APPENDIX E : FIGURES

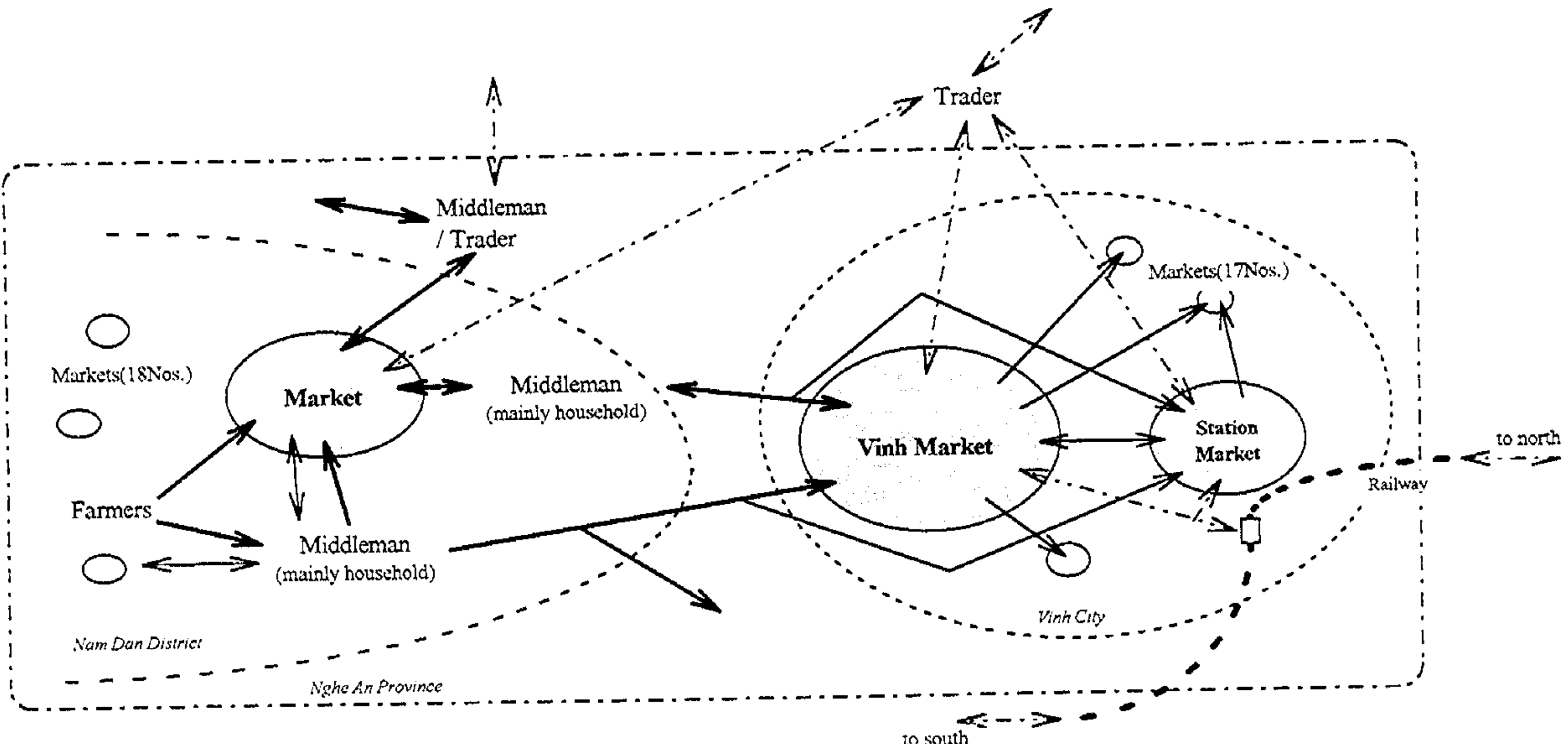


Fig. E.1.1 Marketing Channels of Agricultural Products

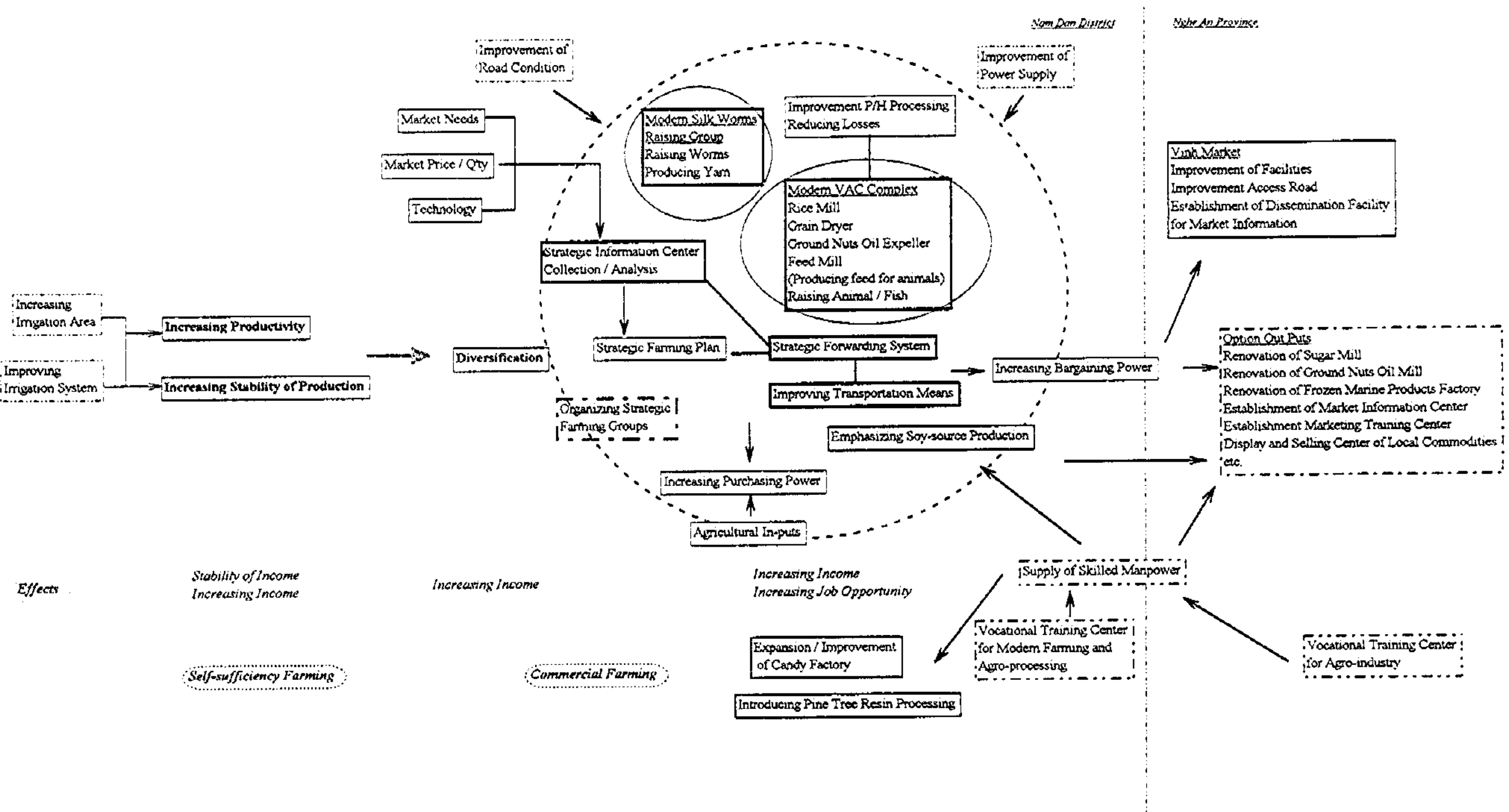


Fig. E.2.1 Relationship between Farming Practices and Agro-industrial and Marketing Projects

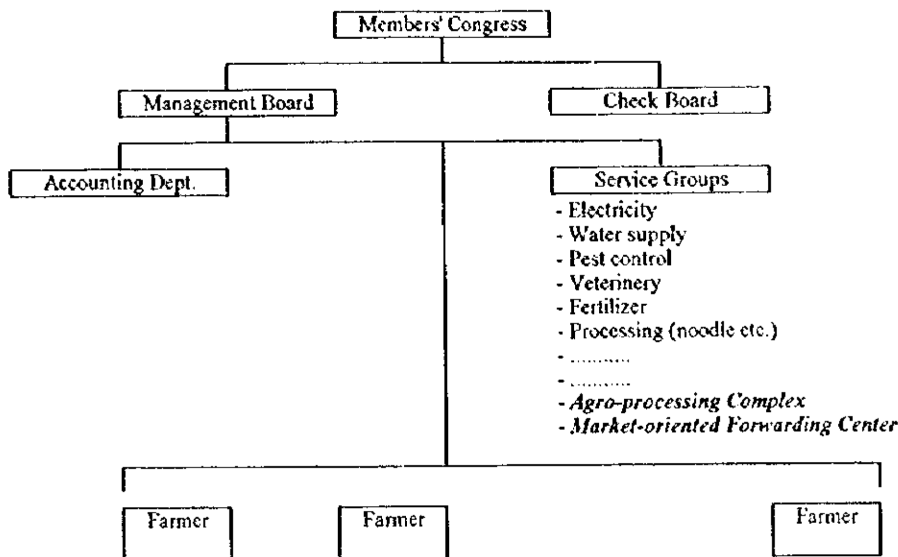
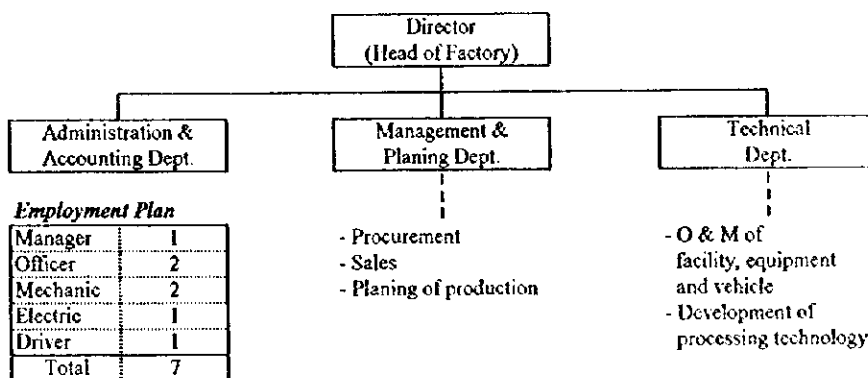


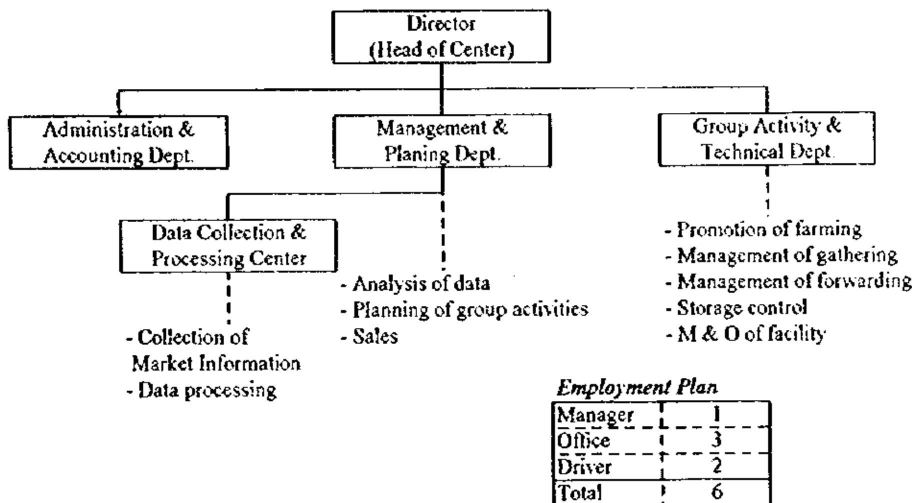
Fig. E.3.1 Projects' Organization in Cooperative



Employment Plan

Manager	1
Officer	2
Mechanic	2
Electric	1
Driver	1
Total	7

Fig. E.3.2 Organization of Agro-processing Complex



Employment Plan

Manager	1
Office	3
Driver	2
Total	6

Fig. E.3.3 Organization of Market Oriented Forwarding Center

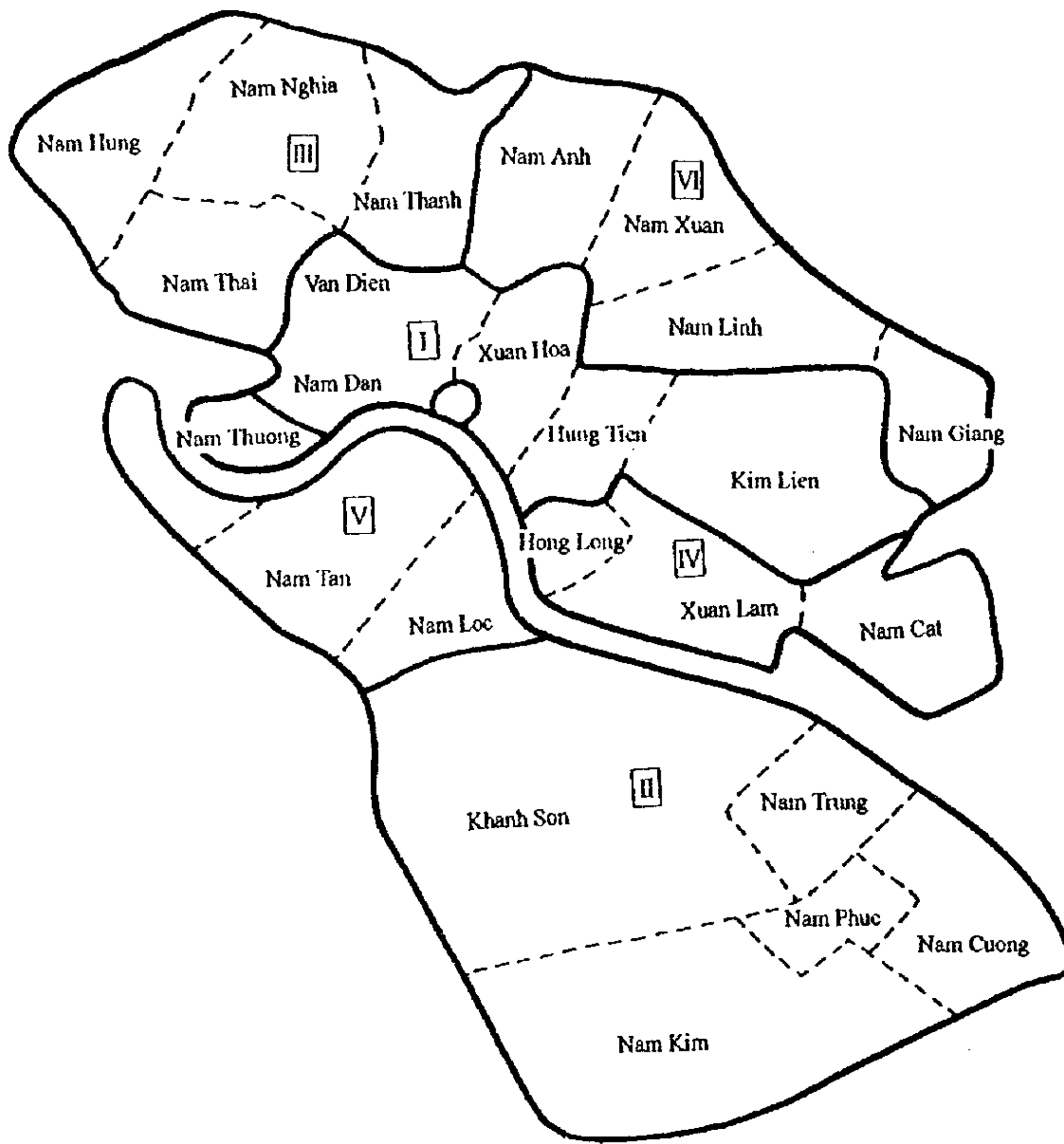
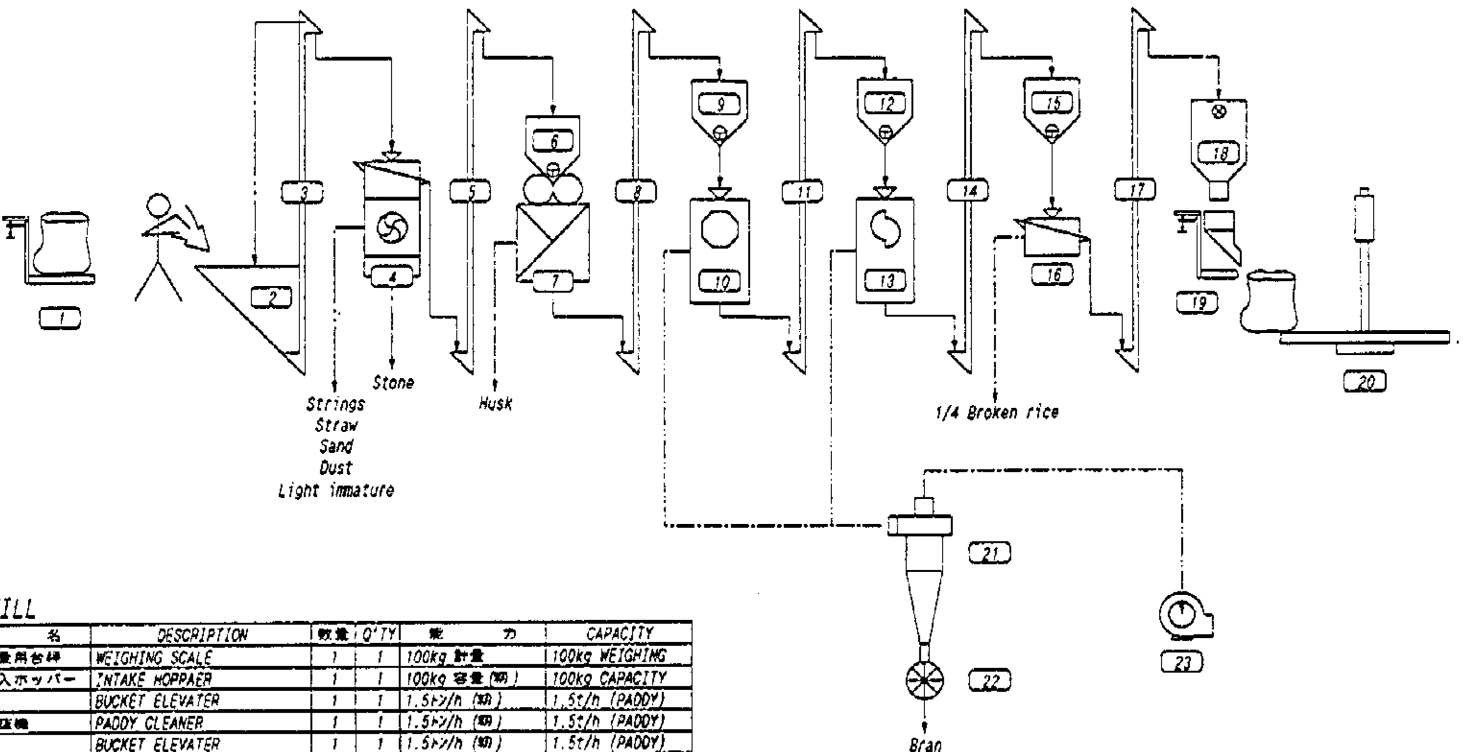


Fig. E.3.4 Zoning of Agro-industrial and Marketing Projects

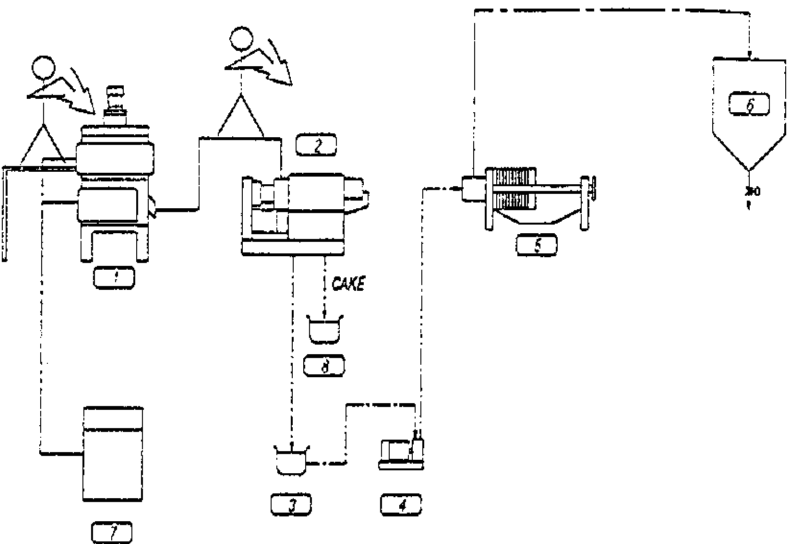


RICE MILL

No	品　名	DESCRIPTION	数量	Q'TY	能　力	CAPACITY
1	原料計量用台秤	WEIGHING SCALE	1	1	100kg 計量	100kg WEIGHING
2	原料投入ホッパー	INTAKE HOPPAER	1	1	100kg 容量(籾)	100kg CAPACITY
3	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (籾)	1.5t/h (PADDY)
4	籾選石抜機	PADDY CLEANER	1	1	1.5トン/h (籾)	1.5t/h (PADDY)
5	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (籾)	1.5t/h (PADDY)
6	調整タンク	BUFFER TANK	1	1	50kg 容量(籾)	50kg CAPACITY
7	籾摺機	PADDY HUSKER	1	1	1.5トン/h (籾)	1.5t/h (PADDY)
8	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (玄米)	1.5t/h (B.RICE)
9	調整タンク	BUFFER TANK	1	1	50kg 容量(玄米)	50kg CAPACITY
10	精米機	ABRASIVE TYPE WHITENER	1	1	1.5トン/h (玄米)	1.5t/h (B.RICE)
11	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (白米)	1.5t/h (W.RICE)
12	調整タンク	BUFFER TANK	1	1	50kg 容量(白米)	50kg CAPACITY
13	精米機	FRICTION TYPE WHITENER	1	1	1.5トン/h (白米)	1.5t/h (W.RICE)
14	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (白米)	1.5t/h (W.RICE)
15	調整タンク	BUFFER TANK	1	1	50kg 容量(白米)	50kg CAPACITY
16	砕米分離機	SIEVE	1	1	1.5トン/h (白米)	1.5t/h (W.RICE)
17	昇降機	BUCKET ELEVATER	1	1	1.5トン/h (白米)	1.5t/h (W.RICE)
18	計量タンク	TANK FOR SCALE	1	1	600kg 容量(白米)	600kg CAPACITY
19	計量装置	SCALE UNIT	1	1		
20	袋口縫ミシン	SEWING MACHINE	1	1		
21	サイクロン	CYCLONE FOR BRAN	1	1		
22	ロータリーバルブ	ROTARY VALVE	1	1		
23	集塵ファン	FAN FOR BRAN COLLECTING	1	1		

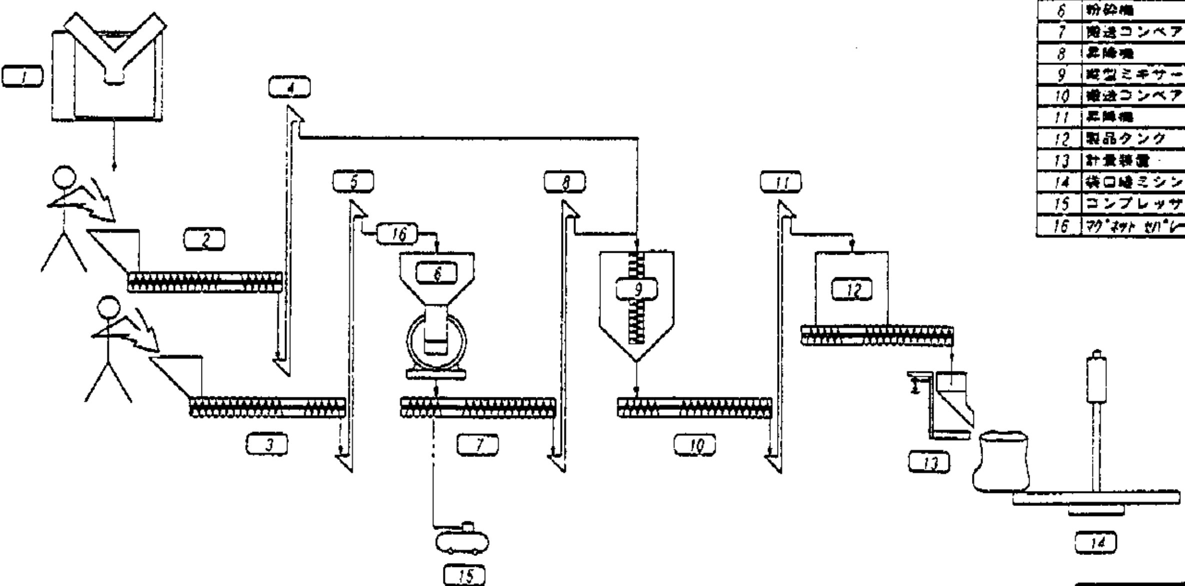
Fig. E.3.5 Material Flow Chart of Rice Milling Plant

TYTLE
RICE MILLING PLANT
FLOW CHART



Groungd Nut Oil Mill

No	品名	DESCRIPTION	数量 Q'TY	能力 CAPACITY
1	クッカー	COOKER	1	
2	油搾出装置	OIL EXPELLER	1	
3	1次貯油タンク	OIL TANK	1	
4	ポンプ	OIL PUMP	1	
5	濾過装置	FILTER PRESS	1	
6	製品油タンク	OIL TANK	1	
7	ボイラー	BOILER	1	
8	受箱(オイルケーキ)	BASKET FOR OIL CAKE	1	
9				
10				



Feed MILL

No	品名	DESCRIPTION	数量 Q'TY	能力 CAPACITY
1	Y型ミキサー	MIXER FOR PREMIX	1	
2	原料投入コンベア	SCREW CONVEYOR	1	
3	原料投入コンベア	SCREW CONVEYOR	1	
4	昇降機	BUCKET ELEVATER	1	
5	昇降機	BUCKET ELEVATER	1	
6	粉砕機	CRASHER	1	
7	搬送コンベア	SCREW CONVEYOR	1	
8	昇降機	BUCKET ELEVATER	1	
9	縦型ミキサー	VERTICAL TYPE MIXER	1	
10	搬送コンベア	SCREW CONVEYOR	1	
11	昇降機	BUCKET ELEVATER	1	
12	製品タンク	TANK FOR PRODUCT	1	
13	計量装置	SCALE UNIT	1	
14	袋口縫ミシン	SEWING MACHINE	1	
15	コンプレッサー	COMPRESSOR	1	
16	マグネットセパレーター	MAGNET SEPARATER	1	

TYTLE Ground Nut Oil Mill Feed Mill — FLOW CHART

Fig. E.3.6 Material Flow of Ground Nuts Oil Mill

30,000 | 6,000 | 6,000 | 8,000 | 15,000

OFFICE

WORK SHOP

GROUND NUT OIL MILL

5,000

FEED MILL

RICE MILL

DRYER

BRAN COLLECTING ROOM

DUST
SAND
LIGHT IMMATURE

HUSK

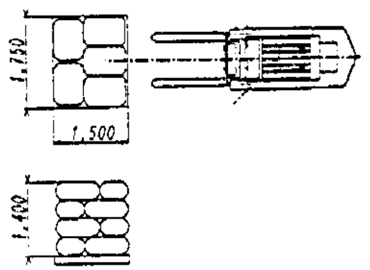
19,000

6,200

R2,190

18,000

DRYING YARD



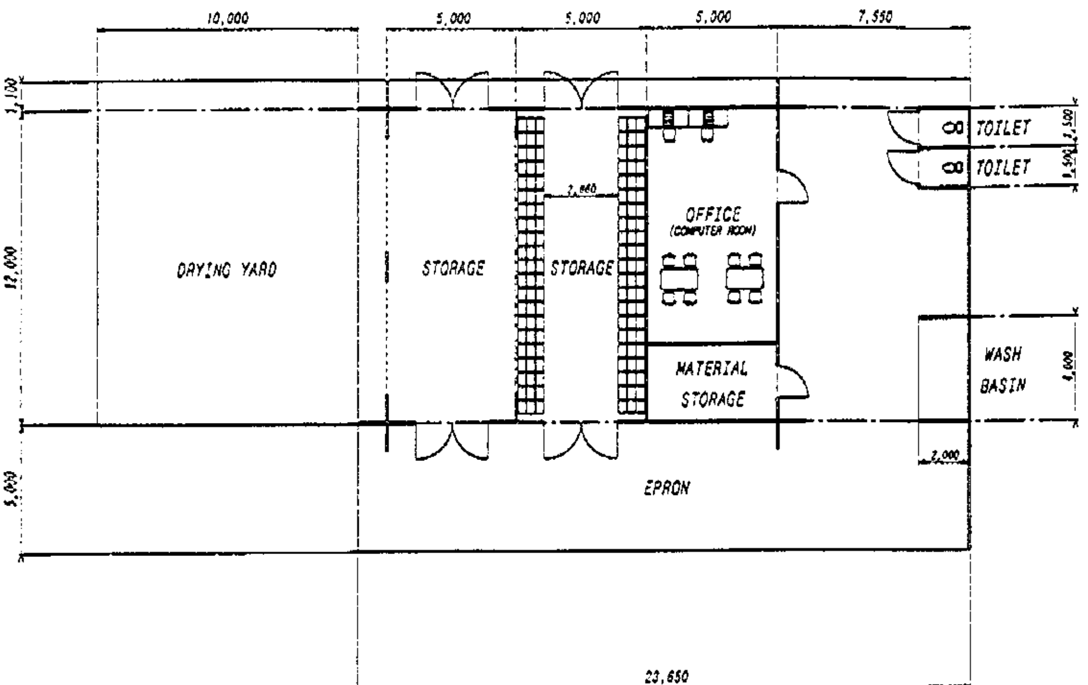
1,750

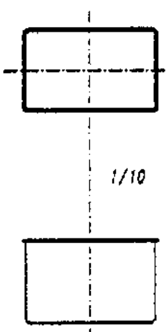
1,500

1,400

1PALLET 50kg× 4× 4=1000kg
1BLOCK 4PALLET=4000kg
4PALLET× 96BLOCK(TOTAL)=38,4000kg(PADDY BASE)
GUNNY BAG SIZE 500(W)× 800(L)× 350(H)
PALLET SIZE 1,750× 1.450

Fig. E.3.7 General Layout of Agro-processing Complex





Plastic Container
Size : 520mm(W) × 320mm(D) × 320mm(H)
Capacity : 30kg(Sweet Potato)
Storage Capacity : 1260(Piece) × 30(kg)=37800(kg)
: 37800(kg/One Block of Storage)
: 21Piece(Each Length of One Line)
: 10Piece(Each Hight Of One Line)
: 6Line/One Block
: 21P × 10P × 6L=1260P

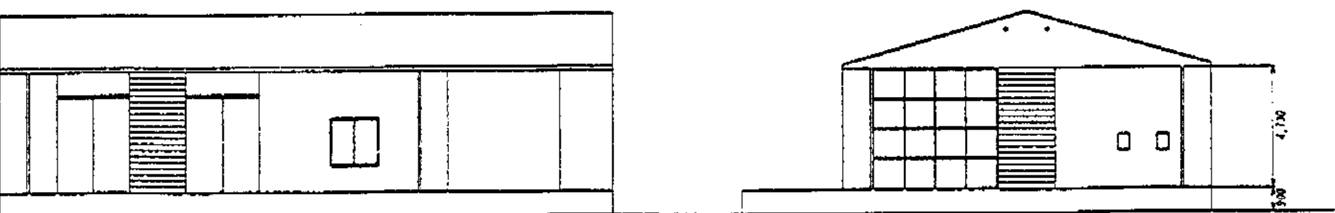


Fig. E.3.8 General Layout of Market Oriented Forwarding Center

Market-Oriented Forwarding Center
1/100

APPENDIX F : ORGANIZATION RELATED WITH AGRICULTURE

THE STUDY
ON
MODEL RURAL DEVELOPMENT
IN
NAM DAN DISTRICT, NGHE AN PROVINCE

FINAL REPORT

APPENDIX-F : ORGANIZATIONS RELATED WITH AGRICULTURE

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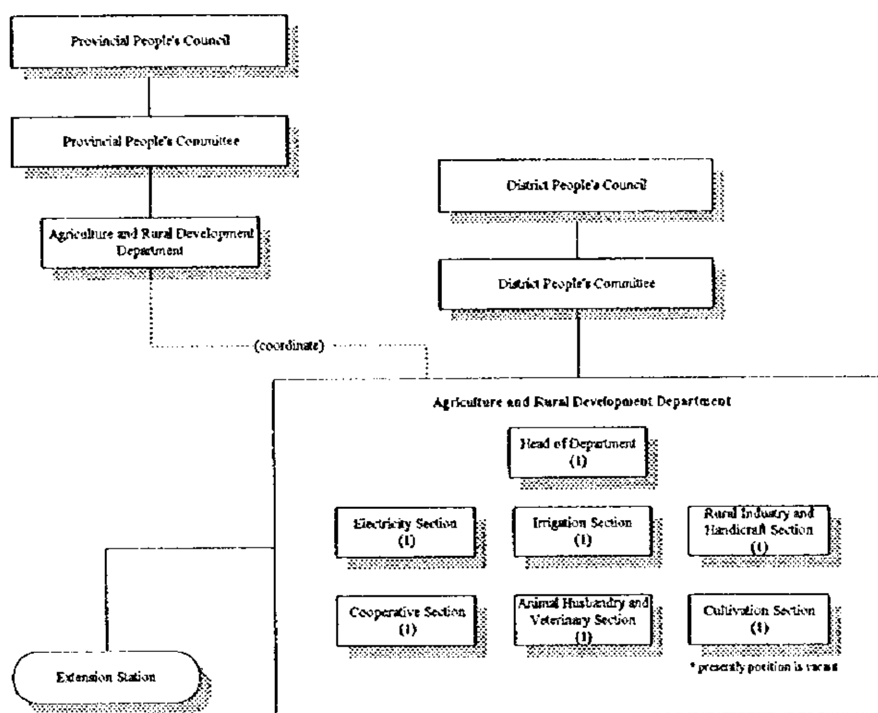
APPENDIX F : ORGANIZATIONS RELATED WITH AGRICULTURE

F.1 Governmental Organizations related with Agriculture

In Nghe An Province, Department of Agriculture and Rural Development has been established as the agriculture related organization at the Province level and is controlling Agriculture Extension Center, Forestry Extension Center, Plant Protection Station and Animal Husbandry Station. In Nam Dan District, Department of Agriculture and Rural Development has been established to function on agriculture related subjects and is controlling Extension Station in the District.



Agriculture-related Organizational Structure in Nam Dan District

F.2 Organizations in Viet Nam

Originally, Viet Nam had two types of farmer's organizations. "Cooperative" was engaged directly in agricultural production and "Union" or "Association" while "Union" or "Association" was organization to represent the interest of particular group of people, such as farmers youth and women. Major organizations existing in the country which are closely related with agriculture and/or farmers (1. Agricultural Cooperative, 2. Farmers' Union, 3. Women's Union, 4. Unions of Vietnamese Gardeners) are summarized as follow:

F.3 Agricultural Cooperative

1) Agricultural Cooperatives in the Past

Before the unification of the North and the South, agricultural production of Viet Nam had been managed by Agricultural Cooperatives. In the North, formation of these cooperatives started in 1958. Then, by 1975, more than 90% of farmers had been registered as the members of such cooperatives.

In the management system of these cooperatives, production units (troops) contracted for agricultural production based on its land fertility, labor availability and conditions of the production system which were assessed by the cooperative committee. In this contract, achievement of the production target was measured by 3 factors: 1) production volume 2) production cost and 3) labor points. If one unit exceeded the set level of achievement, they receive bonus, and if not, they were penalized.

However, the management system of these cooperatives generated inefficiencies and difficulties due to lack of an incentive system for each worker to achieve his target. Moreover, achievement bonus was collected by the production unit, not by the individual, so that a sense of inequality was created among hard - working laborers. Additionally, the management section of the cooperatives grew to large to function properly due to the difficulties of assessing the overall achievements and adequate recording of the labor points.

2) Recent Movement

The recent transition to a market economy has involved a major change in these organizations. Resolution No. 10 of the Communist Party and later the Land Law have meant the dismantling of the old cooperative system and transformed these entities from the sole instance of farmer's organization for productive/economic purposes into one of several alternatives of securing services for farmers. As a result of cooperatives losing their legal monopoly over organized farmers and having to shift to service provision instead of production activities, the sector as such has fallen into disarray.

A recent study by the Agricultural and Rural Development Policy of MARD reveals that of the 16,000 cooperatives existing throughout the country, only 10% are operating effectively under their new form. On the other hand, 42% are offering a few services to farmers and 50% exist without any activities. From that study, it becomes also quite clear that the cooperative movement is only important in the North and in some part of the Center, but not so in the Mekong Delta and its surrounding. A relatively few number of cooperatives are found in the Mekong Delta and a few of them are productive cooperatives.

Under these circumstances of diminishing trends, on the other hand, demands for establishing a functional cooperative had been rising in order to cover the services which were necessary for farming operations. So, it was of great urgency to have a proper legislative framework to regulate the operation of agricultural

cooperatives. As a response to the above-mentioned demands, the Law on Cooperatives was approved by the 9th Legislature of the National Assembly of the Socialist Republic of Viet Nam on March 20th 1996. The Law was established aiming at the following purposes set in the socialist-oriented multi-sector economy driven by the state-regulated market mechanisms:

a. to promote the important role of the cooperative economy
b. to create legal basis for organization and operation of cooperatives

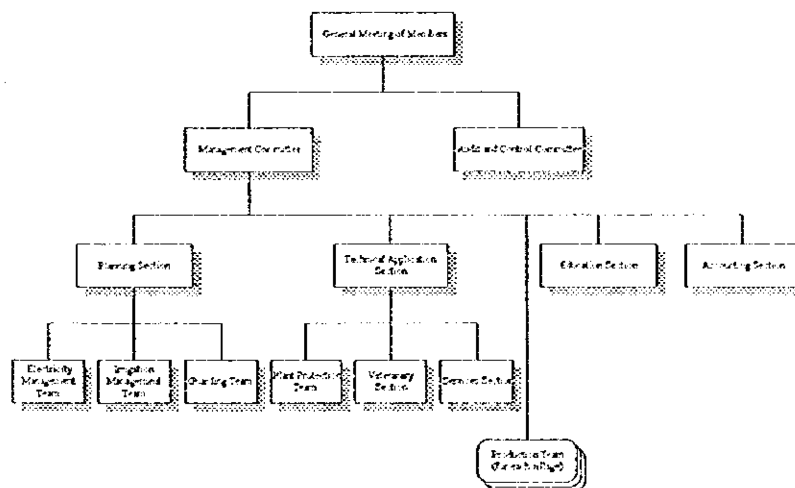
At the local level, a decrease in number of old-system-based cooperatives is obvious; however, some of these cooperatives still survive, but their operation is quite different from the past. On the other hand, it is notable that the necessity of forming new type of cooperatives has been recognized by farmers in many areas. The new Law may contribute to guide the formation of functional cooperatives in the near future.

3) Agricultural Cooperative in Nam Dan District

Presently, 36 agricultural cooperatives can be found in the Study Area. The main functions of these cooperation are described as follows:

a. Supply of seeds
b. Supply of agricultural inputs (fertilizer, chemical etc.)
c. Providing necessary information for farming
d. Construction and management of irrigation facility

Agricultural Cooperative is typically established with 6 personnel of management staffs and representatives of farmers. A typical organizational structure is displayed as follow:



Organizational Structure of Agricultural Cooperative

In Nam Dan District, 3 communes (Nam Cat, Xuan Lam and Nam Hung) are classified as the model cooperative areas and the formation and/or re-structuring of the cooperatives are under process. Details of their activities are still under the discussion at the local level as well as at the district level. Under the Law of

Cooperatives, financial self-sufficiency is the key factor of forming a new cooperative. For this process of formation, the following points should be carefully considered:

a. Impartiality and characteristics of each rural community
b. Awareness and judgment capability of the farmers
c. Relationship with local government

F.4 Farmers' Union (or Union of Peasants)

1) Characteristics of Organization

Farmers' Unions are one of active official organizations in Viet Nam and are considered as social and political organizations. The organization was originally established in October, 1930 at the initial period of the liberalization from the French domination. Because the movement of this liberalization started together with the formation of the organization in Nghe An Province at that time, pride and strong unification still exist in the Farmers' Unions in the Province.

2) Purpose

The organization was established to support the farmers in their producing activities and in other social aspects. The purposes of the organization activities are summarized as follows:

a. to announce and to spread information on policies and regulations set by the government
b. to guide farmers in their farming operation and to protect their rights
c. to improve services for agricultural production

3) Organizational Structure

Farmers' Unions presently hold a membership of approximately 9 million people, covering 45% of total farmers in the nation. They have their offices at national, provincial, district and communal levels throughout the country. In Nghe An Province, the total number of members is 570,000 covering 57% of the total farmers population in the province. There are 19 district level offices located in Nghe An Province covering all districts in the province. In Nam Dan District, 24 communal offices are established covering all communes in the district. Under the control of a communal office, 4 to 5 members' groups are formed in each commune as the smallest organizational unit. Each group is lead by 2 to 3 leaders and holds approximately 50 to 100 members.

In the Study Area, 100% of farm households belong to Farmers' Unions which hold a membership of 30,000 farmers. Each member has to pay VND 10,000 as a registration fee and approximately VND 600 (VND 200 for official membership fee and communal fee) per month paid at once. These monthly dues are used to finance the Unions' activities at communal and district levels.

4) Activities

a. Dissemination of Information

One of their main activities is to organize meetings when a new policy or regulation is issued by the government and it is considered to be necessary to spread the information to all the members. Usually, those meetings are organized at the national level first and, later, at provincial, district level, commune and group unit level. Necessary information is spread by applying the top-down system through these meetings. For example, there were 2 such meetings held for 2 days each in the Province in 1995.

b. Extension

Other activities include the extension of techniques regarding agricultural production. Farmers are provided with technical information to improve farming practices and maximize their production. By providing technical information to the farmers, the Union plays the role as a technical extension agent.

Even though the Agriculture and Rural Development Department in the Provincial Government is responsible for agricultural extension services, the Farmer's Union also helps in the introduction process of new techniques and crop varieties. In one representative case, the Union advises the farmers on the type of new fruit trees to grow at a certain designated area. At first, an area is studied and an appropriate fruit variety is selected. Later, some farmers are selected for the trial plantation. According to the results of the trial, plantation of the newly introduced fruit trees is made throughout the area to encourage farmers to adopt the new variety. As indicated by this example, Farmers' Unions is the organization for farmers to operate and expand their farming activities. At the same time, the organization is set to protect farmers' right in any cases.

c. Services

Services provided by the Farmers' Union include supplying agricultural inputs such as fertilizers and agrochemical, and providing seeds. Another activity is organizing aid for farmers who can not work due to physical problems or aged farmers. As part of a program to improve farmers' living conditions, the Union finances farmers' activities for poverty alleviation and improvement of production activities.

5) Comparison with Agricultural Cooperatives

The activities of the Farmers' Union are closely related to those of the Agricultural Cooperative. However, the characteristics of activities of each organization can be differentiated. The activities of the Farmers' Union are considered to be public oriented. As a governmental organization, they cover the whole nation with an organizational network. The main focus of their activities

are on maintaining and improving farmers' living conditions by supporting their agricultural activities.

On the other hand, Agricultural Cooperative is more commercial oriented. Presently, its major activities are to support farmers by supplying agricultural inputs and materials and are focused on economic considerations. Also, all the cooperatives in the nation are regulated according to the Law of Cooperatives; formation and operation of a cooperative depend upon the local conditions of each area. Unlike the Farmers' Union, operation of the Cooperative is considered to be independent for each Cooperative.

F.5 Women's Union

1) Purpose of Organization

Women's Union is an organization established in October, 1930 to support women in diverse aspects. The aims of the organization include the following:

a. Protect women's health
b. Protect women's and children's rights
c. Contribute to the formation of happy families
d. Improve living conditions of women and children
e. Formation of a participatory development plan based on the view of women

2) Organizational Structure

All the women whose ages are above 16 years old are eligible to join the organization. However, most of the members are women whose age are above 18 years. The organization is presently holding 11 million members which is equivalent to 80% of the total women's population in the nation who have admission right.

The organization has established their offices at national, provincial, district and communal levels throughout the country. In Nghe An Province, the total number of members is 450,000 and in Nam Dan District is 22,800. Within this total number, 6,840 members keep their membership but are not active due to old age problems and financial constraints. Active members pay a membership fee of 200 VND per month to cover the cost of activities.

The wages of officials in the organization at the provincial and district levels are covered by the government's national budget. On the other hand, 50% of the wages at the communal level are covered by the national budget and the rest are covered by communal budget. Presently, joining fee is not collected when a new member is joined in the organization.

3) Activities

The action plan and development strategies are normally formulated at the national level. Lower level's activities are set according to the plan made at the

upper level. Also each office implements activities which are originally planed for their members. In some occasions, People's Committee covering the region presents guidance for their activities.

One of the main activities of the organization is to provide their members with the necessary information and to train them in using the information for improvement of their living conditions. For this purpose, the organization sets several training courses and supplies documents utilizing approximately VND 45 million from the annual budget at the provincial, district and communal levels. Opportunities to participate in such training courses and meetings are provided for each member of the organization living in rural area 4 to 5 times each year as an average. Recent training courses planned by the organization include the following topics:

a. Family planning
b. Birth control
c. Criminal activity prevention
d. Malnutrition prevention
e. Pregnancy scheduling
f. Protection of health after birth
g. AIDS prevention
h. Sanitation
i. Malaria prevention

Also, there are legal advisers available in the organization for solving problems such as domestic abuse and divorce processes. To improve the living conditions of each member, the organization provides services to introduce new job opportunities for them. The organization provides information regarding available jobs for women so that they can contribute to their society as labor force in the commune and obtain an additional income at the same time.

The organization provides information regarding new agricultural techniques aiming at women is initiative and responsibilities for its implementation. For the example in Nam Dan District, the organization is providing members with information on how to raise fresh water fish at their homes and in an economic way. The organization sets 9 communes as the potential area for the activities and encourages the members in the area to participate in the programs. By providing these activities, the organization is helping its members to increase and diversify their agricultural activities.

F.6 Union of Vietnamese Gardeners (VACVINA)

1) Purpose of Organization

One of the successful voluntary organizations is the Union of Vietnamese Gardeners, better known by its acronym VACVINA ; Vuon (garden), Ao (pond), Chuong (livestock), Viet Nam. VACVINA is an organization of small farmers which have united voluntarily for economic, technical and professional objectives. The objectives are set to guide the transfer of technology of VAC system in promoting gardening, pond and livestock operations. The organization is implementing the technology and management progress into VAC system for producing the best nutritious food, improving family diets and providing the goods for the market in the country and abroad. The purposes of organization are summarized as follows:

a. to realize household food security
b. to increase rural employment
c. to increase family income
d. to eliminate famine
e. to reduce poverty

2) Organizational Structure

The organization was established in 1986 as a NGO with 200 membership and was headed nationally by a former Minister of Agriculture and former Deputy Prime Minister. It has grown to cover 53 provinces in the country and almost all the districts and communes in those provinces. The organization has established its offices at the national, provincial, district and communal levels throughout the country. Currently, its membership reaches 285,000, up from 250,000 in 1995.

In Nghe An Province, the total number of members is 18,600 covering 18 out of 19 Districts in the Province, and in Nam Dan District, the total numbers of member is 1,400 covering 10 out of 24 communes in the District. VACVINA operates two enterprises and several small companies that sell to the members agricultural inputs including fruit tree seedlings, seeds, livestock breeds, tools and etc. The profit from these commercial activities together with the membership fee of 200 VND/month are to finance the expenses of the organization. In addition, several international organizations are providing support to VACVINA.

3) Activities

The basic elements of VACVINA are to promote fruit and vegetable production in garden, fresh water fish raising in pond and livestock husbandry mainly for pig. In the activities of technical transfer, the organic agriculture is in with their environmental concern. Also, VACVINA is the organization which has firstly introduced "Permaculture" concept in the country aiming establishment of sustainable agriculture in the farming system. With the introduction of this new concept, VACVINA contributes to farm household economy of members to diversify their production and to achieve market oriented activities, while it contributes to environmental protection.

F.7 Summary of Farmers' Organizations

1) Over View

As described above, the Farmers' Organizations operate effectively respective development activities under the national trait of mutual aid and assistance to support needed people. However, from the farmers' point of view, it is observed that some of their activities are overlapped among the several organizations. In order to maximize the effectiveness of their activities, it is necessary to eliminate their overlapping.

On the other hand, reforms under the Doi Moi policy to transfer agricultural production units from cooperatives to farm households have proved to be effective in increasing agricultural production. However, functions that were previously assigned to agricultural cooperatives such as irrigation, land

improvement and collective disease and pest control are being lost. Under these circumstances, it is expected that agricultural organizations with functional activities including extension, marketing, group production and credit be formed voluntarily by farmers.

Under the present conditions, farmers are organizing themselves if definite economic benefits can be clearly defined. In Viet Nam, people historically have experienced organizational activities at farmers level and human resources trained through these experiences are available. Throughout the observation of agricultural organizations existing in Viet Nam, no serious problems for compiling an agricultural development plan are found. At present the main problem is lack of financial resources and information that are necessary for farmers to initiate new activities. In the future, such activities as providing programs of agricultural credit with a low interest rate based upon farmers' organization formed voluntarily and forming "joint liability groups" to help each other against liabilities will be effective.

As a system of market economy in farm areas prevails, farmers' spatial differences and financial inequality will be more increased. Also, it is necessary to solve the problem of large debts owed by cooperatives. Under these circumstances, it is expected that voluntary organization of farmers will operate functionally as promoter in the area and contribute to needed people in their local societies.

2) Problems and Potential

In order to enhance the development, several problems related with organizations should be solved. Firstly, overlapping activities of existing organizations and lack of communication between the organizations are pointed out. As the result under these circumstances, effects of activities are scattered and utilization of human/equipment/material input is not efficiently realized. Also, each organization is established through the central level to commune/village level, so that many organizations at the end level exist and available personnel at the end functions as many important positions at the same time. Consequently, abilities of personnel are not utilized efficiently in management. Additionally, confusions at the end occur in some cases due to luck of coordination between organizations. On the other hand, the following potential of development in existing organizations in the area are recognized based on the historical background of lively organizational activities:

a. New Type of Agricultural Organization
b. Marketing Organization
c. Organization for Agricultural Mechanization
d. Improvement of Management Method

APPENDIX F : ATTACHMENTS

ATTACHMENT - F1 :

SOME ISSUE REGARDING COOPERATIVE RENOVATION AND DEVELOPMENT IN VIET NAM

SOME ISSUES REGARDING COOPERATIVE RENOVATION AND DEVELOPMENT IN VIET NAM

(To be discussed at the conference on cooperative development strategy, 12-14 Dec. 1996)

I. Status of agricultural cooperative :

Agricultural cooperation movement in Viet Nam has been in existence for nearly 40 years of construction and development in Northern provinces and 20 years in Southern provinces after the day of unification in the whole country (1975). In peak period of this movement (1987), there existed 17,022 agricultural cooperatives and 36,352 agricultural production groups, attracting 70% of the household in countryside.

With the application of economic renovation policy of our communist party, typically after the appearance of then resolution number 10 of the political bureau committee (1988), cooperatives and production groups that were under old mechanism, not suitable with new condition, have (by themselves) stopped their executing the number of cooperative (stopping their executive) accounted 20% of total agricultural cooperatives in country side, and the number of production group covered 93% of the total agricultural production group. The remaining have divided into cooperatives in conformity with village, hamlet scale. The number of cooperatives is increasing to 2,500 because of separation. At present, there are 16,000 agricultural cooperatives and 2,500 agricultural production groups, attracting 60% of the farmers in the whole country.

Among existing cooperatives, their execution are also different, dividing into 3 types :

1. Cooperatives that are shifting with good result, cover 10% of the total cooperatives. Those cooperatives have undertaken some essential services for household economic development as : irrigation and drainage, seed supply, plant protection, cropping guide line and providing partly fertilizer at the demand of cooperative's members, cooperatives still remain confident with cooperative's members.

2. Cooperatives that are under 1-2 service activities or some others, cover 40%. Their services are mainly irrigation and drainage activities, cropping guide line.

3. Poor cooperatives, account 50%, just only in existence for farm.

However, some are found cooperatives demand from farmers, especially in those places where commodity production is developing.

Farmers have volunteered to formulate diversified cooperatives, groups to help each other to over come difficulty and develop production at where cooperatives are no longer to exist and even at existing cooperatives area.

II. Issues that are proposed and some orientations for solving

To facilitate condition for renovation and develop cooperatives movement suitable with new condition. on April 1996, Viet Nam National Assembly has approved cooperatives law, regulating basis principle in cooperatives activities in present period. Basically Viet Nam cooperatives. also are in compliance with similar principles as the principle of International cooperatives. Union are as :Cooperation and community development, cooperation should be made between Internal and external cooperatives. in conformity with the law.

To renew and improve agricultural cooperatives, in line with the spirit of cooperatives law, following activities are required :

1. Definition of legislative basis. creation of favorable. Condition for the renovation and improvement of agricultural cooperatives.

   It should be required to contract and issue sample regulation and detail guide line.

   Draft regulation (sample) of 6 sectors (also mentioning agriculture) and regulations regarding the renovation from the old to the new cooperatives model, policies for encouraging cooperatives and some related regulations are now under consideration by the government. MARD is now studying for the formulation of concrete guide lines simultaneously, project formulation and action plan are now under taken by provinces.

2. Staff training and dissemination

   On the one hand. information and explanation on state policies for agricultural cooperatives movement are required for the inhabitants as now little information on those issues from the farmers be prevailing and old cooperatives is still remained in their mind.

   On the other hand. staff training is required urgently as a key point for cooperatives movement. 2,000 staff are required to train, encompassing management staff at provincial level and district level and school teacher relating to cooperative simultaneously . 30 thousands of staff from unit are required to train to respond right way for the renovation of existing cooperatives.

   Training is key factor in the renovation and the development of cooperatives movement.

   MARD is now studying for the formulation of standard version for staff training. Management staff of MARD are in the process of organization initial training classes.

3. Model for formulation, learning some experiences for widely application : due to the absence of complete model of cooperatives in agricultural and rural development

sector. urgent formulation is there fore required for learning experience, by then for widely application for other regions. Most of the provinces are undertaken this kind of work simultaneously.

MARD and local levels are coordinated to study for farmers support so as to formulate simple cooperatives forms, rational with practical demand in difference areas.

III. International cooperatives demand

In accordance with Cooperatives law, Viet Nam now has a demand to establish cooperation relation with International cooperatives for mutual support in our activities. Now, agricultural cooperatives have established close relations with Asian cooperatives. So to promote internal cooperatives movement, we do wish close cooperatives and wide cooperation with all International cooperatives. International support on staff training both on domestic and overseas is required for agricultural cooperatives in Viet Nam. The agricultural cooperatives will complete the regal basic and will develop the practical models.

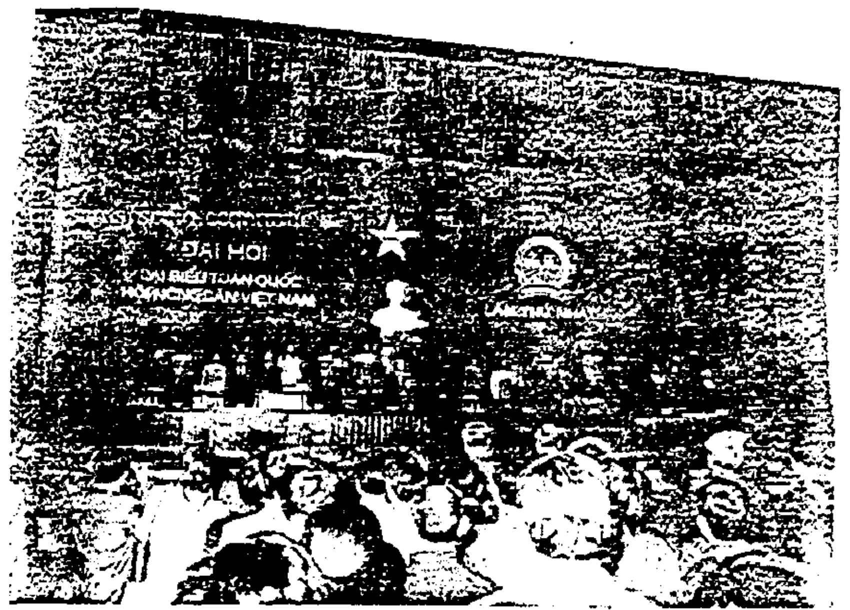
ATTACHMENT - F2 :

BROCHURE OF FARMERS' UNION

VIET NAM UNION OF PEASANTS

I- ORIGIN

Viet nam Union of Peasants (VNUP) was founded in 1930. It has more than 7 million members including the majority of the peasants throughout the country from the age of 18 upwards, irrespective of sex, religious beliefs and nationalities in the various branches such as agriculture, afforestation, fishery, salt making, handicraft, small industry, processing, circulation of goods and sercices. Any peasant who voluntarily VNUP can be admitted into the Union.



"At the 1st VNUP National Congress of Deputies"

A Scenery in Viet nam countryside

II- FUNCTIONS AND TASKS

Viet nam is characterized by tropical agriculture.

- Natural area: 330,000 square kilometres (Km2)
- Total population: 4.412 millions
(According to the 1989 population census)
- Population in the rural areas: 50.63 millions
- Cultivated area: 6.9 million hectares (1989)
- Number of nationalities: 54

In the history of national construction and defence, the Vietnamese peasants constitute the largest force in the country. They have fine tradition of ardent patriotis, industriousness and creativeness in the production, unity in the staunch and indomitable struggle against natural calamity, foreign aggression and exploitation, for national independence, peace and prosperity.

In recent years, numerous new policies in agriculture have been promulgated. The Vietnamese peasants' living conditions have been somewhat improved yet, due to the consequences caused by prolonged wars and frequent natural disasters, they are still coping with a lot of difficulties in agricultural production, such as rudimentary production means and poor application of scientific and technical progress and so on.

In the above context, VNUP's functions and tasks are specified as follows:

A- FUNCTIONS

VNUP represents and defends the legitimate and legal interests of the Vietnames peasants.

B- TASKS:

1- To rally and unite the great mass of the peasants into the Union in order to care for their material and spiritual life.

2- To motivate the peasants to speed up the agricultural production, practise thrift, develop the household economy, fulfil their obligations and contracts to the State and build Vietnam into a beautiful and prosperous country.

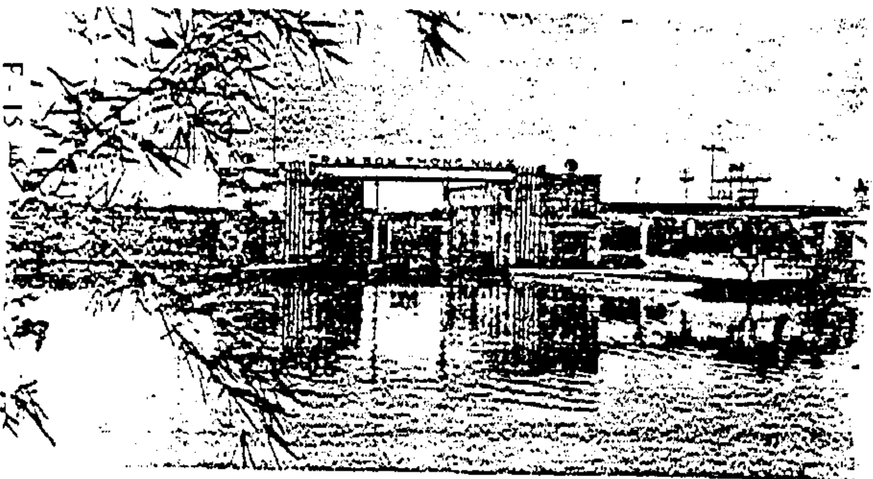
3- To reflect the peasants' thoughts and aspirations and made proposals to the State and socio-economic institutions on the lines,

policies and laws in relation to the peasants, agriculture and rural development.

4- To cooperate with related branches, institutions and other mass organizations with a view of educating the peasants about the love of country, peace, national independence, democracy and international solidarity.

5- To strengthen the relations of friendship and cooperation with other farmers' Associations and socio-economic organizations in the world.

VNUP highly appreciates any assistance extended by the International Organizations, Non - Governmental Organizations (NGOs), Vietnamese overseas and individuals abroad which help to eliminate poverty, backwardness, build a new type of the countryside, bring prosperity and happiness for the peasants.



Thong nhat water pump station in Tien Hai District Thai binh Province

III- MECHANISM

The National Congress of Deputies - the highest body of Viet Nam Union of peasants is convened every 5 years. The Central Executive Committee and the Standing Committee of VNUP is elected by the National Congress of Deputies. A chairperson, Vice-chairpersons and members of the Standing Committee are chosen by the Central Executive Committee.

The Standing Committee and some specialized departments directly assist the Central Executive Committee.

The newspaper "The Vietnamese Peasants "is the voice of the Viet nam Union of Peasants.

VNUP is organized in the following 4 level system:

- The Central level
- The level of province, city and special zone
- The level of district and town
- The level of commune and quarter

IV- SOME CONCRETE ACTIVITIES OF VNUP

1- To organize and encourage the peasants' emulation movements so as to step up the production of food, foodstuff, raw material, consumption goods, agricultural produce for export, expand the trade of all kinds and creat jobs for the peasants.

2- To propagandize and motivate the peasants in the implementation of the policies on population and family planning, the environmental preservation, equality between men and women, equality among nationalities, eradication of illiteracy and protection of mother and child.

3- To work in collaboration with scientific and technological institutions, associations of trade to popularize knowledge and apply technological progress among the peasants; to cooperate with related

branches to construct public works such as bridges, schools, maternity homes, clinics, facilities for the improvement of environmental hygience; to set up the People's Relief Fund to help the poor, the orphans, the old, the helpless single, the families of martyrs and invalids that credited with services to the motherland and the peasants living in calamity stricken regions.

4- To build pilot points for intergated rural development

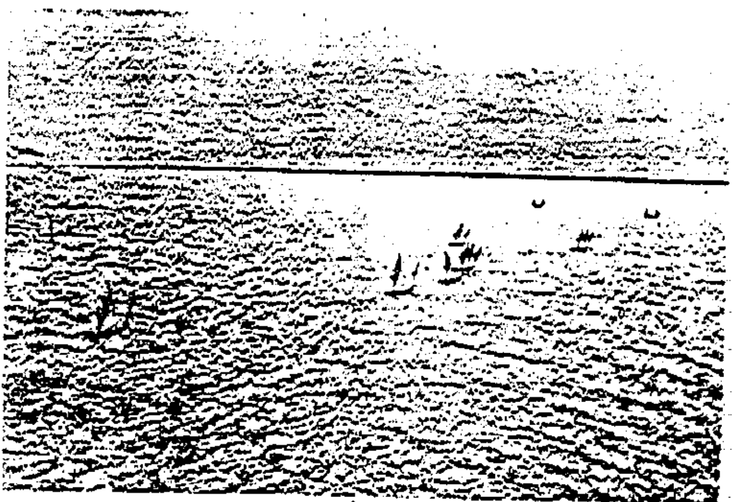
5- To hold training courses, seminars, symposiums so that the Union cadres can guide the peasants in their agricultural production to improve the material and spiritual life and social activities in rual areas.

6- To formulate and carry out projects for the rural development with the assistance of the State and foreign countries.

V - FINANCE

The finance of VNUP consists of:

- Membership fee
- Donation of the Union members, peasants, socio-economic institutions at home and abroad.
- Supporting budget by the State.



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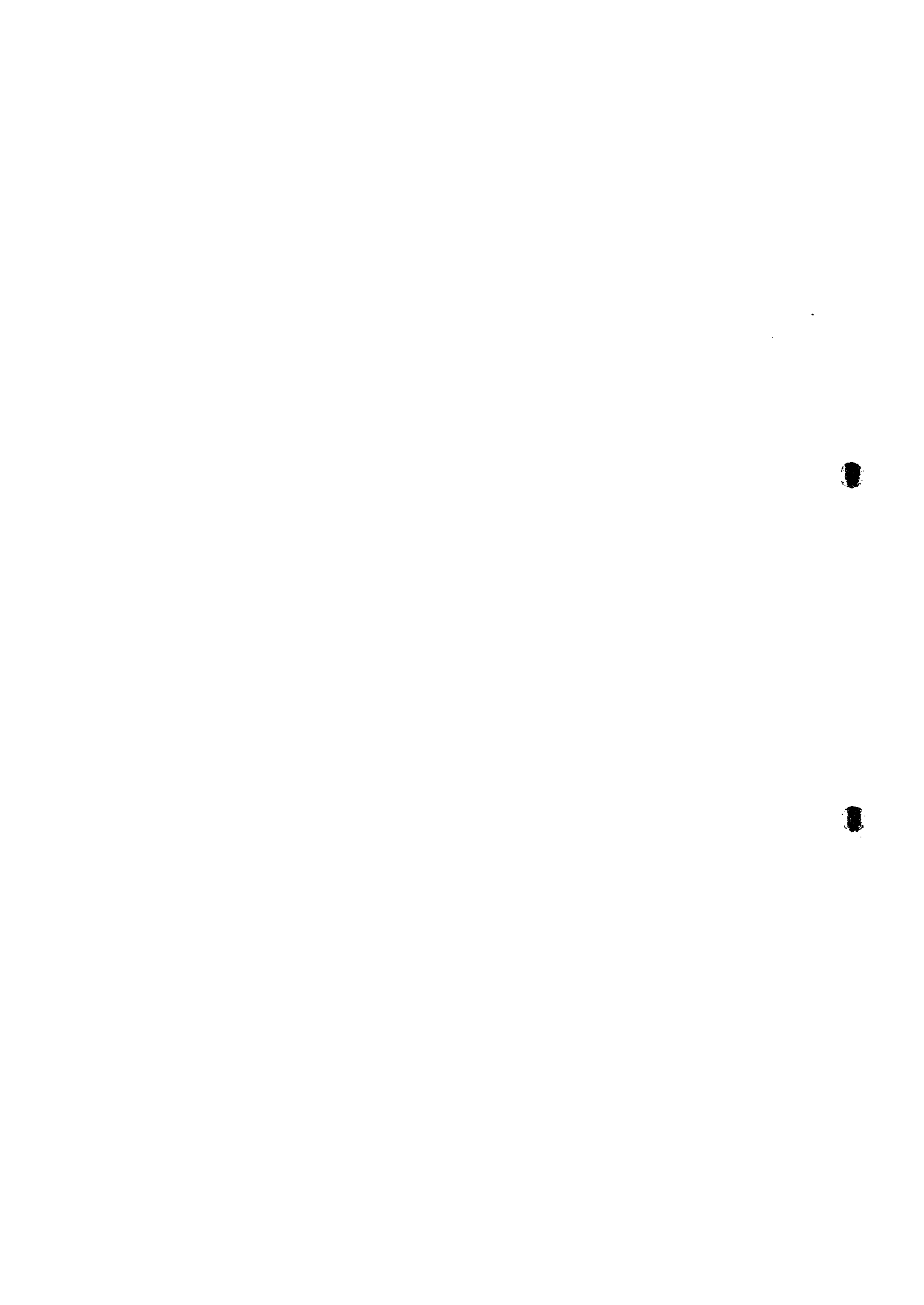
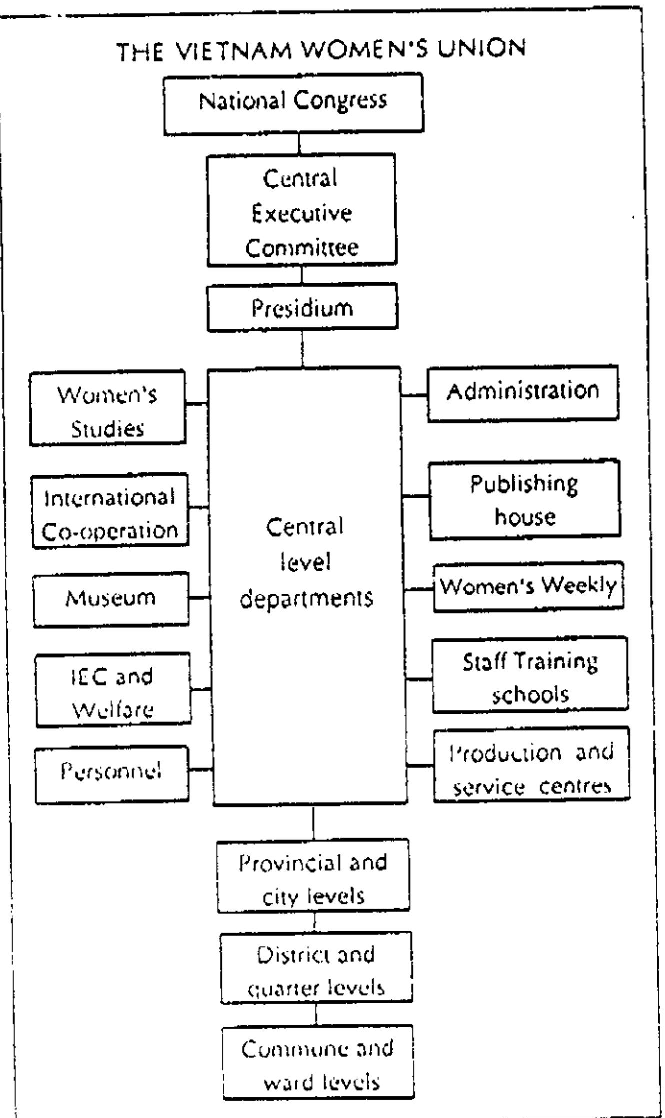
ATTACHMENT - F3 :

BROCHURE OF WOMEN'S UNION





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Vietnam Women's Union

Headquarter of Vietnam Women's Union

Aims of the Vietnam Women's Union

- Take care of and protect the legitimate and legal rights and interests of women.
- Create conditions for women to realize equality and development.

Objectives of the Women's Union in the period 1992-1997

- To unite all strata of women, to bring into full play all the creative potential and fine character of Vietnamese Women to carry out successfully the socio - economic tasks set forth by the Party and State.
- To promote love for country, progressive attitudes and awareness of women's issues.
- To support women in improving their status and condition through effective economic activity and family planning.
- To build families with happiness, prosperity and equality, with proper education and nutrition for children.
- To build a strong organizational structure of the Women's Union, to play the role of representative of women and to advocate for women's interests in the process of renovation.

Current National Campaigns launched by the V.W.U.

- Mutual assistance among women in household economy.
- Good child care for prevention of infant malnutrition and school drop-outs.

Five priority programmes in 1992-1997

1- Programme for improving the knowledge and capacity of women:

2- Programme for supporting income generation activities and job creation for women.

3- Programme for women's and children's health care, family planning, good nurturing and education of children, to build well-to-do, harmonious, progressive, and durable families.

4- Programme for renovation of the organizational structure and cadres of the Union, uniting women and building the Women's Union fund.

5- Programme for research and study and mobilization of women to participate in drafting new laws, policies, and mechanisms directly related to the benefits of women, in supervising and controlling the implementation of those laws and policies. To carry out research works on some problems concerning the family.

Achievements till 1993

Participating in the 2 National campaigns launched by the V.W.U since 1989, Vietnamese women over the past years have made a great contribution to the implementation of the socio-economic development plans of the country.

Credit and income generation projects undertaken by grass-root levels of the V.W.U to assist poor women have brought not only practical economic results but also profound social impacts. Through the revolving loan fund activities, millions of women have learned to manage efficiently their family's economy. In addition, the grass-root organizations have set up centers of vocational training and job orientation for women, opening many training courses on knitting, lacing, embroidery, tailoring, handicraft, and other skills which help provide women with more employment opportunities. By the end of 1993, the grass-roots of Vietnam Women's Union had managed to organize 2,838 vocational training courses, and to create jobs for millions of women.

The campaign "Proper child care for prevention of infant malnutrition and school drop-outs" has provided mothers with scientific knowledge of child care and education. Women with children suffering from malnutrition or school drop-outs are

getting assistance from different levels of the Vietnam Women's Union: material assistance, medical examinations and treatments, training on appropriate methods of child care, advice on convincing their children to return to schools. During 3 years (1989-1992), the Vietnam Women's Union at all levels organized 208,877 training courses on child care and education for 2,757,183 mothers. Various funds have been built: the Fund for Children Suffering from Malnutrition, the Fund for Children lacking Education Opportunity etc... Especially, in 1993, the Women's Union organized 5,688 "classes for disadvantaged children", attracting 66,542 children to attend, and has successfully persuaded 97,789 children to return to schools. Medical examinations for children, training courses on child care and education are regularly organized by the grass-root levels of V.W.U.

So far, V.W.U has involved in drafting and adjusting some policies laws, and regulations concerning women's and children's rights such as: Labour Law, Marriage and Family Law etc...

Many activities have been organized to communicate the implementation of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

A short history

The Vietnam Women's Union was founded on 20th October, 1930. It is a mass organization, representing Vietnamese women of all social strata throughout the country. From the days of its foundation up to the formation of the Vietnamese independent State in 1945, the most important role of the V.W.U was to mobilize and support women in their struggle for independence against the French colonialist. During the years from 1945 to 1954 there was a gradual formation of the organizational structure at all levels. In 1950 the present organizational structure was adopted by the first Congress of the Union. From 1954 to 1975, when the country was divided into North and South, the V.W.U mobilized women in the struggle against the US imperialist, for liberation of the South and reunification of the country. In 1960 the Women's Association for Liberation of the South was formed. After the reunification of the country in 1975, the two organizations of women were united in 1976. After the war, women wanted to move from war efforts to efforts of building the country for the benefits of women. Therefore, the historical role of the V.W.U in the construction of the Vietnamese society has changed according to its historical context.

Some facts and figures

In Vietnam now women out-number men. According to the population census taken in 1992:

- Total population of Vietnam: 72.000.000
- Percentage of women 53%
- Participation of women in different branches of the national economy:

Percentage of women in the total workforce:

* Agriculture:	53.20%
* Forestry:	41.70%
* Light industry:	65.00%
* Construction:	26.00%
* Commerce:	70.80%
* Post and Telegraphy:	46.40%
* Communication and Transport:	14.40%
* Education and Training:	67.10%
* Sciences:	37.70%
* Cultures and Arts:	34.30%
* Finance and Credit:	54.50%
* Medical service, Social Insurance, Gymnastics and Sport:	63.70%
* State management at different levels:	28.70%
* Deputies of National Assembly (9th legislature 1993) 73 women:	18.50%

ATTACHMENT - F4 :

BROCHURE OF ASSOCIATION OF VIETNAMESE GARDENERS

HỘI NHỮNG NGƯỜI LÀM VƯỜN VIỆT NAM
(VACVINA)

Vườn sinh thái ►

TRỤ SỞ TRUNG ƯƠNG HỘI
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VAC is an acronym formed from three Vietnamese words : V - garden or orchard, A - fish pond, C - pigsty or poultry shed. The ecological system VAC is a production system in which gardening (V), aquaculture (A) and animal husbandry (C) are integrated with one another. The VAC movement in Vietnam is sure to increase the economical and social efficiency of the VAC system, the diversification of the agriculture, and so to play important part into improvement of people's life, better utilization of the resources in the different ecological zones, protection of the environment, development of a sustainable agriculture, building a rich, beautiful, equi table, civilized country.

The Association of the Vietnamese gardeners (VACVINA) is a voluntary mass organization which has the aims to : 1) Implement the technology and management progress into VAC system for producing the best nutricious food, improving family diets providing the goods for the markets at home and abroad. 2) Help and direct the consolidation of the family and collective VAC, contributing to realize household food security, to increase the rural employment, the family income, to eliminate the famine and reduce the poverty. The association gives the priority to the places suffered by war devastation,natural calamities, and less-developed regions (mountainous, hilly coastal regions, hard central regions), to the most vulnerable people's sections : the women in pregnancy and suckling, the children, the aged people, the disabled persons, the war martyrs' families ...), to the ethnic minorities, the far and retired zones.

The VACVINA proposes to cooperate with the related organizations inside or outside of the country, the international organizations, the humane persons and collectives, to carry out the following activities :

1) Investigation on the resources related to VAC, consultation on planification, management of the constructions, building of the models. Help oversea's Vietnamese to build VAC for their dear ones in the country. Organize the tourism in the sights and achievements of VAC system.

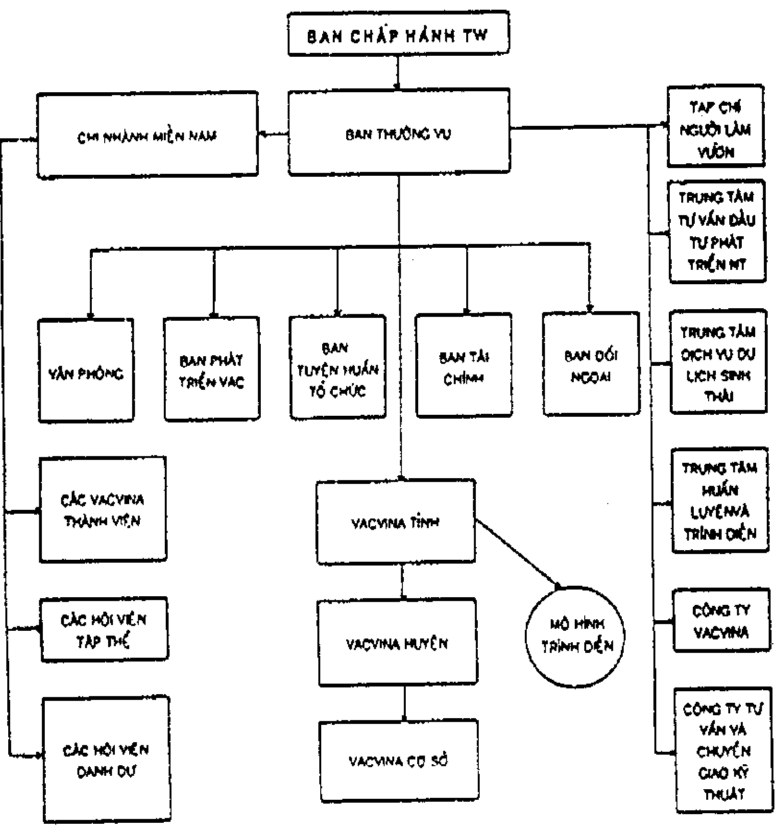
2) Build the centers, companies for the technology transfer, providing the technical service (reproductive plants and animals, tools, machines ...), manufacturing and marketing of the VAC products. Provide credit for the gardeners.

3) Communication, formation, seminars, publication, translation, exchange of documents on the science, technology, management related to the VAC.

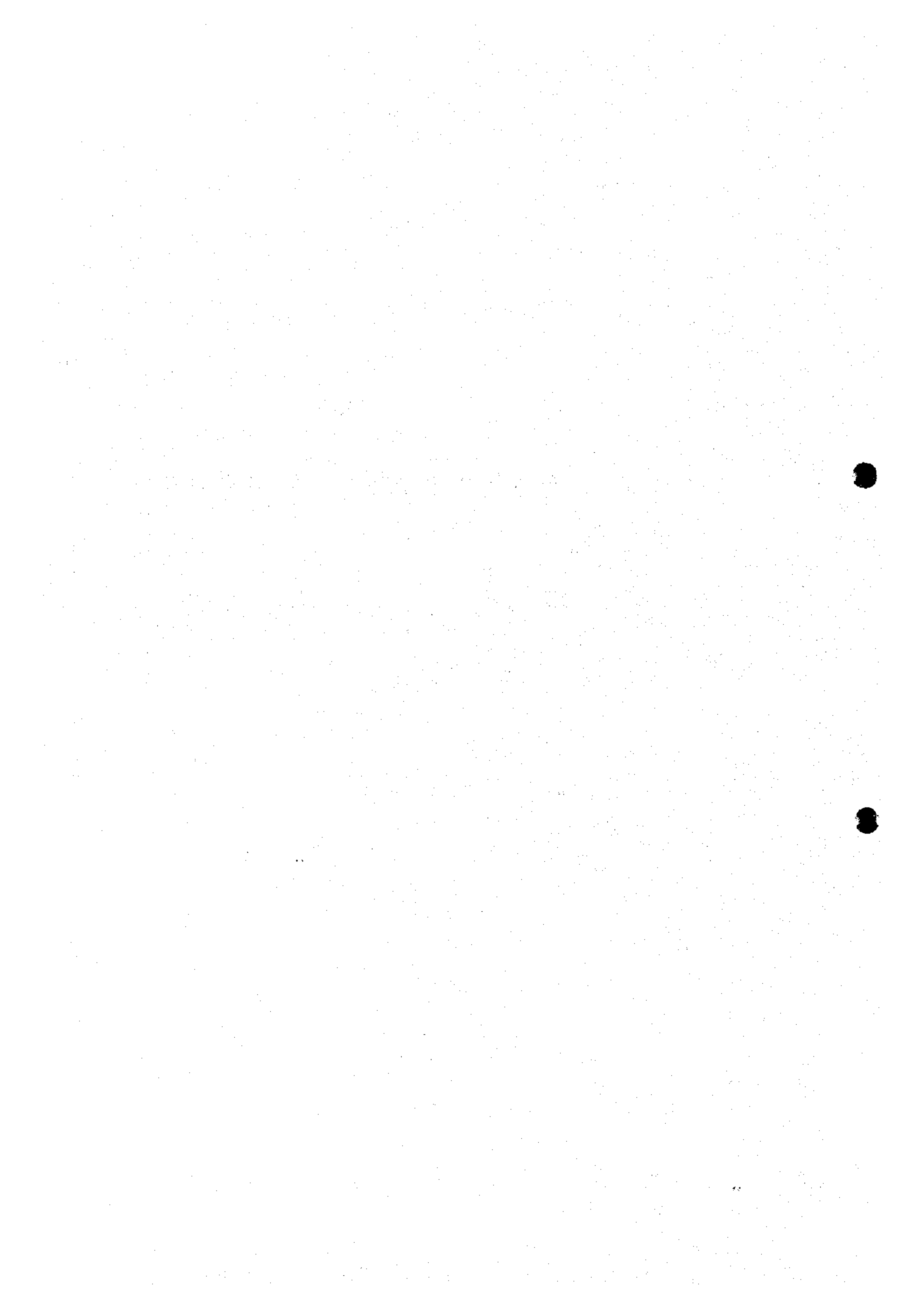
The VACVINA is set up in 1986. Now it has the associations in all provinces and almost districts and communes.

President H.E. NGUYỄN NGỌC TRÌU
Former Vice Minister, Minister of Agriculture.

VAC đồng bằng Sông Hồng



APPENDIX G : HEALTH AND SANITATION



THE STUDY
ON
MODEL RURAL DEVELOPMENT
IN
NAM DAN DISTRICT, NGHE AN PROVINCE

FINAL REPORT

APPENDIX-G : HEALTH AND SANITATION

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APPENDIX - G : Health and Sanitation

G.1 Policies, Priorities and Goals in Health and Sanitation Sectors in Viet Nam

G.1.1 Health Policy, Priorities and Goals

By the program of the "Doi Moi" policy introduced in 1989, the health service was liberalized to the private sector and an official user fees was applied for government health services excepting for the service at commune health centers (CHC). The public sector is no longer monopolizing the health service delivery excepting for hospitals, which still fully owned and managed by the government.[1]

While medical treatment more tends to count on private practices, delivery of the preventive health care remains the major function of the public health sector. As the strategy to achieve the quality of regional health care, primary health care (PHC), which aims to integrate various programs horizontally, is regarded a high priority approach in Viet Nam.[2] Five (5) goals of PHC by the year 2000, and priorities in implementation of the PHC approach are set as shown in Table G.1 and Table G.2.

Table G.1 PHC Goals by the Year 2000

1	85% fully immunization coverage for children
2	Polio eradication
3	Neonatal tetanus elimination
4	Reduction of measles morbidity by 90% and mortality by 95%
5	85% of all diarrhea cases to receive Oral Rehydration Therapy(ORT) as well as continued feeding

Table G.2 Priority Areas in the PHC Approach Implementation

1	Upgrading hospitals in major cities and mountainous areas
2	Focus on children and pregnant mothers, workers, the minority people, vulnerable people and the poor
3	Strengthening health services at district and commune level.
4	First priority programs are: Communicable Disease Control(CDD) including AIDS and maternal and child health care/family planning(MCH/FP).

G.1.2 Sanitation Policy, Priorities and Goals

Environmental sanitation, which mainly focuses on constructing well, latrine and bathroom, is now receiving more attentions by the national level policy makers. For example, one of the major disease related sanitation is a parasite infection and the infection is very common among

---

[1] Impatient care at hospitals is still operated 100% by the government. For outpatient cares, doctors and paramedics, most of whom are public employees, operate private practices. It is estimated that about two-thirds of outpatient consultations in Viet Nam are currently provided by the private sector. Drugs for self-medication without formal consultation are purchased from the private sector exclusively. In all, the role of the public sector in medical treatment is becoming relatively small as less than 20 percent of all cures in Viet Nam. World Bank, Viet Nam: Poverty Assessment and Strategy, January 1995.

[2] By the Vietnamese government, nine (9) national vertical programs for disease controls are implemented. They are 1) Strengthening health care at commune level, 2) Expanded Program on Immunization (EPI), 3) Medical Care Improvement, 4) MCH/FP, 5) Malaria Control, 6) Essential Drug, 7) Tuberculosis(TB), 8) Iodine deficiency disorder (IDD), and 9) Leprosy. Each program has action plans.

children in Viet Nam. According to the result of the nation-wide study on the parasite infection carried out in 1989, 90% of children were infected in the North Viet Nam.

Along with contraction of the sanitary facilities, the spread of knowledge and practices of environmental sanitation, and access to safe water are first priorities to be improved in rural. Sanitary bathroom and sanitary practices only do not contribute much for health.[3] Poor access to safe water and inadequate environmental sanitation are causing a severe negative impact on health conditions to peoples which results in an economic disadvantage. In particular, children and women are vulnerable in such circumstances. For instance, child morbidity and mortality are mostly affected by water-born and water-related diseases and very large portions of women in rural have gynecological diseases caused by a lack of access to safe water and clean private bathroom as well as unsanitary practices in Viet Nam .

Department of Hygiene and Environment at Ministry of Health supervises environmental sanitation activities in Viet Nam. Environmental Health Unit, one of the four units in the department, controls matters on sanitation, food quality, water quality[4] and school health. Of the sanitation activities, a main focus is placed on the construction of the latrine in rural areas. The unit is currently operating "Rural Sanitation Program" with cooperation of United Nations Children's Fund(UNICEF), World Health Organization(WHO) and non-governmental organizations(NGOs). Main activities of the program are to provide funds for the construction of latrine and to organize national training courses. The cost of the project is currently small as from 100,000 USD to 200,000 USD per year.

In 1997, it is expected that the above rural sanitation program will be expanded with the 2,000,000 USD budget and will be implemented in 14 provinces[5]. The existing program components and two sanitation goals by the year 2000 are set by the government as shown in Table G.3 and Table G.4. For water and food quality control, the unit is now preparing new "National Standard of Water Quality and Food Quality" and a new mechanism for these regulations.

Table G.3 Components of Rural Sanitation Program

1	Construction of latrine, bathroom especially for women, water-supply
2	Hygiene education
3	Health education for children
4	Family hygiene(kitchen, disposal etc.)

Table G.4 Two Sanitation Goals by the Year 2000

1	80% of rural population have access to safe water
2	65% of rural population have access to sanitary latrine

[3] An experience of infection disease decrease in Japan proves an importance of safe water the first. The most critical factor contributed to the decrease was 1) safe water supply, especially tap water, followed by 2) sanitary education through school, 3) diet/nutrition, and spread of the latrine and sewerage ware far behind in terns of contribution degree.

[4] Drinking water quality at a certain points is supposed to be checked every month by Provincial Center of Preventive Medicine.

[5] This Program will be applied to Nghe An Province.

G.2 Current Health and Sanitation Situation in Viet Nam

G.2.1 Health

In Viet Nam, the remarkable network of the basic health care facilities has been developed. Density and availability of health services at all levels are far exceeding in most of developing countries.[6] The past records show good achievement of health situations like decrease of infant mortality rate, total fertility rate and relatively high average of life expectancy at birth as such the lower-income country. Table G.5 shows major health care indicators in Viet Nam, Nghe An Province and Nam Dan District in 1995. Factors contributes to the past achievement in health sectors are summarized as follows.[7]

Table J.5 Indicator the Health Care (1995)

	Indicators	Viet Nam	Nghe An Province	Nam Dan District
1	Life Expectancy at Birth (Years)			
	1) Average	65.3	65	66
	2) Female	67.5	67	67
	3) Male	63	63	65
2	Annual Population Growth Rate (%)	2.2	2.0	1.5
3	Crude Birth Rate (per 1,000)	25.3	30.7	27
4	Crude Death Rate (per 1,000)	6.7	7.8	7.0
5	Contraceptive Prevalence Rate, Any Method (%)	63.8	57	75
6	Infant Mortality Rate (per 1,000 live births)	44.2	46	45
7	Under 5 Age Mortality (per 1,000 live births)	55.4*	..	..
8	Low Birth Weight Infant Under 2,500g (%)	17**	19.5	19
9	Mulnutirished Children Under Age 5 (%)	46.9*	52	47
10	Daily Calories Supply per Capita	2,075	2,000	2,200
11	Food Consumption (VND/household/day)	..	2,000	2,000
12	Total Fertility Rate	3.1	3.85	3.6
13	Maternal Mortality Rate (per 100,000 live births)	107*	160	108
14	Pregnant Women with Anaemia (age 15-49)(%)	..	20	30
15	Birth Attended by Trained Health Personnel (%)	95***	88	90
16	Mothers Breast Feeding at 6 Months (%)	88****	98	99
17	Tetanus Immunization for Pregnant Women (%)	66.0	36.5	38.5
18	Under 1 Year Children Fully Immunized (%)	88*****	85.5	94.6
19	Population per Doctor	2,374	4,000	7,272
20	Access to (household)			
	1) Safe Water(%)	31.8	20.6	56.7
	3) Household with Sanitary Latrine(%)	14.2	21.5	22.9
	4) Bathroom	31.2******	28	38.7

Note: Data *in 1994, **in1990, ***1983-94, ****1980-92, ***** 1992, ******"sanitary"

Sources: Ministry of Health, Health Statistics Yearbook 1995
Public Health Department of Nghe An Province,
District Health Center of Nam Dan District,
Report on MCH/FP Activities in Nghe An Province and Evaluation of Integrated Project, Implementation (1993-1995),
Date obtained from UNICEF,
People's Committee of Nghe An Province, Socio-Economic Development of Nghe An Province(1996-2010),
UNDP, Human Development Report 1996
World Bank, Poverty Assessment and Strategy, 1995

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6 Ratio of Commune Health Centers(CHC) per million population: Viet Nam 170, Indonesia 32, China 63, Thailand 141. Ratio of one hospital bed per person: Viet Nam 389, Indonesia 1,743 China 465, Thailand 665. World Bank, Viet Nam: National Health Support Project, December 1995

7 World Bank, Viet Nam: National Health Support Project, December 1995

Table G.6 Factors Contributed to the Improvement in the Viet Nam's Health Sector

1)	Primary health facility network established throughout the country
2)	Implementation of preventive disease control programs
3)	High literacy rate, especially among women
4)	A strong political commitment to health sector /a substantial resource allocation to the sector

On the contrary the past achievement, the following concerns are currently raised.

Table G.7 Major Concerns of the Health Situation in Viet Nam

1	Causes of Morbidity	Preventive communicable diseases, such as diarrhea and parasite diseases, malaria and respiratory infections
2	Causes of Mortality	Acute respiratory infections(ARI), tuberculosis(TB), diarrhea and parasitic diseases and accidents/injuries
3	High Maternal Mortality Rate(MMR)	Caused by unsanitary perinatal period conditioned.
4	High Under-Five Mortality Rate(U5MR)	High U5MR compared with relatively low infant mortality rate
5	High Malnutrition Rate	High malnutrition rate of both children and adult

In addition to the above concerns of health situations, there are many backward tendencies in the public health services after the market economy introduced. For example, quality of drug, specially sold in private sectors, is degrading due to lack of appropriate quality control. Before 1989, the medicine was controlled at central levels and availability of medicine in the private market was scarce. After 1989, every provinces have own pharmaceutical production units. Expired and smuggled drugs sold in the market are also not controlled well. The main issues of the backwards are summarized in Table G.8.

From a viewpoint of management in the public heath sectors, 1) a lack of coordination and integration among the programs and 2) heavy bias of curative care over preventive activities also often pointed out.

Table G.8 Recent Backward in the Public Health Service

	Recent Backward	Major Problems
1	Underutilization of Facilities	Decrease in the number of outpatient consultation for curative care, especially at Commune Health Center (CHC)
2	Decline in service quality	Poor facilities and equipment at District Health Center (DHC) and CHC, Lack of retraining for health staff, Low salary of health staff resulting in low moral and low productivity
3	Quality control of medicine	Deteriorated medicine quality, especially sold in the private market, Misuse of medicine

G.2.2 Sanitation

Sanitation improvement is one of the major issues to be tackled as well as safe water supply and malnutrition in health and sanitation sectors in Viet Nam. As Table G.5 shows, the access to adequate sanitary facilities remains low levels. According to UNICEF, the coverage of the sanitary latrine to the overall Vietnamese population is 23% and the rate decrease as 13.2% in rural.

The sanitary facilities at schools is also very low because of budget constraints for construction. In case of Nghe An Province, large sized school schools have latrines and water

source like well, but small sized schools do not have any latrine in general. In Nam Dan District, the number of latrine at primary school at average is 1 or 2 per 300 or more pupils. Education Department of the District points out that the absolute lack of numbers, and it causes a difficulty to pupils to learn sanitary practice. For example, at a primary school without well and latrine in Nam Dan District, a pupil brings a bowl of water from home. The teacher cleans hands to remove dirts of chalk by water in the bowl. The pupils use fields as latrine, and the teachers go to neighbors' houses to use latrine.

G.3 Organization of Health and Sanitation Services in Viet Nam

Health services in Viet Nam is a four-tier system as shown in Figure G.1. Major functions of each tier are summarized in Table G.9.

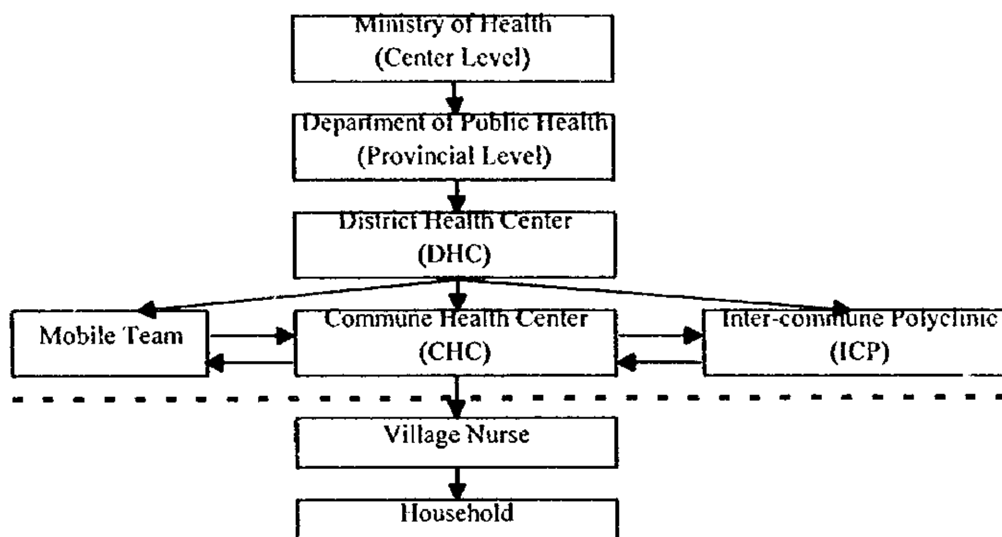

Fig. G.1 Organization of Health Care in Viet Nam

Table G.9 Functions in Each Health and Sanitation Services

	Level	Organization	Major Functions
1	Central	Ministry of Health(MOH)	Policy guidance and technical direction, Management of specialized institutions, Hospitals with tertiary and referral services, Eleven medical and pharmaceutical school
2	Provincial	Provincial Health Department	Oversee health activities in the Provinces, Centers for Preventive Medicines, Provincial hospitals, Secondary medical school
3	District	District Health Center (DHC)	District Health Office*: surveillance and program management, Preventive Medicine Service(mobile team): provision of preventive services and support to CHC to deliver the service, District Hospital*: first referral facility*,
4	Commune	Inter-commune Polyclinic (ICP)	Provision of basic services higher that of CHS, Supervision, technical services and training to between 3 to 6 CHS (in actual situation, 1 ICP to 10 CHS in 1992). * The role of ICP is not effective generally and now under discussion in Viet Nam.

	Level	Organization	Major Functions
5		Commune Health Centers(CHC)	Most peripheral level of health care facilities, 3-5 staff at least 1 assistant doctor, 1 midwife and 1 nurse
6		Village health workers	Trained at least 9 months and lives in the village

G.4 Training

There are eleven medical and pharmaceutical schools managed by Ministry of Health. Most of provinces have Secondary Medical School to train middle level health workers such as Assistant Doctor, Secondary Nurse and secondary Midwife. Military also has medical schools to train the health personnel. The years of professional training for health care staff in Viet Nam are shown in Table G.10.

Table G.10 The Years of Training for Health Care Staff

Health Care Staff	General Education (Years)	Professional Education (Years)
Doctors(D)	12(5+4+3)	6
Assistant Doctors(AD)	12(5+4+3)	3
Secondary Nurse(SN)	12(5+4+3)	2.5
Elementary Nurse(PN)	9/12(5+4/5+4+3)	At least 9 months
Secondary Midwife(SM)	12(5+4+3)	2.5
Elementary Midwife(EM)	9/12(5+4/5+4+3)	1
Secondary Technician	12(5+4+3)	3
Elementary Technician	9/12(5+4/5+4+3)	1
Pharmacist	12(5+4+3)	5
Secondary Pharmacist	12(5+4+3)	3
Elementary Pharmacist	9/12(5+4/5+4+3)	1
Traditional Medicine Practitioner	9/12(5+4/5+4+3)	1.5 (in case of Vinh city)

G.5 Health Education and Health Check at School in Viet Nam

Adequate knowledge and everyday practices of health and sanitation ensure people from a risk of diseases. To the purpose, health and sanitary education for children at early age is very important. In Viet Nam, health and sanitary education at school is programmed as shown in Table G.11. The result of the health check and regular medical examination, mainly an examination by a doctor and checks of weight and height etc., are recorded in the health-note, and informed to parents. Pupils and students are requested to purchase medical insurance, which cover minimum level of medical treatment when they have a disease or injury.[8] Teachers for kindergarten and primary school complete one month health/sanitation course after graduating college/university.

Although health and sanitary education is regularly taught at school, it seems to be not practical but rather theoretical to pupils and student. For example, a textbook, prepared by Ministry of Health, for health and sanitary education to the 2nd grade pupils, explains sanitary practices in the way of "to do" and "not to do" by drawing. It looks the contents in the textbook is a little difficult for the 2nd grade pupils to understand well, and most of the picture drawn in the textbook is apart from the standard of living in rural.

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[8] According to hearing from a mother of a student, medical insurance is not practical as things stand, because of minimum coverage.

When the study team had hearings at farmers' households in 6 communes of Nam Dan District, some youths and boys answered that they do not remember the contents of health and sanitary education at school. In this sense, the health and sanitation education at school is not very effective in rural, because the currently used education manners and materials seem to be neither practical and suitable to the living conditions in rural . To attain the intended objective by health and sanitary education at school, the current curriculums and education materials, especially which for rural, need to be re-examined.

Table G.11 Health/sanitary Education Health Check at School

School Level	Health/Sanitary Education	Health Check
Kindergarten	has	Medical examination by Doctor: every 3 months (Responsibility by kindergarten), Weight/height check: every month
Primary	has (2 lessons a week) Textbook prepared by Ministry of Education	Examination by Doctor and weight/height check: 2 times a year (Parasite test is not done through school)
Secondary (Junior/Senior)	has (in biology and physical education subjects)	No

G.6 Priorities and Goals in Health and Sanitation Sectors in Nghe An Province

According to the Department of Public Health in Nghe An Province, there are twelve (12) vertical programs implemented by the province in accordance to the national programs. Besides nine (9) national programs, this province has additional action programs for 1) Education to HIV/AIDS protection, 2) vitamin A deficiency and 3) retraining of health staff of both provincial and communal levels. As for sanitation, it is expected that "Rural Sanitation Program" by Ministry of Health will be expanded and applied to Nghe An Province in 1997 as mentioned prior.

The major strategic goals to be achieved for the year 2000 to 2010 in health sector of the Province are set as follows. In addition to the following, reorganization of the hospital system in order to raise capacity, efficiency and treatment quality are also province's another goals.

Table G.12 Goals in Health Sectors in Nghe An Province for the 2000 to 2010

1	Access to health service to everyone by the year 2000: 100% Commune Health Centers (CHC) establishment
2	Reduction of infant mortality from 46 to 30
3	Reduction of the percentage of low birth weight infant from 18% to 8%
4	Reduction of the child malnutrition to 30%
5	Reduction of infectious disease
6	Eradication of polio and other preventable diseases
7	Improvement of malaria control

G.7 Priorities and Goals of Health and Sanitation Sectors in Nam Dan District

Two major priorities of the health sector in Nam Dan District are 1) improvement of Primary Health Care (PHC) and 2) improvement of treatment quality. The district has goals to be achieved by the Year 2000 for health and sanitation as shown below.

Table G.13 Health and Sanitation Improvement Plans by the Year of 2000 in Nam Dan District

	Plans	Detailed Goals
1	Maternal and Child Health Care (MCH)	- Retraining of midwife - Improvement of health care for pregnant women - 100% immunization for children
2	Family Planning (FP)	- Socialization about family planning - Decrease in population growth rate: 0.1% every year
3	Environmental Sanitation	- Sanitary latrine to 60% of households - Safe water to 100% of households - Bathroom to 100% of households
4	Information, Education and Communication (IEC)	- Diversification of IEC with radio and television - Integration with other sectors

G.8 International Cooperation Programs

Nam Dan District is one of the highest priority district in Viet Nam so that the district has enjoyed advantages of international cooperation programs. Two international cooperation programs in health and sanitation sectors are currently implemented in Nam Dan District. In addition, "Reproductive Health Project in Nghe An Province" by JICA technical cooperation for 3 years and "the support for national health care" project by World Bank will be introduced in 1997. The details of the programs are summarized below.

Japanese Organization for International Cooperation in Family Planning(JOICFP), a Japanese NGO, has taken part in "the Integrated Project" which is implemented by Ministry of Health in cooperation with United Nations Funds for Population Activities (UNFPA) and United Nations Children's Fund(UNICEF). This project mobilizes CHC staff, Women's Union and Farmer's Union and so on, and has given a great impact on improvement of Maternal and Child Health (MCH) and Family Planning (FP) in the 10 target communes in Nam Dan District."

World Bank will also start "Support for National Health Care" project in 19 provinces including Nghe An Province in the middle of 1997. The project will be applied to all districts and communes in Nghe An Provinces. The objectives of the project are prepared by levels of health care services. As for DHC and CHC, 1) improvement of facilities for CHC, 2) improvement of technical facilities and equipment, such as operating room, examination laboratory, X- ray and emergency unit etc. for DHC, 3) retraining of CHC staff, especially for midwife, and 4) loan for medicine budget are planned. For a provincial level, support of controls for 1)Tuberculosis (TB) Control and 2)Accurate Respiratory Infections (ARI) will be implemented. At a national level, 1) support for human resource management and planning for staff at Ministry of Health will be carried out. Details of the project information applied to Nam Dan District is not available yet.

Table G.14 International Cooperation Programs in Health and Sanitation Sectors in Nam Dan District

	Institution/Donor	Name of Program	Major Contents	Start
1	UNICEF	Area Focused Program (cover: all communes)	1) PHC a. Bamako Initiative (Revolving fund for medicine) b. Equipment supply/ renovation of CHC 2) MCH 3) Anemia 4) Nutrition 5) Education(primary and non-formal) 6) WID	1992
		Rural Water Supply (cover: 14 communes)	1) Construction of tube well, dug well, hand pump, iron removal unit and gravity flow system	1987
2	Ministry of Health with cooperation of JOICFP, UNFPA and UNICEF	Integrated Project (cover: 10 communes)	1) FP 2) MCH 3) Parasite control, diarrhea control, Vitamin A deficiency, 4) Environmental sanitation (Sanitary education, construction of latrine, water source protection, and sanity monitoring) 5) Health education by IEC materials and by holding meeting 6) Credit for income generation (2 communes)	1991 started in 5 communes, 1994 expanded to total 10 communes
3	JICA	Reproductive Health Project in Nghe An Province (cover: all communes)	1) Retraining of CHC staff 2) Equipment supply to CHC, especially for reproductive health 3) Renovation of CHC	Planned/ April in 1997
4	World Bank	Support for National Health Care	1) Facility improvement of CHC 2) Facilities and equipment improvement of DHC 3) Retraining of CHC staff 4) Loan for medicine	Middle of 1997

G.9 Organization and Human Resources of Health and Sanitation Sectors in Nam Dan District

As shown in Figure G.1, the District Health Center (DHC), locating at Nam Dan Town, is the center of health and sanitation activities in the District . DHC has three major functions, which are 1) supervision and management of programs, 2) services of vertical preventive disease control programs such as EIP and IDD, and 3) a support to commune health centers(CHC) to deliver the health and sanitation programs. According to the DHC, the average patient visit to the DHC is about 70 people per day while CHC receives about 3 patient visits per day at average in Nam Dan District.

Inter-commune Polyclinic (ICP) and Common Health Center (CHC) are a service delivery unit of health and sanitation activities at commune levels. The main function of the CHC is the preventive care and a support for infant delivery rather than the curative care. Under CHCs, there are village nurses who are trained at least nine months and live the villages they serve. The village nurse gives primary level of consultations to the villagers, and entrusted to operate each public pharmacy at their homes by CHC in Nam Dan District. In principal, the

prescription by Assistant Doctor is necessary to purchase medicines at the village pharmacy, however, medicines for minor diseases like influenza, are purchased without the description

In Nam Dan District, there are three IPCs at Kim Lien, Nam Trung and Nam Nghia Communes. All twenty-four town and communes have each CHC and all villages also have village nurses. Salary of staff at the DHC, ICPs and CHCs is paid by the People's Committee of Nam Dan District while salary of village nurses are covered by cooperatives. Number of beds and staff at each health care unit in Nam Dan District are summarized in Table G.15.

Table G.15 Number of Beds and Health Care Staff in Nam Dan District

	No.	No. of Beds	No. of Staff
District Health Center (DHC)	1	70	Total 131
Inter-commune Polyclinic (IPC)	3	30	Doctor 21 Assistant Doctor 48 Secondary Nurse 15 Elementary Nurse 8 Secondary Midwife 2 Secondary Technician 4 Elementary Technician 2 Pharmacist 3 Secondary Pharmacist 6 Elementary Pharmacist 6 Nurse's Assistant 7 Other staff 9
Commune Health Center (CHC)	24	200	Total 103 Assistant Doctor 40 Elementary Nurse 26 Elementary Midwife 24 Elementary Pharmacist 11 Traditional Medicine Man 2
Village Nurse			Elementary Nurse 287

According to the DHC, the current issues of health and sanitation in Nam Dan District are 1) lack of people's knowledge to improve health and sanitation situation, 2) the necessity of re-training of health staff, 3) lack of equipment at DHC and CHC and 4) poor facilities at DHC and CHC. The following are problems in detail pointed out by the DHC. Besides the below, 1) management and monitoring system on DHC and CHC activities such as human resource management and a record keeping system and 2) absolute lack of patient oriented approach in health services are problems to be improved. For example, when the study team visited the impatient building at DHC, no health care staff was attended to the patient in the building, and the sanitary facilities such as latrine, bathroom and kitchen for patients are maintained poorer conditions than these at staff's housings.

Table G.16 Current Detailed Problems Pointed Out by the DHC in Nam Dan

Level	Problems
DHC Level	-Deteriorated patient examination room -Lack of Emergency Department -Lack of equipment for surgery -Lack of post graduate retraining for Doctor
CHC Level	-Lack of education on health and sanitation to people, mainly to farmers -Lack of sanitary facilities (well, latrine and bathroom) at household -Lack of retraining for secondary and elementary midwives -Unsanitary situation of delivery room

G.10 Current Health and Sanitation Situation in Nam Dan District

G.10.1 Current Health and Sanitation Situation in Nam Dan District

Major health indicators of Nam Dan District and comparisons with these of Viet Nam and Nghe An Province are extracted in Table G.17.

Table G.17 Major Health and Sanitation Indicators of Viet Nam, Nghe An Province and Nam Dan District (1995)

Indicators	Viet Nam	Nghe An Province	Nam Dan District
Life Expectancy at Birth (Years): Average	65.3	65	66
Female	67.5	67	67
Male	63	63	65
Annual Population Growth Rate(%)	2.2	2.0	1.5
Contraceptive Prevalence Rate, Any Method(%)	64	57	75
Crude Death Rate (per 1,000)	6.7	7.8	7.0
Infant Mortality Rate (per 1,000 live births)	44	46	45
Maternal Mortality Rate (per 100,000 live births)	107*	160	108
Mulnutrished Children Under Age 5 (%)	47*	52	47
Access to Safe Water (well) (% of household)	31.8	20.6	56.7
Access to Sanitary Latrine (% of household)	14.2	21.5	22.9
Access to Bathroom (% of household)	31.2**	28.0	38.7

Note: * Date in 1994, ** Access to "sanitary" bathroom

Source: Ministry of Health, Health Statistic Yearbook 1995, Public Health Department of Nghe An Province, District Health Center of Nam Dan District, The Study Team Computation

Major diseases, past achievement and current issues in health and sanitation sectors in Nam Dan District are found as follows.

G.10.2 Major disease

Diarrhea, parasite, malaria and respiratory diseases are major diseases in Nam Dan District. In addition, it is estimated that over 90% of adult women have gynecological diseases. In the semi-mountainous area, accurate respiratory infection (ARI) and malaria are major while digestive disease such as hepatitis and diarrhea are common at the lowland area. Malaria cases decrease lately but still occur in 14 communes. After the flood, cases of influenza and diarrhea rapidly increase in disaster areas. Major disease occurrence by season in Nam Dan District is summarized in Table G.18.

Table G.18 Major Diseases by Season in Nam Dan District

	Summer	Winter	All the year	After flood
Children	Diarrhea Parasite	Respiratory diseases	Diarrhea Parasite Malaria	Diarrhea Parasite Influenza Skin diseases
Adults	Diarrhea Parasite	Respiratory diseases	Diarrhea Parasite Malaria (Women) Gynecological Disease	Diarrhea Parasite Influenza Skin diseases

G.10.3 Past achievement

100% Coverage of Commune Health Center (CHC)

All 24 communes in Nam Dan District have each CHC. Decline of CHC utilization is often discussed as the recent changes in the health sector. However, it is founded that majority of rural people in Nam Dan District much depend on CHC and village nurses because there is no alternate health care facility and a pharmacy available in communes and villages. Most of health care, which are curative and in preventive and provision of medicines for ill-people at commune, are treated through either CHC or village nurses at present.

Family Planning

One of the major past achievement in Nam Dan District is successful Family Planning(FP) as 1.5 % of lower population growth rate shows. As mentioned prior, "the Integrated Project" by Ministry of Health, with cooperation of Japanese Organization for International Cooperation in Family Planning (JOICFP), United Nations Funds for Population Activities (UNFPA) and UNICEF (United Nations Children's Fund) has been applied to 10 communes in the district. By the project implementation, population growth rate significantly decreased from 2.1% in 1990 to 1.5% in 1995 in the whole district. Another key program for MCH has also contributed to improvement in pregnant women and children's health as the pregnant women's tetanus immunization rate increased from 38.4% in 1991 and 85% in the target communes.

G.10.4 Current Issues

Poor Heath Condition of Women

According to the above indicators, the average of life expectancy at Nam Dan District is relatively higher than these of national and provincial average due to higher life expectancy rate of male. On the other hand, female's life expectancy in Nam Dan District is lower than that of the national average. This lower life expectancy of female implies that disadvantaged health status of women in Nam Dan District. For example, over 90% of adult women in Nam Dan District have the gynecological diseases. The diseases are mainly caused by a lack of sanitary bathroom where they can keep privacy and unsanitary conditions related to hard agriculture work. Rate of pregnant women with anemia in Nam Dan District is also 30%, which is 10% higher than that of Nghe An Province(20%).

Poor Health Condition of Children

Infant mortality in Nam Dan District is relatively higher and malnutrition for children is also a problem. Diarrhea and parasite diseases are main diseases in summer and respiratory diseases are common to children in winter in Nam Dan District. According to the report on "the Integration Project" prepared by People's Committee of Nam Dan District, number of parasite infected children was 98.6% in 1991. With the parasite control project, the infected rate decreased to 84.4% in 1995 at the 10 target communes. According to information obtained from Public Health Department of Nghe An Province, it is estimated that 60-80% people not only children but also adults are parasite infected.

Shortage of Sanitary Facilities

Lack of safe water access, shortage of water quantity, particularly in dry season and after flood, and inadequate treatment of excreta seriously affected both children's health and adults' health in general. Currently 70.8% of people have latrine in any kind, 76.3% well and bathroom 38.7% at homes in Nam Dan District. As to "sanitary" standard of latrine and well, the rate of access drastically decrease to 22.9% for latrine and 56.7% for well. The major reasons causing these poor environmental sanitation conditions are pointed out as 1) low level of people's knowledge on sanitation, 2) lack of sanitary education, 2) lack of integration with other services, 3) low living standard and 5) geographical constraints.

G.11 Underlying Causes of Health and Sanitation Issues

G.11.1 Lack of Access to Safe Water and Shortage of Water

Supply of safe water and health situation, particularly with diarrhea disease and infant mortality, is closely related each other. As mentioned before, contaminated water and shortage of safe water make people difficulties to keep health and sanitation.

Majority of wells are dug and kept without covers in the District. Water is rarely filtered for cooking and drinking use. For example, underground water is not available at 4 villages of Nam Cat Commune, and accumulated and contaminated water in ponds is sunk into the wells nearby. At the area, people are using the brown colored water for cooking and drinking without filtering. Laundry are mainly done at ponds because of convenience.

Lack of information on water quality for people is another problem. Presently, Ministry of Agriculture and Rural Development has regular water quality checks at certain points of communes. However, the ministry takes care of water supply only for irrigation purpose. Ministry of Health also has a regular test of water quality. The result of both water quality checks seem to be not informed to people. Farmers are now accessing water quality at their wells by only their visible observation of the color or from smell of water.

G.11.2 Lack of Sanitary Facilities, Knowledge and Practice

As mentioned above, sanitary facilities, well, clean latrine and bathroom, are in short in Nam Dan District. There are some communes where people's knowledge and practice levels on environmental sanitation are higher due to an experience of "the Integrated Project." However, the prevalence of knowledge and practice on sanitation at present is generally limited in the whole District, and the spread of sanitary knowledge and practice, including proper excreta treatment, among people is too weak to ensure from infectious diseases like parasite.

Most of farmers know some degrees how to keep health and sanitation, however, they tend to behave in convenient and conventional ways, and the actual hygiene practices are poorly kept in everyday life . As mentioned before, the health education for children at school is seems to be rather theoretical and it is not effectively perceived for children in rural.

G.11.3 Poor Economic Conditions and Heavy Agricultural Workload

94.7% of the total population in Nam Dan District rely on agricultural activities for their living. With the harsh natural environment and frequent disasters like infertile land, Lao Wind and flood, farmers' living standard is low in spite of their heavy workload. After the introduction of the "Doi Moi" policy, farmers particularly seek income first, and health and sanitation matters are less priority in a household level. When the study team had an interview with farmers in Nam Dan District, many farmers replied that improvement of living standard by income generation is more urgent for themselves, and they expect consequent improvement of health and sanitation conditions.

Heavy workload, especially for women, is resulted in poor health and sanitary conditions. Women's hard workload largely influences of health and sanitary conditions not only of women themselves and but also of children. In tradition, the role of women in rural area of Viet Nam is very significant, and their workload for agriculture looks heavier than men do. Housework also traditionally done mainly by women as well as taking care of children. Many of women farmers mentioned that they are very busy for everyday work and cannot pay enough attention to care their children's healthy and sanitary practice.

Currently, there are no formal public extension service to integrate improvement of both living standard and health and sanitation standards in Nam Dan District. "The Integrated Project" has a similar idea of the project, however, the scale of he project application was small.

G.12 Potentials of Health and Sanitation in Nam Dan District

G.12.1 Well Established Health Care Network

In Nam Dan District, every communes have CHC as well as provision of village nurse at every villages. In this sense, primary medical care, that is the medical consultation at first for ill-people receive, attains a certain level. The well established health care network is a strong advantage to promote health and sanitation activities in future.

G.12.2 High Educational Attainment to Mobilize and Socialize People

The high educational attainment in Nam Dan District is another strong advantage. An effect of improvement of health and sanitation conditions will be multiplied if the appropriate services which meet the people's need are provide.

After achieving a secure living standard, people generally seek consequent improvement in health and education. The reason why the high educational attainment is achieved prior to improvement of health and sanitation, and what was a drive for high educational achievement must be key factors to change health and sanitation situation better in future.

G.12.3 Experience of International Cooperation Programs

Nam Dan District has experienced international cooperation programs such as "the Integrated Project" by JOICFP and "Area Focused Project" by UNICEF. These previous experience through participation of people's organization is a strong potential.

Especially "the Integrated Project" has been contributed to improvement of Family Planning (FP) and Maternal and Child Health (MCH) in the target communes. In 1997, "the Reproductive Health Project" by JICA technical cooperation, which succeeds experiences and expands the part of activities of "the Integrated Project," will be applied in all communes of Nam Dan District. Further improvement of the health and sanitation by the project is anticipated.

G.13 Constraints of Health and Sanitation Sectors in Nam Dan District

G.13.1 Lack of Access to Safe Water and Shortage of Water

Lack of safe water supply and shortage of water, especially in dry season, are one of the main factors affecting health and sanitation situations in Nam Dan District. Supply of safe water with enough quantity in all season is absolute needs to improve health and sanitation condition in Nam Dan District.

G.13.2 Lack of Facilities and Equipment at District Health Center and Commune Health Centers

In general, facilities and equipment at District Health Center (DHC) and Commune Health Centers (CHC) are overused or outdated because of finical constraints. The poor facilities and supply deteriorate the quality of treatment. DHC does not function as a center of regional health care system. For example, the major function of the DHC is as the first referral health care facility, however, the DHC does not have an emergency unit. The DHC's another major function, a center of regional health care activities to support CHC, need to be strengthened. At present about 50% of equipment supply at the CHC depend on international assistance programs. Other 30% of equipment provision at CHC are procured by the District budget, 20% by commune.

G.13.3 Lack of Management Capacity and Human Resource Capacity

Management capacity of the DHC is also an issue. There are many programs and plans carried out in health and sanitation sectors, but it seems to not well integrated each other. With a concrete policy and priorities on health and sanitation, management and monitoring system on activities, like record keeping and human resource management, need to be improved.

In order to raise quality of health services, retraining of health personnel is requested. Especially to provide better services at CHC, retraining of elementary nurse, secondary nurse and elementary midwife is requested. The next priority is post graduate retraining for doctor.

G.13.4 Lack of Sanitary Facilities and Information, Education and Communication (IEC) on Sanitation Resulting in Poor Sanitary Practice

People in Nam Dan District, who are mostly farmers, pay little attention to maintain better sanitary facilities, such as clean latrine and bathroom and sanitary practices. Although there are some efforts for sanitary education like health education at school, they were not effectively

delivered to change people's recognition on the necessity and benefit of environmental sanitation.

It is understandable that without secure living standard, sanitary facilities and proper knowledge of excreta treatment, people cannot not imagine resulting benefits of the facilities and practices. Environmental sanitary education to people, by using effective methods and materials, needs to be emphasized as well as an increase in sanitary facility construction. The cause-effect relationship among infectious diseases and people's behavior, water quality and excreta management among people also needs to be accessed to know the real problems.

G.13.5 Poor Economic Condition and Lack of a Comprehensive Approach to Link Between Agricultural Activities, Improvement of Living Standard and Health Situation

Poor economic standard deteriorates quality of health and sanitary conditions. It is critical to prepare more comprehensive approach which integrate both improvement of economic standard and improvement of heath and sanitary condition together. In special, women's political representation to decision making is low in rural Viet Nam. Through the activities to raise the living standard and health situation, women's active participation to decisions need to be encouraged.

G. 14 Visits to Commune Health Centers (CHCs) and Farmers' households

The JICA Study Team visited 6 Communes, namely 1) Khanh Son, 2) Nam Hung, 3) Nam Cat, 4) Nam Thai, 5) Nam Cuong and 6) Hong Long to observe the health and sanitary situation in Nam Dan District. The criteria of selection for these 6 communes were 1) geographical setting (2 communes at the right bank of the Lam River, 2 communes at the lowland and 2 communes at the semi-mountainous area), and 2) experiences of international assistant projects at the communes.

The study team also visited 3 types of households, which are considered 1) poor, 2) average and 3) wealthy at one village of each commune as well as 1 school. At the farmers' households, main focus of questions were placed on 1) health problems of the household and 2) sanitary facilities and practices. The main observation point at school was sanitary facilities, especially latrine. Table G.20 and G.21 are made based on the hearings and observations at the Commune Health Centers (CHCs) at three households at Khanh Son Commune.

G. 15 "Reproductive Health Project"

Presently, Nam Dan District is included within the project areas of the JICA's technical cooperation, "Reproductive Health Project", which was started in June, 1997. The activities of this "RH Project" are listed as follow:

Table G. 19 Summarized Activity of the "Reproductive Health Project"

Objective	**Overall Goal** : improving women's RH in Nghe An Province **Project Purpose** : improving women's RH in project model area in Nghe An Province
Activities	**Cooperation for improving Nghe An Province Maternal and Child Health & Family Planning Center (MCH/FP)** - procurement of equipment for re-education of midwives and associate doctors and for normal deliveries in the center, including office equipment and vehicles for monitoring and visiting services - technical cooperation to project staffs by Japanese experts focusing on MCH/FP center **Cooperation for improving RH services of CHC located in 244 communes in the model area (Nghe An Province)** - re-education of midwives and associate doctors (for 1 month, JICA's technical cooperation) - procurement of medical equipment for sanitary/safe delivery and family planning - procurement of materials (cement, steel, tile and etc.) for rehabilitating delivery rooms, latrines and wells (grass-root program, Ministry of Foreign Affair in Japan) - procurement of medical materials, contraceptive devices and medicines (Viet Nam side)
Dispatching Japanese Experts	long term expert : 3 (leader, coordinator, midwife) Short term expert : a few (for investigating present condition, operating and managing facility, managing health-related information, and etc.)
Training on Counterpart Personnel	candidate : responsible personnel of Ministry of Health (Ha Noi), Nghe An People's Committee-Department of Health-MCH/FP Center and etc. sector : health and sanitation administration, operation and management, information management, midwife education, activity of farmers' organization, family planning, RH and etc.

The project design matrix of the JICA "Reproductive Health Project" is shown in Table G.22.

G.16 Health and Sanitation Improvement Plan

G.16.1 Conceptual Framework

For the formulation of proposed health and sanitation projects taking into consideration the present constraints, potentials and future demands on health and sanitation sectors in the District is shown below.

The purpose of the health and sanitation sector in a rural area is to establish and a healthy society based on a healthy living of people by improving health, medical and sanitary conditions in the area. For achieving the purpose, it is necessary to take actions in the health and sanitation sector with the three point of views, a) improving health and medical system in the area, b) improving environmental sanitation and c) improving farmers' living. Since these activities are closely related with people's living in the area, it is important to introduce integral approaches, not to implement each program independently. A conceptual framework which is expected in this sector is illustrated as follow:

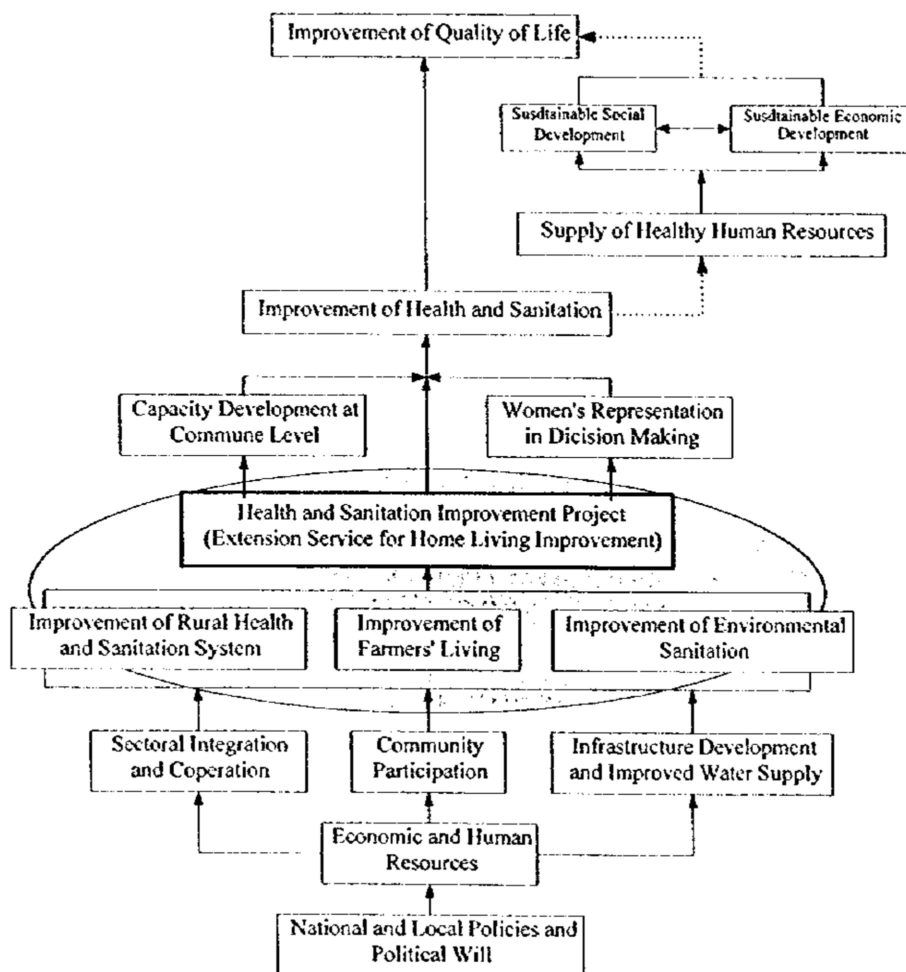

Fig. G.2 Conceptual Framework of Health and Sanitation Improvement

G.16.2 Outline of Necessary Activity

(1) Improvement of Health and Medical System

1) Background

The private health care practice is not common in Nam Dan District and the majority of people much rely on Commune Health Centers (CHCs) as the first-contact health care facility. The CHCs also play a significant role of a center to promote primary health care (PHC) through many disease prevention programs at commune levels. If the nearest health

care facilities to people are able to provide better services, the impact on improving people's health conditions will be great.

Facilities and equipment of CHC have been deteriorating due to a lack of budget and also the level of technic and knowledge has been declining. So it faces difficulties to provide health services which satisfy the needs of people in the area. It would be necessary for providing effective and efficient services not only to provide direct services such as treatment and disease prevention in CHC, but also to improve managing ability of services and activities. For the implementing proposed project, coordination with the JICA's technical cooperation , "Reproductive Health Project" (RH) and other projects implemented by World Bank would be necessary.

2) Objectives

- Improvement of quality and capacity of health and medical care services of CHCs in order to provide reliable health care services
- Increase of capacity for management and monitoring related to health and sanitation activities in order to serve people effectively and efficiently
- Improvement of poor health conditions of women and medical care services of women to prevent gynecological diseases
- Improvement of poor health conditions of children and increase of medical care services to prevent parasite diseases aiming reduction of youth mortality

3) Contents

- Renovation of CHC : Building materials and necessary knowledge to renovate deteriorating facilities in CHC Provision will be provided. Construction work will be conducted by local people in each commune. Priority on construction should be given to inpatient room, examination room, delivery room and sanitary facilities (well, sanitary latrine and bathroom) for patient use.
- Basic equipment and supplies which are insufficient at present will be provided..
- Increase capacity for the management and monitoring system of health and sanitation activities will be supported.
- A study on an appropriate user charge scheme for farmer (to supplement lack of finance by the public health sector) will be conducted.

4) Expected Benefit

- Quality and capacity of health and medical care services will be improved for inhabitants at commune level
- Capacity for management and monitoring related to health and sanitation activities will be improved.
- Poor health conditions of women and children will be improved.

(2) Improvement of Environmental Sanitation

1) Necessity

The sanitation facility such as well, latrine and bathroom are severely deteriorating or lacking not only at each household but also at each school. So, most of these facilities should be rehabilitated or constructed. At the same time, spread of information, education and communication (IEC) about health and sanitation in order to improve people's sanitary practice continuously is critically important.

Those community based IEC activities will aim to integrate all health and sanitary related projects including the domestic water supply project, and will ensure the effect and sustainability of those target projects. Especially for improvement in health and sanitation situation for children, an introduction of school based approach along with the experiences in other countries should be considered.

2) Objective

- Decrease in infectious diseases like diarrhea, parasite and Reproductive Tract Infections (RTI) for women which are closely related to lack of safe water, shortage of water, poor excreta management and unsanitary practice
- Support to ensure health and sanitation conditions by themselves in a sustainable way.
- Support to information, education and communication (IEC) which integrates all health and sanitation related projects and facilitates the benefit of the planned safe water supply project.

3) Contents

- Implementation of IEC activities for inhabitants basing upon the consideration of building model latrines and model bathrooms as a part of CHC improvement plan.
- Including construction of sanitary facilities (latrine and well) at each school in the school improvement plan and promoting education of sanitary improvement for pupils.
- Support to credit scheme for sanitary facility construction (sanitary latrine and bathroom) at households.
- Execution of developing teaching materials and allocating human resources in order to extend IEC activities. Extension of knowledge regarding sanitary (sending experts, organizing seminars and training) to people Support to IEC activities on health and sanitation.

4) Expected Benefit

- Health and sanitation conditions of inhabitants will be improved by the decrease in infectious diseases.
- Inhabitants' sanitary management will be improved by the spread of information, education and information about health and sanitation.

- Health and sanitation conditions of children will be improved . The sanitary education received by the children will have a positive effect on the family as they will practice at home what has been learned at school.

(3) Home Living Improvement

1) Necessity

For establishing health society in rural areas, introducing sanitary living practice in each family is the basic necessity. And it is indispensable for achieving sanitary living environment and good health conditions to implement health and sanitary activities at family level. At present, no formal public service is prepared and projects in each sector have been implemented without clarifying a priority of each project. Regarding increase of agricultural production, there is a service of extension, however, implementing new integrated activities is necessary in the view of improving living conditions at family level. For these activities, farmers' participation, especially positive participation of women who hold an important roll in rural family, will be a precondition.

2) Objective

- Improve living conditions in rural areas through linking between living standard improvement activities and health and sanitary condition changes in rural areas.
- Introduce an approach integrating many different sectors in order to improve living standard in rural areas.
- Increase women's political representation to decision making, especially for improvement of quality of life in rural areas.

3) Contents

- Support to create new public extension service scheme (sending experts, education of related organizations and their staffs and organizing seminars) in order to improve living standard in rural area including health and sanitation sector.
- Support for capacity building for carrying out activities at a commune level, particularly through participation and empowerment of women.

4) Expected Benefit

- Living conditions in rural areas will be improved in a sustainable way.
- Personal activities for sanitary management in rural areas will be increased.

G.16.3 Proposed Project

All project which aim to realize the activities mentioned above should be implemented focusing on CHC under the control of DHC. Since development of an integrated approach is necessary for the implementation, it would be appropriate that the all proposed projects in this sector should be considered as a "Rural Health and Sanitation Project".

Project Element	Overall Activity
Improvement of Commune Health Centers (CHCs)	Rehabilitation of CHC facilities (office, waiting room, outside wall, etc.) that are not covered with RH Project, and procurement of supplement basic medical materials and equipment.
Improvement of Environmental Sanitation	Support to establishing extension system for each household.
Introduction of New Extension Service for Home Living Improvement	Support to the activities that are not covered by RH Project among the establishment of public extension services for improving living standards in rural areas.

The improvement of health and sanitation condition in the rural area aims to make sound development of human resources who will realize the proposed agriculture. From the aspect above, it is considered to be indispensable to the adequate and balanced rural development.

For the above proposed activities, the "Reproductive Health (RH) Project" has a similar target, methodology and activities. Even though the activities of "RH project" do not cover all of the activities proposed, the projects cover all of the activities which are considered to be implemented urgently.

Under these circumstances, it is concluded that the activities of "Rural Health and Sanitation Project" are expected to be covered with the "RH Project" in this Master Plan. However, it is considered that the project will be extended into the activities of "Home Living Improvement" for farmers in the future.

APPENDIX G : TABLES

Table G.20 Findings from the Visit to CHC at Khanh Son Commune

Khanh Son Commune	Population 12,051	No. of Households 2,492
Geography	20 km from Nam Dan Town, 28 villages Flood area at the right bank of the Lam River, Water shortage in dry season and water contamination in flood season	
Major Agricultural Crop	Rice, Ground-nut, Corn	
International Cooperation Program	UNICEF: 4 drill wells with hand pump, 16 latrines The Integrated Project: 16 septic latrines ('91-'92)	
Socio-economic conditions	Income per capita 848,000VND/year (Average of the District) Telephone: None, TV: 24% of households, Radio: 20% of households	
CHC	No. of Staff	Assistant Doctor 2, Nurse 2, Midwife 1, Traditional Medicine Man 1
	Visit of patient (average)	7 visits/day (1996/January-November)
	Delivery (average)	3-4 deliveries/week(1996/January-November)
	Major equipment	1 delivery table, 1 set of gynecological examination equipment, 1 set of IDU installation equipment, 4 beds
	Main diseases (patients)	Respiratory Infection 40% (in winter), Diarrhea and Parasite 30%, Neuralgia (headache, bone pain) 20%, others 10%, Gynecology diseases for adult women
	Other characteristics	After flood, Diarrhea, influenza and gynecology diseases increase. From District Health Center, chemical to purify water is distributed after flood.
	Major Health/sanitation Problems at Commune	People like to have sanitary latrine, and warmer clothes in winter, but it depends on economic conditions.
	Major problems of CHC	Lack of equipment for delivery, old and unsanitary delivery room
Sanitary Facilities in Communes	Households with well Household with Lauren Household with bathroom	71.0% (sanitary 68%) 64.6% (70%: double chamber latrine, 30% simple latrine. 0.2% septic)) 39.8% (well constructed 14.2%)
Other Notes	People use water of wells or pond for laundry. Especially laundry at ponds is common at some villages because of convenience. According to the head of CHC, a 31 year experienced woman assistant doctor, malaria, polio and goiter decreased lately. Infant delivery became safer and better (nearly 100% pregnant women deliver babies at CHC: cost for a delivery is 1) 10,000VND up to the 2nd children, 2) 50,000VND for delivery attending fee for CHC + 400,000 VND as fine to be paid to the District over the 3rd or more children). On the other hand, patient numbers of diarrhea and respiratory infection have not much decreased. Water for drinking is commonly boiled. Some people use a soap for bathing. For laundry, detergent is commonly used. After excretion, people generally wash hands without a soap.	

Table G.21 Household Survey at Khanh Son Commune (Village 2.3)

Questions	Wealthy Household	Average Household	Poor Household
Family Member	5 (couple 3 children at school age), move into the village in 1989	8 (grand parents + couple + 4 daughters)	5 (couple + 3 adult children), moved into the village in 1972
A Living	Husband works at sugar processing plant (main income)+ agriculture 0.15 ha (rice, corn, ground-nut)	0.3 ha cultivated land/ rice, corn, ground-nut	0.15 ha cultivated land/ rice, sweet potato, corn, ground-nut. The eldest son (23) works in brick manufacturing.
Major Health Problems	Back pain, headache, influenza, diarrhea (children)	Throat pain, parasite and diarrhea for children. Influenza, headache for adult.	Husband is not healthy, others are healthy.
Utilization of CHC	3-4 times/month	5 times/month, never gone to District Health Center in 1996. Medicine is purchased at CHC and feels not expensive for the family.	Almost none, when children were small; parasite, diarrhea, headache were main diseases.
Private Well	Dug well constructed in 1990	5 m dug well constructed in 1979	None: use neighbor's well
Private Latrine	Double camber latrine (cost 700,000 VND in 1990): use human manure as fertilizer	None: lately removed it for road widening in the commune. Now, no plan to re-construct it and using neighbor's latrine.	None: use neighbor's latrine
Private Bathroom	Have (cost 200,000 - 300,000VND in 1996)	None: take bath with water in bowl +soap	None: use neighbor's bathroom without soap
Laundry	Well +detergent	In rainy season, at pond because of convenience. In dry season, at well.	Mainly at pond
Sanitary Practice	Bathing +soap, After using latrine, wash hands soap	Bathing +soap	In summer, take a bath everyday without soap
Other Notes	Wife is a leading member of Women's Union and retired from military. She has good knowledge on sanitation.	Water quality in well: look clear, but don't know if safe or not. The current priority is reconstruction of their house.	Priorities (hope) 1) Housing improvement (now, bamboo made house) 2) Construction of well 3) Construction of latrine 4) Construction of bathroom

Table G.22 Project Design Matrix of "Reproductive Health Project in Nghe An Province"

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal: Reproductive Health (RH) of women is improved in Nghe An Province.	1. Maternal mortality rate in project area is reduced to 155/100,000 live births by 2000 from 165/100,000 live births in 1995. 2. Modern contraceptive prevalence rate in project area is increased by 3% annually between 1997 and 2000 (54% in 1995) 3. No. of women received gynecological examination and treatment in project area is increased by 2.5% annually between 1997 and 2000 (80,000 cases in 1995)	Data from Provincial Health Office, Statistics Office and Provincial Committee on Population and Family Planning (PCPFP)	Continuous economic development will be maintained. High commitment and activities by local authorities, health sector and social organizations will be continued and expanded to other districts in Nghe An Province.
Project Purpose: Reproductive Health of women of reproductive age with special focus on commune women in the intensive area is in proved in Nghe An Province.	1. Maternal mortality rate is reduced to 155/100,000 live births by 2000 from 165/100,000 live births in 1995. 2. Gynecological morbidity in project area is reduced by 2% annually between 1997 and 2000 (60% in 1995). 3. No. of Obstetrics complication in project area is reduced by 3% annually between 1997 and 2000 (150 cases in 1995) 4. No. of deliveries in project area is reduced by 2% annually between 1997 and 2000 (45,198 cases in 1995) 5. No. of prenatal examination in project area is increased by 7% annually between 1997 and 2000 (70,000 cases in 1995) 6. Modern contraceptive prevalence rate is increased by 3% annually between 1997 and 2000 (54% in 1995) 7. No. of women received gynecological examination and treatment in project area is increased by 2.5% annually between 1997 and 2000 (80,000 cases in 1995) 8. No. of abortion in project area is reduced by 6% annually between 1997 and 2000 (15,000 cases in 1995) 9. % of low weight birth in project area is reduced by 1% annually between 1997 and 2000 (20.5% in 1995) 10. % of home deliveries in project area is reduced by 1% annually between 1997 and 2000 (15% in 1995) (As of November 1996, the figures for 1996 are not available. Therefore, 1995 figures are referred tentatively)	Data from Statistics office. Commune Health Center (CHC) District Health Center (DHC) and CHC 1 to 3, 5, 7 to 10 PCPFP and District Committee on Population and Family Planning (DCPFP), Statistics Office and DHC: 4 PCPFP and DCPFP DHC: 6	
Outputs: 0. Project Unit (PU) is established at all levels (National, Provincial, District and Commune)	0.1 Staffing of PU and Provincial MCH/FP Center is continuously fulfilled as planned 0.2 Meetings at PU are organized regularly 0.3 No. of trained staff of PU and Provincial MCH/FP Center as planned 0.4 No. of equipment supplied for PU and Provincial MCH/FP Center as planned 0.5 Reports are made and submitted regularly by PU to higher PU	Reports from PU at all levels (Provincial, district and commune) 0.1 to 0.5	

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
1. Quality of health personnel with focus on commune level is improved	1.1 No. of health personnel in RH trained and at least 90% of them pass the examination 1.2 No. of training materials produced as planned 1.3 No. of workshops organized and participants attended as planned 1.4 No. of study tours organized as planned 1.5 No. of follow-ups conducted and trained personnel covered	Reports from PU at all levels 1.1 to 1.5	
2. Necessary medical equipment is improved	2.1 No. of equipments supplied and operated as planned 2.2 No. of training for maintenance conducted and participants attended as planned	Reports from PU at all levels 2.1 to 2.2	
3. Necessary health facilities are improved	3.1 No. of facilities upgraded according to the standard set by the project 3.2 No. of facilities received community contribution at least 30% of cost value for upgrading	Reports from HC at all levels: 3.1 People's Committee Office at all levels: 3.2	Necessary materials will be provided by Vietnamese side
4. Capacity of mobile team is strengthened	4.1 No. of services provided base on the operation plan	Reports from PU and District HC	
5. Necessary things and contraceptives are provided sufficiently	5.1 Amount of necessary drugs and contraceptives provided as planned	Reports from provincial PU and District HC	Necessary drugs and contraceptives will be provided by Vietnamese side
6. Information, education and communication (IEC) for RH is improved	6.1 No. of IEC staff trained as planned 6.2 No. of IEC materials produced and distributed as planned 6.3 No. of IEC equipment provided as planned 6.4 No. of meetings held and participants attended	Reports form provincial PU and Women's Union at all levels: 6.1 to 6.4	
Activities: 0.1 Function and responsibility of PU at different levels are defined 0.2 PU at different levels are established 0.3 Plan of capacity building of Provincial MCH/FP Center as a focal point of project implementation is formulated 0.4 Situation analysis is conducted 0.5 Equipment for PU and Provincial MCH/FP Center is provided 0.6 Detailed project plan of operation is formulated 0.7 Training of staff of PU and Provincial MCH/FP Center on planning, management and statistics is conducted 0.8 Coordination, monitoring and evaluation are conducted regularly	Inputs: Vietnam (Nghe An Province) 1. Building and facilities including, project office, training room, maternity ward, laboratory, incinerator, transformer and other necessary facilities VND 1100 million/3 years 2. Other local cost Costs for administration, IEC compensation, monitoring and other necessary cost for the Project to be borne by Vietnamese side will be indicated later.	Japan 1. Experts 1.1 Long term Chief Adviser Coordinator Nurse 1.2 Short term Reproductive Health Health service management IEC, etc.	Unexpected serious natural disaster will not hit the project area

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
1.1 Needs assessment on training is conducted 1.2 Training plan for health personnel is formulated 1.3 Teaching materials are produced 1.4 Training for health personnel is conducted 1.5 Monitoring, supervision and follow-up of trained personnel are conducted regularly 1.6 Evaluation and reporting are conducted regularly	2. Equipment ¥60 to 90 million/3 years 3. Training Training of C/P in Japan 7 to 9 / 3 years Local training ¥15 million/3 years		
2.1 Needs assessment on equipment is conducted 2.2 Plan for equipment in formulated 2.3 Procurement and supply of equipment are carried out 2.4 Protocol/manual for using and maintenance is formulated 2.5 Training on utilization and maintenance of equipment is carried out 2.6 Maintenance of equipment is conducted regularly			
3.1 Needs assessment is conducted 3.2 Plan of upgrading of facilities is formulated 3.3 Upgrading of facilities, e.g. delivery room, FP service/counseling room, water source, bathroom, toilets, at CHC is carried out 3.4 Monitoring and evaluation is conducted			
4.1 Operation plan of mobile team is formulated 4.2 Means of transportation and necessary equipment are provided 4.3 Service and supervision are regularly conducted 4.4 Recording and reporting are carried out regularly			Pre-conditions High commitment of local authorities, health sector and serial organization especially. Women's Union is ensured.
5.1 Needs assessment is conducted 5.2 Plan for supply of necessary drugs and contraceptives is prepared 5.3 Procurement and distribution of necessary drugs and contraceptives are carried out 5.4 Proper record on supply and usage is kept by pharmacist 5.5 Monitoring and supervision are carried out regularly			Women in reproductive age do not oppose the project.

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
6.1 Needs assessment is conducted 6.2 Plan for IEC work is formulated 6.3 Appropriate IEC equipment is provided 6.4 IEC materials are produced and distributed 6.5 Training for IEC workers and motivates is carried out 6.6 Festival and meetings are organized 6.7 Recording and reporting are carried out regularly			