Supporting local leadership
Phu Cu Area Development Program in Vietnam

A World Vision Australia Case Study
What is an Area Development Program?

In the early 1990s, World Vision began employing Area Development Programs (ADPs) as the preferred approach to poverty reduction — as vehicles for child-focused, community-based development. While it is difficult to define an ADP, they all have certain common characteristics. They operate in contiguous geographical areas, large enough to have some micro-regional impact, yet small enough to make a major impact on selected communities. Initially implemented in rural areas, ADPs have been adapted to urban settings. Typically an ADP may encompass a rural municipality or an urban district with a population of between 20,000 to 40,000. ADP activities vary according to the context and the expressed needs of the community. They may focus on clean water, health, livelihoods and leadership skills. Activities that enhance the community’s ability to advocate for policy changes are also often included.

One of the strengths of ADPs is their longevity. Unlike many development programs, ADPs typically run for 10 to 15 years. Before starting an ADP, World Vision staff will spend some two years working with the community to identify their current capacity and their needs, and then together they will plan the most appropriate intervention. Every five years the progress of an ADP is evaluated against its original goals. After each evaluation, the design of the ADP and its future is then reassessed. ADPs are specifically designed to be sustainable. Community organisations, families and individuals share in project leadership and activities from the start. If the program is managed well, communities are equipped and motivated to continue in these roles when World Vision leaves. Employing diverse funding sources for different ADP activities enhances World Vision’s ability to fund these longer-term programs. Child sponsorship is the principle funding source. The community selects some 2,000 to 4,000 children to be sponsored, usually from the poorest families. Contributions from the sponsors of these children are pooled to fund activities that are designed to benefit children, families and the community for generations. This publication documents the experiences of one such ADP, to demonstrate World Vision’s approach to addressing poverty and its causes.

Message from the National Director, World Vision Vietnam

World Vision commenced its work in Vietnam in 1960 with a focus on providing relief to the poor people of the country. This relief was extended to providing education and health support to children, particularly those who were orphaned and separated from their families. The work of World Vision has diversified a great deal since these early years, including providing increasing support for local economic development and reducing vulnerability to natural disasters. However, we still remain true to our original focus caring for children and an emphasis upon building the health and capacity of the poorest and most marginalised members of society.

The Phu Cu Area Development Program is an excellent example of the work we have been carrying out together with communities throughout Vietnam. Like much of the work we do, Phu Cu ADP has placed particular emphasis on developing the knowledge and skills of the local people. We know that ultimately it is only through their own efforts that they can hope to improve their lives.

Daniel Selvanayagam
National Director, World Vision Vietnam

Like much of the work we do, Phu Cu ADP has placed particular emphasis on developing the knowledge and skills of the local people. We know that ultimately it is only through their own efforts that they can hope to improve their lives.”
Phu Cu district is located in northern Vietnam, about 80 kilometres from Hanoi. It is in the southeast area of Hung Yen province, in the middle of the Red River Delta. The district is bordered by two main rivers—the Luoc River in the south and the Cuu An River in the west. The Luoc River is a major source of irrigation for crops in the dry season. However, the area suffers from flooding during the rainy season due to relatively flat terrain and the poor condition of surrounding dykes and canals.

Phu Cu has a tropical monsoon climate, divided into the dry and the rainy seasons. The dry season runs from October to April and the rainy season from May to September. Temperatures can reach 37°C to 38°C in the summer months (May to July) and fall to 11°C to 13°C in the winter (November to January).

Phu Cu’s 88,164 residents live in 54 hamlets within its 14 communes, which are the lowest level government administrative unit in Vietnam. Approximately 10,700 children aged between five and eight years live in Phu Cu. The community observes either the Buddhist or Christian faith.

Every year, during the moonlight period of autumn, families gather in Phu Cu to celebrate the moon and sing songs of friendship or courtship. Singing festivals are held throughout the district and the northern delta region, and are eagerly anticipated by children and adults alike. ‘Trong Quan’ singing is a traditional style in which songs always finish with the sound of the earth drum: thung thinh, thung thinh.

The people of Phu Cu rely heavily on agricultural production for their livelihood. The average area of cultivated land per person is 540 square metres. Rice is the major crop in the area, followed by maize, sweet potato and beans. Livestock include pigs, cows, buffalo, chickens and ducks. The limited cultivated land, a reliance on agricultural production and the density population of Phu Cu place heavy demands on the land.

Phu Cu is the second poorest district in Hung Yen province. In 1999, when World Vision began working in Phu Cu, the average daily income per person was less than US$1 per day. According to Vietnamese Government data, 33.3 percent of households in Phu Cu were classified as either poor or very poor. This was significantly higher than the national average of 10.8 percent in urban areas and 27.5 percent in rural areas.

Socio-economic indicators for Phu Cu highlighted the low level of development in the area. Inadequate supplies of safe water and poor sanitation practices often meant children became ill. Malnutrition in children under five was severe. Teacher training was limited and there were few opportunities for early childhood education and psychosocial development. Agricultural diversification and business development have also been limited by constraints in knowledge and finance.

In response to these development needs, World Vision began working in Phu Cu in 1999 and remains the only major international non-government organisation working in the district.
From the beginning, World Vision worked with the people of Phu Cu district to build their capacity to identify, plan, implement and monitor projects that aimed to enhance community development. As an important step towards fostering meaningful community engagement and participation, the ADP in partnership with the provincial government and the District People’s Committee of Phu Cu, established a leadership structure headed by Project Management Boards that operated at district and commune levels. The Project Management Boards and the ADP worked together to identify key development priorities and to ensure ADP activities complemented existing government programs in the area. The Project Management Boards include representatives from the commune’s People’s Committee, women’s group, primary school, agricultural extension staff, and a representative of the commune health centre. A network of local representatives, known as hamlet facilitators, was then established to report to the Project Management Board regarding the concerns and development needs of the community.

An important role of the hamlet facilitators was to form and support small groups of community representatives (known as solidarity groups), to meet and share knowledge, discuss community needs and plan activities. Initially, these groups comprised farmers who shared an enthusiasm to learn and apply new technology and who met to discuss more effective farming techniques. The farmers from these groups acted as models and mentors to other farmers. By doing this, understanding and acceptance of innovation spread to increasing numbers of community members. As well as benefits for local agricultural production, this process also raised awareness of the value of community participation in decision making.

This model of capacity building has now been extended to the development of solidarity groups that exchange and transfer knowledge and technical skills in the areas of health, business development, education and children’s rights. Mentoring and practical training are key activities of these groups. As noted by a member of a farming solidarity group in T'rong Tran commune: “We share and transfer techniques on rice planting, proper use of pesticides and ways to prevent common diseases. The community also gathers together to discuss healthcare, transportation and living conditions.” Community members, village leaders and commune officials all agree that the hamlet facilitators have been very successful in influencing the use of new techniques and ways of doing things. Hamlet facilitators have been able to successfully involve solidarity group members and other interested community members in identifying, discussing and ranking their needs and priorities and reporting these to commune Project Management Boards.

At a personal level, hamlet facilitators say the skills they have developed in project management and community consultation are extremely important to their ability to work effectively with the community so as to identify future development needs, provide education to community members and facilitate community participation. “World Vision not only provided me with the knowledge but also World Vision was a teacher who taught me to become a teacher,” said Mr. He, a monitor of the hamlet facilitator group network.
The issue

In 1999, the average income per person per month in Phu Cu was less than US$1. Significant food shortages were reported by 56.7 percent of households and most households experienced food shortages for more than four months of the year. Due to the population density of Phu Cu and limited access to land, farmers only have on average 540 square metres each of cultivated land. Farmers have historically spent much time and effort ensuring their crops have adequate irrigation, and have struggled to produce good quality, optimal yields. In addition, damage to crops from insects and rodents was a significant problem, as was environmental pollution caused by the overuse of pesticides. The capacity of the district veterinary services has been limited, and farmers have generally relied on their own traditional methods for treating animals.

High intensity farming is common in Phu Cu because of the limited amount of land. The lack of markets in a number of communes and the poor quality of some roads has further discouraged farmers from heading to market to sell their produce. Historically, farmers have had limited access to information on alternative farming practices including models combining food gardening, fish rearing and animal husbandry.

The intervention

To encourage local ownership and participation, Phu Cu ADP trained the community to design activities aimed at improving agriculture and livestock production, as well as to develop and strengthen non-farming enterprises. This included working with the community to improve access to credit and to bolster supplies of livestock, seeds, bait and machinery. Through community work programs organised by hamlet facilitators and solidarity groups, irrigation systems, dykes, roads and bridges that had fallen into disrepair were upgraded and new structures built.

Farmers participated in practical training conducted by hamlet facilitators and solidarity groups that addressed animal husbandry, use of fertilisers and pesticides, management of winter crops, and training in new methods of rice cultivation and farming practices. Particular emphasis was placed on training farmers in the VAC (Vuon = Garden; Ao = Pond; Chuong = St) farming practice, which combines food gardening, fish rearing and animal husbandry as a way of providing farmers with extra income through the sale of surplus produce.

Different methods of cultivating rice and corn crops were promoted and farmers were trained in raising silkworms to diversify their farming activities. This training was often conducted in the field so that farmers could see new ways of doing things and understand how to incorporate these practices easily into their daily farming. Hamlet facilitators and solidarity groups gave farmers the opportunity to visit their private homes to see the benefit of using new farming techniques. Farmers demonstrate their new knowledge in new practices, such as the raising of silkworms, and farmers consider the ADP's assistance in constructing and upgrading irrigation systems as the single most effective contributing factor in achieving increased food security. The importance farmers place on irrigation is reflected by their active participation in the planning, construction and maintenance of agricultural systems. Farmers regularly meet at the homes of hamlet facilitators to discuss and identify the farming needs of the community, apply their labour in construction efforts, and assist in the establishment of Participatory Monitoring Boards to oversee and drive future community development initiatives.

The results

Household income and food security has improved significantly in Phu Cu. Farmers report that the training they received in new ways to cultivate rice and corn has been a major reason for the significant increase in rice and corn yields in their community. Overall, the total amount of rice produced per hectare per year in two tonnes more than it was in 2001. Ninety percent of households state they now have sufficient food for 11 months of the year. While new farming practices contributed to the increase in yields of rice and corn, farmers consider the ADP's assistance in constructing and upgrading irrigation systems as the single most effective contributing factor in achieving increased food security. The importance farmers place on irrigation is reflected by their active participation in the planning, construction and maintenance of agricultural systems. Farmers regularly meet at the homes of hamlet facilitators to discuss and identify the farming needs of the community, apply their labour in construction efforts, and assist in the establishment of Participatory Monitoring Boards to oversee and drive future community development initiatives.

Farmers report that if they have a problem or need advice, they contact their hamlet facilitator who provides the help they need or who may draw on the knowledge, gained from the ADP and district partners, to farmers who are not regarded for their technical support. They also transfer new knowledge, gained from the ADP and district partners, to farmers who are members of their hamlet solidarity group through monthly visits and informal visits to their homes or fields.

Boosting food security

Around 90 percent of households state they now have sufficient food for 11 months of the year compared to only eight months of the year 10 years ago.

The total amount of rice produced per hectare per year is two tonnes more than it was in 2001.
The issue
When World Vision began working in Phu Cu, malnutrition was a serious problem, affecting more than one third of children under five. Malnutrition essentially means ‘bad nourishment’. As well as under-nourishment, the term may also refer to the consumption of too much food, the wrong types of food, and the body’s response to a wide range of infections that result in malabsorption of nutrients or the inability to use nutrients properly to maintain health. According to the World Health Organisation about half of all childhood deaths - 4.9 million - are caused by under-nourishment and malnutrition. Malnutrition is associated with many of these deaths and is the underlying cause of half of all child deaths in developing countries. Malnutrition has several distinct health impacts, including stunting (low height for age), wasting and underweight-for-age. In 1999, government figures indicated that the mortality rate of children under five in Phu Cu district was 31 per 1,000, and the mortality rate was 37.1 percent. This compared to the national mortality rate of 26 per 1,000 children under five and a malnutrition rate of 30 percent. Malnutrition was closely linked to both inadequate sanitation and limited knowledge about nutrition and feeding practices: ‘Local women of child-rearing age have little knowledge of maternal and child healthcare. They take care of themselves and their children in the way that their mothers or grandmothers have done,’ says commune health worker Nguyen Thi Ngoc Ha.

The intervention
World Vision, in partnership with the community, engaged in a comprehensive education program regarding the better care of children. The program targeted pregnant women, mothers and other caregivers such as family members and teachers. Hamlet facilitators and district health workers undertook extensive training both in health education and adult teaching and learning styles. ‘Nutrition Practice Points’, which provided an opportunity for mothers to learn how to prepare nutritious meals under supervision, were set up in kindergartens, and a network of nutrition volunteers was established as a key solidarity group in the district.

Programs were directed at strengthening food security in Phu Cu while hamlet facilitators, health workers, teachers and volunteers undertook classroom and practical training in the key areas of nutrition, feeding practices (including exclusive breastfeeding during the first six months) and meal preparation for young children. Clear, simple written information was provided with supporting illustrations to assist the understanding of key health issues affecting children. With increased knowledge and confidence, the village health workers became a key role in community education and health monitoring. They made informal visits to homes to support mothers and families in the care of their children. Through these visits, village health workers became a key point of contact for mothers.

The results
During interviews and in group discussions, mothers of young children reported increased confidence in being able to prepare and provide nutritionally balanced meals for their children. They described the importance of exclusive breast feeding during the first six months, with 91 percent of new mothers reporting that they now breast-fed their children for at least 12 months. Malnutrition rates for children aged under five have dropped from 32 percent in 2001 to 18 percent in 2008. As a result, children now have more energy and interest in participating actively at home and in school. It also means that children spend less time away from school due to illness, leaving parents free to focus on activities that contribute to income generation and ultimately to a reduction in poverty. Mothers of young children say the training and support provided by the network of hamlet facilitators and the ADP was very helpful in changing their feeding practices. They are particularly appreciative of the home visits hamlet facilitators make to give support, and the opportunities they have to visit the hamlet facilitators’ homes to observe and then practice preparing nutritious meals under supervision. As respected members of the local community, hamlet facilitators remain ideally placed to provide ongoing education. This will provide the momentum for continued progress and sustainable development once World Vision leaves Phu Cu.

From garden to table
Mrs Bui Thi Hanh is from Phu Oanh village, in Minh Tien commune where World Vision works. She is 36 years old, with two children: her younger child is two years old. Mrs Hanh says: “At the ADP activities I have participated in, the most useful activity has been about nutrition care for children under five. At the beginning, I was very afraid of taking too much time to prepare a meal for my children, because I had to spend time on the farm. When I participated in the training, health staff asked us to make a meal for our children as they had shown us, using foods from the four main nutrition groups. Coming home from the training, I felt confident to apply this new knowledge in daily practice and importantly, all the key foodstuffs were available in my garden. Thinking back over the past 10 years, feeding my older child without this new knowledge, I always used to give my baby bowls of rice soup with only a little animal fat or instant soup bought at the market. I did not use the other nutrition groups that were needed. In that time, even though fish, crab and vegetables were available in our garden and pond, I did not process the foods for my child because I thought that my child could not eat them. I am glad World Vision encouraged us to attend the nutrition practice training. Hopefully there will be more training for mothers like me who will be given the chance to gain useful knowledge on caring for their children.”

Combating malnutrition
The level of malnutrition among children under five has fallen from 32 percent in 2001 to 18 percent in 2008.
Preventing disease — water and sanitation

There has been a significant reduction in the percentage of children under five presenting with trachoma and diarrhoea.

The issue
Prior to the ADP being established, the use of water from unsafe sources such as unprotected wells, rivers and ponds was common. Only 11 percent of households in Phu Cu had access to proper latrines, and defecation was carried out in the open. Hands were not washed after toileting or before eating. In 1999, 41 percent of children in Phu Cu suffered from diarrhoea, compared with the national average of 18.5 percent. Only 14 percent of mothers interviewed knew appropriate ways to manage their children’s diarrhoea. In addition, 51.2 percent of children had trachoma, a bacterial infection transmitted by not washing the face daily with safe water, compared with the national average of 10.5 percent.

A network of village health assistants was in operation but they had little formal training. While each community had its own health centre, facilities and medicines were inadequate and only minor illnesses and injuries could be treated. Most health centres also lacked safe water and sanitation. This situation, combined with the cost of healthcare, contributed to a majority of the community using home treatments and visiting private doctors.

The intervention
To improve access to safe water, World Vision assisted poor families, schools and community health centres to build protected wells, water storage facilities, filtration tanks and latrines. In partnership with hamlet facilitators and solidarity group members, training courses were conducted on hygiene and ways to keep the home and local environment clean. Basic information was provided using diagrams and pictures, along with practical demonstrations and education sessions, which were attended by farmers, children, teachers and health workers. Free water testing was provided to families as a way of improving their understanding of the quality of their local water source.

Facilities and equipment at district and community health centres were upgraded through community-based programs organised by Project Management Boards and health solidarity groups. Training was provided for health staff in the management of childhood illnesses, reproductive health, HIV and AIDS and dental health. Primary eye care and treatment were made available to all children. District and community health staff actively participated in education sessions regarding the causes of trachoma, its treatment and prevention.

The results
According to the 2006 district health centre data, 87 percent of households in Phu Cu had access to safe water, compared to 59 percent in 2000.

In 1999, only 11 percent of households had access to latrines. There has been a slow but steady increase in the construction of latrines. By 2006, 27 percent of households had access to latrines. Now, 37 percent of households have access.

The percentage of children under five presenting with trachoma and diarrhoea has reduced significantly and is now consistent with the national average.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of trachoma</td>
<td>51.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Incidence of diarrhoea within previous two weeks</td>
<td>41.9%</td>
<td>24.6%</td>
</tr>
</tbody>
</table>

Adults and children report they are now more aware of the importance of hygiene to their health and know how to keep their environment clean so as not to pollute their water supply. They are confident in maintaining and improving their personal hygiene and preventing transmission of infections. Both adults and children say the pictorial materials used during training and public education campaigns helped them to understand important health issues. Mothers and carers of children also report a better understanding of how to limit the spread of disease and ways to help their children if they do become sick. Said one mother, “I found learning about how to care for my child when she has diarrhoea or respiratory illness was very helpful. In the past, when my child was sick I did not let her eat much food and just let her drink a little water for fear she could get worse. However, after attending the training course I realised that when my child is ill, it is necessary for her to eat a variety of good foods, many times a day and to drink more water. After doing this I saw that she did not get worse and she recovered very quickly.”

The support provided by local partners, such as district health staff, the district hospital, community health clinics and solidarity groups, in raising community awareness of the importance of safe water and hygienic practices has been critical. Local partners helped to change people’s attitudes and increase their willingness to change their behaviour. They provided an essential link to the community, not only as educators but also as representative voices of the community as a whole.

Preventing disease - water and sanitation

There has been a significant reduction in the percentage of children under five presenting with trachoma and diarrhoea.
The issue
Heavy reliance on agricultural production in Phu Cu placed the district at risk of food shortages when crop yields were affected by adverse weather, pests, floods and diseases. Opportunities to generate income have been limited to the sale of excess produce and livestock, a situation which has made it difficult for families to move out of poverty.

Apart from agricultural production, approximately 10 percent of the community have been engaged in business enterprises such as carpentry, construction, tailoring, beekeeping and handicrafts. However, all these businesses operate at a small scale, for various reasons including limited business management skills, lack of finance and limited access to markets. In the past only a small number of lenders have provided access to formal and informal low-interest loans for the development of small businesses. These loans have only been provided by NGOs and specialised microfinance funds. Private moneylenders provide some loans, but often these are at prohibitively high interest rates.

The intervention
In partnership with key organisations such as women’s and farmers’ groups, a microfinance project was established by the Microfinance Unit (MFU) of World Vision Vietnam (WVV) to provide the Phu Cu community with access to affordable and reliable credit, and to education and training in business development and management.

The demand for loans in 2007 led to the establishment of a separate project within the ADP, the Hung Yen Microfinance Project. This project is overseen by MFU and the District Management Board, whose membership includes community members of high standing. The MFU is governed by an Advisory Board, made up of WVV representatives and members of World Vision’s microfinance arm VisionFund. Community representatives have a formal advisory role in client selection, lending procedures and repayment collection. They also raise awareness in the community of the microfinance program and encourage poor households to join. A microfinance loan enables a poor household to expand their existing economic activity, increase their household income, assist in asset building, and facilitate self-reliance through entrepreneurship. Loan approvals require agreement between key stakeholders including solidarity groups and various representatives from the district project management board, ADP and MFU branch staff. Training courses are provided in small business development, agricultural techniques, group management and leadership skills, in partnership with WVV’s business development program and the Ministry of Agriculture and Rural Development.

The results
Microfinance programs have been established in seven of the nine project area communes in Phu Cu and are viewed by the community as directly contributing to improved living conditions. In 2001, 47 households secured loans from the program to a total value of 94 million Vietnamese Dong (VND) (US$549). In 2008, this figure had risen to 410 households and a total value of 1,697 million VND (US$9,815).

The people of Phu Cu say they have increased their income after establishing small businesses and diversifying their sources of income and food by rearing...
Vu Ngoc Bao's family, like other families in the commune, struggles to have enough food and to make a living. Vu Ngoc Bao was very interested in learning more about the VAC model of farming, a highly intensive method of small scale farming in which food gardening, fish rearing and animal husbandry are all integrated. As part of this, Vu Ngoc Bao was also keen to attend training courses conducted by WVV on aquaculture technology. His family used to tend a one-hectare fish pond but the income was not high because he did not know how to keep the water fresh and the fish died from diseases or were too small.

When Vu Ngoc Bao obtained a loan through the micro-finance and economic development program he began to use his new knowledge and new technology to improve his own fish pond. Last April, he raised white pomfret. After four months the fish had grown from 30 grams to 1.2kg each. This allowed Vu Ngoc Bao to start his own small business selling the fish. Last year his income from the sale of the fish was 60 million VND (US$3,507), which has allowed him to pay off the family's debts and to even buy a television and motorbike.

"Now I have obtained valuable knowledge on farming and breeding – this has provided us with a 'fishing rod' to help us make money in the future," he said.

Microfinance - supporting local entrepreneurs

Local people have been able to diversify into small non-farming business activities to help provide extra income.

<table>
<thead>
<tr>
<th>Loan utilisation</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planting</td>
<td>235</td>
</tr>
<tr>
<td>Chicken, duck, swan</td>
<td>46</td>
</tr>
<tr>
<td>Raising pig</td>
<td>47</td>
</tr>
<tr>
<td>Cow and buffalo</td>
<td>25</td>
</tr>
<tr>
<td>Fish</td>
<td>13</td>
</tr>
<tr>
<td>Other small business activity (i.e. small shop, wine brewing, soy curd production)</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL number of households with loans</strong></td>
<td><strong>410</strong></td>
</tr>
</tbody>
</table>

Nguyen Hoa commune is located in the south of Phu Cu district. It is an area that is prone to flooding.

Vu Ngoc Bao’s family, like other families in the commune, struggles to have enough food and to make a living. Vu Ngoc Bao was very interested in learning more about the VAC model of farming, a highly intensive method of small scale farming in which food gardening, fish rearing and animal husbandry are all integrated. As part of this, Vu Ngoc Bao was also keen to attend training courses conducted by WVV on aquaculture technology. His family used to tend a one-hectare fish pond but the income was not high because he did not know how to keep the water fresh and the fish died from diseases or were too small.

When Vu Ngoc Bao obtained a loan through the micro-finance and economic development program he began to use his new knowledge and new technology to improve his own fish pond. Last April, he raised white pomfret. After four months the fish had grown from 30 grams to 1.2kg each. This allowed Vu Ngoc Bao to start his own small business selling the fish. Last year his income from the sale of the fish was 60 million VND (US$3,507), which has allowed him to pay off the family’s debts and to even buy a television and motorbike.

“Now I have obtained valuable knowledge on farming and breeding – this has provided us with a ‘fishing rod’ to help us make money in the future,” he said.
The issue
Before World Vision commenced operations in Phu Cu, few children aged under three attended day care centres and only 20 percent of children aged under five went to kindergarten (compared to 50 percent nationally).10 There were few learning facilities suitable for children - most classes took place in farmers’ homes or storage places which lacked adequate space, light, furniture and learning aids.

The Vietnamese Government had identified pre-school, primary and secondary education as a development priority and this was reflected in increased funding for these services. However, in Phu Cu, primary and junior secondary schools were in poor condition and lacked libraries, specialist teaching rooms, basic furniture, books and learning aids. Older-style teaching methods were used which did not encourage children to actively participate in their own learning and, in effect, teachers for children under five were only babysitters.

Within Phu Cu, knowledge of children’s rights and participation was very limited. Children did not contribute actively to their schooling, community events or festivals. There were limited opportunities actively created for children to participate in the identification, planning and implementation of development initiatives that would directly affect their community and their future.

The intervention
As a first step to improving access to education, the ADP focused on three key activities: the construction of classrooms; the supply of school furniture, books, teaching aids and study tools for children; and training of education staff and parents.

The community and World Vision worked together to build kindergartens, classrooms and surrounding fences, and to provide desks, books and other supplies to schools. Teachers of preschool children undertook extensive training in child-centred teaching techniques through the Early Child Care Development program that emphasised learning through play. This program had been introduced with success in other World Vision ADP programs in Vietnam and teachers in Phu Cu embraced the program with enthusiasm.

Primary school teachers undertook training that provided them with basic knowledge in the ‘Active Learning Method’ of teaching. This method of teaching was already widely used in Vietnam and strongly supported by the Vietnamese Government and educators alike. The ‘Active Learning Method’ of teaching focuses on children and encourages teachers to engage students in their learning, rather than students absorbing lessons passively. Active learning involves reading, writing, discussion and participation in solving problems. To develop this method of teaching, a close working relationship was established between the local schools and the District Education Department. Teachers of children under five were also provided with training including methods to encourage language development. Parents and teachers also discussed child injury prevention, traffic safety and the importance of child protection. Nutritious meals were prepared for the children while they were in kindergarten.

A project was also established which focused attention on the rights and participation of children. A number of child participation networks were set up that gave children an opportunity to speak...
From babysitter to skilled pre-school teacher

"Before, almost all kindergarten teachers in the villages had no qualifications. The activities in the classes were mainly babysitting. Thanks to the coordination between the ADP and the District Education Department, we have chances to attend a five-month basic training class and some training on advanced knowledge and skills. Therefore our capacities have increased and are more even. If there had not been ADP support, we would not have been able to get such a training course." - Lam, teacher, Minh Hoang Kindergarten.

Enrolment 2000 2006

| Pre-school children 1-2 years | 38.1% | 42.3% |
| Pre-school children 3-5 years | 75%   | 92%   |

Source: Phu Cu Education Department District data
In 2006, after ongoing monitoring of the progress and outcomes of Phu Cu ADP, World Vision and local partners felt the time was right for the community to assume ownership and responsibility for their future development. This meant that for the next five years, from 2006 to 2011, the focus of the ADP would be on preparing the local community for World Vision’s exit from the area.

Since 1999, Project Management Boards had provided the essential link between World Vision, the ADP and the community. To reflect WVV’s exit from Phu Cu, a new leadership structure was required that would see the Project Management Boards assume a greater role in the overall control and management of development activities, and a new board – the Village Management Board – provide the ‘grass roots’ link with the community. It was felt this new leadership structure would build on the existing strengths of the community and continue to promote empowerment, local participation, and ownership of development activities, as had been a focus of the ADP from the very beginning.

There are now 35 Village Development Boards established throughout Phu Cu district. Each Village Development Board is headed by the head of the hamlet. Members of the board comprise hamlet facilitators and local people who are representatives of village organisations and solidarity groups such as the women’s, farmers’ and youth groups. The functions of a board are varied, and to date have included organising meetings with local people to identify development needs and make plans, set implementation schedules, call for contributions from local people, construction and teaching activities, and monitoring and
evaluation of their own work. The boards demonstrate awareness of the need to integrate gender issues and environmental protection into all these activities. Village Development Boards and key partners have identified a number of specific development priorities for the next five years of the ADP. These priorities relate to ensuring sustainability of development progress to date, and addressing specific development needs within the areas of health, education, and livelihoods. For example, within the health sector, health workers and hamlet facilitators are taking a leading role in educating women regarding HIV and AIDS. A World Vision survey indicates that over the past two years, women’s awareness of HIV and AIDS has increased from 10 percent in 2006 to approximately 83 percent in 2007.²¹ The aim over the next few years will be to ensure that all women have basic knowledge of HIV and AIDS prevention, and the capacity of the community is strengthened to meet future education needs in this area.

Further integration of child participation, gender, and environmental protection into this phase of the ADP is seen as a priority. These issues require special attention to ensure that development activities are sustained after the departure of World Vision. More work has to be undertaken with the community to support the development of their knowledge, skills, and confidence. It is hoped that with these skills, community leaders can also engage government to ensure that future development needs in these areas are recognised and met. A ‘Train the Trainer’ model is being promoted by the Village Management Boards to assist hamlet facilitators to train community members in the key areas of health, child rights, agriculture, business, and nutrition. The Village Management Boards are already planning future training in computer skills, business development, project monitoring and evaluation. The aim is for ongoing education and capacity building of community members long after World Vision leaves Phu Cu.

References

1. Hung Yen Yearbook, 1999. (Since 2006 the Vietnamese Government’s Ministry of Labour, Invalids and Social Affairs (MOLISA) has defined poor households as those with an income of 200,000 Vietnamese Dong (VND) a month or less.)
4. Phu Cu District Agricultural Department, 2006.
5. ibid
17. Phu Cu District Health Department, 2006-2000.
Acknowledgments

World Vision would like to acknowledge the ongoing dedication of the team from World Vision Vietnam - the people that facilitate this ADP:

Dang Quoc Viet – ADP Manager
Hoang Trung Thanh – Program Officer, Micro-Capacity Building
Nguyen Ngoc Ha – Health Project Assistant
Do Ha An – Agriculture Project Assistant
Nguyen Thi Bach Duong – Education Project Assistant
Vu Thi Trang – SR Project Assistant
Nguyen Thi Thanh Ha – CPA Project Assistant
Le Thi Quyen – Finance Officer
The Microfinance Unit Team