



INITIAL BASELINE SURVEY REPORT

PROJECT

***“PROMOTING THE INCLUSIVENESS OF PEOPLE WITH DIABILITIES THROUGH
THE INITIATIVES OF SOCIAL ORGANIZATIONS”
IN NHO QUAN DISTRICT, NINH BINH PROVINCE***

Hanoi, October - November 2017



List of abbreviations

AAV	ActionAid Vietnam
AFV	Aid for social protection program Foundation Vietnam
CC	Climate change
CBM	Christoffel Blindenmission
WU	Women's Unions
LRP25	Development assistance program for Nho Quan District
PWDs	People with disabilities
SS	Secondary school
HS	High school
PC	People's Committee





Acknowledgment

Being executed in the multi-disciplinary and participatory approach, the research report “Analyzing the vulnerable groups’ current level of social inclusiveness to improve their participation in local economic and social development activities” is the result of cooperation amongst many stakeholders. The research team is grateful for the contributions of local people, especially people with disabilities, both men and women, in Thach Binh, Ky Phu and Van Phuong communes who spent their time sharing their knowledge with the team. We would like to thank the staff of the AAV/AFV for their good logistic support and administrative work, helping the team reach the community effectively. We would like to acknowledge the contributions of governmental organizations and mass organizations in the surveyed communes as well as in Nho Quan district to send staff to collect and analyze information during the research.

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Dang Ngoc Quang

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Contents

LIST OF ABBREVIATIONS	2
ACKNOWLEDGMENT	4
CONTENTS.....	5
DECLARATION OF RESPONSIBILITY.....	6
PART 1. RESEARCH DESIGN AND IMPLEMENTATION	7
1.1. RESEARCH BACKGROUND	7
1.2. PURPOSE AND TARGET	8
1.3. CONTENT OF THE STUDY	8
1.4. SCOPE OF THE STUDY	9
1.5. IMPLEMENTED ACTIVITIES AND RESULTS	9
1.6. LIMITATIONS OF THE STUDY	10
PART 2. RESEARCHED LOCALITY	11
2.1. SOCIO-ECONOMIC CHARACTERISTICS OF NINH BINH PROVINCE	11
2.2. GENERAL CHARACTERISTICS OF STUDIED COMMUNES IN NHO QUAN DISTRICT	13
2.3. CHARACTERISTICS OF THE SAMPLE.....	15
2.4. COMMUNITY OF PEOPLE WITH DISABILITIES	16
2.5. GROUP OF PUPILS PARTICIPATING IN THE STUDY	18
PART 3. CURRENT STATUS OF THE COMMUNITY ACCORDING TO PROGRAM'S PRIORITIES	19
3.1. PROMOTING THE RIGHT OF PEOPLE TO BUILD A SAFE COMMUNITY, BE RESISTANT WITH NATURAL DISASTER, CLIMATE CHANGE, AND IMPROVE THEIR LIVELIHOODS.....	19
3.2. PROMOTING THE IMPLEMENTATION OF GRASSROOTS DEMOCRACY SO THAT PEOPLE ENHANCE SUPERVISION TO IMPROVE THE QUALITY OF PUBLIC SERVICES.....	34
3.3. IMPROVING THE CAPACITY OF PARTNERS, COMMUNITIES AND ORGANIZATIONS TO CONTRIBUTE TO SOCIAL CHANGE	44
PART 4. ISSUES ON WOMEN'S RIGHTS AND GENDER EQUALITY	47
4.1. PERCEPTION AND AWARENESS OF WOMEN'S RIGHTS	47
4.2. LEVEL OF PARTICIPATION IN HAMLET COMMUNITY MEETINGS	47
4.3. CURRENT STATUS OF GENDER EQUALITY IN THE FAMILY	48
PART 5. CONCLUSION AND RECOMMENDATIONS	49
5.1. CONCLUSION	49
5.2. RECOMMENDATIONS	51

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This report is prepared by the authors based on the primary and secondary information collected during the research, and is solely responsible for the comments and contents contained in the report, as well as the errors, if any. Readers may contact the research team's correspondent via email at guang@future.edu.



Part 1. Research design and implementation

1.1. Research background

Vietnam is considered to have a high rate of disability. The 2009 UNFPA-supported overall survey found that the proportion of people with disabilities in Viet Nam was 7.8% of the population aged 5 and over¹. Following this survey, from 2010, Vietnam has made a series of progressive policy reforms targeting people with disabilities as an important vulnerable group, particularly for women and children. The law on people with disabilities took effect in 2010. After one year, the government passed the 2nd national plan on disability for the 2011-2020 period. In 2012, Vietnam Federation for Disabilities (DPO) was established, and in the same year, the revised Labor Code introduced the revised provision on the disabled labor. In 2014, the convention on the rights of people with disabilities was ratified by Vietnam and the National Committee for People with Disabilities was established in the following year. In 2016, the revised health insurance policy on increasing the cost of rehabilitation services (for people with disabilities) to 7.5 times was implemented. Most recently, in 2017, the Ministry of Health has implemented an information system on people with disabilities². On May 10, 2017, the Prime Minister signed the decision to promulgate a national action plan to implement the 2030 agenda for sustainable development, which emphasizes the issues of disability health care, education, vocational training, employment, culture, physical education, sports, entertainment and tourism, etc. for people with disabilities.

In 2017, the AFV/AAV and Nho Quan District People's Committee co-ordinate to implement the project "Promoting the inclusiveness of people with disabilities through the initiatives of social organizations" funded by CBM. This is a project within the framework of the Nho Quan District Development Assistance Program (LRP25) co-implemented by the AFV/AAV and Nho Quan District People's Committee.

To design the most appropriate activities for PWDs in Nho Quan, and to develop an initial database on people with disabilities in particular and the poor in general in this area, the AFV/AAV conducted a comprehensive survey in two target communes and one control commune. This survey focuses on participation in economic and social development planning of people, especially people with disabilities; in-depth studies on economic activities, income of households, access to education and health; people's knowledge on responding to the impacts of natural disasters and climate change, safe communities for women, girls and people with disabilities.

In 2017, the AAV developed the National Strategy VI for the 2018-2023 period. This strategy has been consulted with partner organizations at all levels, the Management Board of the Regional Development Assistance Program in provinces and cities. This strategy is an important basis for the development and implementation of the AAV's operational programs in the relevant provinces/cities.

This study was conducted in the context that the AAV/AFV is designing the most appropriate activities to support the social inclusiveness of people with disabilities in Nho Quan, Ninh Binh province as well as promoting poverty reduction and sustainable development in the coming years. This program is expected to focus on the following priorities:

- Program priority 1: Promote the right of people to build a safe community, be resistant with natural disaster, climate change, and improve their livelihoods.
- Program priority 2: Promote people's participation in monitoring to improve the quality of public services

This survey will focus on analyzing the current status of people with disabilities, including children with disabilities in the community, from a Right based situation analysis, focus on the participation in the socio-economic development planning of people, especially people with disabilities; in-depth study on economic activities, income of households, access to education and health; people's knowledge on responding to the impacts of natural disasters and climate change, safe communities for women, girls and people with disabilities.

¹ http://vietnam.unfpa.org/sites/default/files/pub-pdf/Disability_ENG.pdf

² <https://www.usaid.gov/vietnam/persons-with-disabilities>



1.2. Purpose and Objective

As described in the Terms of reference, this study aims to:

- Assess the current inclusiveness level of people with disabilities in Thach Binh and Ky Phu Communes - two project communes and Van Phuong as the control commune;
- Identify priorities, focuses of the program and policy advocacy objectives of the project in Nho Quan district, Ninh province regarding the inclusiveness support of people with disabilities.

Provide basic information on the project area (two communes) and one control commune to be used as the database for monitoring and evaluation of the AAV/AFV's activities and partner organizations. The data set and its information are also used to re-examine some of the design decisions for the projects' activities that have been prepared in Nho Quan.

This project also paid attention to assessing the current status on the inclusiveness of people with disabilities in the researched communes. Through that, we identify the priority target, the focus of the program and the policy advocacy objectives of the project in Nho Quan district, Ninh Binh province in relation to the integration support of people with disabilities.

The main expected outcome of this study was a set of research tools, a digitized dataset under electronic database for long-term use and a report with conclusions about the current situation of the local socio-economic development.

Research questions of the project belong to the initial baseline research, are the typical questions to describe the current status. These are questions about who, what and how. Some examples are partners who are local people (the poor, women, children, people with disabilities), the ones working on the project, what are their characteristics? What are they doing regarding the economics, How do they access to health and education services? How do they participate in and organize their social activities?

1.3. Content of the study

In accordance with the contents of the regional program of activities, this theme gathers information on the following contents:

1. Overview of the literature to describe the socio-economic characteristics of Nho Quan district and the surveyed communes in terms of geography, demography, economics, health, education and the situation of persons with disabilities as well as the result of socio-economic development and poverty reduction.

2. Assessment and report on the level of inclusiveness of PWDs in the locality according to 4 perspective aspects, including, physical environment, information and policy. The policy will only examine the health, education and social welfare sectors:

- Access to public health services for health care.
- Access to educational services.
- Access to livelihood activities.
- Access to appropriate vocational training and placement services (if available in the locality).
- Access to social welfare services.

It then identifies barriers to make recommendations for future intervention.

3. Assessment on accessibility (including availability, price and quality) of services and quality of services for people with disabilities (including services provided by the public and private sectors available in the project area (and surrounding areas).

4. Assessment on gender equity, especially for women and girls with disabilities in the context of disability inclusiveness in the locality.

For the purpose of collecting information, the study used a quantitative tool, a questionnaire used from tools developed by the AAV and applied in other development areas to ensure compatibility when comparing data of different regions in Vietnam where the AAV is operating. For the data analysis, this questionnaire was



designed and reported with 870 different variables, regardless of the secondary variables that were designed for the calculation. With 406 case studies (one respondent represents a household), there may be up to a half of million units of basic information without calculating and processing in the database.

The qualitative information was also collected through group discussions, flexible interviews with key sources of local information on the performance and operation of communities and public service sectors that the project is interested in such as agriculture, health, education, safety and social security as well as climate change.

The questionnaire and qualitative data collection tools are listed in Appendix 6 of this Report.

1.4. Scope of the study

The research content was carried out in three communes of Nho Quan district, Ninh Binh province, where the project was implemented. Communes involved in the study include: two project communes, Thach Binh and Ky Phu, and one control commune - Van Phuong commune.

The target group consists of two main groups: households with and without people with disabilities in the three communes. Groups of people have characteristics of age, gender, religion, ethnicity, education of the individual, or place in the family, and class of living standard.

In the research questionnaire, there is also a source, including pupils from three levels - primary, secondary and high schools. They also have gender, level attributes for analysis.

Details of the socioeconomic characteristics of the participants are described in Section 3.

Regarding the time, there are a number of questions related to the time of the week, for example, foods over the last three days. There are a number of questions pertaining to a year's time, such as loans, income in one year, or use of health services over a one-year period. There are also questions that require respondents to evaluate family economic trends over the next five years.

1.5. Implemented activities and results

Starting from July 2017, the consultant team began the task of designing research project, developing results, research subjects, calculating sample options, and developing qualitative and quantitative tools. By July 25, quantitative and qualitative data collection tools were prepared.

July 31 was used to go to the field, provide training on the contents and methods of collecting information with members of the team, including the consultant team, the AAV/AFV's staff and partner organizations in the community. On Monday (July 31), the research team conducted a pilot interview and finalized the interview tools.

The field work was conducted in three communes from Tuesday (August 1) until the end of the week (August 5). With the participation of 25 people, more than half of which were members of local partner organizations, one third were members of a NGO for people with disability, the survey team collected 406 survey questionnaires in all the three communes. Qualitatively, the team collected and recorded 10 records of people with disability, 10 group interviews of people with disabilities, including children, people groups without disabilities, 11 in-depth interviews with leaders of hamlets, 3 interviews with health workers, 3 interviews with Labour, War invalids and Social Affairs officials and 3 interviews with unions' and government officials.

The Questionnaires were collected, checked and imported into a database framework using SPSS 20 for three weeks in August. A draft outline of the report was prepared and approved on August 15. Also during this time, interviews were typed and completed on August 25.

The data processing, cleaning and finalization of quantitative data as well as analysis of qualitative data were preliminary processed on August 30. By September 10, the research team agreed on a solution to the errors of the questionnaires. Quantitative data sets were then available to extract data for reporting.

Two groups of consultants analyzed and wrote the report. An in-depth analyzed and reported team on the aspect of people with disabilities. One group wrote the whole study report. A draft of the report was issued for preliminary review on October 9. Draft 2 was shared on October 16 and the final draft was completed on



October 20. The results of the survey were reported and consulted by the project communities in Nho Quan at the workshop on November 28-29, 2017.

1.6. Limitations of the study

This study was carried out by different working groups, and had to meet the synchronous needs of the different AAV/AFV's development programs, therefore it faced a number of challenges regarding the design, information collection and information quality checking.

Regarding the sampling, subjects have not yet designed the sampling frame by hamlet with specific socio-economic and cultural criteria of the three studied communes. The number of sampled hamlets in the two project communes should be maximally 8 and 2 in the control hamlet. In fact, the questionnaires were drawn from 23 different hamlets (PWD group), of which there were 16 hamlets with less than 20 questionnaires and 10 hamlets with less than 10 questionnaires. Such scattered information collection reduces the ability to analyze data by hamlet.

The collaboration with local partners to access information collection forms is also challenging. The field research team had no access to adequate commune-level staff at the time, as well as enough hamlet-level leaders to collect information on economics, health, education, and development programs of the commune.

There was a significant number (over 10 people) in the information collection group from the field, which was the staff of the program's commune partners, many of whom were little experienced, with too little time to retrain and practice. With a complex information collection tool of more than 800 variables which is sophisticatedly presented, sometimes in tabular form, the collected questionnaire contains many errors that cannot be fixed. There may be some examples of households without people with disabilities but still have comments on the contents which are only related to PWDs; or some questionnaires omitted the basic information such as basic gender, ethnic group or year of birth. These errors are due to the fact that the end-of-day data check was not timely implemented. This is due to the lack of suitable personnel in the field information collection process.

Finally, the results of sample's preliminary analysis showed that there were "disparated" patterns in the data collection process. Disparities in information are both on the poor side, where the rate of poor and near-poor households is too high (almost double) in the statistics provided by communes. The proportion of people with disabilities reported in the sample is too high compared to the statistics provided by communes. This can also be explained by the fact that the concepts of poverty and disability are perceived as different from the norms set by the state. It's also possible that this happens when people are benefiting (real or potential) who tend to take part in research and have answers that justify the donor, or simply for benefit.

Given the mentioned challenges, the time to complete the dataset is more complex. The data extraction is also complex, especially when the extrapolation of the research results for the whole commune is very cautious. When analyzing data, the research team split the analysis into gender groups, or household groups of people with or without disabilities.

Part 2. Researched locality

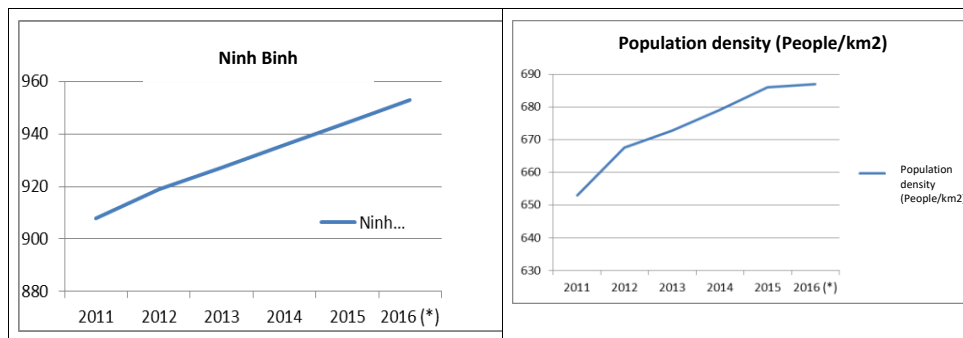
2.1. Socio-economic characteristics of Ninh Binh province

According to the provincial authority's³ website, being situated at 190 50 'to 200 27' north latitude, 105032 'to 106027' east longitude, Ninh Binh province is located in the extreme south of the Northern Delta. The province borders Thanh Hoa through the Tam Diep mountain range, borders Hoa Binh in the north through the Cuc Phuong national park, borders with Nam Dinh and Ha Nam across the Day River in the East and Northeast, and is next to the East Sea in the south. There are two national highways No. 1A and No. 10 and north-south railway crossing the province.

The topography of Ninh Binh is divided into three geographical areas: plain, semi-mountainous and coastal areas. The plain area is less than 1.2m above sea level, accounting for 90% of the population and 71% of the natural area. The semi-mountainous region accounts for 24% of the area, with Nho Quan district, at an altitude of 90-120m above sea level. This area has the potential of growing fruit trees, exploiting construction materials, planting forests, tourism, raising cattle and small livestock (cattle and goats). The coastal area occupies 4.2% of the area with 15 km of protected mangrove forest, with the potential for sedge growing and aquaculture.

With an area of 1390 km², there are two types of soil in Ninh Binh, including alluvium in the plain and feralitic soil in the semi-mountainous area. Surface water is mainly on rivers, streams and lakes. The total length of the main rivers in the province is over 496 km with an area of 3,401ha. The province also has 21 large reservoirs, with an area of 1,270ha, with a capacity of 14.5 million m³ of water, capable of irrigating 4,438 ha. The province also has an underground water source that is considered mainly in Nho Quan district and Tam Diep town. The total water volume of Ria (also in Nho Quan district) is 361,391 m³/day. The water volume in Tam Diep is 112,133m³/day.

Chart 2.1. Ninh Binh: Population, population density and growth rate



Source: GSO Vietnam.

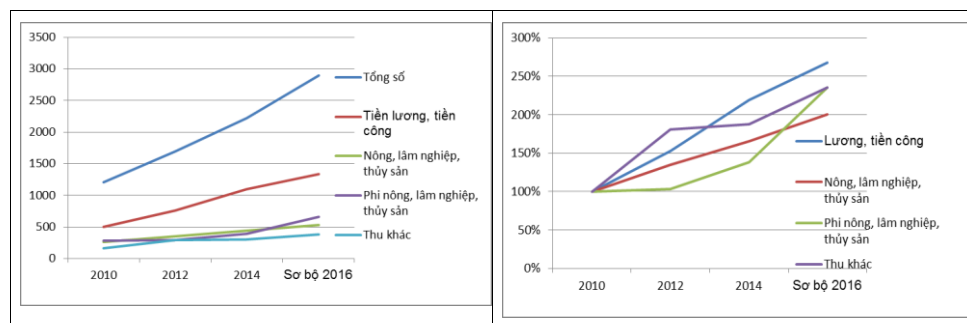
In the Red River Delta, Ninh Binh has the largest forest area with about 19,033 ha, accounting for 23.5% of the forest area of the region. The forest area accounts for 13.3% of the province's natural area. The natural forest of the province is located in Nho Quan district, with an area of 13,633.2 ha and a timber reserve of 1.1 million m³, mainly concentrated in Nho Quan district. The planted forests in Ninh Binh have an area of 5,387ha, including pine, acacia, eucalyptus, mangrove (*Bruguiera* and reed). Nho Quan district is also concentrated with the planted forest. Nho Quan district is also adjacent to the Cuc Phuong primary forest, which is typical of tropical forest being protected.

³ <http://www.ninhbinh.gov.vn>. Website of Ninh Binh Statistical Office is considered poor, with no significant information. Some information is too old, for example from 2009, see more at <http://thongkeninhbinh.gov.vn>.

Under the Decision 900/QĐ-TTg of the Government in 2017⁴, in Ninh Binh province, there is Nho Quan district with 5 extremely difficult communes belonging to the investment program of Program 135 in the 2017-2020 period. Nho Quan is also one of the especially difficult districts.

By 2016, Ninh Binh has 955,000 people with the population and population density increasing continuously over the past five years.

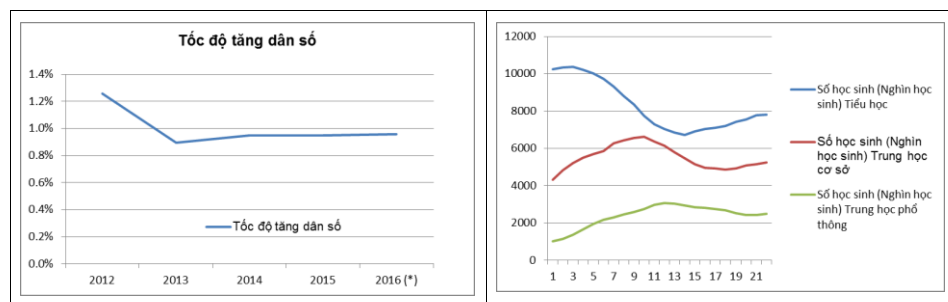
Chart 2.2. Monthly income per capita and growth rate in Ninh Binh, 2010-16



In the past 6 years, GSO statistics show that in Ninh Binh there is a high growth trend of per capita income per month. From VND 1.25 million/person/month (Figure 1.2- Left), this figure increased to nearly 3 million in 2016 (estimated). In income sources, income from wages and salaries had the highest growth rate, while the growth rate of income from agriculture, forestry and fishery products was stable but lower (Figure 2.2. Right).

The data about the number of pupils attending classes of GSO from 1995-1996 to 2016-2017 school years showed that the number of primary school pupils declined sharply at the end of the 2006-2007 school year and then recovered steadily to date. However, for high school pupils, the declining trend has only just slowed down two years ago (Figure 2.3). When comparing the changes in the number of pupils, we can see that the average population growth rate once plunged to the bottom in 2013. More can be done to analyze the changes in the number of pupils.

Chart 2.3. Population growth rate and changes in number of pupils, 1995-1996 to 2015-2016 school years



In terms of health, there are two indicators that show the improvement in the living conditions of children in Ninh Binh (see Figure 2.4). The rate of children vaccinated in 2016 recovered to almost the same level as in 2010

⁴ The Decision No. 900/QĐ-TTg of the Prime Minister: Approve the list of communes with special difficulties, border communes and safe-area communes belonging to the investment area of Program 135 in the 2017-2020 period.

after falling sharply in 2013. The rate of under-5-year-old child malnutrition has also fallen steadily since 2014. It is notable that malnutrition rates in girls are significantly lower than boys.

Chart 2.4. Rate of children vaccinated and proportion of malnourished children under 5 by weight

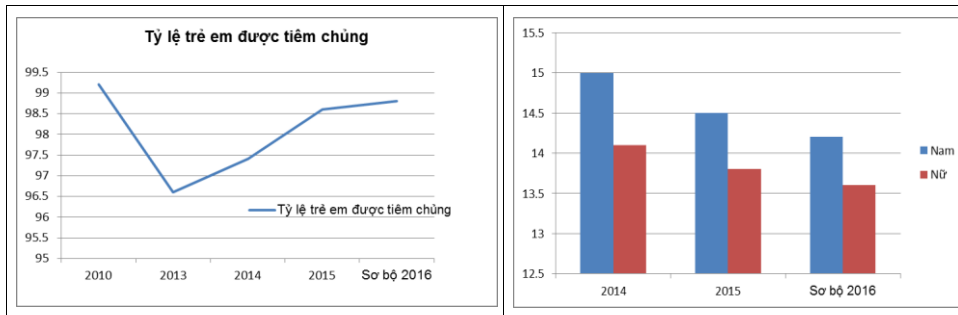
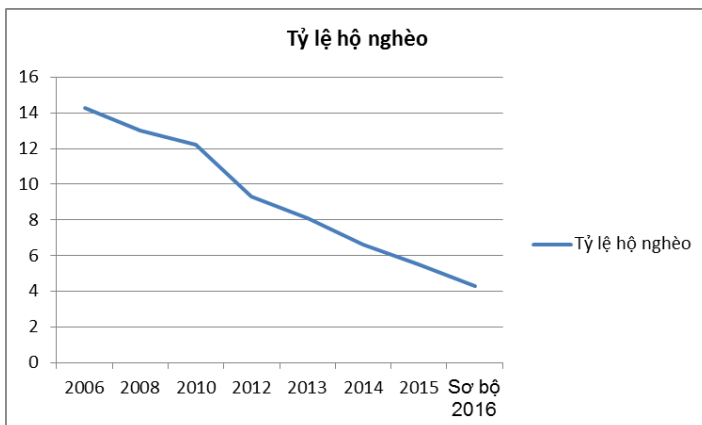


Figure 2.5. shows that Ninh Binh has reduced the poverty rate three times in the past 10 years according to statistics of General Statistics Office (GSO). The trend toward poverty reduction is consistent with improvements in income, as well as improvements in health and education in the province.

In general, in recent years, at the provincial level, Ninh Binh has made continuous improvements in economic and social indicators. Income standards have risen, while health and education indicators have also improved. The overall poverty reduction indicators in the province have been enhanced.

Chart 2.5. Poverty reduction rate of Ninh Binh, 2006-2016



Source: Calculated according to GSO's data

2.2. General characteristics of studied communes in Nho Quan district

The Decision No. 582/TTg-Cp dated April 2017 indicated that Nho Quan district had many especially difficult communes. According to the ranking of the mountainous and highland areas of the Committee for Ethnic

Minority⁵, Ky Phu and Thach Binh are ranked as highland communes in Zone III⁶, while Van Phuong is ranked as a mountainous commune in Zone II. In these communes, Thach Binh commune has 8 poor hamlets, Ky Phu commune has 6 and the control commune - Van Phuong in Zone II with Xuan Vien and Bong Lai 2.

According to statistics provided by the district, there are many ethnic minorities in Ky Phu commune, 86% of whom are Muongs, and Thach Binh comes second in terms of the ethnic minority households percentage with 57%. Conversely, 24% of the population of Van Phuong commune are ethnic minorities. The demographic data, showing the percentage of ethnic groups and poor households in the three communes are shown in Appendix 2.

Ky Phu has two main ethnic groups, Muong and Kinh. Within the commune, there are some other ethnic groups, including Tay, Thai, Nung who arrive after marriage with the locals and they comprise a very small proportion. There are some hamlets in the commune that the Muong people take up more than 80% of the population, which makes those hamlets particularly ethnically homogeneous.

Thach Binh commune has many types of hamlets intermingled with many Muong hamlets, and there are hamlets with many Kinh people. Taking Tien Phong hamlet as an example, the population of this hamlet is mainly Kinh (about 80%), Muong (nearly 20%). There are some Tay and Nung in the hamlet because of marriage. Taking another hamlet - Dam Bong as an example, there are 110 Muong households among 160 households, while the remaining are Kinh households. In the hamlet, there are also two or three Nung households.

Van Phuong commune, which is selected as the control commune, is not a poor commune. When interviewing the leaders of Sui hamlet, one of the hamlets selected to be surveyed as the control, it is known that the hamlet has 750 people in 157 households. In this hamlet, the Kinh group accounts for 90%, the Muong makes up 10%. This is a high-income village, which does not belong to the poverty reduction program.

According to the data provided by the district, the proportion of poor households in Ky Phu commune is the highest (18.6%), followed by Thach Binh commune (14.7%) and Van Phuong commune (the control commune) with 11%.

Table 2.1. Population structure, poor and near-poor households in accordance with the State's standards

Commune	Hamlet	Number of households	Number of people	Poor households		Near-poor households		Middle and high-income households		Sample
Thach Binh	Ngoc hamlet	147	574	14	10%	25	17%	108	73%	16
	Dam Bong	160	612	14	9%	34	21%	112	70%	44
	Tien Phong	250	780	18	7%	32	13%	200	80%	22
Ky Phu	Thuong Sung	129	580	29	22%	6	5%	94	73%	39
	Ca Hamlet	109	354	15	14%	31	28%	63	58%	35
	Sau Hamlet	143	538	7	5%	13	9%	123	86%	34
Van Phuong	Sui hamlet	157	750	8	5%	6	4%	143	91%	15

⁵ <http://web.cema.gov.vn/modules.php?name=Content&op=details&mid=7806>

⁶ According to the Decision 582/TTg-Cp dated April 2017

Of the two poor communes in the studied group, the National Program for Sustainable Multi-Dimensional Poverty Reduction has implemented joint activities such as infrastructure and facilities development such as schools, roads and irrigation system. Economic development programs have also been implemented with agricultural extension component (cultivation, animal husbandry), forestry extension, job creation and labor export. The poor and near-poor people are also supported in health insurance, tuition fee and electricity charge exemptions. Special-poor households, such as the elderly, orphans and people with severe disabilities are also entitled to a number of allowances or regular benefits, or according to the case, for example on New Year's Day or when there is no more food when failure of crops, between-crop period.

From interviews with seven hamlet leaders, it is possible to say that each hamlet has about 150 households or families, with an average population of 600 people per hamlet and 3.8 people per household. The rate of poor households is 10% in each hamlet, the rate of near-poor households is 13% and the rest is middle and high-income households (Table 2.1). Also from interviews with hamlet heads⁷, the study found that the rate of people with disabilities recognized by and benefited from state policies was 2% of the population, and if the number of people with disabilities is 10% for a household - it is slightly higher than the national average in 2009.

2.3. Characteristics of the sample

Demography, gender, and place in the family. The sample is distributed in two project communes, Thach Binh and Ky Phu, and one control commune - Van Phuong commune. The total number of people interviewed in the study was 406 people, of which Thach Binh commune had 154 people, Ky Phu commune had 152 people and the control commune Van Phuong had 100 people. After analysis, the results showed that samples were collected from 24 hamlets. The sample size is concentrated in each commune with the range of 4-5 hamlets. In these hamlets, there are 15-18 samples in some hamlets which are not sufficient for statistical analysis by hamlet unit. To exclude the effects of hamlets with only a few samples, the data were analyzed by commune.

Overall, only 16% of the samples have the gender ratio of 50:50. The most remarkable gender ratio difference happens in Thach Binh commune with nearly 30%. In Ky Phu commune alone, the gender ratio (men to women) is more than 52:48. In order to increase credibility, the gender dimension was analyzed by the sum of all three communes.

Relationships of respondents with householder. Among the respondents, 91% were householder (54%) and spouse of householder. Therefore, basically the respondents are highly representatives of the households (see Table 3.1). Only 3% are parents and 7% are children or children-in-law. Non-spouse householder are still considered as households' representatives in the analysis of household criteria as a unit of study.

Classification by age. The age of participants in the study was generally high at 45 for women and 50 for men (see Table 3.3). Of the sample, 14 (5 females and 9 males) were aged over 70, of which the highest was 81. During the analysis, these samples were left with the assumption that the knowledge of this elderly group was significant.

Classification by ethnic group. In the studied communities, there are two main ethnic groups, Muong and Kinh, in which the commune group with Muong people majority is the two project communes, Thach Binh and Ky Phu (Table 3.4.8). The control commune Van Phuong is mainly Kinh ethnic group. The other two ethnic groups, Thai and Nung, were recorded in Thach Binh commune, but the percentage was only 3% for both groups⁹. Between the Kinh and Muong groups, the level of well-being of the Kinh is slightly higher, the percentage of poor

⁷ According to the data provided by the interviewed hamlet leaders: In Thach Binh commune, they are Dam Bong, Tien Phong and Ngoc hamlets. In Ky Phu commune, they are Thuong Sung hamlet, Ca hamlet and Sau hamlet. In Van Phuong commune, it is Soi hamlet.

⁸ The tables cited later are in the Appendix.

⁹ If there are preliminary data on ethnic composition in communes, ethnic groups are very few in the locality, not the basic components of the community and should not be included in the study, because it will dilute set of data. This study does not analyze the data according to ethnic characteristics, so too few ethnic cases remain in the dataset for analysis. The questionnaire has questions about ethnic groups such as H'Mong, Dao, Tay, which are not available in the locality.

households in the Muong group is 22% higher than the Kinh group (15%), in the near-poor group, the difference is 33 and 25%. Because of this small difference (<10%), the study did not analyze the data by ethnic groups.

Education of respondents. The highest education level in all three communes in the respondents was vocational training, with only 1% of the respondents. The general education in these communities is markedly different between men and women in secondary education, in particular 70% of male respondents and 55% of female respondents at this level. The proportion of people attending primary school only accounted for 23% (see Table 3.7), among which females were 34%, while males were 23%.

The educational disparity for men and women at higher levels are favorable for women; the proportion of men with high school education is 6%, while for women it is 11%. It can be seen that there is a slightly higher educational gap in the commune population that is better for living in the control commune with the other two communes. In Van Phuong, the percentage of respondents (householder or spouse's householder) with secondary education was 87%, compared with 70% and 74% in the two other communes.

Rural groups can be said to be highly vulnerable to entry into the labor market. If the labor market requires high school graduation, the opportunity is available to less than 15% of the adult population.

Living standards of the three communes. In the three surveyed communes, according to the Decision 900/QĐ TTg above, there are two communes, Thach Binh and Ky Phu, which are considered as two extremely difficult communes. The proportion of middle and high-income households in the two project communes is quite close to 47-53%, compared with 80% for the control commune (see Table 3.8). As the number of high-income households in all three communes is very low at 1-3%, the high-income households are merged with those living in the betterment.

Based on the self-sufficient living standard and the living standard in the community with two levels of poverty and near-poverty, the poverty rate in the control commune is lower, particularly the poverty rate of 16% and the near-poor of 4%. (See Table 3.8). Two project communes have relatively close poor levels. The rate of poor households in Thach Binh is 15% and in Ky Phu is 17%. In both communes, near poor households almost doubled the number of poor households, bringing the rate of poor and near poor households in these two communes to 47% and 53%. In all three communes, the proportion of self-sufficient living households was well below 5%.

Marital status and poverty. In terms of marital status, there are no separated people and cohabiting people in all three communes. As many as 80% of respondents were married. The remainder live in separate household, including unmarried, divorced and widowed families.

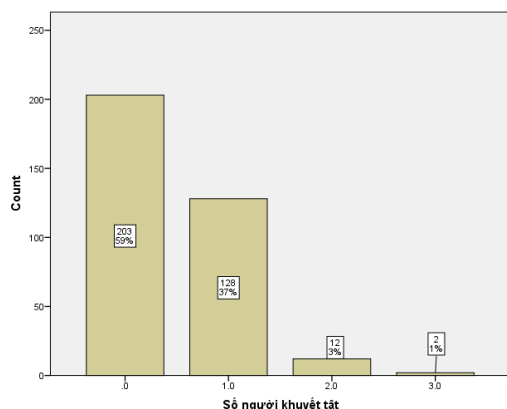
The study included 80 living in "missing families", of which the unmarried (22), divorced (9) or widowed (49); of these, the asymmetry of gender was significantly higher with 68 females making up 85% of the heads of the missing families. The average age of the members was 39, 47 and 55, respectively.

It is noteworthy that the proportion of households living in poverty in the two unmarried and widowed groups was twice as high as the average in the communes. Specifically, the percentage of poor households in unmarried householders is 42% and in the widow group is 39%. For divorce groups, the poverty is not significantly different from the general trend. In the missing families, there are no households belonging to the group that has a good standard of living.

2.4. Community of people with disabilities

This study has a special study on disability, so sampling may be biased toward households with disabilities. The sample of households with disabled people in the sample set is up to 41%, which can be up to 4 times compared to the general rate (see Figure 2.6). This reflects the sample of the study that is not proportional, so separate analyzes of households with/without people with disabilities would be useful to monitor and monitor socio-economic impacts of this vulnerable group.

Chart 2.6. Distribution of households by number of people with disabilities in households



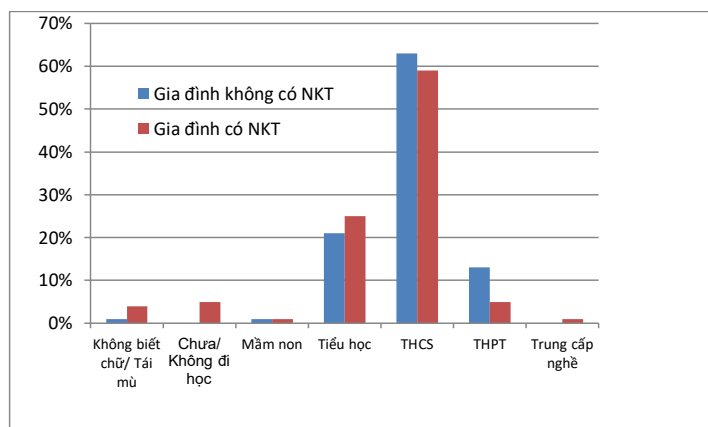
Distribution of community of people with disabilities in communes

In terms of demographics and disability status in the studied households, it is possible to see the family model in the study communes closest to the expected population model of the government, that is, the model of the couple and two children. The average number of people for one household in all three communes was 4.1 and ranged from 4.1 to 4.2. In terms of the proportion of people with disabilities compared to the population, the proportion of people with disabilities is 11%, which is close to the national average. However, in Thạch Bình commune, this proportion is quite high, accounting for 15%. However, in Ky Phu commune, this proportion is only half the national average or 6% (see Table 3.12).

Education of people with disabilities

The difference in education between the respondents was also recorded in the two groups of PWDs and not at the same level in other aspects (Figure 2.7). Households without PWDs represented 76% of the respondents, while the proportion of households with PWDs was 65%.

Chart 2.7. Educational distribution of respondents in households with and without PWDs



Number of population and people with disabilities

When comparing the demography and living standards, these two variables are not related, as the average population of a poor household is lower than that of the middle and high-income households. However, when comparing living standards with the proportion of people with disabilities compared to the number of household's members (see Table 3.13), the higher the number of households with disabilities is, the lower the standard of living is. In the high-income group, this proportion was 3%, while for the poor, the rate was 16%, significantly higher than the national rate. The middle group also had the rate of 9%, which was significantly lower than the national average.

It is conceivable that there are more households with people with disabilities living in poverty than those without people with disabilities. This is also confirmed as illustrated in Figure 2.8. The rate of poor households in PWD households is 23% higher than that of non-PWD households - 16%. In the near-poor group, the situation is similar with the corresponding rates of 34% and 28%.

Chart 2.8. Classification by household living standards with and without people with disabilities

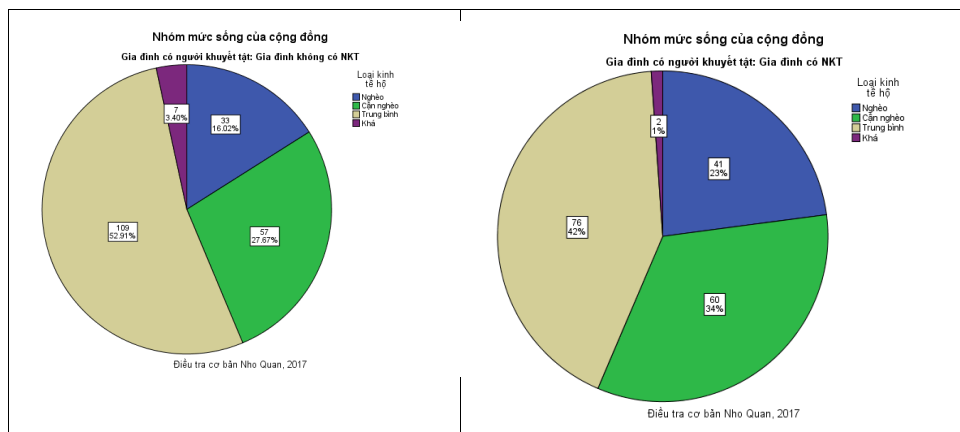


Figure 2.8. shows that the percentage of poor and near-poor households in the sample was more than double that of the respective figure provided by heads of hamlets. Here, there are two possibilities: Firstly, the classification of poverty by households' representatives is inconsistent with the classification of the local authority. Secondly, there is a natural "disparity" in the study conducted by an organization that is implementing a local development program. This study attracts the beneficiaries of the program who are the poor, or the disabled, to be the sampling pattern which is not suitable with the expected sampling method.

2.5. Group of pupils participating in the study

In the sample of the study, 64 high school pupils in all three grades in grades 3-12 were sampled from all three communes, but unbalanced. There are 11 pupils in Van Phuong, 30 in Ky Phu, and 23 pupils in Thach Binh (Table 3.15).

Sample gender ratios are also significantly tilted towards female pupils. The percentage of females is 59%, compared with 41% for males. This ratio has the highest disparity in Thach Binh commune (65:35), followed by Ky Phu commune (57:43) and finally in Van Phuong commune (55:45).

The sample size for the three levels is unbalanced, with the highest number of pupils in high school with 13 pupils, compared with 32 pupils in secondary school and 19 pupils in primary school (Table 3.16). The number of pupils attending the interviews was high at the high school, ranging in age from 13 to 15, with 32 pupils, primary school pupils (aged 13 and under), and secondary school pupils (ages 15-18) with 19 and 13.



Because there are only 13 pupils in the high school, the analysis of their opinions, especially when they share the opinions of men and women, should be interpreted with care because of the limited statistical significance.

Part 3. Current status of the community according to program's priorities

3.1. Promote the right of people to build a safe community, be resistant with natural disaster, climate change, and improve their livelihoods.

3.1.1. Safe community for women, girls and people with disabilities

Security and order. In the community of three researched communes, the theme covered the topic of asset and body safety. Only 20% of the study participants considered there was no theft. For women, this figure is 17%, which means that women record theft more (Table 4.14). Regarding fights, women also noted more: 57% of women said they had occasional and often had fights compared to 43% in men. For robberies, 8% of women said they are regular and occasionally, while only 2% men said that.

Gender-based violence. Regarding gender-based violence against women and children, the analysis of disaggregated data for people with disabilities and households without PWDs clearly identifies women in households with PWDs are suffering from all three types of physical, mental and economic violence (Table 4.15). In the group of households with PWDs, 20% of women reported occasional and often physical violence, triple the rate of men compared to only 7% in men. Regarding the mental violence, 17% of women reported having suffered, while in men only 9% - almost a half. No sexual violence was reported.

Regarding the place of violence, house is the main the place where violence occurs. For example, all cases of physical violence and economic violence are reported to occur only at home, which is similar to nearly 90% of all home-based violence.

In a discussion of the causes of domestic violence, the leadership of the commune women's union said that the causes of economic loss, because men drink alcohol and the desire of men to have son while women only give birth to daughter. Also a member of the village reconciliation team, WU leaders said that they did not differentiate and deal with the types of emotional violence or sexual violence. The reconciliation team is often unaccustomed to violent families, because men consider economic loss, or childbirth is a family business and the reconciliation team is not responsible or cannot solve for the family.

The behavior of PWDs before domestic violence is basically patience or even cover. In a group discussion in Van Phuong commune, the mechanism of fine with domestic violence was the cause of the family covering the violent behavior. For example, the group's opinion was: "The husband may hurt further, but they dare not to say. When the husbands are punished, the wives will have to use their money to pay the fine because the husbands have no money. By catching crabs and planting rice for wage, they cannot pay the fine and have to suffer their husbands' violence."

Victims are also tolerant of the violence and the increased risk of violence. A group interview with people with disabilities also noted, "When there is a loud noise, you have to go or go to say no, not at the loss of much. If they can fight, it is just a little; otherwise, the case will become more severe."

The familyhood is also an incentive for victims of domestic violence to not bring people with violent acts into the light. In a family discussion group with PWDs, women said: "They have to run when their husbands beat them. Let's run away do not get back, when everything calms down, the family harmony and the hamlet order and security will be maintained. It is important that "men build house, women build home" because of the children, how to keep the children from being shameless to friends because parents fight each other, run away and come back at other times, it will be okay." These are the behaviors that the group thinks of most women in the community.

At the consultative workshop on the results of the survey, women's groups reported that women's groups organized a "reliable address" where women with domestic violence could seek help and support. This is usually

a prestigious family in a community and a family that supports difficult situations. There is also a place for commune health facilities to be "trusted addresses".

In summary, in the survey community, with women and especially in households with people with disabilities, there are still insecurities about property and body. In the community there are three types of violence, in which physical and mental violence are more common.

School violence. When analyzing data collected from pupils about children's rights, most pupils know about their basic right to study, play, and survive (Table 4.6). It is noteworthy that many pupils (65%) agree with violence against children through the question of "spoiled child". Many male pupils (40%) admit violations of children's privacy when accepting "adults who read children's mail/diaries", compared to only 21% of females accepting that.

Understanding of boys and girls on children's rights is also consistent with the results of counseling on school violence. Boys' or girls' aggression is commonplace when 45-55% of pupils report occasional or frequent occurrences (Table 4.7). In the face of this situation, 30-40% showed no interest, the number of pupils considered unacceptable was about 50-60%. If the zero-tolerance criterion in the school violence is adapted, the proportion of pupils in the 27% that no male partner is fighting or male female bullying at 36% is very high.

When discussing with the group of children with disabilities aged 8 to 14 in Thach Binh commune, having pupils at levels 1, 2 and children who did not go to school, the children said that they are disabled by others in class, in teasing, bullying with both body and words. Physically, the common bullying is chasing, pushing against the wall, pushing and falling apart. The verbal bullying is to ridicule the children's disabilities as calling them "snappy, teary eyes, squinty." Under such circumstances, disabled children usually tell the teachers or fight against others.

The sexual abuse in schools is not recognized at primary level but is reported in secondary and high schools. Pupils argued that there was abuse amongst pupils (7% of pupils considered it) and teachers with pupils (10% of pupils think yes). With zero tolerance standard, this is a ratio that needs to be addressed. It is important to note that up to 17% of pupils are not interested in pupil sexual violence, and 12% do not care about sexual abuse of teachers.

This section concludes that pupils are aware of their basic rights to study and play, but do not fully understand the rights of children such as the right to live in a safe and respected environment. School violence is widespread, even sexually assaulting pupils and pupils by pupils at all levels who believe that they are happening in schools. There are also a significant number of pupils and pupils who are not interested in sexual abuse.

3.1.2. Promotion of resilience and coping with the impacts of natural disasters and climate change

In the research questionnaire, there were multiple-choice questions about participants' knowledge about the causes and effects of climate change. The results are summarized in Table 4.16. The results show that for most participants (almost 80% of the respondents) they have the right knowledge. The difference between males and females is almost negligible.

The majority of people (62% of respondents) have heard about climate change through mass media (news channels, TV). The local communication system (hamlet loudspeaker, or hamlet meetings) provided knowledge for about 10% of the population (Table 4.18). Other channels have not significantly communicated to local people about climate change. The difference between the men and the women about the impacts of the media is almost negligible. It can be said in the community there are no discussions (training/forum) on climate change.

Only 4% or 9 respondents said that they had been trained on CC adaptation. One of them was in Thach Binh commune and 5 people in Ky Phu commune and three in Van Phuong commune. There are 5 trainees who play roles as husbands, two are wives and another have other positions in the family (Table 4.19). Thirteen people have reported participation in climate change adaptation planning, including one in the control commune.

Talking about the reasons for not participating in CC training, nearly 90% said that it was unorganized, and the rest claimed that they were not invited or did not care (Table 4.20). If training is available locally, then it is safe to assume that fundamentally, training information reaches only about 10% of households in the community.

Types of local disasters and responses

In the event of natural disasters, forest fires and landslides are almost non-existent locally, so it will not be mentioned in the analysis here. Common types are high temperatures and drought. Some minor disasters are storms and severe cold.

Drought. In the three study communes, Ky Phu commune belongs to the project area vulnerable to drought. The frequency of drought is reported to occur the most. The negative impacts are also more likely to occur and the proportion of households receiving more emergency support. This commune should be selected to focus on drought (Table 4.21).

Flood. The frequency of floods in all three communes was reported less than droughts, with up to 50% of respondents saying no. Compared with other communes, Ky Phu appears to be more likely to be twice as likely to occur as other communes (Table 4.22). The percentage of those who reported more impact and received emergency assistance was higher than that of the other communes. Research data show that Ky Phu commune is more affected by both types of natural disasters than other communes.

Hot and severe cold weather. The hot and cold weather affects all three communes equally, but it is possible for different groups of households to have different living standards. This section examines the impacts of severely low temperatures on different groups in terms of living standards (Table 4.23). The poor are more likely to be affected by cold weather, so while no one in this group says there is no cold, 14% of the medium and high income say there is not.

(If not counting the group of high income households because of high chances of error due to small sample size), the rate of poor households is said to be the most affected and averagely-affected is highest (81%). Local officials said that the state had no emergency subsidy (only based on specific cases), but there was a subsidy policy in the event of disaster. The data sheet for high temperatures is similar to that of low temperatures, so it is not referenced here.

Environmental pollution. Despite not being a disaster, community discussions have identified a safety hazard as an environmental pollution that the study did not address. According to the discussion group of households without PWDs in Ky Phu commune, the commune previously had the cleanest environment and there was no pollution. Although there is no food poisoning in the commune, there is environmental pollution caused by agricultural production, such as insecticide spraying on sugarcane, leading to pollution of water sources. Also in the commune, there is a rubbish dump that has contaminated the community for 13 years. Local residents said that "the landfill has been banned and Nho Quan district has not been put into operation" and according to local officials, the landfill has stopped working.

A brief description of the hazards of natural disasters, which may address community threats, is mainly about floods, droughts and hot and cold weather. The impacts of these disasters vary among the studied communes. They affect all levels of the community, but vulnerable groups such as the poor suffer the most from their low coping. The community awareness of natural disasters and response to climate change is mainly received through mass media, especially TV, collective actions on disaster preparedness and response to climate change have not been deployed.

3.1.3. Promote the improvement of livelihoods and household incomes

A picture of the livelihood of a commune. From the interview with the leader of Van Phuong commune, one can imagine the general picture of the livelihoods of a surveyed commune. Van Phuong is considered to be an average development commune in the district. The commune has 1,270 households, 4,303 people, of which 30% are ethnic minority people. The natural area of the commune is 8.79 km², including 410ha of agricultural land, including 130 ha of special-use forest; 22.63 ha are planted forests, i.e., economic forests. The rest is residential land and cultivated land.

The average income per capita in 2016 was VND 21 million. It is estimated that the contribution of income from agriculture (including cultivation, livestock) accounted for about 40%, the remaining non-agricultural services made up 60%. The main crops are cashew and peanut. Newly planted forests have not been exploited. Regarding animal husbandry, there are about 920 animals and grass animals (goats and buffaloes), including



250 buffaloes and 400 goats. The main poultry is duck with 20,000 heads, and about 10,000 at present. There are 146 individual business households in the commune, of which one is a large household holding small and medium enterprises as grocery.

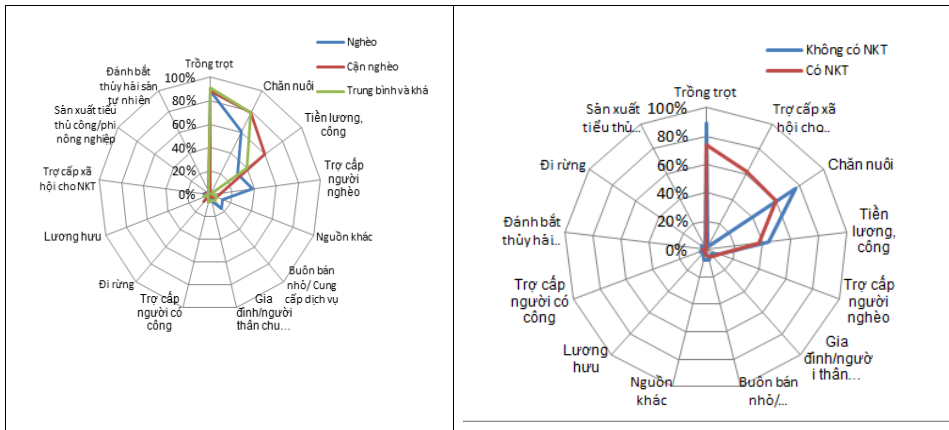
In the current labor export, there are 40 people, mainly going to Japan and Korea (10 people), Malaysia (5-6 people), none to China. The best source of income when exporting labor is Japanese companies. Another source of income for the people is working in shoe, garment and construction companies. These are considered higher salaries, with an average of VND 4 to 5 million. Commune statistics show that about 800 people are working in companies.

In 2016, Van Phuong commune restructured agriculture for two enterprises. The medical company is renting 4 hectares of medicinal plants. The second company is Ninh Binh plant seeds and breeds company. They are using 16.5 hectares to plant agricultural crops such as taro, potato and soybean. These two companies create regular jobs for 20 people; and they also hire about 30 seasonal workers.

The story of Van Phuong commune shows that in the surveyed area, labor export and labor in industrial zones have attracted and used labor force in rural areas. The income from these two types of livelihoods gives households more income than the agricultural labor. When the majority of migrant workers are the youth, the proportion of the elderly and children in hamlets will increase.

Types of livelihoods through study. The rural character of the project communes is evident in the types of income people have in the locality. The three main livelihood categories in this area are farming, animal husbandry and wage or salary employment (Figure 3.1). For the poor, subsidies are an important source of income.

Chart 3.1. Types of livelihoods in different strata of living and group of households with PWDs



Up to 90% of surveyed households' occupation is cultivation and 80% of medium and near-poor households animal husbandry. The poor are at a lower level (60% of poor households). Wage employment is the most common type of livelihood in all three groups, but the poorest (60%), followed by the middle (40%) and the poor (30%). For the poor, 17% make small business or service; and about 40% receive subsidies. Other types of livelihoods have few participants (less than 5%). Livelihoods that are not reported are rental or other property, or cottage industries.

From the point of view of people with disabilities, families with PWDs have less livelihoods on cultivation and livestock than those without PWDs. However, 62% of families with PWDs reported that they had income from social assistance. Families with PWDs also have income from wage or salary. Other sources of livelihoods have few households (less than 10%) involved.

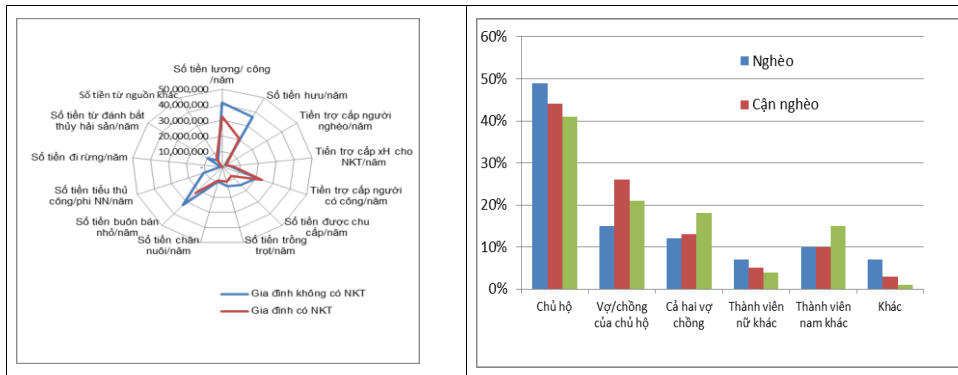
Contributions to households' finance of income sources by household groups

Although the number of households participating in agriculture (cultivation and livestock) is very high, the contribution of these two livelihoods is not the most important among households. Apart from stable sources such as pensions, social allowances, the most important sources of income are from wage earners (corresponding to PWDs and PWDs) of VND 32-42 million/ year; sales and services (VND 23 -32 million/year). This may be a good way to improve the livelihoods of vulnerable communities in the locality.

Main contributors to households' income

In the opinion of the household groups, the main contributor to the household income is the household head, which accounts for 40-50% of the respondents (Figure 3.2). The second group for the principal contributor to the household economy is the spouse of the household head, in which the figure represents 96%. The main reason for this is that the majority of the income is from both spouses (12-18%), of which the middle and high income households are at the highest level.

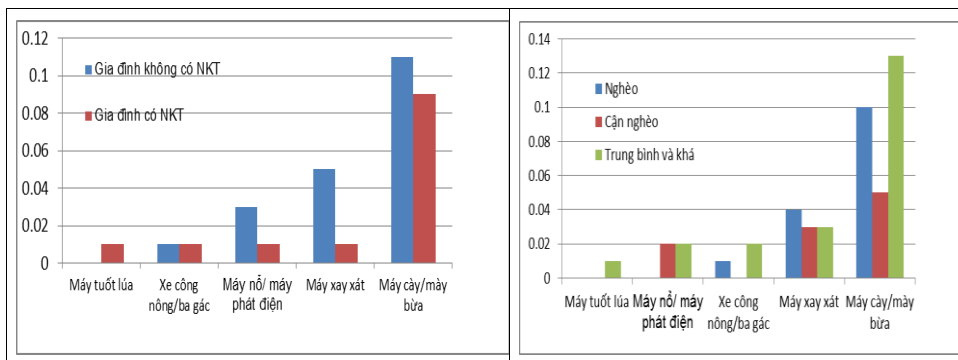
Chart 3.2. Financial contributions of livelihoods and household financial contributors



Production facilities and level of agricultural mechanization

Except for plows, rice threshing machines and agricultural vehicles, households with disabilities have less production tools than those without PWDs. The ratio of electric generator/generator and milling machine to one household is three and five times respectively (Figure 3.3. Number of agricultural mechanical equipment per household).

Chart 3.3. Agricultural machines and level of mechanization in living standard groups



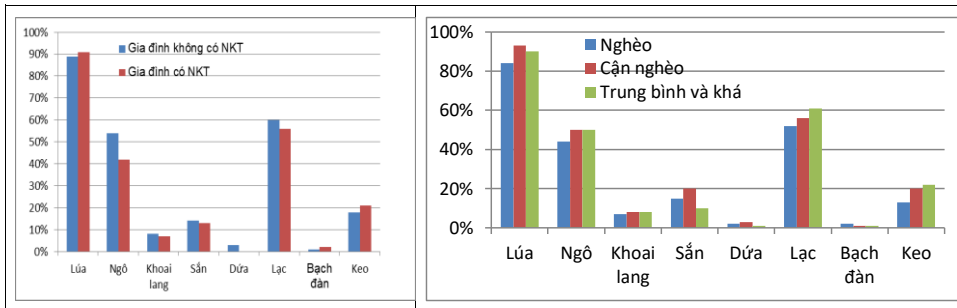
In living standard groups, poor households lack one or more agricultural machines, e.g. they do not have rice threshers or dynamite machines. Near-poor households lack rice threshing machines and farm vehicles. Middle and high income households have all types of equipment. It is therefore possible to visualize the level of mechanization that results in higher labor productivity and incomes in upper class households.

Cultivation activities. The structure of plant species of the household groups is shown in Figure 3.4¹⁰. The most common food crop for farmers is rice (nearly 90% of household groups), followed by maize (42-48%), smallholders (slightly less than high-income groups). The key industrial plants in the locality are peanuts (50-

¹⁰ The number of respondents in this part of the questionnaire ranges from 280-320 people, i.e. the rate of information is missing (there is no information from 15-20%).

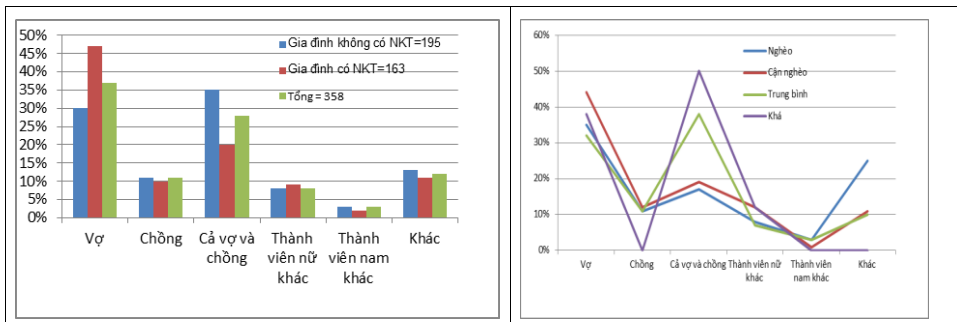
62% of cultivated groups, high-income households are more popular. Nearly 20% of the acacia households, the average and the average number of families with acacia are nearly double the number of poor households.

Chart 3.4. Labor distributions within the cultivation sector and structure of local plants.



Regarding the structure of the gender of the farmers, it can be seen that in households with people with disabilities, women play a more important role than households without people with disabilities (Figure 3.5). In households with PWDs, nearly half of the women are farmers, with only 10% of men working in the households, 20% of households with PWDs are working together. It can also be seen that among the groups of households, according to their living standards, 35-35% of the households have women as the main laborers for farming, with middle-income households, husband and wife cooperate in farming and about 20% are in the lower income group (Figure 3.5. Right).

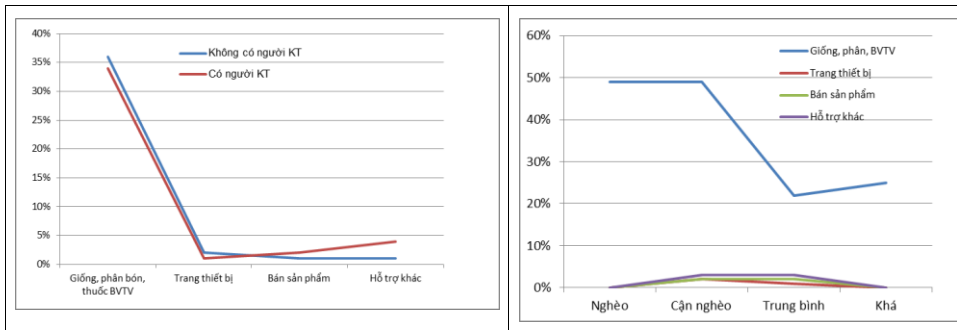
Chart 3.5. Structure of labor involved in cultivation and participation in farming



In the study, local farmers indicated that they were supported mainly by inputs such as seeds, fertilizers and plant protection chemicals (Figure 3.6). About 35% of households are helped without clearly seeing the differences between households with and without disabilities. However, nearly 50% of the poor and near-poor households are supported, while the middle-income group is 22%.

From an interview with the leaders of Thuong Sung hamlet, Ky Phu hamlet, the research team noted that the activity of a provincial extension program is supporting the community in the hamlet producing high quality yellow sticky rice which is eligible for being exported to Japan. The provincial extension has been implemented since 2016 with two pilot sao (360m²), and is currently piloting about two hectares. If successful, the program is expected to expand to five samples to obtain sufficient quantities for exports. Yellow sticky rice, according to local farmers, is a special variety that is only suitable for particular regions and types of local soil. This type of rice has a relatively satisfying price of VND 20,000 VND/kg of paddies. Besides yellow sticky rice, there are local specialties such as taro or Hoang Long sweet potato, which is not produced at the commercial scale or processed to be launched to the market.

Chart 3.6. Types of government support for agricultural production



An interview with a leader in Sau hamlet (Box 3.1) confirmed and supplemented the results of the questionnaire survey of local basic crops, the role of food security of rice, and the importance of industrial crops such as sugarcane. The story also points out that the challenge of agricultural production is an important part of rural workforce moving to factories, with communities leaving their land for rice cultivation because of a lack of agricultural labor. Most extension training courses focus on grassroots staff.

Box 3.1. Cultivation and market in Sau hamlet

"The main agricultural crops here are rice, cassava, maize, peanut, sugarcane, and pineapple. The area of sugarcane is 40ha, cassava 20ha, pineapple more than 10ha, peanut and rice only more than 60ha. In the hamlet, there are about 30ha of acacia plantations in Project 327. In addition, there are *ilex rotunda thunb* and *canarium* for fruit. *Ilex rotunda thunb* is currently being planted more, but this type of plant must be 40-50 years to harvest, sometimes the father's life to grow for their children.

Currently, the households investing in sugarcane production are quite good, in the hamlet there are 16 typical households in group 2. Excluding the investment of VND20 million for fertilizer, VND2 million for pesticides, VND180 million for sugarcane and VND350 million for sugar cane. In Sau hamlet, there are 100 households growing sugarcane but only 30 households grow high seed. "This year's house planted a few saos is high sugarcane, red sugarcane is very much, this year, many rains, sugarcane good but not every year, the household that put sugar cane in three years, high yield, 1ha also gains 10 tons of sugarcane.

About two thirds of the sugarcane production of the farmers is sold under the sugarcane procurement contract with the company while the rest is retail. In the past, there was a company that bought corn planters to raise cows, but now they have stopped. Farmers in the hamlet shifted to maize cultivation but lower income than before, so they have to sell maize but the profit is not high.

In Sau hamlet, there are 100 households (near the hamlet) to neighboring Phu Loc commune to borrow the land for planting rice. In Phu Loc, laborers leave their land to go to work in companies, so there is land for leasing to people in Sau hamlet. As the rice yield in Phu Loc is quite high at around 2 - 2.5 quintals/sao/crop, the households in Sau hamlet does not lack food. They grow rice mainly for food and livestock. In Sau hamlet, mainly village officials were trained in pest and disease control classes.

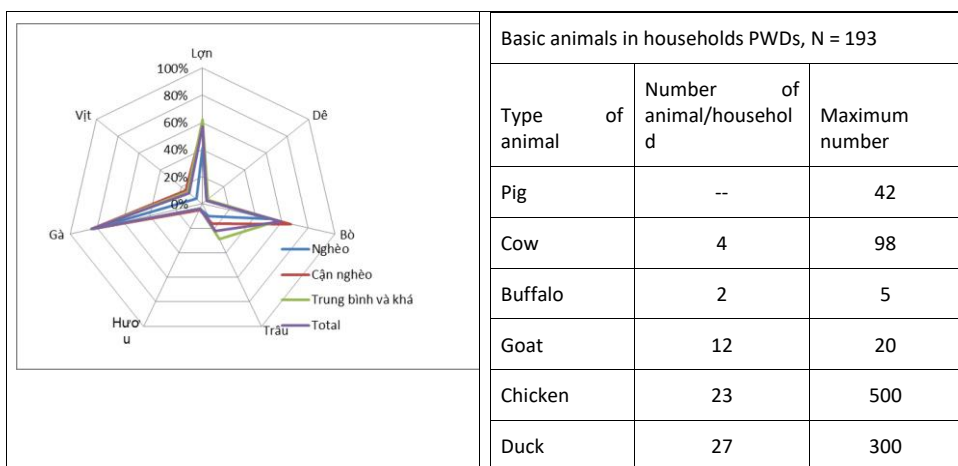
Source: One leader of Sau hamlet, Ky Phu commune

Husbandry activity. The local livestock are large livestock (cattle, buffalo), small livestock (pigs) and poultry. Most households (more than 80%) raise chickens. Many households raise pigs, with the average household and relatively more common (60%), less common pigs than the poor (more than 40%). Cows are also common animals like pigs. The level of prevalence fo buffaloes is different among living standard groups. The middle and

high income households accounts for 28%, while poor households makes up 10% and near-poor households represents 16%.

The average number of livestock in households with PWDs is shown in the right part of Figure 3.7. The number of animals is not much different from that of households without PWDs. It is noteworthy that there are households with large scale livestock with pigs, cows and two types of poultry - chicken and duck. A leader in Sui hamlet, Van Phuong commune, said that a model of fish farming combined with rice cultivation has been maintained for more than 10 years. The whole commune has 40 ha implementing this cultivation method in households with suitable fields.

Chart 3.7. Husbandry models in studied communes



According to research data, average income from all livestock (ducks not reported at the time of study) was VND 39 million per year for a households with husbandry. It is noteworthy that if the income of the poor household is 1 unit, the near poor households are 1.3 and the average household is 2.3. For high income households, their income from husbandry is only equal to 0.9 of the poor. This suggests that priority in the livelihood strategy of the high-income households is quite different from that of the other groups.

Box 3.2. Husbandry in Ky Phu Commune

A leader in Sau hamlet said that the main animals in the village are pigs, cows, buffaloes and goats. The buffalo has 117 heads, cows: 260 heads, goats: 200 heads and middles: 13 heads. Pigs and chicken are for domestic consumption, while other animals are produced for the market. Goats are the most promising animals, suited to livestock conditions of all household groups. "Here, there rocky mountain, goat farming has stable prices and good market. The average price of goats is about VND 120,000/kg, and prices of male goats sometimes amount to VND 140,000/kg.

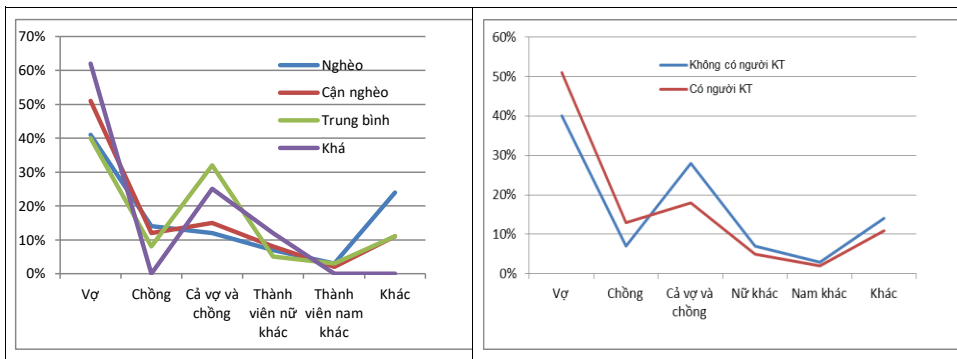
Cows and buffaloes also have strong potential for development in the locality thanks to the grass land. However, the prices of cows and buffaloes have decreased sharply over the past 2 years, so people do not raise more. In the hamlet, there is a program of VinGroup (2012 - 2013) for supporting 6 households raising calves for breeding. Of these, one was successful, out of poverty, "this poor household sold a calf and earned VND 12 million, bought a computer for their child to study in university and now has three more cows."

Commune and hamlet officials said that deer require high capital and are preferred to be raised by high-income households rather than goats. Being a hill commune, bees are also a potential livestock that many

have successfully raised. However, beekeeping requires high technology and farmers have to be careful and diligent. Beekeeping also has the risk of bee flying away when the weather changes.

Regarding family members involved in the husbandry, with all groups of households, women (wives) occupy a key position in this activity. Levels of livestock production in the household groups are presented in Figure 3.8. For poor and near poor households, less than 15% of the households have both husband and wife doing the husbandry, where the proportion of women is 50% for the near poor households and 40% for the middle income and near poor households. In households with people with disabilities, the role of women in livestock production is higher than that of households without PWDs.

Chart 3.8. Level of participation of family members in animal husbandry



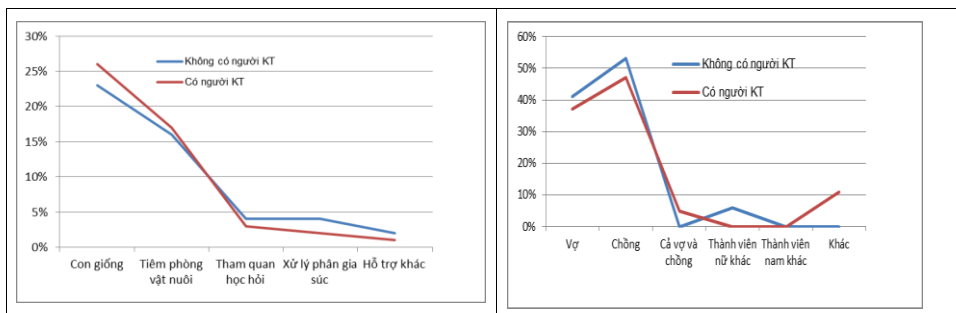
The population in the past 12 months was supported in a wide range of animal husbandry (24% of all household groups) and vaccination (17%). Households receiving other supports such as excursion, garbage disposal were only lower than 5% (Figure 3.9, Left).

Box 3.3. Cow herd development program of VinGroup in Van Phuong commune

In 2011, the program invested in 18 cows and invested 20 cows in 2012; with a total of 38 heads. Cows in 4 households died. The remaining 34 heads are rotated among households. According to the contract, a household raises a calf until moving to another household. 5 male calves are sold in exchange for female calves. 17 male calves sold cannot buy 17 calves, only exchanged for 12 female calves. Under the contract, the number of male calves will decrease and cannot be exchanged for female calves. Male calves which are raised for a half of month can still be sold. Currently, in the commune, 15 people are signing contracts; the rest have liquidated the contract.

Source: People's Committee of Van Phuong Commune

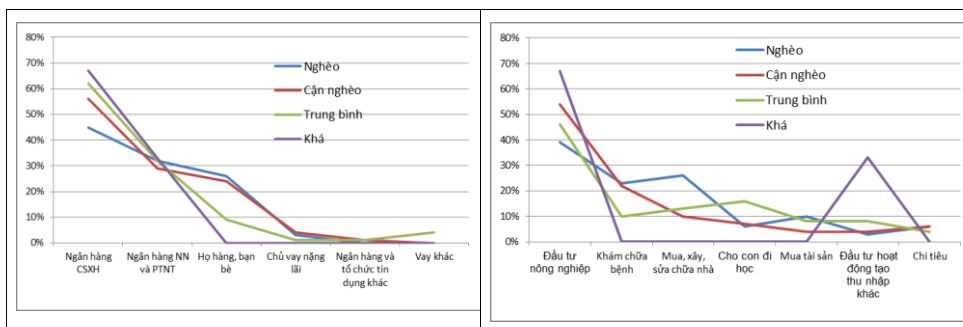
Chart 3.9. Types of support in livestock and family members' participation in training



From the questionnaire, in the past 12 months, about 9% of households have been trained in the animal husbandry. The trainees are husbands occupy a higher proportion than wives with both groups with and without PWDs (Figure 3.9, Right). It can be assumed that many husbands who are not the main laborers in the farm are the trainees. However, this should be checked because the number of people trained in breeding is too small.

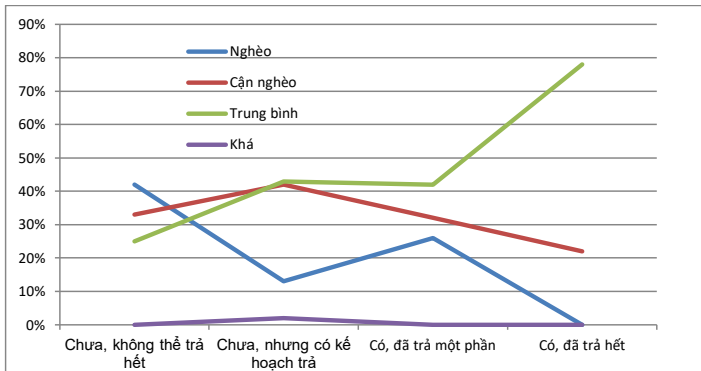
Access to credit. In 2016, 49% of households borrowed money from various sources in 354 respondents. In the capital sources, the Viet Nam Bank for Social Policies is the most important source for all groups of living standards. Although being designed with the original goal of helping the poor, the percentage of poor households borrowing (45%) is lower than that of all other groups. The near poor group has the next place of 57%. Vietnam Bank for Agriculture and Rural Development is approached by all groups of living standards with the proportion of households borrowing being almost equal with 30% of households. Friends and relatives are the third most important source, especially for the poor and near poor - about a quarter of this group borrows from this source. A low percentage (less than 5%) of the poor and near poor households said they borrowed from sources with high interest rates.

Chart 3.10. Access to credit sources and loan purposes



The living standard groups borrow loans for different purposes (Figure 3.10). The group of high income households only borrow for production and investment respectively to generate income. The other groups of households borrow for many purposes, mostly for agricultural production but also for health care (22% of poor and near poor households), home improvement (28%), children go to school (average household leads -17%), a small percentage (less than 5%) of groups of households borrow for spending.

Chart 3.11. Repayment capacity of household groups.

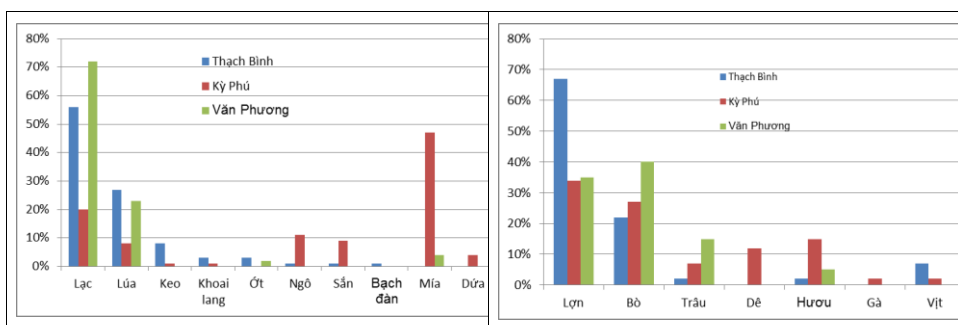


The repayment capacity of household groups is shown in Figure 3.11. More than half of the household groups plan to pay their loans with a valid loan. Nearly poor, medium and high income households have a large debt repayment plan. This rate is lowest among poor households (12% of households). Poor households also reported that they were not able to pay their debts (42%), followed by poor (32%) and middle income (25%) households. It can be concluded that, according to the self-assessment, except for high-income households, at least one fourth of the farmer households in this area are in debt and their capability to repay is very difficult.

Market access

Key products. The research results show that each commune has one of the main selling products in the market for cultivation and livestock (Figure 3.12). Thạch Bình and Văn Phương have peanuts (55 and 72% of respondents said that the product is mainly sold). For Ky Phu, sugarcane (47% of households) is the main product.

Chart 3. 12 Major products sold to the markets in the three communes



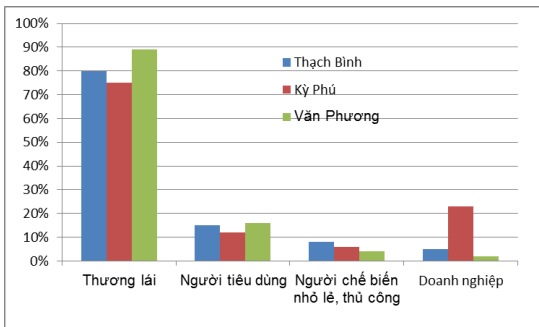
The most sold animals in the three communes are pigs (Thạch Bình is the most), buffaloes and cows (Văn Phương is the most). Deer and goats are popular for collecting money in Kỳ Phú. It can be used for the production of grass-fed animals such as deer, goats, buffaloes and cows.

In terms of sales methods, the vast majority of respondents (95-97%) said they sell at home or in the garden. In Thạch Bình, 2% said they were selling products on roadsides. In each commune, 2% of respondents reported to sell products at hamlet's markets. In the district market, only 2% of respondents in Kỳ Phú commune reported selling their products in the district market. In addition to these locations, there are no other ways and places of sale are notified.

Chart 3.13. Customers of farming households in communes

Kommentiert [A1]: Review the location of the district market near Văn Phương rather than Kỳ Phú

→ This is a qualitative interview. No data are available.



Regarding the salespersons, more wives tend to be salespersons for both households with and without people with disabilities (56 and 52% respectively). In households without PWDs, husbands account for 25% of salespersons, and in households with PWDs, only 17% of salespeople are husbands. For both groups, 18% and 19% reported that both spouses are salespersons. The rest is the other members involved in selling the products.

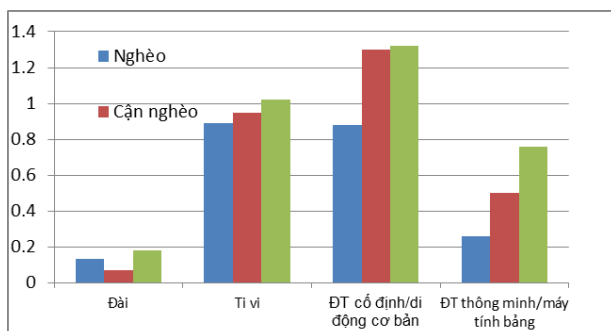
In all three communes, more than 75% of households sell their products to traders. A group of 12-15% of households sells products to consumers directly. Particularly in Ky Phu commune, 22% of households have products sold to enterprises (Figure 3.13).

The feeling of price manipulation is not uncommon in households. Approximately 30% of households in both PWD and non-PWD groups said they felt this. This feeling is also spread among the poorer groups with the highest number of people (35%).

Means of access to information. The local population can receive information the mass media, and have easy access to the internet. With traditional access devices such as radios, TVs or landlines (or basic mobile phones¹¹), the study recorded a negligible digital divide among households with and without PWDs.

For tablets, smartphones, devices that allow users to socialize and access diverse sources of information, the distance is nearly double between households with and without PWDs. This gap between the middle and the poor compared to the poor is almost three times (Figure 3.14).

Chart 3.14. Average number of information access devices by household

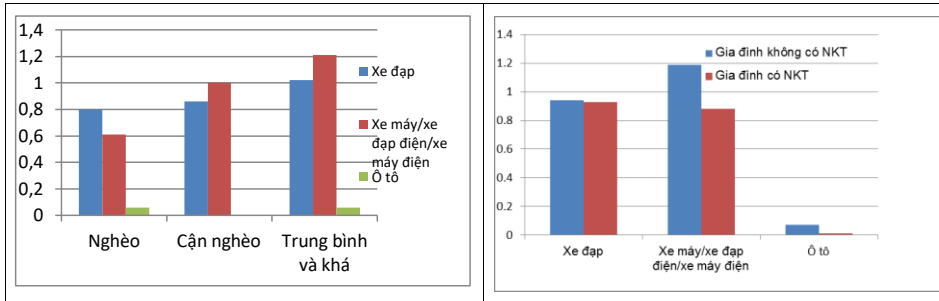


Vehicles for market access. Vehicles such as automobiles, motorbikes and bicycles can be considered as representing the market access (and health services) of the households. With automobiles or motorbikes, households can carry more and go further, meaning they can access markets and hospitals more efficiently.

¹¹ It is a mobile phone but does not have access to the internet, but it has the messaging function.

It can be seen through the study that the average of near-poor and middle-income households has each household a gasoline or electric motorcycle. For poor households, 40% of households do not have this capability (Figure 3.15). In households with disabilities, about 15% do not have this capacity.

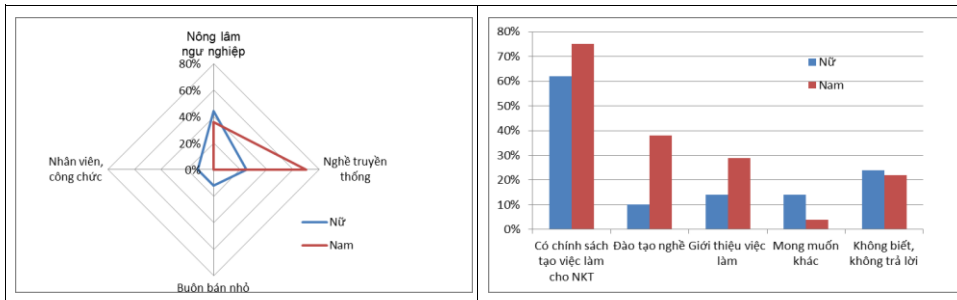
Chart 3.15. Distribution of means of transport in living standard groups and groups with people with disabilities



Livelihoods-Employment of people with disabilities. There are 39 working people with disabilities responding to the suitability of work with disabilities. Males give a sense that many of them work in inappropriate environments. For females, 56% said they were suitable, while for men this figure was 38%. Overall, 21/36 was considered inappropriate.

Assessment of the suitability of some types of work for men and women is presented in Figure 3.16, which provides options for employment assistance for PWDs separately from men and women. It is possible to see women's options more diverse than men, with some of them outwardly oriented with the ability to work outside of the community. When evaluating jobs, people with disabilities are excluded from working as employees and business owners. This may indicate social barriers to employment with people with disabilities.

Chart 3.16. Assessment of the relevance of PWDs in some jobs

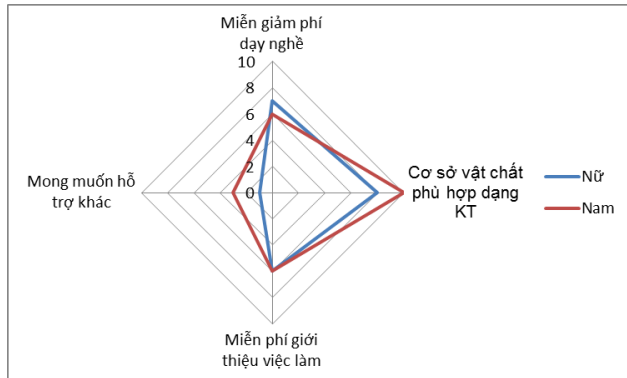


With no income-generating labor, more than half (60%), PWDs do housework work, only a very small percentage (2%) are attending school or retiring (3%). The rest does "other" jobs - quite a lot of people and should be investigated further.

Among PWDs who are unemployed, although most want to have supportive policies, the number of people who want to learn a job or are job seekers account for a minority, respectively 38% and 10%, respectively, would like to introduce male and female employment is 30% and 12%.

The proposed disability households is not much, but concentrated in three points: The most recommended option for both men and women is to create working conditions consistent with the type of disability, followed by a reduction in vocational training and job placement.

Chart 3.17. Proposals of households with PWDs on job promotion



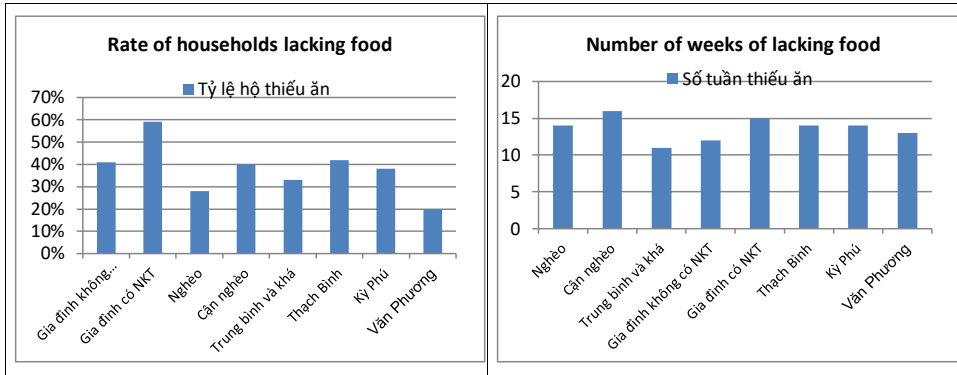
Livelihoods results. Livelihoods results are expressed in the ability of households to save and the level of subsistence of household groups. In terms of savings, only 2% said they could set aside savings. In the poor and near poor households, the rate is 1%, in the middle group the rate is 2%. In the high income group, 22% have the ability to save money; however, the sample size in this group is too small for this figure to be reliable. Of the 7 people who have savings, there are 3 names in the husband, 2 in the name of the wife, the rest are depositors.

On the level of food shortage, all groups of households and in all localities report on "food shortages" - understood as the demand for cash for food. The proportion of households with food shortages in the group of households with PWDs is significantly higher in the group of households without PWDs. In the control commune, Van Phuong has a lower rate of "poor" households, only half of that in the two project communes.

For the average "food shortage" in weeks, this indicator in three communes is quite close. Notably, this indicator in the near-poor households is the highest (16 weeks), for households with disabilities, this figure is 15 weeks.

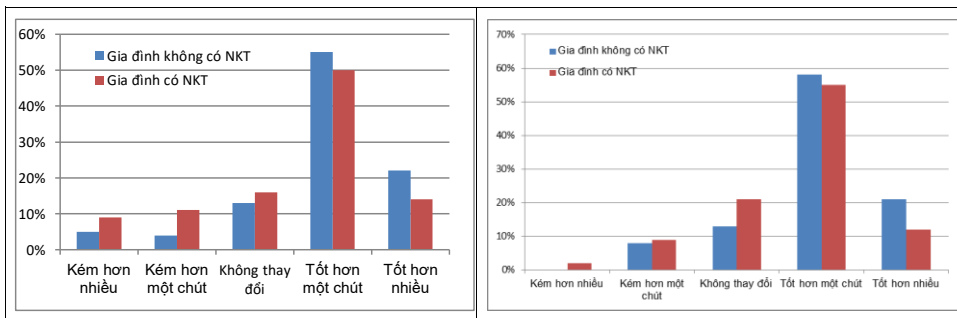
Kommentiert [A2]: Clearer analysis of the concept of food shortage →. The numbers here are aggregated from the questionnaires. If the respondent misinterprets, he or she will not be able to check again.

Chart 3.18. Level of food shortage in household groups



The perceptions of two groups of households with and without disabilities on living standard change over the previous five years and the assessment of change over the next five years are shown in Figure 3.19. It can be said that both groups are optimistic about the change is positive, although considered "slightly better", and 15-22% said "much better." In general, there are fewer households with disabilities than families with disabilities rating as optimistic. Looking at the future in the next five years, the pattern of change, there is not much different from the previous five-year period.

Chart 3.19. Assessment of current living standard over the previous five years (Left) and forecast for the next five years (Right).



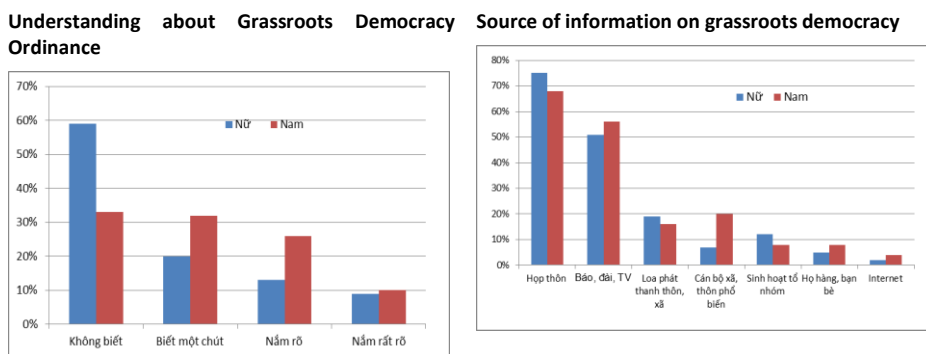
3.2. Promote the implementation of grassroots democracy so that people enhance supervision to improve the quality of public services

Under this topic, the theme surveys the level of understanding of the people about grassroots democracy ordinances, sources of information, the level of interest and monitoring of local budgets. The theme also explores the approach, interest and practice of monitoring expenditure on two major public services, education and health.

3.2.1. Grassroots democracy and commune budget monitoring

Grassroots Democracy. The study found that many people (60%) did not know about the Grassroots Democracy Ordinance and only a small percentage (20%) knew about this legislation. For men, 50% do not know or know very little about this legal document. For everyone, the main source of information about this text is the government side through hamlet meetings and they instruct hamlets' leaders to disseminate. Traditional media such as radio, TV, newspapers are the second source of information (Figure 3.20) to the people. Other types of media have little role in providing democratic information. These are the local loudspeaker media, communal cadres upwards, group activities, or the internet.

Chart 3.20. Understanding the democratic ordinance and information sources for the ordinance



Kommentiert [A3]: Adjust the expression to avoid misunderstanding the role of local authority. In reality, the dissemination of the law is done from the top down and directly to commune and hamlet officials (most notably through hamlet meetings). In addition, the characteristics of wide area, mountains so the information through loudspeakers is ineffective. Many people are disseminated with the knowledge of law but not high.

→ The locality may organize training, but it is possible that the attendants are officials, so the number of people and the attendance rate is low. Such survey data is true. If possible, the local staff will provide the training minutes to be included in the report.

Participation in community meetings can be considered as a democratic citizen's right at the grassroots level and especially for access to information as noted in the above sections. For families with/without PWDs, they send their representatives to attend meetings. Husbands and wives attended these meetings and these two people accounted for 77% of the attendees. For households without PWDs, men go to meetings more; for households with PWDs, women go to meeting more with a few percent (Table 4.25). The rest are members of the participating households, usually women. In the meetings, high and middle-income households (69%) made a positive contribution (52% from occasional and regular comments).

According to living standards, in poor and near-poor households, women go to hamlet meetings more often than men, and in high-income households, men go to hamlet meetings more often than women. The corresponding figures for females in poor, near poor and middle/high income households are 36, 43 and 33%, while for men, 25, 34 and 50% respectively.

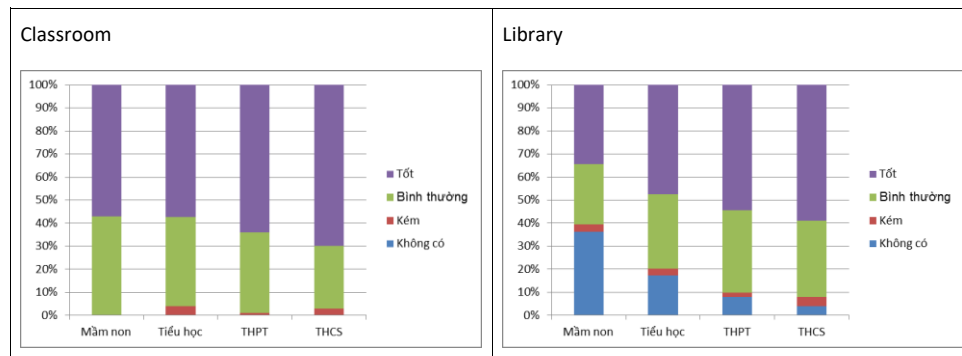
Regarding participation in local socio-economic development planning for gender groups, it is possible to see that the number of women in the population is relatively small, with the lower proportion of women participating in the planning. Only 35% is women while the respective figure for men is 51%. Regarding participation in planning, the percentage of men and women who reported that participation in planning was less. This rate is 11% for women and 14% for men. With two groups with and without PWDs, the level of knowledge about social and economic development plans is nearly the same. However, in households with people with disabilities, the participation rate is only 8%.

Public budget disclosure. Most people said that in 2016 the authority made public expenditures. Up to 75% of households without PWDs said that and 70% of households with PWDs said that. However, the percentage of respondents who read the budget notice is only 27% in households without PWDs and 26% in households with PWDs. Although the rate of readers is not much, the rate of people are confident in the budget announced by the commune authorities quite high: 79% of households' representatives without PWDs and 82% of households with PWDs.

3.2.2. Participation and governance in educational services

Assessment of school facilities. The school facilities at all four levels are rated good by the majority of parents, but not the large majority. No grade is more than 80% of parents rated as good. Some levels of education from primary to high school have a small number of parents who think the class is weak. In particular, the libraries at all four levels have parents who do not, especially in kindergarten and primary school (see Figure 3.21).

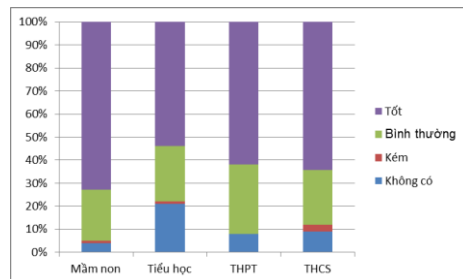
Chart 3.21. Classrooms and libraries at all levels



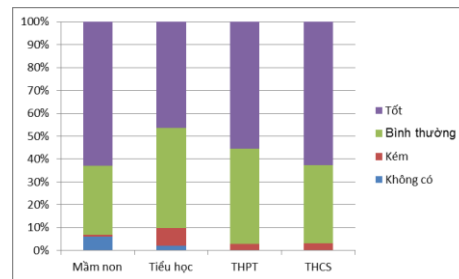
On safe drinking water, there are a few parents who commented there is none, while the majority rated as good. The percentage of parents who rated safe drinking water as good at preschool level was the highest (72%), with primary school attendance being the lowest, but also 52% said they had safe drinking water for their children at a good level.

Figure 3.22. Safe drinking water and toilet

Safe drinking water



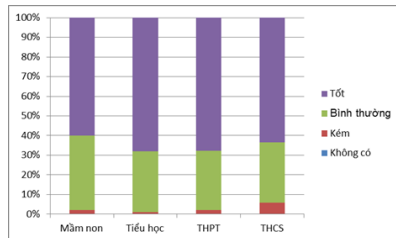
Toilet



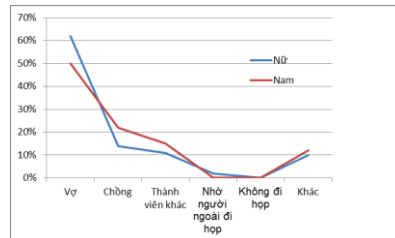
Separate toilets for boys and girls are available at two levels of preschool and primary school, although the proportion of respondents is not much at 5% or less. At higher education levels, there is a poor opinion on toilet quality, especially at the primary level (8% of parents have this comment).

Chart 3.23. Teachers and attending parents' meetings

Teacher quality at all levels



Attend parents' meetings

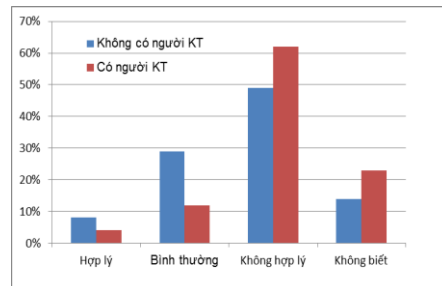
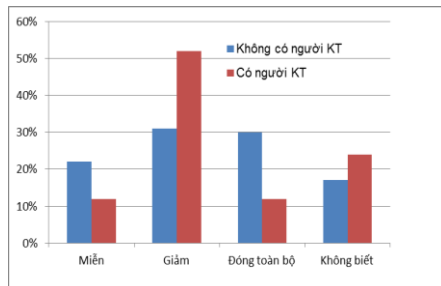


Financial transparency in education

At the preschool level

At this level, about 10% of families with CWDs are exempt from tuition fees, and 20% of children in families without CWDs are exempted from tuition fees (Figure 3.24). Children are reduced 50% from households with PWDs, and 30% from households without PWDs. For contributions, the number of people is unreasonable, over 50% for both groups. Regarding the use of donations, there are 70% of households without PWDs in households, and only 36% in households with PWDs think they know about spending. This is a critical gap.

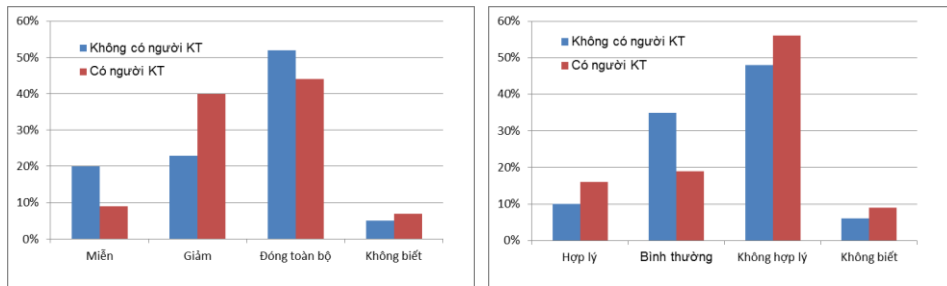
Chart 3.24. Kindergarten: Rate of tuition exemption and satisfaction with contributions



At primary level

At this level, the exemption level for two groups with PWDs and without PWDs decreased slightly compared to pre-school level. Although at a reduced level of tuition, the family rate is reduced by about 10% less than the pre-school level. Full tuition fees increased sharply compared to kindergarten level (Figure 3.25). So, even at the primary level, the cost of learning has increased not only in contributions but also in the number of contributors. The proportion of people in both groups for the fee level is unreasonably high, almost in kindergarten, i.e. about 50% of parents. At this level, parents in both groups talked about how revenues are getting closer. 64% of households without people without disabilities and 56% households with PWDs said that they know.

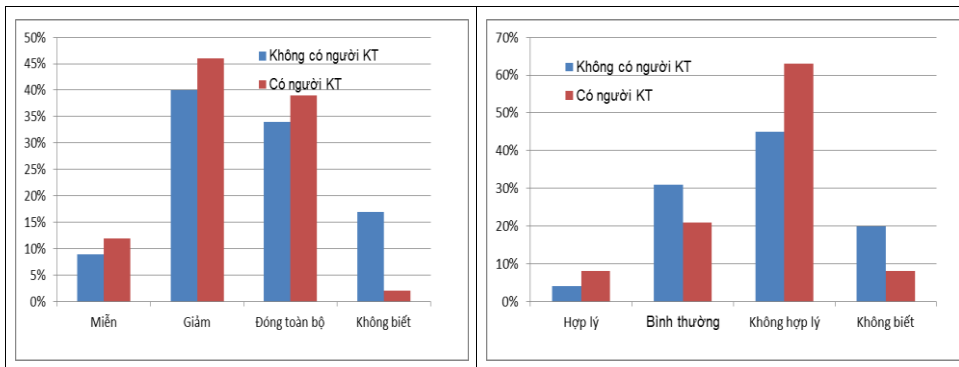
Chart 3.25. Primary level Rate of tuition exemption and satisfaction with contributions



Secondary school

At this level, the percentage of households with disabilities is 12% lower, slightly higher than in the primary school and slightly higher than those without PWDs at the same level (Figure 3.26). The number of PWDs is reduced by 45%, not much higher than the primary level. The exempted households without PWDs is 40%, more than twice as much as the primary one. The number of households with PWDs contributing the whole tuition fee is 38% compared to 33% of households without PWDs. At this level, the proportion of households with PWDs who make disproportionate contributions is quite high at 62%, compared with 45% of households without PWDs. In households without PWDs, the percentage of households with knowledge about how to spend contributions is 72% compared to 61%.

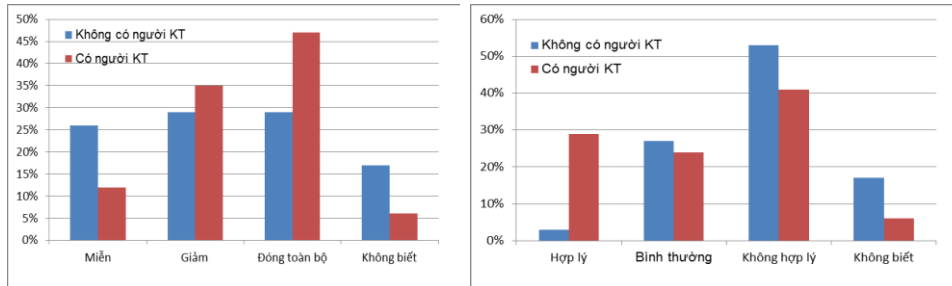
Figure 3.26 Secondary school: Rate of tuition exemption and satisfaction with contributions



High school

At this level, the exemption rate for households with PWDs was 12%, but the exemption rate for households without PWDs was high at 25% (Figure 3.27). The percentage of households paying the whole tuition fee is 47%, a 10% higher than that of households without PWDs. At this level, the proportion of households without PWDs who think that tuition is not reasonable is high at 52% and is much higher than that of households with PWDs (40%) - in contrast to previous years. At this level of education, the percentage of households with PWDs knowledgeable about the fees is 56%, almost three times higher than those without PWDs (18%).

Figure 3.27 High school: Rate of tuition exemption and satisfaction with contributions



Pupils' view. Pupils' assessment of his or her learning conditions is more positive than that of the parents. In terms of furniture, electric fans, toilets, most pupils confirm that they are in their schools. As far as drinking water is concerned, only 73% of the pupils said yes, in line with the parents' comments.

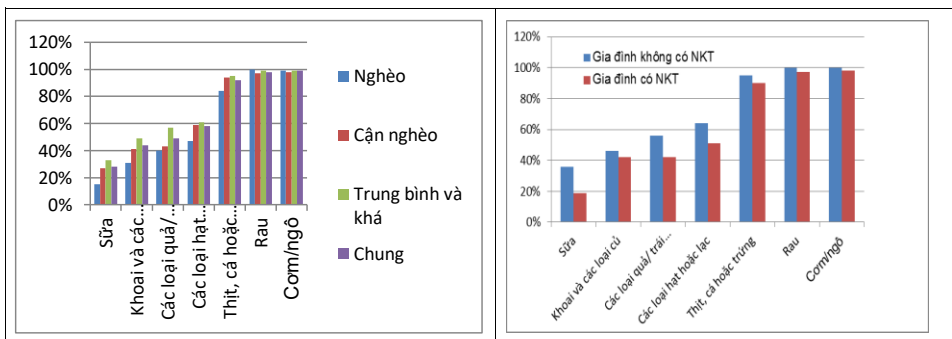
Most pupils also evaluate teachers fairly in terms of gender discrimination, or about giving preference to their pupils. However, the number of pupils who think that such discrimination is significant amounts to one-third of pupils. The number of pupils who think there is a real minority of Kinh and ethnic minorities is 9%. The vast majority (96%) of the pupils think that teachers are easy to understand (Table 4. 5).

3.2.3. Health and access to health services

Nutrition regime is an important determinant of the health of people in the community. The research questions clarified the differences in diet through the question of the foods that households had used in the last three days.

In basic foods that contain carbohydrates, protein and vitamins and fiber (vegetables), the differences between the basic living standards are not much (Figure 3.28). The difference is slightly higher in fruits. The only difference was the milk group, the gap between the two middle-income groups and the poor group was nearly two times. The correlation of food consumption with households with disabilities and none is also close to that of the poor with medium and high-income households. The difference is that the poor use vegetables more than other groups, and the households with disabilities use all kinds of food less than those without people with disabilities. It should be noted that research questions do not allow clarification of the qualitative differences of food groups used in the living standards.

Chart 3.28. Foods used in the last three days of groups of living standards and disabilities

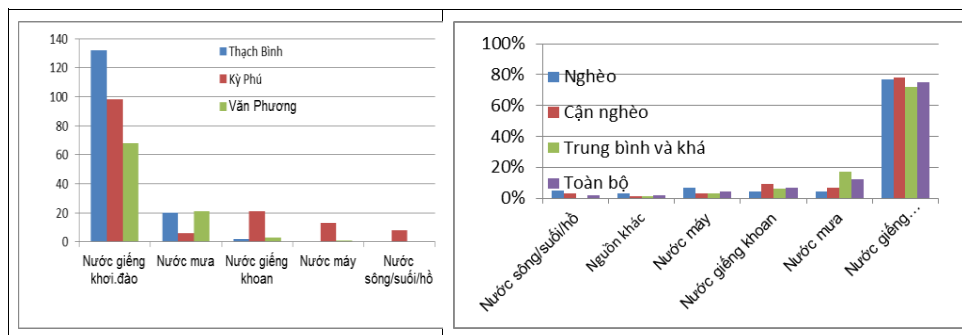


Water source. Water, especially drinking water, is an important factor to ensure the health of the people. By locality location, water resources in Ky Phu is more than the number of households using tap water and well water. However, it is the same commune where many families use river water albeit it being the source of unsafe water. In the two communes of Thach Binh and Van Phuong, most of the people use water from relatively safe sources such as wells, rainwater and some households use wells. If the tap water is clean and safe water, in the three studied communes only about 20 households in Ky Phu commune have clean water; other communes reported no use of this source (Figure 3.29).

In terms of living standards, it can be said that people in the high-income group do not use river and stream water. Some high-income households (18%) use rainwater as a source of drinking water. A small number of poor and near poor households (less than 5%) still use unsafe water for sanitation, which is the source of streams, lakes and ponds to serve as the main source of water. The focus group discussion with PWDs in Ky Phu commune also confirmed that the people mainly used wells as well. However, this water source, there are places to dig 13-15 m to have water.

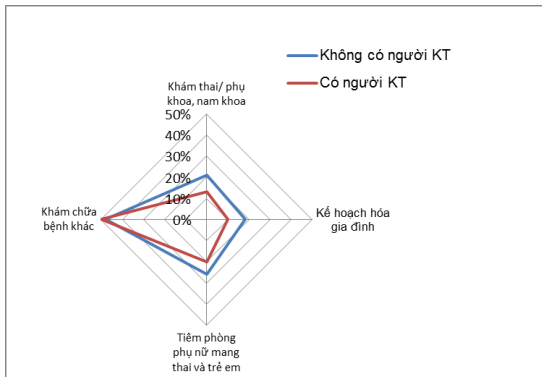
Farmers also claim that groundwater is also potentially contaminated by chemicals used for herbicides, insecticides and plant protection, although there is no concrete evidence. The water is considered to be influenced by the limestone mountains stationed in this area.

Chart 3.29. Main source of water for local people



In 2016, half of the study respondents went for a variety of medical treatments. Of these, 20% of those without antenatal care had access to family planning services and 27% had vaccinations for women and children (Figure 3.30). The number of people from families with PWDs participating in reproductive health services is lower than the other. Their experience is described in this section.

Figure 3.30 Use of community health services

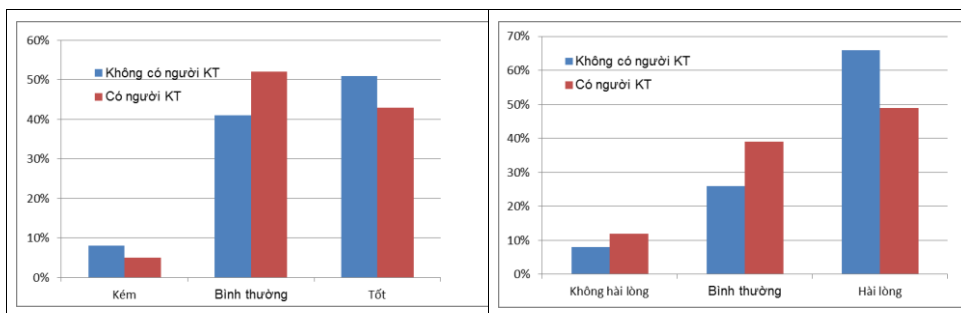


Access to health services. The access to commune-level health services depends on the location of higher-level hospitals, where they are more likely to have access to health care, and high-level medical staff more, provided with better medical examination and treatment equipment. For example, people in Van Phuong commune where the district health center is only 4 km away from the commune, they come and directly use the services of district health authorities. In the remaining two communes, people used health care services of commune health authorities more.

Medical examination and treatment. For the general practitioner, the level of service is the same for both groups: The proportion of respondents from households with PWDs was 49% and without PWDs was 48% (Figure 3.31). On the quality of examination and treatment, the group without PWDs was higher (52% of respondents), and their satisfaction (66%) was higher than that of households with PWDs. However, the difference between the two groups is not significant.

For other types of reproductive health care services, such as prenatal care, gynecology, menopause, family planning services, vaccination for mothers and children, the levels of quality and satisfaction with these services are essentially the same as those for general services (Table 4.8). At the establishments with paid services, quality and satisfaction were higher with the number of satisfied people more than 10 percentage points (Table 4.9).

Chart 3.31. Evaluation of people using services for medical examination and treatment other than reproductive health services



Discussions with commune clinics indicate that RH services may be available locally, but people do not use or use them, especially when there is a near higher-level medical facility. For example, in Ky Phu Commune, the head of the clinic said that in the case of minor adolescents, there have been no cases of adolescent pregnancies due to “their parents often take their children away for examination or abort. The pregnancy or tetanus-free (AT) vaccination program for all pregnant women attended by pregnant women. In Thach Binh commune, about 100 pregnant women registered at the clinic every year. However, the number of women giving birth at the clinic was only about 10%. Station staff explained: “It is normal for me to find out that I find it difficult to deliver, I will move to a higher level. If the delivery to the upper line is not available, prognosis right at labor at the visit.” In Thach Binh health station, every Thursday is a gynecological examination day, which is free of charge for poor women and ethnic minorities.

Health insurance. The coverage of health insurance varies from commune to commune depending on the severity of the problem. The communes in the national poverty reduction program are sustainable, the entire population is insured, the communes have only a few hamlets in the program, only the hamlets where the people have insurance. For example, the head of Ky Phu Commune health clinic said that 100% of people are covered by health insurance cards by ethnic minorities. “All diseases of the people are people come here, they are examined and classified, which can handle the treatment at the clinic, cannot manage to refer to referral to the upper level treatment.” At the Thach Binh health clinic, “those who are covered by health insurance are entitled to benefits, but not with or without the prescribed costs.” In Van Phuong commune, the staff of the clinic said that people here buy health insurance because the commune does not belong to “135 program”; health workers do not know the number of people who buy insurance.

From the study, for households with PWDs, it can be said that most of them have health insurance cards: 82% of respondents said so. Not all respondents had health insurance, as in the sample there were hamlets not in extremely difficult villages, and those with PWDs who had not been confirmed did not receive health insurance.

3.2.4. Access to public services by people with disabilities

Regarding education

There were 36 respondents to the question of whether or not children with disabilities attend school. Of these, 58% said they allowed children with disabilities to attend school. Among those who allowed children with disabilities to go to school, there is one who teaches children to study at home, the rest allows children to study to integrate; No one mentions the prospect of allowing children to study in institutions such as education centers or schools for children with disabilities. Thus, the number of children with disabilities who are not entitled to study is still considerable. To solve this problem, there must be more specialized researches.

13 people mentioned difficulties in learning of children with disabilities (see the summary in the Appendix), in which only 7 people said that they had difficulties, the rest had no idea (4 people), or said there is no difficulty (2). It can be seen that the number of comments on the learning of children with disabilities from women is nearly double that of men. This is also consistent with the high rate of attendance at parents' meetings, both male and female.

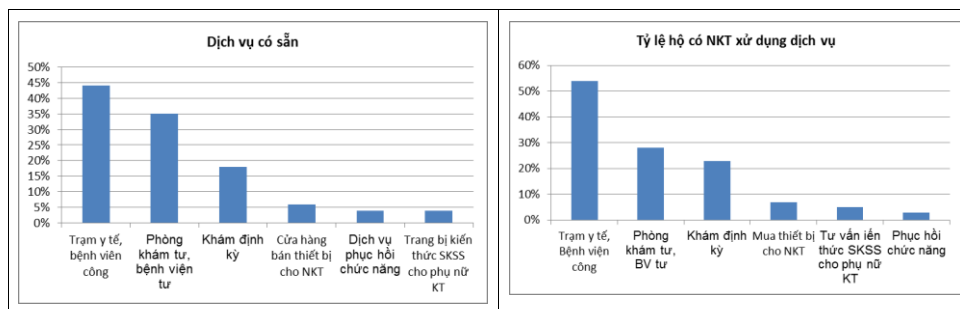
Among the mentioned difficulties, travel to school, economic circumstances, and difficulties are estimated at 6-7 for each type of difficulty. Other disadvantages are inappropriate schools, teachers do not have methods to teach children with disabilities, children are difficult to participate in physical activities-sports. Remarkably, there is no opinion that teachers discriminate against children with disabilities. However, there are three opinions that make it difficult to attend school as “being alienated by friends”, or families who do not encourage children.

In group discussions and in-depth interviews, for example, people with disabilities in Ky Phu commune said that children should study in harmony classes. A disabled woman also commented, “Teachers do not have the skills to teach children with disabilities so they have to teach all at the same time, although the teachers are very caring, friendly and very careful to avoid pupils with intellectual disabilities from being bullied.” Another woman with disabilities proposed the need to integrate and specialize: “Of course, the deaf and dumb people must have specialized schools, blind also have to study separately because they can not learn together with bright eyes

because abled people learn in writing while the blind people learn braille. Meanwhile, integrative classes are for people with mobility disabilities and limbs."

In group discussions with pupils with disabilities, they commented on teacher teaching methods, as well as the hygiene of the school's toilet system. Group children with disabilities reflected that teachers teach fast, have quick talk, sometimes they cannot keep up with them. Another group in Thach Binh said the toilet was very dirty. "Every time I go to the toilet, I keep my breath", besides the toilet in school is too far from the class, making it particularly difficult for the disabled."

Chart 3.32. Local health facilities and accessibility of PWDs



Regarding the health. Comments on the facilities and services available in the locality, not all but the many family representatives who have PWDs talked about the clinics, public and private hospitals. Few people talked about periodic health checkups, rehabilitation as well as counseling activities with knowledge about reproductive health. People who know about these facilities are also people who use the service, so the percentage of people who know about the availability of services and services is nearly the same (Figure 3.32).

For PWDs, the expectations of privacy, the suitability of the health facility for the infrastructure and the non-discriminatory attitude are important factors. In these factors, the privacy of basic facilities does not meet the expectations of health service users. In particular, women with disabilities consider that the need for women's health care workers is met at a low level, with only 40% responded (Table 4.10). Only 78% said they had a private visit for women.

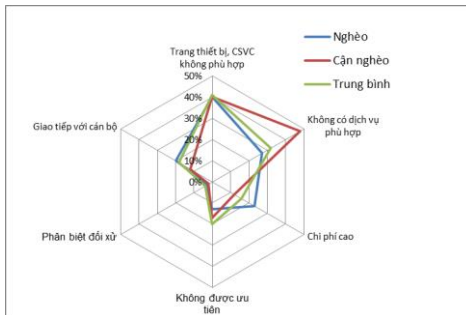
It is not that most people with disabilities consider health services to be appropriate to their particular needs. On terms of facilities, treatment and discrimination rates are relatively low, and males and females are rated at 39, 33 and 28%, respectively, with 55, 32, and 27% (Table 4.11). This may be the point to improve the health sector.

Regarding the family planning services, only 11% of people with disabilities think that they use the service. When considering the quality of services, no one thought it was bad (men and women), the rate of people not satisfied with the service was low at 6% (Table 4.12).

People with disabilities report on the barriers they are confronted with while accessing health services (Table 4.13). The two major obstacles are inappropriate facilities and equipment (nearly 40% of the respondents mentioned these obstacles). The second obstructing group, fewer people (16-17%) indicated that the need for priority during treatment, costs did not match the ability and manner of communication of health workers. Almost none (3%) provided discrimination on the basis of disability as a barrier.

With different groups of living standards in PWDs (attention is paid to people with disabilities who do not have better living standards), the barriers are also different (Figure 3.33). While inadequate facilities and equipment work in tandem with living standards, the cost is one of the most important barriers. Improper service is a stronger barrier than the near poor. All groups do not see discrimination as a major barrier.

Chart 3. 33. Barriers to accessing health services with groups of people with disabilities by living standard



Through discussions with staff of grassroots health authorities, it can be seen that staff at commune health facilities do not separate the special needs of people with disabilities. It is possible to take the words of the staff of Thạch Bình Clinic to illustrate: "There is no gender discrimination, or an other discrimination between disability or non-disability, the poor or the rich, the Kinh or ethnic minorities."

In the three surveyed communes, the PWD group said that the commune health clinic was built for the people in general but not the needs of people with disabilities. At two health clinic in Ky Phu and Van Phuong, there is access to the wheelchair clinic, however, according to medical staff, "the road to wheelchair is still high, wheelchair users cannot be alone and must have someone to push. At Thạch Bình Commune Health Clinic, it is known that the station was built in 1989, "for a long time, and there is no wheelchair access." A local official said that the local people had difficulties in funding to complete the infrastructure more convenient for PWDs to access.

Box 3.4. Health clinics do not meet the needs of people with disabilities in travel

Commenting on the dispensary in Ky Phu, PWDs said that the commune health clinic was built for the people in general, but not enough attention to the needs of people with disabilities. The health clinic has many high stairs making it difficult to move and wheelchair makes disabled people cannot use wheelchair by themselves to travel. The health clinic is located on the first floor, but the medicine room is located on the second floor. The persons who come for examination or treatment of diseases must crawl up or ask the persons to bring him/her to the health clinic for treatment and taking the medicine. "However, in the same commune, the disability group observed the same as that reported by the commune health staff. "The commune health clinic has two strollers."

Source: Interview with PWDs in Ky Phu commune

3.3. Improve the capacity of partners, communities and organizations to contribute to social change

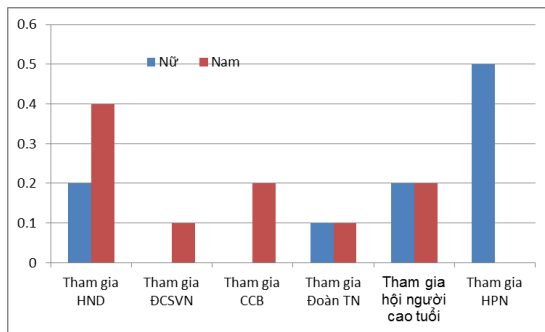
3.3.1. Participation in local organizations

Participation of men and women in local socio-political organizations. There are basically six organizations with active members in the locality with an average of one for 10 participating families. (Figure 3.34). These include the Women's Union, the Farmer's Association, the Elderly Association, the Veterans Association, the Youth Union and the Communist Party of Vietnam. For women, there are almost no participants in the Communist Party and the Veterans Administration. Meanwhile, for men, they only cannot participate in the Women's Union. Men are more numerous in Farmers 'Union, Communist Party of Vietnam

and Veterans' Association. It can be said, with the exception of the Elderly Association, if decisions are made in large numbers, men are the decisive side in all societies.

Participation of people with disabilities. Households with people with disabilities participate in all six socio-political organizations are also in the same pattern as households without people with disabilities. Men also do not join the Women's Union, women do not attend the Veterans' Association and the Communist Party of Vietnam.

Chart 3.34. Participation of men and women in local political and social organizations



Group discussions and individual interviews with people with disabilities in the study communes showed that they recognized that local organizations did not have organizations for people with disabilities, both in the district and in communes. They long for a group to support and help each other. They said that some people with disabilities, especially the elderly, attend PWDs, but they have to go outside the province and have to be brought by their children. A disabled woman in Phuong Van commune said very clearly: "PWDs are not only helping people with disabilities, but also helping them exchange experiences in working and daily life, have a say in reducing their inferiority and self-esteem, but also provide them with a better access to opportunities, such as vocational training."

3.3.2. Participation of women in State management

Women's participation in government agencies is sometimes described by the term political women, with the implication that women participate in local politics. An interview with the head of the Women's Union of Ky Phu Commune noted that the women here occupy four positions of the authority and mass organizations, the highest of which is the commune party secretary, the chairperson of the Commune Fatherland Front, the vice chairperson of the commune People's Council, the secretary of the Youth Union. In the authority of Ky Phu commune, there are up to 12 women, accounting for nearly half of the staff in the commune. In terms of equipment, both groups of 5 unions in Ky Phu commune share a computer.

Box 3.5. Ky Phu commune Women's Union

The Union has 13 branches in 13 hamlets. The Union has a total of 934 members, of whom 300 are employed in factories. The Women's Union does not monitor members with disabilities. The leaders of the Union said that PWDs are only mobilized to register to participate in activities of the Union.

The Women's Union has just organized Muong ethnic identity promoting clubs and Women's club helping each other to do business. In addition, for three years now, the Union has mobilized its members to organize savings groups with the annual savings of VND 5,000/month. In many groups, members contribute with higher savings, for example up to VND 100,000 to lend each other at low interest rates to help each other make small investments in production.

3.3.3. Petty corruption

The study noted that petty corruption is widespread among physicians, while government officials or teachers are not popular. For medical staff, 38% of respondents said they donated money to doctors/health care workers, 91% said they volunteered. For government employees, this figure is 9% and for teachers is 7%. Over 80% of the respondents said that they were volunteering (see Table 4.26).

When it comes to the poor, financial or hospital costs that hinder access to health services, voluntary "donations" to a doctor or health care provider are a way to operate the barrier. In Thach Binh commune, a male PWD said:

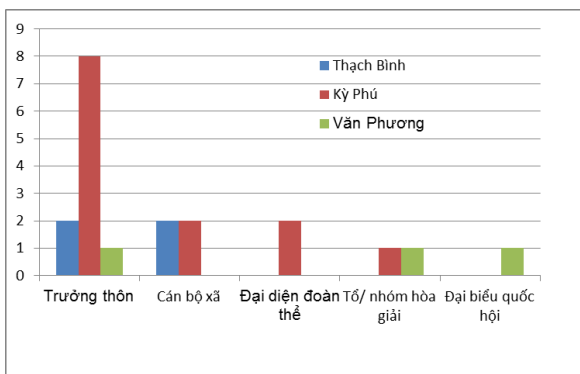
"I'm not going to the Nho Quan Hospital anymore, I'm going to a private hospital only. In private hospitals, doctors are very careful, indicating what to do and what to drink. The doctor in the regular hospital must have money, then treat the disease.

Interviews with a disabled person in Thach Binh commune when visiting the clinic show that the phenomenon of requiring money still exists, it is not typical to him. He said he had given money to health care workers many times in exchange for care, even if the service is free. In his opinion: "The clinic is now modern, only the attitude of the doctor only, many doctors have very high wages but still want to add the external, when patients go in, if there is money, doctors will implement fast; otherwise, they will have to wait until tomorrow, or the day after tomorrow".

The education and mobilization aim to persuade the people to quit this habit is a way of helping to remove barriers to accessing public health services. One PWD also proposed an alternative anti-corruption solution with technology: "I would like every department in the hospital to have a camera, recorder, to monitor the attitudes of patients and doctors, so that the State can manage and make reasonable payment."

Family cases and complaints. Complaints about family in 2016 were recorded in 10 cases, of which 6 cases in the commune of Ky Phu, the rest was in the other two communes (Van Phuong commune had only one case). These cases were addressed at all levels, except at the district and provincial levels. The number of people reporting their cases to different levels is shown in Figure 3.35.

Figure 3.35 Experiences of family cases and resolution levels, 2016



Complaints may be considered as a form of participation in the social management of citizens. There are three forms of feedback that people are concerned with, including phone calls, leaflets, and writing complaints. In 2016, about 200 people responded to the question, the number of interactions with the complaints channels was very low. The number of opinion contribution leaflets was only 4 cases with 3 respondents, there were two cases of writing a complaint (one responding), one answered by telephone.

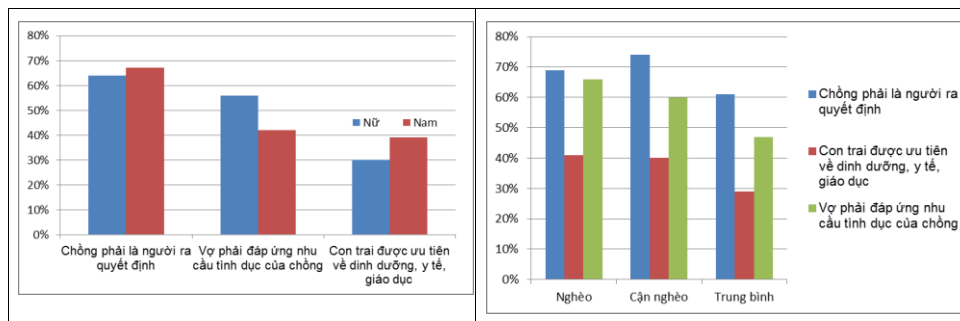
Part 4. Issues on women's rights and gender equality

4.1. Perception and awareness of women's rights

In the research questionnaire, a number of multiple choice questions were used to assess women's rights and gender equality in making decisions at home, including sexual relations, shared responsibility for housework, family planning, and equality in caring for boys and girls. With three positively (suggested) questions, which are "Men share housework with women, Taking care of children is a common responsibility of husband and wife, family planning is the common responsibility of husband and wife", with more than two hundred participants, both male and female, the correct response rate is 97%.

With the questions in "opposite direction", specifically: "Wife must meet the sexual needs of her husband/Men are favored in nutrition, health, education/ Husband must be the decision maker," the rate of response to the bias opinion for men and women are quite high. More than 60% of men and women believe that husbands must be decision makers in the home. Nearly 55% of female respondents said that the wife had to meet her husband's sexual desire, while in men the proportion was only 42%. Male preference for nutrition, health education is nearly 40% compared to 30% for women. In terms of living standards, the lower the living standards is, the more likely they are to bias favoring men (see Figure 4.1).

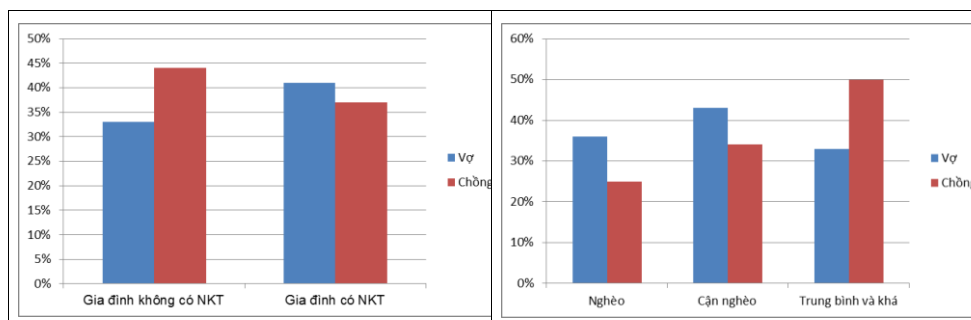
Chart 4.1. Concept of women's rights and gender equality



4.2. Level of participation in hamlet community meetings

In participation in social activities, particularly in attendance at hamlet meetings, it can be seen from the study that the proportion of wives in households with PWDs participating in meetings is higher than those of household with PWDs by around 10 percent. Households with PWDs also had higher attendance frequency than those of the other group. In terms of living standards, households with higher living standards has a higher rate of participation in hamlet meetings, while in lower-living households the wives keep the proportion of community meetings higher than that of men.

Chart 4. 2. Level of participation in community activities of social groups



4.3. Current status of gender equality in the family

Ownership of houses and major assets

It can be seen that the husband and wife policy together in the family is far from being done in life. In the sample of this study, 10% reported that they did not have a red book on land and housing ownership. Of the 349 families who has had red books, a low rate - only 3% said both husband and wife represent. In the majority of cases (78%), the head of household (male) represents in the red book. The proportion of wife/husband represents is 11% (Table 4.3.). It is known that to revise a land use right certificate, households need to pay a certain amount of money, so this may prevent households from revising the certificate.

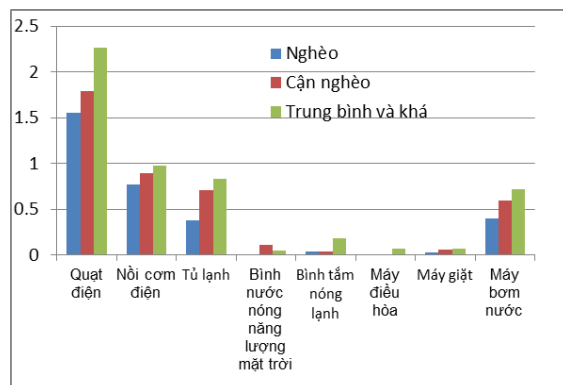
Home appliances

Home appliances can be indicators that monitor the level of family labor mitigation, which is mainly undertaken by women. With high level of equipment, home appliances mechanize household tasks such as washing machine, cooking (cooker), food storage (refrigerator), water pumping), women's working time may be reduced, and they have time for other activities to improve their capacity or to recover their health. Regrettably, this topic does not measure time spent on wage labor and housework as well as time spent on social groups.

The data from the study showed that the group of common utensils such as electric fans, rice cookers had a small difference in the number of household heads per household. However, with expensive items, such as solar water heaters, hot and cold water dispensers, air conditioners, or washing machines, the number of devices per household may vary several times (Table 4.1.).

Chart 4.3. Difference between living standards groups on home appliances

Unit: Average number of items per household



Among the living standards groups, it can be seen that many poor households do not have rice cookers, most poor households do not have refrigerators and water pumps compared to the average and good households. It is possible to imagine that women in poorer households spend more time on non-income work.

Working conditions in cooking place

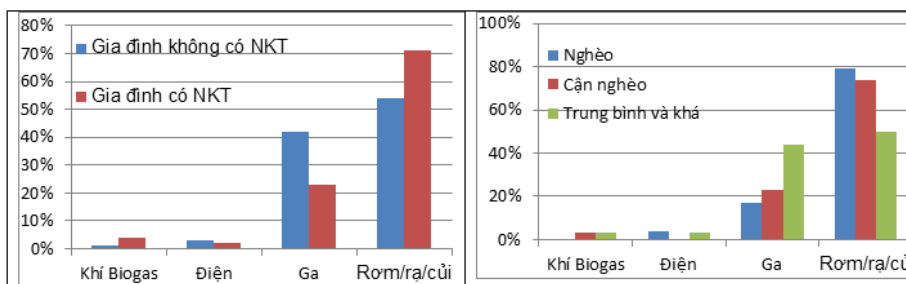
As it is known that housework is basically women's, cooking is the job they do, which accounts for an important part of home labor, fuel or cooking that affects the quality of place of doing housework or women's health. The traditional fuels such as straw, firewood can be considered as having a negative impact on the health of women in particular respiratory tract.

Although household cooking fuels are straw fuel, household gasification has become popular with 40% of household without PWDs and 20% of households with PWDs. Very few households use electricity as a source of energy for cooking. The number of households using biogas is lower; however, this type of fuel exists in both groups (see Figure 4.4). In the whole sample, no one reported using oil or charcoal as a fuel.

In living standard groups, the study did not record poor households with bio-gas for cooking, near-poor households reported no cooking electricity. The number of households using gas for cooking is moderate, and is more than double that of poor households. Poor and near-poor households use firewood and straw for cooking (75-80%), while only half of the high and middle-income households use this type of fuel.

It can be summarized that women in general, and especially poor and near-poor, as well as women in households with disabilities, play a key role in their household work and suffer adverse effects of traditional fuels on household cooking.

Chart 4.4. Main cooking fuels in family groups



Part 5. Conclusion and recommendations

5.1. Conclusion

People with disabilities and the poor, especially women and children, are vulnerable groups in the program conducted by AAV and its partner organizations in Nho Quan, Ninh Binh. During the period from July to October 2017, AAV and three partner in Vietnam organized a baseline survey at the site of a program to promote the inclusiveness for people with disabilities in Nho Quan district, including two project communes and one control commune.

Regarding the implementation of the research contents

The research collected and analyzed qualitative and quantitative data at the beginning of the period to support program orientation and monitoring and evaluation of project impacts according to program priorities¹² (i). Promote people's rights to build a safe community, be resilient to climate change, and improve livelihoods. (ii) Promote grassroots democracy so that people strengthen surveillance to improve the quality of public services, (iii) Strengthen the capacity of partner organizations, communities and organizations to contribute to social change through the provision of knowledge, skills and a highly practical discussion space in the field of development. The research also looks at certain gender issues, as this topic has been integrated in all three parts.

The research was conducted on a qualitative and quantitative mixture approach with a multi-disciplinary approach with members who specialize in a variety of fields, in particular sociology, economics, gender sociology, and people with disabilities. The team collected 400 records from the sample questionnaire interviews, 10 group discussions and 20 semi-structured interviews or in-depth interviews with PWDs, people

¹² National strategy VI ActionAid Vietnam



and local authorities in the community. Similar to other researches, the research also contains an overview and analysis of the secondary literature on the topic of research.

The survey noted three study communes on three different levels of livelihoods or living standards, ethnic minority groups, religious differences, as well as distance to the district center. Correspondingly, in each commune, the level of impact of the national program for sustainable poverty reduction is also different, and the urban attractiveness of these three rural communities, and groups of men and women, or people with disabilities is also different. These factors should be closely monitored during the implementation of the operational programs to assess the fairness of the project's impacts, as well as to optimize the use of project resources.

Promoting the building of a safe community and sustainable livelihoods

In terms of promoting the rights of people to build safe communities, the research noted, in the surveyed community, especially women in the group of people with disabilities are suffering from widespread insecurity regarding the property and the body. They are also the larger group that is suffering from all three types of violence, in which physical and mental violence several times greater than that of men. The prioritized coping measures of the victims are silence, concealment and tolerance to avoid punishment for the whole family, keeping the family image and preventing the escalation of violence.

The study noted that pupils are aware of their basic rights to study and play, but do not fully understand the rights of children such as the right to live in a safe environment and respect for privacy. The phenomenon of school violence is recognized at the level of concern. Sexual abuse of pupils-pupils and teachers-pupils are considered by pupils and pupils at all levels to occur in the schools. There are also a significant number of pupils and pupils who are not interested in sexual abuse.

In terms of natural disasters, major threats to the community can be identified in terms of floods, droughts and hot and severe cold weather. The impacts of these disasters vary among the studied communes. They affect all levels of the community, but vulnerable groups such as the poor and people with disabilities suffer the most from their low coping capacity. The community awareness of natural disasters and response to climate change is mainly generated through mass media, especially TV, collective actions on disaster preparedness and response to climate change have not been deployed.

Regarding the livelihoods, there is a clear difference in the livelihood strategies of groups of living standards as well as groups of peoples with disabilities. The commonality of the groups is that livestock, non-farm employment, or wage work are more important sources of income generation than cultivation. Cash crops from cultivation are industrial crops such as peanuts, sugarcane, and domestic animals such as cows, goats and pigs. However, one common feature of livelihood outcomes is the widespread lack of food in all three communes, in all groups, especially the marginalized group (both poor and disabled) and fluctuate at 10- 15 weeks.

Promote the implementation of grassroots democracy so that people enhance supervision of public services

In the community, hamlets' meetings are a forum for all families. Most of the participants are heads of households or spouses. A fairly large number of people from all walks of life, both men and women, have limited understanding of the Grassroots Democracy Ordinance, primarily through the mass media, they also know about the publicized local budget, but few people are interested in monitoring the commune's budget. People believe that the local authority uses the budget correctly. Few people, especially women and PWDs, know about local socio-economic development plans, and fewer people are involved in the planning.

This study noted the level of access to two types of public services in education and health. Regarding the education, classrooms and teachers are assessed as adequate and appropriate at all grades in kindergarten and above. Conditions such as libraries, toilets, drinking water, and at the lower levels of education, many parents consider deficient or unsatisfactory. Regarding the contributions to schools, most parents (especially poor households and households with PWDs) think that these are unreasonable. For households without PWDs, they know better about the expenses from these contributions, but for households with PWDs, few people know about it; and they are also the majority who think that this contributions are unreasonable.



Regarding the health, with tap water as a public service, only a fraction of the population in a commune can access. Other communities have not accessed this water source. Regarding the services of health care providers, nearly half of the surveyed households reported having used medical services. The majority assessed the service quality as normal and good. The level of satisfaction with these types of services is similar. The research also noted people's opinions on the special needs of people with disabilities that have not been paid attention in the establishment of medical facilities although there is no stigma or discrimination against people with disabilities. The research found that households with PWDs used significantly fewer reproductive health services than those without PWDs.

Socio-political organizations in the surveyed communes are specific for age and gender groups. It can be said that PWDs, especially women are not able to participate in social and political organizations in the community, although a few may join the Women's Union or the Elderly Association. PWDs are desirous of forming PWDs' Association to operate in the locality.

5.2 Recommendations

To obtain information which facilitates the observation and supervision of the project based on evidence, the research team gives out the following recommendations:

1. Organize additional research with the objects which are project partner organizations such as people with disabilities (by type of disability), pupils, pupils, health workers and teachers. This new baseline survey has just indirectly addressed the problem of target groups in the AAV's development program.
2. When monitoring and supervising the project in the future, the number of hamlets participating in the surveys should be reduced so that the results are not distracted.
3. Record the number of households involved in this study to collect information on project performance criteria and compare with project's non-participating group in the same commune and groups in the control commune.
4. Build the capacity for data collection and analysis for commune and district partner organizations so that they can master data and information on their communities to be included in the local socio-economic development plans.