



PEOPLE'S COMMITTEE
OF KON TUM PROVINCE



AN ANALYSIS

OF THE SITUATION OF CHILDREN AND
WOMEN IN KON TUM PROVINCE

**SUMMARY REPORT AND
RECOMMENDATIONS**

AN ANALYSIS

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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

1. OVERVIEW OF THE STUDY

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 help 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.

In order to build-up a comprehensive picture and understanding, the research has compiled and analyzed both quantitative data and qualitative information drawn from a number of different sources, including: (i) statistics from national surveys and databases; (ii) statistics from province and district departments, monitoring systems and reports; (iii) budgetary and expenditure information on sector programmes and services; (iv) meetings with local government leaders, officials and service providers from different sectors at province, district and commune levels; (v) focus group discussions with front-line service

providers including teachers, health workers, local collaborators and commune and village cadres; and (vi) 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, including a review of social sciences research publications on various topics and issues related to the indigenous ethnic minority groups in the Central Highlands. In total, around 280 participants were involved in the research, including representatives from 19 provincial departments, while 70 percent of the participants were at grassroots level.

In preparation for the research, the provincial authorities in Kon Tum identified several particular issues that the research should investigate, including: the situation of children in conflict with the law; the situation of early marriage; and priorities for development of child protection networks and services. These issues had been identified in a previous survey undertaken by DOLISA in 2012 on the situation of children in 14 communes, wards and townships. In response to this request, a detailed analysis has been made of a number of important issues affecting teenagers and young adults in Kon Tum today, as well as looking at community based child protection in the context of socio-economic and socio-cultural factors and the transformation of social and cultural institutions.

The study is divided into eight chapters, as follows:

Chapter 1 Introduction – provides an overview and introduction to the objectives of the research, the analytical framework and methodology, the detailed research questions, and the fieldwork locations and participants in the research.

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 neighboring 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 to identify 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 at 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 (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.

Table A. Summary of statistical indicators on the situation of children and women in Kon Tum

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
1.	OVERALL CHARACTERISTICS			
1.1	Demographic characteristic			
	Annual population growth rate (%)	2013	3.28	[M]
	Crude birth rate – Total (births per 1,000 persons)	2012	25.6	[E]
	Crude birth rate – Total (births per 1,000 persons)	2013	21.3	[M]
	Crude birth rate – Rural (births per 1,000 persons)	2013	24.56	[M]
	Total fertility rate – Total (number of children per woman)	2012	3.16	[E]
	Total fertility rate – Total (number of children per woman)	2013	3.08	[M]
	Total fertility rate – Rural (number of children per woman)	2013	3.25	[M]
	Sex ratio of population – Total (males to females)	2013	113.81	[M]
	Sex ratio of population – Urban (males to females)	2013	116.15	[M]
	Sex ratio of population – Rural (males to females)	2013	110.42	[M]
1.2	Family planning			
	Women with 3 or more children – Total (%)	2009	34.5	[A]
	Women with 3 or more children – Rural (%)	2009	39.5	
	Males aged 15-19 that are married – Urban (%)	2009	1.7	
	Males aged 15-19 that are married – Rural (%)	2009	6.3	
	Females aged 15-19 that are married – Urban (%)	2009	6.6	
	Females aged 15-19 that are married – Rural (%)	2009	20.7	
	Average number of persons per household – Total	2012	4.2	
	Average number of persons per household – Urban	2009	3.8	
	Average number of persons per household – Rural	2009	4.5	
1.3	Birth registration			
	Number of births registered [1]	2012	14,256	[V]
	Number of births registered [2]	2012	17,501	[B]
	Births registered on time (%)	2012	66.4	
	Births registered late (%)	2012	33.6	
1.4	Poverty rate			
	Total poor households (%)	2012	22.8	[C]
	Proportion of poor households that are Kinh households (%)	2012	8.1	
	Proportion of Kinh households that are poor (%)	2012	3.7	
	Proportion of poor households that are ethnic minority households (%)	2012	91.9	
	Proportion of ethnic minority households that are poor (%)	2012	42.0	
2.	MATERNAL AND CHILD HEALTH AND NUTRITION			
2.1	Maternal and infant mortality rates			
	Infant Mortality Rate (per 1,000 live births) [1]	2010	46	[D]
	Infant Mortality Rate (per 1,000 live births) [2]	2012	40.2	[E]
	Under 5 Child Mortality Rate (per 1,000 live births) [1]	2010	56	[D]
	Under 5 Child Mortality Rate (per 1,000 live births) [2]	2012	62.6	[E]

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
	Maternal Mortality Rate (per 100,000 live births)	2010	75	[D]
2.2	Reproductive healthcare			
	Pregnant women under management (%)	2010	87.7	[D]
	Pregnant women with ≥ 3 antenatal check-ups (%)	2012	62.7	
	Pregnant women with TT2 vaccination (%)	2012	93.2	
	Deliveries with skilled birth assistance (%)	2012	85.0	
	Deliveries and public health facilities (%)	2012	76.0	
	Infants with low birth weight <2500g (%)	2012	5.9	
	Children under 1 year old fully vaccinated (%)	2012	97.5	
	Children under 1 year old fully vaccinated (%)	2013	83.1	[M]
2.3	Maternal and child nutrition			
	Children under 5 years old underweight (%)	2013	26.1	[F]
	Children under 5 years old with stunting (%)	2013	40.8	
	Children under 5 with wasting (%)	2013	6.8	[G]
	Mothers exposed to information on breastfeeding and complementary feeding (%)	2011	96.2	[H]
	Iodized salt use	2011	98.2	
	Women using Vitamin A after delivery (%)	2012	33.3	
	Children aged 6 to 35 months receiving Vitamin A supplementation (%)	2011	92.7	
	Pregnant women using iron folic acid supplementation (%)	2011	34.9	
	Lactating mothers using iron folic supplementation (%)	2011	25.5	
	Rate of early initiation of breastfeeding (%)	2011	88.1	
	Rate of continued breastfeeding at 2 years (%)	2011	62.2	
2.4	Healthcare service delivery			
	Communes / wards reaching national health standards (%)	2013	20.6	[M]
	Communes / wards with doctor (%)	2012	89.7	
	Communes / wards with pediatric / delivery nurse (%)	2012	91.7	
	Villages with Village Health Worker (%)	2012	100	
	Villages with Skilled Village Midwives	2012	9.6	
2.5	School health services			
	Primary schools with regular health check-ups for children (%)	2012	20.6	[K]
	Primary schools with trained medical teacher (%)	2012	10.7	
	Lower secondary schools with regular health check-ups for children (%)	2012	58.6	
	Lower secondary schools with trained medical teacher (%)	2012	5.1	
	Upper secondary schools with regular health check-ups for children (%)	2012	95.0	
	Upper secondary schools with trained medical teacher (%)	2012	57.0	

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
3	RURAL WATER SUPPLY AND SANITATION			
	Rural population with access to safe water supply (%)	2012	75.22	[L]
	Rural population with access to safe water supply (%)	2013	78.0	
	Rural population with clean water according to MOH quality standards (%)	2012	12.0	
	Rural households with access to hygienic latrines (%)	2012	39.51	
	Rural households with access to hygienic latrines (%)	2013	43.0	
	Rural households with hygienic sanitation for livestock (%)	2012	31.23	
	Schools with safe water supply and hygienic sanitation (%)	2012	90.44	
	Schools with safe water supply and hygienic sanitation (%)	2013	96.0	
	Health clinics with safe and water supply and hygienic sanitation (%)	2012	97.53	
4	EDUCATION			
4.1	Education status of adult population			
	Literacy rate of males aged 15 and over (%)	2012	92.1	[E]
	Literacy rate of females aged 15 and over (%)	2012	82.6	
	Urban literacy rate of persons aged 15 and over (%)	2009	94.1	[A]
	Rural literacy rate of persons aged 15 and over (%)	2009	79.1	
4.2	Nursery schooling			
	Children aged 0-3 attending nursery classes (%)	2012-13	11.4	[K]
	Ethnic minority children aged 0-3 attending nursery classes (%)	2012-13	2.4	
	Nursery teachers meeting required standard (%)	2012-13	81.7	
	Nursery teachers that are ethnic minority (%)	2012-13	8.0	
4.3	Kindergarten education			
	Children 3-5 years old attending kindergarten (%) [1]	2012-13	91.61	[M]
	Children 3-5 years old attending kindergarten (%) [2]	2012-13	85.4	
	Ethnic minority children 3-5 years old attending kindergarten (%)	2012-13	83.9	[K]
	Kindergarten attendance at age 5 (%)	2012-13	99.0	
	Ethnic minority kindergarten attendance at age 5 (%)	2012-13	99.0	
	Children at age 5 provided with lunch at kindergarten school (%)	2012-13	72.3	
	Kindergarten teachers meeting required standard (%)	2012-13	99.2	
	Kindergarten teachers that are ethnic minority (%)	2012-13	25.8	
4.4	Gender balance in general education			
	Ratio between girls / boys at primary school (% ratio)	2012-13	50.2 / 49.9	[V]
	Ratio between girls / boys at lower secondary school (% ratio)	2012-13	50.68 / 49.32	
	Ratio between girls / boys at upper secondary school (% ratio)	2012-13	54.09 / 45.91	
	Ratio between girls / boys at ethnic minority secondary boarding schools (% ratio)	2011	60.2 / 39.8	[N]

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
4.5	Enrolment rate at the right age in general education			
	Primary school – Total (%)	2012	96.3	[A]
	Primary school – urban (%)	2009	96.8	
	Primary school – rural (%)	2009	92.9	
	Primary school – boys (%)	2009	93.6	
	Primary school – girls (%)	2009	94.4	
	Lower secondary school – Total (%)	2012	71.9	
	Lower secondary school – urban (%)	2009	84.8	
	Lower secondary school – rural (%)	2009	68.7	
	Lower secondary school – boys (%)	2009	70.4	
	Lower secondary school – girls (%)	2009	77.5	
	Upper secondary school – Total (%)	2012	31.6	
	Upper secondary school – urban (%)	2009	64.0	
	Upper secondary school – rural (%)	2009	23.1	
	Upper secondary school – boys (%)	2009	33.4	
	Upper secondary school – girls (%)	2009	42.6	
4.6	Drop-out rates in general education			
	Primary (%)	2011-12	0.1	[P]
	Lower secondary (%)	2011-12	1.02	
	Upper secondary (%)	2011-12	2.73	
4.7	Primary education			
	Communes/wards achieving universalization of primary education (%)	2011-12	100	[K].
	Primary schools reaching national standards (%)	2011-12	~32.0	
	Students attending full-day schooling – 9-10 shifts per week (%)	2011-12	55.1	
	Students attending three-quarter schooling – 6-8 shifts per week (%)	2011-12	37.8	
	Students attending half-day schooling – 5 shifts per week (%)	2011-12	7.1	
	Schools with multi-grade classes	2011-12	~23.5	
	Average number of pupils per class	2011-12	20.8	
	Primary teachers reaching required standard (%)	2011-12	99.1	
	Primary teachers that are ethnic minority (%)	2011-12	19.4	
	Primary school graduate rate (%)	2011-12	99.7	
	Excellent/good achievement in maths – all primary pupils (%)	2011-12	61.2	
	Average/weak achievement in maths – all pupils (%)	2011-12	38.8	
	Excellent/good achievement in Vietnamese – all primary pupils (%)	2011-12	60.45	
	Average/weak achievement in Vietnamese – all pupils (%)	2011-12	39.55	
	Excellent/good achievement in maths – ethnic minority pupils (%)	2011-12	45.6	[P]
	Average/weak achievement in maths – ethnic minority pupils (%)	2011-12	54.4	
	Excellent/good achievement in Vietnamese – ethnic minority pupils (%)	2011-12	45.3	
	Average/weak achievement in Vietnamese – ethnic minority pupils (%)	2011-12	54.7	

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
4.8	Education for children with disabilities			
	Proportion of all CWD attending school (%)	2012	50.5	[R]
	Proportion of girls with disability attending school (%)	2012	49.9	
	Proportion of boys with disability attending school (%)	2012	32.9	
	Proportion of ethnic minorities with disability attending school (%)	2012	49.5	
	Proportion of CWD at kindergarten age attending school (%)	2012	73.3	
	Proportion of CWD at primary age attending school (%)	2012	66.1	
	Proportion of CWD at secondary age attending school (%)	2012	31.7	
5	CHILDREN IN SPECIAL CIRCUMSTANCES AND CHILD PROTECTION			
5.1	Children in special circumstances			
	Total number of children under 16 years old	2012	169,327	[Q]
	Number of children in special circumstances	2012	6,234	
	Rate of children in special circumstances (%)	2012	3.3	
	Children in special circumstances receiving assistance (%)	2012	~81.0	
5.2	Orphans and abandoned children			
	Number of orphans and abandoned children	2012	3,461	[Q]
	Orphans and abandoned children receiving state assistance (%)	2012	20.7	
5.3	Children with disability			
	Number of children with disability (CWD) [1]	2012	1,251	[R]
	CWD receiving state assistance (%)	2012	62.5	
	Number of children with disability [2]	2012	2,310	
	Proportion boys with disability (%)	2012	35.2	
	Proportion girls with disability (%)	2012	64.8	
5.4	Other categories of children in special circumstances			
	Number of children affected by chemical agents	2012	27	[Q]
	Number of children living with HIV/AIDS	2012	2	
	Number of children working in hard/hazardous environments	2012	0	
	Number of children working far from families	2012	0	
	Number of homeless or street children	2012	0	
	Number of sexually abused children	2012	8	
	Number of drug addicted children	2012	0	
	Number of trafficked or kidnapped children	2012	0	
	Number of children in conflict with the law [1]	2011-12	366	[S]
	Number of children in conflict with the law [2]	2011-12	133	[T]
5.5	Child injuries			
	Number of children aged under 16 with injuries [1]	2012	1,312	[Q]

CATEGORY AND DESCRIPTION OF INDICATOR		YEAR	INDICATOR	SOURCE
	Number of cases of children aged 0-14 with injuries [2]	2012	2,540	[U]
	Injuries of children aged 0-14 caused by falls (%)	2012	43.5	
	Injuries of children aged 0-14 caused by traffic accidents (%)	2012	12.9	
	Injuries of children aged 0-14 caused by labour accident (%)	2012	11.7	
	Injuries of children aged 0-14 caused by burns (%)	2012	6.2	
	Number of cases of children aged 15-19 with injuries	2012	1,832	
	Injuries of children aged 15-19 caused by falls (%)	2012	23.5	
	Injuries of children aged 15-19 caused by traffic accidents (%)	2012	28.3	
	Injuries of children aged 15-19 caused by labour accident (%)	2012	28.3	
5.6	Communes/wards fit-for-children			
	Number of communes/wards achieving status of fit-for-children	2012	26.0	[Q]
	Proportion of communes/wards achieving status of fit-for-children (%)	2012		

Sources:

[A] Population and Housing Census 2009

[B] Department of Justice – Data provided for research

[C] DOLISA

[D] Health Master Plan 2011-2020

[E] GSO (2012) Population Change and Family Planning Survey

[F] Nutrition Surveillance System – National Institute of Nutrition

[G] NIN & UNICEF (2011) A Review of the Nutrition Situation 2009-10

[H] Nutrition Surveillance Province Profiles 2011

[J] Department of Health – Data provided for research

[K] Department of Education and Training – Data provided for research

[L] PCERWASS – RWSS Monitoring System

[M] Province Statistical Yearbook 2011, 2012 & 2013

[N] Province Ethnic Committee – Data provided for research

[P] DOET (2013) Report on School Year 2011-2012

[Q] DOLISA (district reporting)

[R] DOET(schools reporting)

[S] DOLISA (district reporting from police)

[T] Province People's Prosecution – Data provided for research.

[U] DOH – Preventive Health Center

[V] Indicators for children 2012-2013.

2. SUMMARY OF STATISTICAL INDICATORS

A summary of statistical indicators on the situation of children and women in Kon Tum is given in Table A and Annex 1 provides a full set of Data Tables. Table A compiles data from the 2009 to 2012 period. It is suggested and intended that this may be used as a base-line for monitoring the Province Socio-Economic Development Strategy and Plan (2011-2020) as well as the Province Action Programme for Children (2013-2020).

The data in Table A have been compiled from a combination of nationwide surveys and provincial sources. Data from nationwide surveys have the advantage that the situation at province level can be compared to other provinces and regions of the country and

these comparative data have been used where possible (including the Population and Housing Census, the time-point Population and Family Planning Surveys, the Rural Water Supply and Sanitation Monitoring System, and the Nutrition Surveillance System).

For some indicators in Table A, two figures are given from different sources – including infant and child mortality rates, the number of children with disability, the number of child injuries and the number of children in conflict with the law. Differences in the figures for some of these indicators are because they are collected and reported through different sectors and/or use different definitions, 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

The Department of Education and Training (DOET) reports twice as many children with disability than the Department of Labour, Invalids and Social Affairs (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 light 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.

The Preventive Health Centre under the Department of Health (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 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 children in conflict with the law, DOLISA reports on the number of cases investigated by the police (based on district reporting), while the Provincial People's Prosecution reports on the number cases and individuals brought to justice, which explains the higher number of investigated cases as compared to prosecuted cases.

In this study, particular attention has also been given to compiling available statistics on key indicators at district level, as well as compiling

sex disaggregated and ethnically disaggregated data where possible. This has not been done in a comprehensive way before. This is an important level of analysis in order to map-out and understand the major patterns of intra-provincial differential and inequality according to

administrative and geographical area, ethnicity and gender (see Section 3.2 and Annex 1.66).

While disaggregated data according to district, sex and ethnicity are available for some indicators, they are not available for some other important indicators:

Indicators	Availability of disaggregated data		
	District	Ethnicity	Sex
Poverty status	Yes	Yes	-
Infant mortality rate and patterns of incidence	No	No	-
Child mortality rate and patterns of incidence	No	No	-
Maternal mortality rate and patterns of incidence	No	No	-
Antenatal care indicators (various)	Partial	Partial	-
Child nutrition status	Yes	No	No
Maternal and child nutrition indicators (various)	Partial	No	-
Child vaccination	Yes	No	-
Water supply indicators	Yes	Partial	-
Household sanitation indicators	Yes	Partial	-
Educational attainment of adult population	Yes	Yes	Yes
School attendance	Yes	Yes	Yes
School enrolment	Yes	No	Yes
School achievement (maths and Vietnamese)	Yes	Yes	Yes
Children in special circumstances (overall)	Yes	No	No
Children with disability	Yes	Yes	Yes
Child injuries	Yes	No	Yes
Children in conflict with the law	-	Yes	Yes
Child abuse	Incomplete	No	No

3. MAIN FINDINGS, CAPACITY GAPS AND RECOMMENDATIONS

This section summarizes the main findings and recommendations of the study. In doing so, reference is made to sections of the Main Report in which more detailed analysis and justification for the recommendations can be found.

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 planning documents of the province – such as in the Master Plan for Development of People's Health (2011-2020), the Master Plan for Training and Education Development (2011-2020), the Programme on Child Protection in Kon Tum (2011-2020), the Province Socio-Economic Development Strategy (2011-2020) and in the 5-year SEDP and other planning documents.

Rather, the purpose of this report is to reflect on the overall development strategy that is articulated in these sector planning documents, and to identify institutional capacity gaps in relation to the achievement of objectives and the fulfilment of child rights and to make specific recommendations based on the analysis in this report. These institutional capacity gaps and recommendations relate primarily to three aspects:

- Data and information gaps. These includes critical gaps in statistical evidence, particularly in relation to the availability and use of disaggregated data according to administrative area and ethnicity. Important gaps in qualitative understanding are also identified and recommendations are given for further research on the situation of children and women in the indigenous ethnic minority communities.
- Financing gaps and financing mechanisms. In the budgetary analysis made in this study, we have avoided making general statements and recommendations to the effect that "more resources are needed" for a particular sector or services. This will always be the case for all sectors and these types of general statements about the need for more resources are not particularly useful. Rather, we have identified specific financing gaps

that are apparent in each sector as well as proposing mechanisms to make the most cost-effective use of available resources.

- Gaps in services at grassroots level. Recommendations are given for ways to enhance the out-reach capacity, effectiveness, quality and relevance of services at grassroots level, particularly in relation to maternal and child health and nutrition and community based child protection.

RECOMMENDATION 1:

Continue to build capacity for rights-based and evidence-based planning, resource allocation, monitoring and supervision of the provincial SEDP and sector plans

► *Report reference: Section 3.1.2, 3.1.4, 3.1.5, 3.2.3 and 3.2.4*

In recent years, the provincial authorities in Kon Tum have piloted integrated methods of socio-economic development planning and budgeting to make them more evidence-based and child friendly. The Province People's Committee and relevant sector departments have shown commitment to prioritize and incorporate children's issues in the provincial SEDP and sector plans. Mechanisms for multi-sector coordination and collaboration in planning, as well as monitoring and supervision of laws and policies related to objectives under the Action Programme for Children have also been strengthened to achieve better quality and in-depth results. In order to continue to build capacity for rights-based and evidence-based planning, resource allocation, monitoring and supervision, the following specific recommendations can be made.

- Continue to develop a standardized, consolidated and disaggregated set of indicators for planning and monitoring the realization of child rights (following the four clusters of child rights) to incorporate

into the 5-year SEDP and sector plans (2016-2020), the annual SEDP and sector plans, as well as for monitoring the Provincial Action Programme for Children (2013-2020). This should include developing and maintaining a consolidated data-base of children's indicators. In this respect, a number of things will need to be taken into consideration (see also Recommendation 2 below):

- (i) The incorporation of operational monitoring statistics on children's indicator as collected by sector agencies (i.e. DOLISA, DOH and DOET etc.) with the provincial statistical system (i.e. Province Statistics Office) and base-line data from nationwide surveys (e.g. the Population and Housing Census);
- (ii) Issuing guidelines for updating the data-base on children's indicators and utilization of the data-base for regular monitoring and reporting on the SEDP and sector plans (including responsibilities of different sector agencies);
- (iii) Developing consistent criteria and definitions for children's indicators between different relevant sector agencies in the case that there are different definitions applied by different sector agencies;
- (iv) Applying consistent criteria for the indicators for children under special circumstances;
- (v) Developing linkages with central government agencies (e.g. the General Statistics Office and corresponding sector ministries and departments)
- Conduct research on and apply multi-dimensional child poverty methods in monitoring and evaluating the effectiveness of poverty reduction and social protection programs.
- Increase the role of monitoring and supervision of the implementation of policies, programs and services related to children by representative bodies (Peoples Council), including scaling-up and conducting public opinion and feedback surveys of citizens conducted by independent organizations (i.e. NGOs and CSOs).

- Conduct detailed analysis on the situation of budgetary allocations in the social sectors including children in the province to facilitate and set priorities for appropriate budget allocation for children's objectives.

RECOMMENDATION 2:

Continue to build capacity to develop and maintain a consolidated data-base on children's indicators for monitoring the Provincial Action Programme for Children and the provincial SEDP

- *Report reference: Section 3.1.4, Chapter 6, Chapter 7 and Chapter 8*

Under the Provincial Action Programme for Children in Kon Tum, DOLISA has been assigned overall responsibility for consolidating data on children's indicators and for monitoring and evaluation of the programme in cooperation with other sectors and departments. In recent years, considerable improvements have been made in the availability and reliability of data on children's indicators across all sectors. It is recommended, however, that continuing efforts should be made to build the capacity of DOLISA, the Province Statistics Office and other relevant departments to develop and maintain a consolidated data-base of children's indicators for monitoring the programme and the provincial SEDP.

In this respect, a number of specific recommendations can be given on the indicators for which further work is needed to improve the consistency, reliability and disaggregation of the data in order to provide a better basis for planning and resource allocation:

- Indicators for which there is a need to improve the disaggregation of data down to district level:
 - Infant mortality rates, patterns of incidence and causative factors
 - Child mortality rates, patterns of incidence and causative factors
 - Maternal mortality rates, patterns of incidence and causative factors

- Rural population with clean water according to MOH standards.
- Indicators for which there is a need to improve the disaggregation of data according to ethnic groups:
 - Infant mortality rates, patterns of incidence and causative factors
 - Child mortality rates, patterns of incidence and causative factors
 - Maternal mortality rates, patterns of incidence and causative factors
 - Child nutrition status (under-weight, stunting and wasting indicators)
 - Antenatal and postnatal care indicators.
- Indicators for which there is a need to clarify the definition and utilization of data from different sources:
 - Children with disability
 - Child injuries
 - Children in conflict with the law.
- Indicators for which there insufficient data, inconsistent data or major data gaps which need to be filled:
 - Domestic violence and child abuse
 - Patterns of utilization of child health insurance.

Even so, there continue to be significant in-tra-provincial variations between administrative areas and socio-economic groups with respect to the number of people not using safe water, the number of households without hygienic latrines, and the number of underweight children and children with stunting (see Table 6.6).

Across all these indicators, the strategy for targeting and resource allocation needs to take into account both the rate of coverage (expressed as a percentage) and the density of coverage (expressed as a number). For example, while the highest rates of children with stunting are found in Tu Mo Rong and Kon Plong districts (42 percent and 40.8 percent respectively), these districts have the lowest numbers (with 13.5 percent of the total number of children with stunting); conversely, while Kon Tum City and Dak Ha have the lowest rates of children with stunting (23.6 percent and 24.8 percent respectively), these localities have the largest numbers (with 35 percent of all children with stunting in the province). Similar observations can be made respect to households without hygienic latrines and to a certain extent with the other indicators (see Table 6.6).

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.

RECOMMENDATION 3:

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

- *Report reference: Section 3.2, Section 6.2.2, 6.2.5 & 6.3*

RECOMMENDATION 4:

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

- *Report reference: Section 6.1.1, 6.1.2, 6.2.4 & 6.3*

There have been widespread improvements in child nutrition and rural water supply and sanitation indicators in Kon Tum in recent years.

The Master Plan for Peoples Health in Kon Tum (2011-2020) has the stated intention to extend the out-reach capacity of the healthcare

network and strengthen the quality of services at commune and village level. Critical financing constraints in this regard include a lack of recurrent budget resources to: (i) expand and maintain the network of health collaborators; (ii) regular operational and maintenance expenditures for the Commune Health Clinics; and (iii) scaling-up Integrated Behaviour Change approaches and activities.

Recent improvements that have been made in healthcare provision (e.g. vaccination programmes for mothers and infants, delivery and uptake of micro-nutrient supplements, 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 2011-2020 (see 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.

RECOMMENDATION 5:

Conduct research to gain a better understanding 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

► *Report reference: Section 2.3.1, Section 4.2.1, Section 6.2.2 & 6.3*

A number of indicators suggest there have been steady improvements in antenatal and postnatal

care for mothers and infants in recent years (see Table 6.3). The Infant Mortality Rate (IMR) in Kon Tum has nearly halved over the last decade from 82 (infant deaths per 1,000 live births) in 2001 to 46 in 2010. The Master Plan for Peoples Health sets a target for further reductions in the IMR to 35 by 2015 and 30 by 2020. The Maternal Mortality Rate 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.

Even so, according to the 2009 Population and Housing Census, Kon Tum continues to have the third highest Infant Mortality Rate and the third highest under 5 Child Mortality Rate in the country (see Table 2.2). There is, however, a lack of disaggregated statistics on the specific patterns of incidence of neonatal, infant, early childhood and maternal mortality within different socio-economic and ethnic groups and areas of the province. This is one of the major gaps in data and understanding.

Around 98 percent of children under 6 years old now have Health Insurance Cards. A cumulative number of around 81,600 cards have been issued in the period 2010 to 2012, while there have been around 122,000 turns of card usage in this period. These figures indicate an overall frequency of card usage of 1.48 times. However, monitoring data are 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. Information and understanding is also not available on the patterns of child health insurance card usage and related healthcare seeking behaviour and access to treatment. Without this information, it is still difficult to ascertain utilization patterns or effectiveness of the insurance cards.

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

RECOMMENDATION 6:

Expand the network of Skilled Village Midwives and conduct an evaluation of the performance of the Trained Village Birth Attendant and effectiveness of use of safe delivery kits to identify specific capacity building needs

► *Report reference: Section 4.2.3, Section 6.2.4 & 6.3*

In recent years, the Department of Health has recruited and trained a number of Skilled Village Midwives that work in remote rural villages combined with the distribution and use of clean delivery kits. Currently, there are 84 Skilled Village Midwives (i.e. in just under 10 percent of the 870 villages in the province). Some of the Skilled Village Midwives are young women who are recruited from the local area, while in other villages the VHWs have taken on this role. Experience shows that the Skilled Village Midwives have an important role and have contributed to safer home deliveries. At the same time, experience shows that it can be difficult to maintain the motivation and day-to-day support for the birth attendants, as this depends on the commitment of the Commune Health staff and available funding to maintain allowances and to undertake refresher training. The Department of Health intends to expand the network of Skilled Village Midwives to other rural villages. It is recommended that it would be valuable to undertake a qualitative survey on the performance of the birth attendants in order to identify issues that may need to be addressed in further training and expansion of the network. This should include looking at ways in which to engage more fully with birth attendant in the delivery of reproductive healthcare programmes in ethnic minority communities. This survey should also be combined with an assessment of the effectiveness of use of the Clean Delivery Kits which so far has not been undertaken.

RECOMMENDATION 7:

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

► *Report reference: Section 2.3.2, Section 4.1, Section 6.2.1 & 6.3*

There has been a steady reduction in the rate of child under-nutrition in recent years (see Figure 6.6). There have also been improvements in parental awareness about nutrition and in the delivery and uptake of micro-nutrient supplementation for mothers and infants. Compared to other provinces in the region, Kon Tum has better results in some indicators of nutrition service delivery, with 96.2 percent of mothers exposed to information on breastfeeding and complementary feeding practices (see Table 6.4). This suggests that IEC activities on nutrition in Kon Tum are comparatively effective.

Despite these improvements, Kon Tum continues to have the highest rates of under 5 child malnutrition in the country (see Table 2.2). 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. The highest rates of under nutrition are concentrated in districts with a large indigenous ethnic minority population (see Figure 6.7 & 6.8 and Table 6.6). Addressing these issues remains a high priority.

Many factors influence household food supply and the nutrition of women and children. 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. 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. While forest foods are still an important source of household nutrition in some places, in other places these

have now become scarce. At the same time, 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.

Given this situation, it is strongly recommended that more attention is given to how to further adapt the nutrition programmes to the particular situation and needs of these families. The clear priority must 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 in the market or growing their own vegetables is a clear example of how these economic and cultural factors interact.

The National Nutrition Surveillance System provides annual data on the rate of underweight children and children with stunting and wasting. This is based on a sampling procedure which can be used to provide disaggregated data down to district level. However, given the complexity of the demographic characteristics in Kon Tum, this level of disaggregation is inadequate to get a detailed understanding of the patterns of intra-provincial differentiation in child nutrition status. It is recommended that efforts should be made to disaggregate these data according to ethnicity in order to provide a better basis for targeting and resource allocation. It is also recommended that closer monitoring of child nutrition status should be included in provincial plans, including adding the target of stunting reduction in the 5 year health sector plan as well as the SEDP for the next cycle.

RECOMMENDATION 8:

Strengthen integrated approaches to water resources planning and management

- *Report reference: Section 2.3.3 and Section 6.2.5 & 6.3*

The rate of rural people with access to safe water has increased from 70.8 percent in 2010 to 75.2 percent in 2012 (see Table 6.5). This rate is broadly equivalent to other Central Highland provinces, but the rate of rural people using clean water according to MOH standards in Kon Tum (12 percent in 2012) is lower than neighbouring provinces (see Table 2.2). Within Kon Tum, there are substantial differences between districts in the rate and numbers of people still without safe water (see Figure 6.9 & 6.10). The highest rates are in Tu Mo Rong (48.6 percent), Dak Gleï (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. Around 60 percent of the number rural people who do not use safe water are located in four administrative areas – Dak Ha, Dak Gleï and Tu Mo Rong districts and around Kon Tum City (see Table 6.6).

The Central Highlands Region has been described as a potential 'hotspot' in terms of the impacts of climate change. Across the region, people are already facing challenges of periodic drought and water shortages. Shifts in temperature and rainfall regimes may have a major 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 – through the promotion of low-cost water collection, storage and treatment methods to complement larger-scale water supply systems in more populated areas.

RECOMMENDATION 9:

Enhance the strategy to promote equity in access to education for all children

► *Report reference: Section 7.2 & 7.3*

The provincial authorities in Kon Tum have given high priority to improving access to and the quality of general education. In particular, Resolution No.05 of the Province People's Council (similarly, People's Committee for Peoples Committee) and Decision No.62 of the Peoples Committee in 2007 have introduced a scheme for improving the quality of ethnic minority education in the period 2008-2015. In this respect, there have been some notable achievements in recent years. At the same time, there are some outstanding issues and priorities for enhancing the strategy to promote equity in access to education for all children at all levels of education. These achievements and priorities are summarized as follows:

LEVEL OF EDUCATION	NOTABLE ACHIEVEMENTS	PRIORITIES
Kindergarten	<ul style="list-style-type: none"> ► The rate of kindergarten schools attendance at age 5 has reached 99% for both Kinh and ethnic minority children (school year 2012-13). ► There has been a steady increase in the attendance rate of ethnic minority children aged 3-5 from 80% in 2006-07 to 83.9% in 2012-13. 	<ul style="list-style-type: none"> ► Some ethnic minority children still face difficulties in coping with the national curriculum at the beginning of primary school, primarily because of the short duration of kindergarten attendance and a lack of Vietnamese language skills.
Primary	<ul style="list-style-type: none"> ► The universalization of primary education has been successfully maintained, with a 99.6% attendance rate of all children aged 6 years old and a 99.7% graduation rate from primary school reported by DOET for school year 2011-12. ► There has been an improvement in the provision of full-day schooling with over half of students now attending full-day primary schooling (55% in school year 2011-12). ► There has been a notable improvement in learning outcomes in maths and Vietnamese language amongst ethnic minority primary students between 2006 and 2012. 	<ul style="list-style-type: none"> ► The 2009 Population and Housing Census gives a primary school enrolment rate at the right age of 93.6% for girls and 94.4% for boys. These figures suggest that there is a group of 'hard to reach' families that still find it difficult to ensure primary schooling for their children. ► High priority is given by DOET to improving the quality of Vietnamese language teaching and learning for ethnic minority pupils. Increasing the contingent of qualified ethnic minority teachers in rural areas is a high priority to achieve this.

LEVEL OF EDUCATION	NOTABLE ACHIEVEMENTS	PRIORITIES
Lower secondary	<ul style="list-style-type: none"> ▶ There has been an improvement in the gender balance and in the proportion of girls transitioning from primary to lower secondary school in recent years. ▶ According to the 2009 Population and Housing Census, there is a higher lower secondary school enrolment rate at the right age for girls (77.5%) as compared to boys (70.4%). ▶ There has also been improvement in the proportion of ethnic minority children transitioning from primary to lower secondary school. Ethnic minorities make up around 60% of the number of lower secondary school students which reflects the general population distribution. ▶ The attention given to improving semi-boardng facilities at commune secondary schools has been a key factor contributing to improved attendance of ethnic minority children. 	<ul style="list-style-type: none"> ▶ A majority of children are finishing education at the end of lower secondary school and entering the work force at this age. In 2009, there were 27,200 young workers in the 15-19 age group, 89.4% having semi-skilled employment. ▶ Enhancing the capacity of the provincial economy to adsorb this young semi-skilled work force will be one of the major development challenges in Kun Tum in the coming years This needs to be addressed through innovative approaches to vocational training and youth employment schemes that are suited to the needs of ethnic minority teenagers in particular.
Upper secondary	<ul style="list-style-type: none"> ▶ There has been a shift in the gender balance at upper secondary school in recent years. According to the 2009 Population and Housing Census, there is a substantially higher upper secondary school enrolment rate at the right age for girls (42.6%) as compared to boys (33.4%). ▶ These enrolment figures are reflected in an increase in proportion of girls at upper secondary school from 54.6% in 2007 to 58% in 2011. ▶ In the period 2006-12, a majority of students at ethnic minority upper secondary boarding schools were also girls (60.7 %). 	<ul style="list-style-type: none"> ▶ There are higher rates of discontinued schooling amongst boys in the transition from lower to upper secondary school. ▶ There are much higher rates of discontinued schooling amongst ethnic minority children than Kinh children in the transition from lower to upper secondary school. While 60,9% of lower secondary school students are ethnic minority, they make up only 29.6% of upper secondary school students. ▶ The Master Plan for Education 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.
Higher education		<ul style="list-style-type: none"> ▶ Strong inequalities still exist in the access to higher education for ethnic minority girls. While 60.7% of students at the ethnic minority secondary boarding schools are girls, girls make up only 39.3% of graduates from these schools going on to vocational or higher education.

RECOMMENDATION 10:

Ensure sufficient recurrent budget resources are available for maintaining and enhancing the quality of general education

► *Report reference: Section 7.1 & 7.3*

Around 89 percent of the annual budget for general education in Kon Tum 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 (see Table 7.2). 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. The proportion of the budget that is allocated to non-salary related recurrent expenditures and to investment budgets 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.

Critical financing constraints in the education sector are primarily related to the shortages of non-salary recurrent budget resources that are required to maintain education standards and improve the quality of education. These shortages are 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 which are essential for successful introduction of the full-day primary curricula (e.g. only 4 percent of primary schools have IT facilities for teaching). These shortages are most acute in the 105 satellite village primary classrooms. According to discussions with DOET, there is also 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.

RECOMMENDATION 11:

Enhance access to quality education for children with disability

► *Report reference: Section 7.2.6 & 7.3*

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 (see Table 7.11). Continuing efforts are needed including budget 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 equal 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 (see 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 (see 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 pursue higher education. Finally, the inter-sectoral coordination amongst DOET-DOLISA-DOH needs to be strengthened in order to make sure the planning and budgeting for improvement the quality of related services such as social welfare, health, and education for children with disability are consistency and comprehension.

RECOMMENDATION 12:

Strengthen management and pastoral care at semi-boarding schools

► *Report reference: Section 7.3*

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 for 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.

RECOMMENDATION 13:

Develop effective ways to scale-up community based child protection models and networks

► *Report reference: Section 8.3*

The Provincial 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”

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 may 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, 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 potential for strengthening their role in child protection.

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.

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.

RECOMMENDATION 14:

Give increased attention to the situation of working children and teenagers and child injuries caused by work related accidents

► *Report reference: Section 8.1.1 & 8.3*

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 (see Table 6.3).

However, this study has found that 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, a significant proportion of child injuries are work related accidents even at a young age (see Figure 8.1).

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 (see 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.

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.

RECOMMENDATION 15:

Improve understanding of the current situation with respect to child abuse

► *Report reference: Section 5.2, Section 8.2.5, 8.2.8 and 8.3*

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. Based on district reporting, DOLISA gives a figure of eight children suffering sexual abuse in 2012 (see Table 6.3). According to figures provided by the Province Prosecution Office, in 2011 and 2012 there were 19 prosecuted cases of child rape and 8 prosecuted cases of unlawful sex with children. While these figures are reliable, they may not be comprehensive because the number of cases brought to justice does not reflect the reality of different kinds of child abuse due to different cultural factors.

During this research, discussions with secondary school students 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' (see 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.

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 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 recognized 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.

RECOMMENDATION 16:

Support ways to build on customary law in the protection and care of ethnic minority children in special circumstances

- *Report reference: Section 5.3 and Section 8.3*

There many aspects of customary family law amongst the indigenous ethnic minority communities in Kon Tum which 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. 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. 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.

RECOMMENDATION 17:

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

- *Report reference: Chapter 4, Chapter 5 and Chapter 6*

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. 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.

It is, however, evident that none of the issues affecting teenagers and young adults 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.

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.

RECOMMENDATION 18:

Conduct further research on important social development issues amongst the indigenous ethnic minority communities

► *Report reference: Section 5.3 & 5.4*

This study has shown 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 in these communities today. There is a need for further research to gain a deeper understanding 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.

Several important points emerge from this analysis. Firstly, 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.

