



# WORLD VISION VIETNAM'S CONTRIBUTION TO CHILD WELLBEING IN FISCAL YEAR 2013



## ABBREVIATIONS

Abbreviations	Description
ALM	: Active Learning Method
ADP	: Area Development Program
CGS	: Caregiver Survey
CATREND	: Central Areas of Thanh Hoa Province Resilient to Natural Disasters
CCM	: Child Centered Method
CFDRR	: Child Focused Disaster Risk Reduction
CWB	: Child Well Being
CWBT	: Child Well Being Target
CWBO	: Child Well Being Outcome
CEDC	: Children in Especially Difficult Circumstances
CwD	: Children With Disability
CCA	: Climate Change Adaptation
CBAC	: Community Based Adaptation in Camau
CBDPP	: Community Based Disaster Preparedness Plan
CBDRM	: Community Based Disaster Risk Management
CBO	: Community Based Organization
CBCPS	: Community-Based Child Protection System
CRC	: Convention on the Rights of the Child
DeLISA	: Department of Labour, Invalids and Social Affairs
DME	: Design, Monitoring & Evaluation
DAP	: Development Assets Profile
DMWG	: Disaster Management Working Group
ECCD	: Early Childhood Care and Development
ETIP	: End Trafficking in Person
FY	: Fiscal Year
FGD	: Focused Group Discussion
FLAT	: Functional Literacy Assessment Tool
GSO	: General Statistic Office
HBC	: Home Based Child Care Center
IEC	: Information, Education & Communication
INGO	: International Non-Governmental Organization
MFU	: Micro Finance Unit
MDG	: Millennium Development Goal
MOET	: Ministry of Education and Training
MOH	: Ministry of Health
MOLISA	: Ministry of Labor, Invalids and Social Affairs
NIN	: National Institute of Nutrition
OVC	: Orphans and Other Vulnerable Children
PTC	: Parent-Teach Committee
POA	: Plan of Action
PMB	: Project Management Board
RRT	: Rapid Response Team
RC	: Registered Children
UNICEF	: The United Nations Children's Fund
VDB	: Village Development Board
VDI	: Village Development Initiative
WATSAN	: Water and Sanitation
WVV	: World Vision Vietnam
YHBS	: Youth Healthy Behavior Survey

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## EXECUTIVE SUMMARY

The report is based on analysis of 100% of Area Development Program (ADP)/Project's annual reports, 8 ADP evaluation reports, 4 baseline survey reports and the results of CWBT measurements conducted in Fiscal Year (FY) 2013. It was reviewed by all the working group members and stakeholders including the Program Support Team and validated by the National Director.

Below are key highlights of findings and recommendations categorized under the strategic goal and six strategic objectives:

### Strategic Goal: Sustained well-being of children, especially the most vulnerable.

In FY2013, World Vision Vietnam (WVV) used both the Development Asset Profile (DAP) and Youth Healthy Behavior Survey (YHBS) to measure CWBT #1 in 3 and 10 ADPs respectively. As the baseline data is not available for all measured ADPs and WVV's current strategy prioritizes children under 12, the result and analysis on WVV's contribution is very limited. However, the data is very useful in establishing a baseline to inform WVV program/project designs and FY2015-2017 National Strategy. It is recommended that WVV should consider extending further support to youth aged 12-18 years old to continue building important CWB assets as guided by DAP and YHBS findings as this age group is becoming increasingly vulnerable.

### Objective 1: Improve the access to and quality of education for children, including vocational training

In June 2013, WVV measured functional literacy of children who had completed grade 5 in all 38 ADPs in implementation phase. It is encouraging that on average 71.2% of children are functionally literate and 15 out of 38 ADPs achieved low risk level which is above 80%. However, the result of ethnic minority children and children with disabilities (CwD) is much lower than that of Kinh children. All 3 out of 38 ADPs that have the functional literacy below 50% which is the critical level are located in Dien Bien province where 90% of children are ethnic minority children. It is recommended to pay greater attention to the development of functional literacy of these vulnerable groups, especially by providing teachers with training on Inclusive Education and Teaching Vietnamese as a second language as well as promoting a reading culture through reading clubs.

### Objective 2: Reduce malnutrition of children under 5

Based on the evaluations conducted in FY2013, underweight rates have reduced by 7% to 10.8%. According to the measurements of CWBT #3 across 34 ADPs, the stunting rate has reduced by 3%, from 34% in Dec 2012 to 30.2% in Jun 2013; however, the reduction rates were not consistent across all ADPs. Therefore, it is recommended that WVV should take a multi-sectorial approach to tackle the issue, especially in 2<sup>nd</sup> phase ADPs where the stunting rate is at critical which is above 30%.

### Objective 3: Strengthen the capacity of communities and local partners for improved child well-being

The Village Development Board (VDB)<sup>1</sup> model has been mainstreamed in 30 ADPs in recent years with a total of 798 VDBs, in which 48.5% are functioning effectively according to WVV's VDB checklist. However, 2<sup>nd</sup> phase and transition ADPs should focus on improving the effectiveness and sustainability of the existing VDBs rather than establishing new ones. Two major areas that require greater attention are the capacity of VDBs to mobilize resources from community and the contribution of VDBs to the wellbeing of Most Vulnerable Children (MVC).

### Objective 4: Promote Child Rights

WVV has been implementing many intervention models that help promote child protection and participation such as Children Clubs, Children Small Projects, Child Forums, Community Based Child Protection System (CBCPS) and Networks, Policy Influences etc. However, in order for our efforts to really create impact on the lives of children, the effectiveness of these models and documentation should be enhanced in the coming time.

### Objective 5: Empower Communities to Manage Disasters/ Crisis

Many ADPs/Projects have mainstreamed the Community Based Disaster Preparedness Plan (CBDPP) at village level and Child Focused Disaster Risk Reduction (CFDRR) to strengthen community preparedness and resilience to the negative impact of natural disasters influenced by climate change. In order to maximize the impact on children, HEA/ DRR efforts should be better integrated with other sectors such as health, child protection, agriculture, advocacy, and Micro Finance Unit (MFU) etc.

### Objective 6: Target Most Vulnerable Children

WV Vietnam places children at the heart of our work and focuses on MVC within our working areas. 30 ADPs have developed the list of MVC in cooperation with the local government. 33 ADPs and 7 special projects have interventions for MVC. However, in order to improve and measure the wellbeing of MVC, WVV should develop a guideline on interventions for different MVC groups and disaggregate data by MVC groups wherever possible to better understand ethnic, gender, disability and child protection dimensions.

<sup>1</sup> VDB (Village Development Board) is a type of Community Based Organization which is formed, operated and maintained by local people and proved to be effective in Vietnam context.

## INTRODUCTION

The purpose of this report is to provide an overview of WVV's contribution towards Child Well Being (CWB) in FY2013. WVV defines this contribution through its achievements against the six strategic objectives FY2012 - 2014. Our national strategy contributes to all four Child Well Being Targets (CWBT). However we prioritize children under 12 years due to the specific context in Vietnam, the vulnerabilities they face and our programmatic strength in specific project models. This report aims to provide direction for WVV to make evidence-based decisions to inform our next strategy for FY2015 - 2017.

**GRAPH 1 - WVV'S STRATEGIC GOAL AND MINISTRY STRATEGIC OBJECTIVES FY2012 -2014**

STRATEGIC GOAL: SUSTAINED WELL BEING OF CHILDREN, ESPECIALLY THE MOST VULNERABLE	
• CWBT #1 - Children report an increased level of well-being (age 12-18)	
STRATEGIC OBJECTIVES	MINISTRY STRATEGIC OUTCOMES
Objective 6: Target Most Vulnerable Children	<b>Objective 1:</b> Improve the access to and quality of education for children, including vocational training <ul style="list-style-type: none"> <li>• Increase the enrolment rate of children age 3-4</li> <li>• CWBT #4 - Increase in children who can read by the age of 11 (age 11)</li> <li>• Implement effective interventions on vocational training for youth aged 15-18.</li> </ul>
	<b>Objective 2:</b> Reduce malnutrition of children under 5 <ul style="list-style-type: none"> <li>• CWBT #2 - Increase in children protected from infection and disease (under 5)</li> <li>• CWBT #3 - Increase in children who are well-nourished (under 5)</li> </ul>
	<b>Objective 3:</b> Strengthen the capacity of communities and local partners for improved child well-being <ul style="list-style-type: none"> <li>• Improve the effectiveness of Community Based Organizations (CBOs)</li> </ul>
	<b>Objective 4:</b> Promote Child Rights <ul style="list-style-type: none"> <li>• Strengthen and mainstream CBCPS.</li> <li>• Empower children and give them opportunities to initiate/ manage some small projects</li> <li>• Increase voices of children on child rights at national, provincial and district level.</li> <li>• Influence policies on child rights through our evidence-based advocacy efforts.</li> </ul>
	<b>Objective 5:</b> Empower Communities to Manage Disasters/ Crisis <ul style="list-style-type: none"> <li>• Replicate CBDPP at Village level</li> <li>• Mainstreaming CFDRR</li> <li>• Increase the percentage of households with children access to MFU services</li> </ul>

**TABLE 1 - THE REPORTING PROCESS**

What	Who	When
Getting prepared (including planning and communications)	Working Group	Mar - Oct 2013
Scan data sources and consolidate quantitative and qualitative data from relevant reports.	Working Group Cluster Officers	Nov 2013
Search for secondary data to understand the context	National Coordinators	Nov 2013
Analyze the data (including data analysis and stakeholder workshops)	Working Group Senior Leadership Team ADP/Zonal Managers Cluster Officers	Dec 2013 - Jan 2014
Write the report	Working Group	Feb 2014

**TABLE 2 - EVALUATIONS AND BASELINE SURVEYS IN FY2013**

ADP Name	Evaluation <sup>2</sup>	ADP Name	Baseline <sup>3</sup>
Dien Bien Dong ADP	End of 1 <sup>st</sup> Evaluation	Ngo Quyen UADP	Baseline for 1 <sup>st</sup> Phase
Tua Chua ADP	End of 1 <sup>st</sup> Evaluation	Minh Long ADP	Baseline for 1 <sup>st</sup> Phase
Ham Thuan Bac ADP	End of 1 <sup>st</sup> Evaluation	Tram Tau ADP	Baseline for 2 <sup>nd</sup> Phase
Nong Son ADP	End of 1 <sup>st</sup> Evaluation	Huong Hoa ADP	Baseline for 2 <sup>nd</sup> Phase
Quan Son ADP	End of 1 <sup>st</sup> Evaluation		
Ba Thuoc ADP	End of 1 <sup>st</sup> Evaluation		
Kim Dong ADP	End of 3 <sup>rd</sup> Evaluation		
Phu Cu ADP	End of 3 <sup>rd</sup> Evaluation		

**TABLE 3 - CWBT STANDARD OUTCOME INDICATORS AND MEASUREMENTS IN FY2013**

CWBT	Standard Outcome Indicators	Tool	No. ADPs
1	The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age	DAP <sup>4</sup>	3
	Proportion of youth who report having birth registration documents		
	Proportion of youth not going to bed hungry	YHBS <sup>5</sup>	10
	Proportion of youth who have a strong connection with their parents or caregiver		
2	Proportion of children under 5 with diarrhea in the past two weeks who received correct management of diarrhea	CGS <sup>6</sup>	10
	Proportion of children under 5 with presumed pneumonia who were taken to appropriate health provider		
3	Prevalence of stunting in children under five years of age		
	Prevalence of underweight in children under five years of age	CGS	34
	Prevalence of wasting in children under five years of age		
4	Proportion of children who are functionally literate.	FLAT <sup>7</sup>	38

<sup>2</sup> Kim Dong and Phu Cu ADPs conducted evaluation in FY2012 but the reports were completed in FY2013

<sup>3</sup> In FY2013 WVV conducted baseline surveys for 7 ADPs in total, 4 ADPs have finalized the survey reports. 3 remaining ADPs are Thuong Xuan ADP, Son Tay ADP, Cam Thuy ADP.

<sup>4</sup> The Development Assets Profile (DAP) tool is a 58-item survey that was created by the Search Institute to measure the presence – and change over time – of the eight categories of developmental assets found within Search's Development Assets Framework.

<sup>5</sup> Youth Healthy Behavior Survey (YHBS) is a quantitative tool for use with children aged 12-18 years old which can have up to 9 modules. The "my well-being" module helps measure 4 important aspects of child well-being, including child rights, extreme deprivation, connection with caregiver (cared for) and self-assessed well-being.

<sup>6</sup> Caregiver Survey (CGS) is a quantitative household survey tool which can have up to 15 modules that seeks responses from the main caregiver of the children in the household. WVV adapted this tool to measure CWBT #2 and CWBT #3.

<sup>7</sup> Functional Literacy Assessment Tool (FLAT) is designed to measure the highest level of reading children can perform comfortably by the time they are nearing the end of their basic or primary education.

## CONTEXT

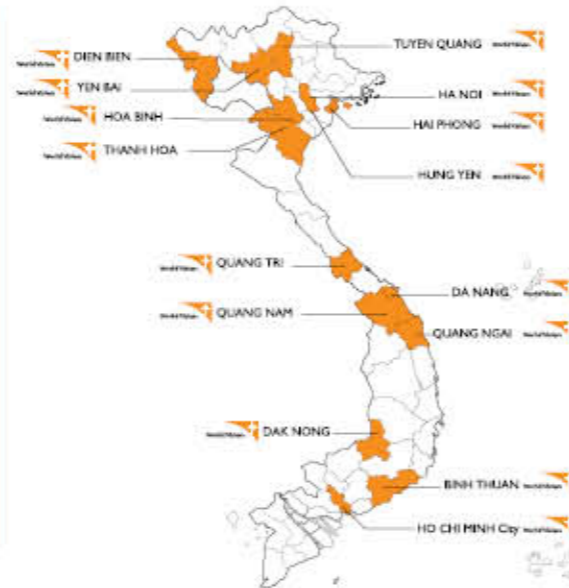
### The following factors enabled WVV's effective operation in Vietnam in FY2013:

- Vietnam affirmed its policy to uphold promoting and improving cooperation with International Non-Governmental Organization (INGOs). Subsequent to the Decree 12/2012/ND-CP issued by the government, WVV's official Registration has been renewed for another 5 years (instead of 3 years as previously).
- The government is increasingly committed to social and economic development. The government budget spent for public health care has increased from 5.5% in 2004 to 9.4% in 2012.<sup>8</sup>

### WVV, however faced a number of obstacles during the past year, including:

- Poverty has reduced in most provinces and districts over the past decade, but the pace of poverty reduction has been least pronounced in the localities with high initial poverty. Poverty rates continue to be highest in the northern and central mountainous regions, where ethnic minorities make up a large proportion of the population. Furthermore, economic and social disparities keep widening between the rich and the poor, between urban and rural areas, between the Kinh population and the ethnic minority population.<sup>9</sup> This divergence has worsened due to the economic slowdown which has made the households, who previously escaped poverty, become vulnerable again to the risk to poverty relapse.
- The stunting rate remains disturbingly high and requires more attention from the government and development agencies. 15 out of 63 provinces have a stunting rate over 30%, concentrated in 3 regions: Central Highland, North Central Coast and Northern Mountainous where WVV is operating. In 2011, there were 1,635,000 stunted children, which places Vietnam 17 out of 81 countries with high absolute numbers of stunting, followed by Myanmar ranked the 19<sup>th</sup> and Cambodia, the 36<sup>th</sup>.<sup>10</sup>
- Poor education quality remains a problem. One of the reasons for the insufficient quality of education is the limitation in learning opportunities that are flexible and responsive to the needs of different groups of disadvantaged children.<sup>11</sup>
- There is a lack of a comprehensive data monitoring system and reliable data on many child protection issues, including data on child prostitution, child trafficking or maltreatment which are significant, without the exact number able to be determined.<sup>12</sup>
- Government approval for new projects in new provinces remains a lengthy and challenging process. WVV was forced to cancel the Community Based Adaptation in Ca Mau (CBAC) Project because the local government partner wanted to oppose a restriction on movement of our national staff within the project sites, which would have restricted our capacity to operate effectively in this province.
- Given job opportunity for competent and young workforce has increased, it is extremely difficult to find qualified and committed staff to fill some highly technical positions, especially in remote locations. This represents WVV's biggest challenge vis-à-vis growth and strategy delivery. The fact that more than 900 INGOs work in Vietnam makes recruitment even more difficult.

Regardless of many challenges, WVV continues to receive support from the Partnership and Support Offices to expand our operation in Vietnam and address the needs of children, especially the most vulnerable. WVV opened 3 new ADPs in FY2013, increasing the total number of ADPs to 43<sup>13</sup>. We were also able to secure 15 PNS/grant projects including: Child Health Now, Child Protection, Safe Motherhood, Clean and Renewable Energy, Environment, Livestock, and 2<sup>nd</sup> phase of the Resilient to Natural Disasters (CATREND) Project in Thanh Hoa province. The total budget increased by 13.13%, from US\$16,620,623 in FY2012 to US\$18,802,577 in FY2013. PNS/grant incomes account for 17% in FY2013 compared to 13% in FY2012. Through the development programs and projects operating in 14 provinces, WVV helped improve the wellbeing of 603,945 children, in which 207,046 children were directly impacted and the other 396,899 were indirectly impacted.



8 World Bank  
 9 The World Bank, Vietnam's Evolving Poverty Map 2013  
 10 UNICEF, Improving Child Nutrition, 2013  
 11 World Bank, Belgian Development Cooperation and UK Aid from the Department of International Development (2011), Vietnam High Quality Education for All by 2020. Volume I: Overview/Policy Report  
 12 UNICEF  
 13 The total number of ADPs in FY2014 is 47

## CWBT I: CHILDREN REPORT AN INCREASED LEVEL OF WELL-BEING

The extent of multi-dimensional poverty among children in 2010 was 29.6%. Disparities are widening within areas and groups in the country. For example, 34.5 % of children living in rural areas were poor, compared with 15.9 % of children living in urban areas.<sup>14</sup>

Results of CWB status analysis from the design documents of 12 (re)design ADPs in FY2013 reveal the following focal child issues of children aged 12-18:

TABLE 4 - COMMON CHILD ISSUES IN DESIGN DOCUMENTS IN FY2013

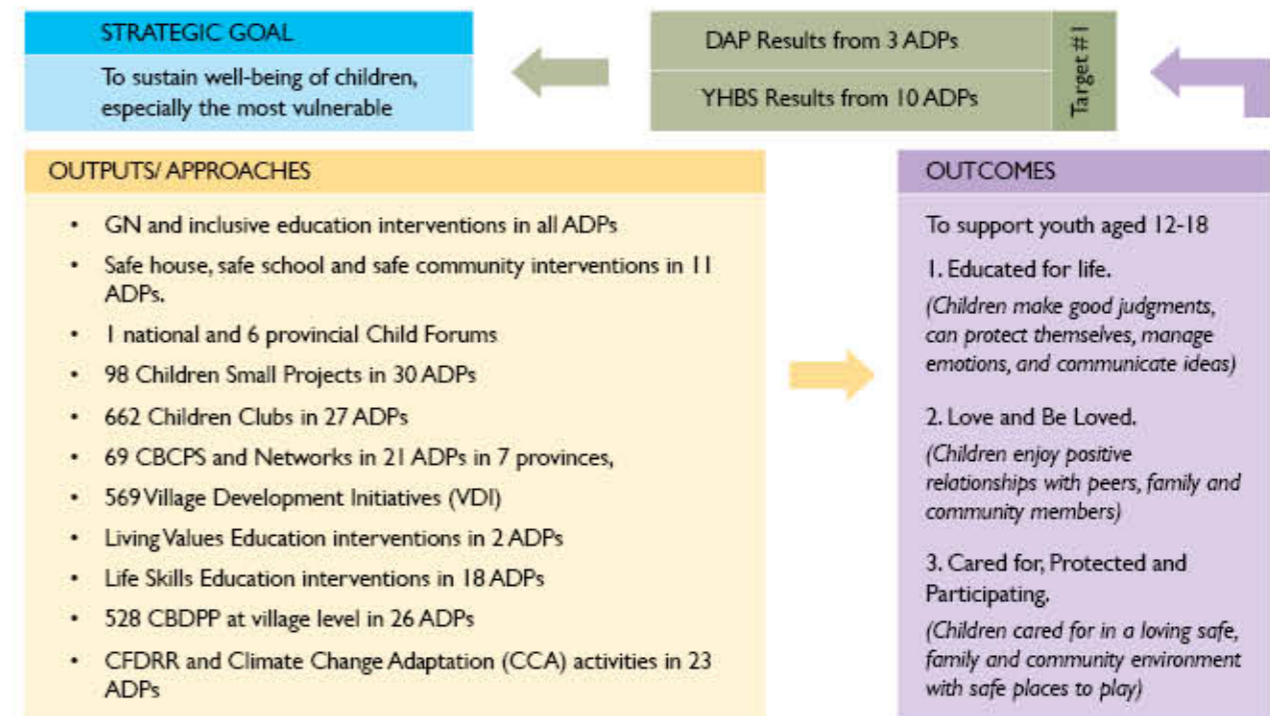
CW Aspirations	Focal issues
Children are educated for life	<ul style="list-style-type: none"> <li>• Lack of life skills, living values</li> <li>• Lack of vocation training programs for drop-out children</li> <li>• Lack of good models from adults</li> </ul>
Children are loved and love others <sup>15</sup>	<ul style="list-style-type: none"> <li>• Lack of care and attention from parents about spiritual and social dimensions</li> <li>• Lack of hope for the future</li> </ul>
Children are cared for, protect and participating	<ul style="list-style-type: none"> <li>• Lack of child participation</li> <li>• Lack of safe places</li> <li>• Involvement in criminal life styles such as gambling, alcohol or drug or game addiction in urban context, etc.</li> <li>• Lack of strong or supportive child protection systems</li> </ul>

While WVV's strategy prioritizes children under 12 years, a number of project models do focus on youth and this is becoming a more critical area for WVV's support in the future.

## RESULTS AND ANALYSIS

Based on the annual reports and evaluation reports completed in FY2013, it was found that the following activities and approaches are contributing to building assets for youth (measured by DAP tool), and 4 dimensions of CWB: rights, extreme deprivation, connection with caregivers, and an overall sense of well-being (measured by YHBS tool).

GRAPH 2 - RESULTS TOWARD CWBT #1



Most of the mentioned models or approaches are focused on children below 12 years although they are contributing to the well-being of children from 12-18.

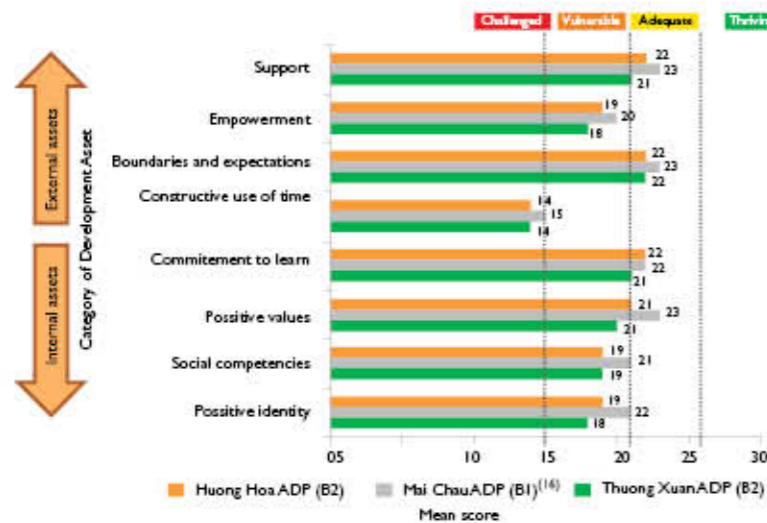
14 General Statistics Office (GSO), The Vietnam household living standard survey 2010  
 15 We adapted CWBA#3 due to out restricted context.

## DAP SURVEY

TABLE 5 - DAP RESULTS

The strengths of the assets and the contexts, in which youth live, learn and work as reported by youth 12-18 of age.	Huong Hoa (N=227)	Mai Chau (N=241)	Thuong Xuan (N=245)
Total (age 0-60)	40	42	38
External (age 0-30)	19	20	19
Internal (age 0-30)	20	22	19

According to DAP results presented in Table 5, internal asset scores in all three measured ADPs tend to be higher than external asset scores. While the external assets focus on external structures, relationships, and activities that create a positive environment for young people, the internal assets reflect internal values, skills, and beliefs that young people also need to fully engage with and function in the world around them.



GRAPH 3 - MEANS SCORES FOR 8 CATEGORIES OF ASSETS

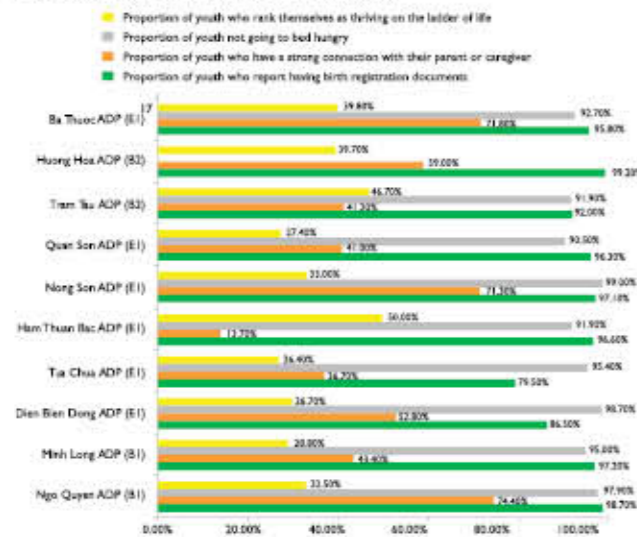
In general, DAP survey results in three measured ADPs draw attention to three asset categories, including Constructive Use of Time, Empowerment and Social Competencies:

The total mean score for the asset category of **Constructive Use of Time** is at 'Challenged' level. It implies that youth in these ADPs lack involvement in positive and constructive activities, out of school, to learn and develop new skills and interests with other children and adults. According to the DAP Theory of Change, youth who lack assets in this category of Constructive Use of Time often tend to become drawn to negative behaviors such as alcohol abuse, smoking, internet gaming and/

or drug addiction. Currently, good models such as the extra curricular activities and children's clubs which create opportunities for young to access leisure activities and encourage a sense of connection with them to their community are mainstreamed in almost all WVV programs. However, they were mostly introduced in primary schools and less prevalent in secondary school and high schools.

The level of development asset in the Category of **Empowerment** in the measured ADPs is at 'Vulnerable' level. This suggests that youth do not feel safe, valued or appreciated by others. Table 4 presents the findings in the design document of 12 ADPs, 10/12 ADPs including 3 measured ADPs reveal that child participation is limited.

Total mean scores for the asset category for **Social Competencies** is at 'Vulnerable' level which implies that children lack skills to interact effectively with others, to make difficult decisions or to confront new situations. Data in table 4 also reveals that youth lack essential life skills and living values.



16 B1: Data from the baseline survey for phase I

17 E1: Data from the evaluation of phase I

have already completed Phase I such as Quan Son ADP, Dien Bien Dong ADP and Tua Chua ADP didn't achieve a very good result. One of the reasons is because in the past, WVV didn't prioritize child wellbeing, especially CWBTS, as much as we have done in the past 2 years.

**Connection with caregiver:** The lowest result was found in Tua Chua (26.7%), a remote ADP, while the highest result was found in Ngo Quyen (74.4%), an urban ADP. This result reveals a wide disparity between mountainous rural areas and urban lowland areas. Based on the findings from the ADP evaluations the following issues are evident in this ADP. There remains significant discrimination between boy and girls, caused by traditional social norms of ethnic minority groups in the remote areas, there is also limited awareness of parents, communities and children themselves on child rights, and a lack of safe playground for ethnic adolescents, a lack of vocational training opportunity after dropping out from education and a tendency to marry very early among ethnic youth.



**Not living in extreme poverty:** The YHBS result also shows that at least 90% of youth aged 12-18 years old do not go to bed hungry.

**Birth Registration:** Out of 10 ADPs, 7 ADPs are at acceptable level which is above 95% and 2 ADPs are at critical level which is below 90% according to international thresholds. Tua Chua and Dien Bien Dong ADPs are at critical level with the lowest percentage of children having a birth registration document, 79.5% and 86.5% respectively. It is because these ADPs are operating in remote mountainous areas where health care services are not accessible for birth delivery, home births with midwife assistance is common and the awareness of local people on the importance of obtaining Birth Certificates for children is low. The sponsorship project in both ADPs has been working on transforming people's mindset and continues to cooperate with related agencies to issue birth certificates for children so they can benefit from public services such as free health services for 0-6 year old children and public school.

## LEARNING AND RECOMMENDATIONS

TABLE 6 - LEARNING AND RECOMMENDATIONS FOR CWBT #1

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>As WVV current strategy focuses mostly on children under 12, we have very few intervention models for youth aged 12-18. In addition, DAP and YHBS tools are not used to measure CWBT #1 in all ADPs. Thus, the result doesn't adequately represent the situation in our entire program.</li> <li>As the DAP tool is very new for WVV, it will take time for all ADPs to become familiar with the tool and learn how to use the analysis to improve youth programs.</li> </ul>	<ul style="list-style-type: none"> <li>The results of DAP and YHBS are to be considered as baseline to be used for program (re)design and next strategy formulation for youth aged from 12-18 years old. Effective intervention models for youth such as children clubs, extra curriculum activities, life skills and living values educations, small projects should be mainstreamed in more ADPs to empower and create opportunities for youth to participate and develop new skills.</li> <li>Continue to measure CWBT #1 using DAP for learning and monitoring of youth programs and review this after one year.</li> <li>Continue to measure CWBT #1 using YHBS for reporting at baseline and evaluation.</li> <li>Use Focused Group Discussions (FGDs) to support DAP and YHBS measurements.</li> </ul>

## YOUTH HEALTHY BEHAVIOR SURVEY

### (YHBS)

GRAPH 4 - YHBS RESULT

The following points are observed based on the YHBS result from 10 ADPs (6 evaluations and 4 baselines) as presented in the graph 4:

**Ladder of life:** In 6 out of 10 ADPs that conducted YHBS, more than 30% of youth aged 12-18 years old ranked themselves as thriving on the ladder of life. However, as the baseline is not available, it is impossible to analyze WVV's contribution. In general the evaluation results of ADPs that have already completed the 1<sup>st</sup> phase (Ham Thuan Bac, Tram Tau ADPs) are better than baseline results of new ADPs (Ngo Quyen, Minh Long ADP). Nevertheless, a few ADPs which

## OBJECTIVE 1: IMPROVE THE ACCESS TO AND QUALITY OF EDUCATION FOR CHILDREN, INCLUDING VOCATIONAL TRAINING

Significant progress has been made in the education area. Universal primary education has been sustained from 2000<sup>18</sup> and the literacy rate of adults over 15 years old is very high at 94.7%<sup>19</sup>. However, several challenges remain<sup>20</sup>. Issues include poor skill kindergarten teachers, unattractive classrooms, lack of classrooms and poor perception from parents about Early Childhood Care and Development (ECCD)<sup>21</sup> for preschool education; curriculum lacks practical application opportunities, teacher-centered teaching methods used by teachers and poor teaching facilities for primary education. In relation to vocational education, poor orientation for students, low quality schools to meet learner needs, expansion of high schools and lack of employment are the reasons youth school leavers did not enroll in vocational courses<sup>22</sup>. Based on Ministry of Education and Training (MOET)'s findings, 70% of students enter public high schools, 8% enter non-formal high schools and only 1.8% of students entered vocational schools in 2013.

WVV seeks to address these issues through promising education models such as Home Based Child Care Centers (HBC), Parent Teacher Committee (PTC), Child Centered Method (CCM) and Active Learning Method (ALM) for teachers, Child Reading Clubs and Vocational trainings for out-of-school teenagers.

### RESOURCES

TABLE 7 - FY2013 EDUCATION RESOURCES

- US\$ 3,142,031
- 38 ADPs
- 2 national and 6 zonal technical staff
- Target children: Approximately 120,000 children and students  
HBC centers, kindergartens, primary schools



### RESULTS AND ANALYSIS

TABLE 8 - RESULTS FOR EARLY CHILDHOOD EDUCATION

APPROACHES	OUTPUTS	OUTCOMES
HBC	<ul style="list-style-type: none"> <li>• 65 HBC centers with 1,700 children under 3 years old.</li> <li>• 9 ADPs invested in trainings for child caregivers at HBC centers to better care for children's nutrition, sanitation and communication skills.</li> </ul>	<ul style="list-style-type: none"> <li>• 3 out of 5 ADPs that measured the enrolment rate of children aged 3-5 years old in FY2013 had the result increased significantly, by 58.7%, 53.7% and 12% for Dien Bien Dong ADP, Quan Son ADP and Nong Son ADP respectively. For 2 remaining ADPs, the baseline is not available.</li> </ul>
CCM	<ul style="list-style-type: none"> <li>• 230 kindergartens, 50,000 children 3-5 years old, 1,923 teachers trained on ECCD and CCM.</li> <li>• 87% kindergarten teachers reported to fully apply CCM in classroom.<sup>23</sup></li> <li>• 97% kindergarten teachers rated as qualified.<sup>24</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Enrolment rate of 3-5 years old children spreads from 60% to 100% in 31 ADPs in FY2013's reports.</li> </ul>
PTC	<ul style="list-style-type: none"> <li>• 61 PTC organized parents' bi-monthly meetings to discuss and share their experience in caring and developing their children comprehensively from physical to social-emotional domain.</li> </ul>	

<sup>18</sup> School-Year 2012-2013 National Education report by MOET

<sup>19</sup> General Statistic Office data by 2012

<sup>20</sup> Proposal for Comprehensive Renovation of Education for Vietnam after 2015 - MOET Summary Report.

<sup>21</sup> VN Education Development Strategy 2011-2020-Draft 14

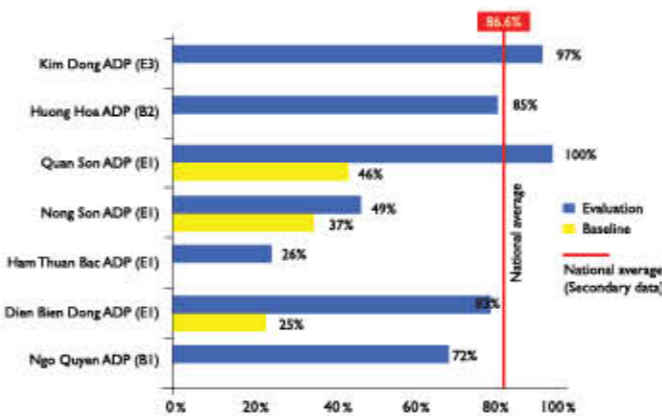
<sup>22</sup> MOET workshop to classify students after their graduation from secondary schools and high schools in December 2013-Youth newspaper issued on 21 Dec 2013.

<sup>23</sup> MOET's Statistics for 2013- Retrieved from www.moet.gov.vn on January 2014

<sup>24</sup> MOET's Statistics for 2013- Retrieved from www.moet.gov.vn on January 2014

FY2013 witnessed a significant increase in the enrolment rate of 3-5 year old children. The relevant evaluation reports explained that this was achieved thanks to the improved caring and teaching method of teachers and parents, increased numbers of classrooms and more nutritious meals provided for children who attended full day kindergarten classes.

GRAPH 5 - ENROLMENT RATE OF CHILDREN AGED 3-5 YEARS OLD



Most teachers fully applied CCM in classrooms after being trained on 5 development domains of children. This meant they developed activity-based lesson plans that maximized their students' creativeness, self-discovery and learning through toys and study games.

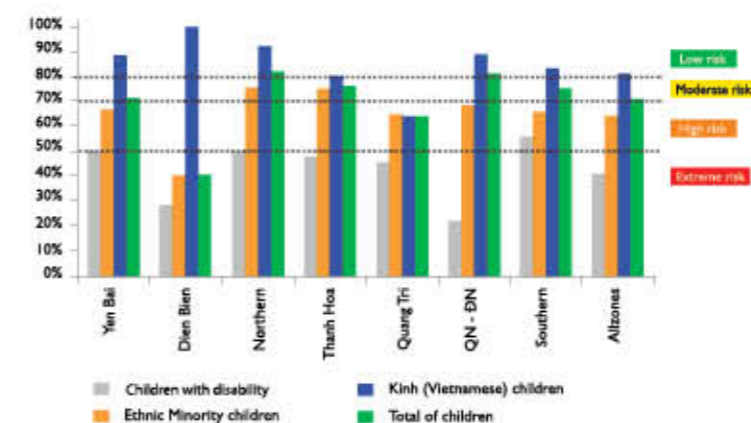
It was noted that the rate of teachers applying this method was lower for some new and more remote ADPs compared to Phase II ADPs due to poorer teaching conditions and the low-motivation of teachers.

### CWBT #4 - INCREASE IN CHILDREN WHO CAN READ (AGE 11)

TABLE 9 - RESULTS FOR CWBT #4

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
ALM <sup>25</sup>	<ul style="list-style-type: none"> <li>• 200 schools, 70,000 students 6-10 years old and 2,328 teachers.</li> <li>• Over 90% teachers applying the method.</li> <li>• 99% primary school teachers ranked as qualified according to the national standard.<sup>26</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Measurements of reading comprehension for children who completed grade 5 in 38 ADPs for the first time in 2013.</li> <li>• 71.2% of students (66.1% of boys, and 76.5% of girls) in 38 ADPs achieved functional literacy.</li> <li>• 15 out of 38 ADPs accounting for 39% achieved the low risk level of FLAT result (above 80%).</li> <li>• WVV was recognized and awarded the best country in delivering the CWBT #4 at the President's National Director Summit in FY2013.</li> </ul>
Village Child Reading Club	<ul style="list-style-type: none"> <li>• 34 clubs, 965 children from 6-10 years old.</li> </ul>	<ul style="list-style-type: none"> <li>• Only 0.51% Registered Children (RC) of primary school going age (206 out of 40,774) were not involved in formal/non-formal education</li> </ul>

GRAPH 6 - FLAT RESULT



Children's learning outcomes were very good in FY2013, both nationwide and in WVV operating areas. The National Millennium Development Goals (MDG) report 2013<sup>27</sup> confirmed the attainable achievement of Vietnam on the goal toward every child completing primary schooling by 2015. MOET school year 2012-2013 report also recorded that "good student" results increased while "weak performance students" decreased. As expressed in graph 6, WVV's FLAT assessment for students in 38 ADPs also showed that most national Kinh students achieved functional literacy. Most of the evaluation reports show that the improvements in teaching methods, provision of additional learning opportunities for children including Child Reading Clubs, Child-friendly libraries and Home Learning corners

have made significant contribution to the high rate of FLAT indicator amongst students in most ADPs. However, literacy rates of ethnic minority children and CwD were much lower than their Kinh peers due to poorer learning conditions caused by their

<sup>25</sup> Active Learning Approach can be referred to as an approach which makes learning active; is a process whereby learners are actively engaged in the learning process. It involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis and evaluation- This approach was adapted by Save The Children Australia and now adopted by MOET.

<sup>26</sup> MOET's Statistics for 2013- Retrieved from www.moet.gov.vn on January 2014.

<sup>27</sup> The National report published in May, 2013 for the Economic and Social Council for Minister Review

language barrier, poor teaching methods due to poor equipment and facilities, lack of support from their family due to limited perceptions on the importance of education, and their disability conditions. This indicates that greater attention should be applied to the area of functional literacy and learning conditions of ethnic minority and CwD.

According to 25 ADPs' annual reports, the percentage of teachers applying ALM was above 90%, positively improving students' learning quality. After a series of trainings on "How to teach Vietnamese, Math and Social Science" more actively, teachers changed their teaching method from lecturing to organizing activities to engage students in lessons. Students were more active in their team work, had positive feedback and presentation skills which were for a long time impossible due to traditional way of teaching. However, the rate of teachers applying ALM methods was lower particularly in remote and challenging development contexts such as Dien Bien area because teachers lacked time to develop teaching aids, the teaching period required for using ALM was longer and unsuitable tables and chairs for group work.

In FY2013, changing teaching method was the agenda of both MOET and INGOs, including WWV, remarkably expressed by the issuance of Decree 40, titled "Friendly Schools and Active Students" by MOET in 2008. Based on this legal framework, WWV ADPs have supported ALM trainings and institutionalization of school monitoring boards. Though application was still challenging in some remote schools, sustainability has been shown to be significantly high.

## VOCATIONAL EDUCATION

TABLE 10 - RESULTS FOR VOCATIONAL TRAINING

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
Vocational Training	<ul style="list-style-type: none"> <li>Under the inclusive education project of Trieu Phong ADP, 40 out-of school youths with disability have been engaging in vocational trainings, in which 08 graduated youths with most difficult circumstances were supported with production tools for carpentry, hairdresser etc. so that they can start their job smoothly.</li> <li>Van Yen ADP has coordinated closely with the District Vocational Training Center to train 104 drop out youth and support them to get employment in their local area. This figure accounts for 43.15% of the total number of youth trained in 2013 of Van Yen District.</li> </ul>	<ul style="list-style-type: none"> <li>556 out-of-school teenagers from 15-18 years old currently enrolled in or have successfully completed vocational training, according to 11 ADPs' annual reports in FY13, compared to the strategy target of 12 ADPs by the end of FY14.</li> </ul>

Despite much effort, WWV's contribution in this area is still very modest, compared to the national target of 500,000 rural laborer to be trained by 2020 according to the Prime Minister Decision 1956/QĐ-TTg on Vocational training for rural labours until 2020.

Our approach is to send teenagers to vocational trainings based on their vocational interest, capacity and financial conditions, availability of local training facilities, trainers and employment feasibility. Surveying teenagers, linking them with trainers and introducing jobs for them were tasks implemented by local Pro-vocational training networks established by the ADPs. It has also been challenging to recruit teenagers to undertake vocational trainings because their vocational capacity and earning capacity is very low. So, motivation toward vocational training remains very low. Therefore, this intervention needs more analysis for further expansion in the coming time.

## LEARNING AND RECOMMENDATIONS

TABLE 11 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 1

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>Although government adopted ALM and CCM as official teaching methodology in pre and primary education respectively, it will take some time and special attention for remote schools to apply these methods effectively.</li> <li>For most ADPs, Village Child Reading clubs and PTC are only at the beginning stage and requires further technical and monitoring support.</li> </ul>	<ul style="list-style-type: none"> <li>Update ALM and CCM forms and guides to measure the teaching methods of teachers consistently across ADPs.</li> <li>Among the trainings for teachers, Inclusive Education and Teaching Vietnamese as a second language should be prioritized to address literacy of CwD and ethnic minority students.</li> <li>Increase the involvement of VDB in community-based models such as Child Reading Clubs, PTC to increase local contribution, ownership and lessons learnt.</li> <li>Focus more on vocational training for all vulnerable children including RC who drop out, especially in 2<sup>nd</sup> phase or phasing out ADPs.</li> </ul>

## OBJECTIVE 2:

### REDUCE MALNUTRITION OF CHILDREN UNDER 5

There has been a substantial decline in underweight children at the national level over the last ten years, from 30.1% in 2002 to 15.3% in 2013. However, the stunting prevalence of 25.9% in 2013 is still very high. The highest stunting prevalence is found in Lao Cai and Kon Tum provinces, 37.3% and 40.8% respectively, compared to 6.7% in Ho Chi Minh<sup>28</sup>, and over 50% in H'Mong, Ba Na and Gia Rai ethnic minority groups, compared to 23% in Kinh children. The level of stunting is approximately three times higher amongst children from the poorest households, compared to children from the wealthiest households. Stunting is caused by long-term insufficient nutrient intake and frequent infections.<sup>29</sup> Stunting and other forms of under-nutrition reduce a child's chance of survival, while also hindering optimal health and growth.<sup>30</sup>

## RESOURCES

TABLE 12 - FY2013 HEALTH/ NUTRITION RESOURCES

Health:	US\$ 1,772,704
Nutrition:	US\$ 423,619
WATSAN:	US\$ 556,178
Economic Development:	US\$ 753,882
34 ADPs, Safe Motherhood Project, Child Health Now Campaign Project	
2 National and 3 Zonal Technical Staff	
# Direct Beneficiaries:	
± 67,000 pair of mothers and children under 5	
± 120,000 children 5 – 15 year of age.	



## RESULTS AND ANALYSIS

### CWBT #2 - INCREASE IN CHILDREN PROTECTED FROM INFECTION AND DISEASE



The government currently implement national programs to reduce common diseases and infection among children under 5. However, there are limited activities to improve the quality of health services as well as build capacity of health staff in providing treatment for children, due to a lack of resources. Besides enabling access to hygienic latrines and clean water sources as well as promote correct personal hygiene and sanitation behaviors, WWV has also provided support for Commune Health Stations to upgrade health facilities and to provide training for improving the capacity of commune health staff, thus improving the quality of health services, leading to a reduction in childhood disease and infection.

TABLE 13 - RESULTS FOR CWBT #2

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
Health Facilities	<ul style="list-style-type: none"> <li>64 health facilities upgraded and equipped with necessary equipment according to the national standard for commune health center.</li> </ul>	<p>According to the result of 8 evaluations conducted in FY2013:</p> <ul style="list-style-type: none"> <li>6 out of 6 ADPs that had interventions in Water and Sanitation (WATSAN) having % of households access to improved latrine increased.</li> <li>5 out of 6 ADPs that had interventions in WATSAN having % of households access to clean water increased.</li> <li>2 out of 6 ADPs that had interventions in WATSAN having % of children under 5 with diarrhea in the past two weeks who received correct management of diarrhea increased. The baseline is not available for other 4 ADPs.</li> <li>Out of 10 ADPs that measured the % of children under 5 with presumed pneumonia who were taken to appropriate health service provider, 4 ADPs are at acceptable level with is above 70% and 4 ADPs are at critical level which is below 60%.</li> </ul>
WATSAN	<ul style="list-style-type: none"> <li>With support from WWV, 737 hygienic latrines built and 353 water systems constructed.</li> </ul>	

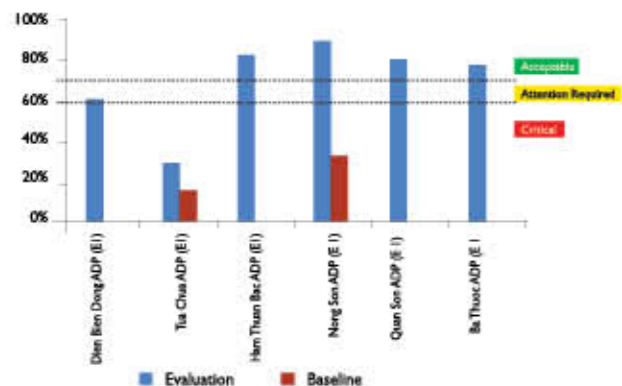
<sup>28</sup> National Institute of Nutrition, Prevalence of undernutrition by severity – 2013

<sup>29</sup> National Nutrition Survey 2009-2010

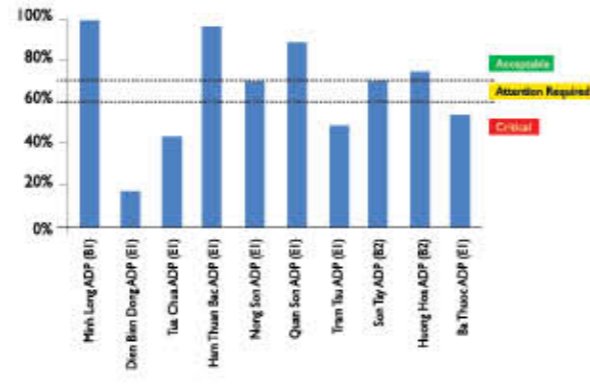
<sup>30</sup> UNICEF, Improving Child Nutrition, April 2013



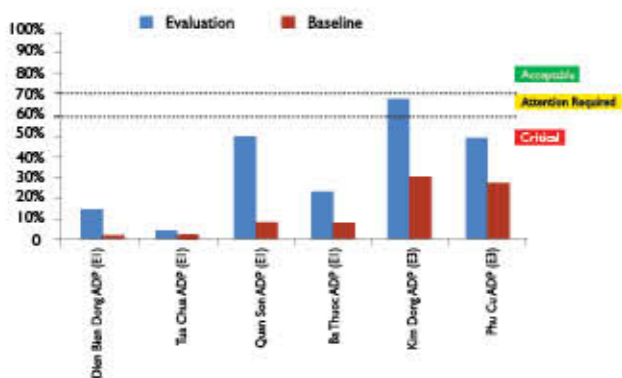
**GRAPH 7 - % OF CHILDREN UNDER 5 WITH DIARRHEA IN THE PAST 2 WEEKS WHO RECEIVED CORRECT MANAGEMENT OF DIARRHEA**



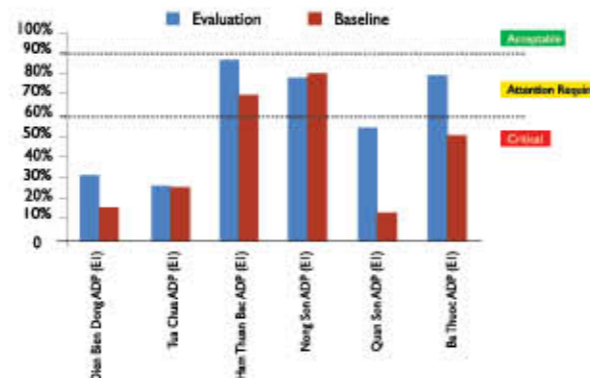
**GRAPH 8 - % OF CHILDREN UNDER 5 WITH PRESUMED PNEUMONIA WHO WERE TAKEN TO APPROPRIATE HEALTH SERVICE PROVIDER**



**GRAPH 9 - % OF HOUSEHOLDS HAVING ACCESS TO IMPROVED LATRINES (MDG7.9)**



**GRAPH 10 - % OF HOUSEHOLDS HAVING ACCESS TO IMPROVED WATER SOURCES (MDG 7.8)**



Based on the findings of 6 evaluation reports, it was found that the changes demonstrated in the graphs 7, 9, 10 are the result of our efforts in enhancing knowledge and changing behavior and practice of mothers and caregivers on nutrition and disease prevention; in rehabilitating malnourished children through integrated child health programming in the kindergarten; establishing kindergarten day boarding centers with proper nutrition and hygiene care. It was found that once parents were aware of the importance of proper hygiene and sanitation in the household, they were more likely to improve their hygiene and sanitation conditions. Despite significant achievements demonstrated in some ADPs, the percentage of households having access to improved latrines and improved water sources in all ADPs are still at the attention required and critical levels, according to international thresholds. However, it should be noted that most of our ADPs are in remote mountainous areas where the baseline data was much lower than what it is now.

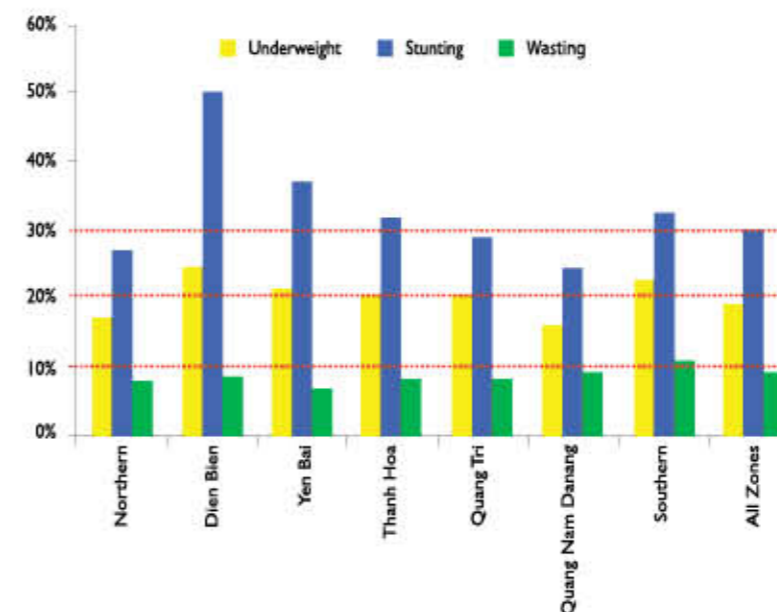


**CWBT #3 - INCREASE IN CHILDREN WHO ARE WELL-NOURISHED**

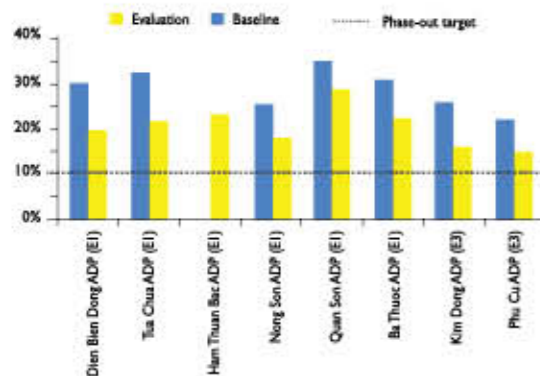
**TABLE 14 - RESULTS FOR CWBT #3**

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
Nutrition Practices/Clubs	<ul style="list-style-type: none"> <li>Nutrition Club approach scaled up to 29 ADPs, covering 41% of ADP villages, with a total of 521 Nutrition Clubs, reaching approximately 17,029 children and 27% households that have children under 5 per month.</li> <li>Conducted a workshop to scale up Nutrition Club model for non-project provinces.</li> <li>10,911 mothers and care-givers having their nutrition knowledge and skills strengthened.</li> <li>2,388 local health workers having their nutrition knowledge and skills improved.</li> <li>10 ADPs implementing interventions to improve the exclusive breastfeeding for infants during their first 6 months.</li> <li>At the national level, implemented initiatives to influence policies/ guidelines on malnutrition including joint advocacy effort for 6 month maternity leave, breastfeeding, and nutrition club models etc.</li> </ul>	<ul style="list-style-type: none"> <li>According to the result of 8 evaluations conducted in FY13:                             <ul style="list-style-type: none"> <li>Underweight rates in 7 ADPs have reduced from 7% to 10.8%, compared to 3.6% nationwide over 5 years from 2009 to 2013.</li> <li>The rate of reduction of underweight children in project communes was faster than the average reduction of the whole district by approximately 5%.</li> <li>Stunting rates in 5 ADPs have reduced.</li> </ul> </li> <li>According to the result of CWBT #3 measurements undertaken by government partners with WVV's technical support in Dec 2012 and Jun 2013 in 34 ADPs:                             <ul style="list-style-type: none"> <li>Number of ADPs with stunting rates at a critical level has reduced by 2, from 23 to 21 ADPs.</li> <li>Stunting rates in all ADPs has reduced ranging from 34 to 30.2%, and underweight rate from 19.4 to 19.1%.</li> </ul> </li> <li>RC:                             <ul style="list-style-type: none"> <li>94.4% of RC participated in the health and nutrition activities.</li> <li>4.9% of RC are underweight severely</li> <li>15.67% of RC are underweight moderately</li> </ul> </li> </ul>
PD/HEARTH	<ul style="list-style-type: none"> <li>5 ADPs have implemented PD-Hearth in the past 2 years.</li> </ul>	<ul style="list-style-type: none"> <li>Legislation:                             <ul style="list-style-type: none"> <li>Vietnam recently enacted legislation that extends paid maternity leave to 6 months and bans advertising of breastmilk substitutes for infants up to 24 months. This change allows mothers to breastfeed their babies for the first 6 months and hopefully will positively impact children's health.</li> </ul> </li> </ul>
Livelihood	<ul style="list-style-type: none"> <li>125 local people having knowledge of small business development.</li> </ul>	

**GRAPH 11 - MALNUTRITION RATE OF CHILDREN UNDER 5 BY ZONE**

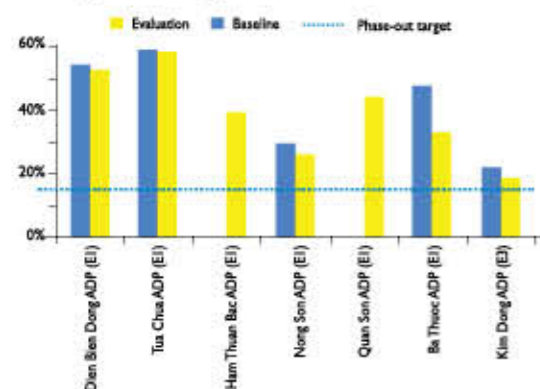


According to CWBT #3 measurement, Dien Bien, Yen Bai and Southern zones have both underweight and stunting malnutrition at critical levels which are respectively above 30% and 20%, because they are one of the poorest areas of the country, where children don't have access to affordable, diverse, nutrient-rich food; appropriate maternal and child-care practices; adequate health services; and a healthy environment including safe water, sanitation and good hygiene practices. These factors directly influence nutrient intake and the presence of disease, creating a potentially lethal cycle of worsening illness and deteriorating nutritional status.



**GRAPH 12 - UNDERWEIGHT RATE OF ADPs THAT CONDUCTED EVALUATION IN FY2013**

The evaluation reports of 7 ADPs that show reductions in underweight rate were those where the nutrition/ health clubs were functioning well and ADPs intentionally implemented integrated interventions through nutrition clubs.



**GRAPH 13 - STUNTING RATE OF ADPs THAT CONDUCTED EVALUATIONS IN FY2013**

Graph 13 shows that Ba Thuoc and Kim Dong ADPs had better reduction in stunting rate. According to their evaluation reports, the main reasons that lead to this significant reduction include:

- Project objectives of malnutrition reduction and common disease prevention for children under 5 were in alignment with the national health program and local priorities.
- MVC especially CwD and poor children are prioritized by the project
- Capacity for local health workers have been enhanced significantly.

- Knowledge and practices of nutrition and children care for caregivers have been improved through intervention models such as Behavior Change Communication and Nutrition Club.

However, according to the evaluation reports, the stunting rate remains very high in Tua Chua, Dien Bien Dong and Quan Son ADPs after WVV has been implementing a nutrition project for more than 5 years. A number of factors have influenced this result including geographic isolation, staff shortages in health services, dispersed and remote interventions making monitoring extremely difficult and limited awareness about healthcare in the community. According to UNICEF's research on improving child nutrition issued in April 2013, reductions in stunting can be achieved through proven interventions. These include improving women's nutrition, especially before, during and after pregnancy; early and exclusive breastfeeding; timely, safe, appropriate and high-quality complementary food; and appropriate micronutrient interventions. This research also recommends that multi-sectoral, integrated approach should be applied to tackle the issue.

The evaluation report of Kim Dong ADP shows that the Nutrition Clubs were sustained by health staff and the women's union two years after WVV's program closure. This gives strong evidence on sustainability of the Nutrition Club approach. WVV and National Institute of Nutrition (NIN) collaborated to develop training curricula and Information, Education & Communication (IEC) materials, to conduct a national workshop to disseminate lessons learnt from the Nutrition Club approach and to plan for scale up outside WVV areas. So far, with support from NIN, the Nutrition Club has been replicated in 4 non-ADP areas from 2 districts of Ha Nam province.

## LEARNING AND RECOMMENDATIONS

**TABLE 15 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 2**

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• Supportive supervision ensures the quality of project implementation in field, especially the function and operation of nutrition clubs and health facilities.</li> <li>• In order to reduce malnutrition, especially in mountainous setting, it requires government commitment, evidence based nutrition models, the presence of trained and skilled community workers collaborating with communities, effective communication and advocacy. From WVV side we should have multi-sectoral, integrated interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• To continue to enhance the quality of nutrition club model through active monitoring, follow up and training on supportive supervision.</li> <li>• To collaborate closely with government health agencies at central level such as Ministry of Health (MOH) and NIN to increase their efforts in supporting mountainous areas with high malnutrition rate among children under 5 and promoting effective nutrition models nation-wide.</li> <li>• Adopt multi-dimension approaches by integrating nutrition interventions with food security, economic development, WATSAN, ECCD and MFU interventions</li> <li>• To apply Nutrition Rehabilitation interventions such as PD/HEARTH approach in 21 ADPs where the stunting rate is higher than 30%.</li> <li>• Apply different phase-out thresholds for different settings in the next strategy.</li> </ul>

## OBJECTIVE 3: STRENGTHEN THE CAPACITY OF COMMUNITIES AND LOCAL PARTNERS FOR IMPROVED CHILD WELL-BEING

Mass organizations such as the Women's Union and Farmers Federation maintain large memberships operating through extensive bureaucratic structures at central, provincial, district and local levels and continue to play a dominant role in civic life in Vietnam. In the past five years, there has been an increase in public awareness of the contribution of non-government actors, as many new civil society organizations have emerged to engage in a wide range of social issues. However, they are facing a range of serious challenges such as limited and unstable budget, staffing shortages, and weaknesses in governance.<sup>31</sup>

WVV's approach recognizes the value of these community based organizations and has focused on forming VDB<sup>32</sup>, as a means to engage different organizations, boost community participation, foster social and spiritual life of people in the village and promote sustainable development toward sustained wellbeing of children. According to WVV's aim for the VDB, ultimately the VDB will become sustainable and also a catalyst within the community to continue to promote sustainable development geared toward child well being when WVV leaves.



## RESOURCES

**TABLE 16 - FY2013 CAPACITY BUILDING RESOURCES**

- 3 million USD (Capacity Building and Leadership Development Projects - 18.8%)
- 38 ADPs and Phu Cu Grassroots Capacity Development Project
- 1 National and 5 Zonal Technical Staff.
- Direct beneficiaries: 798 VDB, 36 women group and 19 disability clubs

## RESULTS AND ANALYSIS

**TABLE 17 - RESULTS FOR CAPACITY BUILDING**

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
Nutrition Practices/Clubs	<ul style="list-style-type: none"> <li>• 798 VDB mainstreamed to 30 ADPs.</li> <li>• 387 out of 798 VDBs, functioning well according to our checklist, accounting for more than 48.5%.</li> <li>• 100% VDBs members trained on CWB, project management and community work skills.</li> <li>• 189 local partners actively participated in 8 end-phase evaluation and 315 in 11 design and re-design workshops.</li> <li>• 90% VDBs being able to facilitate annual planning meetings at village level.</li> <li>• 101 villages have applied community based monitoring to monitor well-being status of children at village level, to utilize the collected data to make annual plan that aim to address the issues of children.</li> </ul>	<ul style="list-style-type: none"> <li>• 19 ADPs having at least 10 VDBs effectively contributing to CWB, almost meeting the target of 20 ADPs for this indicator.</li> <li>• 569 VDBs implemented and managed by VDBs toward improving CWB, with local contribution ranging from 30% to 70% of the initiative budget.</li> <li>• According to Kim Dong, Quan Son, Dien Bien Dong ADPs' evaluation reports, 60 Hamlet Facilitators equipped to be able to take leadership positions in their villages and communes through election.</li> </ul>

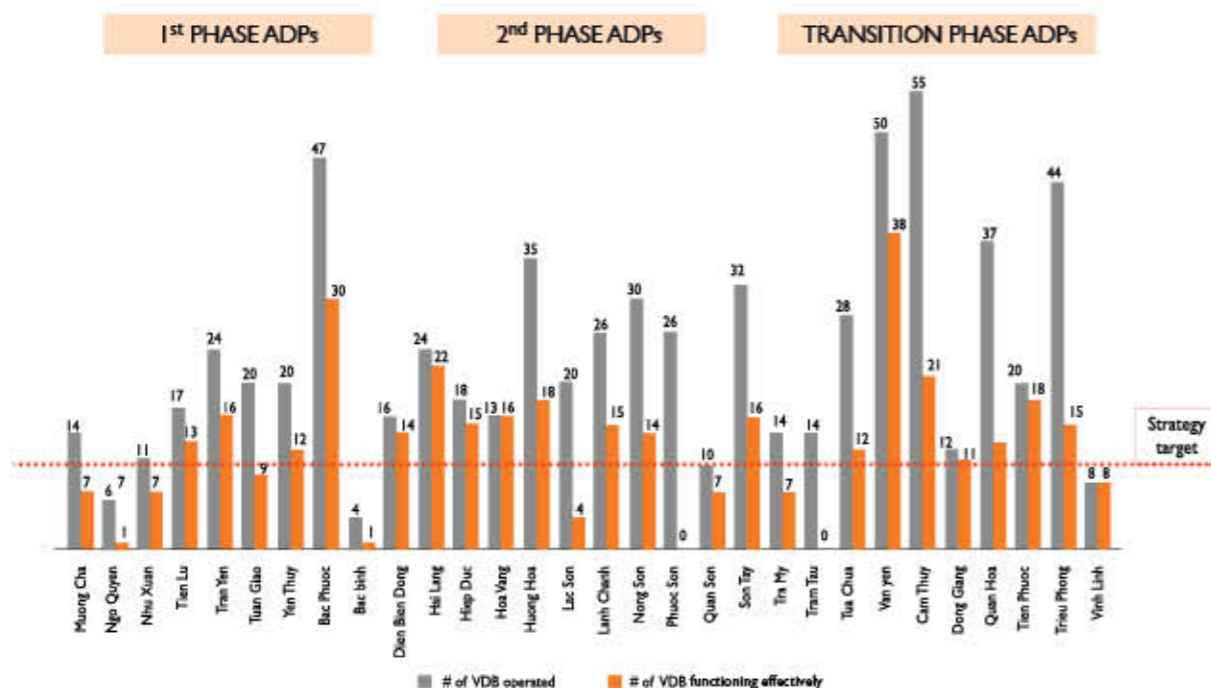
According to 7 evaluation reports and 2 baseline surveys, VDBs are making a great contribution to CWB at grass root level, especially their mobilization of local participation and resources in annual planning and in the implementation and management of community development initiatives.

However the number of VDB functioning effectively according to the VDB checklist that was used by 30 ADPs to track the effectiveness of VDBs is low. It is found that it takes time and effort for newly established VDBs to function effectively. There are higher number of VDB operating and proportion of VDBs functioning effectively in 2<sup>nd</sup> phase and phasing out ADPs than 1<sup>st</sup> phase ADPs. Based on the findings, the areas for improvement include Vision/Goal Formulation, Resource Mobilization, Women's Participation and Women in VDB leadership. These areas are particularly weak in remote areas such as Dien Bien Dong, Tuan Giao, Muong Cha, Tua Chua, Tram Tau, Son Tay and Quan Son ADPs where the proportion of illiterate women is very high and the capacity of local people is low. According to baseline survey of Dien Bien Dong ADP, among 16 VDB, there are no VDB with at least 30% of women as VDB members.

<sup>31</sup> Civil Society in Vietnam, the Asia Foundation, October 2012

<sup>32</sup> WVV have mainstreamed VDB model since FY2009

**GRAPH 14 - NUMBER OF VDB OPERATING AND FUNCTIONING EFFECTIVELY BY ADP**



Another observation is that among 569 VDIs implemented by VDBs, 65.1% of VDIs are infrastructure such as renewing library, playing ground, community meeting room and lane lighting. There is a lack of VDIs undertaken to address specific social issues such as early child marriage and school drop out.

The proportion of local contribution in VDI budget varies from one ADP to another. For instance, in Tien Lu ADP, there were 10 initiatives undertaken with the community contributions from 70 to 73% for each. This good result is achieved because after providing training such as proposal writing skills and community mobilization skills to the VDB members, the ADP staff provided close coaching so members can apply what they have learned in initiating and managing initiatives at their villages. Through the implementation of community initiatives, the capacity of VDB members is greatly improved. However, it remains as low as 30% of the total VDI budget in remote areas. The main causes are that VDB members lack community development knowledge and skills to identify the social issue related to CWB and most of them are very poor and lack skills in mobilizing internal resources.

The VDB, which is established through a member selection process, fosters community participation. It maintains close coordination with hamlet sectors and government bodies and together they learn a lot about community development and how the VDB can be sustained after the ADP closes. Recently in two areas where ADPs have phased out, the Government used VDB members to implement a program called "New Rural Development". In this program the government plans to set up a model similar to the VDB model. At the VDB forum Mr Hieu, the leader of District Project Management Board (PMB) in Phu Cu project said "VDB model has attracted local people to community development activities. The VDB connects the desires of the village people with the goal of WVV. Therefore, the VDB is a bridge between WVV and the village and encourages the community to increase their local contribution toward CWB."

## LEARNING AND RECOMMENDATIONS

**TABLE 18 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 3**

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>There are many child related issues in the community that haven't been addressed much by the VDBs through VDIs because it would take more efforts to mobilize contribution and implement the initiatives.</li> <li>Close coaching is required after providing training to the VDBs members for them to be able to apply what they have learned and improve their capacity as a result.</li> <li>As the presence of women in VDBs is limited in VDBs, both in term of quantity as well as quality, the women related issues are not prioritized in the community.</li> <li>In some phasing out ADPs such as Cam Thuy, Quan Hoa and Trieu Phong ADPs, the proportion of VDBs functioning effectively is still very low, less than 50%.</li> </ul>	<ul style="list-style-type: none"> <li>Enhance VDB's contribution to CWB by developing VDIs that address the need of different MVC groups in the community.</li> <li>Continue to provide training on leadership, proposal writing skills and mobilization skills for local partners together with close coaching and support.</li> <li>Encourage women to join VDBs by implementing the REFLECT model in mountainous areas where women's capacity is limited to improve their literacy and community development skills.</li> <li>Phasing out ADPs should focus on sustainability of VDBs by strengthening capacity for VDB members and advocating with local government to use VDB members for local programs.</li> </ul>

## OBJECTIVE 4: PROMOTE CHILD RIGHTS

Vietnam was the first country in Asia and the second country in the world to ratify the Convention on the Rights of the Child (CRC) in 1990. Since then, the CRC has become an important child-focused legal instrument that influences the realization of child rights in Vietnam. Most recently, in 2011 the Government approved the National Program on Child Protection for the period 2011-2015 to address child protection at the grassroots level. Some INGOs including WVV participated in formulating this important document.

Despite the Government's effort in promoting child's rights, a significant number of children, especially vulnerable children have not benefited properly from the National Program. The underlying factors that cause this problem include the inadequate knowledge of community about child rights, a lack of government inter-agency collaboration and weak capacity of Government staff to execute the policy and law on child rights.

WVV first started to address Child Right issues at national level from 2008 onwards. Our National Strategy focuses on the following objectives:

- Empower children and give them the opportunity to initiate, design, implement and monitor their own small projects.
- Advocate for a sustainable mechanism for child participation in policy making processes.
- Promote the effective implementation of CBCPS at provincial, district and commune level

## RESOURCE

**TABLE 19 - FY2013 CHILD RIGHTS RESOURCES**

Protection (including child protection):	US\$ 853,370
Advocacy:	US\$ 137,343
Children in crisis:	US\$ 14,112
38 ADPs, 4 special projects: Childhood, End Trafficking in Persons (ETIP), Child Health Now, and Child Protection and Advocacy projects	
2 national staff	



## RESULTS AND ANALYSIS

The following table shows the contribution of WVV's work in promoting child participation and protection:

**TABLE 20 - RESULTS FOR CHILD RIGHTS**

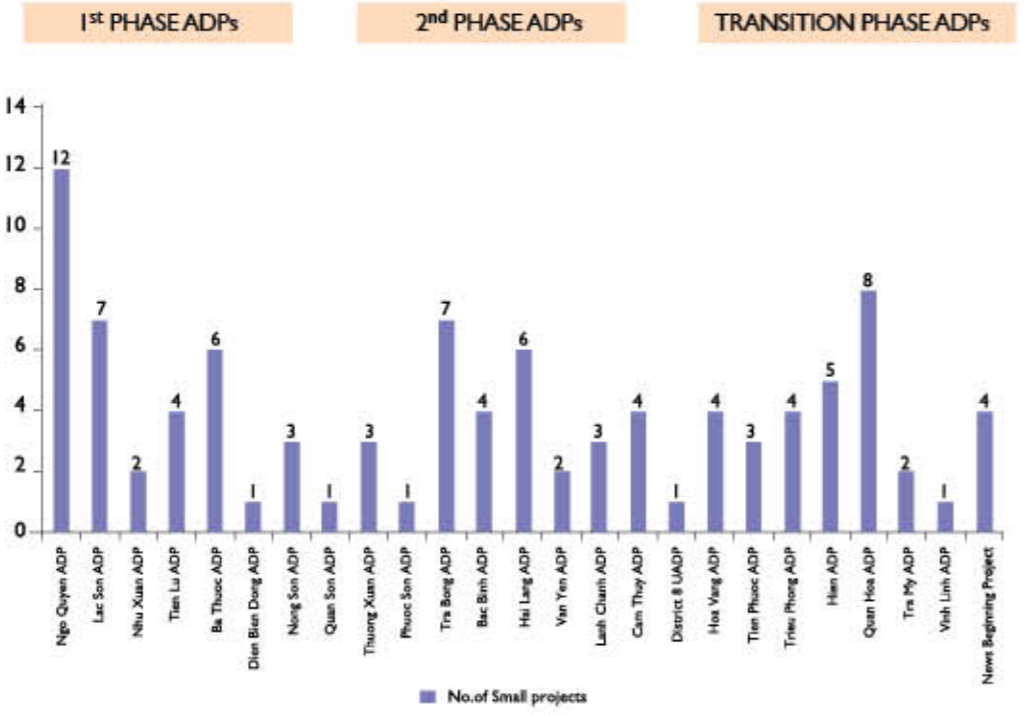
APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
Children Clubs	<ul style="list-style-type: none"> <li>662 children clubs from 27 ADPs operated effectively, involving 22,029 children.</li> <li>35/38 ADPs in implementation phase implemented activities relating to Child Participation and Protection Rights.</li> <li>4,104 children taking part in Plan of Action (POA) making.</li> </ul>	<ul style="list-style-type: none"> <li>7 out of 8 ADPs that conducted evaluation in FY13 set up children clubs. 3/7 ADPs (Dien Bien Dong, Nong Son, Ba Thuoc ADPs) reported that through the children clubs the significant change in children's confidence was particularly felt by not only students themselves but teachers and villagers. As members of child clubs, they have opportunities to attend trainings on life skills, child participation, first-aids etc.</li> </ul>
Small Projects	<ul style="list-style-type: none"> <li>98 small projects initiated and managed by children in 25 ADPs, on child participation and protection, child injury prevention, HIV/AIDS and environment protection (compared to 47 projects in FY12)</li> </ul>	<ul style="list-style-type: none"> <li>4/8 evaluated ADPs (Nong Son, Quan Son, Ba Thuoc and Dien Bien Dong) have done small projects. However, the evidence on its long term impact is not available.</li> <li>However, according to Ngo Quyen ADP's annual report, these projects created opportunities for children to develop life skills including inter-personal skills, critical thinking, relationship building, social responsibility and emotional management by themselves.</li> </ul>

Child Forum	<ul style="list-style-type: none"> <li>171 children from 29 provinces, represented for over 26 million children in Vietnam participated in the National Forum and approximately 350 children in 06 provinces dialoged with government official on their concerned issues and listened to government's responses to those concerns. Their concern formed into six recommendations and was sent to relevant ministries.</li> </ul>	<ul style="list-style-type: none"> <li>Through the forums, child participation was widely communicated by media which increased public awareness on child participation rights. Government related ministries also become more attentive to children's participation in policy making processes, said Madam Nguyen Thi Doan, Member of the Central Committee of the Communist Party of Vietnam.</li> </ul>
Children Protection System	<ul style="list-style-type: none"> <li>69 CBCPS and networks functioning at 21 ADPs in 7 provinces (Binh Thuan, Quang Nam, Quang Tri, Thanh Hoa, Dien Bien, Yen Bai and Quang Ngai)</li> </ul>	<ul style="list-style-type: none"> <li>Government child protection staff capacity and community people knowledge to address children issues improved.</li> <li>"Children's benefits are more attentive and protected since the CBCPS established", said Mrs Doan Thi Phuong – CBCPS collaborator, Phuoc Son District, Quang Nam province.</li> <li>"The situation of Child rights violation, abuse and violence is reduced in the province since CBCPS established" said Mr. Nguyen Thuy – the Deputy Director of Quang Nam Department of Labour, Invalids and Social Affairs (DeLISA).</li> </ul>
Policy Influences	<ul style="list-style-type: none"> <li>34,557 children aged 10-16 nationwide actively participated in this survey by sending their comments to the policy makers.</li> </ul>	<ul style="list-style-type: none"> <li>Children's opinions highly recognized by policymakers as the report provided valuable information on children's views on challenges and their suggestions to improve the situation. Policymakers confirmed to refer to their comments when developing policy, said Madam Nong Thi Ngoc Minh, Vice Chairwoman of National Assembly Committee for Culture, Education, Youth and Children</li> </ul>

Even though the children club is a good model to strengthen child participation into program, as reported by 3/7 evaluation reports, there are still many areas that need to be improved so that the children clubs operate effectively and contribute better to CWB, such as new staff's inability to fully follow the steps of establishing the clubs, lack of opportunities for children to practice life skills, lack of a clear plan for development and long-term operation.

Besides the children clubs at primary level, Ba Thuoc ADP reported that children clubs at secondary level have started to operate effectively. These were established upon the ready set-up systems of school Pioneer Children Groups and Youth Unions, which ensure long term and stable operations of these clubs.

GRAPH 15 - NUMBER OF SMALL PROJECTS INITIATED AND MANAGED BY CHILDREN BY ADP



Child Rights is integrated in all sectors. For example, in nutrition club and the community based child care center, the care-takers are trained on child protection, child injury, intellectual and physical developments of children under five years.

WVW has successfully integrated the CBCPS into the Government's system in 04 target provinces in 2013. In Quang Nam province, WVW only contributed 20% of the annual budget for the operation of CBCPS. The Quang Nam DeLISA has planned to replicate this system in all districts in the province. This shows strong government ownership, budget commitment and priority toward child protection as well as the sustainability of CBCPS. Based on the integration of this system with the government, it is hoped that the system will remain a function in communes and districts after WVW phases out.

LEARNING AND RECOMMENDATIONS

TABLE 21 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 4

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>Lack of proper documentation of models, initiatives and approaches implemented by ADPs/Projects with a focus on child rights for sharing at provincial and central levels.</li> </ul>	<ul style="list-style-type: none"> <li>Good practices on child right intervention are documented for sharing to national Child Rights Working Group.</li> </ul>
<ul style="list-style-type: none"> <li>Most of children groups don't operate effectively and mostly focus on primary school children.</li> </ul>	<ul style="list-style-type: none"> <li>Track the effectiveness of children clubs and replicate the club for youth aged 12-18.</li> </ul>
<ul style="list-style-type: none"> <li>The Child Protection networks established in ADPs of Quang Ngai, Binh Thuan and Dien Bien have not been integrated with the provincial government and need to be integrated to ensure the sustainability of CBCPS in the future.</li> </ul>	<ul style="list-style-type: none"> <li>Streamline the CBCPS in at least one of three provinces where it hasn't been integrated yet into the government structure.</li> </ul>
<ul style="list-style-type: none"> <li>Lack of proper monitoring of government's action on responding to children's recommendations made during the children forums at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>Follow up after advocacy events such as Child Forums and report on the results of the last events.</li> </ul>



## OBJECTIVE 5: EMPOWER COMMUNITIES TO MANAGE DISASTERS/ CRISIS

Natural disasters in Vietnam are a major obstacle impacting economic and sustainable development. Disaster impacts can worsen poverty and undo achievements made in development, broadening the gaps in living standards among the population and slowing down the process of poverty alleviation in disaster-prone areas. Annually, millions of disaster-affected people are in need of assistance. Many become vulnerable and very poor as a result of natural disasters. Natural disasters also have the potential to lead to social disorder.

Vietnam is also one among 5 countries worst affected by the impacts of climate change. According to the UNDP Human development Report (2007/2008), around 22 million Vietnamese people are affected by the global temperature increase.

WV is a founding member of the Disaster Management Working Group (DMWG), which is a network coordinating all disaster-related activities in Vietnam.

In FY2013, Vietnam was fortunate with only sporadic emergencies and small-scale disasters, which were able to be responded to by the affected ADPs. In terms of DRR-CCA, significant efforts have been undertaken by ADPs/projects to support local partners and communities to develop and implement disaster preparedness plans at different levels as well as strengthen capacity of local Rapid Response Teams (RRT) and mainstreaming Child-focused DRR-CCA.

Given the negative impact of high inflation, price increase and economic downturn on the poor, WV provides micro finance services as appropriate so that they can effectively manage and mitigate the effects of crisis that they and their children face.

### RESOURCES

TABLE 22 - FY2013 HEA/DRR RESOURCES

- US\$ 1,090,821 for both DRR-CCA and emergency relief
- 46% from Sponsorship and 54% from Grants (ADH, AusAID)
- 38 ADPs and 2 Special Projects (BRICK, CATREND)
- 3 National Staff
- # direct beneficiaries: around 1.5 million beneficiaries from DRR-CCA activities and emergency responses.



### RESULTS/FINDINGS

Below is a brief on results and progress achieved by ADPs/Projects in FY2013:

TABLE 23 - RESULTS FOR HEA/DRR

APPROACHES	OUTPUTS/ PROGRESSES	OUTCOMES/ CHANGES
CBDPP	<ul style="list-style-type: none"> <li>Building capacity for local partners, communities</li> <li>528 CBDPP at village level in 26 ADPs</li> </ul>	<ul style="list-style-type: none"> <li>Among 8 evaluations undertaken in FY13, community resilience has been measured in 4 ADPs. While baseline data was available in only one ADP (Nong Son), evaluation showed an increase of 11.9% in community's resilience.</li> <li>"Our community is more confident to respond to natural disaster because local people have more knowledge about CBDRM and have taken actions to prepare for coping with natural disasters", said Mr Yu – Head of Hoang Dong commune PMB, Hoang Hoa district, Thanh Hoa province.<sup>33</sup></li> <li>Support communities in preparing CBDPP at household and community levels as well as identifying and applying adaptive livelihood opportunities also contribute to sustain ADPs/Projects' efforts "We are very happy that we applied the knowledge, skills and equipment provided by WV to successfully rescue 5 fishermen at the sea" Said Mr. Duyen – head of RRT at Dong Tay Hai village, Thanh Hoa province.<sup>34</sup></li> </ul>

33 CATREND Project Annual Management Report (FY13).

34 CATREND Project Annual Management Report (FY13).

Child focused DRR-CCA

- 23 ADPs/projects reported mainstreaming Child focused DRR-CCA
- Raising awareness and skills for teachers in preparedness to disasters and responding to climate change

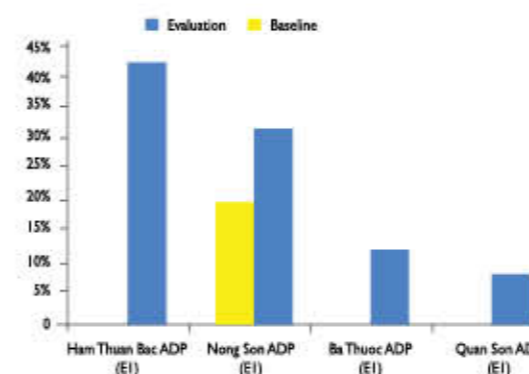
Reduced children's vulnerability to natural disasters and climate change's effects.

Where children are trained in DRR-CCA, they are able to protect their families as well as educate their parents in better dealing with disasters. "Thanks to training courses by WV, we are now knowing how to protect ourselves from lightning storm, helping parents with establishing disaster preparedness plan to save our lives and property" Le Thi My Tinh, Grade 8 Trieu Trach Primary school shared.<sup>35</sup>

BRICK Project<sup>36</sup>

- Strengthening the capacity of Thanh Hoa province to implement the national Community Based Disaster Risk Management (CBDRM) program (Prime Minister's decision 1002) and integration of DRR-CCA into local planning.

Reduced negative impact of natural disaster under climate change's effects.



GRAPH 16 - % OF HOUSEHOLDS DIDN'T USE ANY ADAPTIVE COPING MECHANISM WITHIN THE LAST YEAR

Reflection from international and local response media on local responses to the last disasters around the end of FY2013 (typhoon NARI, WUTIP and HAIYAN) showed localities' preparedness and response capacity has remarkably improved, this also contributed to increasing community's resilience.

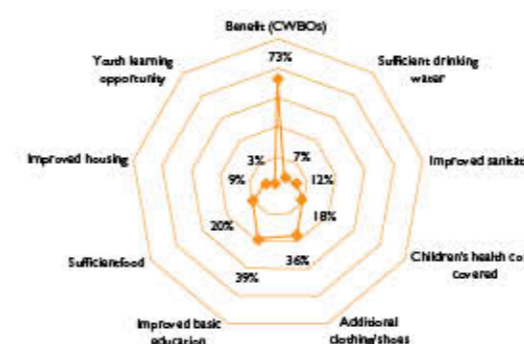


TABLE 24 - CHILDREN IMPACTED BY MFU

In FY13, there were 74% of MFU clients having children and 14,524 actual children impacted.

### LEARNING AND RECOMMENDATIONS

TABLE 25 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 5

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>Building capacity for local partners and communities is essential as the government staff may be transferred frequently.</li> <li>Networking with other INGOs and agencies integration with other sectors are important to avoid overlapping and maximize efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Integration of DRR-CCA activities with Health, Agriculture, Advocacy, Child Protection, Education and MFU could maximize the impact on children. It is recommended that during design of any activities in those sectors, disaster and climate change risks should be taken into consideration thoroughly, so that these risks can be reduced and mitigated.</li> </ul>

35 Trieu Phong ADP Annual Management Report (FY13)

36 In partnership with CARE International, Nov 2011-June 2013, co-funded by Aktion Deutschland Hilft (ADH) and World Vision Germany

## OBJECTIVE 6: TARGET MOST VULNERABLE CHILDREN

WVW places significant importance on MVC in all aspects of the ADP program including special projects focused on child health and child protection. Within the national strategy, the emphasis is on inclusion and participation of MVC in development activities as well as targeting to ensure MVC benefit from the achievements of each and every program.

30 ADPs have a list of MVC which have been identified using the MVC tools with participation by the community

33 ADP and 7 Specials Projects having interventions supporting MVC.

### WHO ARE THE VULNERABLE CHILDREN IN VIETNAM?

According to a six month report updated on 28 June 2013 by the Ministry of Labor, Invalids and Social Affairs (MOLISA), Vietnam has 26,405,346 children of which 1,473,374 are Children in Especially Difficult Circumstances (CEDC).<sup>37</sup>

WVW have adapted and applied DPA tools namely "Exploring our Context 1, 2 and 3" to give emphasis and gain greater understanding about MVC during the Assessment and Design phase. It was found that of the 300,000 children directly targeted in 30 ADPs, 17,000 were CEDC in WVW working areas. The most common vulnerabilities facing children in WVW programs is poverty, malnutrition, those living in disaster prone areas and children at risk of child protection, and injury such as drowning and traffic accidents.

### WHERE ARE THE VULNERABLE CHILDREN?

WVW works in the poorest districts with 33/43 ADPs located in mountainous areas where 90% of MVC have been included in our programs.

WVW programs are in 6/20 poorest provinces and 14/62 extremely poor districts where the poverty rate is higher than 50%.<sup>38</sup> ADP locations have been selected based on WVW's Phase-in Indicators where at least 30% of households are poor and the stunting rate among children under 5 is higher than 30%.

### WHY ARE CHILDREN VULNERABLE?

In most places where WVW is working, poverty is identified as the main factor contributing to children's vulnerability, especially children living in remote and mountainous areas. This is due to a lack of access to quality basic services (education, health, protection) and low awareness on child rights among caregivers and children themselves.

### WHAT DECISIONS HAVE BEEN MADE TO SUPPORT MVC

Based on MVC vulnerability, WVW has integrated interventions to support MVC in 33 ADPs.

A number of special projects that intend to address the needs of specific MVC groups are being implemented, such as a HIV project in Dien Bien Dong and Phuoc Son for 160 and 120 of Orphans and Other Vulnerable Children (OVC) children respectively; New beginnings project for non-registered children in a floating village in Haiphong; Childhood projects being run in Hai Phong, Ha Noi and Ho Chi Minh City as to prevent children from being sexually abused in tourism; ETIP project is implemented in Yen Bai, Quang Nam and Quang Tri provinces to protect children from risks to human trafficking...

## LEARNING AND RECOMMENDATIONS

TABLE 26 - LEARNING AND RECOMMENDATIONS FOR OBJECTIVE 6

KEY LEARNING	ACTIONABLE RECOMMENDATIONS
<ul style="list-style-type: none"> <li>Secondary data on MVC sometimes doesn't reflect the real situation as the list of MVC does not include a number of key vulnerabilities such as being trafficked, being extremely deprived etc.</li> <li>Lack of specific guidance on specific interventions for each MVC group.</li> <li>Working in remote areas where MVC are located is challenging in terms of staffing and monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>Work closely with the government to improve the reliability of MVC data, particularly through reviewing the MVC list every six months.</li> <li>Disaggregate data by age, ethnicity, disability and other MVC groups in the CWBT measurements.</li> <li>Develop specific interventions guidance for each MVC group.</li> <li>Make further effort to support and care for staff working in remote areas in order to increase their engagement.</li> </ul>

<sup>37</sup> CEDC as defined in the "Vietnam Law on Children Care, Protection and Education" are: 1) Orphans and abandoned children; 2) children with disability; 3) Victims of toxic chemicals such as agent orange; 4) Children infected with HIV/AIDS; 5) Children involved in hazardous jobs or contact with toxic substances; 6) Children working far from their families; 7) Street children; 8) Sexually-abused children; 9) Children addicted to narcotics and 10) Juvenile offenders.

<sup>38</sup> Poverty Map of Vietnamese Government in 2012.

## CONCLUSIONS

The CWB reporting process has been a good period for reflection on our current work and an opportunity to identify gaps for improvement in terms of strategy and programming. Many evaluations, baseline surveys and CWBT measurements were conducted in FY2013, providing us with a lot of valuable data that could be utilized for the report. The working group which consists of representatives from all departments has enjoyed the fruitful and harmonious teamwork. It has been a great learning opportunity for the whole organization as well as each individual who was involved in the reporting process, not only on how each program/ project/ sector/ role contributes to the overarching goal of sustained wellbeing for children but also on how to analyze the available data to identify learning and recommendation for improvement. Furthermore, the 2-day data analysis workshop gave the team time to work together on findings and analysis which are the most important parts of the report. Even though there are still many areas that we could improve for next year, we are pleased with this good start given this is the first time WVW has reported on CWB.

The main challenges that we encountered was the lack of reliable secondary data, lack of grass-root capacity to critically analyze results and the time constraint. As we involve our staff and partners in the Design, Monitoring & Evaluation (DME) events, some of them don't have sufficient capacity, so it involves lots of risk in relation to poor data quality. The monitoring system (MIS) was supposed to be useful for the CWB report but it wasn't particularly useful as the data was incomplete as we had recently stopped investing time and resources in this system because of Horizon, expecting that Horizon can in the future replace our MIS<sup>39</sup>. Standard indicators have been in place for only 2 years and applied to new and (re)designed ADPs, therefore baseline data is unavailable in many cases. Some indicators for ministry strategic objectives are still at output level or process oriented rather than outcomes/results oriented. Because reporting on CWB was added to many other responsibilities, some working group members were not able to be fully committed to the task, especially when the peak reporting time fell between Dec 2013 to Feb 2014, which is also the period of 2 long holidays, Christmas and Lunar New Year.

**In order to ensure this process is less time consuming and more effective next year, WVW would like to make the following recommendations:**

- New strategy for the next 3 years FY2015 - 2017 should be very focused, which clear guidance on targeting; all indicators for strategic objectives should be at outcome level and taken from Partnership list of CWBO/T standard indicators.
- New and redesigned ADPs should continue to include standard indicators in their (re)designs, not only outcome indicators but also monitoring indicators.
- Monitoring system at ADP/Project level should be strengthened to provide one-shop data for a variety of purposes.
- Data consolidation for CWB report should be done consistently and systematically during the year, including more guidance on qualitative data collection and a summary of all evaluations and baseline survey reports.
- Summary sheet template should be shortened with more standardized sections and circulated earlier so that results can be populated as data becomes available.
- Data selection process should be conducted to ensure accuracy, consistency and reliability.
- There should be one-day break between data analysis and stakeholder workshops to give time to work on revising the summary sheets based on the given inputs. The more we can do before the workshops, the better.

*Finally we find there is some gap between reporting time and NO planning time. At the time the CWB report for FY2013 is completed, the planning process for FY2014 had already been completed at the NO and ADP/Project level. Therefore it is difficult to make use of the report findings for this current year. WVW recommends that either the CWB reporting process is conducted earlier or the recommendations of FY2013 CWB report should be implemented in FY2015.*



<sup>39</sup> WVW will be testing the user acceptances of Horizon 3.0 in the coming months.



## **WORLD VISION VIETNAM**

4th Floor, HEAC Building 14-16 Ham Long Str.,  
Hoan Kiem Dist, Hanoi, Vietnam  
Tel: (84-4) 3943 9920 | Fax: (84-4) 3943 9921  
Website: [www.wvi.org/vietnam](http://www.wvi.org/vietnam)