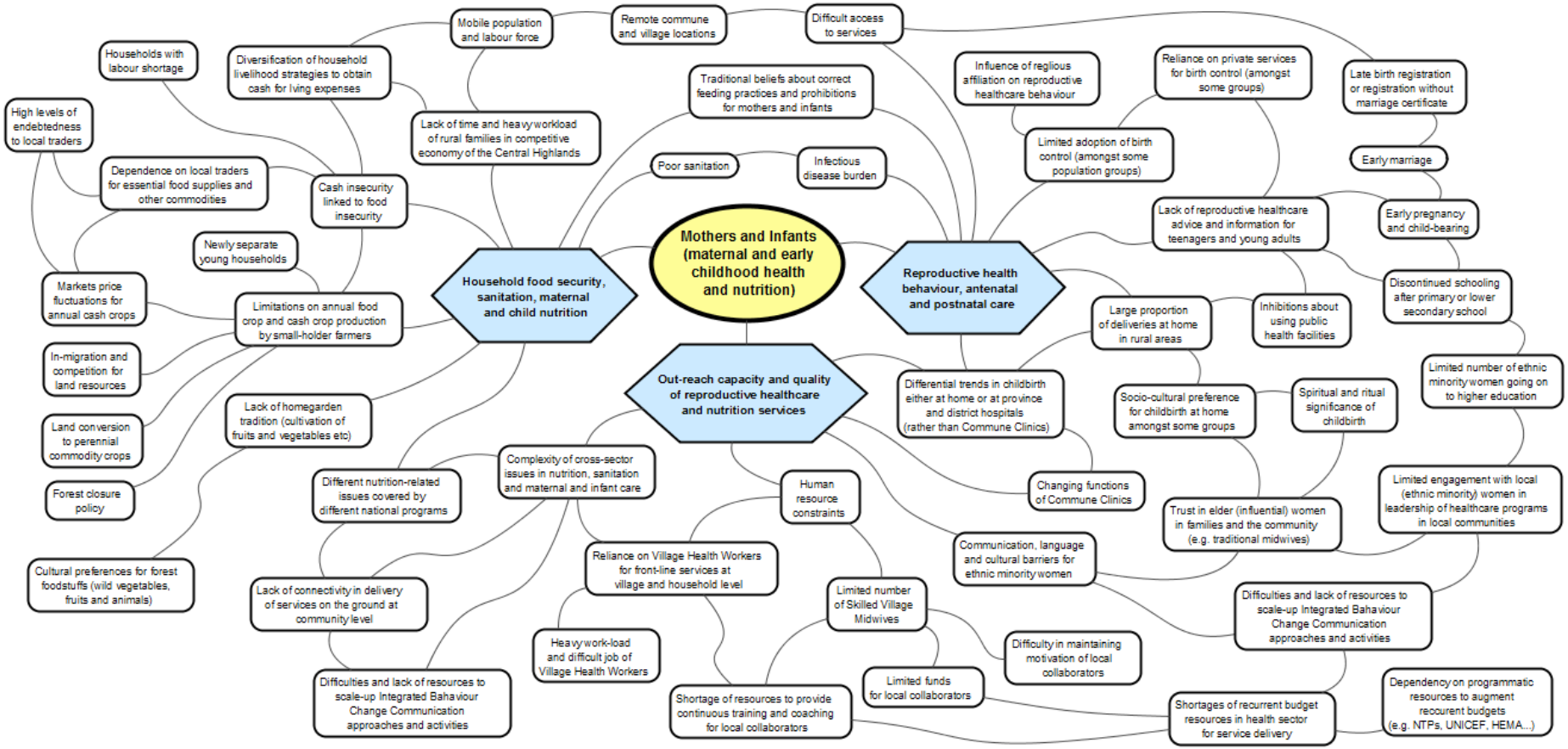
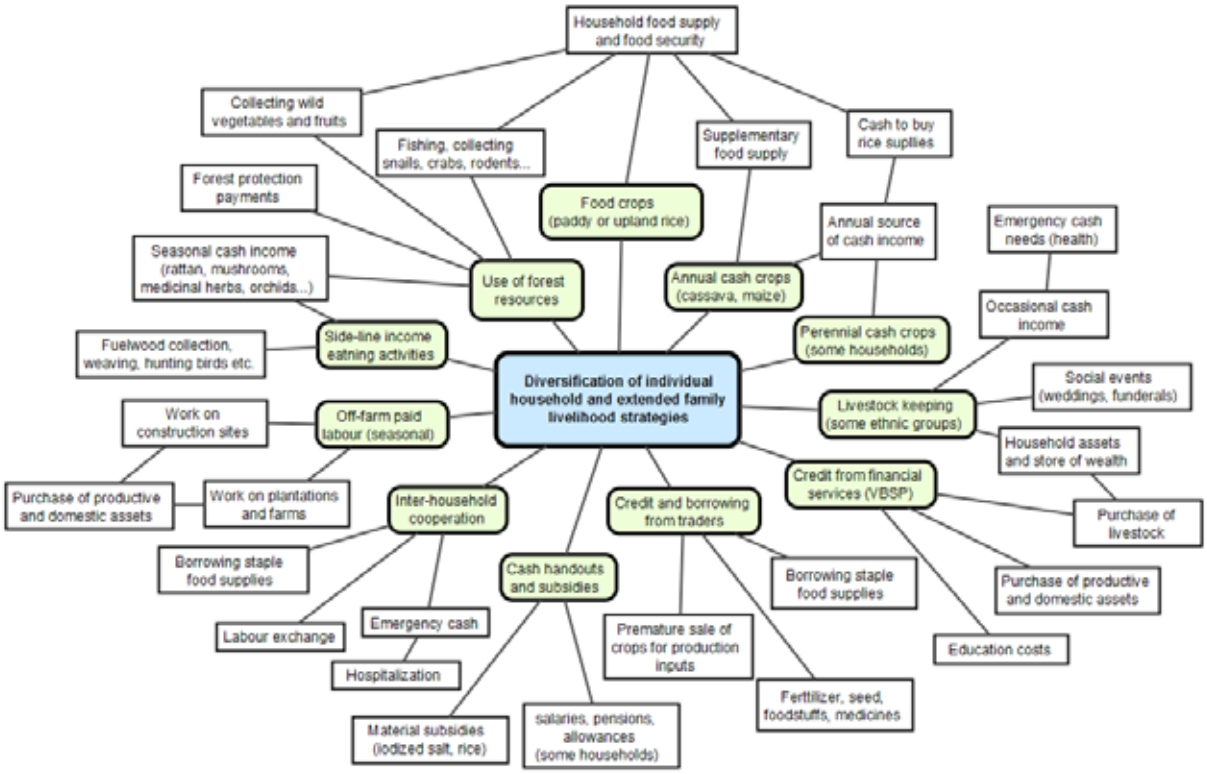


Figure 4.2 Diversification of livelihoods for cash income and food supply amongst ethnic minority households in the Central Highlands



Source: Shanks et al (2012) ibid.

A fundamental difficulty faced by many poor households is that they have to continuously juggle small-amounts of cash derived from different sources to make ends meet. This situation has a number of implications for household livelihood strategies, household labour allocation and the nutrition and care of women and children (Figure 4.1).

There are a number of reasons for the limitations on annual food-crop production and cash-crop production amongst small-holder farmers (Section 2.3.3). These include: (i) the limited amount of irrigated paddy land that is available in Kon Tum; (ii) in-migration and increased competition for agriculture land resources; (iii) land conversion to perennial commodity crops; (iv) the forest closure policy which limited access to land on which to grow upland crops (such as hill rice varieties); and (v) market price fluctuations for annual cash crops (such as cassava) which can have a major impact on household income and therefore on their capacity to buy rice and fulfill other essential needs.

4.1.1 Patterns of livelihood diversification

In response to these types of pressures, there has been a diversification in the livelihood strategies of many poor rural households. One recent study found that ethnic minority households in the Central Highlands are involved in a wide range of income-earning and production activities to obtain cash to fulfill household nutritional and other needs (Figure 4.2). This does not only mean diversification out of subsistence production into increasing levels of involvement with the cash economy. More significantly, it denotes the 'multiplication' of livelihood activities and income sources. Moreover, it is necessary to look at these strategies not only in terms of individual family units, but also in terms of extended family structures and what interconnected households are doing to ensure income security and the patterns of inter-household cooperation.

One implication of these patterns of livelihood diversification is that they are leading to changing patterns of labour allocation and heavy work-loads of many rural families in the

competitive economy of the Central Highlands. Generally speaking, heavy work-loads are often associated with limited time to care for infants and young children and difficulties in interacting with services on a regular basis (e.g. ensuring the family members are at home during child vaccination campaigns or birth registration visits; limited time for child education). This is particularly the case for newly separated young households that often have limited crop land and are thus more reliant on wage-labour employment for income. Another vulnerable group are single parent households or households in which one labourer is unable to work (Box 4.1). As noted by one mother in a peri-urban village of Kon Tum City:

> *"There are many poor families in my village. I have only a small piece of land that is not enough to feed five children. My husband died, so I cannot afford to take care of 4 kids to go school so they dropped out of school to go and work. The youngest daughter is in Grade 10 of Le Loi Secondary School. I asked her to leave school to help me out, but she kept on crying because she wanted to go to school. Each day I have to get 70,000 VND and try to save money for her to go to school"*

Box 4.1 Household labour, food supply and cash supply in a poor household in Po E Commune

Y Rak has one daughter and 2 sons, one 2 months old. The household is the poorest in the village. Her husband is 30 years old and not very healthy – he has chronic joint problems and back pain, so he cannot go out to work on construction sites. Y Rak says that people often have to take him on the motorbike to the commune clinic. She has 2-3 Saos of wet rice but not enough food for the whole year and often has to borrow food from neighbours and relatives. She doesn't grow cassava, just maize, and doesn't have livestock. She has frequent support from Government for iodized-salt and fish-sauce and kerosene. She hasn't borrowed money from the bank because she's afraid of not being able to pay back. Her husband sometimes goes to the forest to collect medicinal herbs to get money for buying foodstuffs. They also set traps to catch forest rats and squirrels for eating. Y Rak's house was built six years ago. The household has electricity, but it's connected from the neighbouring family and they cover the electricity costs for her.

Several other factors have an important bearing on these linkages between household livelihood strategies, cash income, food security and nutrition.

4.1.2 Patterns of household cooperation and dependency

Exchange relationships. Exchange relationships between households are still a strong characteristic of many ethnic minority villages (Box 4.1). For instance, labour exchange is an integral part of the agricultural system of groups such as the Hre in Kon Tum. As described by one Hre women in Po E Commune: *"Twenty or thirty people work together in one day for sowing rice or maize or harvesting cassava or building houses. The whole village works together. We usually kill a pig or ducks…"*. In addition, turning to relatives or neighbours is the first resort when emergency cash is needed for a health crisis (to cover hospital costs), to buy food, or to help cover loan repayment.

Dependency on traders for essential commodities. In some localities and amongst some households, there is a high level of dependency on traders for essential food supplies and other commodities. In the Central Highlands, local shop-keepers and traders occupy a powerful position in the local economy. These are primarily Kinh people, living in the remote communes, who are involved in 'multi-purpose' trading in agricultural inputs and household supplies, marketing agriculture products and other services.

There are various patterns of dependency, including: farmers borrowing production inputs 'in kind' from traders (i.e. borrowing seed and fertilizer in return for a proportion of the eventual harvest); farmers selling their crop 'pre-harvest' in order to obtain cash for rice and to cover other basic needs during the crop growing season; and borrowing other essential commodities (cooking oil, medicines, soap etc.) from shop-keepers to cover cash-shortage periods for later repayment. This situation can lead to a high level of indebtedness to the traders, which in turn can be one of the major sources of both risk and vulnerability for indigenous ethnic minority households and farmers. This is also a nutrition issue since farmers can only afford minimum needs for a large-size family.

As described by one elder man in the Dak Ropeng Village in Tan Canh Commune:

> *There is always not enough food. We borrow money from Kinh people to plant cassava, and pay loans back at the end of harvest season, just debt only. In addition to planting and weeding cassava in the rainy season, and going out to work to get some cash, we do nothing. Previously, we had lots of farm land so we planted rice, cassava and raised pigs. In the dry season, hunting and fishing. Now the forest is destroyed, the streams are shallow, there is a shortage of land so we are still poor*

4.1.3 Forest foods and home garden production

Amongst some of the indigenous ethnic groups in the Central Highlands there is a limited tradition of growing vegetables and fruits and raising livestock in home gardens. This has a negative influence on household food supply and nutrition because it reduces the ready availability of protein and vitamin rich foods for women and children. Livestock (cattle, pigs and poultry) are an important component of the agriculture systems of groups such as the Bahnar and Hre; amongst the Bahnar, for instance, cattle form an important store of household wealth and some households keep large herds. Livestock keeping is traditionally less important amongst some other ethnic groups.

Both historically and traditionally, forests have been a major source of food supply and nutrition for people in this region. This is still the case in some places with areas of natural forest (Figure 4.2). The collection and sale of non-timber forest products (such as rattan, medicinal herbs, mushrooms and wild honey) is an important source of occasional or seasonal cash income. Equally important in terms of household nutrition is the collection of wild vegetables, fish, snails, crabs and small mammals for domestic consumption

As well as being an important source of food supply, there is still a strong cultural preference for the collection of wild vegetables and other forest foods in these communities. Many households, including men, women and children, will spend considerable amounts of time collecting forest produce. However, while forest foods are still important in some places (e.g. Po E Commune in Kon Plong), deforestation has reduced the availability in many places (e.g. Tan Canh Commune in Dak To), thus contributing to a reduction in the diversity of households diets.

4.1.4 Maternal and infant nutrition and feeding practices

During this research, commune and village health workers frequently mentioned that the heavy work-loads of parents means that they often do not have time to take care of their children's nutrition. This appears to be a widespread issue, amongst both urban and rural families, as well as amongst both Kinh and ethnic minority families.

Amongst ethnic minority women in rural areas, most infants are fully breastfed in the first few months of life. As stated by one Village Health Worker in Po E Commune, when asked by the research team about the rate of exclusive breastfeeding:

> *We have heard in a training about the importance of only breastfeeding babies when they are born. In reality it is too difficult to know this figure exactly, there are too many women and they are far away. But there is only breastfeeding, this is the only way*

And as described by a young mother in Po E Commune when asked about micro-nutrients and how to care for a young baby:

> *My mother and grandmother said they breastfed all their children right after birth. That is to avoid cholera because breast milk is safe. Before now, there was no powdered milk for babies, which is expensive and not as nice as breast milk. My mother also said if you continue feeding your baby with someone else's milk they will forget their mother, and who knows, milk from the market could turn your baby into a stranger*

This is an advantageous situation because breastfeeding is still the normal practice amongst a majority ethnic minority women in rural areas. Moreover, there are ways in which traditional knowledge and beliefs about the importance of breastfeeding infants may overlap with scientific knowledge. In this situation, the clear priority is for enhancing the nutritional

status of mother's themselves as well as continual maintain the communication on the benefit of exclusive breastfeeding.

One important aspect is how to improve the diversity and nutritional value of the regular meals of poor households. In all localities, the Government nutrition programme organizes awareness raising and demonstration activities on cooking for mothers and children. However, the effectiveness of these demonstration activities is questioned by some people. As described by one Kinh woman in Tan Canh Commune:

> *"I've been trained in reproductive healthcare and family planning and how to cook for children. But it rather complicated. Whenever I go to the market I have to do the calculation on whether I can afford this or that and it is difficult for farmers like me. My family has stable economic conditions so I can make my way. But for ethnic minority people, how can they find the money to follow the cooking methods for their baby, they don't have enough for their rice, aside from buying more meat for nutritious cooking"*

4.2 Reproductive healthcare behaviour

4.2.1 Differential trends in childbirth

One important finding to emerge from this study is that several distinct trends are emerging in the patterns of reproductive healthcare behaviour and childbirth amongst different population groups in different parts of the province. One indicator that clearly demonstrates these differences in the location of childbirth.

Precise figures are not available on the proportion of births that take place at either province or district hospitals, at the commune/ward clinics and inter-commune poly-clinics, or at home; however, sufficient information is available to identify the main trends. In general, a high proportion of births still take place at home in Kon Tum, particularly amongst ethnic minorities in rural areas. One survey in 8 communes in Dak Ha and Tu Mo Rong districts found that 73.7 percent of deliveries were at home, 19.8 percent at district or province hospitals and 6 percent at the commune clinics[32].

According to figures provided for this research by the District Health Section in Kon Plong, over half of deliveries in the district in 2012were at home (54.5 percent), with around 16 percent at the commune clinics and 29.5 percent at the inter-commune poly-clinic or hospital. According to figures from the Commune Clinic in Po E, between 2010 and 2012 around 90 percent of births were at home at 10 percent at the commune clinic or hospital (Annex 1.27). In contrast, in Tan Canh Commune (Dak To District) in the same period, around 93.6 percent of deliveries took place at the district hospital and only 4.6 percent at home and 1.6 percent in the commune clinic (Annex 1.28).

In Kon Tum City, a majority of births also now take place at hospitals. According to figures for 2012 provided by the City Health Section, in urban wards in Kon Tum City around 95 percent of deliveries were at hospitals, 2.5 percent at home and 1.5 percent at the ward clinic; while in rural communes around the city 76 percent of deliveries were at hospitals, 23 percent at home and 1 percent at commune clinics (Annex 1.30).

There are two distinct trends. Firstly, for a variety of reasons, many ethnic minority women in rural areas still deliver at home and in general only go to the clinic or hospital in the case of a difficult birth or emergency. Secondly, in more accessible rural and urban areas, as well as amongst the Kinh population, a major shift in healthcare behaviour in recent years has been the increased preference of women to deliver at province or district hospitals, with a decrease in the proportion of deliveries the clinics.

These trends are indicative of very different contexts for the provision and use of facilities and services for antenatal and postnatal care and childbirth. Different strategies are needed to respond to this situation, which in turn have implications for resource allocation and human resources development. In particular, the functions of the commune/ward clinics need to be carefully assessed in light of these trends: for different reasons in different localities, the use of the commune/ward clinics for childbirth is limited and shows a decreasing trend in some localities. The role and functions of commune clinic staff, as well as those of local health collaborators, also need to be assessed in light of these trends. These topics are discussed further in Chapter 6.

32 One UN Programme in Kon Tum (2009) Knowledge, Attitudes and Practices Survey on reproductive health, maternal and child nutrition and water supply and sanitation.

Various factors appear to contribute to the limited use of health facilities for childbirth amongst ethnic minority women, despite mobilization efforts and the investments made in improving facilities at the commune clinics. A Knowledge, Attitudes and Practices Survey in 8 communes in Dak Ha and Tu Mo Rong districts asked women about the reasons for not using health facilities for childbirth, as well as reasons for not having regular pregnancy check-ups and not getting tetanus vaccinations (Table 4.1).

The lack of time, being too busy, the long distance from home and feeling ashamed are all given as reasons. This survey found that the main reason for not having childbirth in health facilities is that women 'don't like' to do so (54 percent of respondents gave this as the main reason). This reason is formulated as a negative proposition in the survey, but it can also be understood positively – that is, in terms of the preference of women to give birth in the security of their own homes, with the assistance of trusted helpers.

Table 4.1 Reasons for not using health facilities for antenatal care and childbirth

(Reasons listed in order of frequency as mentioned by respondents)

Reasons for not having childbirth at health facilities	Reasons for not having regular pregnancy tests	Reasons for not getting tetanus vaccinations
Don't like to	Too busy	Don't have time
Feel ashamed	Far from home	Don't know about it
Too far from home	Feel ashamed	Afraid of pain
	Don't know	Not necessary
	Don't care about it	

Source: One UN Programme in Kon Tum (2009) Knowledge, Attitudes and Practices Survey on reproductive health, maternal and child nutrition and water supply and sanitation.

4.2.2 Early marriage and early pregnancy

The tradition of early marriage is still quite common amongst some population groups in Kon Tum, especially amongst young women. According to the 2009 Population and Housing Census, around 7.8 percent of women from 15 to 17 years old are married, while only 1.9 percent of males are married at this age (Table 4.2). Similarly, the rate of women married by age 20 (15.8 percent) is higher than for males (4.7 percent). Amongst both males and females, the rates of early marriage are substantially higher in rural than urban areas, with 20.7 percent of rural women being married in the 15 to 19 age group.

Table 4.2 Proportion of young married people by age-group, sex and place of residence in Kon Tum, 2009

Sex / residence	Age group (%)		
	15-17	18-19	15-19
Male – Total	1.9	9.8	4.7
Urban	0.2	4.3	1.7
Rural	2.7	12.7	6.3
Female – Total	7.8	30.7	15.8
Urban	2.1	16.1	6.6
Rural	11.1	37.6	20.7

Source: Province Statistics Office (2010) 2009 Province Population and Housing Census.

It is likely that early marriage is often linked to early pregnancy – which is, in some respects, a more critical issue that can affect the well-being and livelihoods of young women. According to the 2009 Census, the proportion of young women between 15 and 19 years old that have one of more children varies considerably across the province (Figure 4.3). The rates are generally higher in remote rural districts, with four times as many women under 19 having children in Kon Plong as compared to Kon Tum City.

According to the Department of Justice, in recent years there has been a steady increase in the rate of births that are registered on time (i.e. within 60 days) from 52.3 percent in 2010 to 66.4 percent in 2012 (Annex 1.65), 64 percent in 2013 and 71.2 percent for 1st half of 2014. As to be expected,

the highest rates are in more accessible areas such as Kon Tum City (76.4 percent), Dak Ha (79.4 percent) and Dak To (70.6 percent). The problem of late birth registrations is concentrated in the remote rural districts, with over 40 percent of births being registered late in Kon Plong, Dak Glei, Sa Thay and Tu Mo Rong districts (Figure 4.4). These figures indicate that the issues surrounding early marriage and early pregnancy, late birth registration, the provision of reproductive healthcare services for young men and women, and the opportunities for young women of child-bearing age are concentrated and more complex and difficult to address in the remote rural areas and population groups.

Figure 4.3 Women aged 15-19 years old with 1 or more children, 2009 (%)

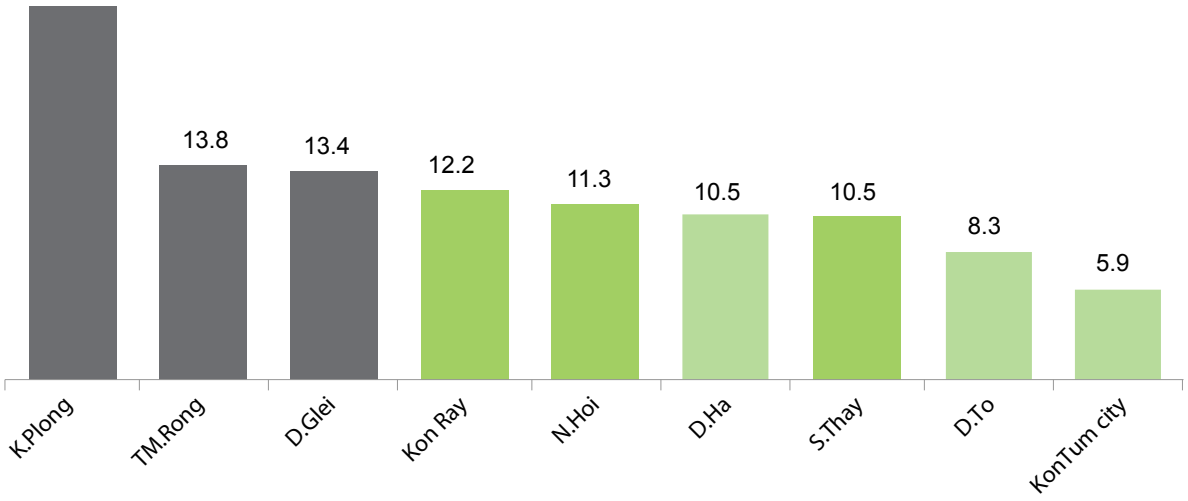
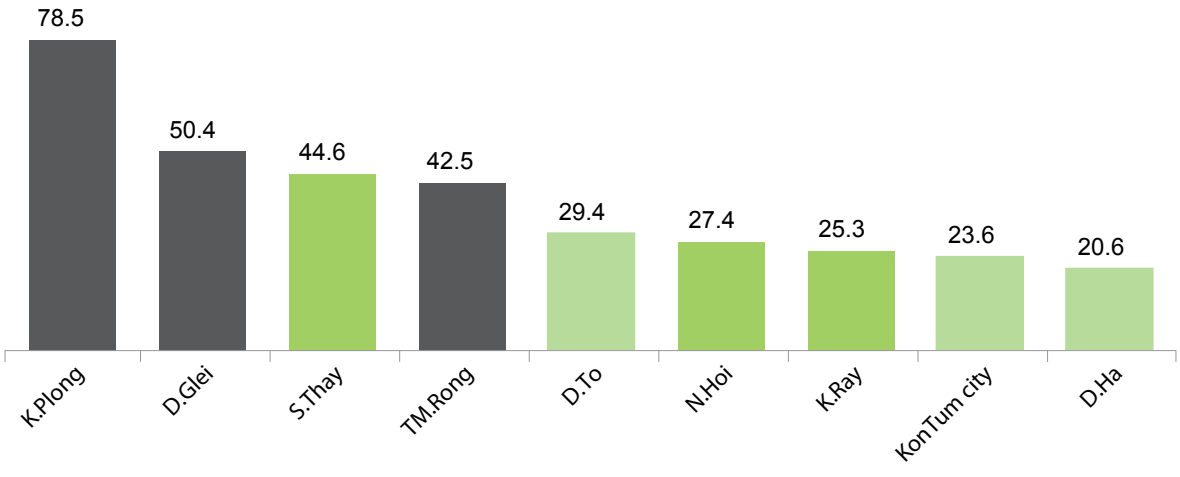


Figure 4.4 Rate of late birth registrations, 2012 (%)



Source: See Annex 1.64 and 1.65

Special concerns in Kon Plong District. It appears that the issues of early marriage, early pregnancy and related issues are particularly acute in Kon Plong District. Kon Plong has the highest rate of early pregnancy in the province, the highest rate of late birth registrations (78.5 percent in 2012), and the lowest rates of educational attainment amongst the adult population. It is recommended that special attention needs to be given to helping to address these inter-related issues in this particular district.

It is, however, difficult to determine a cause-and-effect relationship between early marriage and other factors such as discontinued education. It is sometimes said that the continued tradition of early marriage in some communities is one of the main reasons why children leave school early. On the other hand, it is equally true to say that the continued prevalence of early marriage is a consequence of a lack of alternative higher education and employment opportunities for young women and men in rural areas. As described in Section 5.2, teenage girls and boys in Po E Commune in Kon Plong are well aware of such difficulties, citing examples of school-leavers who fail to find stable employment outside their community and who return home to get married instead.

4.2.3 Spiritual and ritual aspects of childbirth

Spiritual and ritual aspects of childbirth have traditionally been highly significant amongst the indigenous ethnic groups and families, examples of which are given in Box 4.2. In this regard, traditional midwives play an especially important role. This role extends beyond assisting in the physical childbirth, to giving advice to the family on postnatal care and leading the thanks-giving rituals and naming of the child. Moreover, the traditional midwives are believed to provide a link with the spiritual guardians or deities of the village who are also the ancestors of the families in the village.

Box 4.2 Customary childbirth practices amongst the Brau and Romam

For Brau women, during pregnancy women only do light work, but still go to the upland fields. During childbirth, the family organizes a corner of the house and the delivery is helped by a traditional midwife to assist in the delivery and washing the baby. Usually the midwife cuts the umbilical cord with a sharp piece of bamboo selected by the father. The piece of bamboo is sterilized over fire. The placenta is buried under a clump of bamboo behind the house by the father. After the delivery, the mother is cleaned by the midwife with cool boiled water and lies down beside the fire for rest. After 3 to 5 days, the family invites the traditional midwife to come to a thanks-giving ceremony and also for naming the baby. The midwife prays to the spiritual guardians for acceptance of the name and tastes a cup of wine for confirmation. According to Brau belief, if the wine does not taste good it means the spiritual guardians do not accept the name and the midwife will repeat the ritual with an alternative name.

For Romam women, they are not allowed to deliver the baby on the floor of the stilt house, but beside the house where the husband and family builds a hut. Above the head of the mother they hang a rope for the mother to hold onto during labour, and the common position of delivery is kneeling-down. The traditional midwife assists in the birth and the mother and baby are cleaned with boiled water and put beside the fire after birth. The placenta is buried in the forest (not hung on a tree or buried near the house as with some other ethnic groups). If the baby dies at childbirth, it is buried deep in the forest, not in the cemetery of the village. For live babies, after the umbilical cord falls off, the family organizes a ritual for naming the baby.

Discussions with local people during this research reveal that the spiritual aspects of childbirth are still significant for many women and families. It is, however, important to make a clear distinction between superstitious practices related to childbirth and the underlying spiritual value attached to childbirth. Many of the former customary practices related to childbirth are dying-out and less-and-less followed (for example, giving birth in the forest because of prohibitions on childbirth in the home or village).

On the other hand, naming of the child and the need to honor the deities of the village continue to be very important aspects. In this regard, trust is put in the advice of elder women and the role of the traditional midwives is still remarkably influential.

In recent years, healthcare programmes in Kon Tum have taken a number of initiatives to respond to this situation. These include training young local ethnic minority women as Skilled Village Midwives and the distribution of safe delivery kits for these village midwives and Village Health Workers to use in home deliveries. Even so, it appears that there is only limited engagement with the traditional midwives. There may be a variety of reasons for this, but one important reason is that the traditional midwives are elder women with limited literacy skills who are not eligible for formal training. As recommended in Section 6.3, more effort is needed to engage these women in the design and delivery of reproductive healthcare programmes in these communities.

4.2.4 Education, religious affiliation, family planning and birth control

Socio-cultural factors influence reproductive health behaviour in many other ways, including traditional family values, the influence of religious affiliation, attitudes towards birth control, inhibitions about using public health facilities and reliance on using private health services for birth control amongst some people (Figure 4.1). Here again, these factors interact in complex ways – as revealed in a discussion with the Head of the Commune Clinic in Tan Canh Commune in Dak To (Box 4.3).

As indicated in Section 2.2.5, according to the 2009 Census, around 34.5 percent of women in Kon Tum have 3 or more children (39.4 percent in rural areas) which is considerably higher than the regional rate (27.4 percent) and the nationwide rate (16.1 percent). As described by a Bahnar women in Plei Rohai Village, in Le Loi Ward of Kon Tum City, there are many reasons why families have more than two children:

> *"People have many children for many reasons, especially a third child because using birth control is a sin to god. Therefore people do not dare to follow family planning. If we have a lot of children it is us who will raise them, not the state, so they shouldn't persuade us. In addition, the husband doesn't agree when the wife follows family planning. In some cases the husband has an affair with another women if the wife uses birth control. IUDs cause backache, the husband doesn't like using condoms and sterilization causes madness, so none of the methods work and women give birth"*

Another woman in Plei Rohai Village says that having enough children to look after parents when they are old is another important reason:

> *"Nowadays there are a lot of illnesses and many children having accidents so I should have at least three children in case they die so I will still have someone to live with. Like one of the Kinh families in Kon Tum City, they are rich and had two sons, but one died of a road accident and one drowned by falling into a well. Now they want to have one more child but cannot because she is too old to conceive"*

Box 4.3 Issues in reproductive healthcare behaviour in Tan Canh Commune

The Head of the Commune Clinic in Tan Canh confirmed that one of the most significant changes in reproductive healthcare behaviour in recent years has been the increased number of childbirths taking place at health facilities, in particular at the district hospital (over 90 percent in 2011). This is amongst both Kinh and ethnic minority households.

There is a trend for both Kinh and ethnic minority families to have more children and it is difficult to spread the family planning and birth control messages. For some Kinh families, as they become better-off, they think they would like to have more children and it is economically possible. For ethnic minority families, as family health conditions improve and the number of infant fatalities decreases, there is also a tendency to have larger families.

Religious affiliation to the Catholic Church also influences the adoption of birth control messages and contraception. The Head of the Clinic recalled one district workshop at which church leaders, elders from the community and local health workers were brought together to discuss these issues. At this workshop the church leaders did not openly prohibit the use of birth control, but stated that it is considered a sin by the church. The Head of the Clinic said that elders in the community generally agree that birth control is beneficial, but in practice people of religious families tend to follow the church teaching.

The Head of the Commune Clinic also said that in reality many women, especially younger women, including those from religious families, do use contraception. However, because of sensitivities around this issue and because of their reluctance to be seen in public going to the commune clinic, they usually go to private health outlets in the district town. Another reason why some people go to private shops to buy contraception is because they think the medicines bought at the shop are more effective than those at the clinic (even though contraception methods and advice are free-of-charge at the commune clinic).

Table 4.3 Women giving birth in 12 month period (4-2008 to 3-2009) with three or more children according to religious affiliation

Religious affiliation	Number of women giving birth	Number of women with 3 or more children	Proportion of women with 3 or more children (%)
Total	12170	4203	34.5
Catholic	4200	2281	54.3
Other religion or no religion	7970	1922	24.1

Source: Province Statistics Office (2010) Kon Tum Population and Housing Census 2009

During this research, it was frequently mentioned that religious affiliation – in particular to the Catholic Church – has a strong influence on reproductive health behaviour, on the acceptance of family planning messages and the adoption of birth control[33]. Data from the 2009 Population and Housing Census confirm that a high proportion of Catholic women have three or more children (Table 4.3). Province wide, around 54 percent of Catholic women giving birth in a 12 month period prior to the 2009 Census have three or more children, whereas the rate for women of other religions or having no religion is much lower (24 percent). In Dak To District, where 44.7 percent of the population is Catholic, around 61.2 percent of Catholic women have three or more children, whereas only 17.4 percent of women of other religions or no religion have more than two children.

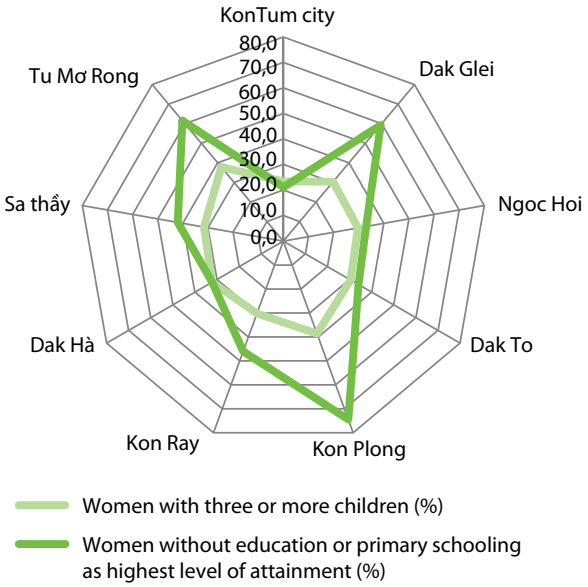
Yet religious affiliation is not the only significant factor. Some of the highest rates of women having three or more children are found in districts with a low Catholic population. For example, in Kon Plong District, 39 percent of all women between 15 and 49 years old have three or more children (the highest rate in the

33 A variety of religious affiliations are represented in Kon Tum. According to the 2009 Census, 60.5% of people describe themselves as having no religious affiliation, while 30% are Catholic, 6.1% Buddhist, 3.1% Protestant and 0.1% with other religious affiliation. Around 75% of Catholics are found in Kon Tum City and the more prosperous central districts of Dak Ha and Dak To. The Census data are based on self-reporting of religious affiliation, so it is possible that for reasons of political sensitivity some of these figures on religious affiliation are under-reported, especially for Protestantism.

province) while only 1 percent of the population is Catholic[34]. In Kon Plong, high birth rates and large family size appear to be associated with a different set of factors, in particular education.

Data from the 2009 Census suggest there is a strong relationship between women's level of educational attainment and the number of children they have. Figure 4.5 shows that some districts with the highest rates of women with three or more children (such as Tu Mo Rong and Kon Plong) are also those districts in which women generally have lower levels of educational attainment.

Figure 4.5 Relationship between the proportion of women with three of more children and women's level of educational attainment by administrative area, 2009



Source: Province Statistics Office (2010) Kon Tum Population and Housing Census 2009

34 Source: Province Statistics Office (2010) Kon Tum Population and Housing Census 2009.

In summary, this chapter has analyzed some of the socio-economic and socio-cultural factors that affect household incomes, food supply and nutrition and reproductive health behaviour. These factors underlie the patterns of inequality described in the previous chapter. It has been shown that the socio-economic situation of households – as well as patterns of household vulnerability – need to be understood in relation to the broader processes of economic transformation taking place in Kon Tum and the Central Highlands. It has also been shown that changes in people's attitudes, practices and behaviour are influenced in complex ways by traditional socio-cultural values, modern-day influences, as well as in response to the economic pressures of making a living.

CHAPTER 5

CHILDREN'SPARTICIPATION AND SOCIAL AND CULTURAL TRANSFORMATION

CHAPTER 5. CHILDREN'S PARTICIPATION AND SOCIAL AND CULTURAL TRANSFORMATION

This chapter looks and children's participation from several perspectives. Firstly, children's social networks and daily life activities are described from the perspective of children themselves. This is used to understand differences in the situation and world-view of children in urban and rural areas, as well as to understand some of the problems and difficulties they face at home, in the community and at school.

Secondly, consideration is given to the participation and protection of teenagers and young adults, particularly those who leave education at the end of lower secondary school. As indicated in the previous chapter, this is one of the hard-to-reach and most vulnerable groups of children. In particular, we examine the processes of social and cultural change that are taking place amongst indigenous ethnic minority communities in Kon Tum. This is in order to understand how these changes may affect the care, protection and education of children in these communities, as well as factors which influence the participation of children and women in modern day society.

In this research, a broad definition of 'children's participation' is used, including their social and personal networks; their involvement in play, recreation, sports; their position in the family and their participation in community affairs and at school; and the opportunities that are provided for children to begin to participate in society in constructive ways. Consideration is also given to the mechanisms that are used to increase children's awareness and understanding of their rights and engaging them in child care, education and protection activities. On this basis, recommendations are given for appropriate forms of information provision and communication with children.

5.1 Children's social networks and daily life activities

During this research, group discussions were held with around 70 girls and boys in three schools: the upper secondary school in Le Loi Ward (Kon Tum City); the lower secondary school in Tan Canh Commune (Dak To District); and the lower secondary school in Po E Commune (Kon Plong District). In Poi E Commune, all but one of the children involved in the group discussion were ethnic minority, while in Le Loi and Tan Canh a majority of the students were Kinh with some ethnic minority students in each group.

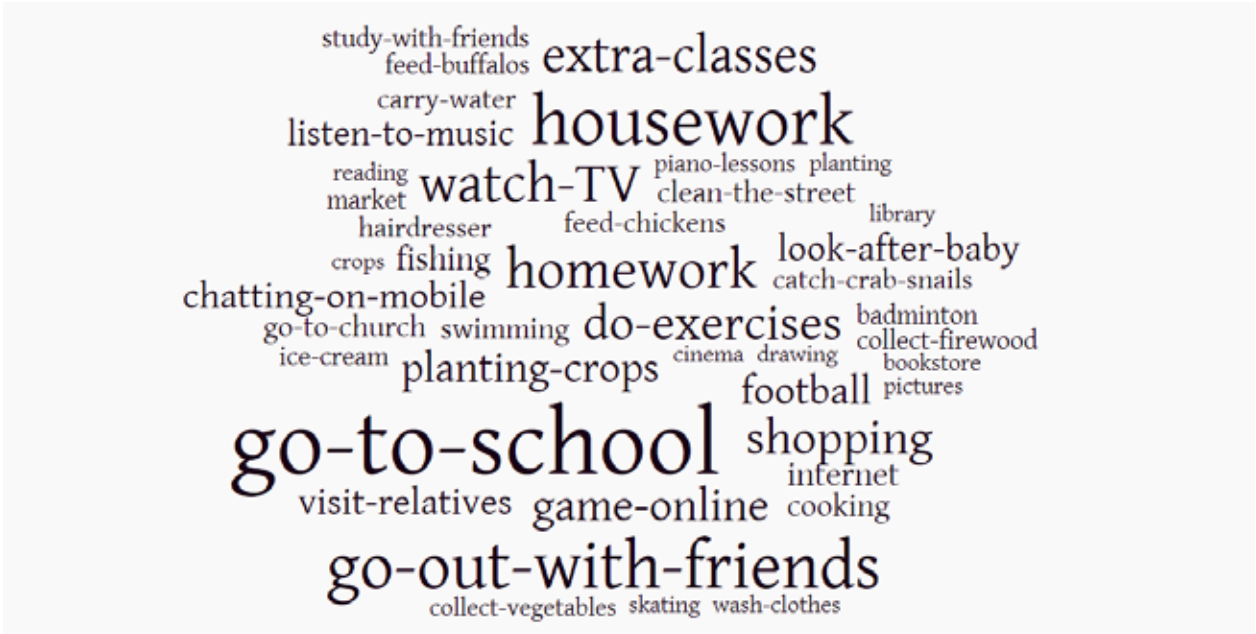
The begin the group discussion, the children were first asked to draw diagrams of all their regular activities over the course of a month – including all the things they do (including the things they like to do and the things they don't like to do), all the places they go and all the people they meet etc. (Figure 5.1). These diagrams have been compiled to give an overall picture of children's social networks and daily lives.

Figure 5.2 shows the range activities mentioned by all the children from the three schools – the size of the text in this diagram reflects the frequency with a particular activity is mentioned. As to be expected, going to school, homework and extra classes (for urban children in particular) feature highly in children's lives. A majority of children in both urban and rural areas are required by their parents to do different types of housework, while many rural children also spend time looking after infants and younger siblings.

Figure 5.1 Children's network diagrams

Playing games-online (mainly boys) and texting and chatting with friends over the mobile phone (mainly girls) are also common activities in more accessible rural and urban areas, together with the most common activities of teenagers around the world – going out with friends and watching TV. The relative frequency many of these activities, however, varies considerably from school to school and there are substantial differences in the activity networks and social networks of children in rural and urban areas.

Figure 5.2 Word-cloud showing frequency of children's daily life activities



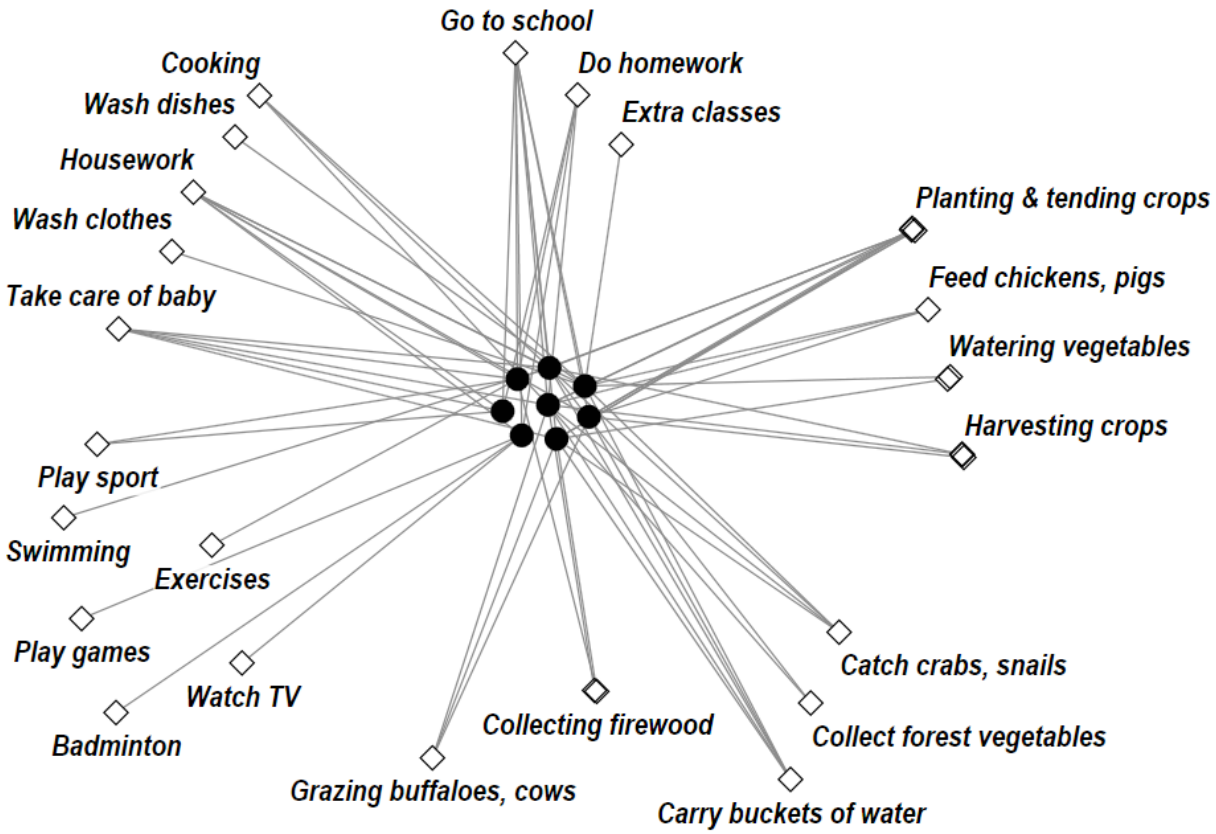
5.1.1 Children in remote rural areas

The activity networks of a group of 8 ethnic minority children from Po E Commune are shown in Figure 5.3. Some of these children live in villages some distance away from the commune center and stay in semi-boarding facilities at the lower secondary school during the week, walking back to their village each weekend. As well as doing housework and looking after infants, these children are frequently involved in agricultural activities (planting and tending crops, feeding livestock etc.). They are also frequently involved in going to the forest to collect firewood and wild vegetables, collecting water and catching crabs and snails and so on. The frequency with which

these children are involved in sports and other types of recreational activity outside school is more limited than in other locations. One type of activity that is not mentioned in this diagram is the games that all rural children play when they are doing other things: for instance, many children combine play and recreation with their time in the forest or walking to school.

This diagram is illustrative of the of the world-view and activities of children in many remote rural communes, where they are combining school attendance with helping their families in various ways, while organized recreational activities are still limited.

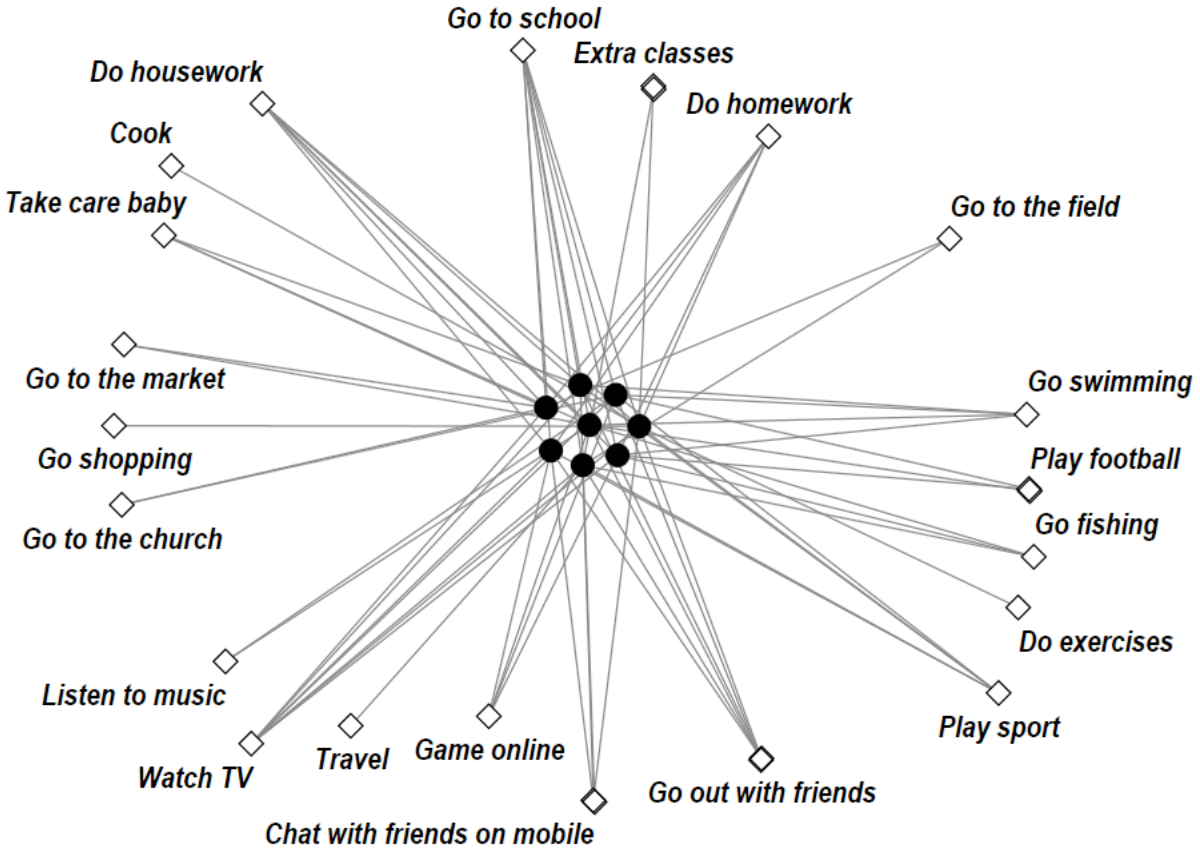
Figure 5.3 Activity networks of ethnic minority children in Po E Commune



5.1.2 Children in more accessible rural areas

Tan Canh Commune is situated on Highway 14 some 5 kilometres from Dak To district town. While this is a rural area, it is much more prosperous than Po E Commune, which is reflected in the activity networks of children (Figure 5.4). In contrast to Po E Commune, these children spend less time helping their families with agricultural work or collecting forest produce. Watching television, playing games-online and chatting with friends feature prominently in these children's leisure. It appears that children in this commune also have more time for their own recreational activities such as fishing, swimming and sports. In general, children in Tan Canh are more connected with the world, but there is still a lack of organized recreational services for children.

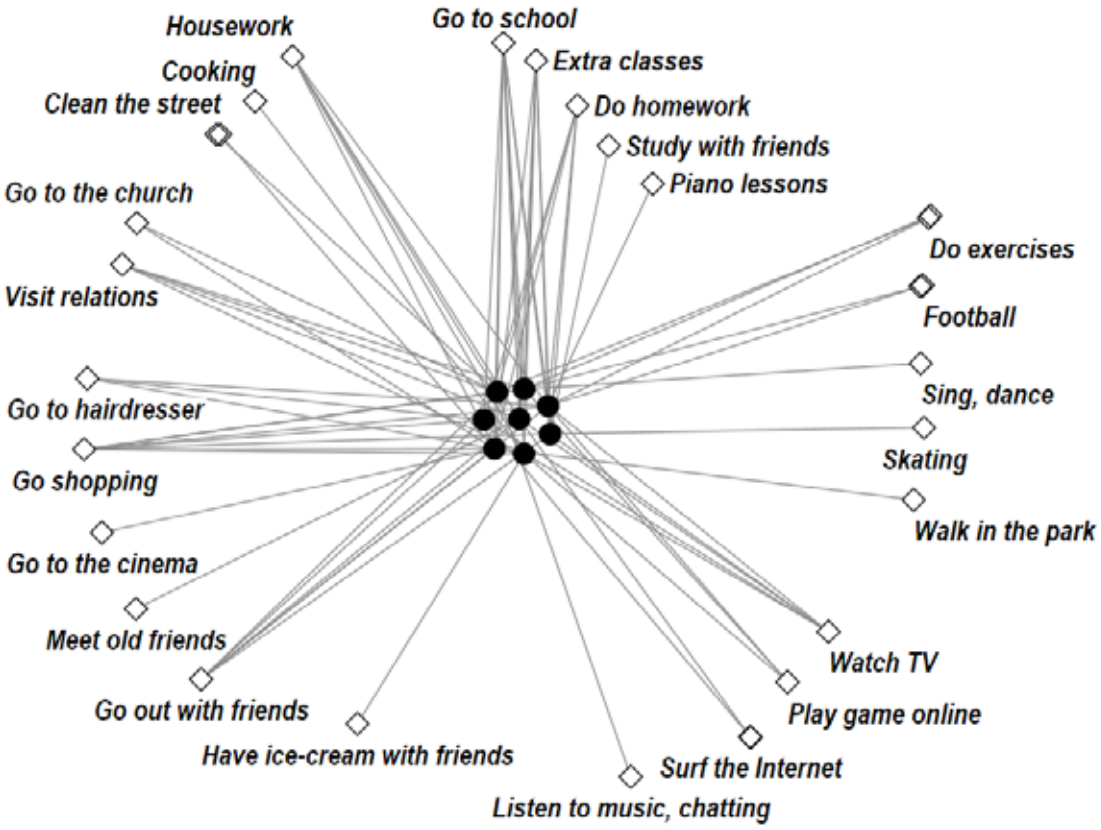
Figure 5.4 Activity networks of children in Tan Canh Commune



5.1.3 Children in urban areas

In Le Loi Ward in Kon Tum City, children's social networks and activity networks are very different (Figure 5.5). Here, girls and boys mention a much wider range of out-of-school activities such as going shopping, going to the cinema and having ice-cream with friends. There are also individual activities and interests such as taking piano lessons and skating. In contrast with rural areas, the academic work load on these children appears to be greater, with extra classes being mentioned more frequently.

Figure 5.5 Activity networks of children in Le Loi Ward



5.2 Problems and difficulties faced by children

In a second exercise, the students were asked to discuss and list the main problems and difficulties faced by children in their area – at home, at school, in the community or on the streets. Here again, while there are some common issues raised by all children, there are also notable differences between the responses from urban and rural areas.

In Po E Commune, children's perceptions of problems and difficulties are very much focused on economic and material needs, such as not having enough money to buy food and nice clothes, the lack of electricity and clean water, as well as bad roads and the long distance to get to school (Table 5.1). In addition, children here speak about parents and people in the community having limited education and old ideas; on further discussion with the children, this appears to refer to differences in the expectations of the elder generation and children's awareness of alternatives vis-à-vis issues such as early marriage and continuing education.

Table 5.1 Po E Commune – Children's problems and difficulties

Problems and difficulties	Frequency
• Family has not enough money to buy food and good clothes	High
• Bad roads and long distance to get to school	
• Lack of electricity and clean water	
• Parents and people in the community have limited education and old concepts	
• Children have to work hard	
• Children have to do a lot of housework	
• Some children have to get married early	
• Little time to play around	Low

These children speak about the continuing importance of the deities in family and community life and how this can affect attitudes towards healthcare and education:

> *There are different occasions for giving offerings to the deities, such as new rice, sowing the rice, serious sickness and on those days parents do not allow us to go to school.*

> *When making offerings to the deities for a person who is sick doesn't work, the sick person is brought to the commune clinic.*

Several children in Po E express uncertainty about their future employment and income opportunities and they tell stories about young people from their villages who have found it difficult to obtain stable employment after leaving school:

> *In Viklang 1 Village, there were some girls and boys who went to work in Da Nang City for a year, but the owner didn't pay the salary, so they had to phone their parents to send money for them to come back home.*

> *In my village there are many people going to Gia Lai to find work after finishing Grade 9. Sometimes they have good money, sometimes they don't.*

> *There's a girl in Viklang 3 Village, after finishing Grade 9 she went to Kon Tum to work in a café for a while, but she got pregnant and came back to get married.*

Children at the semi-boarding school in Po E spend periods of time away from home. This raises an interesting point about who these children turn to for help or advice when they have a problem or emotional difficulty. As described by two girls:

> *When scolded by parents or having arguments with friends, we usually weep or talk to the lady who cooks for us.*

In this example, the girls talk to a person they trust – the cooking assistant – who is not formally responsible for counselling. This illustrates the importance of providing adequate emotional and psychological care for children at the semi-boarding schools.

In Tan Canh, children's perceptions of problems and difficulties are somewhat different (Table 5.2). Here the most frequently mentioned factors are the lack of good facilities for studying at home and at school (e.g. the lack of IT equipment at school or computers at home) and the lack of things to do in the local area for recreation and entertainment. As humorously stated by one boy:

> *To learn swimming we have to go to rivers and streams. We want to have a swimming pool and swimming teacher. If not, give us a pond.*

These children also express concerns about coming into conflict with friends and parent's, as well as parent's not understanding their needs. Several children speak about disagreements with their parents over taking part in social and leisure activities:

> *We go on internet to get information, but parents consider that as playing games. They don't allow us to listen to music frequently, even if we use ear-phones, because they think we're listening to yellow music, and they force us to study.*

> *Many parents don't know how to bring up and educate their children in a proper way. They scold and shout at their children, not speaking gently, and that puts pressure on the children. However, there's a saying that 'to love is to provide whipping, to hate is provide sweetness', that's why it's difficult.*

Table 5.2 Tan Canh Commune – Children's problems and difficulties

Problems and difficulties	Frequency
• Lack of good facilities for studying at home and school	High
• Lack of things to do for recreation and entertainment	
• Children in poor families face many difficulties	
• Parents are indifferent about children's nutrition needs	
• Conflict with friends	
• Children have to work to help the family	
• Children are tempted into bad things	
• Parents don't understand children's needs and impose themselves on children	
• Parents disagree with children taking part in social and leisure activities	
• Children drop-out of school early	
• Teachers give a lot of homework	
• Some children are beaten by their parents	Low

In the urban environment in Le Loi Ward, a more complex set of problems and difficulties are expressed by teenagers (Table 5.3). Many refer to the family situation and family problems – to a much greater extent than in rural areas. This includes parent's not having enough time to care for their children (the most frequent response); unhappy families and domestic violence; unequal treatment; disagreement with parents about social and leisure activities; and some parents imposing themselves on children.

Table 5.3 Le Loi Ward – Children's problems and difficulties

Problems and difficulties	Frequency
• Parents don't have time to take care and share with their children	High
• Children are tempted into negative things	
• Lack of facilities for studying	
• Parents don't understand children's physical or psychological needs	
• Parents are indifferent about children's nutrition needs	
• Conflict with friends	
• Some children are beaten by their parents	
• Children have to work to help the family	
• Children drop-out of school early	
• Children get unequal treatment	
• Parents disagree with children taking part in social and leisure activities	
• Parents impose themselves on children's activities	
• Unhappy families	
• Difficulties for children with disabilities and illness	
• Children fall behind at school and get fed up with studying	
• Teachers give a lot of homework	Low

The frequency with which all these issues were spontaneously mentioned by children in Le Loi suggests that modern-day life in the city is putting pressures on families in terms of time and the priorities and expectations of parents and children. There are also generational differences in attitudes. As described by one student:

// Parents follow the old life style, and don't understand the psychology and needs of children, which is not appropriate in the contemporary trends. //

Many children mention one common point of conflict with parents is around internet use, which also illustrates a generational difference in understanding (Box 5.1):

// Many of us have Facebook pages, only a few don't. We spend 1 or 2 hours a day on the internet. Parents have to go to work, planting crops or doing business. That makes them so busy they don't have time to spend on children //

Students in Le Loi also speak about temptations on teenagers to get involved in negative behaviour (the second most frequent response). This not only refers to the potential for getting involved in serious things such as drug use, but more generally to "hanging-around on the streets", "going around on motorbikes", "doing nothing or doing bad things" and getting into minor conflict situations with friends.

To summarize this section, it can be said that the world-view and situation of children varies considerably between the remote rural areas, more accessible and prosperous rural areas and urban areas. This gives further insight into the patterns of intra-provincial differentiation described in the previous chapters.

Box 5.1 Differences in opinion between parents and children about use of internet

An interesting discussion was held with teenagers in Le Loi school on differences in opinion and disagreement between parents and children about using the internet. According to the children, their parents always consider that going on the internet is a negative activity, such as game-online, chatting-online or "cutting the wind" and accessing bad websites. Meanwhile, children agree that internet use can be a bad thing, but they also say they use it to search for information for their school work and to find out about the world. In addition, their teachers and friends have email and Facebook pages, so this is a good way of communicating with them. One teacher at Le Loi school said that email can help students to express and communicate things with their teachers and friends that they find it difficult to say in person. In terms of reproductive health education – although this is still controversial – in reality using internet is the most common tool for children to learn about reproductive health.

It is notable that children in all areas speak about food and nutrition. In Po E Commune, this is mainly in terms of the lack of money to buy enough food, while in Tan Canh and Le Loi children refer more to parent's not giving enough attention to their needs. This suggests that all children are well aware of nutritional issues.

In Po E Commune, children's main concerns are with economic and physical conditions and needs, while their emotional lives appear quite stable. They do not express worries about conflict with friends or children being tempted into negative patterns of behaviour. They do refer to differences in attitudes between the older and younger generations (e.g. around big issues such as marriage and education), but they do not speak much about conflict within the family or disagreement with parents in everyday life.

Teenagers in Tan Canh Commune are more connected with the wider world and have high expectations that are strongly influenced by consumerism in this prosperous rural location. At the same time, they express frustrations about not being able to fulfill these expectations (e.g. in the lack of facilities for learning and recreation). Teenagers in Le Loi Ward, on the other hand, are more concerned about their emotional world, as

expressed through their concern with family life and the need for parents to trust them more fully, as well as their concern about children receiving unequal treatment.

These differences between urban and rural areas clearly reflect different layers of concern of children, as related to their basic needs for physical and emotional well-being and security. Activities related to children's participation, child protection and extra-curricular educational activities all need to be responsive to these differences. Different strategies are also needed to encourage the participation of local communities and parents in addressing these diverse situations and needs.

5.3 Participation and protection of ethnic minority children

5.3.1 Transformation of social and cultural institutions

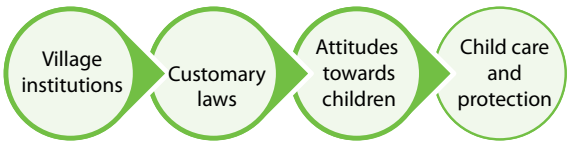
One of the main challenges in understanding the situation of women and children in provinces of the Central Highlands, including Kon Tum, lies in comprehending the impacts of the dynamic processes of economic, social and cultural transformation in this region. All regions of Vietnam have experienced a rapid process of economic modernization and social change over recent decades, but these recent historical changes have been more pronounced in the Central Highlands in a number of ways.

Firstly, as highlighted in Section 2.2, this region has experienced a high level of in-migration over an extended period, which has fundamentally altered the demographic structure of the region to a greater extent than other rural areas of the country. The region exhibits many characteristics of a 'frontier economy'. In-migration and rapid development of the agriculture economy have resulted in major changes in land holding and land use and the livelihood systems of the indigenous ethnic communities. The emergence of a vibrant and highly competitive market economy has created good opportunities for many, but there have been winners and losers in this situation.

These change processes have not only had a profound impact on the economic livelihoods of the indigenous ethnic minority communities, but also on their social and cultural institutions. Appreciating the ways in which social and cultural institutions are changing and adapting over time is essential to fully understand the situation of women and children. For instance, many aspects of customary law relate to family relations and the care and protection of children. Social and cultural norms and institutions govern people's attitudes towards marriage, reproduction and gender roles and relationships. They also influence the expectations of young people and their opportunities to participate in society, both within their own communities and in wider society.

The patterns of intra-provincial differentiation, inequality and vulnerability that were described in the previous chapters all need to be understood in this context of rapid economic, social and cultural transformation. While many previous studies have analyzed the processes and impacts of economic development in the Central Highlands, less attention has been given to the significance of these changes in social and cultural institutions [35]. This is a complex area of inquiry. There are unique characteristics of each ethnic minority society, in addition to which kinship relations, spiritual and religious belief, gender and inter-generational factors all interact in complex ways.

The challenge for this research lies in incorporating an understanding of these socio-cultural factors related to ethnicity in a way that we can assess their significance for the provision of services. To do this, we can look at three spheres of social and cultural institutions, including 'village institutions', 'customary laws' and 'attitudes towards children' and how these influence the care and protection of children:



5.3.2 Village institutions

The French anthropologist George Condominias, who worked in Vietnam and in the Central Highlands over many years, was influential in developing the concept of 'social space'

35 Michaud J. & T. Forsyth (2011) Moving Mountains: Ethnicity and Livelihoods in Highland China, Vietnam and Laos.

(Khong gian Xa hoi in Vietnamese) to describe and understand the social and cultural institutions of ethnic minority societies in this region [36]. The term 'social space' refers to the interactions between people and natural world – as manifest in human settlement patterns, social organization and customary law, ritual practices, modes of production and the territorial guardianship and exploitation of natural resources.

The fundamental unit in the social space and social organization of all the indigenous societies in the Central Highlands is the village ('palay' or 'plei' in Jrai and Bahnar and 'ple', 'ble' or 'wei' in Xe Dang). According to tradition, the territory of a village should have all types of land and other resources including residential areas, water sources, land for growing crops, as well as abundant forest (for honey, rattan, vegetables, animals for hunting, timber etc.). Within the territorial guardianship of the village, these resources were utilized and regulated on a common property basis. The village was not an isolated unit, as alliances and cooperation between villages was expressed through larger units ('toring' in Bahnar or 'laga' in Jrai): people would know which village grouping they belonged to, in which they had certain cultivation, hunting or fishing rights.

Leadership of the village was invested in a Council of Elders ('hoi dong gia lang' in Vietnamese or 'kra plei' in Bahnar and Hre) and the Village Chief ('chu lang' in Vietnamese or 'po plei' in Jrai and 'tom plei' in Bahnar)representing the major families in the village. The council of elders and village chiefs were traditionally responsible for many things. These responsibilities can be broadly divided into five categories:

- *Arbitration*– for example, in family or civil disputes, which required a complete understanding of customary laws and skills in mediation;
- *Sanctions* – for example, in the case of violation of customary laws relating to marriage, kinship and family relations, or wrong-doing and offences;
- *Organizing social tasks* – for example, collective work on land preparation and crop cultivation, house building, or organizing ritual events and festivals;
- *Representation and security* – for example, security of the village in the case of fire or conflict and representation of the village with other villages;
- *Rituals and festivals* – for example, when selecting a new village location and moving village, choosing land for cultivation, and marriages and funerals etc.

The village chiefs could hold this position for a short or long period of time depending on their credibility with everyone in the village. As described for Xe Dang people:

> 'The village chief's responsibility is heavy. He represents the interests of the whole village in defending the village's geographical boundary, leading the villagers in the fight against invaders, if any, receiving guests to the village, preserving the community's customs and practices, presiding over rituals, handling all disputes among villagers as well as violations of customary laws. The Xe Dang think that if the village chief handles things well and preserves rules and conventions strictly, the village will, with support from deities, be prosperous and populated. Contrarily if he handles things wrongly, the deities will punish villagers by causing crop failures, diseases or even landslides. If this is the case, the villagers will meet and select new village chief'[37].

These village institutions were interwoven with kinship systems and with extended family structures, as well as with caste structures of rich and poor and artisanal families in some societies (such as the Jrai and Ede). While historically and traditionally there was much commonality in the conceptions of the 'village' amongst the different ethnic groups in the region, kinship systems vary between the groups.

Of those groups in Kon Tum, for instance, marriage amongst the Bahnar, Brau and Xe Dang follows the patrilineal line, while marriage amongst the Jrai follows the matrilineal line. These differences in kinship systems determine

36 Condominas, G. (1977) Khong Gian Xa hoi Vung Dong Nam A (Social space in Southeast Asia).

37 To Dong Hai (1997) The Customary Laws of the 'Xe Dang' Ethnic Minority.

matters such marriage customs and inheritance rights. In general, however, kinship systems amongst the indigenous ethnic minority groups follows a 'parallel' system ('song he' in Vietnamese), whereby authority and familial rights are divided in different ways between men and women. While village leadership was traditionally the domain of elder men, elder women often occupy the highest position in the family, with responsibility to take care of the family's property and assets and regulating family affairs and relationships.

5.3.3 Customary laws

All these societies have strong systems of customary law, which have been handed down from generation to generation through a rich tradition of oral culture[38]. The T'Loi Djuat conventions of the Jrai people, for example, have been described in the following way:

> 'The T'Loi Djuat of the Jrai people was actually a 'civil code' which prescribed in detail specific matters such as people's rights and obligations and the right to the ownership of property. Expressed in prose, the T'Loi Djuat also clearly defined intentional and unintentional crimes… with punishments meted out to offenders who breached the traditional conventions… For family life, the T'Loi Djuat conventions also contained specific provisions on handling cases of divorce, re-marriage, family feuds and adultery. It can be said that the T'Loi Djuat, the orally transmitted civil code of the Jrai people, which contained hundreds of articles expressed through thousands of verses, touched on many different aspects of Jrai social life.'

It can be said that these systems of customary law cover six main areas:

- *Ownership of property and assets* – such as the rights to manage the family economy, inheritance rights over property and assets, including the inheritance rights of male and female offspring and those children looking after parents;
- *Marriage and the violation of marriage rules*– this also relates to the maintenance and protection of kinship systems, with controls and prohibitions over matters such as the eligibility of marriage and re-marriage, wedding customs, adultery and incest etc.
- *Familial relationships* – including the responsibilities of parents and children, the guardianship and adoption of children, attitudes and behaviour towards children, as well as responsibilities towards grandparents and ancestors;
- *Criminal elements* – including wrong-doing and public disorder (e.g. fighting, theft, breaking commitments, insulting others…) and the type and level of punishment;
- *Management of common property* – such as the rights of people to exploit forest resources and rules over the opening up of new land for cultivation, the protection of natural resources and the use of fire etc.;
- *Relationships between villagers and village leadership* – we can say that this is an important aspect of customary law that defines the roles and responsibilities of village leaders and to prevent behaviour affecting leadership of the community.

5.3.4 Interface between state and traditional village institutions

In the modern day context, many of these village institutions have been fundamentally altered. In the first part of the 20th Century there were successive disruptions to the village as a 'settlement unit' and as a 'social space' due to the considerable amount of re-location of the indigenous populations that took place during the consecutive periods of warfare to achieve national liberation and unification. The nationalization of land in the 1970s and introduction of the Land Law in the early 1990s has replaced the systems of common property management of natural resources. The traditional village has also been superseded by the political, state management and administrative structures and systems of the commune and village management.

At the same time, there are significant elements of these traditional institutions that are still

38 To Dong Hai (1997) The customary laws of the 'Xe Dang' ethnic minority: To Dong Hai (1997b) T'loi Djuat (conventions) of Gia Rai people; To Dong Hai (1997c) The Bahnar – their rules and customary practices.

maintained. In many places, the village elders still play an important role in guiding management of the community alongside the commune leaders, mass associations and village heads. And in the day-to-day affairs of families within a village, the observance of elements of customary law is still paramount in maintaining the social fabric of the community. Alongside this, the conversion of some people to Christianity has introduced new elements into the social fabric of daily life in some communities.

Many types of social and cultural institutions have also been promoted by the state at village level in the Central Highlands as in other parts of the country. These include:

- Activities and codes of conduct of the Fatherland Front and mass organizations;
- Village conventions (Huong uoc);
- Reconciliation boards (To hoa giai);
- Self-management boards (To Tu Quan);
- Cultural villages (Buon/lang van hoa) and cultural families (Gia dinh van hoa);
- Cooperative groups (To hop tac);
- Women's groups (e.g. savings-and-credit groups);
- Children's festivals in music, sports and culture (as supported by the mass associations and the Department of Culture, Sports and Tourism);
- And various types of clubs (farmer clubs, youth clubs, nutrition clubs etc.).

In all communities, the Youth Union and the Women's Unions are actively engaged in propaganda and social mobilization around child protection, care and education. For example, in 2011 the Women's Union in Kon Tum supported different clubs, activities and movements on: *'sympathy', 'women to implement road safety', 'women to actively prevent crime', 'women to prevent trafficking of women and children', 'prevention of domestic violence', 'happy families', 'no third child', 'families with 5 no's and 3 cleans', 'friendly school environment and effective pupils' and 'continuing steps to school'.*[39]

It is not within the scope of this research to look in detail at the interactions between these state sponsored social and cultural institutions and traditional village institutions. However, it is important to emphasize that these interactions lie at the heart of understanding the ways in which citizens, including teenagers and young adults, participate in local affairs. We can highlight two points of particular relevance to the situation of children in the ethnic minority communities in Kon Tum:

- Customary family law and child protection. Family law is an area in which there is good potential for the integration of customary and civil law. There many ways in which customary laws regulate the care and protection of children, in particular those on guardianship and adoption of children and prohibitions and sanctions against the maltreatment of children. These are positive aspects of customary law that could be accommodated in the interpretation of the Vietnam's Civil Code and in strengthening community based child protection policies and networks.
- Reconciliation mechanisms, customary law and child protection. It is already common-place for local disputes and minor cases of infringement of the law to be solved first through the village-level Reconciliation Boards, before recourse to higher legal authorities. In practice, these boards operate at the interface between statutory law and customary law. As discussed further in Chapter 8, there is potential for strengthening the activities of these reconciliation board mechanisms, in conjunction with community based child protection activities.

5.3.5 Attitudes towards children

During this research, it was often mentioned by province and district officials that parental values and attitudes have a significant impact on child care and protection. This was mentioned in relation to both Kinh and ethnic minority

39 Province Women's Union (2011) report on implementation of Decision No.37/2010/QD-TTg on regulations on standards for communes and wards fit-for-children; and implementation of child care, protection and education work.

families. For example, parents of Kinh households are often extremely busy and some parents do not have time to take adequate care of their children. Teenagers in Le Loi Ward and Tan Canh Commune also speak about this with respect to food and nutrition (Table 5.2 & 5.3).

Specifically with respect to ethnic minority families, one issue that was raised by several province and district officials is that some parents appear to apply loose discipline over their children; for example, not assuring that children maintain schooling on a regular basis, or letting their children ride around freely on motorbikes. During our discussions at community level, several Kinh parent's also made similar comments. The research team has made some effort to look into this issue to gain a deeper understanding and shed some light on the cultural factors that may help explain this situation.

According to an ethnological study on the ethnic minority peoples in Gia Lai-Kong Tum, parental attitudes and relationships with children are closely linked to their spiritual beliefs [40]. According to these beliefs, death is another beginning and when someone dies the soul transmigrates into a different form. The soul could be directly reincarnated in another person if a birth coincides in an appropriate way (e.g. according to timing and location) with the deceased. Alternatively, the soul may transmigrate into a deity (yang). These deities can have the power to help and protect their children and grandchildren.

These beliefs shape the ways in which people worship the deities and treat their children, because this reflects their respect to their ancestors and grandparents through their children and the deities. This is illustrated, for example, in the naming ceremonies of newly born infants in which the Traditional Village Midwives consult with the deities on the acceptance of the name of the child (see Section 4.2.2). Children therefore occupy a special position in people's minds and spiritual beliefs and children are paramount in the family. These beliefs shape the environment in which children are nurtured and educated in the family, and this may help explain the leeway that is given to children.

40 Dang Nghiem Van et al (1981) Ethnic Minority Peoples in Gia Lai-Kong Tum. Social Science Publishing House, Hanoi.

It will be evident from this discussion that ethnic minority children, teenagers and young adults are in a difficult position of bridging worlds with different value systems. On the one hand, they are growing up in their own families and communities, in which traditional social values and beliefs still play an active part. On the other hand, they have to interact with the wider world and a new societal context, which is heavily influenced by commercialization and consumerism. They have all the economic aspirations and expectations of modern-day youth, yet are having to compete with other local people and migrant laborers to obtain work, but often with less education and fewer employment-related skills and experience. An appreciation of these subtle factors is needed to understand how they participate in the modern-day world.

5.4 Priorities and recommendations

1) Strengthen and diversify efforts in Integrated Behaviour and Change Communication by more directly increasing the participation of children, teenagers and young adults in the design and delivery of these activities

Currently, there are many propaganda, awareness raising and socialization activities of the mass associations and other sectors to promote the participation of families and children themselves in child care, protection and education as well as in cultural and recreation activities for children. With the support of the One UN Programme, Integrated Behaviour Change Communication (IBCC) methods have been introduced in reproductive healthcare, maternal and child nutrition and sanitation. The participation of local communities, families and children in child protection activities is being promoted through the community based child protection networks and clubs under the Province Programme on Child Protection. Children's participation is also promoted through various children's forums and clubs (such as Healthy Living and Life Skills Clubs).

In general, however, it can be said that the scope of children's participation is still limited – especially amongst the indigenous ethnic minority communities. It is recommended

that more resources should be devoted to strengthening and diversifying the methods of IBCC. This should be based on the principle of creating more opportunities to directly involve children, teenagers and young adults themselves in the design and delivery of IBCC programmes and activities, in order to increase their relevance and effectiveness. For example, this may be through programmes of peer education. This would require that specific resources are allocated to such programmes for use at community level and a diversification of methods to suit different groups of children.

2) Research on social development and ethnic minorities

The discussion in Chapter 4 and Chapter 5 revealed that there are many complex socio-cultural and socio-economic factors that influence the situation of women and children in the indigenous ethnic minority communities in the Central Highlands. Moreover, issues relating to the care, protection and education of children are intimately bound-up with the profound changes taking place today in social and cultural institutions.

There is a need for further research to gain a deeper understanding of some of these issues, which may in turn provide a basis for better policies and better implementation of policies. In this respect, the research team has made a review of around 320 social sciences research publications on various topics related to the indigenous ethnic groups in the Central Highlands. These are publications in Vietnamese language that have been produced over recent decades. The purpose of the review was to categorize these publications according to their main focus and main topics (Table 5.4).

Table 5.4 Profile of social sciences research on indigenous ethnic minorities in the Central Highlands

Main focus and topics	%	Main focus and topics	%
Ethnographic and ethnological studies	21.2	History	2.6
Folklore studies	15.4	Marriage and family	2.2
Cultural studies (general)	15.4	Economy and agricultural systems	2.2
Social development issues, including labour	5.8	Costumes and cuisine	2.2
Customary traditions	5.1	Traditional crafts	1.6
Folk music	4.2	Architecture	1.6
Traditional festivals	3.8	Science and environment	1.3
Religion	3.8	Archaeology	1.0
Customary law and conventions	3.8	Information and communication	0.3
Demographic studies	2.9	Ethnic relations	0.3
Politics and policies	2.9		

Several important points emerge from this analysis. Firstly, it will be seen from Table 5.4 that a majority of the publications are either ethnographic or ethnological studies, or studies on various aspects of ethnic minority culture (including folklore, customary traditions, folk music and such like). In contrast, the number of studies on contemporary social development topics and issues is limited.

Secondly, while a number of good studies have been undertaken on the topics of customary law and marriage and family, few of these have explicitly looked at the ways in which these social institutions are changing over time and the implications for social development policies and programmes. Thirdly, while some studies look at the situation of men, women and children in traditional society, few have looked at changing gender roles and relationships in the modern day socio-economic and socio-cultural context.

In summary, it can be said that research on the indigenous ethnic groups in the Central Highlands is notable for the topics and issues that are not covered, as much as for those that are covered. There are many pressing contemporary socio-economic development issues facing these communities that are still not adequately understood.

Some main priorities for further research are as follows:

- Role of high-level education and training of ethnic minority youth in promoting socio-economic development in ethnic minority communities;
- Education strategy of ethnic minority households, including attitudes and priorities towards girls and boys education;
- Patterns of social exclusion in the modern-day socio-economic context and social psychology of ethnic minorities in the market economy;
- Ethnic relations, social conflict and solutions for social development;
- Interactions between young ethnic minority men and women and labour markets, constraints and opportunities for improving their position in labour markets;
- Changing gender roles, changes in economic structure on labour, and impacts on work, well-being and health amongst ethnic minority women;
- Changing situation of men, women and children in matrilineal societies;
- Economic situation of newly separated young families;
- Attitudes towards children with disabilities in ethnic society;
- Current situation and attitudes towards domestic violence and child abuse in ethnic society, with a focus on identifying key issues for child protection programmes;
- Legal aid amongst ethnic minority families – needs assessment and analysis of relevance and effectiveness of existing legal aid services;
- Ways in which customary family law may be integrated with statutory law;
- Potential impacts of climate change on ethnic minority livelihoods and priorities for promoting adaptation strategies;
- Adaptations of maternal and child nutrition strategies, programmes and activities to suit the particular situation and needs of poor rural households.

CHAPTER 6

HEALTHCARE, WATER SUPPLY AND SANITATION

CHAPTER 6. HEALTHCARE, WATER SUPPLY AND SANITATION

6.1 Policy and programmematic framework

The main health sector policies and programmes that are listed under the National Action Plan for Children (2012-2020) are summarized in Table 6.1, including their main components and intended sources of financing. These includes three NTPs – the NTP on Health, the NTP on HIV/AIDS and the NTP on Population and Family Planning – as well as national strategies on nutrition and children with HIV/AIDS. One main difference from the previous SEDP period (2006-2010) is that HIV/AIDS was previously incorporated into the overall NTP on Health but is now a separate programme.

Table 6.1 Health sector policies and programmes listed under Decision No.1555/QD-TTg (2012): the National Action Programme for Children in the period 2012-2020

Nutrition	**Decision No.226/QD-TTg (22/02/12) approving the national strategy on nutrition 2011-2020 and vision to 2030.**
▸ Components: Project on IEC on nutrition and training; project on prevention of maternal and child malnutrition; project on prevention of micro-nutrient deficiencies; programme on school nutrition; project on control of obesity and prevention of chronic nutrition diseases; programme on improvement of domestic nutrition and foodstuff security and assuring nutrition in emergencies; project on nutrition monitoring. ▸ Financing sources: State funding specifically through Project 3 of the NTP on Health 2012-2015 (below).	
NTP on Health	**Decision No.1208/QD-TTG (04/09/12) approving the NTP health 2012-2015.**
▸ Components: Project on prevention of critical diseases in the community; Project on universal vaccination; Project on reproductive healthcare and improvement of child nutrition; Project on cooperation with the army in people's healthcare; Project on strengthening capacity, communication and programme M&E (including school health communication and support for people with disabilities). ▸ Financing sources: Central budget 52% (90% service delivery / 10% investment development); local budget 27.7%; international sources 10.3%; other financing sources 10%.	
Population and family planning	**Decision No.1199/QD-TTg (31/08/12) approving the NTP on population and family planning 2012-2015.**
▸ Components: Project on assuring logistics and service provision for family planning; Project on screening to identify congenital problems and control of sex ratio at birth (SRB); Project on strengthening capacity, communication and programme M&E; Scheme on control of population on coastal and islands areas. ▸ Financing sources: Central budget 46%; local budget 32%; international sources 11%; others 11%.	

HIV/AIDS	Decision No.84/QD-TTg (04/06/09) approving the national action plan for children affected by HIV/AIDS in 2012-2015
	Decision No.1202/QD-TTg (31/08/12) approving the NTP on HIV/AIDS 2012-2015

- **Components of Decision No.84:** Prepare legislative framework on care and protection of children with HIV/AIDs; establish services for care and protection of children with HIV/AIDS; provision of information and knowledge on care and protection of children with HIV/AIDS; establish favourable environment for children and carers to access services and take part on actions to prevent and fight HIV/AIDs; improve information and M&E system of children with HIV/AIDS.

- **Components of Decision No.1202:** Project on IEC for behavioural change to prevent HIV/AIDS; Project on monitoring of HIV/AIDS and reduce and prevent HIV/AIDS infection; Project on support for HIV/AIDS treatment and prevention of mother-to-child transmission; Project on capacity building for HIV/AIDS centres.

Financing sources: Financing for Decision No.84 integrated with NTP on HIV/AIDs.

With respect to the NTP on Health (Decision No.1208), one main difference from the previous programme (2006-2010) is that various communicable and non-communicable diseases and other health concerns have been merged into one project (Project 1), whereas in the previous period there were separate projects (and assigned funding) for dengue fever, malaria, TB, mental healthcare etc. The rationale for this appears to be that it allows the local government authorities greater flexibility to allocate resources according to health priorities in each locality. Meanwhile, universal vaccination, reproductive healthcare and nutrition have been maintained as stand-alone projects (as in the previous programme). This reflects continued prioritization and ear-marked resources for these critical areas of maternal and child healthcare.

A sizeable proportion of the funding for these health sector programmes is expected from the local budget and from international sources including ODA: 43 percent under the NTP on Population and Family Planning and 38 percent under the NTP on Health.

6.1.1 Health sector revenues and expenditures

An overview of health sector revenues and expenditures in Kon Tum in the period 2006 to 2010 is given in Table 6.2 (Annex 1.22). State budget resources made up the major revenue source (77.2 percent)[41], while hospital fees and health insurance made up 13.7 percent and ODA and other international financing sources made up 8.5 percent of total revenue. With respect to expenditures, investment in health infrastructure and facilities made up 23 percent of total expenditures, while recurrent expenditures utilizing the state budget constituted just over half of total expenditures (54.2 percent), within which preventive and curative services made up the major portion (97,7 percent). ODA resources (8.5 percent) are vital because they are used to augment the out-reach capacity of services on the ground and to improve the quality of services.

41 The state budget category includes central and local budget allocations, as well a regular per capita health allocations and funding through the NTPs.

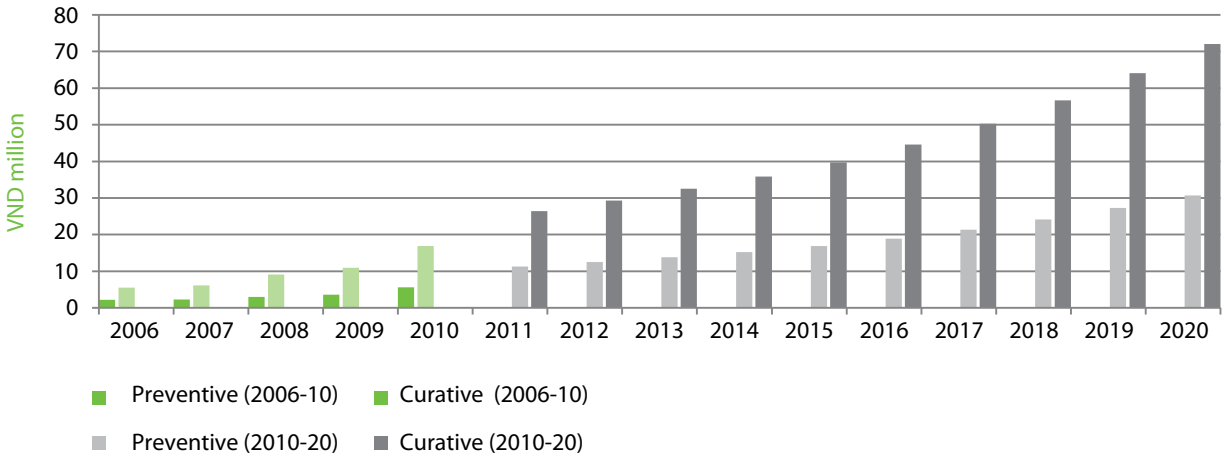
Table 6.2 Health sector revenues and expenditures by category, 2006-2010

Category		Expenditures	
		Amount (VND million)	Proportion (%)
1	Total revenue	1,237,108	100
1.1	State Budget	955,058	77.2
1.2	Hospital fees and Health Insurance	169,062	13.7
1.3	ODA and loans	104,933	8.5
1.4	Others	8,055	0.7
2	Total expenditure	137,108	100
2.1	Recurrent expenditure utilizing state budget	670,704	54.2
2.1.1	Training	7,911	1.2
2.1.2	Preventive and curative healthcare services	655,538	97.7
	Preventive	168,253	25.7
	Curative	487,285	74.3
2.1.3	State management	7,255	1.1
2.2	Other financing (hospital fees, ODA, insurance)	282,050	22.8
2.3	Development investment	284,354	23.0

DOH (2012) Master Plan for the Development of Peoples Health Care and Protection in Kon Tum Province in the period 2011-2020 with a vision to 2025.

Figure 6.1 shows the proportional allocation of service delivery budgets to preventive and curative healthcare in the period 2006 to 2010 and the projected allocation for the period 2010 to 2020. In the previous period, around 25.7 percent of expenditures were on preventive healthcare and 74.3 percent on curative services. In the forthcoming period (2011-2020) it is intended that the proportional allocation to preventive healthcare should increase to around 30 percent per annum.

Figure 6.1 Recurrent budget allocations to preventive and curative health services, 2006-2010 (actual) and 2010-2020 (projected)



DOH (2012) Master Plan for the Development of Peoples Health Care and Protection in Kon Tum Province in the period 2011-2020.

6.1.2 Expenditures under the National Target Programmes

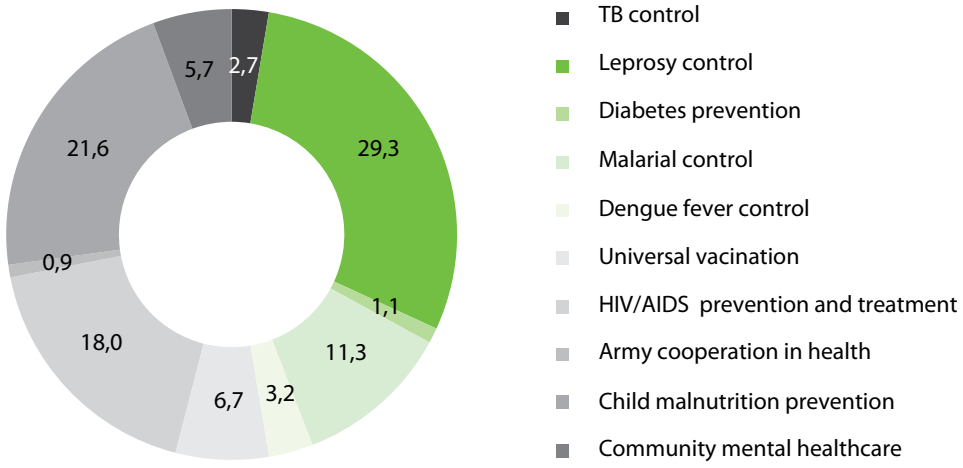
In the period from 2006 to 2010, total expenditure under the NTP on Epidemics, Social Diseases and HIV/AIDs in Kon Tum was around VND 34.7 billion, of which around 70 percent was allocated to service delivery and 30 percent to capital investment, with around 95.5 percent coming from the central state budget (Annex 1.23)[42]. The proportional allocation to different projects under the NTP is shown in Figure 6.2. Around 28.3 percent was allocated to those projects which have the most direct impact on child health and survival: malnutrition prevention (21.6 percent) and universal vaccination (6.7 percent). Considerable resources were allocated to HIV/AIDS prevention and treatment (18 percent) and to leprosy control (29.3 percent), both of which included the most substantial amounts of investment in infrastructure.

In the same period, total expenditure under the NTP on Population and Family Planning was around VND 17.6 billion, 100 percent of which was allocated to service delivery. Figure 6.3 shows the proportional allocation to different projects. Around 80 percent of expenditures were on three projects: strengthening capacity for management and implementation (37.5 percent), behaviour change education and dissemination (27 percent) and improvement of reproductive health services (13.4 percent).

In the period from 2006 to 2010, total budget allocations to the NTP on Rural Water Supply and Sanitation were around VND 131 billion, of which around 97 percent was allocated to infrastructure investment and 3 percent to service delivery including information, education and communication. Figure 6.4 shows the proportional allocation to different components. The largest allocations were in the construction of water supply systems (64 percent) and in dug-wells and improving natural water supply (12.8 percent). It is notable that ODA resources (including those from UNICEF and the One UN Programme) have made a significant contribution to the overall programme (16.8 percent).

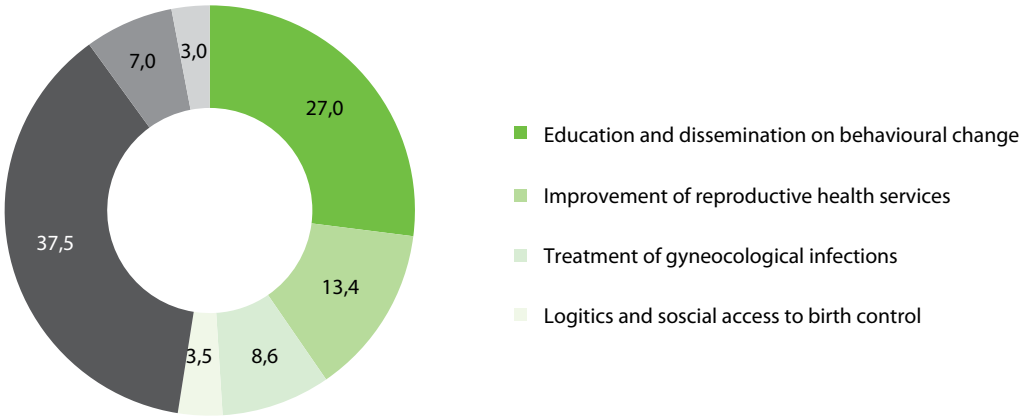
42 DOH (2011) Report on Implementation of the National Target Programmes in the period 2006-2010.

Figure 6.2 Expenditures under the NTP on Epidemics, Social Disease & HIV/AIDS, 2006-2010 (%)



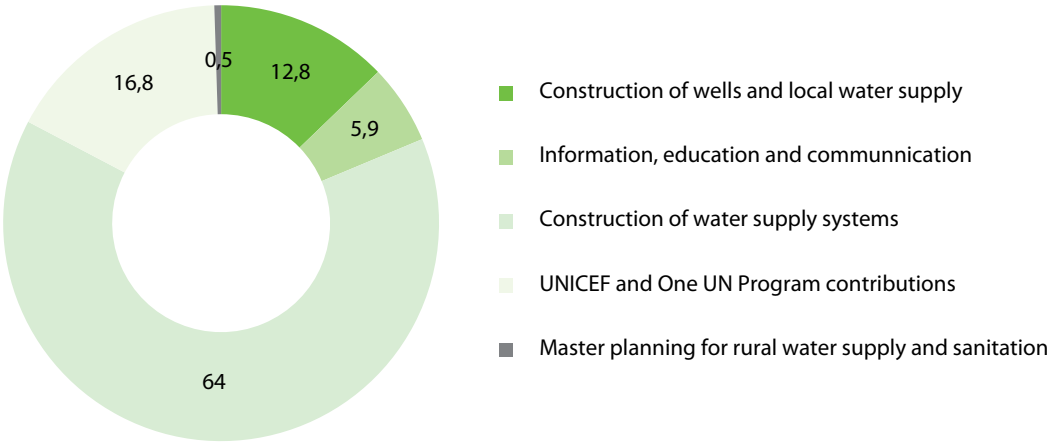
Source: DOH (2011) Report on implementation of the National Target Programmes 2001-2010.

Figure 6.3 Expenditures under the NTP on Population and Family Planning,2006-2010 (%)



Source: DOH (2011) Report on implementation of the National Target Programmes 2001-2010.

Figure 6.4 Expenditures under the NTP on Rural Water Supply and Sanitation, 2006-2010 (%)



Source: PPC (2011) Report on implementation of the National Target Programmes 2001-2010.

6.2 CURRENT SITUATION

6.2.1 Maternal and early childhood health and nutrition

The underlying socio-economic and socio-cultural factors that influence maternal and early childhood health and nutrition status in Kon Tum were discussed in detail in Chapter 4 (Figure 4.1). Leading on from this, this chapter examines factors relating to the outreach capacity and quality of grassroots healthcare services. Health officials at province, district and commune level all say that there have been several notable areas of improvement in the provision and use of healthcare services for women and children in recent years. These areas of improvement are summarized in this section, together with a summary of the supporting evidence. Data on maternal and early childhood health and nutrition indicators are presented Table 6.3 and Table 6.4.

Table 6.3 Maternal and early childhood health indicators, 2001-2012

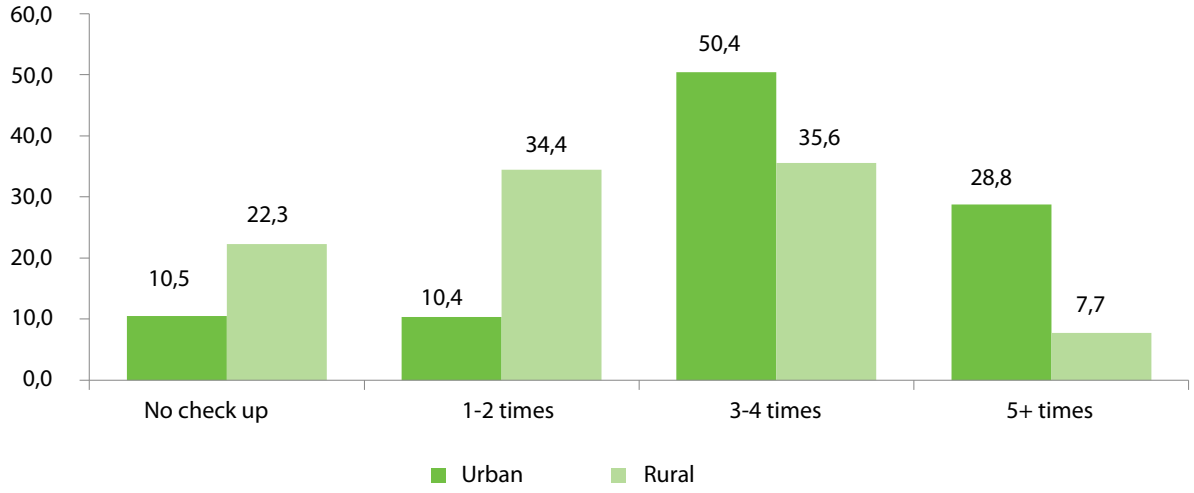
Indicators	Year					
	2001	2005	2006	2008	2010	2012
Pregnant women under management (%)	-	79.8	85.4	85.3	87.7	-
Pregnant women with ≥3 antenatal check-ups (%)	-	62.6	65.5	69.6	66.0	62.7
Pregnant women with TT2 vaccination (%)	-	95.5	94.6	84.3	93.0	93.2
Deliveries with skilled birth assistance (%)	-	78.1	74.5	79.3	83.0	85.0
Deliveries and public health facilities (%)	-	66.6	64.5	69.0	73.4	76.0
Infants with low birth weight<2500g (%)	-	6.3	6.3	6.9	5.9	5.9
Maternal Mortality Rate (per 100,000 live births)	150	100	(35.3)	(16.1)	75	-
Infant Mortality Rate (per 1,000 live births)	82	62	-	-	46	-
Under 5 Child Mortality Rate (per 1,000 live births)	79	75	-	-	56	-
Children under 1 year old fully vaccinated (%)	94.7	90.9	95.2	92.7	93.4	97.5
Children under 5 years old underweight (%)	-	35.8	33.5	30.2	28.3	26.3
Children under 5 years old with stunting (%)	-	50.0	48.8	44.5	41.6	40.6

Source: (i) Nutrition Surveillance System – National Institute of Nutrition; (ii) DOH (2012) Master Plan for the Development of Peoples Health Care and Protection in Kon Tum Province in the period 2011-2020 with a vision to 2025.

Antenatal care and check-ups. District and commune health staff in all localities say that an increasing number of pregnant women are receiving more regular antenatal check-ups, including tetanus vaccinations. DOH figures do not indicate a substantial increase in the rates of antenatal tests or tetanus vaccination, but that the levels have been broadly maintained over recent years (Table 6.3). The province figures for 2012 indicate that around 63 percent of pregnant women receive three or more antenatal check-ups. A similar overall figure of 61 percent is given by GSO in the 2012 Population and Family Planning Survey; however, this survey reveals that the rate in rural areas (43.3 percent) is only around half that in urban areas (79.2 percent) (Figure 6.5).

Childbirth with skilled assistance. There has been an increase in the proportion of women receiving skilled birth assistance in childbirth from 78 percent in 2005 to 85 percent in 2012 (Table 6.3). This is due to an increase in the number of deliveries at health facilities, in particular at province and district hospitals (see Section 4.2.1) and better assistance for home deliveries with support from Skilled Village Midwives. DOH figures indicate that the rate of women delivering in public health facilities has increased from 67 percent in 2005 to 76 percent in 2012 (Table 6.3); however, it should be noted that these figures relate to those pregnant women under supervision of the health service (while in 2010 around 12 percent of pregnant women were not under supervision). Meanwhile, data from commune and district level generally indicate much lower levels of deliveries taking place at health facilities in some rural areas (Section 4.2.1).

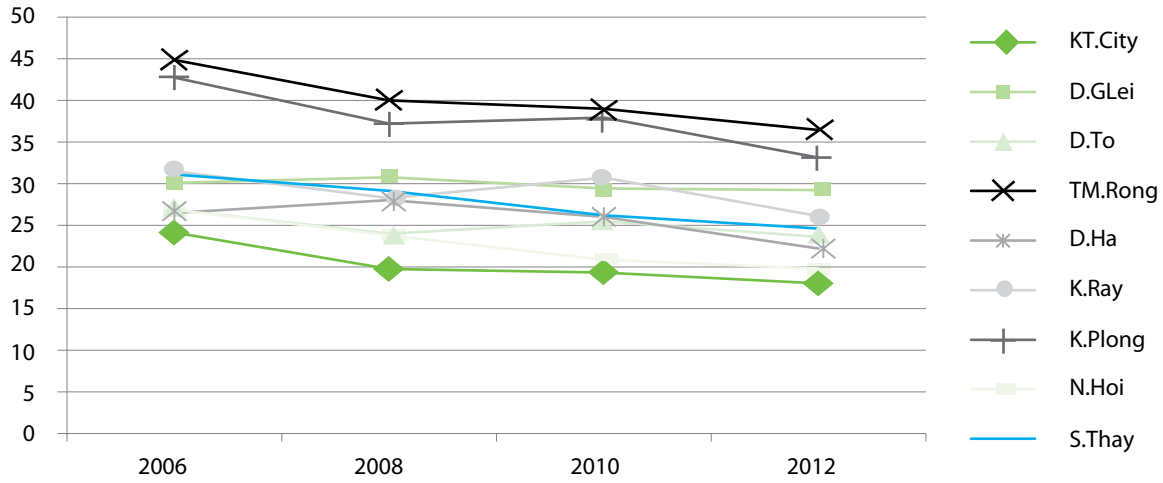
Figure 6.5 Number of antenatal check-ups amongst pregnant women aged 15-49 years old in a 24 month period up to 1/4/2012 in urban and rural areas of Kon Tum (%)



Source: GSO (2012) The 1/4/2012 Time-Point Population Change and Family Planning Survey, Major Findings.

Maternal and child nutrition. As indicated in Section 2.2.9 and Table 2.2, there has been a steady reduction in the rate of child under-nutrition in Kon Tum in recent years. Within the province, there are considerable differences in the rates between districts. The most substantial reductions in underweight children have been in the remote districts, such as in Kon Plong where there has been a 9.6 percent drop and Tu Mo Rong where there has been a 8.4 percent drop in the rate of underweight children between 2006 and 2012 (Figure 6.6). The highest rates of underweight children are still in these eastern and northern districts, including Kon Plong and Tu Mo Rong, particularly amongst the Xe Dang that form the majority population in these districts (Figure 6.7 and Annex 1.33). This indicates that the general issues of household food supply and food security, as well as feeding practices of pre-school aged children, are most acute in these areas and population groups.

Figure 6.6 Children under 5 years old who are underweight by administrative area, 2006 to 2012 (%)



Source: DOH – Data provided for research.

Child stunting rates also vary considerably between districts, with twice as many children with stunting in Tu Mo Rong and Kon Plong and compared to Kon Tum City and Dak Ha District (Figure 6.8). In general, however, stunting rates are more evenly spread across the province, which indicates that underlying issues of maternal and infant nutrition which determine stunting rates are widespread across all parts of the province. A somewhat different response may be needed, therefore, to these issues of maternal and infant nutrition and nutrition of pre-school age children.

Figure 6.7 Children under 5 that are underweight, 2012 (%)

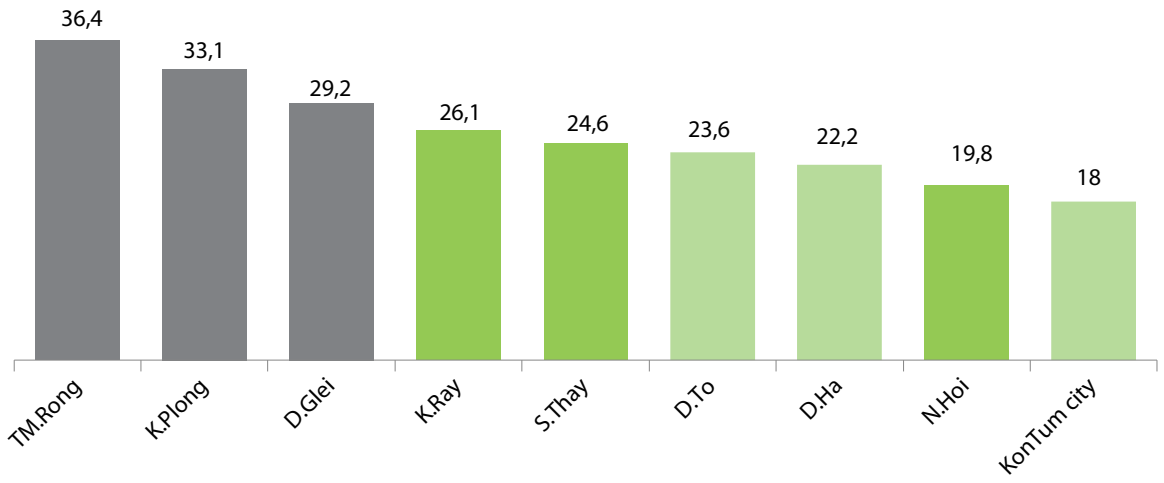
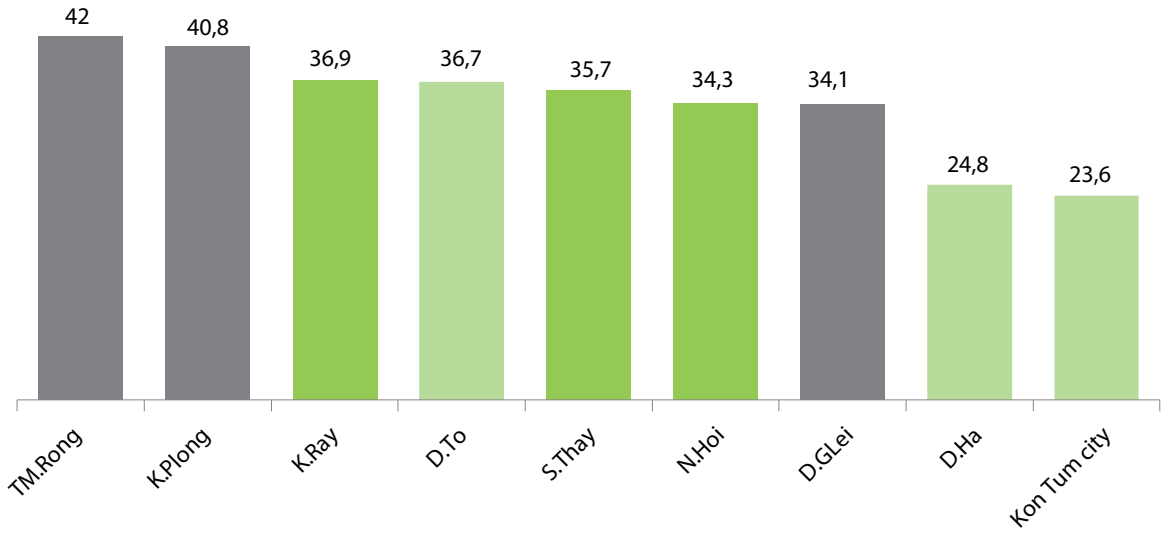


Figure 6.8 Children under 5 with stunting, 2012 (%)



Source: See Annex 1.33

Improvements in the out-reach capacity, frequency and intensity of nutrition activities at village level have been made through the NTP on Health in the period 2006-2010, with support to Behaviour Change Communication activities from UNICEF and the One UN Programme. All villages and residence groups in the province have nutrition collaborators: these may be Village Health Workers, Skilled Village Midwives or other local people (Annex 1.34). While each village is assigned a nutrition collaborator, in per capita terms this means that each nutrition collaborator in Kon Plong District is responsible for reaching around 24 children under 5 years old (the lowest rate), whereas each collaborator in Dak Ha is responsible for 87 children (the highest rate).

Health staff at all levels say that in recent years there have been great improvements in parental awareness and the delivery and uptake of micro-nutrient supplementation for mothers and young children (Iron folic and Vitamin A). These supplies have been through the NTP on Health, while the HEMA and GAVI programmes have provided training and allowances for health staff and collaborators to improve service delivery.

Data from the Nutrition Surveillance Province Profiles suggest that, as compared to other provinces in the region, Kon Tum has better results in some indicators of service delivery than in others (Table 6.4). It is notable that 96.2 percent of mothers were exposed to information on breastfeeding and complementary feeding practices, a considerably higher rate than in neighbouring provinces. This appears to suggest that information, education and communication activities in Kon Tum are comparatively effective.

Table 6.4 Maternal and infant nutrition indicators: provincial comparison, 2011

	Mothers exposed to information on breastfeeding and complementary feeding over last 3 months (%)	Iodized salt use (%)	Women using Vitamin A after delivery (%)	Children aged 6 to 35 months receiving Vitamin A supplementation (%)
Kon Tum	96.2	98.2	72.5	92.7
Gia Lai	43.9	95.6	68.2	90.4
Dak Lak	73.3	99.3	65.6	81.7
Dak Nong	57.4	96.6	80.8	93.8
	Pregnant women using iron folic acid supplementation (%)	**Lactating mothers using iron folic sup-plementation (%)**	**Rate of early initiation of breastfeeding (%)**	**Rate of continued breastfeeding at 2 years (%)**
Kon Tum	34.9	25.5	88.1	62.2
Gia Lai	68.7	30.6	86.7	69.8
Dak Lak	40.9	11.5	48	35
Dak Nong	63.0	19.8	69.7	33.6

Source: NIH, UNICEF & Alive and Thrive (2012) Nutrition Surveillance Province Profiles 2011

Table 6.4 indicates that around 72 percent of breastfeeding mothers and 92.7 percent of children aged 6 to 35 months are taking Vitamin A supplements. A higher figure of 90 percent is given by Preventive Health Centre for the rate of breastfeeding mothers taking Vitamin A in 2012 (Annex 1.34);

In summary, these figures confirm that there have been some notable improvements in antenatal and postnatal healthcare services for women and children in recent years. In particular, it appears that the increase in the rate of deliveries taking place with skilled assistance and the increase in the rate of deliveries taking place in health facilities has provided an opportunity to help improve postnatal care services. Even so, these figures also illustrate the magnitude of the challenge in the provision of these services, particularly with respect to antenatal care. For instance, the 2012 Population and Family Planning Survey indicates that one third of pregnant women have less than three antenatal check-ups (20 percent in urban areas and 60 percent in rural areas), while 22.3 percent of rural women still do not receive any check-ups (Figure 6.4)[43]. The rate of pregnant women using iron folic supplementation also remains low (Table 6.4).

Universal vaccination. The local authorities in Kon Tum have given high priority to extending full vaccination to all children in the province. According to DOH figures, there has been an increase in the rate of fully immunized children from 90.9 percent in 2005 to 97.5 percent in 2012 (Annex 1.27 & 1.28). In this period there have been fluctuations from year-to-year, with a moderate reduction in coverage in 2007 and 2010 due to the change over to the three-in-one and five-in-one vaccines. The pentavalent (DPT-HepB-Hib) vaccine was introduced in 2010, which eases the vaccination schedule for both parents and the health service. Improvements in delivery have been made through the deployment of mobile vaccination teams to remote villages and increasing the effectiveness of communication with parents through the Village Health Workers.

District level figures show that from year-to-year there is some variation in the rate of full vaccination, ranging from 80.7 to 97.7 percent in 2011 and 93.6 to 100 percent in 2012 (Annex 1.27). Ethnically disaggregated data is not available, however, on the rates of full vaccination amongst children in different ethnic groups; this data would be useful to provide a more complete picture of potentially vulnerable groups of children.

Child health insurance. According to the Province Health Insurance, around 98 percent of children under 6 years old have Health Insurance Cards. A cumulative number of around 81,600 cards have been issued to children under 6 in the period 2010 to 2012, while there have been around 122,000 turns of card usage in this period (Annex 1.25 & 1.26). These figures indicate an overall frequency of card usage of 1.48 times. However, monitoring data is not available on the number or proportion of child health insurance cards that have actually been used – one or more times, or not at all. Without this information, it is still difficult to ascertain utilization patterns or effectiveness.

6.2.2 Patterns of incidence of maternal and infant mortality

Figures from the Department of Health indicate that the Infant Mortality Rate (IMR) has nearly halved over the last decade from 82 (infant deaths per 1,000 live births) in 2001 to 46 in 2010 (Table 6.3). The Health Sector Master Plan has set a target for further reductions in the IMR to 35 by 2015 and 30 by 2020. The Maternal Mortality Rate (MMR) has also halved from 150 (maternal deaths per 100,000 live births) in 2001 to 75 in 2010; with a target of 70 by 2015 and 60 by 2020.

It is suggested that, given the comparatively high IMR and MMR rates in Kon Tum, a focused survey should be undertaken to look in more detail at the patterns of incidence. Unraveling the causes of infant mortality is of course exceedingly difficult because a combination of factors is usually involved including under-nutrition, poor sanitation and bacterial or respiratory infections. According to DOH, in 2009 there were 27,204 reported cases of acute respiratory infections (ARI) amongst children under 5 years

43 This situation can be compared to some other provinces. For example, in 2010, the rate of women receiving three or more antenatal check-ups in Ninh Thuan Province was 92 percent and 95 percent in An Giang Province (66 percent in Kon Tum); while the rate of women delivering with skilled assistance in Ninh Thuan was 97 percent and 99 percent in An Giang (85 percent in Kon Tum). Sources: Ninh Thuan Province and UNICEF (2012) An Analysis of the Situations of Children in Ninh Thuan; An Giang Province and UNICEF (2012) An Analysis of the Situations of Children in An Giang.

old, affecting around 30 to 27 percent of all children[44].

6.2.3 HIV/AIDS

According to provincial report , the targets and objectives for HIV/AIDS prevention were set at a high level in the NTP on Epidemics, Social Disease & HIV/AIDS in the period 2006-2010, but the resources that have been made directly available for investment from the programme were limited, which has made it difficult to achieve the objectives in a sustainable way.

In 2014, the Province People's Committee has issued Decision No.1403 on the action plan for children affected by HIV/AIDS[45]. The objectives include 'to increase awareness and responsibility of different sectors and levels and of the whole society in the cause of protection, care and support of children affected by HIV/AIDS; step-by-step strengthen socialization to create favourable conditions for children affected by HIV/AIDS to get access to protection and care services; mitigating the risks of children being infected with HIV/AIDS, contributing to building sustainable and quality life for children'.

In 2009 Kon Tum had the fifth lowest rate of cumulative HIV infections nationwide at 30.7 per 100,000 inhabitants[46]. According to the Province Centre for HIV/AIDS Prevention and Control, as of 2012 the cumulative number of HIV infections in the province was 317 (Annex 1.38) [47]. A majority of these infections are among males (76.6 percent), in the 26 to 49 age group (74.2 percent), amongst drug users (37.8 percent) and amongst Kinh people (94.3 percent). HIV infection rates amongst ethnic minorities in Kon Tum are still low. Around 60 percent of communes and wards in the province have incidence of HIV, with the highest rates being in Kon Tum City (17.5 percent of all cases) and in western and central districts (Ngoc Hoi, Sa Thay, Dak Ha and Dak To).

As of 2012, a cumulative number of 13 children under 16 years old are HIV positive, while the cumulative number of mother-to-child transmissions is around 3.78 of total cases. According to the Reproductive Health Centre, HIV screening is available for women delivering at province and district hospitals and around 67 percent of these women receive tests (Annex 1.29); however, HIV testing is currently not available as part of regular antenatal check-ups at the commune clinics in most areas.

While the incidence of HIV is still comparatively low in Kon Tum, there several risk factors which will require continued vigilance and monitoring on the part of the province health authorities. These include the potential for increased incidence associated with the seasonal inflow of migrant workers from coastal provinces and in areas along the border with Cambodia and Laos in association with cross-border trade and transport.

6.2.4 Grassroots healthcare network

The Master Plan for Peoples Health in Kon Tum (2011-2020) gives high priority to extending and strengthening the healthcare network and services at commune and village level. The Master Plan sets out ambitious targets for this, including:

44 DOH (2012) ibid.

45 Decision No.1403/2014/KH-UDND on the action plan for children affected by HIV/AIDS in Kon Tum in the period 2014-2020 (12/06/2014).

46 MOH (2011) Health Statistics Yearbook 2009. Ministry of Health.

47 Province Centre for HIV/AIDS Prevention and Control (2013) Plan for the prevention and treatment of HIV/AIDS in the period 2012-2015.

Targets (2015 & 2020)	Current Situation
• 50 percent of Commune Health Clinics (CHCs) reach national standards by 2015 and 100 percent by 2020[48].	• 26 percent of communes reaching national health standards in 2010 and 2012.
• 100 percent of CHCs with doctor as permanent staff by 2015, and 100 percent of CHCs with pharmacists by 2020.	• 18.6 percent of CHCs with doctor in 2010 and 89.7 percent in 2012 (some not on permanent basis).
• 100 percent of CHCs have pediatric / delivery nurse at upper certificate level qualifications by 2020.	• 89.7 percent of CHCs with delivery nurse in 2010 and 90.7 percent in 2012 (not all with upper certificate training).
• Maintain 100 percent of villages with at least one VHW, with 1-2 VHWs per village by 2020 with certificate level qualifications.	• 100 percent of villages with VHWs.
• Assuring 1 Skilled Village Midwife per village by 2020 with certificate level qualificationsor 3-9 month training.	• 84 Skilled Village Midwives currently in position across all districts (i.e. around 10 percent of villages in province).
• Maintain 1 Population and Family Planning cadre per commune and assure that each village has 1-2 PFP Collaborators.	• All communes with Population and Family Planning cadre and all villages with at least 1 PFP collaborator.

In addition, it is planned that by 2015 all communes should have full capacity to conduct regular diagnosis for all Health Insurance Card holders; and 40 percent of commune clinic staff should have college, university or post-graduate training by 2020.

As described in Chapter 4 and in the causal loop diagram in Figure 4.1, many complex socio-economic, socio-cultural and institutional factors affect the provision and use of the grassroots healthcare services. Factors which relate specifically to the out-reach capacity and quality of healthcare services include the following:

- Shortages of recurrent budget resources in the health sector for grassroots service delivery; limited funds for placing an adequate number of trained collaborators in all rural villages (e.g. Skilled Village Midwives); and a lack of resources to provide continuous training and coaching for VHWs and local collaborators.
- Reliance on VHWs and health collaborators for front-line services at village and household level; heavy work-load and difficult job of the VHWs; difficulties in maintaining the motivation of VHWs and health collaborators[49].
- Communication, language and cultural barriers in working with ethnic minority women and families; limited number of ethnic minority women going on to higher education who can become local healthcare workers; limited engagement with elder ethnic minority women (e.g. traditional midwives) in healthcare programmes.

Another set of difficulties and constraints relates to the complexity of the cross-sector issues in nutrition, sanitation and maternal and infant health and how to ensure connectivity in delivery of services on the ground. For instance, while the need for an integrated approach to dealing with maternal and child nutrition is evident in the National Strategy

48 Allowances for these local collaborators are set at around 20 percent of the minimum wage for public employees and 10 percent of the minimum wage for private sector employees.

49 Allowances for these local collaborators are set at around 20 percent of the minimum wage for public employees and 10 percent of the minimum wage for private sector employees.

on Nutrition 2011-2020 (Decision No.226 of 2012), different nutrition-related objectives and activities are covered by different National Target Programmes:

- NTP on Health – reproductive health and child nutrition, micro-nutrient supplementation; nutrition collaborators and demonstrations, nutrition monitoring;
- NTP on Education – programme on school nutrition in pre-school and general education; financial support for poor pupils;
- NTP on Food Hygiene and Safety – Models on food hygiene and safety, assuring nutrition in emergencies, market regulation of foodstuffs;
- NTP on Rural Water Supply and Sanitation –safe water and sanitation supply, information, education and communication activities in household and environmental sanitation.

This division is sensible from a state management point of view, in terms of the responsibilities of different departments and service agencies; however, it is still difficult to ensure these interventions are joined-up in an effective way at community level.

In reality, the VHWs play a vital role in front-line services, especially in the remote rural villages. The effectiveness and quality of these services is therefore very much dependent on the motivation and dedication of the VHWs themselves, as well as on the commitment of Commune Clinic leaders and staff to maintain regular and active contact with the VHWs. As described in Box 6.1, the VHWs have a heavy work-load.

Box 6.1 Activities of a Village Health Worker in Viklang II Village in Po E Commune

One VHW in Po E Commune, in Kon Plong District, described a long list of responsibilities and activities he is involved in. These include providing information on water and sanitation; dissemination of population and family planning, reproductive healthcare and birth control messages through village meetings, distributing leaflets and household visits; mobilizing mothers to go and get Vitamin A and Iron supplements from the Commune Clinic; drawing up vaccination lists, distributing invitation papers to vaccination visits and making sure parents are available during these visits; identifying cases of malaria and other infectious diseases; assisting with first-aid and childbirth if required; and weighing children.

When asked about the most difficult aspects of the work, the VHW said that the most challenging job is weighing and measuring children. Beforehand a programme provided sweets to entice the children, but without this support the children refuse and run away. Another difficulty is persuading parents to accept family planning and birth control messages. The VHW quoted one father, in a family with 12 children, who said that "we will give birth until the end of the eggs". The VHW said that there are various birth control methods and supplies available at the Commune Clinic (including contraceptive pills, condoms and IUD), but condoms are not preferred by men in the Hre community and birth control is considered as the wife's responsibility. The VHW said that he likes the work because he is respected by people in the community but it is a time-consuming. He said in addition to being the VHW he has to take care of his own family and children and all the farming activities.

In recent years, in response to the continuing necessity and preference of many ethnic minority women to deliver at home, the province has recruited and trained a number of Skilled Village Midwives that work in remote rural villages. The Skilled Village Midwives receive a monthly allowance of VND 200,000. Initial training and financial support for allowances was provided by UNFPA and UNICEF, and recently through the NTP. Currently, there are 84 midwives (i.e. in just under 10 percent of the 870 villages in the province). Some of the midwives are young women who are recruited from the local area, while in other villages the VHWs have taken on this role.

The Skilled Village Midwives are responsible for providing information and counseling on reproductive healthcare, assisting in childbirth at home, advising on maternal and infant nutrition and supporting birth registration if required. Together with the VHWs, they will also assist in referral and transportation to the commune or district health facilities in the case of a difficult birth or emergency. For home deliveries, the midwives and VHWs have been provided with Clean Delivery Kits.

District and commune health staff clearly state that the Skilled Village Midwives have an important role and have contributed to safer home deliveries. Some midwives work more effectively than others, while in some places midwives that have been trained have subsequently moved to other positions in the commune. Experience has shown that it can be difficult to maintain the motivation and day-to-day support for the midwives, as this also depends on the commitment of the Commune Clinic staff and available funding to maintain allowances and to undertake refresher training and other follow-up activities. An in-depth evaluation of the performance of the Skilled Village Midwives has not yet been undertaken. Similarly, a formal survey has not yet been conducted on the utilization and effectiveness of the Clean Delivery Kits.

6.2.5 Rural water supply and sanitation

A summary of rural water supply and sanitation (RWSS) indicators is given in Table 6.5. The quality and reliability of RWSS data has been greatly improved since introduction of the National RWSS indicator set and monitoring system. A comprehensive data set is available for all districts and communes in Kon Tum (Annex 1.36). The rate of rural people with access to safe water has increased from 70.8 percent in 2010 to 75.2 percent in 2012. As noted in Section 2.3.3 and Table 2.2, this rate is broadly equivalent to other Central Highland provinces, but the rate of people using clean water according to MOH standards in Kon Tum (12 percent in 2012) is lower than neighbouring provinces.

Table 6.5 Rural water supply and sanitation indicators, 2010, 2011 & 2012 (%)

Indicators		Year		
		2010	2011	2012
1	Rural population with access to safe water supply	70.79	72.69	75.22
2	Rural population with clean water according to MOH quality standards	11.44	11.62	12.0
3	School with safe water supply and hygienic sanitation facilities	87.04	87.86	90.44
4	Health clinics with safe and water supply and hygienic facilities	90.12	93.82	97.53
5	Markets with safe water supply and hygienic sanitation		50	66.67
6	Commune offices with safe water supply and hygienic sanitation	83.95	92.59	93.30
7	Rural households with access to hygienic latrines	33.61	37.06	39.51
8	Rural households with hygienic sanitation for livestock	26.56	28.71	31.23
9	Village industries with waste processing systems	0	0	
10	Sustainable water supply systems	55.33	61.14	
11	Models of water supply systems management			
	• Community managed	99.42	99.43	
	• State managed	0.58	0.57	

Source: PCERWASS (2013) – Data provided for research.

Within Kon Tum, there are substantial differences between districts in the rate and numbers of people still without safe water (Figure 6.9). The highest rates are in Tu Mo Rong (48.6 percent), Dak Glei (40 percent) and Kon Plong (35 percent). While the need for improved water supply is generally greatest in remote rural areas, improvements in service delivery also need to be determined by the numbers of people involved.

The largest numbers of rural people who do not use safe water are also found in some of these districts, as well as in peri-urban rural communes around Kon Tum City (Figure 6.10). Around 60 percent of rural people who do not use safe water are located in four administrative areas – Dak Ha, Dak Glei and Tu Mo Rong districts and around Kon Tum City.

Figure 6.9 Proportion of rural people not using safe water, 2011 (%)

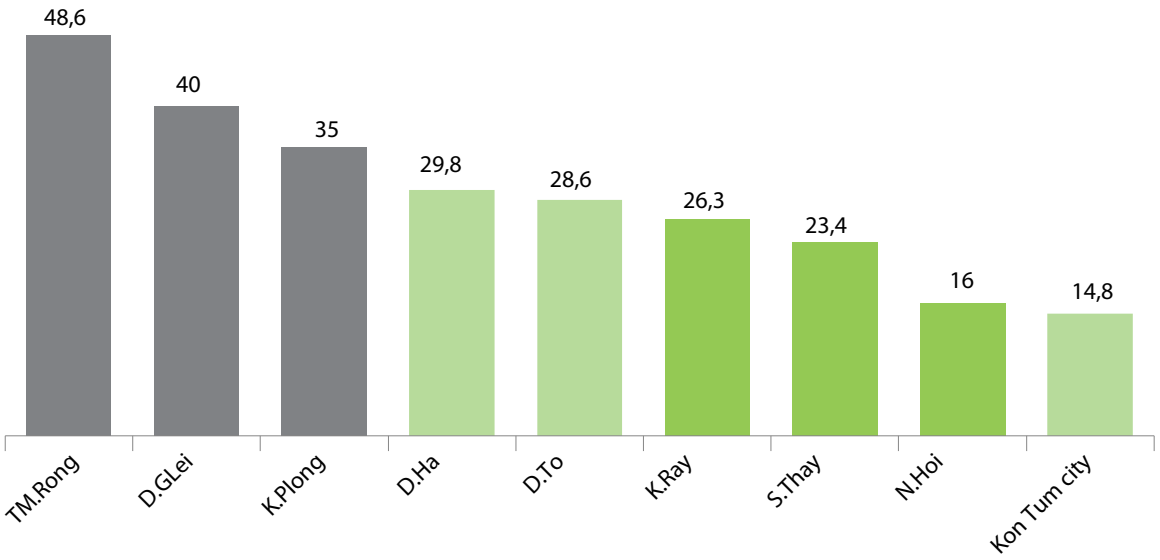
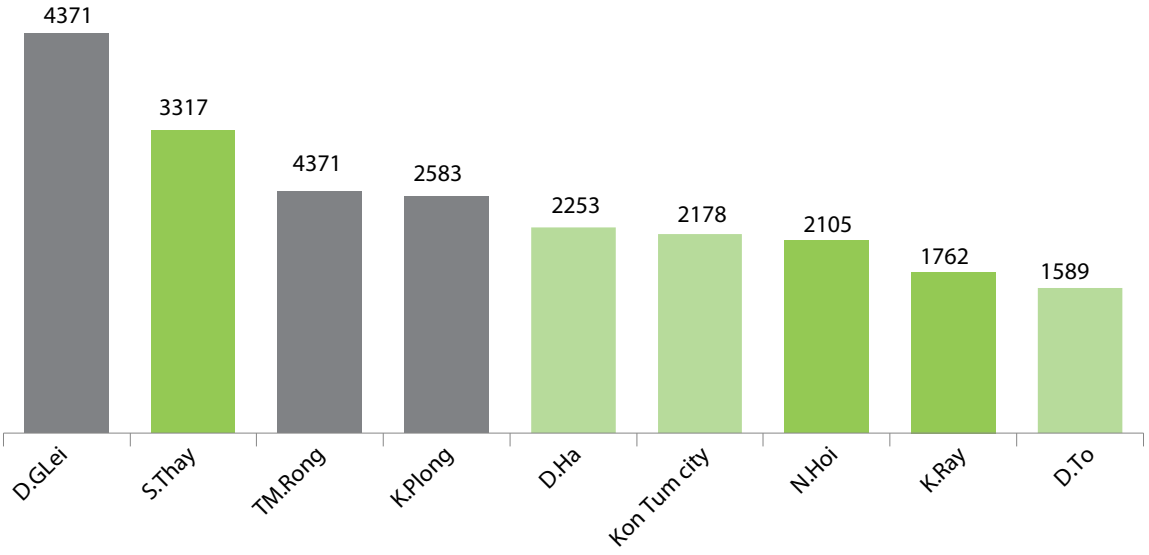


Figure 6.10 Number of rural people not using safe water, 2011 (persons)



Source: PCERWASS – RWSS monitoring data.

Two main types of water supply system are used in rural areas: (i) gravity fed systems with storage tanks, sand filters and piped connections to households or groups of households (Box 6.2); and (ii) dug wells and drilled wells. In recent years, with the expansion and intensification of commercial crop production, many farms have dug their own wells to tap groundwater resources for irrigation. Meanwhile, in many rural villages, people are still reliant on natural water sources such as rivers, streams and rainwater catchment. Recently, low-cost household water

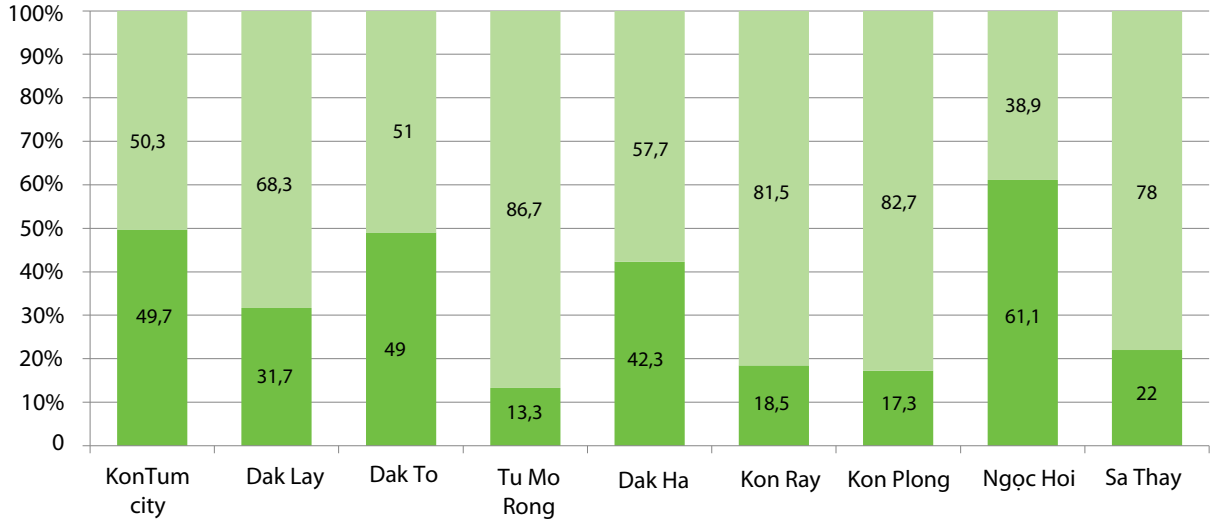
collection, treatment and purification systems have also been introduced with support from UNICEF (e.g. in Tu Mo Rong District) although these systems are not yet included in the NTP on RWSS.

Box 6.2 Operations and maintenance of rural water supply schemes

According to PCERWASS, there are 350 gravity-fed rural water supply schemes in the province which provide around 75 percent of the supply. Almost of all of these schemes are under management of the commune authorities and local communities. One of the main priorities for the future is to ensure the sustainability of these existing schemes while at the same time expanding the coverage of safe water supply to deficit areas. Only three larger schemes operate with user-fee collection systems. For smaller schemes, an attempt was previously made to introducer user-fees (e.g. VND 5,000 per household per month) but this proved to be ineffective. Operations and maintenance (O&M) of these community managed schemes is therefore reliant on budgetary allocations from the district and local labour contributions. PCERWASS provides an annual amount of around VND 70 million to each district for O&M and it depends on the commitment of the district authorities to provide additional funds as required.

The overall rate of rural households with hygienic latrines has risen from 33.6 percent in 2010 to 39.5 percent in 2012. This means that, as of 2012, approximately 41,500 rural households in Kon Tum still do not have access to hygienic latrines (out of 68,500 rural households). Here again, the rates vary considerably from district to district, with the rate of households without hygienic latrines being highest in Tu Mo Rong (86.7 percent), followed by Kon Plong, Kon Ray, Sa Thay and Dak Glei districts (Figure 6.11). These figures indicate that the health concerns related to the use of unhygienic latrines and the practice of open defecation are still a widespread in Kon Tum.

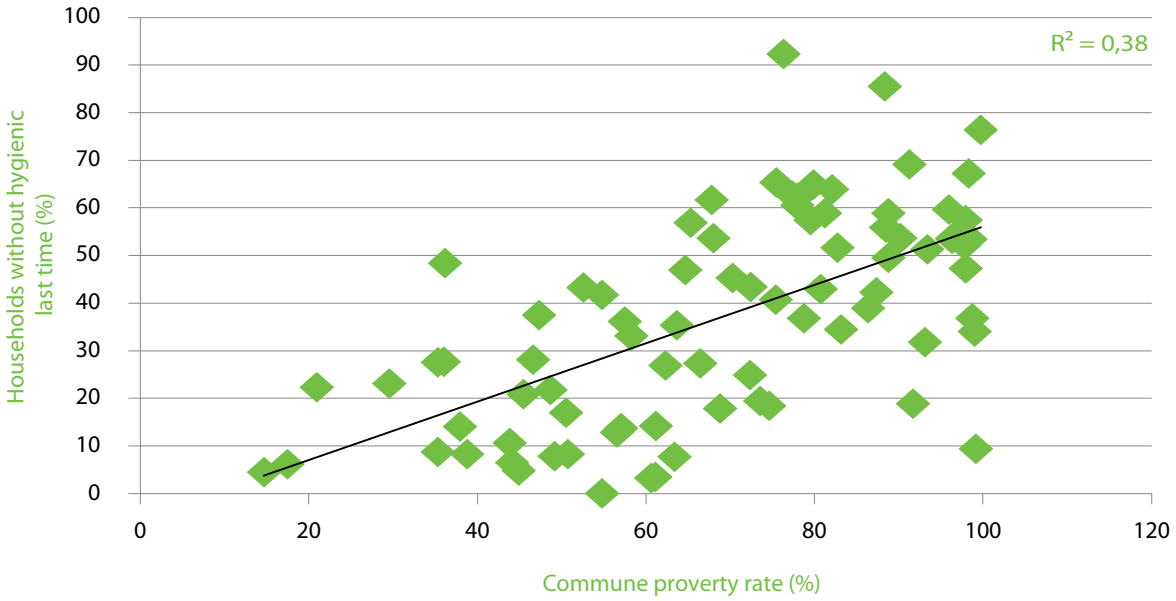
Figure 6.11 Rate of rural households with and without hygienic latrines by administrative area, 2011 (%)



Source: PCERWASS (2012) – RWSS Monitoring system

There is a fairly strong correlation between the commune poverty rate and the rate of households without hygienic latrines (Figure 6.12). The rate tends to be higher in remote and disadvantaged Zone III communes (on average around 78 percent in 2011). Moreover, as of 2011, in nearly half (46 percent) of the 81 rural communes in the province, less than 25 percent of households have hygienic latrines.

Figure 6.12 Commune poverty rate and proportion of households without hygienic latrines, 2011



Source: PCERWASS (2012) – RWSS Monitoring system

In recent years, a number of initiatives have been taken, under the NTP on Rural Water Supply and Sanitation (NTP-RWSS) and donor and NGO supported projects, to improve the quality and effectiveness of rural sanitation services in Kon Tum. Starting in 2008, Kon Tum was one of the first provinces to test Community Led Total Sanitation (CLTS) approaches in several pilot communes. Donors and INGOs have also recommended that CLTS approaches should be adopted more widely in the NTP-RWSS.

A recent review of CLTS pilot projects in Kon Tum and other provinces by the Health Environment Management Agency[50] has found that while there have been some promising initial results, scaling-up the CLTS approach faces several challenges:

- Firstly, in the pilot locations, better-off communes and better-off villages appear to have responded better to CLTS interventions, while there has been more limited adoption of improved practices in poorer communities. Further work is needed to determine the socio-economic and socio-cultural factors that may influence adoption and how CLTS can be effectively promoted in poorer communities.
- Secondly, efforts to strengthen sanitation supply chains have often had limited results and tend not to lead to enduring changes in the sanitation market. The study suggests that further research is needed to understand the shortcomings of much of the current supply side activities and identify strategies for improvement.
- Thirdly, the promotion of CLTS at community level is an intensive process which requires time and sufficient human resources. Questions have been raised about the cost-effective of the approach and the

50 HEMA & WSP (2013) Qualitative assessment of programmematic approaches to sanitation in Vietnam.

potential for scaling-up. In most provinces, capacity building of CLTS Facilitators has focused on a few provincial or district staff, while scaling-up will depend on training a wider pool of skilled local facilitators.

This latter point raises an important question about how more intensive approaches to community sanitation, such as CLTS, may be expanded to cover the 81 rural communes and 870 villages in Kon Tum. Under the current NTP, the responsibilities for IEC work on sanitation are more clearly assigned to the Preventive Health Centre under the DOH, and hence fall under the responsibilities of staff of the Commune Clinics and local health collaborators including nutrition collaborators and Village Health Workers. However, as noted above, these local collaborators already have a heavy work-load. Under the NTP on Rural Water Supply and Sanitation in the period 2006-2010, around 5.9 percent of expenditures were on information, education and communication (IEC) activities (Table 6.4)[51]. According to discussions with PCERWASS, in the current period (2011-2015), around 6.5 percent of NTP funding is allocated to service delivery, including IEC, operations and maintenance of water supply schemes, and monitoring and evaluation.

6.3 Priorities and recommendations

The Master Plan for Development of Peoples Health in Kon Tum for the period 2011-2020 sets out in detail the health sector priorities and targets for the forthcoming period – the contents of which are valid and specific. The plans for the NTPs on health, population and family planning, HIV/AIDs and rural water supply and sanitation also provide details on the priorities for investment and the improvement of services. The purpose of this section is not to repeat all the priorities identified in these documents. Rather, this section makes a number of concluding observations on the overall strategy and specific recommendations based on the analysis made in this report.

1) Develop a more refined targeting strategy to address inequality and intra-provincial differentiation in child nutrition and rural water supply and sanitation

There have been widespread improvements in many child health, water supply and sanitation indicators in Kon Tum in recent years. Even so, there continue to be significant differences in progress between administrative areas within the province. As suggested in Chapter 3, these patterns of intra-provincial differentiation and inequality need to be taken into account in targeting and resource allocation to districts.

Table 6.6 provides an index of the rate of coverage (expressed as a percentage) and the density of coverage (expressed as a number) for four key indicators: (i) persons not using safe water; (ii) households without hygienic latrines; (ii) underweight children; and (iv) children with stunting. This table clearly shows that a composite understanding is needed to prioritize resource allocation. For instance, while the highest rates of children with stunting are clearly found in Tu Mo Rong, Kon Plong and Kon Ray districts, these three districts have the lowest numbers of children with stunting; conversely, while Kon Tum City and Dak Ha have the lowest rates, these localities have the largest numbers of children with stunting. Similar observations can be made respect to households without hygienic latrines and to a certain extent with the other indicators.

With respect to coverage, it can be noted that 59.2 percent of all people without safe water are located in four districts (Dak Ha, Dak Glei, Tu Mo Rong and Kon Tum City); 56.7 percent of rural households without hygienic latrines are in Sa Thay, Kon Tum City, Dak Ha and Dak Glei; 59.5 percent of underweight children are in Kon Tum City, Dak Ha, Dak Glei and Sa Thay; while 57.6 percent of children with stunting are in Kon Tum City, Dak Ha, Sa Thay and Dak To. These patterns cut across urban-rural, accessible-remote and prosperous-poor divisions in the province. It is also evident that the incidence rates are higher amongst ethnic minorities than Kinh, although there is insufficient ethnically disaggregated data to fully confirm this trend for some indicators.

51 PPC (2011) Report on implementation of the National Target Programmes 2001-2010.

Table 6.6 District ranking of child under nutrition, water supply and sanitation indicators

Rate of rural people not using safe water (%)		Number of rural people not using safe water		Composite ranking	
Tu Mo Rong	48.6	Dak Ha	14,422	Tu Mo Rong	4
Dak Glei	40	Dak Glei	14,148	Dak Glei	4
Kon Plong	35	Tu Mo Rong	11,834	Dak Ha	5
Dak Ha	29.8	Kon Tum City	8,900	Kon Plong	10
Dak To	28.6	Sa Thay	8,245	Dak To	11
Kon Ray	26.3	Dak To	8,198	Sa Thay	12
Sa Thay	23.4	Kon Plong	7,450	Kon Tum City	13
Ngoc Hoi	16	Ngoc Hoi	5,344	Kon Ray	15
Kon Tum City	14.8	Kon Ray	4,803	Ngoc Hoi	16
Proportion of rural households without hygienic latrines (%)		**Number of rural households without hygienic latrines**		**Composite ranking**	
Tu Mo Rong	86.7	Sa Thay	6,461	Sa Thay	5
Kon Plong	82.7	Kon Tum City	6,338	Tu Mo Rong	6
Kon Ray	81.5	Dak Ha	5,923	Kon Plong	8
Sa Thay	78.0	Dak Glei	5,746	Dak Glei	9
Dak Glei	68.3	Tu Mo Rong	4,597	Dak Ha	9
Dak Ha	57.7	Kon Plong	4,318	Kon Ray	10
Dak To	51.0	Kon Ray	3,417	Kon Tum City	10
Kon Tum City	50.3	Dak To	3,301	Dak To	15
Ngoc Hoi	38.9	Ngoc Hoi	3,035	Ngoc Hoi	18

Rate of children under 5 underweight (%)		Number of children under 5 underweight		Composite ranking	
Tu Mo Rong	36.4	Kon Tum City	2,756	Dak Glei	6
Kon Plong	33.1	Dak Ha	1,874	Tu Mo Rong	7
Dak Glei	29.2	Dak Glei	1,462	Sa Thay	9
Kon Ray	26.1	Sa Thay	1,340	Dak Ha	9
Sa Thay	24.6	Dak To	1,199	Kon Tum City	10
Dak To	23.6	Tu Mo Rong	1,158	Kon Plong	10
Dak Ha	22.2	Ngoc Hoi	1,015	Dak To	11
Ngoc Hoi	19.8	Kon Plong	920	Kon Ray	13
Kon Tum City	18.0	Kon Ray	763	Ngoc Hoi	15
Rate of children under 5 with stunting (%)		**Number of children under 5 with stunting**		**Composite ranking**	
Tu Mo Rong	42.0	Kon Tum City	3,613	Tu Mo Rong	8
Kon Plong	40.8	Dak Ha	2,094	Dak To	8
Kon Ray	36.9	Sa Thay	1,945	Sa Thay	8
Dak To	36.7	Dak To	1,866	Kon Tum City	10
Sa Thay	35.7	Ngoc Hoi	1,758	Dak Ha	10
Ngoc Hoi	34.3	Dak Glei	1,708	Kon Plong	10
Dak Glei	34.1	Tu Mo Rong	1,336	Ngoc Hoi	11
Dak Ha	24.8	Kon Plong	1,134	Kon Ray	12
Kon Tum City	23.6	Kon Ray	1,079	Dak Glei	13

This analysis suggests that resource allocation should be based on a targeted per-capita basis: that is, according to evidence of the actual density of coverage for different indicators, rather than according to a general per-capita allocation. This needs to be weighted to the more remote rural districts, communes and villages because the transaction costs are higher in these areas for both service providers and users.

2) Ensure sufficient recurrent budget resources are available to strengthen the out-reach capacity and quality of health service delivery at grassroots level

The Master Plan for Peoples Health in Kon Tum (2011-2020) has the stated intention to extend and strengthen the healthcare network and services at commune and village level

(Section 6.2.4). Critical financing constraints in the health sector include a lack of recurrent budget resources (von su nghiep) to improve the out-reach capacity and quality of services on the ground. Specifically, this includes limited resources for: (i) expanding and maintaining the network of local health collaborators; (ii) regular operational and maintenance expenditures for the Commune Health Clinics; and (iii) scaling-up Integrated Behaviour Change approaches and activities to all localities.

Recent improvements that have been made in healthcare provision in Kon Tum (e.g. in vaccination programmes for mothers and infants, the delivery and up-take of micro-nutrient supplements, and placement of the Skilled Village Midwives) have all partly depended on the availability of additional resources from the NTPs and from ODA projects and programmes (including HEMA, GAVI and the One UN Programme).

It is likely that in the medium to longer-term future, these recurrent budget resources will increasingly need to come from the provincial budget. This relates to the balance between preventive and curative healthcare budgets and expenditures. In this respect, it is noted that the intention under the Master Plan for Peoples Health in Kon Tum is that the proportion of the health budget allocated to preventive healthcare will increase from around 26 percent in 2006-2010 to around 30 percent in the period 2011 to 2020 (Section 6.1.1 & Figure 6.1). This is a favourable adjustment. Ensuring that sufficient recurrent budget resources are available will be essential for realizing the objectives of improving primary healthcare services and the health status of children and women.

3) A better understanding is needed of the intra-provincial patterns of incidence of infant and early childhood mortality, related healthcare seeking behaviour and the utilization of Child Health Insurance Cards

It is recommended that a number of surveys should be undertaken in the near future to provide a deeper empirical understanding of some critical issues related to maternal and infant healthcare, which would in turn provide a better basis for planning and service provision in the health sector. The first proposed survey would take an integrated look at the patterns of incidence of infant and child mortality, associated healthcare seeking behaviour, and patterns of utilization of Child Health Insurance Cards.

It is suggested this survey could be conducted in a sample of two communes per district (i.e. in 18 communes/wards which would give a statistically valid sample). The specific objectives, tasks and issues that would be covered by this survey are as follows:

- Firstly, the compilation of a complete set of statistics on maternal and infant and child mortality from the Commune Health Clinics, District Health Centres and hospitals and analysis of the patterns of incidence and causative factors. Currently, there is a lack of comprehensive data and precise understanding about the patterns of infant and maternal mortality amongst different population groups in the province. This is one of the major gaps in data and understanding.

- This should be combined with a village level survey (e.g. in 2 villages per commune) to provide additional understanding of the patterns of incidence. This is important because it is likely that a significant proportion of maternal and infant deaths are associated with childbirth at home and those women and children not under regular supervision of the local health service.

- Secondly, the compilation of statistics and household questionnaires to determine the frequency of use of Child Health Insurance Cards (i.e. the number of cards that have been used one or more times, or not at all); analysis of the patterns of usage of child health insurance (i.e. the purpose of use and the balance between regular diagnosis and treatment of specific complaints etc.); and other factors which influence use of the cards (e.g. additional costs of obtaining treatment).

- One purpose of this survey will be to get a better understanding of the impacts of child health insurance on healthcare seeking behaviour and access to treatment, especially amongst ethnic minority women

and children. One recent study on health insurance in Kon Tum found that while Health Insurance Cards help people get access to treatment, factors related to cultural backgrounds, distance to health facilities and costs of travel etc. still create barriers to the use of healthcare services by the poor[52]. However, this previous study did not include child health insurance.

4) Expand the network of Skilled Village Midwives and conduct an evaluation of the performance of the midwives and effectiveness of use of safe delivery kits to identify specific capacity building needs

The stated intention of the DOH is to expand the network of Skilled Village Midwives to other rural villages. At this stage, it would be valuable to undertake a qualitative survey on the performance of the midwives in order to identify issues that may need to be addressed in further training and expansion of the network. As suggested in Section 4.2.2, this should include looking at ways in which to engage more fully with traditional birth attendant in the delivery of reproductive healthcare programmes in ethnic minority communities. This should also be combined with an assessment of the effectiveness of use of the Safe Delivery Kits which so far has not been undertaken.

5) Adjust maternal and child nutrition programmes to the specific situation and needs of ethnic minority families

The many factors that influence household food supply and the nutrition of women and children were analyzed in Chapter 4. For many poor rural households and ethnic minority households, cash insecurity at certain times of the year means that their priority is to obtain cash to purchase rice in order to supplement their own crop production, with little money left-over for buying other nutritious foodstuffs (Section 4.1.1). The lack of a strong tradition of home garden production amongst the indigenous ethnic groups in the Central Highlands has a negative influence on household food supply because it reduces the ready availability of nutritious foods for women and children (Section 4.1.5). While forest foods are still an important source of household nutrition in some places, in other places these have now become scarce (Section 4.1.5). It was also noted that full breastfeeding in the early months is still the normal practice amongst most ethnic minority women in rural areas and this is an advantageous situation (Section 4.1.6).

The clear priority must therefore be to help enhance the nutritional status of mother's themselves and household dietary diversity. Micro-nutrient supplementation is one critical aspect and the recent efforts made in this regard should be strongly maintained. Another important aspect is how to improve the diversity and nutritional value of the regular meals of poor households. In this respect, the methods and demonstration models that are promoted through the nutrition project (under the NTP on Health) can have limited applicability for some households because of economic factors (i.e. affordability) and cultural factors (food preferences). The preference of many ethnic minority households to still rely on collecting wild vegetables, rather than buying vegetables in the market or growing their own vegetables is a clear example of how these economic and cultural factors interact.

Given this situation, it is strongly recommended that more attention is given to how to adjust the nutrition programmes to the particular situation and needs of these families. This will not be easy. Agricultural extension programmes to promote more intensive home garden production have had mixed success in the region, so this may not be the only way forward. But given the importance of these issues, further action-research is needed.

6) Strengthen integrated approaches to water resources planning and management

The Central Highlands Region has been described as a potential 'hotspot' in terms of the impacts of climate change (Section 2.1.1). Across the region, people are already facing challenges

52 Castel, P. (2009) Health insurance: Use of healthcare services by the poor, efficiency and equity issues in Kon Tum Province.

of periodic drought and water shortages. Shifts in temperature and rainfall regimes may have a major impact on growing conditions for some of the most important commercial and subsistence crops in the region, with an adverse impact on the agriculture economy and people's livelihoods. It is likely that ethnic minority households and farmers will be particularly vulnerable to increased rainfall variability and drought because of their reliance on sloping-land cultivation and rain fed agriculture.

It is likely that in the coming years and decades the pressures on water resources in Kon Tum will intensify and become more acute, because of rapidly increasing demand and competition for water and because of the impacts of climate change. Given this situation, particular attention should be given by the provincial authorities to integrated water resources planning and management, in order to meet the demands of water supply for domestic use, agriculture and hydropower. Adaptation strategies should also be promoted to diversify and optimize domestic water supply for rural households; for instance, through the promotion of low-cost water collection, storage and treatment methods to complement larger-scale water supply systems in more populated areas.

CHAPTER 7

EDUCATION AND DEVELOPMENT

CHAPTER 7. EDUCATION AND DEVELOPMENT

7.1 Policy and programmematic framework

The main education sector policies and programmes that are listed under the National Action Plan for Children (2012-2020) are summarized in Table 7.1, including their main components and intended sources of financing. These reflect several clear priorities of the Government in the forthcoming period: (i) extending the universalization of kindergarten education; (ii) consolidating the progress made in universalization of primary and lower secondary education and extending the universalization of upper secondary education; and (iii) improving access to and the quality of education for ethnic minorities (including specific policies on teaching and learning ethnic minority languages and the development of education for ethnic minorities with small population).

Table 7.1 Education sector policies and programmes listed under Decision No.1555/QD-TTg (2012):the National Action Programme for Children in the period 2012-2020

General education	Decision No.1210/QD-TTG (05/09/12) approving the National Target Programme on education and training 2012-2015.
▸ **Components:** Project 1on support for universalization of kindergarten education, eradication of illiteracy, maintaining universalization of primary education, realizing universalization of lower secondary education at the right age, support for achievement of universalization of upper secondary education; Project 2 on strengthening teaching and learning foreign languages; Project 3 on supporting education in ethnic minority, mountainous and difficult areas; Project 4 on increasing capacity of education managers and M&E. ▸ **Financing sources:** Central budget 80.9% (95% service delivery / 5% investment); local budget 16.2%; other sources 2.8%. **Project financing:** Project 1 (19%); Project 2 (27%); Project 3 (53%); Project 4 (1%).	
Preschool education	Decision No.239/QD-TTg (09/02/10) approving the scheme on universalization of kindergarten education 2010-2015. Decision No.60/QD-TTg (26/10/11) on policies on kindergarten education for the period 2011-2015.
▸ **Components:** Project 1 on building kindergarten classrooms as regulated by standards; Project 2 on purchase of equipment and toys; Project 3 on training for kindergarten teachers and support for poor pupils; Project 4 on building kindergarten schools meeting national standards in difficult districts. ▸ **Financing sources:** Central budget 81% (including 21% recurrent budget / 39.7% investment budget / 19.6% from the NTP on Education and Training / 19.3% ODA) and 19%other financing sources including tuition fees in non-state schools and socialization financing.	
Ethnic minority education	Decree No.82/ND-CP (15/07/10) on teaching and learning verbal and written language of ethnic minorities in state general education system and centres. Decision No.2123/QD-TTg (22/11/10) approving the development of education for ethnic minorities with small population 2010-2015.
▸ **Components of Decision No.2123:** Strengthen communication to raise awareness of necessity of education to EMs with small population; Investment and development of facilities for village satellite schools; Increase capacity for teachers and education managers in schools; Develop, introduce and monitor implementation of policy. Financing sources: Central budget 99%; Socialization 1%.	

It is notable that, according to national guidelines, 53 percent of funding under the NTP on Education and Training is allocated to Project 3 on supporting education in ethnic minority, mountainous and difficult areas – implying a strong focus on this aspect. Meanwhile, 27 percent is allocated to Project 2 on teaching and learning foreign languages and 19 percent to Project 1 which includes universalization of kindergarten, primary and secondary education. With respect to financing for the universalization of kindergarten education, it is intended that 81 percent will come from the central state budget and 19 percent from other sources; within the central state budget portion, 20 percent is allocated to augment recurrent budgets for staffing, while 39.7 percent is allocated to investment in kindergarten schools infrastructure and facilities.

7.1.1 Education sector budget allocations

An overview of the annual budgetary allocation in general education in Kon Tum in 2011 is given in Table 6.2. Overall around 89 percent is allocated to recurrent budgets, within which around 76 percent is allocated to salaries and salary-related expenditures and 13 percent to non-salary related recurrent expenditures. The proportion of the budget allocated to salaries and salary-related expenditures is highest at primary level (82.3 percent) and lower secondary level (77.2 percent): these high salary costs reflect the larger numbers of students and staff requirements at these levels (Figure 7.2).

Table 7.2 Budgetary allocation in general education, 2011

Level		Budget allocation (VND million)	%
1	**Preschool education**	**129,946**	
1.1	Recurrent budget (total)	111,786	86.0
1.1.1	Salaries and salary related recurrent budget	94,529	72.7
1.1.2	Non-salary related recurrent budget	17,257	13.3
1.2	Investment budget	18,160	14.0
2	**Primary education**	**288,561**	
2.1	Recurrent budget (total)	268,271	93.0
2.1.1	Salaries and salary related recurrent budget	237,472	82.3
2.1.2	Non-salary related recurrent budget	30,799	10.7
2.2	Investment budget	20,290	7.0
3	**Lower secondary education**	**223,658**	
3.1	Recurrent budget (total)	202,448	90.5
3.1.1	Salaries and salary related recurrent budget	172,592	77.2
3.1.2	Non-salary related recurrent budget	29,856	13.3
3.2	Investment budget	21,210	9.5
4	**Upper secondary education**	**174,241**	
4.1	Recurrent budget (total)	151,340	86.9
4.1.1	Salaries and salary related recurrent budget	125,340	71.9
4.1.2	Non-salary related recurrent budget	26,000	14.9
4.2	Investment budget	22,901	13.1

Source: DOET – Data provided for research.

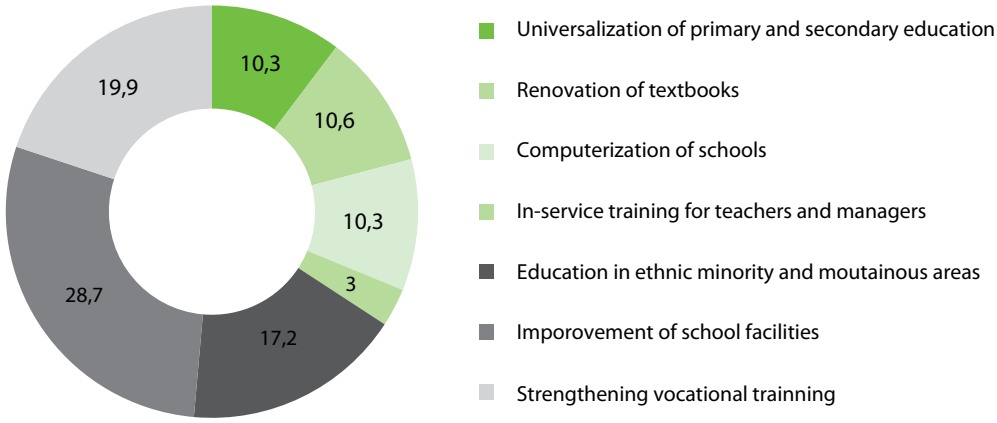
The proportion of the budget that is allocated to non-salary related recurrent expenditures and to investment budgets combined is highest at upper secondary level (28 percent) and kindergarten level (27.5 percent): this reflects the investments that are currently being made to improve schools infrastructure and facilities at these levels. In contrast, only around 18 percent of the budget at primary level is allocated to non-salary related recurrent expenditures and investment.

7.1.2 Expenditures under the National Target Programme

In the period from 2006 to 2010, total expenditure under the NTP on Education and Training in Kon Tum was around VND 267 billion, of which 94 percent was allocated to service delivery and 6 percent to investment budgets[53]. The proportional allocation to different projects under the NTP is shown in Figure 7.1. The highest allocations were in the improvement of school facilities (28.7 percent), strengthening vocational training (19.9 percent) and education for ethnic minorities (17.2 percent).

53 PPC (2011) Report on Implementation of the National Target Programmes in the period 2006-2010.

Figure 7.1 Allocation of expenditure to projects under the NTP on Education and Training in Kon Tum, 2006-2010 (%)



Source: PPC (2011) Report on Implementation of the National Target Programmes in the period 2006-2010

7.1.3 Provincial policies

According to the Master Plan for Education and Training[54], the overall objectives of the sector for the 2011-2015 period are clearly stated as follows:

> To focus on the improvement of comprehensive education quality; complete universalization of kindergarten education at 5 years old; strengthen the innovation of education management and learner-centred teaching methodologies; strengthen monitoring and supervision of education quality; strengthen the teaching of Vietnamese language for ethnic minority students at kindergarten and primary level; improve implementation of the appointment of ethnic minority pupils for further education; invest in upgrading and building semi-boarding ethnic minority schools; develop community learning centres in communes and wards; strengthen learning encouragement; train high quality ethnic minority pupils; build high quality schools and schools meeting national standards; and create favourable conditions for the establishment of the branch of Da Nang University in Kon Tum.

The provincial authorities in Kon Tum have given high priority to improving access to and the quality of general education for ethnic minority children. Resolution No.05[55] of the Province Peoples Council and Decision No.62[56] of the Peoples Committee in 2007 introduced a scheme for improving the quality of ethnic minority

54 DOET (2011) Master Plan for Training and Education Development in Kon Tum Province in the period 2011-2020, with a vision to 2025.

55 Resolution No.05/NQ-TU (03/12/2007) on improving education quality for ethnic minority students in the period 2008-2015.

56 Decision No.62/QD-UBND (26/12/2007) approving the scheme to improve education quality for ethnic minority students in the period 2008-2015.

education in the period 2008-2015. This scheme includes the following measures:

- *Measures for teachers and education managers*– reviewing and fine-tuning the teaching staff contingent; providing necessary training and refresher training for existing teachers; providing refresher training for education managers at different levels; and strengthening the inspection and supervision of education.
- *Measures for ethnic minority students* – maximizing the encouragement of student enrolment and regular attendance; strengthening the categorization of ethnic minority students at the end of lower secondary school; improving the Vietnamese language skills of ethnic minority students (including group teaching for students who do not meet basic requirements); extending full-day schooling; innovate teaching methodologies appropriate for ethnic minority students; and enhancing the motivation and sense of responsibility of ethnic minority students towards schooling.
- *Measures for school facilities* – expanding the network of semi-boarding schools; and building upper secondary semi-boarding schools for ethnic minority students at commune-block level in some districts.
- *Measures for socialization and dissemination and mobilization* – including cooperation with other social sector organizations for widespread dissemination of socialization policies; development of non-public schools; mobilizing local resources to contribute to creating conditions for full-day schooling (e.g. use of village communal houses for full-day schooling); and strengthening coordination between parents, parent's associations and schools in education promotion.

7.2 Current situation

7.2.1 Educational attainment in the general population

As indicated in Section 2.3.4, over the last decade there has been a substantial increase, amongst all ethnic groups, in the proportion of the population that has attended school in Kon Tum. Even so, there continue to be wide differentials in educational attainment between different population groups. This can be seen in data on the proportion of people over 5 years old that have either incomplete primary education or completed primary education as their highest level of educational attainment (Figure 7.2 & 7.3).

Much lower levels of educational attainment are concentrated in the northern and eastern districts. For instance, 23.2 percent of people over 5 years old in Kon Plong have not completed primary school, while 45.1 per cent have completed primary school as the highest level of education attainment: this means that 68 percent of people in Kon Plong have only primary education or below – more than double the rate in Kon Tum City (28.9 percent) and considerably higher than other districts such as Dak Ha and Dak To.

Figure 7.2 Persons over 5 years old with incomplete primary education as the highest level of educational attainment, 2009 (%)

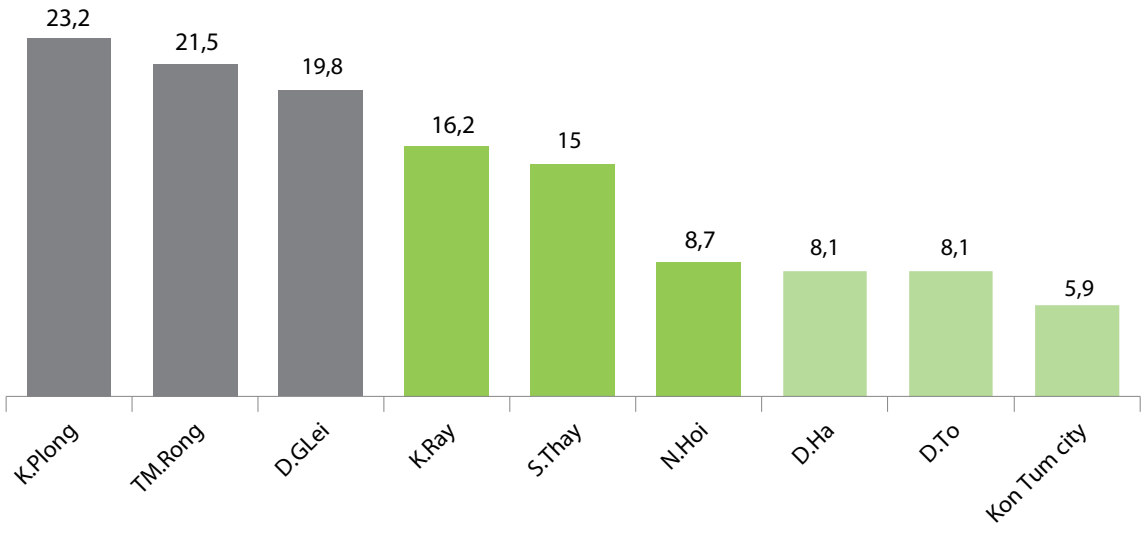
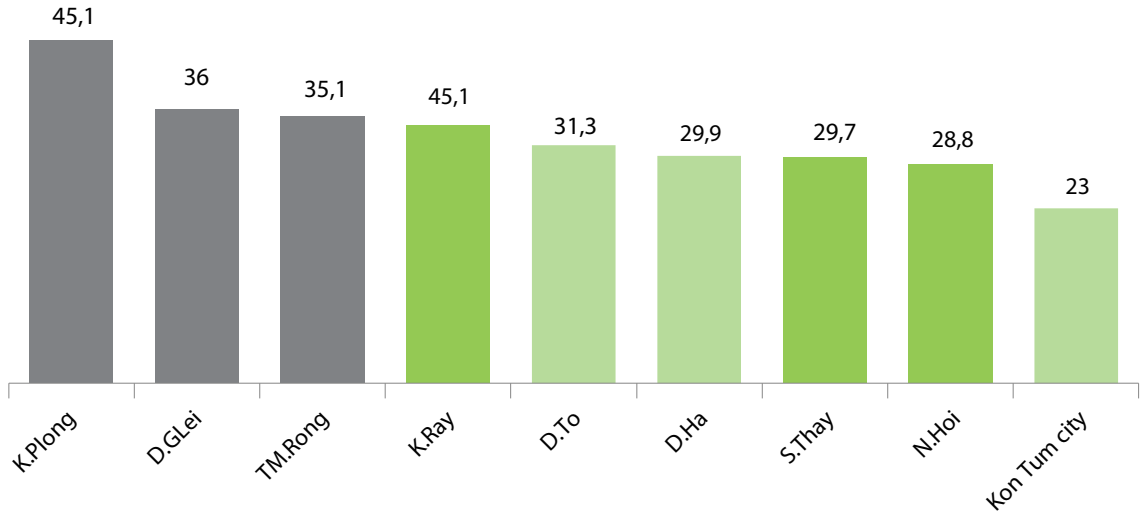


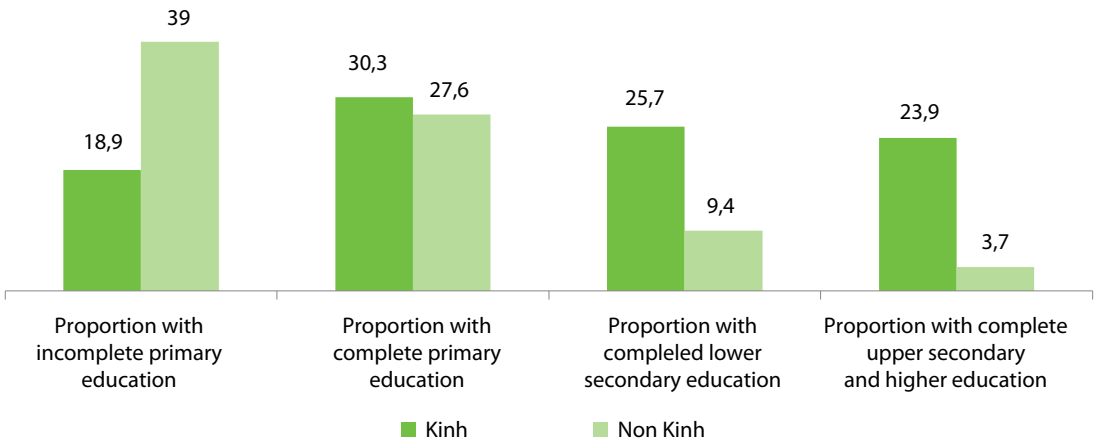
Figure 7.3 Persons over 5 years old with completed primary education as the highest level of education attainment, 2009 (%)



Source: See Annex 1.44.

These differentials in educational attainment are strongly linked to ethnicity. Figure 7.4 shows that in 2009, while 66 percent of ethnic minority people over 5 years old have incomplete or completed primary education as the highest level of educational attainment, only 49 percent of Kinh people are in the same situation. At secondary education level the differentials are pronounced. Only 9.4 percent of ethnic minority people have completed lower secondary school and 3.7 percent have completed upper secondary school, while the comparative figures for Kinh people are much higher.

Figure 7.4 Highest level of educational attainment of persons over 5 years old in Kon Tum according to ethnicity, 2009 (%)



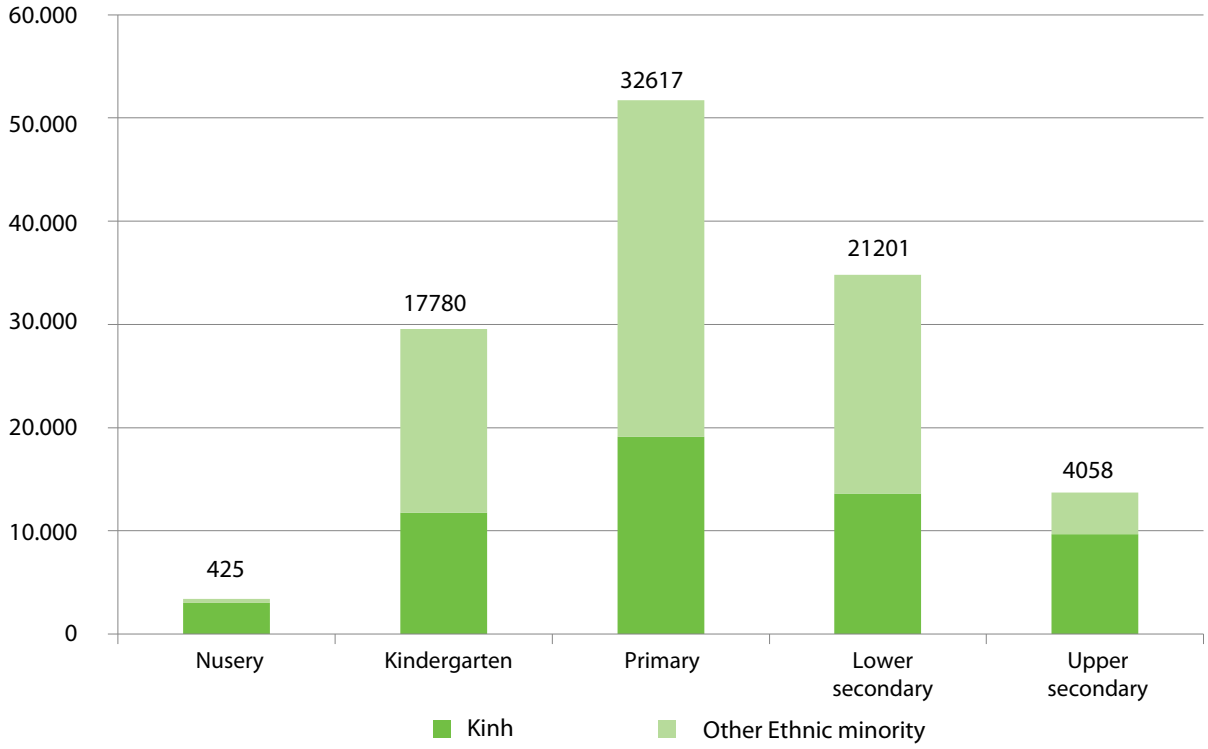
Source: See Annex 1.43.

7.2.2 Gender and ethnic balance in general education

An overview of the ethnic balance of the number of pupils in preschool and general education is shown in Figure 7.5. It is notable that ethnic minorities now represent around 60 percent of pupils at kindergarten, primary and lower secondary levels. This reflects the population distribution in the province, but it also illustrates the considerable progress that has been made in increasing the enrolment of ethnic minority children at these levels. Meanwhile, the proportion of ethnic minority pupils at upper secondary school drops to around 30 percent (Figure 7.5); one priority of DOET in the current SEDP period is to increase the provision of upper secondary education for ethnic minorities.

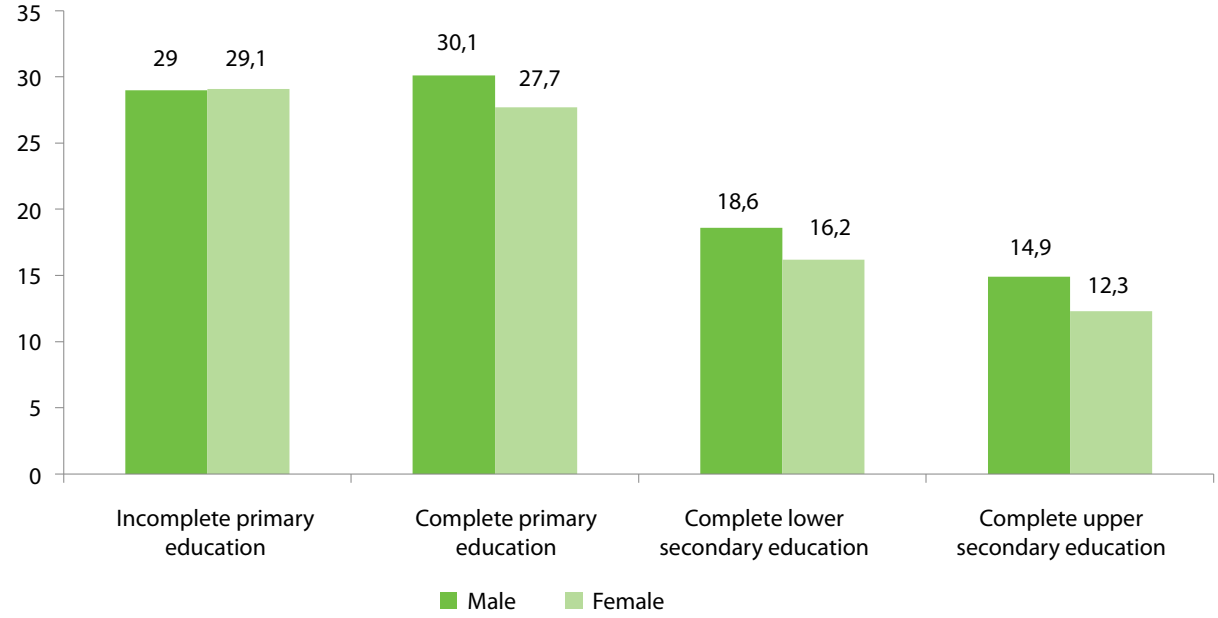
With respect to the gender balance, Figure 7.6 shows that while an equal proportion of all males and females over 5 years old in Kon Tum have incomplete primary education at their highest level of educational attainment, a generally lower proportion of females have completed primary or secondary education. The balance between girls and boys currently attending school, however, shows a somewhat different picture.

Figure 7.5 Number of Kinh and ethnic minority pupils in nursery and kindergarten school (2012-2013) and primary and secondary education, 2010-2011



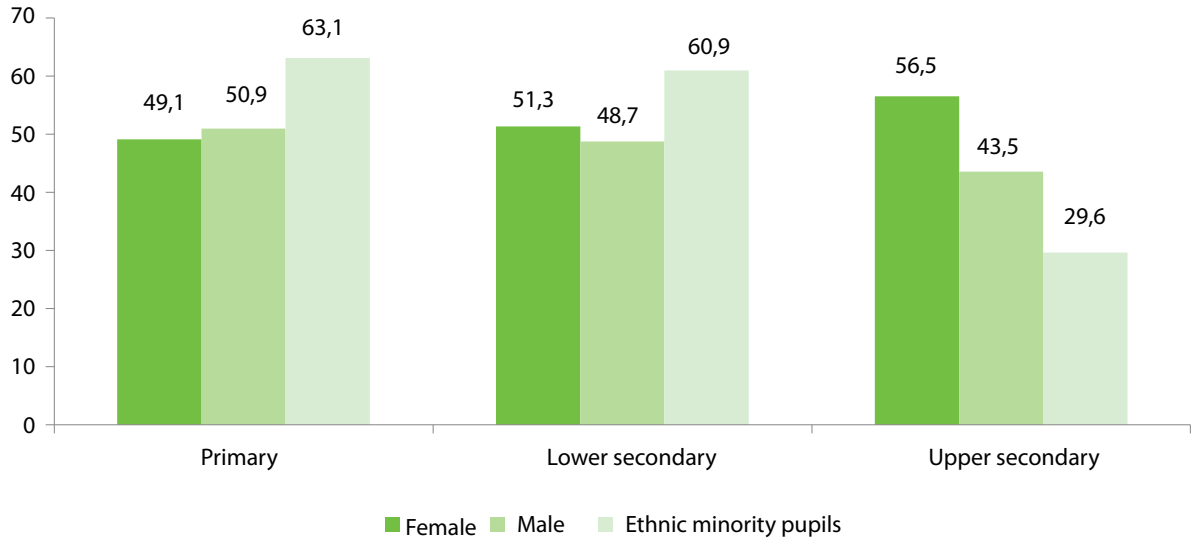
Source: (i) MOET (2011) Education and Training Statistical Yearbook 2010-2011; (ii) DOET – Data provided for research..

Figure 7.6 Highest level of educational attainment of the population aged 5 years and over according to sex in Kon Tum, 2009 (%)



Source: GSO (2011) Education in Viet Nam: An Analysis of Key Indicators (Viet Nam Population and Housing Census 2009).

Figure 7.7 Proportion of girls, boys and ethnic minority pupils at primary, lower and upper secondary school levels in Kon Tum, 2010-2011 (%)



Source: MOET (2011) Education and Training Statistical Yearbook 2010-2011.

Data provided by MOET show that the balance between girls and boys currently at primary school reflects the general population distribution (Figure 7.7 & Annex 1.49), but it is notable that there is an increase in the proportion of girls at school from 49.1 percent at primary level, to 51.3 percent at lower secondary and 56.5 percent at upper secondary level. Figures from DOET confirm this trend – and even indicate a recent increase in the proportion of girls at upper secondary school from 54.6 percent in 2007 to 58 percent in 2011 (Annex 1.50). These figures suggest there are higher rates of discontinued schooling amongst boys, especially in the transition from lower to upper secondary.

Data on Net Enrolment Rates taken from the 2009 Population and Housing Census appear to confirm these trends: while there is a broadly equal enrolment rate for girls and boys at primary level, the gap between girls and boys is wider at lower and upper secondary levels (Table 7.3). Table 7.3 also shows that while there is a 3.9 percentage point difference between the enrolment rate in urban and rural areas at primary level, the gap increases to 16.1 at lower secondary and 40.1 at upper secondary level.

Table 7.3 Net enrolment rates in general education in Kon Tum by place of residence and sex, 2009 (%)

Primary		Lower secondary		Upper secondary	
Urban	Rural	Urban	Rural	Urban	Rural
96.8	92.9	84.8	68.7	64.0	23.1
Primary		**Lower secondary**		**Upper secondary**	
Male	Female	Male	Female	Male	Female
93.6	94.4	70.4	77.5	33.4	42.6

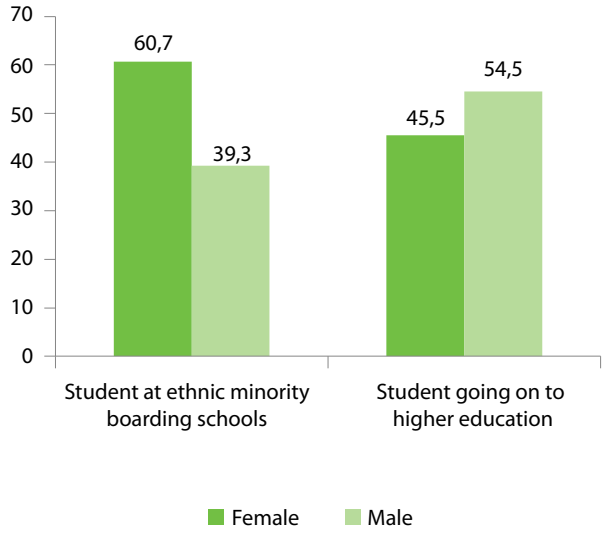
Source: GSO (2011) Education in Viet Nam: An Analysis of Key Indicators (Viet Nam Population and Housing Census 2009).

Figures provided by the Province Ethnic Committee show that between 2006 and 2010 around 60.7 percent of students at all ethnic minority upper secondary boarding schools in Kon Tum were girls (Figure 7.8). The proportion of girls is higher than this in some schools: for example, between 2011 and 2012, around 76 percent of pupils at the ethnic minority upper secondary boarding school in Kon Plong were girls (Annex 1.57). This confirms the overall trend of a higher rate of discontinued schooling amongst boys. However, according to these figures from the Province Ethnic Committee, a lower proportion of girls graduating from the ethnic minority upper secondary schools go on to higher education (45.5 percent) as compared to boys (54.5 percent).

In summary, it can be said that these figures on the gender and ethnic balance in primary and secondary education reveal an interesting picture. Firstly, while females generally have lower levels of educational attainment than males in the general adult population (Figure 7.6), the data on current school attendance (Figure 7.7) and net enrolment rates (Table 7.3) indicate that a higher proportion of girls than boys are now going on to lower and upper secondary school. This clearly shows an improvement in the gender balance and in girls education over time. This broad trend has been noted in the situation analysis studies from other provinces[57]. Reasons given for this trend variously include the greater diligence of girls at secondary school and/or the greater economic and social pressures on boys to discontinue schooling at the end of lower secondary school. The higher rate of discontinued schooling amongst ethnic minority boys may also be associated with the lack of good role models in their local communities.

57 Ninh Thuan Province and UNICEF (2012) An Analysis of the Situations of Children in Ninh Thuan; An Giang Province and UNICEF (2012) An Analysis of the Situations of Children in An Giang.

Figure 7.8 Proportion of girls and boys attending ethnic minority upper secondary boarding schools and going on to higher education, 2006 to 2012 (%)



Source: Province Ethnic Committee– Data provided for research.

Secondly, while good progress has been made in increasing in the number of ethnic minority children and children in rural areas that are completing primary school and going on to lower secondary school in recent years, the transition of these children to upper secondary school is still limited. There are various reasons for this, including lower levels of primary school completion at the required standard, economic and social pressures on children to leave school at the end of lower secondary school, and limited access to upper secondary schooling especially in remote rural areas.

7.2.3 Early childhood education

Nursery schooling

Table 7.4 Nursery schooling – Key facts, school year 2012-2013

• Number of nursery groups in schools	113
• Number of nursery groups outside schools (including private groups)	34
• Overall rate of children attending nursery classes	11.4%
• Rate of ethnic minority children attending nursery classes	2.4%
• Total number of nursery teachers	175
• Proportion of ethnic minority nursery teachers	8%
• Rate of nursery teachers meeting required standard	81.7%

Source: DOET (2013) – Data provided for research.

The proportion of children under 3 years old attending nursery classes is still limited in Kon Tum (Table 7.4 & Annex 1.45). There is growing demand for nursery schooling in more prosperous urban locations and population groups, but limited provision in rural areas. There are currently 147 nursery groups in the province, a majority of which are in Kon Tum City and district towns, including some private nursery groups. As of 2012-2013, the overall rate of children attending nursery classes is 11.4 percent, while the rate amongst ethnic minority children is considerably lower at 2.4 percent. There are still comparatively few ethnic minority nursery teachers (8 percent) and around 18 percent of nursery teachers do not meet the required national standards.

Kindergarten Education

Table 7.5 Kindergarten education – Key facts, school year 2012-2013

Schools	
• Total number of communes, wards and townships	97
• Number of communes, wards and townships with kindergarten school	95
• Total number of kindergarten schools	116
• Proportion of public kindergarten schools	92%
• Number and proportions of non-public schools	8%
Kindergarten attendance from 3 to 5 years old	
• Overall rate of children 3-5 years old attending kindergarten	85.4%
• Rate of ethnic minority children 3-5 years old attending kindergarten	83.9%
Kindergarten attendance at age 5	
• Overall rate of attendance at age 5	99%
• Rate of ethnic minority attendance at age 5	99%
• Rate of full-day attendance	96.4%
Teachers	
• Total number of kindergarten teachers	1,481
• Proportion of ethnic minority kindergarten teachers	25.8%
• Rate of kindergarten teachers meeting required standard	99.2%
Facilities	
• Rate of kindergarten schools with playgrounds	100%
• Rate of kindergarten schools with adequate playground facilities	92.2%
• Rate of schools with adequate kitchen facilities	63.8%
• Rate of child at age 5 provided with lunch at school	72.3%
• Rate of Kindergarten schools with computers	100%

Source: DOET (2013) – Data provided for research.

There have been substantial improvements in kindergarten education in Kon Tum in recent years (Table 7.5 & Annex 1.46). According to DOET, as of 2012-13, the overall rate of attendance at 3-5 years is 85.4 percent and 83.9 percent for ethnic minorities. The rate of attendance at age 5 has reached 99 percent for both Kinh and ethnic minority children, while the rate of full-day attendance at age 5 has reached 96.4 percent. It can be noted that there has been a steady increase in the attendance rate of ethnic minority children aged 3 to 5 years from 80 percent in 2006-07 to 83.9 percent in 2012-13[58].

Combined with this, there have been steady improvements in access to and the quality of kindergarten education, although there are still shortfalls in this regard. All rural communes and urban wards now have central kindergarten schools and most rural villages have kindergarten classes. According to discussions with DOET, the number of temporary classrooms has been reduced (to around 8 percent); however, there is a tendency for classrooms and facilities to degrade quickly, especially in remote rural areas (it is estimated that 156 out of 199 classrooms are in a degraded condition).

Other kindergarten school facilities have also been improved in recent years, with support from various projects and programmes. All central kindergarten schools have playgrounds, while only 92 percent have adequate playground facilities and toys. Other functional rooms and facilities are still inadequate in many schools (e.g. only 64 percent of schools have adequate kitchen facilities). All central kindergarten schools have computers, while staff capacity in utilizing information technology is still limited.

Efforts have been made to ensure sufficient staffing, with over 99 percent of kindergarten teachers meeting the required standard in 2012-2013; however, according to DOET, there is a 13.5 percent shortfall in the required number of kindergarten teachers. Province wide, 25.8 percent of kindergarten teachers are ethnic minority teachers, although the proportion varies considerably from district to district: ranging from 6.9 percent in Dak To to 72 percent in Kon Plong (Annex 1.47 & 1.48). Efforts have been made to increase the number ethnic minority teachers coming from the local area (i.e. through the system of appointed students in teacher training colleges); however, there are still some weaknesses in this system of appointment and recruitment.

Achieving nutrition objectives is an important component of the Government policy on the universalization of kindergarten education

58 Propaganda and Education Committee (2012) Report on Results of 5 years implementation of Resolution No.05 of the Peoples Council on improving education quality for ethnic minority students in the period 2008-2015.

(Decree No.239 & Decree No.60). Currently, around 72 percent of kindergarten pupils aged 5 receive school meals and this policy has been strengthened in combination with full-day schooling. To support school meals, the province has a differential allocation of VND 500,000 per month per pupil for children from small-population ethnic minority groups (the Ro Mam and Brau) and VND 120,000 for all children in other poor areas. As noted above, however, financial resources and facilities for maintaining these activities are still limited.

7.2.4 Primary education

An overview of the current status of primary education in the province for the school year 2011-2012 is given in Table 7.6. According to DOET, there have been several main areas of improvement in recent years. The universalization of primary education has been successfully maintained – with a 99.6 percent attendance rate of children aged 6 years old, a 0.1 percent drop-out rate (Table 7.7) and a 90.9 percent graduation rate.

Schools infrastructure and facilities have been improved, with only 8 percent of primary classrooms still in a temporary condition, although only 32 percent of primary schools currently reach national standards (Level 2). Currently, 37 percent of commune primary schools have semi-boarding facilities for 4,750 students, which is around 9 percent of the total number of primary students.

Another area of improvement has been in the extension of full-day schooling. Currently, around 55 percent of primary students attend full-day schooling (9-10 shifts per week), with 38 percent attending three-quarter schooling and 7 percent on half-day schooling. The proportion of schools with multi-grade classes has reduced to around 23.5 percent.

The improvements in full-day schooling have been made with the support of education sector projects and programmes (such as the SEQAP programme which supports improved teaching methodologies and school lunches in 33 schools in the province).

Over 80 percent of primary teachers are female, while 19.4 percent are ethnic minority; the proportion of ethnic minority teachers ranges from 6.7 percent in Kon Tum City to 65.7 percent in Tu Mo Rong (Annex 1.54). Some other notable developments have been in the introduction of teaching ethnic minority languages (Bahnar and Jrai) in 14 schools and an increase in the proportion of students learning English language (28.6 percent).

Table 7.6 Primary education – Key facts, school year 2011-2012

Schools	
• Number of commune / ward primary schools	141
• Commune / ward primary schools with semi-boarding facilities	52 (~37%)
• Number of village satellite primary schools	364
Teachers	
• Number of primary school teachers	3,024
• Proportion of female teachers	81.4%
• Proportion of ethnic minority teachers	19.4%
• Proportion of teachers reaching required standard	99.1%
Students	
• Total number of primary school students	52,184
• Proportion of girls	49.3%
• Proportion of ethnic minority students	62%
• Proportion of semi-boarding students	9.1%
Quality indicators	
• Rate of communes/wards achieving universalization of primary education	100%
• Rate of primary schools reaching national standards (Level 2)	~32%
• Students attending full-day schooling (9-10 shifts per week)	55.1%
• Students attending three-quarter schooling (6-8 shifts per week)	37.8%
• Students attending half-day schooling (5 shifts per week)	7.1%
• Number of schools with multi-grade classes	33 (~23.5%)
• Average number of pupils per class	20.8
• Number of schools teaching ethnic minority languages (Bahnar & Jarai)	14 (~10%)
• Proportion of students learning English language	28.6%
• Proportion of schools with IT facilities for teaching	4%
• Primary school graduation rate	99.7%

Source: DOET – Data provided for research.

Table 7.7 Drop-out rates at primary, lower and upper secondary school levels, school year 2011-2012

Level	Number of students at start of the school year	Number of drop-outs	Drop-out rate (%)
Total	101,331	790	0.78
Primary students	51,310	51	0.1
Lower secondary students	35,324	360	1.02
Upper secondary students	13,877	379	2.73

Source: DOET (2013) Report on School Year 2011-2012

7.2.5 Learning outcomes at primary and secondary level

According to figures provided by DOET and the Propaganda and Education Committee, following introduction of the scheme to improve education quality for ethnic minorities in 2007 (Decision No.62), there has been a notable improvement in learning outcomes amongst ethnic minority students at primary level.

In the period between school years 2006-07 and 2011-12, there has been an 11 percentage point increase in the proportion of students achieving excellent or good standard in mathematics, and an 18.7 percent increase in the proportion achieving excellent or good standard in Vietnamese language (Table 7.8). By comparison, whereas the overall rate of students achieving excellent or good standard in mathematics in 2011-12 was 61.2 percent, the rate amongst ethnic minority pupils was 45.6 percent; and for Vietnamese language, the overall rate was 60.45 percent and the rate amongst ethnic minority pupils was 45.3 percent (Table 7.9).

Table 7.8 Results of ethnic minority primary school student achievement in mathematics and Vietnamese language, school year 2006-2007 to 2011-2012 (%)

	2006-2007		2009-2010		2011-2012	
	Maths	Vietnamese	Maths	Vietnamese	Maths	Vietnamese
Excellent	34.6	26.6	42.7	41.3	45.6	45.3
Good						
Average	45.8	54.4	51.1	52.2	50.1	50.5
Weak	19.6	19.0	6.2	6.5	4.3	4.2

Source: (i) Propaganda and Education Committee (2012) Report on Results of 5 years implementation of Resolution No.05 of the Peoples Council on improving education quality for ethnic minority students in the period 2008-2015; (ii) DOET (2013) Report on School Year 2011-2012.

Table 7.9 Results of primary school student achievement in mathematics and Vietnamese language, school year 2011-2012

Rank		All pupils				Ethnic minority pupils			
		Maths		Vietnamese		Maths		Vietnamese	
		Total	Rate (%)	Total	Rate (%)	Total	Rate (%)	Total	Rate (%)
Total number of students		51,686		51,686		32,544		32,539	
Level	Excellent	17,049	32.99	15,038	29.18	5,166	15.9	4,340	13.3
	Good	14,581	28.21	16,164	31.27	9,676	29.7	10,398	32
	Average	18,618	36.02	18,990	36.74	16,314	50.1	16,418	50.5
	Weak	1,438	2.78	1,449	2.8	1,388	4.26	1,383	4.25

Source: DOET (2013) Report on School Year 2011-2012.

At secondary level, in the school year 2011-12, around 19 percent of all students achieved excellent or good standard and 69 percent achieved average standard in mathematics; while for Vietnamese language, around 22 percent achieved excellent or good standard and 47.5 percent achieved average standard (Table 7.10).

Table 7.10 Results of lower and upper secondary school student achievement in mathematics and Vietnamese language, school year 2011-2012

Rank		Maths		Vietnamese	
		Total	Rate (%)	Total	Rate (%)
Total number of students		20,866			
Level	Excellent	294	1.41	76	2
	Good	3,621	17.35	755	19.89
	Average	14,395	68.99	1,803	47.5
	Weak	2,462	2	1,063	28
	Poor	94	11.8	99	2.61

Source: DOET (2013) Report on School Year 2011-2012

7.2.6 Education for children with disability

According to the figures provided by DOET, based on data collected by the schools in each locality, as of 2012 there are around 2,300 children with disability (Table 7.11 & Annex 1.60). Of these, around 65 percent are boys and 35 percent girls[59]. It is notable that around 80 percent are ethnic minority children, which is higher than the proportion between ethnic minority and Kinh children in the general population. This appears to suggest that the rate of disabled children may be higher in low-income and disadvantaged households, but there is no evidence to suggest why this may be the case.

Table 7.11 Education for children with disabilities, 2012

•	Total number of children with disabilities	2310
•	Proportion of CWD who are female	35.2%
•	Proportion of CWD who are ethnic minority	79.7%
•	Total number of CWD attending school	1166
•	Proportion of all CWD attending school	50.5%
•	Proportion of girls attending school	49.9%
•	Proportion of boys attending school	32.9%
•	Proportion of ethnic minorities attending school	49.5%
•	Proportion of CWD at kindergarten school age attending school	73.3%
•	Proportion of CWD at primary school age attending school	66.1%
•	Proportion of CWD at secondary school age attending school	31.7%

Source: DOET (2013) – Data provided for research.

The DOET figures suggest that 50.5 percent of all children with disability attend school. The rate amongst girls and ethnic minority children is also around 50 percent, but it is notable that the rate amongst boys is substantially lower (33 percent). Circumstantial evidence suggests this may be due to a higher rate of multiple disability and congenital disability amongst boys; but here again, there is insufficient quantitative evidence to confirm this suggestion, or to understand the reasons why the recorded rates of boys with disability attending school are so much lower.

Broken down by administrative area, the rate of children with disability attending school ranges widely from around 35 percent in Dak Ha to 86 percent in Tu Mo Rong (Table 7.12 & Annex 1.60). Similarly, there is wide variation in the rates of boys, girls and ethnic minority children with disability attending school. It appears that particular issues are found in Dak Ha and Dak Glei districts, which have the lowest proportions of children with disability attending school across all categories.

59 Internationally, it is recognized that there is a higher prevalence of children with disability amongst boys than girls in many countries. This is still a contentious area of research, but the evidence suggests that there is a higher incidence of both congenital birth disabilities and learning disabilities amongst boys. The figures from Kon Tum would appear to correlate with these trends in other countries.

Table 7.12 Children with disability attending school by administrative area, 2012 (%)

Khu vực hành chính	Tỷ lệ trẻ khuyết tật đi học (%)	Tỷ lệ trẻ khuyết tật là nữ đi học (%)	Tỷ lệ trẻ khuyết tật là nam đi học (%)	Tỷ lệ trẻ khuyết tật là người dân tộc thiểu số đi học (%)
Tp. Kon Tum	50,6	50,5	32,4	56,6
Đắk Glei	39,1	28,0	28,9	38,3
Đắk Tô	50,0	50,0	38,9	51,1
Tu Mơ Rông	86,4	85,7	55,9	86,4
Đắk Hà	34,7	37,8	20,6	31,3
Kon Rẫy	64,3	68,9	37,0	60,9
Kon Plông	44,3	37,0	27,0	44,3
Ngọc Hồi	54,6	56,4	35,2	47,7
Sa Thầy	59,6	63,2	40,1	60,4
Toàn tỉnh	50,5	49,9	32,9	49,5

Source: DOET (2013) – Data provided for research.

There also appears to be data inconsistence related to children with disabilities among the sectors that will be reflected in chapter 8

7.2.7 School health activities

In the Master Plan for Development of Peoples Health in Kon Tum (2011-2020) it is recognized that in the previous period insufficient attention has been given to school health activities including regular health checks, eyesight tests and dental checks for students. Currently, as of 2012, of 131 primary schools in the province, only 20.6 percent of schools have regular health check-ups and only 10.7 percent have a trained medical teacher (Annex 1.39). At lower secondary level, out of 99 schools in the province, 58.6 have regular health check-ups and 5.1 percent have a trained medical teacher (Annex 1.40), while out of 21 upper secondary schools, 95 percent have regular health check-ups and 57 percent have a trained medical teacher (Annex 1.41).

7.2.8 Continuing education and employment opportunities

It is recognized that children's motivation and learning outcomes at primary and secondary school are partly determined by their future education and employment opportunities. As described in Box 7.1, there are uncertain opportunities for many children, especially those who leave education at the end of lower secondary school.

A majority of young people in Kun Tum are finishing education at the end of lower secondary school and entering the work force at age 16. According to the 2009 Population and Housing Census, there were around 27,200 young workers in the 15-19 age group in 2009: of these, 89.4 percent were described as having semi-skilled employment (i.e. working either on their household farms and/or semi-skilled wage labour employment) (Figure 7.9). The proportion of semi-skilled employment decreases with age, which is to be expected as some people gain further skills and qualifications and employment in enterprises, services, construction or other types of work. Even so, semi-skilled employment remains the main option for a majority of young workers. Enhancing the capacity of the provincial economy to engage and adsorb this young work force will be one of the major development challenges facing Kun Tum in the coming years.

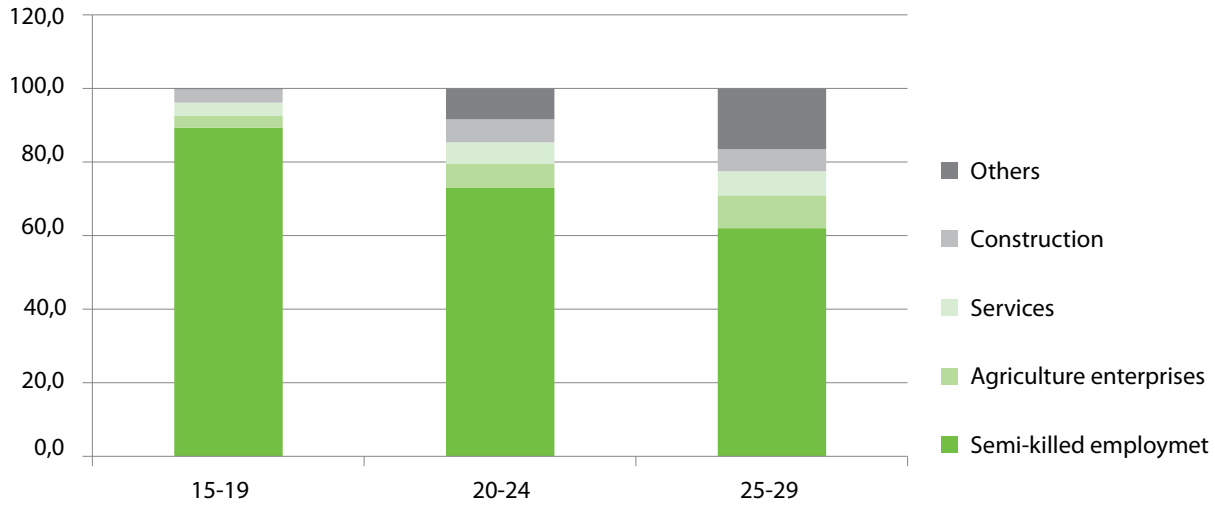
Box 7.1 Further education and employment opportunities for lower secondary school leavers in Tan Canh Commune

The Lower Secondary School in Tan Canh Commune, Dak To District, currently has 322 pupils of whom 58 percent are Kinh and 42 percent ethnic minority pupils. The Vice Head of the school said that amongst last year's graduating class, around 60 percent of Kinh pupils and 10 percent of ethnic minority pupils have gone on to upper secondary school. Most of the children who leave education at this level attempt to find work in the local area, although a few go further-away to seek employment and a few go on to vocational training. The state provides short-term vocational training courses at the district center, but very few children apply for these courses. The rubber company gives training for local workers; and one girl has gone to Ho Chi Minh City to work where she received training in a garment factory.

With respect to the appointment of ethnic minority students for further training, the Vice Head said that the experience from this initiative is variable. One boy went to the Ethnic Minority Cultural College and came back to work as a Youth Union officer in the commune. However, the salary was very low and not enough even for his petrol, so he quit the job to find other work.

The issues described above raise important policy questions about the employment and income earning opportunities for young people today, as well as for the next generation of school leavers. In particular, a crucial underlying issue is the extent to which sufficient future employment for young rural workers can be generated through agricultural intensification in the smallholder farming sector, or whether the focus should be on increasing their opportunities for wage-labour employment in either the commercial agriculture sector and enterprises or in non-agriculture sectors.

Figure 7.9 Employment profile of workers in the 15 to 29 age brackets, 2009 (%)



Source: Province Statistics Office (2010) 2009 Province Population and Housing Census

7.3 Priorities and recommendations

The Master Plan for Education and Training (2011-2020) sets out in detail the strategic priorities, objectives and specific measures for improving the provision and quality of education in the current SEDP period (Section 7.1.2). The purpose of this section is not to repeat all these priorities, but to make an number of concluding observations on the overall strategy and specific recommendations based on the analysis in this study.

1) Strategy for enhancing ethnic minority children's access to quality education

Internationally, it is recognized that various strategies can be employed to improve ethnic minority children's access to quality education. These include:

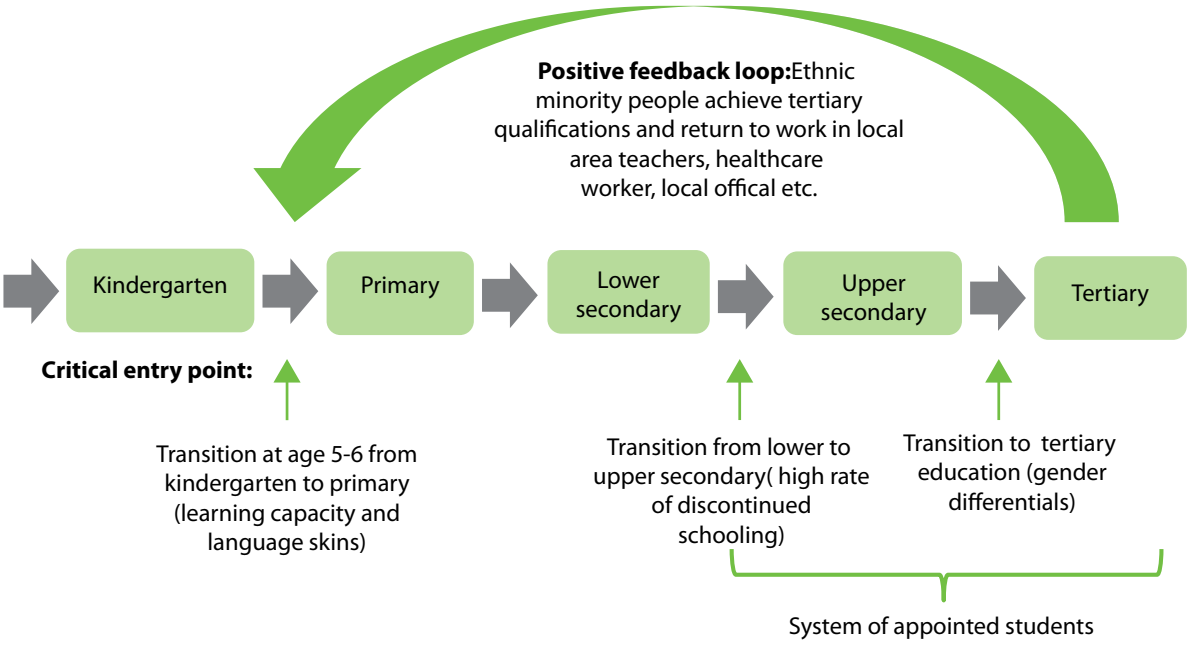
- Expanding the provision of full-day schooling for ethnic minority children, which includes investment in building-up the network of schools infrastructure and education

capacities in poor rural areas, as well as helping to create conducive conditions whereby children can attend full-day schooling (e.g. the provision of schools meals so children don't have to return home in the middle of the day).

- Increasing the contingent of ethnic minority teachers, recruited from the local area and able to speak the local languages, both to improve the effectiveness of teaching and learning and to serve as role models for ethnic minority children.
- Introducing Mother Tongue-Based Bilingual Education for ethnic minorities at kindergarten and primary level, to facilitate their introduction to education.

While Mother Tongue-Based Bilingual Education is still only being introduced on a limited scale in Vietnam, it is evident that the provincial authorities in Kon Tum are making significant progress in addressing these other aspects.

Figure 7.10 Schematic view of strategy for improving ethnic minority education



If we step back to look at the broad picture (Figure 7.10), it can be said that the overall strategy is to increase the number of young ethnic minority people who are graduating from secondary school and going on to achieve tertiary qualifications, some of whom can obtain teacher training qualifications in order to return and work as teachers in the local area. This is partly through the system of appointed students, but also more generally to enhance the secondary and tertiary education opportunities for ethnic minorities.

In this schematic view, a first critical entry point is in the transition from kindergarten to primary schooling. In recent years, a concerted drive has been made in Kon Tum to increase the enrolment of ethnic minority children in kindergarten school. This has yielded positive results. Figures provided by DOET indicate that 99 percent of ethnic minority children now attend kindergarten by age 5 and there is a high rate of transition to primary school. However, many children face difficulties in coping with the national curriculum at the beginning of primary school, primarily because of a lack of Vietnamese language. This is recognized in the Master Plan for Education, which gives high priority to improving the quality of Vietnamese language teaching and learning at these levels.

Increasing the contingent of well-qualified and motivated ethnic minority teachers working at kindergarten and primary level in rural areas is

still a high priority, in order to create a positive feedback loop on education for the next generation of children.

The achievements made in recent years are also evident in the fact that the proportion of ethnic minority pupils at kindergarten, primary and lower secondary school levels is maintained at around 60 percent (Figure 7.7). The attention given to improving semi-boarding facilities at commune schools has been a key factor contributing to this.

Even so, the transition from lower to upper secondary school is a second critical entry point, since a high proportion of ethnic minority girls and boys still leave education at this stage. Recognizing this, the Master Plan for Education also gives priority to expanding the provision of upper secondary education for ethnic minorities. This includes plans for the development of new upper secondary boarding schools, or branch schools, at commune-block level (in Dak Glei, Dak To, Tu Mo Rong, Sa Thay and Kon Plong districts). Combined with this, the Master Plan proposes to improve implementation of the system of appointed students; and to increase the rate of ethnic minority students going on to university or college by 10 percent by 2020 and 15 percent by 2025.

The third critical entry point is in the transition from upper secondary school to tertiary education. In particular, this is a point at which ethnic minority girls still have less opportunities for a variety of reasons. As indicated in Figure 7.8, while 60.7 percent of students at the ethnic minority secondary boarding schools are girls, girls make up only 39.3 percent of the graduates going on to vocational, college or university education.

While strong efforts have been made to increase the number and qualifications of ethnic minority teachers, there are a number of difficulties in achieving this goal. Firstly, there is a shortage of candidates from remote rural areas that are both capable and meet the qualification requirements for teacher training. Secondly, after training, it is not assured the they can or will go back to their community to work.

2) Recurrent budget resources for maintaining and enhancing education quality

Critical financing constraints in the education sector are primarily related to the shortages of non-salary recurrent budget resources (von su nghiep) that are required to maintain education standards and improve the quality of education. As noted in Section 7.1.1 & Table 7.2), these shortages appear to be most acute at primary and lower secondary level, which have the largest numbers of students and therefore the highest salary costs for teachers. At primary level, this includes limited resources for teaching facilities and materials (e.g. only 4 percent of primary schools have IT facilities for teaching) which are essential for successful introduction of the full-day primary curricula. These shortage are most acute in the 105 satellite village primary classrooms.

According to discussions with DOET, there is a shortage of qualified and specialized teachers in some subjects. At primary level, this includes teachers in sports, music, informatics, English language and trained medical teachers. While at secondary level the shortages are mainly in English language, informatics and trained medical teachers.

In addition, while there has been substantial investment in new schools infrastructure at all levels in recent years, generally insufficient funds are available to maintain this new infrastructure to a high standard. Looking towards the future, it will be essential for the provincial authorities to ensure that there is a conducive balance between investment and recurrent budgets to maintain the quality of schools infrastructure and facilities.

3) Education for children with disability

In recent years there have been steady improvements in access to education for children with disability. According to DOET, currently around half of all children with disability attend school (Section 7.2.5). Continuing efforts are needed including budged mobilization and allocation, however, to increase this rate and to

provide a conducive educational, physical and social environment for children with disability to attend school and to prosper from equitable educational opportunities.

Better understanding is also needed about the circumstances of education for children with disability. In particular, the available data suggest that while the overall rate of children with disability attending school is around 50 percent, the rate amongst boys is substantially lower at 33 percent (Table 7.11). In addition, there are substantial differences between districts in the current rates of children with disability attending school, ranging from 35 percent to 86 percent (Table 7.12). It is recommended that the causal factors behind these differences are investigated further On the other hand, quality, inclusive education for these children is another concern. Despite the strong legal framework related to education for children with disabilities in Viet Nam, the enforcement of the law is weak due to limited capacity and skills of education managers and teachers in how to effectively work with these children couples with stigma and discrimination against children with disabilities. The dropout risk of these children is high and few of them can pursuit higher education. Finally, closer inter-sectoral coordination amongst DOET-DOLISA-DOH needs to be strengthened in order to make sure the comprehensive planning and budgeting for improvement the quality of related services such as social welfare, health, and education for children with disability

4) Enhancing management and pastoral care at semi-boarding schools

The provision of semi-boarding facilities at commune schools has been instrumental to improving the rates of attendance by children from remote villages. However, there are still some weaknesses and constraints in this system. Many semi-boarding schools still lack adequate facilities for cooking, hygiene and sanitation, teacher accommodation and for recreation and sports. The semi-boarding schools have funds to provide meals for children, but in some cases not enough attention is given to using these resources in the most effective way. And while all the semi-boarding schools have a code-of-conduct, in some cases the management of children is insufficient. Given that the provincial authorities intend to expand the provision of semi-boarding schools and facilities in remote rural areas (in particular at upper secondary level), there is a need to fully professionalize the management of these schools as well as to enhance the role of the local community, parents and the commune authorities in their management. In addition, there is a need to enhance the pastoral care that is provided to children in these schools, including the provision of regular health check-ups and healthcare advice, life skill education, intercultural exchanging among ethnic minority children,, recreation and sports facilities, and counselling for children.

In addition, although limitation of information and data on children affected by disaster and emergency in education in this research, it is necessary to standardize the data and information system on disaster and emergency and make it accessible for preparedness, response and recovery plan since the Central Highlands has been described as a potential 'hotspot' in terms of the impacts of climate change and disaster

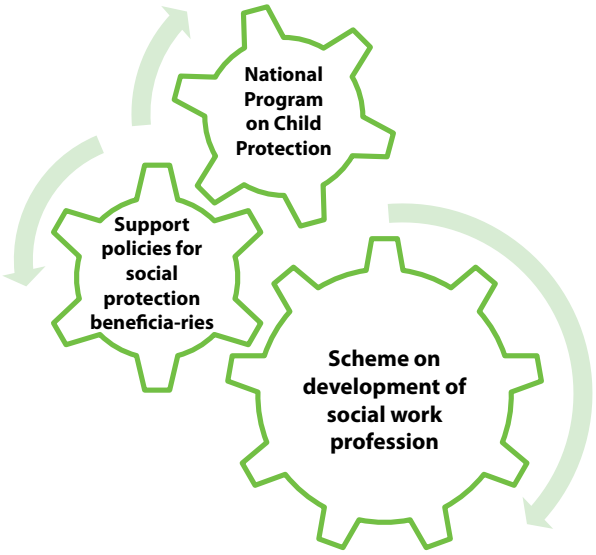
CHAPTER 8

CHILD PROTECTION

CHAPTER 8. CHILD PROTECTION

8.1 Policy and programmatic framework

The main child protection policies listed under the National Action Programme for Children (2012-2020) are summarized in Table 8.1, together with related social protection and social work policies. One main priority of the Ministry of Labour, Invalids and Social Affairs at this point in time is to strengthen the orientation and organizational and human resource capacities of the social work and child protection systems at grassroots level, while extending coverage of targeted assistance to social protection beneficiaries. These can be viewed as complementary sets of policies:



It is intended that a substantial portion of the funding for both the National Programme on Child Protection (Decision No.267) and the Scheme on Development of the Social Work Profession (Decision No.32) should come from the local budget – 42 percent and 73 percent respectively. Developing the organizational system for social work and child protection is therefore contingent upon the support and funding from the local government authorities. In particular, funding for some new staff positions (e.g. in newly established Social Work Centres) and allowances for social work collaborators working in the community will also need to come from the local budget.

The National Programme on Child Protection aims to 'establish the child protection service system' and 'to develop and replicate models of community based child protection'. In recent years, many models of community based child protection have been introduced and tested by DOLISA and by donor and INGO supported projects in different provinces including Kon Tum. There is, therefore, a need to assess the effectiveness and cost implications of existing models and the potential for scaling-up using local government resources. At the same time, the potential for mobilizing resources from the private sector and charitable sector, and working in collaboration with civil society groups in the provision of child protection services also needs to be assessed.

Table 8.1 Child protection policies and programmes listed under Decision No.1555/QD-TTg (2012):the National Action Programme for Children in the period 2012-2020

Child protection programme	**Decision No.267/QD-TTg (22/02/11) approving the National Programme on Child Protection in the period 2011-2015**
▸ Components: Project 1 on communication, education and social mobilization; Project 2 on capacity building for cadres and local collaborators; Project 3 on M&E and establishment of database on realization of child rights; Project 4 on Establishing and developing the child protection service system; Project 5 on developing and replicating models on community based protection of children in special circumstances; Project 6 on reviewing and augmenting the legal system for child care and protection. ▸ Financing sources: Central budget (52%); local budget (42%); international sources (6%); including mechanism to mobilize financial contributions from enterprises, organizations and individuals.	
Social work profession	**Decision No.32/QD-TTg (25/03/10) approving the scheme on development of the social work profession in the period 2010-2020.**
▸ Components: Develop and introduce the legislative system on social work profession; strengthen and develop social work network and staffing at grassroots level; develop training framework and content for social workers; communication, information and dissemination to raise awareness of cades and local people on social work. ▸ Financing sources: Central budget (25%); local budget (73%); international sources (2%).	
Social protection policies	**Decree No.67/ND-CP (13/04/07) and Decree No.13/ND-CP (27/02/10) on support policies for social protection beneficiaries** **Decree No.136/ND-CP (21/10/13) on social assistance for social protection beneficiaries.**
▸ Main components of Decree No.136: (A) Regular (monthly) social support, including support for: (i) children under 16 in a disadvantaged situation (including orphans and abandoned children); (ii) education support for disadvantaged children aged 16 to 22 years; (iii) children with HIV/AIDS in poor and disadvantaged families; (iv) poor single parent families; (v) disadvantaged elderly people; and (vi) children with disability; (B) Occasional emergency support, including support for: (i) food; (ii) severely wounded or invalided persons; (iii) funeral expenses; (iv) housing repairs; (v) children in need; and (vi) employment and production.	
Human trafficking	**Decision No.1427/QD-TTg (18/08/11) approving the national action plan on combatting human trafficking in the period 2011-2015**
Crime prevention	**Decision No.1217/QD-TTg (06/09/12) approving the NTP on crime prevention 2012-2015**

With regard to social protection policies, the newly introduced Decree No.136 of 2013 has replaced the former policies (Decree No.67 of 2007 and Decree No.13 of 2010). Decree No.136 further consolidates the regulations on support for social protection beneficiaries, for both in the community and at social protection centres. This includes regular financial assistance for eligible target groups (including disadvantaged children, children with HIV/AIDS, poor single parent families, disadvantaged elderly people, and children with disability). Decree No. 136 also provides for occasional assistance of various kinds, including food support and cash transfers in emergency situations. These polices are therefore an important element in the overall framework for child protection.

Decree No.136 also strengthens the local institutional mechanisms for implementation of these policies. For care in the community, the fund allocation is made on a needs basis: the commune/ward authorities submit lists of eligible beneficiaries which are verified by the district Labour, Invalids and Social Affairs Section and Planning and Finance Section.

Decree No.136 specifies the role of Commune Councils for Approving Social Protection Assistance,

which are responsible for the identification, screening and approval of eligible beneficiaries for both regular and emergency assistance.

8.2 Provincial programmes

The Programme on Child Protection in Kon Tum (2011-2015) was approved by the Provincial Peoples Committee through Decision No.381 in 2011[60] and is currently in the early stages of implementation. The overall objective is stated as follows:

To create a healthy living environment where all children are protected. To take initiatives in prevention and removing potential risks that harm children, minimizing the situation where children are vulnerable to falling into special circumstances and being abused or maltreated. To provide assistance for the sufficient rehabilitation of children in special circumstances and abused children, to provide opportunities for them to reintegrate in the community with equal opportunities for development.

The programme includes five projects, the objectives of which are as follows:

- *Project 1: Communication, education and social mobilization.* Objective: by 2015, activities to raise awareness and promote behaviour change around child protection will be provided to 90% of relevant staff at province and district level, 70% at commune level, 60% at community level and in 100% of communities that have pressing issues related to child protection.

- *Project 2: Capacity building for cadres and local collaborators.* Objective: by 2015, knowledge, skills and methods for working with children in special circumstances, including case management and coordination in child rights, will be provided to 90% of relevant staff at district level and 70% at commune level.

- *Project 3: Establish and develop the child protection service system.* Objectives: 39% of communes, wards and townships will build and maintain the new child protection service system; establish steering committees at province and district level; establish one Social Work Service Centre at province level; set-up counseling offices for children in 2 districts and counseling points in the community and schools; and establish the network of voluntary collaborators involved in child protection.

- *Project 4: Develop and replicate models on community based protection of children in special circumstances.* Objectives: 90% of children with disabilities get access to healthcare, functional rehabilitation, education and other public services; 90% of orphans and abandoned children are in care; annual reductions in the number of sexually abused children, working children and children in conflict with the law.

- *Project 5: Increase the effectiveness of state management of the care and protection of children.* Objective: to establish a database on the protection, care and education of children as a basis for M&E of annual plans, 5 years plan and to support the state management of the realization of child rights in the province.

Under Project 4 of the programme, it is intended that three models on community based child protection will be tested, including: (i) prevention and support for homeless children, early working children and children working in difficult and hazardous environments; (ii) prevention and support for sexually abused children; and (iii) prevention and support for children in conflict with the law.

Responsibility for implementing the programme rests with the Child Protection Section under DOLISA in coordination with other concerned departments and agencies. The total indicative budget for the period 2011-2015 is VND 39.837 billion, of which 56 percent is intended from the central state budget (VND 22.179 billion), 44 percent from the local budget (VND 17.244 billion) and VND 414 million from local contributions.

According to DOLISA, the total State budget allocated to the programme in the period from 2011 to 2013 was VND 4.241 billion, of which 57.5 percent came from the central budget (VND 2.441 billion) and 42.5 percent from

60 Decision No.381/QD-UBND (27/04/2011) approving the Programme on Child Protection in Kon Tum Province in the period 2011-2015.

the provincial budget (VND 1.8 billion). The provincial budget allocated to the programme only meets 15 percent according to the plan approved in Decision No.381 in 2011.

Notable results of the programme in this period include the following:

- As of 2013, there has been an annual reduction of 0.5 percent in the number of children in special circumstances, with around 91.5 percent of children in special circumstances receiving care and assistance; there has been a 10 percent reduction in the number of homeless children, children in conflict with the law, and child injuries compared with the previous year; a decrease in early child labour has been assured in many different appropriate forms; 92 percent of orphaned children and abandoned children and children suffering from orange agent; and 100 percent of children with disability and children with HIV/AIDS have received support.

- The community based child protection system has been established and is active in 31 pilot communes with 310 commune child protection officers and 323 village child protection collaborators; 6 community based models to support children in special circumstances and 30 child protection clubs have been established providing counselling for 3,672 turns of children and parents (based on reporting from 6 districts); training courses on knowledge and skills for child protection have been organized; 30 localities have met the standards for communes, wards and townships fit-for-children; and annually around 28,000 turns of children in difficult circumstances have been supported through the child protection funds.

Scheme for developing the social work profession. This plan was approved by the Provincial Peoples Committee in 2010[61], and includes eight components: (i) information and communication; (ii) master plan for the social work service system and staffing; (iii) develop models for social work service centres; (iv) staffing; (v) training and refresher training; (vi) capacity building for social work training-of-trainers; (vii) surveys and reviews of staffing and social work system; and (viii) monitoring and evaluation.

Under this scheme, it is planned that the organizational and staffing system for social work will be established and strengthened in the province, including:

- 20 staff working on state management at province level and at the Social Work Service Centre established in Kon Tum City in 2012[62]; these social work professionals will include staff from DOLISA, the Province Social Protection Centre, the Women's, Union, Youth Union and the Province Red Cross.

- 18 staff at district level (2 per district), who will be staff within the district Labour, Invalids and Social Affairs Section with university level social work qualifications.

- 45 social work cadres working at commune, ward and township level with college level social work qualifications; and 100 social work cadres at commune, ward and township level with upper certificate qualifications.

- 846 social work collaborators at village and residence group level.

However, until now, there has not yet available guidance from related Ministries on procedures such as organizational structure, personnel, management and monitoring etc. The project, therefore, has not been implemented in the province

8.3 Current situation

8.3.1 Data on children in special circumstances

Project 5 under the Programme on Child Protection includes establishing a database on child care, protection and education indicators which is used for monitoring the overall Provincial Plan of Action for Children (see also Section 3.1.3). This includes indicators on children in special circumstances collected by

61 Plan No.2339/KH-UBND (10/12/2010) for the Scheme on development of the social work profession in the period 2010-2020 in Kon Tum in accordance with Decision No.32/QD-TTg (25/03/2010).

62 The Social Work Service Centre was established through Decision No.2737/QD-UBND (28/08/2012) of the Peoples Committee of Kon Tum City.

different provincial agencies (Table 8.2). Table 8.3 gives summary data on the number of children in special circumstances and other child protection indicators as reported by DOLISA for 2010 and 2012.

As indicated in Table 8.2, there are different sets of issues that affect the quality and reliability of data for each category of children. While it is essential for the different sectors and agencies to collect and report data independently according to their area of responsibility, this can make it difficult to compile a consistent database.

For some indicators, there are large differences in the figures reported by DOLISA and those collected and reported by other sectors and agencies, as follows:

Indicator	Number of children with disability	Number of child injuries	Number of children in conflict with the law
Source A	DOLISA (district reporting) Year 2012: 1,251	DOLISA (district reporting) Year 2012: 1,312	DOLISA (police reporting) Year 2011-12: 366
Source B	DOET (schools reporting) Year 2012: 2,310	DOH (health system reporting) Year 2012: 2,540	Province Prosecution 2011-12: 133

DOET reports twice as many children with disability than DOLISA for 2012. The difference between these figures is likely due to the fact that the DOET figures include children with various learning difficulties, or minor physical disability, while the DOLISA figures are based on data reported from commune/ward level on those children with medically defined disability and those that are receiving social assistance.

The definition and identification of some types of disability, such as mental health problems or intellectual disability, is also problematic which may also account for some of these differences. Nonetheless, the large disparity between these figures, as reported by DOET and DOLISA, highlights the importance of clarifying the data on children with disability.

Table 8.2 Data collection and reporting on children in special circumstances

Category		Data collection and reporting responsibilities	Quality of data
1	Homeless orphans and abandoned children	DOLISA – number of children in state and non-state social protection centres; DOLISA – district reporting (including number of children in the community and number receiving state assistance).	Generally reliable and consistent.
2	Children with disabilities	DOET – number of CWD in the community and number attending school; DOLISA – number of CWD in state and non-state social protection centres; DOLISA – district reporting (including number of CWD in the community and number with state assistance).	Variations in available data reported by DOLISA and DOET. Definition of disability is often difficult.
3	Children affected by chemical agents	DOLISA – number of CWD in state and non-state social protection centres; DOLISA – district reporting (including number of children in the community and number receiving state assistance).	Reliable.

Category		Data collection and reporting responsibilities	Quality of data
4	Children living with HIV/AIDS	DOH – HIV/AIDS Prevention Centre monitoring and reporting; DOLISA – district reporting (including number of children in the community and number receiving state assistance).	Reliable, but with delays in up-dating data by DOLISA.
5	Children working in hard or hazardous environments	DOLISA – district reporting.	Not reliable. Difficulty and no specific mechanism of data collection.
6	Homeless or street children	DOLISA – district reporting.	Not reliable. Difficulty of data collection.
7	Children working far from families	DOLISA – district reporting.	Not reliable. Difficulty and no specific mechanism of data collection.
8	Children in conflict with the law	Province Police – number of reported and investigated cases; Province People's Prosecution – number of prosecuted cases; Province People's Court – number of cases of brought to court; DOJ – number of children with legal aid; DOLISA – district reporting.	While data on the number of reported, investigated and prosecuted cases are reliable, this does not capture the whole picture (i.e. less serious cases of civil disobedience).
9	Drug addicted children	As above. Province Police; Province People's Prosecution; Province People's Court; DOLISA – district reporting.	Not comprehensive. Circumstantial evidence suggests that the number of children brought under management does not reflect the wider reality of drug abuse by children.
10	Sexually abused children	Province Police – number of reported and investigated cases; Province People's Prosecution – number of prosecuted cases; Province People's Court – number of cases of brought to court; DOJ – number of children with legal aid; DOLISA – district reporting.	Reliable but not comprehensive. The number of cases brought to justice does not reflect the reality due to different cultural factors.
11	Violence against children	As above. Province Police; Province People's Prosecution; Province People's Court; DOLISA – district reporting.	Not comprehensive. The number of cases brought to justice does not reflect the reality due to different cultural factors.
12	Trafficked or kidnapped children	As above. Province Police; Province People's Prosecution; Province People's Court; DOLISA – district reporting.	Not comprehensive.
13	Children with injuries	DOH – Preventive Health Centre – child injuries reported through the health system from commune/ward clinics and hospitals; Province Police – accidents and fatalities (e.g. road accidents and drowning); DOLISA – district reporting.	Generally reliable but with variations in available data, as only a certain proportion of child injuries and fatalities are reported through the health system.

Table 8.3 Number of children in special circumstances, 2010, 2011 & 2012

Indicator		2010	2011	2012 [1]
Total number of children under 16 years old		164,037	166,599	169,327
Number of children in special circumstances		5,675	5,422	6,234
Rate of children in special circumstances (%)		3.5%	3.25%	3.3%
Rate of children in special circumstances receiving care (%)		~90%	-	~81%
1	Number of orphans and abandoned children	2,664	2,908	3,461
2	Number of children with disabilities	1,534	1,448	1,251
3	Number of children affected by chemical agents	40	36	27
4	Number of children living with HIV/AIDS	8	8	2
5	Number of children working in hard/hazardous environments	0	0	0
6	Number of homeless or street children	4	0	0
7	Number of sexually abused children	6	8	8
8	Number of drug addicted children	0	0	0
9	Number of children violating the law	192	193	173
10	Number of children working far from families	0	0	0
11	Number of trafficked or kidnapped children	0	0	0
12	Number of children with injuries	1,227	821	1,312
Number of communes/wards achieving status of fit-for-children		3	-	**26**
Number of child protection funds at commune/ward/township level		65	-	**65**
Total funds mobilized at commune/ward/township level (VND 000)		325,000	-	-
Number of child protection funds at district/city level		9	-	9
Number of child protection funds at province level		1	-	1
Total funds at province, district and city level (VND 000)		3,054,000	-	-

Source: (i) DOLISA – Data provided for research; (ii) Decision No.136/QD-UBND (06/03/2013) promulgating the Action Programme for Children in Kon Tum Province in the period 2013-2020; (iii) DOLISA Report No.309/BC-SLDTBXH (20/12/2012) on support and care of orphans, abandoned children and children with disability. [1] Note: data from 8 out of 9 districts.

The Preventive Health Centre under the DOH reports twice as many children with injuries than DOLISA for 2012. Part of the difference between these figures is because DOH reports injuries to children under 15 while DOLISA reports figures for children under 16. The DOH compiles data on child injuries reported throughout the health system from commune/ward clinics and hospitals, while DOLISA compiles figures based on commune welfare collaborators' reporting. The Provincial Police also report separately on the number of accidents and fatalities (e.g. road accidents and drowning) which may not be captured or reported through either of these systems.

With respect to legal issues, including children in conflict with the law, child abuse and violations against children, data is recorded by several agencies including the Provincial Police (the number of reported and investigated cases), the Province People's Prosecution (the number of prosecuted cases) and the Province People's Court (the number of cases brought to justice). In each agency, this includes figures on the number of cases and the number of victims and perpetrators. This accounts for some discrepancies in the reported figures and it is necessary to be consistent with the origin of the figures that are used with respect to reporting on children and the law.

Finally, there are some categories of children in special circumstances for which there is no fully established data collection system and for which it is problematic to get accurate or comprehensive data. In particular, this includes the number of working children, children working far from home, and homeless or street children.

8.3.2 Community based child protection

Currently, many different kinds of child protection and related activities are carried out at commune, ward and township level, examples of which are given from Kon Tum City (Box 8.1), Tan Canh Commune (Box 8.2) and Po E Commune (Box 8.3).

A number of observations can be made about these activities. Firstly, existing community based child protection activities are most intensive in urban areas and in pilot locations under the Provincial Child Friendly Programme and donor projects, while in many rural communes and villages the scale of such activities is still limited.

Box 8.1 Child protection and related activities in Kon Tum City in 2012[63]

- Communes and wards fit-for-children. Following introduction of Decision No.37 in 2010, the Labour, Invalids and Social Affairs Section has organized various awareness raising events and activities around the criteria for communes and wards fit-for-children. As of 2012, ten communes and wards achieved the status of being fit-for-children.
- Community based child protection networks. These models have been established in two urban wards. The networks include 27 local collaborators working at residence group level, two ward officials and a Steering Committee for Child Protection. As of 2012, around 122 families and 180 children were regularly involved in network activities.
- Clubs. These include six 'Grandparents and grandchildren' clubs (with around 650 participants) and two 'Child protection clubs' (with around 100 participants).
- Child injury prevention. Various activities have been organized around child injury prevention, including a model on safe-homes, communication and awareness raising activities in urban wards, while the Labour, Invalids and Social Affairs Sector and Education and Training Sector have collaborated on child injury prevention in schools.
- Child protection fund. The Labour Union of Kon Tum City organizes the child protection fund, raising resources from enterprises, individuals and other sources. In 2012, around 1,400 children in difficult circumstances received gifts and support was provided for operations and functional rehabilitation for 74 children with disabilities.

The Child Protection Clubs, which are being piloted in 20 communes, encompass a range of issues and activities including awareness raising on child rights, road safety, child injury prevention and HIV/AIDS. This is combined with recreational and cultural activities to make the

63 Peoples Committee of Kon Tum City (2012) Report on work on child protection, care and education in 2012 and orientation for 2013.

clubs attractive to children. However, the clubs generally do not deal with specific cases of children in need of special protection measures.

In practice, in a majority of villages across the province, the most active community-based institutions that are dealing locally and on a day-to-day basis with specific cases of children in need of special protection measures are the Village Reconciliation Boards and Self-Management Groups. As described in Box 8.2 and 8.3, these boards frequently deal with many aspects of child protection (see also Section 5.3.4 above).

Box 8.2 Community based child protection in Village 4, Tan Canh Commune

Village 4 in Tan Canh Commune has 803 people and 212 households, belonging to nine ethnic groups. Kinh people are the most populous ethnic group, followed by Thai ethnic minority migrants from the north and Xe Dang people from the local area. Around 80 percent of households rely on agriculture as their main source of income, while 15 percent are engaged in services and 5 percent are government employees. According to the Village Head, the number of households is increasing because of newly separated young households and a few households are still migrating into the village from the north. There are 25 to 30 households in this situation and there is limited production land available for these new households.

The Child Protection Club has been in operation for three years. The leader of the club is also the Village Head, who is assisted by the Women's Union representative. There are currently 43 children of different ages involved in the club. The main activities include awareness raising for children and families on child rights, road safety and HIV/AIDS, combined with recreation activities such as singing festivals and football tournaments. According to the Village Head, the main impacts of the club have been better awareness about child rights and bringing children together.

The Village Head says that the Child Protection Club does not deal with problems affecting children in households or in the community. This is the responsibility of the Self Management Group, although many of the same local people are involved. The Self Management Group deals with issues such as children persistently not attending school, violence and conflict between children, domestic disputes, and health emergencies affecting children.

Box 8.3 Village Reconciliation Boards in Po E Commune

According to discussions with commune and village leaders in Po E Commune, the Reconciliation Boards deal with cases such as guardianship of children, conflict between parents and family disputes, cases in which children are withdrawn from school or are sent out to work, and minor cases of theft and teenagers drinking and fighting. One Village Head described a case in which there was conflict between parents in one household that was affecting the situation of two children aged 3 and 5 years. The husband had gone away to work on prawn farms in Binh Dinh and while he was away the wife had an affair with another man. When he returned the husband became jealous and there was much drinking and abusive words and conflict in the family. The Reconciliation Board intervened in this case by making sure the children were looked after by relatives until the parents resolved the conflict.

According to information provided by the Department of Justice, as of October 2014 there are 850 Reconciliation Boards with 5,241 members in Kon Tum. The members of the boards usually include the Village Head, Party Secretary of the village/residence group, representatives of the Fatherland Front and mass organizations, village elders, religious leaders and other people of influence in the community. The village elders usually play an important role in the Reconciliation Boards; which means that the boards operate at the interface between 'statutory law' and 'customary law', with the village elders providing an essential link to community regulations and customary laws.

Expenditures for the boards are covered according to the Law on Reconciliation at Grassroots Level (No 35/2013/QH3) and other related legal documents (including stationary, organizing reconciliation meetings and review meetings, and allowances for members of the boards etc.). According to regulations under Decision No.11 of the Provincial Peoples Committee in 2011 and Decision No. 70/2014/QĐ-UBND, support for the boards is VND 100,000 per month and VND 200,000/case/board members). According to the Department of Justice, annually the Reconciliation Boards deal with around more than 600 cases and are effective in resolving around 70 to 80 percent of cases.

8.3.3 Protection and care of orphans and children with disability

According to DOLISA, between 2010 and 2012, just over 3 percent of the total number of children under 16 were in special circumstances. Of these, in 2012, around 55 percent are orphans or abandoned children and 20 percent children with disability (Table 8.3).

In general, the figures on the number of orphans and abandoned children appear to be consistent. There has been an increase in the number of children in these categories from 2,664 children in 2010 to 3,461 in 2012: this increase from year-to-year is likely due to improved surveillance and reporting of the actual situation at community level. A majority of these children (92 percent) are those who have lost either a mother or father and live in a single parent household, while the remainder are fully orphaned or abandoned children, a majority of whom are under residential or adopted care. Models on foster-care for children without guardians have also been introduced.

A majority of children with disability are cared for by their families or guardians in the community. According to DOLISA, as of 2012, 782 children with disability received state assistance, including financial assistance through the policies to support social protection beneficiaries[64]. As of 2012, around 88 children with disability were receiving residential care in the provincial social protection center or church centres (i.e. around 7 percent of the total number of children with disability reported by DOLISA). Pilot activities on respite day care for children with disability have also been introduced at the social protection centres and in two households.

As of 2012, among all the children in special circumstances around 717 children (20.7 percent) received state assistance, including financial assistance through the policies on social assistance to social protection beneficiaries, while around 415 children (12 percent) were in residential care at state or non-state centres[65]. There are four social protection centres in the province, including two state centres –the Provincial Social Protection Centre located in Kon Tum City and a children's shelter in Hieu Commune in Kon Plong, and two non-state centres – the Vinh Hai I & II Centres run by the Catholic Church (Annex 1.63). Quality of care in these centres, however, has not been assessed and might require further analysis. Under Decree No.13, financial support for orphans and abandoned children for care in the community, in poor single parent households, and at social protection centres is at VND 180,000 per month, while support for children in adopted families is at VND 270,000 per month (Section 8.2.3).

8.3.4 Policies to support social protection beneficiaries

The polices to support social protection beneficiaries are an important element in the legislative framework for child protection, particularly for orphaned and abandoned children, children with disability and children living with HIV/AIDS.

Following introduction of Decree No.13 in 2010[66], the total number of beneficiaries and disbursed funds in Kon Tum have increased from 5,027 beneficiaries and VND 12.5 billion in 2010, to 8,356 beneficiaries and VND 20.5 billion in 2012 (Annex 1.62). There has, therefore, been a steady expansion of social protection coverage in recent years. Table 8.4 provides a breakdown of the number of beneficiaries and fund distribution according to district in 2012. Several points can be made about this table:

- Firstly, the approximate proportion of the total population receiving benefits and the per capita fund allocation varies from district to district, which suggests that the funds are targeted and distributed on a needs basis.

- Secondly, the number and proportion of beneficiaries that are children varies considerably from district to district. The reason for the larger numbers of child beneficiaries in Kon Tum City (385 children/12.8 percent of total beneficiaries) and in Kon Plong District (129 children/16.8 percent of total beneficiaries) is because of the location of social protection centres and children's shelters in these localities.

- Thirdly, the number of children receiving

64 DOLISA (2012) ibid.

65 DOLISA (2012) Report on support and care of orphans, abandoned children and children with disability.

66 Decree No.13/ND-CP (27/02/10) on support policies for social protection beneficiaries.

benefits appears to be low in some districts, such as Dak Glei, Sa Thay, Dak To and Dak Ha, compared to the total population in these districts. It is recommended that DOLISA and the Labour, Invalids and Social Affairs sections of the districts should carefully monitor this situation to ensure that none of children who are eligible to receive social assistance is not included in the list of the social protection beneficiaries.

Table 8.4 Social protection beneficiaries and fund distribution by administrative area, 2012

Administrative area	Total population in 2009 (persons)	Total funding (VND million)	Average per capita allocation (VND)	Total number of bene-ficiaries (persons)	Proportion of population with benefits (%)	Number of children bene-ficiaries (persons)	Proportion of bene-ficiaries that are children (%)
Kon Tum City	143,099	7,331	51,230	3,011	2.1	385	12.8
Dak Ha	61,665	2,331.7	37,812	930	1.5	16	1.7
Dak To	37,440	1,793.8	47,913	725	1.9	10	1.4
Tu Mo Rong	22,498	650.1	28,898	266	1.2	18	6.8
Ngoc Hoi	41,828	1,398.6	33,436	577	1.4	39	6.8
Dak Glei	38,863	1,770.1	45,547	649	1.7	2	0.3
Sa Thay	41,228	2,278.8	55,273	957	2.3	17	1.8
Kon Ray	22,262	1,139.4	51,181	473	2.1	28	5.9
Kon Plong	20,890	1,815.4	86,906	768	3.7	129	16.8

Source: DOLISA – Data provided for research.

A more detailed example of the distribution of benefits in Kon Tum City is given in Table 8.5. This shows that elderly people constitute 53.5 percent of recipients and 47.5 percent of funds are disbursed to this group; orphans, children in adopted families and poor single parent households with children make up 15.6 percent of beneficiaries and 15.6 percent funds are disbursed to these groups; while people with disabilities (including children) make up 30.8 percent of recipients and 37 percent of fund dispersal.

Table 8.5 Social protection beneficiaries in Kon Tum City, 2011 & 2012

Fund level / beneficiary group		2011		2012	
		Number bene-ficiaries	Funding (VND million)	Number bene-ficiaries	Funding (VND thousand)
Level 1: VND 180,000/person/ month		**2,845**	**6,145**	**2,486**	**5,369**
1	Orphaned and abandoned children	394	851	385	831
2	Elderly people over 80 years without pensions or support	1,792	3,870	1,498	3,235
3	Poor single elderly people	204	440	115	248
4	People with disabilities unable to work	425	918	462	997
5	Poor single parent households with children 18+ months	30	64	26	56
Level 2: VND 270,000/person/ month		**190**	**615**	**284**	**920**
1	People with mental health problems of different types	190	615	284	920
Level 3: VND 360,000/person/ month		**273**	**1,179**	**241**	**1,041**
1	Children 18 month and over in adopted families	133	574	59	254
2	People with disabilities without self-help capacity	140	604	181	781
3	Families with 2 people with disabilities without self-help			1	4
Total		**3,308**	**7,940**	**3,011**	**7,331**

Source: Kon Tum City Peoples Committee – Data provided for research.

8.3.5 Emergency assistance

The newly introduced Decree No.136 (2013)[67] includes provision for occasional or emergency assistance of various kinds, including food and cash transfers. In this respect, valuable experience was gained with cash transfers from a disaster response programme to Typhoon Ketsana in 2009 in Kon Tum and neighbouring provinces[68].

This programme was implemented by the Viet Nam Red Cross and the American Red Cross and was the first time that cash transfers had been used as a major component of post-disaster response in Viet Nam. The overall relief programme consisted of three components: food distribution, emergency kits and unconditional cash transfers. The cash transfers were intended as an early recovery intervention aimed at supporting families that were most affected by the typhoon. The cash transfers directly assisted around 29,500 people and 8,582 households in 63 communes in the 4 provinces. Total funding was VND 6.9 billion, averaging VND 800,000 per household.

The evaluation of this programme revealed that households had used the cash transfers for a wide range of emergency needs, many of which were directly related to children's welfare such as buying food, medicines and clothing, providing temporary shelter and covering school fees (Table 8.6). It was found that village leaders play an essential role in the initial beneficiary selection and local volunteers are crucial in supervision and monitoring of the programme. It was also found that flexibility should also be offered to stakeholders in setting the levels of cash distribution per household. The evaluation report concludes that unconditional cash transfers of relatively small amounts can have a positive impact to enable people to meet their basic needs, but this is only one tool that needs to be employed in supporting the people to re-build their livelihoods.

67 Decree No.136/ND-CP (21/10/13) on social support for social protection beneficiaries.

68 American Red Cross (2010) Programme Final Evaluation Report: Post Typhoon Ketsana Cash Transfers in Gia Lai, Kon Tum, Quang Nam and Quang Ngai Provinces.

Table 8.6 Use of unconditional cash transfers in the post Ketsana relief programme

Human capital	Physical capital	Financial Capital	Natural capital
▸ Food supplies (22.8% total funds) ▸ Clothes & blankets (5% households; 14% total funds) ▸ School fees (4.5% house-holds; 0.3% total funds) ▸ Medicines (30% house-holds; 9% total funds)	▸ House repairs (37% households; 19% total funds) ▸ Equipment (50% of households / 18.5% total funds ▸ Temporary shelter (3% households; 2% total funds)	▸ Debt repayment (14% households; 4% total funds)	▸ Agriculture tools, fertilizer, seed, livestock etc. (29% households; 14% total funds)

Source: American Red Cross (2010) Programme Final Evaluation Report: Post Typhoon Ketsana Cash Transfers In Gia Lai, Kon Tum, Quang Nam and Quang Ngai Provinces.

Although the cash and kind assistance in emergencies have contributed a lot to improve life of affected children and people, issues regarding child abuse and exploitation and psychosocial well-being of children in emergencies have not been assessed and paid adequate attention.

8.3.6 Child injury prevention

Child injury prevention is an issue that requires an effective multi-sector response. Child injury is not solely a child protection issue since a majority of injuries are unintentional injuries. However, in some cases unintentional injuries can be considered as a child protection issue because they may result from inadequate safety and supervision of children by families and in the community.

Since DOLISA in Kon Tum has been assigned to report on child injury, it is proposed that the issues on child injury is placed under the child protection chapter.

Under the Provincial Action Programme for Children, DOLISA has been assigned overall responsibility for programmes related to child injury prevention and communities fit for children. Coordination is also made through a Child Injury Prevention Steering Committee, led by the DOH, with DOLISA and other departments as members, and through the Traffic Safety Committee. The Child Protection Section under DOLISA is responsible for preparing guidelines on child injury prevention and information and communication activities around safe homes, safe schools and safe communities[69].

The statistical data clearly suggest that patterns of child injury in Kon Tum are indicative of some child protection issues – especially the situation of children that work at early age. In this respect, it is necessary to look at the linkages between children's work – various types of injury risks – and societal attitudes and practices towards the supervision and protection of children. It can be said that this is one of the most important findings to emerge from this research.

Data on child injuries are reported through several channels (Table 8.2): the Preventive Health Centre compiles data on child injuries reported through the health system from commune/ward clinics and hospitals; DOLISA compiles figures reported by the districts; and the Province Police report on the number of accidents and fatalities which may not be reported through the health system (e.g. road accidents and drowning).

According to figures from DOLISA, there were 821 cases of injury amongst children under 16 years old in 2011 and 1,312 cases in 2012 (Table 8.3). The Preventive Health Centre gives higher figures based on injuries reported through the health system, of 2,149 cases amongst children under 15 years old in 2011 and 2,540 in 2012 (Annex 1.36 & 1.37).

A summary of the data on child injuries reported through the health system for 2011 and 2012 is given in Figure 8.1. The following trends can be highlighted:

- *Under 4 age group* – The major causes of injury in this age group include falls and burns, which make up 57 percent of all injuries. It is notable that 12.4 percent of injuries are due to road accidents, which suggests that the safety of infants on roadsides or when riding with their parents is also a major concern.

- *5 to 14 age group* – In this age group, falls account for 42 percent and road accidents account for around 16.3 percent of injuries. It is also notable that around 16 percent of injuries are work related or due to animals bites and stings etc., which suggests that young children are at risk when they are engaged in work in the forest or on the farm such as looking after livestock or cutting and carrying fuel wood etc.

- *15 to 19 age group* – In this age group, the proportion of injuries caused by road accidents increases sharply to 29.5 percent, the proportion of work related accidents also increases to 22.5 percent, while 23.8 percent of are caused by falls. Injuries related to violence and self-harm or suicide also rise to 5 percent.

- Child injuries in all age groups are most prevalent amongst boys, with the proportion

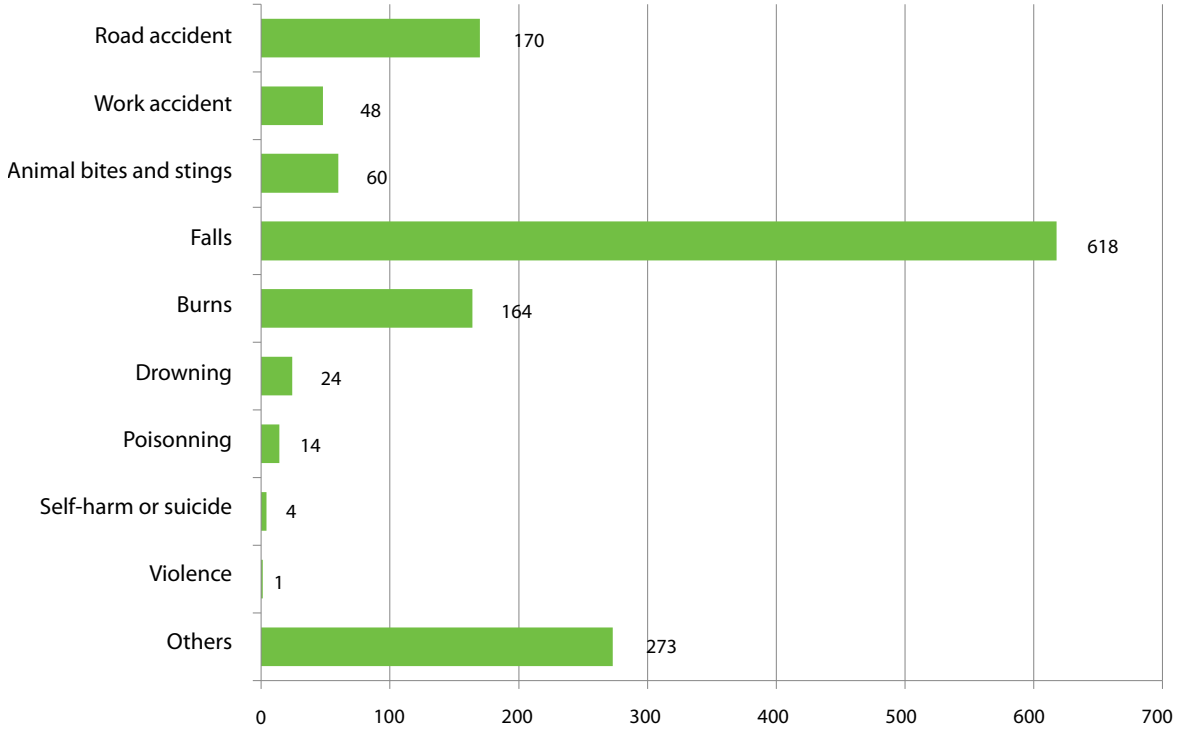
69 DOLISA (2013) Report on progress in child injury prevention in Kon Tum in 2012.

of injuries amongst girls reducing from 32.5 percent in the 0-4 age group, to 31.6 percent in the 5-14 age group and 29.5 percent in the 15-19 age group.

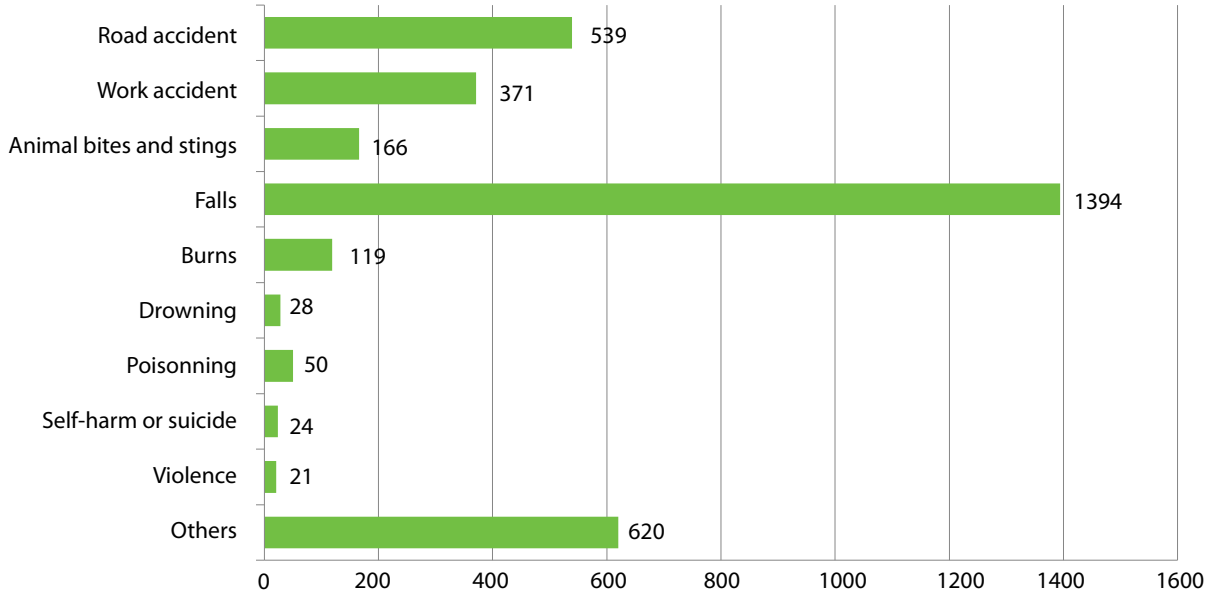
- 38 percent of injuries in all age groups are due to falls or burns, which suggests that awareness raising on domestic safety needs to be strengthened. It is recommended that the high number of these types of injury, in all age groups, warrants further investigation by DOH and DOLISA. Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. However, burns and fractures or other injuries from falls are internationally recognized as a strong indicator of possible child abuse. This would require further careful analysis of the child injury data in order to understand better whether any injury suggest any abuse. Preventive Health Centre – Data provided for research.

Figure 8.1 Number of child injuries reported through the health system according to type of injury and age-group, 2011 & 2012

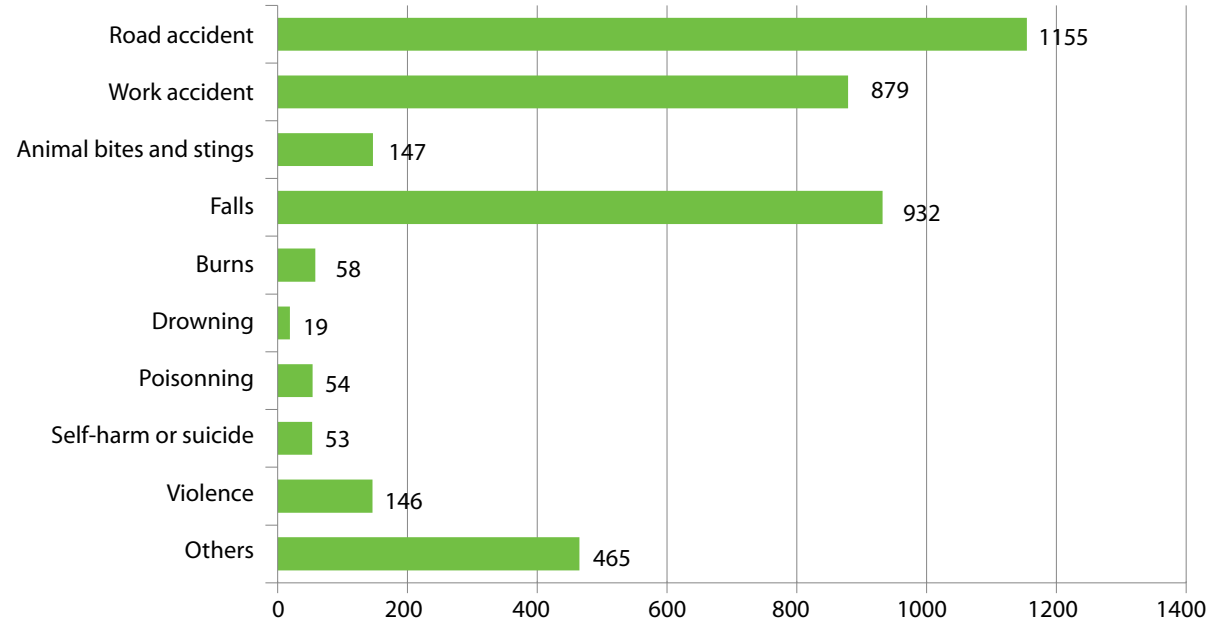
0 to 4 age group:



5 to 14 age group:



15 to 19 age group:



Preventive Health Centre – Data provided for research.

- 21.7 percent of all injuries are due to road accidents, rising from 12.3 percent in the 0-4 age group, to 16.3 percent in the 5-14 age group and 29.5 percent in the 15-19 age group (this does not include road fatalities that are not reported through the health system). These figures suggests that increased efforts should be put into awareness raising about road safety amongst parents and children of all age groups.

- 15.1 percent of injuries in all age groups are work related, rising from 3.5 percent in the 0-4 age group, to 11.2 percent in the 5-14 age group and 22.5 percent in the 15-19 age group. It is notable that the proportion

of work related child injuries in Kon Tum appears to be substantially higher than in some other provinces (Figure 8.2).

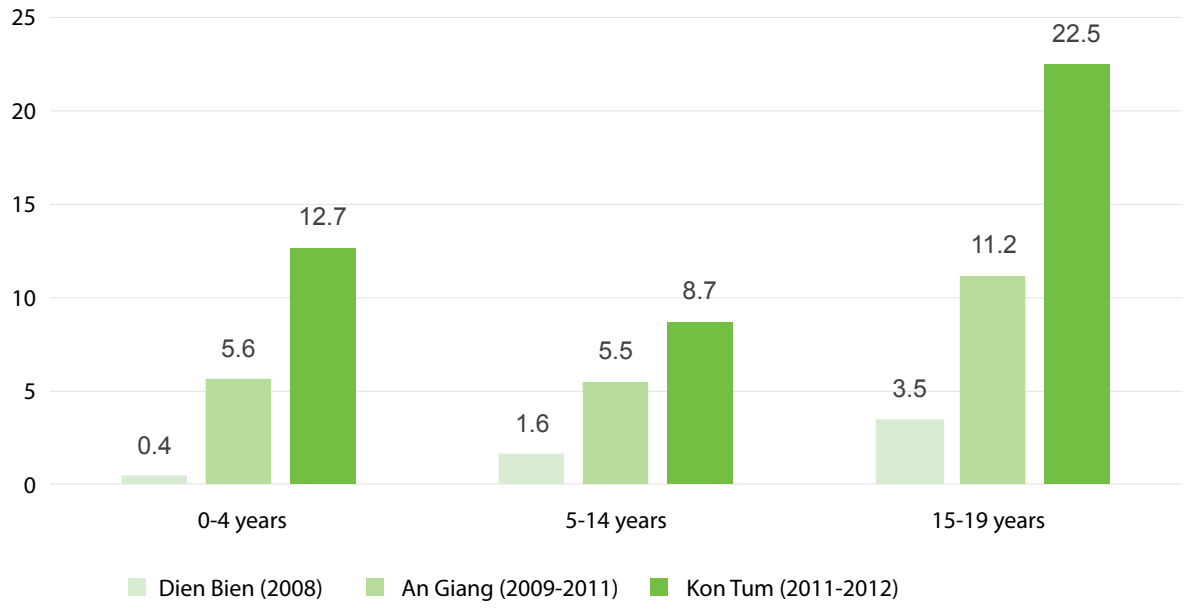
8.3.7 Working children

Based on district reports, data compiled by DOLISA indicate that there are no cases of children under 16 years old working in hard or hazardous environments (Table 6.3).

However, as described earlier in this report, in Section 5.1, many rural children and teenagers are frequently involved in helping their families in tasks such as collecting water and firewood, grazing livestock in the forest, collecting forest foods and helping with crop cultivation and harvesting. This category of working children and these types of activities are not included in the definition of hard and hazardous environments. Nonetheless, as indicated by the figures on child injury in Figure 8.1, a significant proportion of child injuries are work related accidents even at a young age.

Many teenagers in Kon Tum are finishing education at the end of lower secondary school and entering the work force around the age of 16. As indicated in Section 7.2.7, as of 2009, there were around 24,300 workers in the 15-19 age group, of which 89.4 percent have semi-skilled employment – that is, working on their household farms or in semi-skilled wage labour employment. Data on school attendance suggest that in the transition from lower to upper secondary school there are higher rates of discontinued education amongst boys than girls; the rates of discontinued education at this level are also much higher among ethnic minority students than among Kinh students (Section 7.2.3).

Figure 8.2 Comparison of the proportion of child injuries that are work related injuries according to age group in Dien Bien, An Giang and Kon Tum



Source: Kon Tum Preventive Health Centre – Data provided for research; Dien Bien Province and UNICEF (2011) An Analysis of the Situations of Children in Dien Bien; An Giang Province and UNICEF (2012) An Analysis of the Situations of Children in An Giang.

The data on child injuries show that over half of injuries in the 15 to 19 age group result from a combination of work related accidents (22.5 percent) and traffic accidents (29.6 percent). Moreover, the figures on work related injuries appear to be higher in Kon Tum compared to some other provinces (Figure 8.2) These figures confirm that teenagers in this age group are highly vulnerable to accidents and injuries when they enter work and travel from home. There may be several underlying reasons for this situation. Firstly, in the competitive economy of the Central Highlands, many parents are extremely busy and may work away from home for long periods leaving their children with less supervision. Secondly, there are many

pressures on teenagers to travel from home to obtain employment, sometimes in potentially hazardous agricultural and manual work.

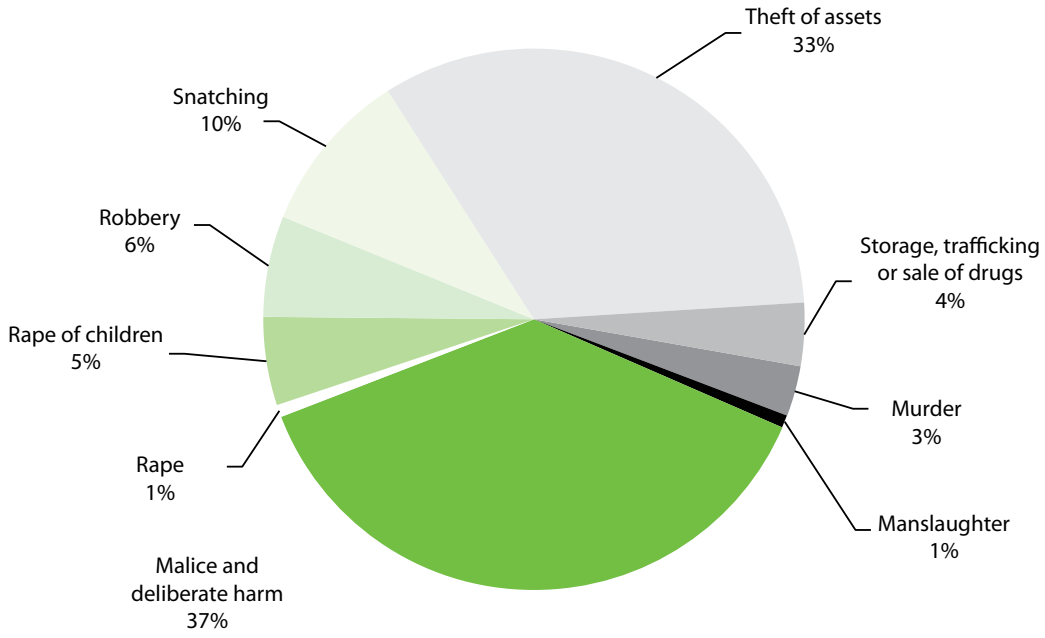
In conclusion, it can be said that this is perhaps the most critical child protection issue in Kon Tum today. The official figures on the numbers of children working in situations whereby they may be exposed to injuries and other types of risks do not reflect the reality. Furthermore, these issues are symptomatic of deeper economic pressures on families and children. It is recommended that further comprehensive efforts in health-and-safety at work and road safety are needed to help address these concerns.

8.3.8 Children in conflict with the law

Data on the number of cases of children in conflict with the law are maintained by various agencies including the Province Police, the Province People's Prosecution and the People's Courts. This section summarizes figures from the Province People's Prosecution, since these relate to those cases actually prosecuted (Figure 8.3).

The circumstances of children in conflict with the law in Kon Tum are broadly similar to those in other parts of the country. A majority of cases are associated with theft of assets, robbery and snatching (49 percent), followed by malice and deliberate harm (37 percent). The risk of teenagers coming into conflict with the law increases greatly at the age of 16. Of the total number of prosecuted cases in 2011 and 2012, around 96 percent were in the 16-18 age group and only 4 percent in the 14-15 age group. It is also notable that of these cases, 23.5 percent were ethnic minority children, 76.5 percent Kinh children and 16.3 percent amongst children having dropped out of school.

Figure 8.3 Prosecuted cases of children in conflict with the law, 2011 & 2012 (%)



Source: Province Peoples Prosecution Office – Data provided for research.

8.3.9 Child abuse

There is a lack of adequate understanding about the current situation of domestic violence in general, and child abuse in particular, amongst different population groups in Kon Tum. Only a few cases of child abuse and violence against children are officially reported. According to figures provided by the Province Prosecution Office, in 2011 and 2012 there were 19 prosecuted cases of child rape (involving 28 perpetrators) and 8 prosecuted cases of unlawful sex with children (involving 8 perpetrators)[70]. While these figures are reliable, they may not be comprehensive because the number of cases brought to justice does not reflect the reality due to different cultural factors.

During this research, discussions with secondary school students in Tan Canh Commune and Le Loi Ward revealed that many teenagers are concerned with issues such as (in their own words) 'parents imposing themselves on children and beating their children', 'unequal treatment of children' and 'unhappy families' (Section 5.2). This was a small snap-shot of children's viewpoints and it is not possible to generalize from these. However, the quantitative and qualitative information that is available suggests that there is a need for further research to understand this situation more deeply.

8.4 Priorities and recommendations

The Province Socio-Economic Development Plan for 2011-2015 expresses a strong commitment to child protection in the following terms[71]:

'To continue to implement effectively strategies for child protection and programmes on child care… to focus on the mobilization of resources for child care and protection; strengthen state management in implementation of policies related to child care and protection at all levels and sectors; improve and develop the network for community based child protection following Decision No.32; to strengthen inter-sector coordination in dissemination and social mobilization to prevent and minimize child abuse, violence, trafficking and child injury; minimize children in conflict with the law, and homeless and early working children.'

In recent years in Kon Tum, considerable progress has been made in expanding social protection coverage for vulnerable children and families, as well as beginning to develop the social work and child protection systems. In this regard, the purpose of this final section is to make a number of concluding observations on the overall strategy for the development of community based child protection and the social work systems, together with a number of specific recommendations emerging from the analysis in this study.

1) Develop effective ways to scale-up community based child protection models and networks

Under the Provincial Programme on Child Protection (2011-2015), good progress has been made establishing the network of commune child protection officers and child protection collaborators at village level, combined with models on community based child protection networks in 31 localities, child protection clubs in 20 localities, and various models on supporting children in special circumstances.

At this point in time there is a need to undertake a comprehensive review of these community based child protection activities. This review should be used as a basis for developing a strategy for scaling-up these activities in an appropriate and cost-effective way, combined with increasing the resources allocated to the child protection network.

Community based child protection models are currently being tested in a number of localities. At the same time, as described in Section 8.2.3, the most widespread community based institutions that deal on a regular basis with specific cases of children in need of protection are the Village Reconciliation Boards and Self-Management Groups. These groups are already well-established in a majority of villages and residence groups across the province, and there is a potential for strengthening their role in child protection.

70 Province Prosecution Office (2013) Report on children in conflict with the law and violations against children in 2011 and 2012.

71 Decision No.45/2010/QD-UBND on the Province Socio-Economic Development Plan for the period 2011-2015.

This situation raises a number of important questions with respect to how to scale-up and improve the effectiveness of community based child protection activities. Rather than duplicating effort and creating parallel systems, it is recommended that attention should be given to how to strengthen the role of the existing Reconciliation Boards and Self-Management Groups in combination with strengthening the capacity of the network of commune child protection officers and local collaborators.

In this respect, further investigation is needed to determine how the Reconciliation Boards and Self-Management Groups can be strengthened to help local communities to better address modern-day child protection issues and problems facing children. These institutions can only address certain aspects of child protection (such as guardianship of children in the case of family disputes and minor cases of civil disobedience and children infringing the law). This needs to be complemented by the dedicated social work system that is specifically responsible for identifying children at risk and taking the lead in case-management so that these children receive the assistance they need.

The cost implications will be another important factor determining how to scale-up community based child protection activities in the most effective way. For instance, the Child Protection Clubs receive an annual allowance of VND 2.4 million (VND 200,000 per month). If such support were to be expanded to all 890 villages and residence groups across the province, the annual funding requirement would be in the order of VND 8.5 billion. This is in addition to the allowances required for the planned number of 846 social work collaborators at village and residence group level (Section 8.2.2)[72].

Given the current situation of many actors and agencies being involved in various aspects of child care and protection at community level, it is essential to have a very clear mandate and set of responsibilities for the social work system and the network of social work collaborators and child protection officers working at community level. This is to avoid the potential situation of "having a common father and no-one cries" with unclear responsibility when it is specifically required for a child protection case.

These specific responsibilities may be defined as follows:

- Surveillance in the community and the identification of children who are potentially at risk of falling into special circumstances for whatever reasons;
- Taking the lead in coordinating with the local authorities, communities and families and other agencies as required to provide solutions to these cases at an early stage;
- Case-management and referral of the cases if needed to relevant agencies so that children in special circumstances can receive assistance (e.g. legal aid, health care, education, social protection financial assistance, counseling, reconciliation etc.);
- Providing emergency support to children in case of abuse and exploitation (such as temporary house and psychological first aid);
- Data collection and reporting on the number of children in special circumstances.

This is an important set of core responsibilities for the social work system, social workers and child protection collaborators, which underpins rather than duplicating the existing types of activities of other agencies, as well as focusing services on identifying and helping to resolve and provide assistance for specific cases of children in need.

2) Improve understanding of the current situation with respect to child abuse

Currently, there is a lack of adequate data and understanding about the actual situation of domestic violence in general, and child abuse in particular, amongst different population groups in Kon Tum. This is a topic that warrants further research.

In particular, it is suggested that the high number of child injuries resulting from falls, in all age groups, warrants further investigation by DOH and DOLISA. Most children will collect cuts and

72 Plan No.2339/KH-UBND (10/12/2010) for the Scheme on development of the social work profession in the period 2010-2020 in Kon Tum in accordance with Decision No.32/QD-TTg (25/03/2010).

bruises as part of the rough-and-tumble of daily life. This may also be explained by the geography of Kon Tum, inadequate household safety, or the tendency for many rural children to be involved in domestic work or work in the forest with limited parental supervision. However, burns and fractures or other injuries from falls are internationally recognised as a strong indicator of possible child abuse. Of course, such injuries cannot be considered in isolation but must be considered alongside the child's explanation of the injury, the child's developmental and physical capabilities, and any behavioral changes in the child. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given. This would require further analysis of the child injury data by age group and type of injury.

3) Building on customary law in the protection and care of ethnic minority children in special circumstances

As noted in Section 5.3.3, there are many aspects of customary family law amongst the indigenous ethnic minority communities in Kon Tum which could regulate and provide a conducive social setting for the care and protection of children (e.g. the guardianship and adoption of children and prohibitions and sanctions against the maltreatment of children). These are positive aspects of customary law that should be accommodated in the strengthening of community based child protection policies and networks.

This is already implicitly recognized in the approaches to guardianship of children, whereby all efforts are made to place orphaned children under the care of their next-of-kin or other relatives in the community in preference to institutional care. This approach conforms to the principles on guardianship as set out in the UN Convention on the Rights of the Child and in Vietnam's Civil Code (Box 8.4).

Box 8.4 Guardianship of children: Articles in the UN Convention on the Rights of the Child and Vietnam's Civil Code

Article 20 of the UN Convention on the Rights of the Child states that 'children who cannot be looked after by their own family have the right to have special care by people who respect their ethnic group, religion, culture and language'.

These rights are also enshrined in Vietnam's Civil Code with respect to parental responsibilities and adoption and various articles on Guardianship. Under Article 58 of the Civil Code, Guardianship is defined as '…a task whereby an individual or organization is required by law to take care of and protect the legitimate rights and interests of a minor…'. The primacy of the right of the next-of-kin as the 'natural guardian of a minor' are upheld under Article 61 (including biological siblings, maternal or paternal grandparents, and uncles and aunts in that order). These articles in the Civil Code provide a strong foundation strengthening the systems of community based child protection in conjunction with customary family law.

At the same time, there may be potential for working with families and elders in the community to help adapt and strengthen customary laws in ways that will provide better protection for teenagers and young adults and children suffering from abuse. As suggested in Section 5.4, there is also a need for further research to gain better understanding of such child protection issues amongst the indigenous ethnic minority communities, which could provide a basis for these adaptations to customary law.

4) Protection of teenagers and young adults

The provincial authorities in Kon Tum identified two particular child protection issues affecting teenagers that this research should investigate: namely, the situation of children in conflict with the law and the situation of early marriage (Section 8.2.2).

As discussed in Chapter 4, Chapter 5 and Chapter 6 – this study has confirmed that there is much evidence to suggest that teenagers and young adults – especially those in the 15 to 19 age group who leave education at the end of lower

secondary school – represent a particularly hard-to-reach and vulnerable group. There is a cluster of critical issues concerning this age group, including the issues surrounding early marriage, early pregnancy and reproductive healthcare amongst young men and women, the employment and income earning opportunities for young workers, civil behaviour and teenagers in conflict with the law, and accidents and injuries. These issues affect children in urban and rural areas and amongst both Kinh and ethnic minority families; they are, as such, broad ranging concerns that affect all sections of society.

From a child protection perspective, the most pressing set of issues relates to the protection of young children involved in domestic work and teenagers as they enter employment. It is notable that the data on child injuries show that over half of injuries in the 15 to 19 age group result from traffic accidents (29.6 percent) together with labour accidents (22.5 percent). These figures confirm that teenagers in this age group are highly vulnerable to accidents and injuries when they enter work and travel from home.

It is, however, evident that none of the issues affecting teenagers of this age group can be understood or addressed in isolation – while a child protection response should lie at the heart of these issues, they need to be dealt with in a broader sense including relevant responses in healthcare, education and child protection and participation. Moreover, these issues are symptomatic of deeper social and economic pressures on young people and need to be considered alongside the actual opportunities that are available to teenagers to participate in society in the modern day context.

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ANNEX 1: DATA TABLES

Annnex 1.1 Rural infrastructure status in rural communes and villages (2011)

Region / Province	Communes with electricity grid connection (%)	Villages with electricity grid connection (%)	Communes with all year round road access (%)	Villages with vehicular road access (%)	Villages with kindergarten classes (%)
Whole country	99.8	95.5	98.6	97.1	45.5
Region:					
Red River delta	99.9	99.6	99.6	99.5	44.4
Northern midlands & uplands	99.8	88.8	99.5	95.4	46.2
N & S Central Coast	99.6	98.1	99.2	98.1	41
Central Highlands	100	98.3	100	98.3	57.7
Southeast	100	99	99.8	99.8	42.3
Mekong river delta	100	99.4	93.1	92.5	48.7
Province:					
Kon Tum	100	98.4	100	92.6	86.1
Gia Lai	100	99.5	100	100	68.4
Dak Lak	100	96.8	100	100	48.7
Dak Nong	100	97.9	100	96.7	42.9
Lam Dong	100	99.3	100	98.3	48.6

Source: GSO (2011) Summary Report on Results of the 2011 Rural, Agriculture and Fisheries Census

Annex 1.2 Population characteristics: nationwide, regional and provincial comparison (2009)

Administrative Area	Population	Annual population growth rate (%)	Sex ratio (males / 100 females)	Sex Ratio at Birth (males / 100 females	Average household size (persons / household)	Average life expect-ancy (years)	Total Depend-ency ratio (%)	Urban share of population (%)	Population density (person / km^2)
Whole country	85,789,573	1.2	98.1	110.5	3.8	72.8	46.3	-	259
Regions:									
Northern Midlands and Mountains	11,064,449	1	99.9	108.5	4.0	70.0	49.9	16.0	116
Red River Delta	19,577,944	0.9	97.2	115.3	3.5	74.2	45.8	29.2	930
North and South Central Coast	18,835,485	0.4	98.2	109.7	3.8	72.4	51.8	24.1	196
Central Highlands	5,107,437	2.3	102.4	105.6	4.1	69.1	57.9	27.8	93
Southeast	14,025,387	3.2	95.3	109.9	3.8	75.3	36.7	57.1	594
Mekong River Delta	17,178,871	0.6	99.0	109.9	4.0	73.8	43.8	22.8	423
Provinces:									
Kon Tum	430,037	3.1	103.2	103.6	4.2	66.2	65.6	33.8	44
Gia Lai	1,272,792	2.7	101.2	103.2	4.3	69.6	64.2	28.6	82
Dak Lak	1,728,380	2.2	102.2	104.9	4.2	70.7	55.6	22.5	132
Dak Nong	489,442		108.8	102.2	4.1	69.3	58.9	14.8	75
Lam Dong	1,187,574	1.7	100.9	112.6	3.9	73.4	51.9	37.9	121

Source: Population and Housing Census, Central Steering Committee (2010) The 2009 Viet Nam Population and Housing Census: Major Findings.

Annex 1.3 Population characteristics of Kon Tum Province according to sex, location of residence and administrative area (2009)

Administrative area	Total							Area (km^2)	Population density (persons/km^2)
	Total population (person)	Number male	Number female	Number urban	Proportion of urban population (%)	Number rural	Proportion of rural population (%)		
Whole province	430,133	217,811	212,322	144,166	33.52	285,967	66.48	9690.46	44
Kon Tum City	143,099	71,490	71,609	86,362	60.35	56,737	39.65	432.98	330
Dak Glei district	38,863	19,532	19,331	5,441	14.00	33,422	86.00	1495.26	26
Dak To district	37,440	19,035	18,405	10,931	29.20	26,509	70.80	506.41	74
Tu Mo Rong district	22,498	11,585	10,913		0.00	22,498	100.00	857.69	26
Dak Ha district	61,665	31,246	30,419	16,165	26.21	45,500	73.79	845.72	73
Kon Ray district	22,262	11,697	10,925	4,861	21.84	17,761	79.78	911.35	25
Kon Plong district	20,890	10,927	9,963		0.00	20,890	100.00	1381.16	15
Ngoc Hoi district	41,828	21,198	20,630	11,186	26.74	30,642	73.26	844.54	50
Sa Thay district	41,228	21,101	20,127	9,220	22.36	32,008	77.64	2415.35	17

Source: Province Statistics Office – Data provided for research (based on 2009 Population and Housing Census).

Annex 1.4 Population of Central Highland provinces according to ethnicity (1999 & 2009)

Province	Kon Tum		Gia Lai		Dak Lak		Dak Nong		Lam Dong	
Year	1999	2009	1999	2009	1999	2009	1999	2009	1999	2009
Total population	314,216	430,133	966,950	1,274,412	1,780,735	1,733,624	-	489,392	998,027	1,187,574
Kinh	46.36	46.77	56.37	55.98	70.22	67		67.93	77.09	75.9
Northern EM*	2.22	3.34	1.53	2.71	10.24	11.16		20.04	4.67	5.04
Hoa	0.04	0.03	0.07	0.05	0.28	0.2		0.96	1.54	1.26
Xơ Đăng	25.06	24.36			0.32	0.46				
Mnông					3.44	2.33		8.17	0.97	0.77
Cơ Tu										
Giẻ-Triêng	8.1	7.36								
Co										
Gia Rai	5.06	4.79	29.68	29.21	0.67	0.93				
Ba Na	11.94	12.55	12.16	11.8						
Hrê	0.59	0.36								
Ê Đê					13.99	17.22		1.08		
Sán Chay					0.19	0.3				
Bru-Vân Kiều					0.16	0.19				
Mạ					0.31	0		1.32	2.54	2.68
Cơ Ho									11.31	12.27
Chu Ru									1.46	1.57
Others	0.63	0.44	0.19	0.25	0.18	0.21		0.5	0.42	0.51

* Northern ethnic minority migrants including Thai, Tay, Nung, Dao, Muong & Hmong.
Source: GSO Vietnam Population and Housing Census 1999 & 2009.

Annex 1.5 Population of Kon Tum according to ethnic group by administrative area (2009)

Administrative area	Total Population	Ethnic proportion (%)									
		Kinh	Gia rai	Ba na	Xo dang	Gie Trieng	Hre	Ro Mam	Brau	Co	Others
Whole province	430133	46.77	4.79	12.55	24.36	7.36	0.36	0.10	0.09	0.03	3.61
Kon Tum City	143099	69.67	5.93	21.33	1.61	0.50	0.05	0.02	0.00	0.00	0.89
Dak Glei district	38863	13.19	0.03	0.03	24.77	60.90	0.02	0.00	0.00	0.00	1.07
Dak To district	37440	46.46	0.05	12.49	36.12	0.59	0.10	0.00	0.00	0.00	4.19
Tu Mo Rong district	22489	9.02	0.04	0.04	90.16	0.06	0.03	0.00	0.00	0.00	0.68
Dak Ha district	61665	52.60	0.05	12.04	31.46	0.52	0.04	0.00	0.00	0.00	3.29
Kon Ray district	22622	34.68	0.25	32.14	28.45	0.13	1.68	0.01	0.00	0.46	2.19
Kon Plong district	20890	11.32	0.04	0.13	83.15	0.02	4.62	0.00	0.00	0.00	0.71
Ngoc Hoi district	41828	39.02	0.04	0.04	28.23	15.94	0.05	0.00	0.89	0.01	15.77
Sa Thay district	41228	43.50	29.04	9.79	9.65	0.04	0.08	0.95	0.01	0.00	6.94

Source: Province Statistics Office (2010) Province Population and Housing Census 2009.

Annex 1.6 Population age structure (1999 & 2009)

2009				1999			
Age Group	Total persons	Male	Female	Age Group	Total persons	Male	Female
	430133	217811	212322	Total	314216	157863	156353
0	11433	5867	5566	0	9456	4772	4684
1-4	41876	21476	20400	1-4	38144	19479	18665
5-9	48963	24861	24102	5-9	44240	22585	21655
10-14	49292	25087	24205	10-14	40171	20646	19525
15-17	29083	14886	14197	15-17	20155	10180	9975
18-19	17127	9202	7925	18-19	13176	6906	6270
20-24	41095	21410	19685	20-24	26503	13480	13023
25-29	38840	19512	19328	25-29	25007	12800	12207
30-34	31568	16363	15205	30-34	22774	11532	11242
35-39	28367	14903	13464	35-39	19898	9890	10008
40-44	24621	12614	12007	40-44	15101	7460	7641
45-49	20455	10140	10315	45-49	10262	4881	5381
50-54	15539	7512	8027	50-54	7467	3454	4013
55-59	9956	4615	5341	55-59	6172	2873	3299
60-64	6779	3014	3765	60-64	4939	2167	2772
65-69	5180	2291	2889	65-69	4472	2042	2430
70-74	3900	1581	2319	70-74	2610	1137	1473
75-79	3083	1324	1759	75-79	1991	867	1124
80-84	1522	608	914	80-84	853	356	497
85+	1454	545	909	85+	825	356	469

Source: GSO Vietnam Population and Housing Census 1999 & 2009.

Annex 1.7 Birth rates, fertility rates and infant and child mortality rates: nationwide, regional and provincial comparison (2009 & 2012)

Administrative Area	2009					2012				
	Crude Birth Rate (Births / 1000 persons)	Total Fertility Rate (children / woman)	Proportion of women having third and higher order births (%)	Infant Mortality Rate (Infant deaths / 1000 live births)	Child Mortality Rate (Under 5 deaths / 1000 live births)	Crude Birth Rate (Births / 1000 persons)	Total Fertility Rate (children / woman)	Proportion of women having third and higher order births (%)	Infant Mortality Rate (Infant deaths / 1000 live births)	Child Mortality Rate (Under 5 deaths / 1000 live births)
Whole country	17.8	2.03	16.1	16.0	24.1	16.9	2.05	14.2	15.4	23.2
Central Highlands	23.1	2.65	27.4	27.3	41.6	19.5	2.43	24.0	26.4	40.2
Kon Tum	28.5	3.45	34.5	38.2	59.5	25.6	3.16	31.9	40.0	62.6
Gia Lai	23.9	2.88	31.5	25.8	39.4	19.4	2.36	26.5	30.8	47.2
Dak Lak	19.7	2.45	25.45	22.1	33.5	18.5	2.31	19.2	24.6	37.4
Dak Nong	22.8	2.72	27.6	26.8	41.0	21.5	2.65	26.8	28.5	43.6
Lam Dong	20.3	2.43	21.2	14.6	21.9	18.0	2.36	23.3	16.5	24.8

Source: (i) GSO (2011) Fertility and Mortality in Viet Nam: Patterns, Trends & Differentials (Viet Nam Population and Housing Census 2009); (ii) MOH (2011) Health Statistics Yearbook 2009.

Source: GSO (2012) The 1/4/2012 Time-Point Population Change and Family Planning Survey: Major Findings.

Annex 1.8 Sex ratio in the whole population and sex ratio at birth (1999 & 2009)

	Whole country		Central Highlands		Kon Tum	
	1999	2009	1999	2009	1999	2009
Sex ratio	96.70	97.60	102.70	101.90	101.00	102.60
Sex ratio at birth	107.00	110.50	102.70	105.60	101.90	103.60

Source: Province Statistics Office (2010) Province Population and Housing Census 2009.

Annex 1.9 Average household size in lowest and highest economic quitile: nationwide, regional and provincial comparison (2004 & 2010)

Region / Province	2004			2010		
	Total	Quintile 1	Quintile 5	Total	Quintile 1	Quintile 5
Whole country	4.36	4.76	4	3.89	4.18	3.47
Region:						
Red River Delta	3.92	3.81	3.7	3.65	3.45	3.56
Northeast	4.46	5.1	3.7	4.01	4.68	3.39
Northwest	5.15	5.93	3.5	4.58	5.55	3.49
North Central Coast	4.4	4.79	3.7	3.94	4.25	3.49
South Central Coast	4.24	4.37	4	3.99	3.92	3.76
Central Highlands	5.09	5.92	4.2	4.34	5	3.75
Southeast	4.48	5.08	4.2	3.77	4.29	3.13
Mekong River Delta	4.47	4.8	4	3.94	4.11	3.64
Province:						
Kon Tum	5	6.3	3.9	4.4	5	3.7
Gia Lai	5.2	6.2	4.4	4.5	5.5	3.9
Dak Lak	5.4	6.1	4.4	4.4	4.9	3.9
Dak Nong	4.8	5.4	4.2	4.3	4.8	3.7
Lam Dong	4.7	5.3	4	4.1	4.6	3.5

Source: GSO (2011) 2010 Vietnam Households and Living Standards Survey.

Annex 1.10 Household size: nationwide, regional and provincial comparison (2009)

Area	Proportion of households according to number of persons (%)					Average number of people in a household	Total Dependency ratio
	1 person	2-4 people	1-4 people	5-6 people	7+ people		
Total							
Whole country	7.3	64.7	72	23	5.1	3.8	46.3
Central Highlands	5.3	58.8	64.1	27.4	8.5	4.1	57.9
Kon Tum	5.1	58.6	63.7	25.3	11.1	4.2	65.6
Urban							
Whole country	8.1	67.7	75.8	19.3	4.9	3.7	
Central Highlands	7.7	65.3	73	21.9	5	3.7	
Kon Tum	6.7	66.2	72.9	21.5	5.6	3.8	
Rural							
Whole country	6.9	63.4	70.3	24.6	5.1	3.9	
Central Highlands	4.3	55.9	60.2	29.8	10.1	4.3	
Kon Tum	4.1	54.1	58.3	27.4	14.3	4.5	

Source: Province Statistics Office (2010) Province Population and Housing Census 2009.

Annex 1.11 Child malnutrition rates: nationwide, regional and provincial comparison (2005 & 2011)

Region / Province	2011		2005	
	underweight	stunting	underweight	stunting
Whole country	16.8	27.5	25.2	29.6
Region:				
Red River Delta	12.7	22.7	21.3	24.4
Northeast	19.1	30.5	28.4	33.6
Northwest	22.1	33.6	30.4	35.6
North Central Coast	20.2	32	30	35.1
South Central Coast	16.1	27.9	25.9	29.3
Central Highlands	25.9	37.3	34.5	41.5
Southeast	11.9	21.3	18.9	21.6
Mekong River Delta	15.2	26.8	23.6	28.1
Province:				
Kon Tum	27.4	41.4	35.8	50
Gia Lai	25.4	36.1	33.4	36
Dak Lak	25.6	35.5	34.3	41.6
Dak Nong	25.5	36.1	35.2	44
Lam Dong	15.1	25.7	23.4	27.5

Source: Nutrition Surveillance System – National Institute of Nutrition.

Annex 1.12 Average monthly income per capita by economic quintile: nationwide, regional and provincial comparison (2002, 2006 & 2010)

Unit: VND thousand

Region / Province	2002	2006	2010						
	Total	Total	Total	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Quintile 5 compared to Quintile 1 (times)
Whole country	356.1	636.5	1387.2	369.3	668.5	1000.2	1490.4	3411.0	8.1
Region:									
Red River Delta	353.1	653.3	1568.2	467.2	817.2	1158.7	1664.2	3734.2	8.0
North East	268.87	511.2	1054.8	307.9	506.8	748.6	1182.2	2530.5	8.2
North West	197.0	327.5	741.1	240.3	367.9	536.0	827.7	1739.1	7.2
North Central Coast	235.4	418.3	902.9	287.2	494.7	722.5	1054.9	1959.9	6.8
South Central Coast	305.9	550.7	1162.2	371.1	627.3	876.3	1257.1	2683.6	7.2
Central Highlands	244.0	522.4	1088.1	306.2	534.5	799.7	1278.0	2528.6	8.3
South East	619.7	1064.7	2165.0	627.9	1105.4	1582.4	2221.0	5293.7	8.4
Mekong River Delta	371.3	627.6	1247.2	395.5	661.4	936.1	1335.9	2909.1	7.4
Province:									
Kon Tum	234.4	445.0	947.3	357.5	511.9	679.3	1037.4	2154.8	6.0
Gia Lai	235.2	498.0	1027.1	287.2	478.6	761.4	1264.4	2349.5	8.2
Dak Lak	231.4	507.0	1067.8	298.6	554.9	787.7	1229.0	2476.8	8.3
Dak Nong	-	506.0	1038.6	272.0	480.0	739.7	1204.6	2521.4	9.3
Lam Dong	282.4	596.0	1257.5	351.5	619.0	952.2	1464.8	2907.4	8.3

Source: GSO (2011) 2010 Vietnam Households and Living Standards Survey.

Annex 1.13 Average monthly expenditures per capita in Kon Tum Province (2010)

Expenditure categories	VND '000	%
		100
Eating, drinking & smoking expenditures	422	58.0
Food	107	14.7
Foodstuffs	156	21.4
Non eating, drinking & smoking expenditures	306	42.0
Clothing	52	7.1
Housing, electricity, water & sanitation	16	2.2
Healthcare	47	6.5
Travel & communication	110	15.1
Education	60	8.2
Others	40	2.9

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011.

Annex 1.1.4 Average proportion of per capita consumption expenditures by region (2010)

Region	Eating, drinking and smoking (%)	Non eating, drinking and smoking (%)	Other consumption expenditure (%)
Whole country	49.7	44.3	6
Red River Delta	48.4	45.1	6.6
Northeast	54	39.7	6.3
Northwest	58.9	35.9	5.2
North Central Coast	52.4	42	5.6
South Central Coast	50.6	43.5	5.9
Central Highlands	52.3	41.9	5.8
Southeast	46.2	48.9	4.9
Mekong River Delta	50.8	42.5	6.7

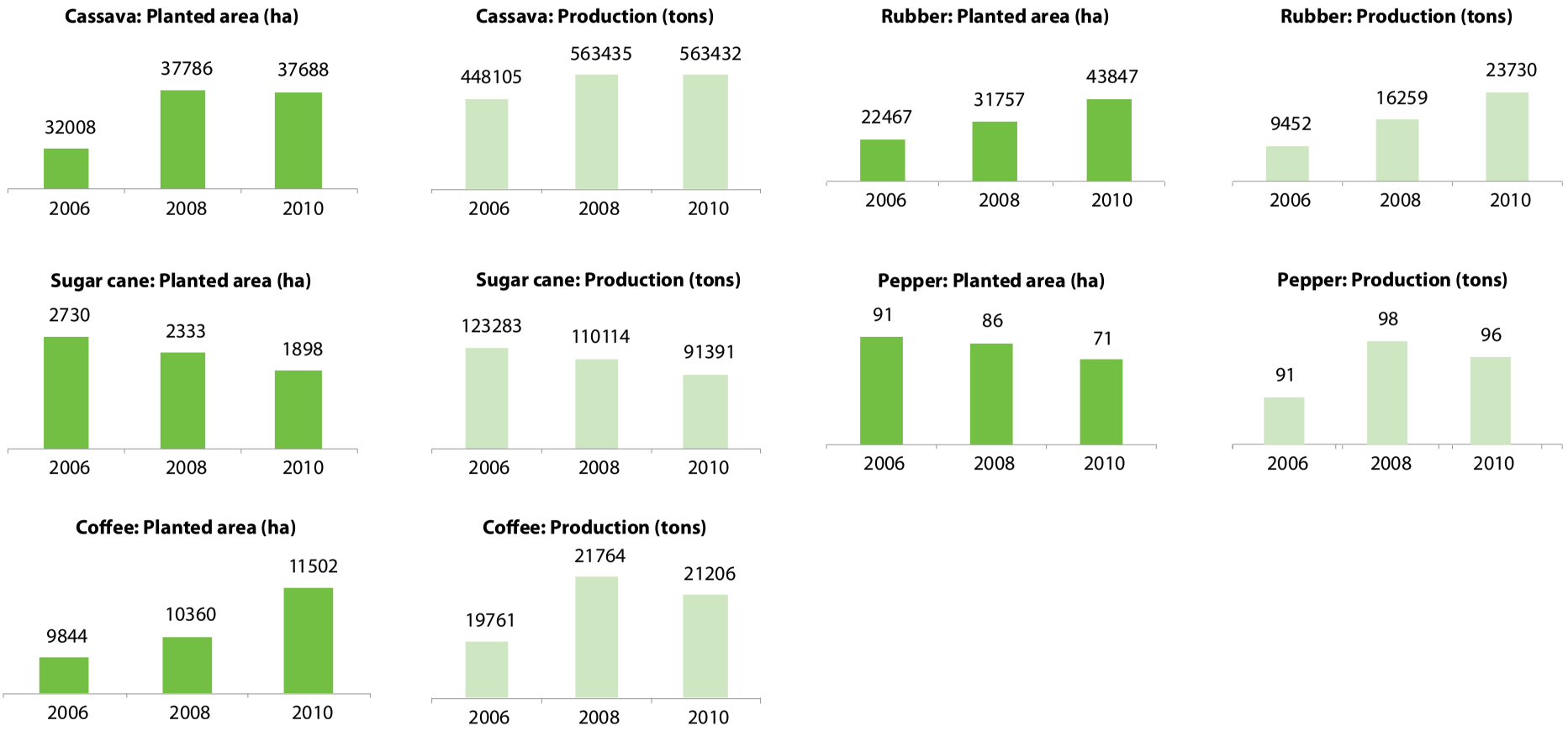
Source: GSO (2011) 2010 Vietnam Households and Living Standards Survey.

Annex 1.15 Gross domestic product and structure of the economy (2000-2011))

Year	GDP at constant 1994 prices (VND billion)				GDP at current prices (VND billion)				Structure of GDP (%)		
	Total	Agriculture, forestry & fisheries	Industry and construction	Services	Total	Agriculture, forestry & fisheries	Industry and construction	Services	Agriculture, forestry & fisheries	Industry and construction	Services
2000	752.45	404.08	107.17	241.20	854.61	392.17	134.09	328.35	45.89	15.69	38.42
2006	1446.52	670.0	283.44	493.08	2294.87	972.13	448.45	874.29	42.36	19.54	38.10
2010	2524.28	877.99	729.23	917.06	6028.36	2486.25	1466.08	2076.03	41.34	24.32	34.44
2011	2885.95	935.95	866.94	1082.06	8047.11	3599.11	1835.80	2612.20	44.73	22.81	32.46

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011.

Annex 1.16 Cash crop production in Kon Tum (2006, 2008 & 2010)



Source: Province Statistics Office (2011) Kon Tum Statistical Yearbook 2010.

Annex 1.17 Provincial Revenue (2006, 2009 & 2011)

Revenue source	2006	2009	2011
Total revenue	2,111,620	3,455,819	5,404,978
Revenue in local area	322,747	819,229	1,318,978
Domestic revenue	302,011	768,021	1,231,560
Revenue from Central economy	84,565	282,762	496,905
Revelnue from Local economy	216,358	478,584	727,167
Revenue from state sector	14,070	30,906	55,700
Revenue from non-state sector	66,239	146,509	261,139
Agriculture land use tax	1,353	1,728	1,800
Tax on income	1,353	16,044	48,307
Other revenue	133,343	283,397	360,221
Revenue from Foreign investment sector	1,088	6,675	7,488
Export- Import	20,736	51,208	87,418
Subsidies from Central State Budget	1,450,085	1,875,352	2,586,000

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011.

Annex 1.18 Provincial Budget (2006, 2009 & 2011)

Budget Category	2006	2009	2011
Total expenditure	2,090,344	3,338,911	5,276,852
Development investment	595,524	941,150	1,625,894
Of which: Capital expenditure	506,713	941,150	1,625,767
Redcurrent expenditure	694,360	1,346,859	2,301,000
General public administration	176,829	308,922	485,392
Economic services	60,411	150,284	300,108
Social expenditures	401,759	809,728	1,247,930
Education and training	279,057	570,193	848,893
Health care	66,125	149,910	279,054
Pension and social relief	35,250	51,471	68,499
Others	21,327	38,154	57,484
Other frequent expenditure	55,361	77,925	267,570
Contribution to Central State Budget	0	0	0
Other expenditure	16,380	15,391	44,140

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011.

Phụ lục 1.19 Tỷ lệ nghèo so sánh trong cả nước, vùng, tỉnh (2006, 2010 & 2010)

Region / province	2006	2008	2010 (*)
Whole country	15.5	13.4	14.2
Region:			
Red River Delta	10.1	8.7	8.4
North East	22.2	20.1	24.2
North West	39.4	35.9	39.4
North Central Coast	26.6	23.1	24.0
South Central Coast	17.2	14.7	16.9
Central Highlands	24.0	21.0	22.2
South East	4.6	3.7	3.4
Mekong River Delta	13.0	11.4	12.6
Province:			
Kon Tum	31.2	26.7	31.9
Gia Lai	26.7	23.7	25.9
Dak Lak	24.3	21.3	21.9
Dak Nong	26.5	23.3	28.3
Lam Dong	18.3	15.8	13.1

Source: GSO (2011) 2010 Vietnam Households and Living Standards Survey.

* Poverty rate in 2010 is calculated by Government poverty lines for period 2011-2015 as VND 400,000 per capita per month for rural areas and VND 500,000 per capita per month for urban areas

Annex 1.20 Number of poor households and poverty rate by administrative area (2012 and 2010 summary)

Administration area		Total number of HH	Total number of Kinh HH	Total number of ethnic minority HH	% ethnic minority HH	Total number of poor HH	% poor HH	Total number of poor Kinh HH	% poor HH that are Kinh HH	% Kinh HH that are poor	Total number of poor ethnic minority HH	% poor HH that are ethnic minority HH	% ethnic minority HH that are poor	Total number of near-poor HH
1	Kon Tum City	36,257	27,146	9,111	25.1	2,986	8.2	808	27.1	3.0	2,178	72.9	23.9	997
2	Dak Glei district	10,079	1,625	8,454	83.9	4,429	43.9	58	1.3	3.6	4,371	98.7	51.7	795
3	Dak To district	9,890	4,956	4,934	49.9	1,799	18.2	210	11.7	4.2	1,589	88.3	32.2	653
4	Tu Mo Rong district	4,986	86	4,900	98.3	2,645	53.0	0	0.0	0.0	2,645	100.0	54.0	390
5	Dak Ha district	14,810	8,605	6,205	41.9	2,396	16.2	143	6.0	1.7	2,253	94.0	36.3	776
6	Kon Ray district	5,786	2,232	3,554	61.4	1,974	34.1	212	10.7	9.5	1,762	89.3	49.6	521
7	Kon Plong district	5,425	622	4,803	88.5	2,587	47.7	4	0.2	0.6	2,583	99.8	53.8	500
8	Ngoc Hoi district	11,647	4,431	7,216	62.0	2,349	20.2	244	10.4	5.5	2,105	89.6	29.2	896
9	Sa Thay district	10,149	4,539	5,610	55.3	3,658	36.0	341	9.3	7.5	3,317	90.7	59.1	767
Whole province 2012		109,029	54,242	54,787	50.2	24,823	22.8	2,020	8.1	3.7	22,803	91.9	42.0	6,295
Whole province 2010		102,396	51,057	51,339	50.1	34,157	33.3	3,455	10.1	10.1	30,702	89.9	59.8	7,988

Source: Department of Labour, Invalids and Social Affairs – Data provided for research.

Annex 1.21 Savings and credit groups linked to the Women's Union by administrative area (2012)

Aministrative		Total number of cummunes/ wards	Number of communes/ wards with savings-and credit groups linked to Women's Union	Number of group			Total number of members in all savings and credit (groups person)
				Total number of women's savings and credit groups	Number of communes/ wards with savings- and credit groups linked to the Bank for Social Policies	Number of communes/ wards with savings- and credit groups (other projects and programs)	
1	Kon Tum City	21	12	119	206	10	7,164
2	Dak Glei district	12	0	0	74	1	2,519
3	Dak To district	9	4	24	86	4	3,008
4	Tu Mo Rong district	11	0	0	28	0	903
5	Dak Ha district	9	6	89	119	6	6,710
6	Kon Ray district	7	2	0	56	3	1,971
7	Kon Plong district	9	0	0	82	0	1,885
8	Ngoc Hoi district	8	3	24	81	5	3,910
9	Sa Thay district	11	5	24	73	0	2,231
	Whole province	97	32	283	805	31	30,816

Source: Province Womens Union – Data provided for research.

Annex 1.22 Health sector expenditures by category (2006-2010)

Unit: VND million

Component		2006	2007	2008	2009	2010	Total	(%)
A	Total	133,902	144,991	261,506	317,070	379,639	1,237,108	100
1	State Budget	95,799	108,589	211,150	237,104	302,416	955,058	77.2
2	Hospital fees and Health Insurance	20,531	25,715	32,744	48,042	42,030	169,062	13.7
3	ODA and loans	16,318	9,588	15,991	30,476	32,560	104,933	8.5
4	Others	1,254	1,099	1,621	1,448	2,633	8,055	0.7
B	Total	133,902	144,991	261,506	317,070	379,639	137,108	100
I	Recurrent budget with state budget	79,445	86,589	124,450	150,204	230,016	670,704	54.2
1	Training (Sự nghiệp)	1,384	1,171	1,602	1,805	1,949	7,911	1.2
2	Healtcare services	77,281	84,586	121,631	146,481	225,559	655,538	97.7
	Preventive	21,989	22,846	30,408	36,620	56,390	168,253	25.7
	Curative	55,292	61,740	91,223	109,861	169,169	487,285	74.3
3	State management	780	832	1,217	1,918	2,508	7,255	1.1
II	Other financing	38,103	36,402	50,356	79,966	77,223	282,050	22.8
III	Development investment	16,354	22,000	86,700	86,900	72,400	284,354	23.0

DOH (2012) Master Plan for the Development of Peoples Health in Kon Tum Province in the period 2011-2020.

Annex 1.23 Expenditures under the NTP on Epidemics, Social Diseases and HIV/AIDS in Kon Tum (2006-2010)

	Category	Total expenditures 2006-2010 (VND million)	Proportion (%)
	Total expenditure	34,692	
	Central state budget	32,985	95.5
	Projects		
1	TB prevention	927	2.7
2	Leprosy control	11,822	29.3
3	Malaria control	3,924	11.3
4	Universal vaccination	2,342	6.7
5	HIV/AIDS prevention and treatment	4,666	18.0
6	Child malnutrition prevention	6,112	21.6
	Activities on child malnutrition prevention	4,966	
	National strategy on nutrition	1,101	
	Worm prevention	45	
7	Community mental healthcare	1,980	5.7
9	Dengue fever control	700	2.7
10	Diabetes prevention	195	1.1
11	Army cooperation in health	317	0.9
	Provincial budget	1,707	4.5
	Project on malnutrition prevention	1,457	
	Project on HIV-AIDS prevention and treatment	100	
	Dengue fever control	150	

Source: Report No.70/BC-UBND (19/05/2011) on review of National Target Program activities in the pertiod 2006 to 2010 and recommendations on mechanisms, resultions and resources for the period 2011-2015 in Kon Tum Province

Annex 1.24 Commune and ward health service delivery indicators by administrative area (2012 and 2010 summary)

Administration		Commune/ ward indicators							Village indicators		
		Total number communes/ wards	Number commune/ ward clinics with doctor	% communes / wards with doctor	Number commune/ ward clinics with pediatric nurse/ midwife	% communes / wards with pediatric / delivery nurse	Number communes reaching national heath standard (2010)	% communes reaching standard	Total number of villages in district/city	Number of villages with Village Health worker	% villages with Village Health worker
1	Kon Tum City	21	20	95.2	21	100.0	14	66.7	182	182	100
2	Dak Glei district	12	11	91.7	12	100.0	1	8.3	112	112	100
3	Dak To district	9	9	100.0	9	100.0	0	0.0	67	67	100
4	Tu Mơ Rong district	11	6	54.5	10	90.9	1	9.1	91	91	100
5	Dak Ha district	9	8	88.9	9	100.0	2	22.2	101	101	100
6	Kon Ray district	7	6	85.7	4	57.1	2	28.6	65	65	100
7	Kon Plong district	9	8	88.9	4	44.4	1	11.1	117	117	100
8	Ngoc Hoi district	8	8	100.0	8	100.0	0	0.0	76	76	100
9	Sa Thay district	11	11	100.0	11	100.0	5	45.5	75	75	100
Whole province 2012		97	87	89.7	88	90.7	26	26.8	886	886	100
Whole province 2010		97	18	18.6	87	89.7	26	26.8	870	870	100

Source: Department of Health – Data provided for research.

Annex 1.25 Cumulative number of health insurance cards issued and card usage by category (2010-2012)

Category		2010-2012			
		Cumulative number of health insurance cards issued	Proportion of total number of health insurance cards (%)	Budget (VND million)	Number of turns of card usage
1	Children under 6 years old	81,641	20.89	41,782	121,445
2	Poor and ethnic minority people	209,020	53.49	109,202	281,738
3	School pupils in general education (30% support)	33,476	8.57	2,899	25,593
4	Ethnic minority schools pupils	59189	15.15	32,216	
5	Near poor people (70% support)	150	0.04	33	730

Source: Province Health Insurance – Data provided for research.

Annex 1.26 Cumulative number of health insurance cards issued by different categories according to administrative area (2010-2012)

Administrative Area	Children under 6 years old	Poor and ethnic minority people	School pupils in general education (30% support)	Ethnic minority school students	Near poor people
Kon Tum City	24,507	35,125	20,943	12,377	27
Dak Ha District	13,128	27,965	5,747	7,367	17
Dak To District	7,524	18,358	2,471	5,234	0
Ngoc Hoi District	8,947	25,417	1,534	5,886	0
Tu Mo Rong District	3,388	18,367	547	6,360	0
Dak Glei District	7,704	31,516	1,502	7,893	0
Sa Thay District	7,398	20,940	709	5,539	63
Kon Ray District	5,495	14,210	23	3,905	34
Kon Plong District	3,550	17,122	0	4,628	9
Whole province	81,641	209,020	33,476	59,189	150

Source: Province Health Insurance – Data provided for research.

Annex 1.27 Child immunization rates by administrative area (2010 & 2012)

Administrative Area	2010							2012						
	Number children <1	BCG (%)	OPV3 (%)	DPT 3 (%)	Measles (%)	Hep B 3 (%)	Fully immunization (%)	Number children <1	BCG (%)	OPV3 (%)	DPT 3 (%)	Measles (%)	Hep B 3 (%)	Fully immunization (%)
Kon Tum City	3,440	99.4	97.2	49.7	98.2	60	97.7	3,520	99.2	98.5	98.2	98.1	87.4	98.2
Dak To district	1,200	92.5	95.7	30.6	96	52.6	96	1,340	98.7	96	96.2	97.6	67	97.6
Tu Mo Rong district	768	94.9	97.7	54.6	99.9	32.4	97.5	815	97.8	96.9	96.9	97.2	33.5	96.9
Sa Thay district	1,200	98.8	89.3	43.3	97.3	43.1	97	1,300	98.8	96.5	96.5	96.5	84.2	96.5
Kon Plong district	623	98.4	96.6	55.2	96.3	42.7	96.3	573	98.1	97.7	97.9	97.7	28.6	97.7
Dak Glei district	1,155	100	99.3	50.9	90.8	57.1	90.8	1,189	100	100	100	100	50.6	100
Ngoc Hoi district	1,010	99.4	96.1	56.9	93.5	48.3	90.4	1,235	100	96.8	96.8	95.3	100	93.6
Dak Ha district	1,768	94.1	90	46.5	87	43.5	80.7	1,805	99.9	97.5	97.5	97.5	60.6	97.1
Kon Ray district	641	95.5	95.6	66.6	100	57.6	95	727	96.1	96.6	96.6	100	43.2	100
Whole province	11,805	97.4	95.2	48.2	95.2	50.9	93.4	12,504	99	97.6	97.5	97.7	70	97.5

Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.28 Rates of full immunization of children under 1 year old (2001 to 2012)

Indicator	2001	2006	2007	2008	2009	2010	2011	2012
Number of children vaccinated	9,192	10,838	10,850	11,287	11,701	11,805	11,936	12,504
Immunization rate (%)	94.7	95.2	73.7	92.7	93,5	93.4	95.1	97.5

Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.29 Reproductive healthcare indicators by administrative area (2012 and summary for 2010, 2008 & 2006)

Administrative Area		Pregnant women with >=3 times (%)	Pregnant women with TT2 vaccination (%)	Pregnant women with HIV/ AIDS test (%)	Deliveries at district/ communes/ wards health facility (%)	Deliveries with skilled asstance (%)	Infants with low birth weight (<2500g) (%)
1	Kon Tum City	54.3	91.6	86.9	10.7	94.8	2.0
2	Dak Glei district	90.4	97.8	81.6	58.1	67.4	6.1
3	Dak To district	89.8	94.3	76.3	63.5	82.5	3.0
4	Tu Mơ Rong district	71.0	94.6	96.4	23.8	71.9	8.7
5	Dak Ha district	87.0	91.2	95.4	41.2	53.8	3.5
6	Kon Ray district	91.0	87.3	91.6	24.3	98.0	6.4
7	Kon Plong district	84.0	99.7	89.9	25.9	84.6	8.4
8	Ngoc Hoi district	68.0	95.3	90.4	24.5	85.8	3.4
9	Sa Thay district	73.9	91.9	80.5	68.2	76.9	3.3
	Whole province 2012	62.7	93.2	87.7	46.3	86.3	5.9
	Whole province 2010	65.8	90.4	86.9	44.5	88.0	5.9
	Whole province 2008	69.6	84.3	80.1	48.8	79.3	6.2
	Whole province 2006	65.5	94.6	80.3	40.0	78.5	6.3

Province Reproductive Health Centre, Department of Health (2013) – Data provided for research.

Annex 1.30 Po E Commune (Kon Plong District) reproductive health indicators (2010 to 2012)

Year	Pre-natal care			Deliveries				Post-natal care			
	Pregnant women with ≥ three maternity check-ups (%)	Pregnant women with TT2 vaccination (%)	Pregnant women with HIV-AIDS test (%)	Total number of births (number)	Deliveries at commune or district health facility (%)	Deliveries at home (%)	Deliveries with skilled assistance (%)	Infants with low birth weight (<2500g) (%)	Breastfeeding mothers taking Vitamin A after birth (%)	Breastfeeding infants immediately after birth (%)	Exclusive breastfeeding of infants in first 6 months (%)
2010	25	97	0	50	11	89	-	0.24	100	100	-
2011	30	98	0	46	10	90	-	0.22	100	100	-
2012	32	99	0	32	10	90	-	0.24	100	100	-

Source: Commune Health Centre – Data provided for research.

Annex 1.31 Tan Cahn Commune (Dak To District) reproductive health indicators (2010 to 2012)

Year	Pre-natal care			Deliveries					Post-natal care			
	Pregnant women with ≥ three maternity check-ups (%)	Pregnant women with TT2 vaccination (%)	Pregnant women with HIV-AIDS test (%)	Total number of births (number)	Deliveries at district health facility (%)	Deliveries at commune health cantre (%)	Deliveries at home (%)	Deliveries with skilled assistance (%)	Infants with low birth weight (<2500g) (%)	Breastfeeding mothers taking Vitamin A after birth (%)	Breastfeeding infants immediately after birth (%)	Exclusive breastfeeding of infants in first 6 months (%)
2010	90	98	0	118	94.9	0	5	94.9	0	100	94.9	0
2011	73	100	0	177	93	2.8	3.9	97	3.3	100	98	0
2012	85	100	0	194	93	2	4.1	96.9	1	89	96.9	0

Source: Commune Health Centre – Data provided for research.

Annex 1.32 Overall province child malnutrition rates (2006 to 2012)

2006				2008				2010				2012			
Underweight total	Moderately underweight	Stunning total	Moderate stunning	Underweight total	Moderately underweight	Stunning total	Moderate stunning	Underweight total	Moderately underweight	Stunning total	Moderate stunning	Underweight total	Moderately underweight	Stunning total	Moderate stunning
33.5%	28.6%	48.8%	27.5%	30.2%	25.5%	44.5%	25.0%	28.3%	21.6%	41.6%	24.2%	26.3%	21.5%	40.6%	23.8%

Source: Province Preventive Health Centre, Department of Health – Data provided for research

Annex 1.33 Child malnutrition rates by administrative area (2006 to 2012)

	Aministrative areas	2006		2008		2010		2012	
		Underweight total	Stunning total	Underweight total	Stunning total	Underweight total	Stunning total	Underweight total	Stunning total
1	Kon Tum City	24.11	No data	19.72	No data	19.31	No data	17.99	23.6
2	Dak Glei district	30.06		30.73		29.40		29.19	34.1
3	Dak To district	26.85		23.96		25.47		23.61	36.7
4	Tu Mơ Rong district	44.82		40.00		38.98		36.42	42.0
5	Dak Ha district	26.48		28.03		25.99		22.18	24.8
6	Kon Ray district	31.47		28.27		30.70		26.07	36.9
7	Kon Plong district	42.74		37.20		37.92		33.10	40.8
8	Ngoc Hoi district	26.86		23.80		20.84		19.80	34.3
9	Sa Thay district	31.08		29.14		26.19		24.60	35.7

Source: Province Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.34 Maternal and child nutrition service delivery and status by administrative area (2012)

Administrative Area		Service delivery indicators				Status indicators		
		Total number of communes/ wards	Total number nutrition collaborators	Number of communes/ wards with nutrition collaborators	Number of communes/ wards with maternal & child nutrition models and clubs	Breastfeeding mothers taking Vitamin A after birth (%)	Breastfeeding infants immediately after birth (%)	Exclusive breastfeeding of infants in 6 months (%)
1	Kon Tum City	21	181	21	0	98.9	No data	No data
2	Dak Glei district	12	112	12	0	93.2		
3	Dak To district	9	67	9	0	92.5		
4	Tu Mơ Rong district	11	91	11	0	82.2		
5	Dak Ha district	9	97	9	0	76.7		
6	Kon Ray district	7	65	7	0	88.1		
7	Kon Plong district	9	117	9	0	85.6		
8	Ngoc Hoi district	8	76	8	0	86.9		
9	Sa Thay district	11	64	11	0	100.0		
	Whole province	97	870	97	0	90.1		

Source: Province Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.35 Comparison of provincial rural water supply and sanitation indicators in the Central Highlands (2012)

Province	Rural population with access to safe water (%)	Rural population with clean water according to MOH quality standards (%)	School with safe water supply and hygienic sanitation facilities (%)	Health clinics with safe and water supply and hygienic sanitation facilities (%)	Communes offices with safe water supply and hygienic sanitation (%)	Markets with safe water supply and hygienic sanitation (%)
Kon Tum	72.7	11.6	87.9	93.8	87.1	6.5
Lam Dong	75.5	20.0	87.0	89.1	81.4	42.9
Dak Lak	72.5	36.7	87.9	86.6	78.1	29.2
Dak Nong	73.4	46.0	56.1	78.9	60.6	
Gia Lai	74.4	28.7	85.5	95.0	91.4	63.3

Source: National Rural Water Supply and Sanitation Centre (2012) RWSS M&E Dataset.

Annex 1.36 Rural water supply and sanitation indicators by administrative area (2011)

	Administrative Area	Total population (person)	Total number of households	Number people using safe water (number)	% population using safe water (%)	Number households with appropriate clean latrines (number)	% Households with appropriate clean latrines (%)	Total number schools	Number of schools with safe water and hygienic sanitation facilities	Number clinics	% Clinics with hygienic sanitation facilities
1	Kon Tum City	60,323	12,588	51,423	85.2	6,250	49.7	38	37	11	11
2	Dak Glei district	35,414	8,410	21,266	60.0	2,664	31.7	32	32	11	11
3	Dak To district	28,635	6,468	20,446	71.4	3,167	49.0	27	22	8	6
4	Tu Mo Rong district	24,347	5,305	12,513	51.4	708	13.3	33	26	11	10
5	Dak Ha district	48,453	10,257	34,031	70.2	4,334	42.3	30	28	8	8
6	Kon Ray district	10,797	4,195	13,167	73.7	778	18.5	21	16	6	6
7	Kon Plong district	21,299	5,220	13,849	65.0	902	17.3	21	21	9	9
8	Ngoc Hoi district	33,334	7,809	27,990	84.0	4,774	61.1	33	28	7	6
9	Sa Thay district	36,058	8,279	27,633	76.6	1,818	22.0	37	29	10	9
	Whole province	305,833	68,531	222		25,395	37.1	272	239	81	76

Source: Province Rural Water Supply and Sanitation Centre – Data provided for research

Annex 1.37 Child injury and mortality data (2012)

Category		0 - 4 years old				5 -14 years old				15- 19 years old			
		Cases	Deaths	Girls		Cases	Deaths	Girls		Cases	Deaths	Girls	
				Cases	Deaths			Cases	Deaths			Cases	Deaths
Number of child injuries		802	3	273		1,738	8	513	3	1,832	7	526	3
1	Location of ịnury	802	3	273		1,738	8	513	3	1,841	7	529	3
	On the road	142		45		506	5	156	3	697	5	209	2
	At home	524	1	186		662		185		363		97	
	At school	63		20		311		92		164		49	
	At work	12		4		57		16		259		67	
	At public places	15		4		60		12		114		25	
	Lake, ponds, rivers	20	2	6		32	3	13		23	2	10	1
	Others	26		8		110		39		221		72	
2	Type of injury	802	3	273		1,738	8	513	3	1,832	7	526	3
	Road accident	87		37		243	5	88	2	519	5	153	2
	Labour accident (W20- W49)	43		6		256		65		520		123	
	Animal bites, stings (W50- W64)	17		10		66		23		41		14	
	Falls (W01- W19)	385		124		719		213		431		155	
	Downing	16	2	4		12	3	2	1	13	2	4	1
	Burn (W85- W99; X00-X19)	104		36		55		17		19		4	
	Poisoning by chemicals for food (X25- X29; X40-X49)	4		2		20		9		16		5	
	Suicide (X60- X84)									24		7	
	Violence and conflict (X85- Y09)	1		1		4				55		9	
	Others	145	1	53		363		96		194		52	

Source: Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.37 Child injury and mortality data (2011) continued

Category		0 - 4 years old				5 -14 years old				15- 19 years old			
		Cases	Deaths	Girls		Cases	Deaths	Girls		Cases	Deaths	Girls	
				Cases	Deaths			Cases	Deaths			Cases	Deaths
Number of child injuries		575	6	174	2	1,574	6	534	3	2,079	11	605	2
1	Location of accident	575	6	174	2	1,574	6	534	3	2,079	11	605	2
	On the road	66	1	16	1	450	1	181	1	719	5	240	1
	At home	353		124		550		177		342		106	
	At school	16		6		260		70		227		75	
	At work	1				31		5		284		61	
	At public places	58		21		206		62		386	1	91	
	Lake, ponds, rivers	4	4	1	1	6	5	7	2	3	1	2	1
	Others	77	1	6		71		32		118	4	30	
2	Type of injury	575	6	174	2	1,574	6	534	3	2,079	11	605	2
	Road accident	83	1	29	1	296	1	100	1	639	6	191	1
	Labour accident (W20- W49)	5		2		115		39		359	1	89	
	Animal bites, stings (W50- W64)	43		10		100		36		106		31	
	Ngã (W01- W19)	233		78		675		218		501	1	167	
	Downing	8	4	4	1	16	4	9	2	6	1	2	1
	Burn (W85- W99; X00-X19)	60		21		64		25		39		14	
	Poisoning by chemicals for food (X25- X29; X40-X49)	10		6		30		13		38		12	
	Suidice (X60- X84)	4		1		6		2		29		12	
	Violence and conflict (X85- Y09)					17		6		91		13	
	Others	128	1	23		255	1	86		271	2	74	

Source: Province Preventive Health Centre, Department of Health – Data provided for research

Annex 1.38 HIV/AIDS indicators (2006 to 2012))

Indicators		Year						
		2006	2007	2008	2009	2010	2011	2012
1	Number of new HIV cases diagnosed	19	34	36	35	17	39	45
2	Number of new HIV cases in children under 16 diagnosed	0	0	0	0	0	0	0
3	Rate of new HIV infections in 100,000 persons	4.79	8.72	8.56	8.08	3.80	8.60	9.52
4	Cumulative number of person with HIV/AIDS	113	147	183	218	235	272	317
5	Cumulative number of children under 16 yrs. old with HIV/ AIDS	1	6	6	6	8	11	13
6	Number of Maternal-to-Child transmissions cases diagnosed	1	5	5	5	7	10	12

Source: HIV/AIDS Prevention Centre, Department of Health – Data provided for research.

Annex 1.39 Primary school health check-ups by administrative area (2012)

Administrative Area		Total number of primary schools	Number of primary schools with trained medical teacher	% schools with TMT	Number of primary schools with regular health check- ups	% schools with RHC	Number of pupils receiving health check- ups	Number of pupils with regular dentistry check- ups	Number pupils receiving dentistry check- ups
1	Kon Tum City	33	5	15.2	8	24.2	22,671	3	1,407
2	Dak Glei district	13	3	23.1	3	23.1	1,296	0	0
3	Dak To district	12	0	0.0	4	33.3	1,648	1	459
4	Tu Mo Rong district	11	1	9.1	1	9.1	347	0	0
5	Dak Ha district	18	0	0.0	3	16.7	1,206	1	426
6	Kon Ray district	9	1	11.1	1	11.1	296	0	0
7	Kon Plong district	6	0	0.0	2	33.3	478	0	0
8	Ngoc Hoi district	14	1	7.1	5	35.7	1,815	2	819
9	Sa Thay district	15	3	20.0	3	20.0	867	1	369
	Whole province	**131**	**14**	**10.7**	**27**	**20.6**	**30,624**	**8**	**8,840**

Source: Province Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.40 Lower secondary school health check-ups by administrative area (2012)

	Administrative Area	Total number of primary schools	Number of primary schools with trained medical teacher	% schools with TMT	Number of primary schools with regular health check- ups	% schools with RHC	Number of pupils receiving health check- ups	Number of pupils with regular dentistry check- ups	Number pupils receiving dentistry check- ups
1	Kon Tum City	17	4	23.5	12	70.6	9180	7	3255
2	Dak Glei district	12	0	0.0	6	50.0	2718	2	642
3	Dak To district	9	0	0.0	4	44.4	2168	2	912
4	Tu Mo Rong district	12	0	0.0	7	58.3	1548	1	324
5	Dak Ha district	11	0	0.0	6	54.5	1920	3	1305
6	Kon Ray district	7	0	0.0	4	57.1	1052	2	468
7	Kon Plong district	10	1	10.0	8	80.0	1888	1	275
8	Ngoc Hoi district	9	0	0.0	6	66.7	2472	2	728
9	Sa Thay district	12	0	0.0	5	41.7	1400	1	287
	Whole province	99	5	5.1	58	58.6	24346	21	8196

Source: Province Preventive Health Centre, Department of Health – Data provided for research.

Annex 1.41 Upper secondary school health check-ups by administrative area (2012)

Administrative Area		Total number of primary schools	Number of primary schools with trained medical teacher	% schools with TMT	Number of primary schools with regular health check- ups	% schools with RHC	Number of pupils receiving health check- ups	Number of pupils with regular dentistry check- ups	Number pupils receiving dentistry check- ups
1	Kon Tum City	7	6	85.7	7	100	4305	5	2280
2	Dak Glei district	2	1	50	2	100	1156	0	0
3	Dak To district	2	1	50	2	100	962	1	412
4	Tu Mo Rong district	1	1	100	1	100	316	0	0
5	Dak Ha district	3	1	33.3	2	66.7	756	2	756
6	Kon Ray district	2	1	50	2	100	688	0	0
7	Kon Plong district	1	0	0.0	1	100	312	0	0
8	Ngoc Hoi district	2	0	0.0	2	100	816	2	816
9	Sa Thay district	1	1	100	1	100	412	1	412
	Whole province	21	12	57.1	20	95.2	9723	11	4676

Source: Province Preventive Health Centre, Department of Health – Data provided for research

Annex 1.42 Highest level of education attainment of persons over 5 years old by sex: nationwide, regional and provincial comparison (2009)

Regions / Provinces	Proportion with incomplete primary education			Proportion with completed primary education			Proportion with completed lower secondary education			Proportion with completed upper secondary and higher education		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Whole country	22.7	21.2	24.1	27.6	27.8	27.4	23.7	24.3	23.2	20.8	23.2	18.5
Central Highlands	25.7	25.4	26.0	30.9	31.4	30.4	20.8	21.6	20.0	13.7	15.1	12.2
Kon Tum	29.1	29.0	29.1	28.9	30.1	27.7	17.4	18.6	16.2	13.6	14.9	12.3

Source: GSO (2011) Education in Viet Nam: An Analysis of Key Indicators (2009 Viet Nam Population and Housing Census 2009)

Annex 1.43 Highest level of education attainment of persons over 5 years old by ethnicity: nationwide, regional and provincial comparison (2009)

Regions / Provinces	Proportion with incomplete primary education			Proportion with completed primary education			Proportion with completed lower secondary education			Proportion with completed upper secondary and higher education		
	Total	Kinh	Non Kinh	Total	Kinh	Non Kinh	Total	Kinh	Non Kinh	Total	Kinh	Non Kinh
Whole country	22.7	21.5	30.2	27.6	27.6	28.0	23.7	25.1	15.2	20.8	22.7	9.0
Central Highlands	25.7	20.5	36.3	30.9	33.0	26.8	20.8	26.4	9.6	13.7	18.6	3.8
Kon Tum	29.1	18.9	39.0	28.9	30.3	27.6	17.4	25.7	9.4	13.6	23.9	3.7

Source: GSO (2011) Education in Viet Nam: An Analysis of Key Indicators (2009 Viet Nam Population and Housing Census 2009)

Annex 1.44 Highest level of educational attainment of persons over 5 years old by administrative area in Kon Tum (2009)

Administrative area		Never attended school (%)	Proportion not completed primary education (%)	Proportion with completed primary education (%)	Proportion with completed lower secondary education (%)	Proportion with completed upper secondary education or above (%)
1	Kon Tum City	5.9	23.0	29.3	20.9	20.9
2	Dak Glei district	19.8	36.0	25.5	11.4	7.3
3	Dak To district	7.9	31.1	31.0	17.4	12.6
4	Tu Mo Rong district	21.5	35.1	29.6	7.3	6.5
5	Dak Ha district	8.1	29.9	30.1	21.9	10.0
6	Kon Ray district	16.2	33.9	28.1	12.4	9.4
7	Kon Plong district	23.2	41.5	21.4	7.1	6.8
8	Ngoc Hoi district	8.7	28.8	31.8	19.5	11.2
9	Sa Thay district	15.0	29.7	27.9	15.3	12.1
	Whole province	10.9	29.2	28.9	17.4	13.6

Source: Province Statistics Office (2010) Province Population and Housing Census 2009

Annex 1.45 Current status of nursery schooling in Kon Tum (school year 2012-2013)

1	**Nursery Groups**	
	Number of nursery groups in schools	113
	Number of nursery groups outside schools (including private groups)	34
2	**Pupils**	
	Total number of children 0-2 years old	26414
	Number ethnic minority children 0-2 years old	17853
	Total number of children attending nursery classes	3005
	Number ethnic minority children attending nursery classes	425
	Overall rate of children attending nursery classes	11.4%
	Rate of ethnic minority children attending nursery classes	2.4%
3	Teachers	
	Total number of nursery teachers	175
	Proportion of ethnic minority nursery teachers	8%
	Rate of kindergarten teachers meeting required standard	81.7%

Source: Department of Education and Training – Data provided for research

Annex 1.46 Current status of kindergarten schooling in Kon Tum (school year 2012-2013)

1	**Schools**	
	Total number of communes, wards and townships	97
	Number of commune, wards and townships with kindergarten school	95
	Rate communes, wards and townships achieved universalization	11 (11.3%)
	Total number of kindergarten schools	116
	Proportion of public kindergarten schools	92%
	Number and proportions of non-public schools	8%
2	**Pupils**	
2.1	Kindergarten attendance from 3 to 5 years old	
	Total number of children 3-5 years old (persons)	34584
	Number ethnic minority children 3-5 years old	21173
	Total number of children 3-5 years old attending kindergarten	29549
	Number ethnic minority children 3-5 years old attending kindergarten	17780
	Overall rate of children 3-5 years old attending kindergarten	85.4%
	Rate of ethnic minority children 3-5 years old attending kindergarten	83.9%
2.2	Kindergarten attendance at age 5	
	Total number of children aged 5	11229
	Number of ethnic minority children aged 5	6917
	Total number of children aged 5 attending kindergarten	11120
	Number of ethnic minority children aged 5 attending kindergarten	6866
	Overall rate of attendance at age 5	99%
	Rate of ethnic minority attendance at age 5	99%
	Rate of children attending morning and afternoon classes	96.4%
3	**Teachers**	
	Total number of kindergarten teachers	1481
	Proportion of ethnic minority kindergarten teachers	25.8%
	Rate of kindergarten teachers meeting required standard	99.2%
4	**Facilities**	
	Rate of kindergarten schools with playgrounds	100%
	Rate of kindergarten schools with adequate playground facilities	92.2%
	Rate of schools with adequate kitchen facilities	63.8%
	Rate of child at age 5 provided with lunch at school	72.3%
	Rate of schools with computers	100%

Source: Department of Education and Training – Data provided for research

Annex 1.47 Dak To District – Kindergarten education indicators (school year 2011-2012)

Administrative Area		Total number of kindergarten school pupils	Number of kindergarten pupils at age 3-4 years	Number of kindergarten pupils at age 5	Number of pupils in state kindergarten classes	Number of pupils in private kindergarten classes	Total number of kindergarten teachers	Number of ethnic minority kindergarten teachers	Proportion of ethnic minority kindergarten teachers	Percentage kindergarten teachers meeting national standards (%)	Percentage Kindergarten school attendance by age 5 (%)
1	Dak To Town	761	266	257	761	0	54	1	1.9	100	100
2	Dien Binh Commune	438	135	133	438	0	36	1	2.8	100	100
3	Po Ko Commune	245	68	151	245	0	20	1	5.0	100	100
4	Tan Cahn Commune	370	78	210	370	0	32	3	9.4	100	100
5	Kon Dao Commune	272	80	116	272	0	20	1	5.0	100	100
6	Ngoc Tu Commune	192	67	109	192	0	18	2	11.1	100	100
7	Dak Ro Nga Commune	253	41	143	253	0	24	1	4.2	100	100
8	Dak Tram Commune	334	99	172	334	0	28	3	10.7	100	100
9	Van Lem Commune	173	51	99	173	0	16	4	25.0	100	100
	Whole district	3038	885	1390	3038	0	248	17	6.9	100	100

Source: Dak To District Education and Training Section – Data provided for research

Annex 1.48 Kon Plong District – Kindergarten education indicators (school year 2011-2012)

Administrative Area		Total number of kindergarten school pupils	Number of kindergarten pupils at age 3-4 years	Number of kindergarten pupils at age 5	Number of pupils in state kindergarten classes	Number of pupils in private kindergarten classes	Total number of kindergarten teachers	Number of ethnic minority kindergarten teachers	Proportion of ethnic minority kindergarten teachers	Percentage kindergarten teachers meeting national standards (%)	Percentage Kindergarten school attendance by age 5 (%)
1	Dak Long Commune	214	67	147	214	0	15	7	46.7	93.3	100
2	Mang Canh Commune	110	0	110	110	0	10	6	60.0	100	100
3	Hieu Commune	182	0	182	182	0	8	5	62.5	87	98
4	Po E Commune	120	16	104	120	0	8	2	25.0	100	100
5	Ngoc Tem Commune	206	0	206	206	0	10	10	100.0	72	98
6	Dak Tang Commune	82	0	82	82	0	8	5	62.5	100	100
7	Dak Ring Commune	183	0	183	183	0	10	9	90.0	80	100
8	Dak Nen Commune	198	0	198	198	0	9	9	100.0	78	90
9	Mang But Commune	203	0	203	203	0	12	12	100.0	100	100
	Whole district	1498	83	1415	1498	0	90	65	72.2		

Source: Kon Plong District Education and Training Section – Data provided for research

Annex 1.49 Number of pupils in primary, lower secondary and upper secondary education by sex and ethnicity (2010-2011)

Primary education	
Number of students	51702
Number of girls	25394
Proportion of girls	49.1%
Number of ethnic minority student	32617
Proportion of ethnic minority students	63.1%
Lower secondary education	
Number of students	34822
Number of girls	17859
Proportion of girls	51.3%
Number of ethnic minority student	21201
Proportion of ethnic minority students	60.9%
Upper secondary	
Number of students	13714
Number of girls	7751
Proportion of girls	56.5%
Number of ethnic minority student	4058
Proportion of ethnic minority students	29.6%

Source: MOET (2011) Education and Training Statistical Yearbook 2010-2011

Annex 1.50 Number of pupils in primary, lower secondary and upper secondary education by sex and year (2007-2011)

Year	Primary school			Lower secondary school			Upper secondary school		
	Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)	Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)	Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)
2007	50,559	24,487	48.4	35,481	18,059	50.9	12,626	6,898	54.6
2008	50,590	24,603	48.6	34,616	17,644	51.0	12,798	7,030	54.9
2009	50,680	24,679	48.7	34,760	17,647	50.8	12,356	6,915	56.0
2010	51,609	25,073	48.6	34,534	17,621	51.0	13,012	7,515	57.8
2011	52,082	25,100	48.2	34,879	17,752	50.9	13,197	7,660	58.0

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011

Annex 1.51 Proportion of girls in primary, lower secondary and upper secondary education by administrative area (2011)

Administrative area		Primary school			Lower secondary school			Upper secondary school		
		Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)	Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)	Total number of pupils	Number of schoolgirls	Proportion of schoolgirls (%)
1	Kon Tum City	16,040	7,782	48.5	10,948	5,525	50.5	6,309	3,700	58.6
2	Dak Glei district	4,851	2,371	48.9	3,040	1,559	51.3	876	505	57.6
3	Dak To district	4,849	2,310	47.6	3,067	1,534	50.0	840	498	59.3
4	Tu Mo Rong district	3,049	1,522	49.9	2,992	1,545	51.6	386	218	56.5
5	Dak Ha district	7,724	3,770	48.8	4,798	2,406	50.1	1,846	1,064	57.6
6	Kon Ray district	2,958	1,386	46.9	1,659	903	54.4	561	296	52.8
7	Kon Plong district	2,609	1,289	49.4	1,984	995	50.2	200	87	43.5
8	Ngoc Hoi district	5,025	2,420	48.2	3,516	1,775	50.5	1,263	737	58.4
9	Sa Thay district	4,977	2,250	45.2	2,875	1,510	52.5	916	555	60.6
	Whole province									

Source: Province Statistics Office (2012) Kon Tum Statistical Yearbook 2011

Annex 1.52 Number of primary school pupils by sex, ethnicity and administrative area (school years 2009/10 to 2011/12)

Administrative Area		School Year														
		2009-2010					2010-2011					2011-2012				
		Total number of pupils	Number of female pupils	Rate of female pupils (%)	Number of ethnic minority pupils	Rate of ethnic minority pupils (%)	Total number of pupils	Number of female pupils	Rate of female pupils (%)	Number of ethnic minority pupils	Rate of ethnic minority pupils (%)	Total number of pupils	Number of female pupils	Rate of female pupils (%)	Number of ethnic minority pupils	Rate of ethnic minority pupils (%)
1	Kon Tum City	15,838	7,732	48.8	6,436	40.6	16,020	7,840	48.9	6,408	40.0	16,039	8,192	51.1	6,285	39.2
2	Dak Glei district	4,839	2,367	48.9	4,486	92.7	4,807	2,351	48.9	4,441	92.4	4,838	2,349	48.6	4,342	89.7
3	Dak To district	4,464	2,177	48.8	2,963	66.4	4,681	2,232	47.7	3,094	66.1	4,884	2,319	47.5	3,222	66.0
4	Tu Mo Rong district	3,412	1,621	47.5	3,407	99.9	3,165	1,557	49.2	3,159	99.8	3,046	1,522	50.0	2,929	96.2
5	Dak Ha district	7,401	3,634	49.1	4,401	59.5	7,744	3,792	49.0	4,601	59.4	7,769	3,822	49.2	4,265	54.9
6	Kon Ray district	2,860	1,331	46.5	2,181	76.3	2,949	1,382	46.9	2,267	76.9	2,967	1,385	46.7	2,271	76.5
7	Kon Plong district	2,816	1,387	49.3	2,739	97.3	2,680	1,301	48.5	2,604	97.2	2,609	1,296	49.7	2,529	96.9
8	Ngoc Hoi district	4,816	2,316	48.1	3,103	64.4	4,951	2,406	48.6	3,125	63.1	5,025	2,422	48.2	3,138	62.4
9	Sa Thay district	4,457	2,167	48.6	2,906	65.2	4,706	2,241	47.6	3,106	66.0	5,007	2,395	47.8	3,374	67.4
Whole province		50,903	24,732	48.6	32,622	64.1	51,703	25,102	48.6	32,805	63.4	52,184	25,702	49.3	32,355	62.0

Source: Department of Education and Training – Data provided for research.

Annex 1.53 Number of primary schools and schools meeting national standards by administrative area (2011-2012)

Administrative area		Primary schools			
		Number of schools	Number of village satellite primary classrooms	Number schools meeting national standard	% meeting national standard
1	Kon Tum City	34	126	13	38.2
2	Dak Glei district	13	176	2	15.4
3	Dak To district	12	144	6	50.0
4	Tu Mo Rong district	11	95	2	18.2
5	Dak Ha district	18	176	9	50.0
6	Kon Ray district	9	99	2	22.2
7	Kon Plong district	11	224	2	18.2
8	Ngoc Hoi district	14	64	2	14.3
9	Sa Thay district	15	141	4	26.7
	Whole province	137	1245	44	32.1

Source: Department of Education and Training – Data provided for research

Annex 1.54 Number of primary schools teachers by sex, ethnicity, quality standard and administrative area (school year 2011-2012)

Administrative Area		Total number of teachers	Number male	Number female	% female	Number of ethnic minority teachers	% ethnic minority	Number of teachers meeting national standard	% meeting national standard
1	Kon Tum City	891	79	812	91.1	60	6.7	891	100.0
2	Dak Glei district	268	38	230	85.8	83	31.0	268	100
3	Dak To district	265	34	231	87.2	42	15.8	260	98.1
4	Tu Mo Rong district	172	97	75	43.6	113	65.7	163	94.8
5	Dak Ha district	434	76	358	82.5	88	20.3	429	98.8
6	Kon Ray district	197	56	141	71.6	41	20.8	189	95.9
7	Kon Plong district	279	91	188	67.4	60	21.5	278	99.6
8	Ngoc Hoi district	228	17	211	92.5	56	24.6	228	100.0
9	Sa Thay district	290	73	217	74.8	45	15.5	290	100.0
Whole province		3,024	561	2,463	81.4	81.4	19.4	2,996	99.1

Source: Department of Education and Training – Data provided for research.

Annex 1.55 Primary school enrolment, drop-out and completion rates by administrative area (school year 2009-10 to 2011-12)

Administrative Area		Year											
		2009-2010				2010-2011				2011-2012			
		Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)	Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)	Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)
	Whole province			0.17				0.13		99.98		0.1	99.7
	Girls			0.05				0.04				0.04	49.1
	Boys			0.12				0.09		54.5		0.06	50.9
1	Kon Tum City	100	99.92	0.39	100	100	99.94	0.21	100	100	99.96	0.11	100
	Girls	49.2	49.1	0.13	49.7	47.9	47.8	0.12	48.3	48.9	48.8	0.04	49.1
	Boys	50.8	50.9	0.26	50.3	52.1	52.2	0.09	51.7	51.1	51.2	0.07	50.9
2	Dak Glei district	100	92.3	2.3	100	100	94.4	2.3	100	100	95.6	2.7	100
	Girls	51	40	1	48.8	50.3	47.5	1.2	55.7	50.2	49.7	1.4	53.3
	Boys	49	52.3	1.3	51.2	49.7	47	1.1	44.3	49.8	45.9	1.3	46.3
3	Dak To district	98.8	99.7	0	100	99.9	100	0	100	98.9	99.9	0	100
	Girls	48.3	49	0	49.6	48.6	47.8	0	47.7	48.6	49.7	0	49.3
	Boys	50.5	50.7	0	50.4	51.3	52.2	0	52.3	50.3	50.2	0	50.7
4	Tu Mo Rong district	98.9	96.4	0	100	99.7	96.6	0	100	99.5	96.7	0	100
	Girls	47.2	47.2	0	45.9	49.1	48.2	0	47.1	48.6	49.7	0	49.3

Administrative Area		Year											
		2009-2010				2010-2011				2011-2012			
		Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)	Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)	Gross enrolment rate (%)	Net enrolment rate (%)	Drop-out rate (%)	Completion rate (%)
	Boys	52.8	52.8	0	54.1	50.9	51.8	0	52.9	49.8	49.5	0	47.9
5	Dak Ha district	100	89.29	0.22	99.29	100	90.19	0.08	99.93	100	93.01	0.1	99.79
	Girls	44.34	44.65	0.03	51.29	49.06	45.19	0.01	49.21	49.27	46.54	0.03	51.32
	Boys	50.66	44.64	0.19	48	50.94	45	0.06	50.72	50.73	46.46	0.08	48.46
6	Kon Ray district												
	Girls												
	Boys												
7	Kon Plong district	100	99.3	0.3	97.6	100	98.9	0.27	100	100	99.2	0.16	100
	Girls	48.8	48.9	0.11	44.2	49.2	43.3	0.15	47.2	49.7	48.3	0.16	45.7
	Boys	51.2	51.1	0.19	53.4	50.8	56.7	0.12	52.8	50.3	51.7	0	54.3
8	Ngoc Hoi district	100	97.4	0.08	100	100	98.3	0.32	100	100	99	0	100
	Girls	48.1	48.8	0.06	45.6	48.6	48.6	0.24	50.4	48.2	48.2	0	47.3
	Boys	51.9	51.2	0.02	53.5	51.4	51.4	0.08	49.6	51.8	51.8	0	52.7
9	Sa Thay district												
	Girls												
	Boys												

Source: Department of Education and Training – Data provided for research.

Annex 1.56 Support for poor ethnic minority schools children under Program 135 Phase II (2006-2010/11)

Administrative Area		Total number of communes/ wards	Number of semi- boarding schools	Total number of kindergarten pupils receiving support	Total number of primary, secondary, and semi-boarding pupils receiving support	Total expenditure 2006-2010/22 (VND million)	Expenditure on kindergarten school pupils (VND million)	Expenditure on primary and semi-boarding school pupils (VND million)
Whole province		97	61	52362	98861	87,531	16,368	71,163
1	Kon Tum City	21		841	3150	2560	2680	2292
2	Tu Mo Rong District	11	21	9427	19995	18238	2925	15313
3	Sa Thay District	11	4	5343	6231	7042	1683	5359
4	Ngoc Hoi District	8	1	5335	8102	8577	1651	6926
5	Dak Glei District	12	7	6839	1117	10041	2160	7881
6	Kon Ray District	7	3	3769	10219	8084	1178	6906
7	Dak To District	9	6	8470	8260	7883	2654	5229
8	Kon Plong District	9	14	7308	20607	15040	2265	12775
9	Dak Ha District	9	5	5030	9504	8942	1584	7358
10	DOET				1623	1124		1124

Source: Province Ethnic Committee – Data provided for research.

Annex 1.57 Number of appointed ethnic minority students at ethnic minority boarding schools and tertiary education (2006-2012)

Year	Number of students in full ethnic minority boarding school (number of pupils each year)					Number of appointed ethnic minority students going on to tertiary education (number of newly appointed students each year)							
	Total	Girls	% girls	Boys	% boys	Total	Girls	% girls	Boys	% boys	Vocational education	College education	University
2006	3072	1971	64.2	1101	35.8	80	31	38.8	49	61.2	23	0	57
2007	3319	2066	62.2	1253	37.8	82	32	39.0	50	61.0	2	29	51
2008	3155	1893	60.0	1262	40.0	21	9	42.9	12	57.1	0	1	20
2009	2954	1727	58.5	1227	41.5	49	26	53.1	23	46.9	0	3	46
2010	2832	1679	59.3	1153	40.7	40	22	55.0	18	45.0	0	0	40
2011	3419	2059	60.2	1360	39.8	0	0	0.0	0	0.0	0	0	0
2012	351	212	60.4	1390	396.0	58	30	51.7	28	48.3	0	0	58
Total	22261	13515	60.7	8746	39.3	330	150	45.5	180	54.5	25	33	272

Source: Province Ethnic Committee – Data provided for research.

Annex 1.58 Students graduating from the district ethnic minority secondary boarding school in Kon Plong (2010-11 & 2011-12))

School Year	Total number of students in school	Number male students	Number female students	Proportion of female students (%)	Number students in Class 12 and number of graduating students	Number of students going on to vocational and higher education	Proportion of Class 12 students going on to higher education
2010-2011	143	88	55	62.5	29/48	22	45.8
2011-2012	194	110	84	76	32/32	6	18.5

Source: Head Teacher, Kon Plong Ethnic Minority Secondary Boarding School – Data provided for research.

Annex 1.59 Number of children with disabilities and CWD attending school according to type of disability (2012)

	Number of children with disability	Sight disabilities	Hearing disability	Speech disability	Cognitive disability	Mobility disability	Multiple disability	Others
Total number CWD	2,310	1,360	202	30	1,337	200	91	263
Number girls with disabilities	813							
Number CWD attending school	1,166	865	115	12	586	104	53	109
Number girls attending school	406							

Source: Department of Labour, Invalids and Social Affairs – Data provided for research.

Annex 1.60 Number of children with disabilities (CWD) attending school according to sex, ethnicity and administrative area (2012)

Administrative Area		Number of CWD	Number female CWD	Proportion female (%)	Number ethnic minority CWD	Proportion ethnic minority (%)	Total number of CWD attending school	Proportion of CWD attending school (%)	Proportion of female CWD attending school (%)	Proportion of male CWD attending school (%)	Proportion of ethnic minority CWD attending school (%)
1	Kon Tum City	528	190	36.0	318	60.2	267	50.6	50.5	32.4	56.6
2	Dak Glei district	256	93	36.3	248	96.9	100	39.1	28.0	28.9	38.3
3	Dak To district	144	32	22.2	92	63.9	72	50.0	50.0	38.9	51.1
4	Tu Mo Rong district	59	21	35.6	59	100	51	86.4	85.7	55.9	86.4
5	Dak Ha district	320	199	37.2	249	77.8	111	34.7	37.8	20.6	31.3
6	Kon Ray district	154	61	39.6	133	86.4	99	64.3	68.9	37.0	60.9
7	Kon Plong district	115	54	47.0	115	100	51	44.3	37.0	27.0	44.3
8	Ngoc Hoi district	452	156	34.5	390	86.3	247	54.6	56.4	35.2	47.7
9	Sa Thay district	282	87	30.9	235	83.3	168	59.6	63.2	40.1	60.4
	Whole province	2310	813	35.2	1841	79.7	1166	50.5	49.9	32.9	49.5

Nguồn: Sở Giáo dục và đào tạo (2013) – Số liệu cung cấp cho đợt nghiên cứu

Annex 1.61 Communes and wards meeting the standards for Communes Fit for Children (2012)

Administrative area		Total number of communes/ wards	Number of meeting standards
1	Kon Tum City	21	13
2	Dak Glei district	12	
3	Ngoc Hoi district	9	
4	Dak To district	11	5
5	Tu Mo Rong district	9	
6	Dak Ha district	7	3
7	Sa Thay district	9	
8	Kon Ray district	8	5
9	Kon Plong district	11	
Whole province		97	26

Source: Department of Labour, Invalids and Social Affairs – Data provided for research.

Annex 1.62 Funding for policies to support targets under social protection by administrative area (2010, 2011 & 2012)

Administration		2010			2011			2012		
		Total fund distribution (VND million)	Total number of beneficiaries (persons)	Number of children beneficiaries (persons)	Total fund distribution (VND million)	Total number of beneficiaries (persons)	Number of children beneficiaries (persons)	Total fund distribution (VND million)	Total number of beneficiaries (persons)	Number of children beneficiaries (persons)
1	Kon Tum City	3,993	1,614	295	5,736.5	3,165	381	7,331	3,011	385
2	Dak Ha district	1,383	606	23	2,088.4	832	17	2,331.7	930	16
3	Dak To district	854	344	15	1,627.5	654	16	1,793.8	725	10
4	Tu Mo Rong district	881	366	44	636.,1	251	20	650.1	266	18
5	Ngoc Hoi district	942	399	33	1,079.7	458	32	1,398.6	577	39
6	Dak Glei district	1,307	428	4	1,787.4	635	3	1,770.1	649	2
7	Sa Thay district	94	421	21	1,942.9	826	22	2,278.8	957	17
8	Kon Ray district	852	354	34	1,067	430	33	1,139.4	473	28
9	Kon Plong district	1,326	540	94	1,738.8	670	141	1,815.4	768	129
	Whole province	12,478	5,072	563	17,624.5	7,921	665	20,509.2	8,356	644

Source: Department of Labour, Invalids and Social Affairs – Data provided for research.

Annex 1.63 Province social protection centres (2012)

Name of centre		Location	Number of staff			Number of residents/ beneficiaries				
			Category state/ private	Number of professional staff	Number of non professional staff	Total adults	Total children	Number of orphans abandons children	Number children with disabilities	Number other children
1	Province social protection centre under DOLISA	Kon Tum City	State	46	1	10	145	65	80	
2	Vinh Sơn I Non-Public Social Protection centre	Kon Tum City	Religious	27	8		187	128	6	53
3	Vinh Sơn II Non-Public Social Protection centre	Kon Tum City	Religious	15	5		190	129	2	59

Source: Department of Labour, Invalids and Social Affairs – Data provided for research

Annex 1.64 Number of deliveries by women aged 15-19 years old by administrative area (2009)

Administrative area		Total number of women aged 15-19 years old	1 child	2 child	3 child	4 child	Proportion of women aged 15-19 years old with 1 or more deliveries (%)
1	Kon Tum City	7344	382	26	25		5.9
2	Dak Glei district	2134	266	15	4		13.4
3	Ngoc Hoi district	2124	205	35			11.3
4	Dak To district	1888	147	10			8.3
5	Tu Mo Rong district	887	108	8	4	2	13.8
6	Dak Ha district	3065	300	22			10.5
7	Sa Thay district	2079	202	14	2		10.5
8	Kon Ray district	1031	116	10			12.2
9	Kon Plong district	868	187	17	4		24.0
	Whole province	21420	1911	1568	39	2	16.4

Source: Province Statistics Office (2010) Province Population and Housing Census 2009.

Annex 1.65 Birth registration status by administrative area (2012 and 2010 summary)

Administrative area		Total number of births registered	Number of registered on time	% registered on time	Number of registered late	% registered late	Number of re-registered	Number of registered with marriage certificate	% registered with marriage certificate	Number registered without marriage certificate	% registered without marriage certificate
1	Kon Tum City	4,698	3,588	76.4	1,110	23.6	161	4,468	95.1	228	4.9
2	Dak Glei district	2,218	1,101	49.6	1,117	50.4	148	2,205	99.4	13	0.6
3	Dak To district	1,090	770	70.6	320	29.4	12	1,039	95.3	51	4.7
4	Tu Mo Rong district	1,138	654	57.5	484	42.5	0	1,125	98.9	13	1.1
5	Dak Ha district	2,683	2,130	79.4	553	20.6	26	2,674	99.7	9	0.3
6	Kon Ray district	1,059	791	74.7	268	25.3	102	983	92.8	76	7.2
7	Kon Plong district	999	215	21.5	784	78.5	46	970	97.1	29	2.9
8	Ngoc Hoi district	2,138	1,553	72.6	585	27.4	7	1,983	92.8	155	7.2
9	Sa Thay district	1,478	819	55.4	659	44.6	43	1,364	92.3	114	7.7
Whole province 2012		17,501	11,621	66.4	5,880	33.6	545	16,811	96.1	688	3.9
Whole province 2010		14,623	7,642	52.3	6,104	42	952	14,284	97.7	318	2.2

Nguồn: Sở Tư pháp (2013) – Số liệu cung cấp cho đợt nghiên cứu

Phụ lục 1.66 Bảng xếp hạng các huyện theo mức độ khó khăn Annex 1.66 Ranking of districts according to level of disadvantage

Administrative area		Overall HH poverty rate 2012 (%)		Ethnic minority HH poverty rate 2012 (%)		Communes reaching national health standards 2010 (%)		Under 5 child malnutrition rate by weight 2012 (%)		Under 5 child stunting rate 2012 (%)		Rural population using safe water 2011 (%)		Rural households with appropriate clean latrines (%)		Cumulative score
1	Kon Tum City	8.2	9	23.9	8	66.7	8	17.99	9	23.6	9	85.2	9	49.7	9	61
2	Dak Glei district	43.9	3	51.7	4	8.3	2	29.19	3	34.1	7	60	2	31.7	5	26
3	Dak To district	18.2	7	32.2	7	0	1	23.61	6	36.7	4	71.4	5	49	7	37
4	Tu Mo Rong district	53	1	54	2	9.1	3	36.42	1	42	1	51.4	1	13.3	1	10
5	Dak Ha district	16.2	8	36.3	5	22.2	5	22.18	7	24.8	8	70.2	4	42.3	6	43
6	Kon Ray district	34.1	5	49.6	5	28.6	6	26.07	4	36.9	3	73.7	6	18.5	3	32
7	Kon Plong district	47.7	2	53.8	3	11.1	4	33.1	2	40.8	2	65	3	17.3	2	18
8	Ngoc Hoi district	20.2	6	29.2	9	0	1	19.8	8	34.3	6	84	8	61.1	8	46
9	Sa Thay district	36	4	59.1	1	45.5	7	24.6	5	35.7	5	76.6	7	22	4	33

Annex 1.66 Ranking of districts according to level of disadvantage (continued)

Administrative area		Birth deliveries with skilled birth attendant 2012 (%)		Women aged 15-19 years old with 1 or more deliveries 2009 (%)		Births registered on time 2012 (%)		Primary schools meeting national standard 2012 (%)		Persons over 5 years old with incomplete primary education 2009 (%)		Persons over 5 years old with completed primary education as the highest education attainment 2009 (%)		Communes / wards with doctor (%)		Cumulative score
1	Kon Tum City	94.8	9	5.9	8	76.4	9	38.2	6	5.9	9	23	9	95.2	5	116
2	Dak Glei district	67.4	2	13.4	3	49.6	2	15.4	2	19.8	3	36	3	91.7	4	45
3	Dak To district	82.5	5	8.3	7	70.6	5	50	7	7.9	8	31.1	5	100	6	80
4	Tu Mo Rong district	71.9	3	13.8	2	57.5	4	18.2	3	21.5	2	35.1	2	54.5	1	27
5	Dak Ha district	53.8	1	10.5	6	79.4	8	50	7	8.1	7	29.9	6	88.9	3	81
6	Kon Ray district	98	8	12.2	4	74.7	7	22.2	4	16.2	4	33.9	4	85.7	2	65
7	Kon Plong district	84.6	6	24	1	21.5	1	18.2	3	23.2	1	41.5	1	88.9	3	34
8	Ngoc Hoi district	85.8	7	11.3	5	72.6	6	14.3	1	8.7	6	28.8	8	100	6	85
9	Sa Thay district	76.9	4	10.5	6	55.4	3	26.7	5	15	5	29.7	7	100	6	69

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