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**GENDER RESPONSIVE PUBLIC SERVICES
WHERE IS THE ANSWER FOR VIETNAM?**

Hanoi, December 2015

You can judge a nation, and how successful it will be,
based on how it treats its women and its girls.”

- President Obama -

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Acronyms and Abbreviations

AAV ActionAid Vietnam

GRPS Gender responsive public services

EC European Commission

LGBT Lesbian, gay, bisexual and transgender

ACKNOWLEDGEMENT

The report “Gender responsive public services – where is the answer for Viet Nam?” is carried out by ActionAid Vietnam and its partners with aiming at contributing inputs to promote accountability and transparency of the State while providing public services. This report reviews the gender responsiveness of the current services, reflects the opinions of the public service users at the surveyed localities on service quality and offers recommendations for future improvement (according to the public service users).

The report would not have been possible without the survey at the local areas. We would like to express our gratitude to the leaders of People’s Committee at 7 provinces/cities including Cao Bang, Ha Giang, Dak Nong, Ha Noi, Quang Ninh, Ho Chi Minh and Tra Vinh for their permission and coordination so that the survey could happen successfully. We also thank leaders, colleagues of Supporting Development Programme funded by AAV at localities, and public service providers and people who actively participated in the discussion and provided information. We are grateful to leaders of organization members of Safe Cities Network, especially Inclusive Development Action (IDEA) and Center for Studies and Applied Sciences in Gender, Family, Women and Adolescents (CSAGA). Our thanks also go to Architecture and Planning Department of Hanoi University of Civil Engineering who supported the study and enabled their staff and students to join in the survey at local areas.

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Lastly, we thank Irish Aid and European Commission for co-financing with ActionAid Vietnam to carry out this report and support us in the whole process of implementing projects (i) Prevention of gender-based violence and promoting women’s participation in management of state and social activities” and (ii) Civil society empowering rural communities.

The report “Gender responsive public services: Where is the answer for Vietnam?” is one of the first researches in Vietnam trying to discuss about gender responsiveness of basic public services, which are fundamental for the just and sustainable development and to introduce tools so that the services will be more responsive to gender needs. We hope that you find the report informative and useful.

All perspectives and opinions mentioned in this report reflect the views of the research team and we take full responsibility for the technical errors if any in this report.

Thank you very much for your attention.

On behalf of ActionAid International in Vietnam
Hoang Phuong Thao
Country Director



CHAPTER 1. INTRODUCTION

Background

Public services such as education, health care, clean water, housing, employment, social security and environmental hygiene have an essential role in every citizen's life, directly affect the quality of life and human development. Without these services, people will be left out of the development process, with limited opportunities and being exploited, leading to ill-health, indignity and low self-esteem. Public services play a key role in ensuring human rights, especially the rights of women and girls, who are affected more by the lack of quality public services. The gender inequality will decrease or increase depending on the quality of public services and how they meet the needs of various gender groups in society. Provision of quality public services would mean that they are accessible, affordable and accountable and have to be gender responsive from the initial stages viz., from planning to implementation and monitoring.

Public services provision is an important function of the state to its society. It is a social contract between State and citizens. In many countries,

governments are often denying their responsibility for providing public services, arguing that private sector can do it more effectively. But evidence shows that people, who cannot afford the services, are marginalized from the development process and public services quality often becomes worse after being privatized. In most developing countries, accessibility and quality of public services are often driven by multiple factors. Besides the elements of legality or financial capacity, gender biases in design process leads to construction and implementation of public services maintaining dependence and inferior role of women compared to men. With more than 70% of the world's poor are women and girls, there are huge needs to have gender responsive public services to address poverty and vulnerability. Moreover, when public services meet women's needs that will bring high benefits and efficiency for many generations in the society.

For ActionAid, gender responsive public services (GRPS) is a powerful approach in public service management, helping to ensure equitable and

⁽¹⁾ There are many sex groups in VietNam. Due to limitation, men and women are the two main targets for discussion and reference on gender responsive public service of this survey.

sustainable development for all citizens, especially for the developing countries. GRPS are public services that meet practical and strategic needs of gender groups (men, women and other⁽¹⁾) in society, in which the analysis of different needs of different gender groups decide the design process, resource allocation, services location and provision. GRPS ensure equality between men and women (and other gender) in access, use and control of public services. GRPS strengthen awareness on gender responsiveness in public services, constantly questioning whether public investment is sufficient to meet practical and strategic gender needs as well as priorities of women.

ActionAid Vietnam (AAV) always aims to enhance transparency, effectiveness and gender responsiveness of public services. This study is one such effort. The study “Gender responsive public services – where is the answer for Vietnam?” is co funded by Irish Aid, European Commission and ActionAid Vietnam through Project “Civil society empowering rural communities” and Project “Prevention of gender-based violence and promoting women’s participation in management of state and social activities”. This study is conducted in different geographical regions in Vietnam, to meet long-term goals of strengthening the participation of people, especially women to ensure accountability and transparency of state when providing public services, consider gender responsiveness in current public services.

Methodology

The study was conducted in 7 locations, including 3 mountainous districts: Thong Nong district, Cao Bang province; Quan Ba district, Ha Giang province; and Krong No district, Dak Nong province; 4 urban areas: Long Bien district, Hanoi city, Uong Bi city, Quang Ninh province; Binh Tan district, Ho Chi Minh City; and Tra Vinh city, Tra Vinh province.

The study used different tools: (i) Household interviews to understand quantitative information about the perception, accessibility, affordability of the people and accountability of service providers; (ii) Community scorecard provides qualitative information through evaluation of the people about the public services available in the area; (iii) Case studies collected during field survey for

additional judgements of the services; and (iv) literature review. Gender issue is integrated in every step from designing, implementation, analysis and report writing process.

The study involves the participation of 265 respondents consisting of representatives of services users and providers at locality of diverse ethnic groups, men and women who participated in the interviews, case studies, community score cards as well as interface meetings between the community and service providers. Following graphs provide a snapshot of respondent profile (Figure 1 and Figure 2).

Figure 1. Ethnicity of the respondents (%)

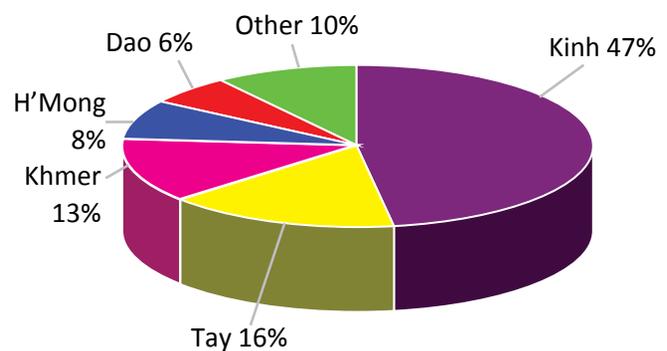
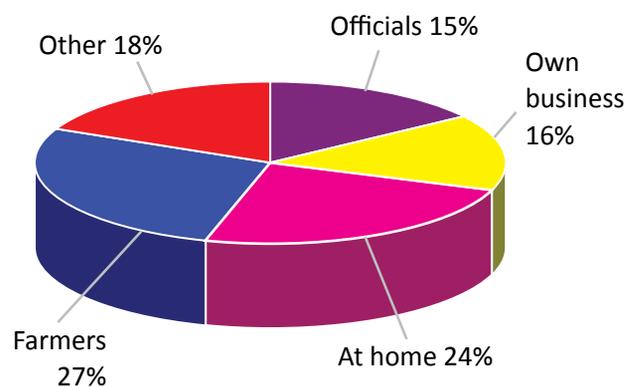


Figure 2. Occupation of respondents (%)



Source: 2015 Survey “Gender responsive public services: Where is the answer for Vietnam?”



CHAPTER 2. GENDER RESPONSIVE PUBLIC SERVICES IN THE WORLD AND VIETNAM

2.1. Gender Responsive Public Services in the World

Public services provide public goods to each individual in a society and create value and common benefit for citizens. It is recognized in most countries that the top priority of government is to provide public services which benefit everyone in the society (Ipsos MORI, 2010⁽²⁾).

During the past decades of globalization and consequent economic and financial crisis, the state's priorities for public services were gradually reduced while priorities on investment for military and national defense continued to remain the focus. The state's role in public services provision was transferred to the private sector with the expectation to expand choices for citizens and reduce cost for the government. This occurred not only in developing countries, but also in developed countries. In reality, the budget cuts have reduced the availability and affordability of child and other dependent care services, resulted in large number of women in Europe have to work part time

or remain as stay at home mothers. Greece has cut budget for health care services to below 5.3% of GDP in 2013; fell below the EU average rate of 6.3%, i.e. 40% of budget for health care services was cut. Also due to budget cuts, services which helped to eliminate violence against women and support victims were also reduced. In UK, the budget for this kind of service was cut by 31% in 2010 (Joanna Maanganara⁽³⁾, 2014). All these reflect the on-going crisis that is affecting and exacerbating the cuts in social spending, especially on gender responsive public services.

Citizens see the role of the State through public services, and the provision of public services presents a political ideology of that State⁽⁴⁾. Public services connect citizens with the State through rights and obligations. However, in the context of globalization, when the State has gradually reduced its role in public services provision and investments citizens will have to depend on private

⁽²⁾ *What do people want, need, expect from public services?*

⁽³⁾ *Joanna Manganara*

⁽⁴⁾ *The Role of Public Services in State- and Nation-Building: Exploring Lessons from European History for Fragile States*

service providers to obtain quality and accountability in all services which are essential to life and future of every member in society. This privatization or reduction in social spending leads to the following consequences.

- Women and girls are affected more because the burden of housework and care work will primarily be placed on them. Therefore, they will have less time, opportunity to learn, enjoy their leisure and engage in productive livelihoods. Failure to meet social spending norms also affect the future generations. Thus, the development process reflected in economic growth will not bring equal opportunities for everyone in society, especially to the vulnerable groups and women and make the process completely imbalanced and unsustainable if the state does not have the gender responsive policies to meet and ensure the needs of women.

- Besides gender responsive policies, the State should create a connecting space for people through supporting and encouraging people to monitor the quality of public services there by ensuring accountability. Such a role of people would be reduced if of the public services provision has been transferred to private sector. Finally, the State can assert its legitimacy because people pay tax to maintain the State structure and vote for their representatives in legislative and executive bodies. Hence the mutual accountability of State and the citizen becomes a reality if public services are in the domain of the government.

A synthesis report summing up the situation of gender responsive public services provision in 15 country members of ActionAid Federation in Africa, Europe, Asia and Latin America⁽⁵⁾ indicates that there is a close relationship between quality of public services and safety of women and girls in public spaces, especially in urban areas. Six public services were evaluated including accommodation, education, public security/police, work space, transport and street lighting. The report shows that many countries do not have gender responsive legal systems, such as property law, which discriminates and prevents women's ownership of assets or lack of mechanisms to support women to report and address violence cases in public places. The inaccessibility of quality public

services creates cycle of violence which pushes women into even more vulnerable situation, without any access to resources. Police in many countries are considered to be unable or unwilling to resolve the cases of violence against women due to lack of resources, attitudes or corruption (Liberia, Nepal or Bangladesh). In many cases, police even cause violence against women. Urban public transport in many countries does not meet the expectations of the majority of the users. Many surveys at Cambodia, Vietnam, Bangladesh and Liberia have shown that women and girls were not satisfied with the public transport for many reasons including sexual harassment on the bus. 31% of interviewed women in Brazil, 87% of women and girls in Vietnam⁽⁶⁾, 59% in Bangladesh have experienced sexual harassment on public transport or public areas. The lack of street lighting is also one of the causes of fear of violence in public areas, according to analysis in Bangladesh or hindering women in Kenya to move and access to public services. The report also showed that in Vietnam street lights are among 3 reasons which cause insecure feelings for 60% of women participating in the survey. The analysis also indicates that the public services are closely linked; therefore there should have the overall program regarding the broader context of urban planning and national economic-social policies at macro level in order to enhance the quality of each service in both urban and rural areas.

Political commitment of State which can be interpreted through policy for public services is very sensitive to public services. However, some of political commitments and good policies have not been implemented due to lack of budget and resources. The State's concern of mainstreaming gender in public budgets will ensure gender responsiveness in public services provision and express political views towards people's lives and social development. In many countries, there are strict regulations for fund allocation for programs and services to support women and vulnerable groups for either direct or indirect development. For example, the overall objective of Sweden's gender equality policy is to "ensure that women and men have the same power to shape society and their own lives" and therefore the gender

⁽⁵⁾ *The participating countries include Libya, Ethiopia, Zimbabwe, Republic of Congo, Kenya, South Africa, Vietnam, Nepal, Cambodia, Bangladesh, Ireland, Sweden, Brazil, Nicaragua and Australia, Safe cities and gender responsive public services.*

⁽⁶⁾ *Moving ahead: Gender budgeting in Sweden*

⁽⁷⁾ *Gender budgeting – An overview of European Women's Lobby*

budget focuses on: highlighting the gender equality perspective in the decision-making process that forms the basis of economic policy and in the economic management and control of public agencies, and statistics disaggregated by sex as an important tool in the work⁽⁷⁾. The Sweden Governments' commitments to provide quality childcare at an affordable price is reflected in its budget allocation: almost 2% of the gross national product (GPD) is spent on publicly provided childcare. The Gender Budget Act was also ratified in Belgium in 2007 creating a compulsory mechanism to integrate gender in budgeting.

Thus looking at the international context, public services play a vital role in improving the quality of life, and as indicators reflecting the status of citizens' fundamental rights and preventing gender inequality/violation of women's rights. This also determines the future of a country, if we look at the role and contribution of women in society... In other words, whether a country can have sustainable development or not depends much on the gender responsive policies and their implementation in public services provision.

2.2. Gender Responsive Policies in Vietnam Context

Commitments to promote gender equality and women's rights are reflected through policy framework of a country. But a policy is not considered good enough until it is proved in its execution and impact to meet the needs of people and society and to contribute to the development of the country, ensuring the basic rights of citizens.

2.2.1 Political views of Vietnamese State on Gender Equality

Retaining the consistency right from the early days of the revolution, feminism is among 10 important tasks recorded in political thesis in 1930. President Ho Chi Minh asserted: "When we mention women, we mean by half of the society. If we do not liberate women, half of mankind is not liberated. Without women's liberation, socialism is just half of its meaning⁽⁸⁾".

Communist Party of Vietnam is committed to "implement gender equality in all aspects"⁽⁹⁾.

⁽⁸⁾ Ho Chi Minh: Complete Collection. National Political Publishing House, Hanoi, 2000, episode 9, page 523

⁽⁹⁾ Communist Party of Vietnam. Documents of national delegates 7th Congress. National Political Publishing House. Hanoi, 1991, page 14

⁽¹⁰⁾ The National Committee for the Advancement of Women in Vietnam. The process of establishing the National Committee for the Advancement of Women in Vietnam.

⁽¹¹⁾ Reforms on public services supply in Vietnam

Vietnam has established the National Committee for the Advancement of Women in Vietnam⁽¹⁰⁾ in 1993, which targets by 2020, the country to become one of the most progressive countries in the region with achievement of gender equality. The ideology of liberation of women, feminism, and gender equality has been confirmed in a consistent manner, embodied in the Constitution, laws, directives, decrees, strategies and programs to reach the goal of gender equality.

2.2.2 Vietnam's policies related to Gender Responsive Public Services

In Vietnam, before 1997 – during the socialist period, the State provided almost all public services. The State invested more in schools, hospitals through support of equipment and free services to people. Other services such as street lighting, electricity and clean water were also among ones which were directly supported by the State. So all people shared the same opportunity to enjoy public services (CIEM and partner, 2006)⁽¹¹⁾. However at that time, in the provision of public services, right from the process planning, gender issues were not mentioned much and the policy was limited in creating equal opportunities for individuals in the society.

However, currently the legal and policy framework of Vietnam is more complete wherein gender and gender responsiveness are to be mainstreamed and integrated in different services.

There are at least 25 policies and policy commitments to promote gender responsiveness in public services in Vietnam from 2005 to the present (2015). They are as follows:

- National Strategy on Gender Equality in 2011 - 2020 has one overall goal and 7 specific goals, 22 indicators, including improving the capacity of women, gradually ensuring the equal participation between men and women in education and trainings (Goal 3) and ensuring gender equality in access to health care services (Goal 4).
- Education Law (2005) defines learning as rights and obligations of citizens and "All citizens irrespective of ethnicity, religion, creed, sex, family origin, social status, economic conditions are equal at learning opportunities "(Article 10). De-

cree No. 40/2011/ND-CP dated 08/6/2011 of the Government amending and supplementing some articles of Decree No. 49/2005/ND-CP stipulating the sanction of administrative violations in education: for acts of hindering the attendance of students at compulsory educational levels; acts of inducing students to drop out of school at compulsory educational levels.

- Procedures of planning, budgeting and allocation are stipulated in the Law on State Budget 2015 No. 83/2015/QH13; Resolution No. 387/2003/NQ-UBTVQH11 dated 03/17/2003; Decree 60/2003/ND-CP dated 06/06/2003 of the Government detailing and guiding implementation of Law on state budget; Decree 73/2003/ND-CP dated 23/06/2003 of the Government specifying detailed regulations relating to local budget estimates, allocation and local budget settlement approval; Decision of Prime Minister on the principles, criteria and allocation norms for public budget expenditure on development investment and budget allocation norms for frequent expenditure and Guidelines of the Ministry of Finance ...

- Joint Circular No. 56/2012/TTLT-BTC-BLDTBXH dated 9/4/2012 of Ministry of Finance and Ministry of Labour, Invalids and Social Affairs to providing the management and use of expenses for implementing the national program on gender equality during 2011-2015, to ensure funding for ministries, central agencies to perform assigned tasks according to Decision No. 1241/QD-TTg.

- Decision No. 1241/QD-TTg dated 22/07/2011 of the Prime Minister approved the national program on gender equality for 2011-2015. Funding for implementation of the national program on gender equality at the local level is taken from national budget from the national program on gender equality, and local annual allocated budget (budget allocations for implementing national program on gender equality in 2015 with document No. 199/MOLISA-GE on 16/01/2015 of the Ministry of Labour -Invalids and Social Affairs).

- Decision 1696/QD-TTg of the Prime Minister dated 2/10/2015 approved the national action plan on gender equality period 2016-2020, defines budget sources of (1) national budget; (2) grants, aid and mobilization resources of society and communities; (3) other legal sources

As noted above, many laws and decrees, national strategy, national programs, resolutions and joint circulars have specified the need for gender responsive public services. They realize the political commitment of the Communist Party and the State of Vietnam on the issue of gender responsive public services as a tool to promote the establishment and maintenance of social progress which has been achieved over 30 years of innovation towards equal and sustainable development.

Overall, the policies in Vietnam on gender equality have the following common characteristics:

- Have concerns and trying to address the issue of gender inequality in all aspects (political, economic, social and environmental)

- Have paid attention to the realization of the political commitments by allocating resources from the state budget and other sources.

However these policies in Vietnam still has not fulfilled its full extent in all sectors because of the following reasons:

- The Government has been interested in education gender equality:

Decree No. 48/2009/ND-CP dated 19/05/2009 in Article 5, Clause 2 stipulates that “Putting contents on gender and gender equality in education programs in schools and other educational institutions in the national education system, state agencies, political-social organizations, people’s armed forces, and other organizations in appropriation to each grade and training level”; “Integration of gender and gender equality in the extracurricular activities”.

Yet, the reality of the implementation of this content is critically limited while there has been no successful model or programme designed. Moreover, contents of gender equality are poorly reflected in textbooks, the media and there is no adequate sanction which is strong enough to prevent the information/images stigmatizing women or strengthening a patriarchy in society.

- Resources allocated for these commitments are still limited, sometimes depending on the level of funds available or political commitment of local leaders.

The Gender Equality Law provides for financial resource for activities on gender equality (Article 24), the Decree 48/2009/ND-CP dated 19/05/2009 of the government on measures to ensure gender equality. The direct budgets for gender equality can be named such as the National Program on Gender Equality in 2015 issued by the Government with the total budget of 955 billion. In 2012, fund for five projects under this national program allocated from the state budget is 40 billion, including 10 billion at central level and 30 billion at local level⁽¹²⁾.

Vietnam is one of the first countries in Asia bringing the issue of gender equality in state budgeting law and requesting the issue of gender equality in expenditure forecast⁽¹³⁾. Gender equality in budgeting can be expressed in direct spending for gender equality and the impact of spending to gender equality. Currently, the projects with state budget on gender mainstreaming are mainly done in terms of direct expenditures for gender equality, however expenditure forecast of state budget terms of impacts of budget and expenditure on gender equality is still a gap. The government has invested on gender equality through the ministries, governmental department and local institutions; however, actual amount of granted fund depends on economic conditions of each area.

- In principle, gender responsive public services should be provided free of charge to the whole society without distinction of objects. Within the limited resources, Vietnamese government needs to socialize education, vocational training, healthcare, culture, sports and environment⁽¹⁴⁾. Despite many attempts of the government, no policy is strong enough to handle the gaps stimulated by the market economy for disadvantaged groups in society, rooted in the process of socialization. This is a large gap in the current policies with regard to public services in general, as well as gender re-

sponsive public services if they are supposed to be safety-nets for disadvantaged groups not to fall off and not to be pushed aside in the development process of the country. In fact, the gaps between rich and poor between social groups and regions in Vietnam have significantly increased in recent years due to market orientation.

- Besides the funds directly stipulated to intervention on gender equality, there is no specific guideline on which aspects of gender should be taken into account during budgeting process for mainstreaming in the current budget, as well as no governmental document assessing resources to implementation of gender mainstreaming into the law.

In around May and June every year, the Ministry of Finance issues circulars guiding for process of state budgeting for next year. Until now, the latest circular on 06.30.2015 (Circular 102/2015 / TT-BTC) providing guidelines for the process of state budgeting for 2016 still has no specific requirements on gender mainstreaming in budgeting, the requirements in the guidelines for forecast of the state budget is still general (see Box 2 Circular 102/2015/TT-BTC).

Decision 40/2015/QĐ-TTg dated 14/09/2015 of the Prime Minister on promulgating principles, criteria and norms for allocation of investment capital for development of state budget in 2016 -2020 period: In this Decision, principles, criteria and norms for allocating investment capital to for development of balanced resources for local budgets, in which, principles to build criteria and norms for budget allocation do not directly mention gender or gender responsiveness or gender mainstreaming. Similarly, in the criteria for budget allocation of local capital including five groups of criteria, these five groups of criteria do not directly or indirectly mention gender mainstreaming or gender sensitivity.

⁽¹²⁾ Government's Council of Dissemination and Education of Law. Topic: Legislation on gender equality and the results of the implementation of gender equality legislation. Special issue No. 9/2012 Law Propaganda Journal.

⁽¹³⁾ Law on Stage budget 2015, Chapter 8 provides for the principle of managing Stage budget as of prioritizing the allocation budget for implementation of gender equality goals.

⁽¹⁴⁾ Decree No 69/2008/NĐ-CP on socialization of education, vocational training, healthcare, culture, sports, environment and related modified documents.



CHAPTER 3. GENDER RESPONSIVE PUBLIC SERVICES - HOUSEHOLD PERCEPTIONS

This chapter describes survey results in 7 districts, cities of 7 provinces in country, including Quan Ba district, Ha Giang province; Thong Nong district, Cao Bang province; Krong No district, Dak Nong province, Long Bien district, Hanoi city; Uong Bi city, Quang Ninh province; Binh Tan district, Ho Chi Minh city; Tra Vinh city, Tra Vinh province. The aim is to provide the perception of households on (i) access to gender responsive public services; (ii) affordability of people regarding public services; and (iii) accountability of the stakeholders including service providers and users.

These three factors (Accessibility – Affordability - Accountability) were selected to measure the quality of public services on surveyed areas as people, especially women and girls have to have full access to quality public services. It is a prerequisite before concerning about the opportunity to access gender responsive public services.

Public services that were selected to examine the perceptions of households in this study include: education, health care, one stop shop administration service and services related to safe cities⁽¹⁵⁾.

⁽¹⁵⁾ ActionAid and alliance right to city defines that a safe city is where people (especially women and girls) (i) travel safely without experiencing violence and be safe during the day and at night; (ii) dress without facing discrimination; (iii) go to school without being excluded; (iv) work safely; (v) Freely use public services; (vi) Freely enjoy recreational activities; (vii) Freely participate in planning the future of the city and (viii) be proud of their city.

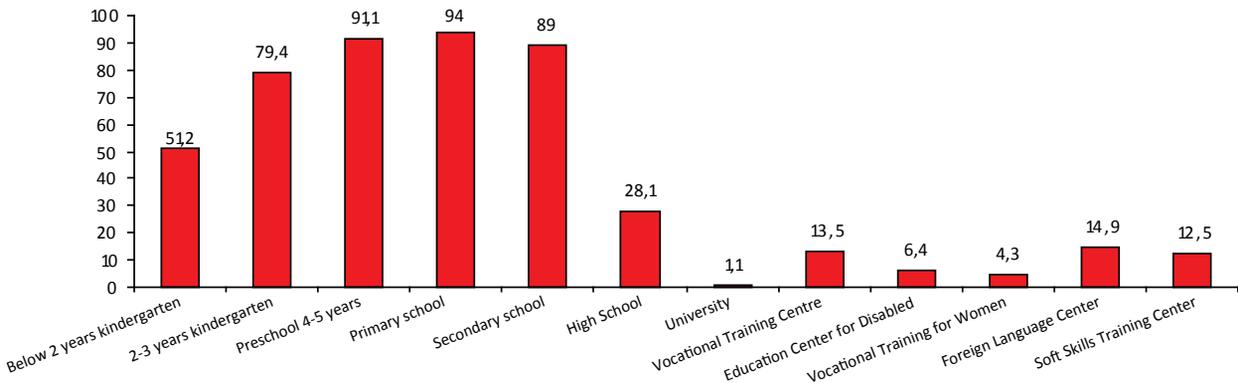
3.1. Accessibility

3.1.1 Education

All surveyed areas had basic education services for people⁽¹⁶⁾, until high school. Universities, vocational training centers, educational institutions for children with disabilities, vocational training centers for women, language or soft skills training are not available within their locality. There are nearly 90% of respondents did not know or answer on the availability of these services in the area (Table 2). Therefore, we can see the local education services are bare minimum meeting the critical needs of economic development, livelihood, and employment of women in the area. Access to education beyond high schooling is an area of concern.

It shows that gender responsiveness or gender mainstreaming are also quite new issue in practice of education services on surveyed areas.

Figure 2. Local education location known by the respondents



Source: 2015 Survey “Gender responsive public services: Where is the answer for Vietnam?”

Regarding school facilities, 55% (n = 159) in the primary schools; 70.3% (n = 138) in the secondary schools; 69% (n = 58) in high schools acknowledge that schools have libraries with documents on reproductive and sexual health for students. Not all schools provide toilets for men and women separately; therefore it caused inconvenience for women and girls who can badly affect health and learning process of the students.

⁽¹⁶⁾ The educational services surveyed include kindergarten for children under two years of age; Kindergarten for children 2-3 years old; Kindergarten for children from 4-5 years old; Primary school; Secondary school; High school; University; Vocational training institutions; Educational establishments for children with disabilities; Vocational training institutions dedicated to women; Foreign language teaching institutions; soft skills teaching institutions

Box 1. The restroom nightmare

Mr. Y Nguyen, 37 years old, lives with his wife and two sons in Village K62, Dak Dro commune, Krong No district. His family's livelihood is rice, cassava and coffee planting. His first daughter, 13 years old, is currently studying at 9th grade and the 2nd girl, 12 years old, is at 7th grade in Dak Dro secondary schools.

Mr. Nguyen shared *"My daughters enjoy going to school but they do not like and cannot go to the restroom at school. Many times they came home and throw the bicycle in the yard, rushed into the house like in a ghost chase. Until last year (2014) I did know the reason that the restroom in their schools are for both men and women without any separate space. My two pubertal girls were shy and afraid of insecurity so they had to hold the urine during school hours, and waited until coming back home to use the restroom"*.

"The next day I went to school and went straight out to the restroom area and found out that it was the actual problem that my daughters were facing. I got into the principal's room and told him the issue of the restroom, but received the answer that the school already knew and had raised recommendations to superiors but not yet received a response, so I returned home".

"Just one week later, the school invited me to a parents meeting. As usual my wife would go but for this time I decided to leave a working day to participate in the meeting. I brought out my children's case as evidence for the restroom problem for other parents to resolve together. As a result, the parents agreed all contributed working days and efforts to expand the school's restroom with separate spaces for women and men" Mr. Nguyen smiles in happiness.

Note: Name of the characters have been changed to protect the identity

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

Accessibility to available educational centers in the locality is acknowledged as convenient, regarding kindergartens to secondary schools. The common distance is within 3km and takes 15 minutes. The younger the target of the educational centers is, the closer the distance it is to the students' home. High schools often have greater distance, ranging from 30km or more. Transports to school mainly are motorcycles and bicycles, with few on foot. Local schools do not provide school bus.

Thus the public services in the surveyed areas (where economic conditions are underdeveloped or has disadvantaged residents) are quite adaptable for education needs for secondary schools and lower levels. Threats or struggles of the disadvantaged groups (women and girl child) are clear in terms of lack of facilities and the state does not have the gender responsive public services meeting the need of equitable and sustainable development for women and girls in these areas.

3.1.2. Health care services

Clinics at commune/ward level are common health care centers recorded from the survey. The health care services are primarily health check-up, vaccination, epidemic prevention and family planning, periodic medication dispensing, prenatal care and propaganda. In addition, services such as psychological counseling and exercises for elders are reflected by half of respondents to be available in the study area. All medical services are provided by the state and acknowledged by local people.

Accessibility of men and women to health care services in terms of distance is advantageous. The distance from home to the nearest base is mainly in the range of less than 1 kilometer (about 50% of respondents) or from 1 - 3 kilometers (about 40%), over 3 km distance is not quite common (about 10%). There is no difference in male and female opinions on this issue.

The available health services in the province are accessible for both men and women. On a scale from 1 to 5 as the level from easy to the most difficult access, all different groups including male/female, disabled persons, people living in poverty give the score ranging from 1 (that is very accessible and easy to reach). The only one service that is given the score greater than 2 is periodical maternity/pregnancy check (Table 1)

Table 1. Average score for accessibility of public services

Public service	Men		Women	
	Quantity	Average Score	Quantity	Average Score
1. Health check	79	1.82	96	1.50
2. Vaccination	52	1.81	59	1.49
3. Epidemic prevention	47	1.79	55	1.49
4. Family planning	43	1.74	53	1.47
5. Periodic medication dispensing	42	1.93	53	1.55
6. Prenatal care/Periodic maternity check	29	2.10	45	1.44
7. Propaganda on new diseases or medicines	52	1.60	57	1.44
8. Psychological counseling	31	1.71	37	1.57
9. Exercises for elders	29	1.66	31	1.52

Source: 2015 Survey “Gender responsive public services: Where is the answer for Vietnam?”

In all health care centers, clinics at commune/ward level are more accessed by 90% of respondents. Among them, about 50-70% acknowledged gender responsive criteria as having doctors and nurses exclusively for female gynecology, obstetrics; private room for gynecological and obstetric examinations, andrology; have separate restroom for male and female patients. The remaining services rate range from 13-30% (only hospital at district level rate fluctuate around 40%).

3.1.3. One Stop Shop Administration (OSS) Service ⁽¹⁷⁾

OSS administration services also received attention when there are 72.7% of respondents sharing that they are aware of all 9 OSS administration services⁽¹⁸⁾ and this is common among community, almost no apparent differences between men and women in this recognition. These services are provided by the State and local people do not know that there are specialized programs/facilities for women or migrant groups, the illiterate, the disabled, ethnic minorities, rich people, LGBT among others.

In surveyed areas, generally both men and women can access to OSS administration services. There are slight sign that in some specific areas women use more OSS administration services or vice versa. 87.1% of men and women while being interviewed confirm that there is no gender discrimination when accessing and using OSS. 11.7% of female respondents even also affirmed that women using OSS are served faster (comparing to 4% in men). Utilities such as seats or restrooms are fully provided for users, both men and women.

⁽¹⁷⁾ OSS is the settlement mechanism for work of organizations and individuals, including organizations and foreigners (hereinafter referred to as organizations and individuals) under the responsibility and authority of State administration office to guide, receive papers/application and returns the results, which is done at one place; decision 93/2007/QĐ-TTg

⁽¹⁸⁾ The one-stop shop services measured in the survey include: Confirmation household; Household Registration; Confirmation citizen CVs; Notary prescribed; Verify status of land; Marriage registration; Confirmation of celibacy; Confirmation of death; Birth Registration

The OSS administration services are generally not far from the residential area. Up to 90% of respondents said that the distance is about 3 km. There is not much difference in the views of male and female respondents on this aspect.

88.5% respondents confirmed the punctuality of OSS administration services. Only 9.7% complained of OSS to be rarely on time and particularly 1.9% complained that the service never come back with the results on time. There is no difference in responses of men and women on this issue. It shows that the community in general, men and women have common view regarding punctuality of OSS administration services in the area.

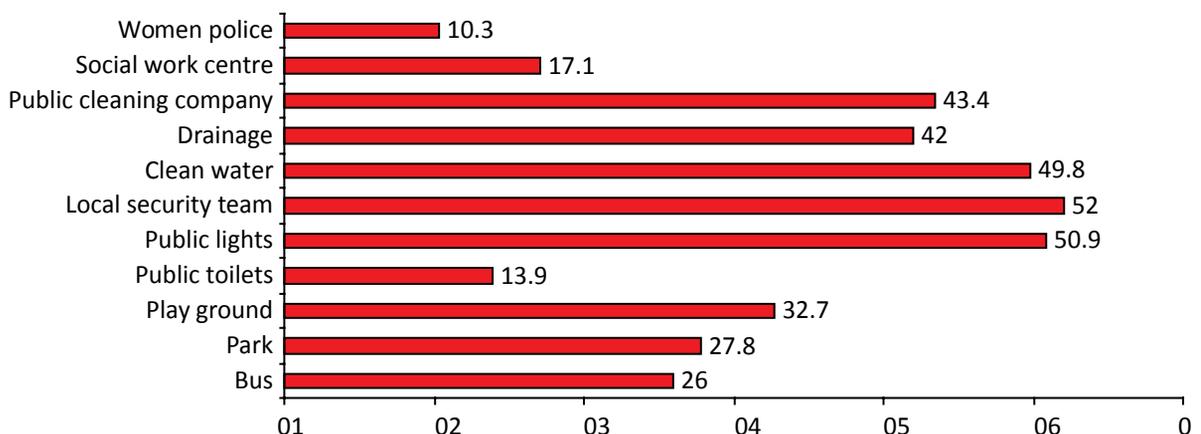
Working time of OSS administration services is convenient for both men and women with 97.4% of respondents' expressing this opinion. 70.2% of respondents (73, 2% men and 68.8% women) expressed that the working time should be maintained in normal working days... However, there are some ideas in Hanoi and Ho Chi Minh City that OSS should be opened beyond working time or on holidays (to facilitate working people use OSS). Both men and women have the same opinion (98, 9%) that location of OSS brings convenience for local people. In case people are able to choose the location for OSS, 93% of respondents still prefer office of People's Committees of communes/wards.

3.1.4. Safe Cities

Among 11 public transportation services, local youth petrol team⁽¹⁹⁾ is the most well-known service with 52% of respondents are aware of, then public lighting (50.9%) and clean water (49.8%). These are important public services affect the safety of people, especially women and girls living and working in the city. However, there is a very large percentage that is not aware of Social work center (43.1%), female police officers (41.6%) and public toilets (40.2%). The reason might be that people do not have enough information about this service or have no demand or interest at the moment.

These public services do not show any favor, priority or discrimination against women, men or LGBT groups. It implies that they are for everyone. However, if service does not take into account the different needs of different gender groups, it also inadvertently ignores women and girls and can make it difficult and unsafe to use for such specific groups. Therefore it has no gender responsiveness or even gender blind from the perspective of consultation, planning, design, implementation, monitoring and evaluation. Not only the service providers but also the users do not see this is a matter of concern, so most respondents skipped the question of public services taking into account the specific needs of men and women. They will need support to provide information to change their perception to have a better understanding about gender equality of access and use.

Figure 4. Identifying the public services for safe cities



Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

⁽¹⁹⁾ Local youth petrol team is understood as youth team voluntarily participating in ensuring security and order in the community.

3.2. Opinion on affordability

3.2.1. Education sector

Generally, it is revealed from the survey that respondents are relatively satisfied with education sector at their locality and no aspects are assessed unsatisfied.

Table 2. Average Score Card on satisfaction level on education sector

	Teacher quality		Curriculum		Infrastructure		Extra - curriculum activities		Gender responsive	
	Quantity	Point	Quantity	Point	Quantity	Point	Quantity	Point	Quantity	Point
Kindergarten for children under 2 years old	87	1.51	80	1.63	85	1.53	75	1.79	84	1.26
Kindergarten for children from 2-3 years old	129	1.44	123	1.56	127	1.49	113	1.65	124	1.23
Kindergarten for children from 4-5 years old	153	1.42	146	1.54	152	1.43	136	1.68	146	1.25
Primary school	188	1.36	184	1.53	188	1.46	180	1.65	182	1.25
Secondary school	152	1.41	147	1.53	151	1.48	147	1.65	147	1.29
High school	64	1.48	59	1.56	66	1.58	61	1.75	63	1.29

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

It is, however, shown from group discussion that education will be improved by enhancing some aspects.

Table 3. Score cards on education rated by male users

Criteria	Score card	Explanation
1. Teaching time	100	Teach with sufficient time
2. Hygiene kitchen	90	Untidy, lack of water
2. Boarding	80	Lack of lamp on the way to rest room; unclean blanket
4. Library	70	Lack of books for borrow; lack of chair for children to seat and read books
5. Class	100	No complaints
6. Teacher quality	No assessment	No assessment
7. Rest room	70	Irregularly cleaned; lack of water

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?" at Ca Rinh village, Can Yen commune, Thong Nong district, Cao Bang province

The score card shows that service users are fully satisfied with teaching time of teacher and class (rate 100 for both criteria). However, the lowest score of 70 for library and rest room reveals that users do not feel satisfied because there are lack of books and chairs in library and there are lack of water and lamp and irregular cleaning of the rest room. Therefore, the thing is that there are not only lack of number of rest

room, but also the quality has not been good enough which badly impact health, education quality and safety for children, especially for girls.

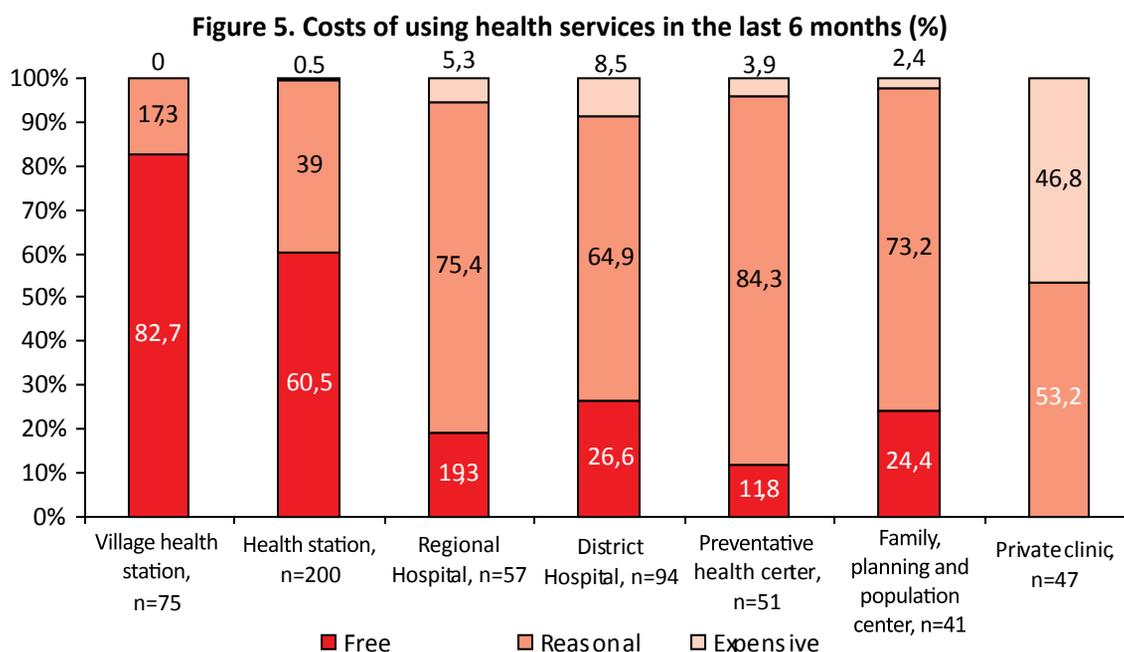
Score cards rated by female users fluctuates from 70-90 and they gives specific comments and expectations on education such as schools are strongly built and have separate rest rooms for boys and girls, there are some boarding schools where children living in poverty are provided with meal, sufficient and friendly teachers. , However, there are no convenient road to commute and inequality in rice contribution (contribution rate is the same with children of all ages) is an issue particularly for poor families. Some schools do not have safe drinking water and adequate infrastructure.

It is surveyed that some conditions to access public education is to have money and family register at the locality of the school. Over 80% report that it is needed to pay extra fees for all 6 kinds of popular public education services, for instance, primary students still need to pay some fees though tuition fee is free. Some complain that some school charges are beyond the affordability of local people. . Over 50% (including interviewees answer this question) said that it is compulsory to have family register at the area where school is located to access public education in the locality. Other categories such as people who contributed to their country during the war, women living in poverty, unemployed youth, youth living in poverty are not recognized when accessing public education. Other issues in education such as extra learning, needing acquaintance to introduce for enrolment or making teachers satisfied are not reflected via survey.

3.2.2. Healthcare sector

It is shown that the local people generally feel satisfied with healthcare service at local health clinics such as medical stations, preventive health centers, regional general hospitals, district general hospitals, family planning and population centers and private health clinics. Healthcare cost is evaluated reasonably. It is different to that of private health clinic, even though the number of people use private healthcare service within 6 months is limited, the cost is said extremely high.

According to users' evaluation, village health clinics and commune medical stations are free of charge while costs of other public health clinic are reasonable. It is better for users to pay with insurance cards especially with chronic diseases.



Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

The survey results show that criteria such as having acquaintance, people who contributed well to the country during the war, extra cost does not determine or are used as conditions to access public healthcare services; however, having family register at the locality creates a favorable for service users.

3.2.3. One Stop Shop Administration Service

With score from 1 to 3 with scale from unsatisfied to satisfied and very satisfied assessment, the survey shows that users are satisfied with one stop shop administration service in the locality.

Table 4. Average score on satisfaction when using one stop shop administration service

One stop shop administration service	Both		Men		Women	
	Amount	Ave. score	Amount	Ave. score	Amount	Ave. score
Residencship card	227	2.04	88	2.08	137	2.02
Residenship registration	220	2.02	86	2.05	132	2.00
Curriculum Vitae Certification	223	2.04	88	2.08	132	2.01
Notification as regulated	220	2.05	86	2.08	132	2.02
Land ownership status certification	216	1.97	84	2.02	129	1.93
Marriage certificate	219	2.03	88	2.06	129	2.01
Single status certification	207	2.03	86	2.07	119	2.01
Death certification	211	2.04	87	2.08	122	2.02
Birth certificate	224	2.02	89	2.04	134	2.00

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

Users feel satisfied with 9 one stop shop administration services to different degrees; their responses include, enthusiastic serving attitude (51.2%), quick response (41.65%), having separate rest room for men and women (32.2%), suitable serving time (37.4%), clear and easy understanding guidelines from staff (38.8%), no need to visit many times (33.85%) due to absence of health worker. Other reasons few users choose are low cost (26%), guidelines published publicly and adequately (24.2%), and no service being friendly to the disadvantaged (5.3%).

3.2.4. Safe Cities

Public service on safe cities is scored based on 11 specific services (see Table 5) and average score shows that generally respondents are quite satisfied with the services⁽²⁰⁾, no specific service is evaluated as extremely satisfied (1 score). No service is evaluated as 'not gender responsive', even score for these criteria are more positive than that of other criteria.

Table 5. Average score for one stop shop administration service

	Legal compliance		Safety		Serving attitude		Gender responsive	
	Number	Score	Number	Score	Number	Score	Number	Score
Clean and punctual bus service	81	1.64	85	1.75	77	1.68	83	1.53
Having parks and trees	78	1.54	87	1.56	69	1.54	76	1.46

⁽²⁰⁾ These services are evaluated on four criteria such as legal compliance, the level of safety, service attitude, equal treatment between men and women with scores conventions as legal compliance (Compliance = 1 point; normal = 2 and non-compliance = 3); level of safe (safe = 1; normal = 2; insecure = 3); the service attitude (positive = 1; normal = 2; no active = 3); Gender Equality (Equality = 1; normal = 2; Unequal = 3); in each column the average point score as little sense as positive, the average score based on the number of participants rated (column number).

Having entertainment area for the local people and children	92	1.53	99	1.45	83	1.46	88	1.39
Public rest room	63	1.73	62	1.65	53	1.58	58	1.48
Public electricity system	114	1.41	128	1.51	102	1.52	104	1.46
Having youth team to ensure public security well	133	1.50	132	1.51	123	1.46	125	1.44
Having good system of safe drinking water	118	1.53	122	1.68	110	1.63	106	1.48
Having good system of water sewage	113	1.55	115	1.70	104	1.66	100	1.49
Having public sanitation team/company working well	115	1.50	110	1.61	112	1.58	105	1.47
Having Social Work Center supporting the disadvantaged	57	1.46	53	1.43	47	1.47	48	1.35
Having female policemen treating harassment with women	42	1.48	40	1.38	37	1.32	38	1.32

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

3.3. The views of the respondents on accountability

3.3.1. Education service

Although there is little difference between men and women when they were asked if you know the channel for feedback on the quality of education in the areas or not? In generally the feedback channel that is locally available and residents know about it.

However, a vast majority respondents have not provided any feedback to the authorities on education services. 60 % - 75 % of respondents reported that they have not reported any feedback on education. Among those few who provided feedback, about 65-85% have received a reply from the service provider and fairly in a rapid time (50 % of respondents agreed). However, within 6 months before the survey date, there have been very few comments from citizens to the education service providers in the localities, not even 10 people out of 280 respondents of the survey

Feedback channels are mostly reflected through parent meetings (45.4 %), reflecting direct to teacher (35.6 %) or represent parents (28.4 %).

Form of the institution's reply to the feedback included directly exchanging information upon receiving the feedback, explaining in parent meetings or talking directly with concerned teachers and solving the problem. Thus, 90 % of respondents are satisfied with the answers of the institution. The majority (80 %) who reported that their inquiries are transferred to educational institutions, the result is the quality of service has improved. However, there are cases where people do feel that the community mobilization would solve problems and the result of such effort is very good as is the case story in Box 3.1.

The majority (76.7 %) of respondents, both men and women did not know from where the budget of education is allocated, and amount of budget... The fundamental reason is nobody has told and they themselves do not care and do not show interest. Up to 98 % said they did not know that special budget is allocated to the priority programs for girls.

Through the use of community score card in this survey, an opportunity was created for service providers and service users to exchange information and accountable and timely improvement plans were drawn. That was the initial success of the survey.

3.3.2. Health service

Less than half of respondents understand the feedback channel on quality health services in their areas, including health facilities which they are familiar and close to them as clinics. Providing feedback on the quality of local health care is not a familiar task for most people, including men and women. Among the few who provided feedback received replies from the service provider and such replies were timely and relatively quick. During the past 6 months, there were few instances (19 persons) of feedback from the respondents to the service provider, i.e. the community clinic. Of these, 8 respondents reported they are satisfied with the response and the rest 8 did not get adequate response to their complaint.

The answer satisfied with the health services and does not reflect to the service provider. Also some other reason have reflected but not change anything, not received, or have more difficult circumstances after reflecting also be discussed by the respondents. In case does not get answered from reflecting, less than half of the respondents (17/43 cases) continues to reflect. The story in the Ban Ngam neighbors, Can Yen commune, Thong Nong district, Cao Bang province in box 2 is one of the cases described in the households use less health care and less likely to have feedback on the services they have used, simply because they accept what they were pleased with the service and also gradually accept anything they are not satisfied with the service.

Box 2. Case story from Ban Ngam neighbors, Can Yen commune, Thong Nong District, Cao Bang province

Ms. Nong Thi Dinh is 29 years old. She is living with her husband, one son and grandparents in Ban Ngam neighbors, Can Yen commune, Thong Nong district. She and her husband live on farming: rice, maize and raising pigs, ducks and chickens. Her 6 year old daughter is in Grade 1 in primary schools in Can Yen commune (Thong Nong district, Cao Bang province).

Her family has lived in the Ban Ngam neighbors for many years but her family members have not used the clinic frequently. She visited for examination and for treatment (2 times to get their children's vaccination).

Both she and her husband have confirmed that all their family members have health insurance and are also known to have functional for health exam and treatment. However, she said, "people like us are busy in the farm work, we have little time, if any one day we come to the alternative market we tend to go to community health station early in the morning to ask or for care but many times it is not opened yet, we return at the noon time and only get medicines for common cold and stomach pain".

Her family fully understood that the purchase of medicine would cost money but the couple has said that "we would rather lose some money to pay for the service and to have more medicine options than having to wait for a long time." She said that she came to the community Health station when she has cold or fever, the medical staff say that "this disease is very common, just buy the medicine and you would get alright". She went shopping at the drug store when she was visiting alternative market day in the central of Can Yen or Luong Thong.

When asked "Do you know anyone in your commune or your family intend to complain about the health care personnel of commune Health station or not? Whom to give complaint?", She replied, "We have interest but rarely go and provide feedback as we do not know how to speak, and we feel scared to speak with someone". "Commune Health station is available but people rarely visit for check-up, They are afraid of talking about the quality of health service or about doctors and do not know who to tell.

Note: The name of character was modified

Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

In the dialogue between service users and service providers, there are many opinions candidly shared across different locations. Discussion groups in Krong No, Dak Nong province have recorded views of the community (including men and women) on health services in the area as attitude of doctors unfriendly and unpleasant; low qualifications of doctors; lack of trust on the quality of the community Health station. A few here complained about poor accessing condition, cost to be incurred for treatment, and not having clinics for men and women needs. Similarly, through of the discussions between the service providers and people at 3 wards viz., Phuong Nam, Quang Trung, Trung Vuong, Uong Bi City, Quang Ninh province, both parties recognized the situation in their areas. Health clinics are found to be poorly equipped, with no separate toilets for men and women, inadequate doctors, patients not receiving specific instructions and no security system are some of the issues identified.

At Giang Bien ward, Long Bien district, women give views through their scored card and discussion about Giang Bien clinic and Duc Giang hospital. Their views are also slightly different from the view of men of the ward. (See Table 6).

Table 6. Opinion of men and women with the results for the score card for health services in the locality⁽²¹⁾

Content	Opinion of women	Opinion of men
Health Station Giang Bien	<ul style="list-style-type: none"> - Lack of guidance for patient; - Attitude is not enthusiastic; - The facilities are poor and equipment shortages; - Toilets are not enough and not clean ; - Lack of some basic medicines ; - The qualification of doctors are good , but no specialist doctors, physician quality is poor and limited ; - Lack of regular access to doctors and physician, the health station is often closed 	<ul style="list-style-type: none"> - Cleaning is not good, poor medicinal garden, vaccination has not notified promptly (90/100 points); - Lack of doctor, service staffs (85/100 points); - Lack of staff access in night/ Patient are not met Health staffs on the day to take drugs or to rescue, staff's attitude is not enthusiastic; - Have only 1 doctor; - When there is an emergency case, First aid has not been done and patient is requested to the higher level hospital.
Action plan for Gang Bien Health station	<ul style="list-style-type: none"> - Construction Health station at Tin Quang zone because the population density is high - The qualification of doctor should be improved 	<ul style="list-style-type: none"> - The qualification of doctor/ physician should be improved - Doctor/physician have more responsible, caring patient - The environmental landscape of health station need to be improved
Duc Gang general hospital	<ul style="list-style-type: none"> - There are still some cases where staffs are less enthusiastic, overbearing attitude (e.g. of osteopathy department) - Faculty of hypertension, cardiovascular work properly, orderly and seriousness - The patient with service check is priority - Good facilities, there is still some unfinished items (70/100 points) - Doctor expertise is still limited, some errors in diagnosed cases (70/100 points) - Reasonable expense as prescribed by the state (90/100 points) - Working time is good (90/100 points) 	<ul style="list-style-type: none"> - Have enough Faculty (100 points) - Lack of canting in the hospital (90/100 points) - Equipment good, full enough (100 points) - Transparence cost and clear bill. However, patient who are related staff will not stand in queue and get faster service

Action plan for Duc Giang general hospital	<ul style="list-style-type: none"> - Allocating more good doctors - Qualification upgrading for doctor/physician - Doctor/physician's attitude should be affable, consultant and explain should be more clarified - Ambulance should be increased 	<ul style="list-style-type: none"> - Arrangement equality for check-up and treatment
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Source: 2015 Survey "Gender responsive public services: Where is the answer for Vietnam?"

Most of the respondents, both men and women expressed that they do not know about budgets or budgets allocation for local health services. Among those interested, both men and women, do not know (97 %) how much budget allocate annually for all the health facilities, the percentage of respondents who know this information in the survey is very little. Thus, the results also posed the issue of the transparency of the budget, proactive sharing of information and the communities' right to know the public expenditure.

3.3.3. One -stop shop service

Most of the respondents , both men and women know that they have a right to give feedback on the quality of one – stop shop (OSS) services (75.7%), however, majority of them (86.3%) have not ever given their feedback on service quality. The main reason that men and women do not respond was they were basically satisfied with the quality of OSS in the area. Few of them also reported that they are hesitant to give feedback as they feel the OSS staff may harass them if they visit next time. They also mention there is no suggestion box to drop any written suggestion anonymously. Among 17 feedbacks given by respondents, most of them reported their suggestions are taken by the OSS staff and they received response. A few respondents confirmed that there are changes from the service provider after they gave feedback.

Most of the respondents don't know where the budget allocate to OSS come from (75.8%), there is not significant different between opinion of men and women about budget allocation (27.7% of men compare with 22.6% women). This analysis shows that most residents do not know budget related details of OSS.

There are 64.4 % of respondents who said that the service and fee for OSS is publicity listed where they are able to read. 23.2 % said the service fee is not visible clearly. There is no significant difference between men and women on these issues.

Only 24 % of men and women said the one-stop shop offices once consulted them about the quality of services and the rest has never been consulted by service providers.

Multi-stakeholder workshop was held in this survey can help the parties to exchange ideas and information back and forth, explanation and a plan to solve any problems that existing services. It is pointed out that such a mechanism of sharing feedback is new to communities and most often communities remain silent due to the fear that the service provider may reprimand them. There is also view that most often accountability is shown upwardly in a centralized way. However most community members expressed satisfaction on the process of interface meeting and provided suggestions for improvement of OSS. At the interface meeting, when issues are raised to get consensus of opinion, the following action plan is drawn in Krong No (Table 7)

⁽²¹⁾ The result of dialogue between service providers and service users at population group 5, Giang Bien Ward, Long Bien District, Ha Noi city.

Table 7. Plan to improve quality of one – stop shop service⁽²²⁾

The issues need to be improved	Activity	Implementing agency	Timeline	Resource
Facilities	Allocation more seats for waiting and drinking water for resilient.	Commune People Committee	2016	Budget from government
Guide to administrative procedures for resilient	Allocating officer for dossier reception, guide the procedures, especially for ethnic minorities and women.	Commune People Committee	2016	Budget from government
Service attitude	Training in communication skills for officers and reorganizing the service attitude.	Commune People Committee	2016	Budget from government
Working period	Strengthen the management and staff handling violation	Commune People Committee	2016	Budget from government
Quality of the toilet	Communication on hygiene.	Commune People Committee	2016	Budget from government

Source: 2015 Survey “Gender responsive public services: Where is the answer for Vietnam?”

3.3.4. Safe Cities

Over 60% of respondents are not aware of or interested in knowing information related to the public budget of the city. Among those who are concerned, only 5% - 7% of respondents know how much the amount of the budget annually allocated or spent on local public transport or for each specific service within 11 services surveyed.

In most cases, less than 50% respondents reported knowing the feedback channel (complaints) on any of the services on the quality or any other aspects. Two services that have highest proportion of feedback are public sanitation services garbage collection and fresh water supply systems. By contrast, the services that received very low feedback are female police handling of cases of harassment for women, centers of social work support for disadvantaged groups, public toilets, parks, bus service. The reason that people do not provide any feedback (complaints) is because they do not know anybody and agency to lodge a complaint. More importantly, despite respondents ranked the quality of services as average, the community accepts it and do not complain as they are not sure of any possibility of improvements in services.

When there is a forum that is facilitated between communities and service providers, several areas of concerns expressed; They included, poor drainage system leading to unsanitary conditions, people have to pay for repairs of drainages ; high cost of drainage maintenance (10% price of water); irregular water supply ; polluted water, lack of lighting, only main roads having street lights, inappropriate lighting timings, Unscheduled timings of potable water, unpleasant odor of water (poor quality), unreasonable costs etc. Regarding safety, lack of officers, no committed patrolling staff, no female police⁽²³⁾ are identified as issues.

⁽²²⁾ Source: Result of Discussion at the interface meeting to share result of survey at Krong No District- Daknong province

⁽²³⁾ Multi parties workshop at Quang Trung Ward, Uong Bi city, Quang Ninh province



CHAPTER 4. CONCLUSIONS AND RECOMMENDATIONS

Firstly, our policy analysis reveals that the efforts towards addressing gender inequality and women's empowerment are found in several government decrees, pronouncements, programs and budget allocation. However within each public service provision, there are no policies that mainstream gender responsiveness in terms of design, budgets, implementation and monitoring.

The survey results tell us that the participation of people (both men and women) of ethnic minority groups, of the different strata of society in the process of planning, provision and monitoring of public services are not yet systematized which are clearly showed in all surveyed services.

Experience of the interface workshops where in service providers and communities met and discussed, are a unique experience for many and it is found to be constructive and useful for strengthening the relationship as well as for improving the quality of services.

There are gender differences in the perceptions on service provisions show that women and men identify their needs differently and design of services need to factor that reality.

However, all 4 surveyed public services in all provinces are common in that the people, both men and women are not fully aware of the amount and sources of budget on public services in the areas.

Prices of public services is generally recognized as less openly put up at service provider shop (except OSS), however, even the one-stop shop itself is receiving many complaints on service fee.

The accountability of the budget of public services are still weak despite of the transparency in the allocation and expenditure of public services clearly stipulated in the Law of State Budget 2015, including requirements for the operation of monitoring mechanism of the community; for financial planning development; for operation, management of the State Budget cycle implementation; for capacity building of budget monitoring.

Policy Recommendation

Gender gaps are narrowing sustainably due to the policies focusing on addressing gender inequality issue independently. However, it is necessary to take into account of the issues of gender mainstreaming, gender responsiveness in all the fields and all the steps of budgeting. To do this, the prerequisite condition is not only the estimates of state budget expense directly on gender equality; but also, more sustainably, it is compulsory to have the estimates of State budget expenditure in the aspects of affecting gender equality issue in public service provisioning. That is, besides of budget line direct allocating on specific activities on women and gender equality, the allocation process of State budget on public services must include the issue of gender mainstreaming, gender responsiveness.

4.1 State budget allocation on public services: apart from direct budget source on gender equality, the allocation process of State budget on public services needs gender equality, gender mainstreaming

a. It is necessary to have a proper system of gender disaggregated data in the different areas of the sector, of the locality, and the gender aspects must be taken into account in the process of annual State budget estimating

b. There should be specific requirements for gender mainstreaming in budgeting, for directions about preparing annual State budget estimates to ensure the issue of gender mainstreaming, gender responsiveness to be implemented both at the direct and indirect ways.

For education: Ministry of Education and Training should have principles and specific directions accompanying the budget for the implementation of gender mainstreaming in education; for instance, Population – reproductive health Strategies, National Programme on Domestic Violence Prevention, National Programme on Children, Programme on sustainable Vietnam family development, National target programme, the scheme on development of family support service and living environment improvement, the scheme on development of family and community services.

For health: There should be specific guidelines on gender aspects to be considered in the process of annual State budget estimating process in the Health sector, as well as in public medical facilities, ensuring the professional and politics capacities of health officials on gender responsiveness in the prevention, detection, treatment and health service provision, especially at the grassroot levels.

For one-stop shop: There should be support officials on procedures, legal issues for ethnic minority people, the illiterate, and women (if necessary), so that they can confidently use one-stop public administrative services. It is necessary to ensure appropriate and favorable facilities, equipment to meet the standard, to be accessible for social groups such as men, women, and the disabled and ethnic minorities.

c. Ensure the people to understand and participate in gender mainstreaming monitoring in the planning, budgeting, implementation, monitoring and evaluation of the public service quality that whether it considers gender responsiveness. Community's capacities need to be built on these issues so that they can participate in a meaningful way.

4.2. Specific public services

4.2.1. Education Services:

a. There is a need to revisit and edit the textbooks used in formal educational programme at all levels to ensure no gender bias and to have gender responsiveness and gender mainstreaming.

b. Allocate public educational budget with gender responsiveness based on the criteria of national-standard schools and build school facilities, equipment, classrooms ensuring gender responsiveness.

- Toilets are safe, clean, water available, accessible to men and women separately;

- Libraries have reference materials for students (grade 1, 2 and 3) on reproductive health, sex education, prevention of school violence prevention, of gender-based violence, of human trafficking, of sexual violence;

- Available consultation or communication rooms apply peer communication forms for students on issued rose above, instructions for students (especially resident students, both male and female) on independent life skills, sexual violence, safe sex.

- Kindergarten services are provided for children less than 2 years old, 2-3 years old, especially in remote areas, ethnic minorities, and appropriate enrollment process is applied.

c. Support women and girls in remote areas, disadvantaged areas to have opportunities to learn more knowledge, skills after high school graduation, so that they are able to get appropriate careers and livelihoods, contributing to sustainable poverty reduction.

4.2.2 Health services

a. Diversity health services for men, women, and disadvantaged groups (the disabled) in the community in facility designing, construction for medical facilities such as separate toilets, safe, clean manor for men and women; separate clinic for obstetrics, gynecology, male faculty; and support services for victims of gender violence, school violence, human trafficking.

b. Ensure health facilities particularly health stations of communes to have adequate physical facilities, proper medical equipment for medical staff with expertise and knowledge on gender violence and awareness on gender responsiveness resolution.

4.2.3. One-stop shop services

a. Develop capacity for managers and one-stop administrative officials on gender responsiveness, gender equality, gender mainstreaming in order to provide one-stop public administrative services with gender responsiveness.

b. Implement communication activities in the community, for men and women on knowledge, practical skills on one-stop administrative procedures to create favorable conditions for women so that they can confidently access and use one-stop public administrative services in an active manner.

4.2.4. Safe Cities

a. Increase the number public toilets, provide additional clean public hygiene services for current public toilets for men and women, the disabled, the system of clean water supply – drainage is in good conditions, public sanitation team/company works well.

b. Install public lighting system not only in main streets but also in small streets, corners, high-risk spots, wilderness, parks, stations of public trans-

portation, public services facilities. Give priority to supply additional buses lines to the suburbs and poor neighborhoods.

c. Establish police team, female policeman to handle cases of harassment against women and girls in public.

d. Strengthen the role of the vanguard youth group, rapid response teams in urban areas and suburban to ensure safety and security for women and girls.

4.2.5. Transparency and accountability for gender responsive public services

a. Enhance transparency and accountability in the budgeting of education, health, one-stop administration, safe cities in the area, create a mechanism for the community, men and women involved in the planning process, supply and monitor public educational services.

b. Institutionalize disclosure requirements on service fees of education, health, one-stop public administration, and public transportation to implement the information rights of the people; ensure the information feedback mechanisms. Install hotlines, rapid rescue in unsafe cases in public areas, for women and girls.

c. Establish regular/periodical dialogue mechanism between the government, public service providers and community representatives (taking into account gender aspects) to identify the existing problems to resolve the arising issues in a timely and most effective manner.

Organize open forums (village/commune meetings) with the participation of local people (men, women, different social groups, boys, girls, youth, etc., not only household heads) to communicate on public services in the local areas, provide necessary information and knowledge, so that local people, men and women can understand further on their citizen rights and responsibilities, their positions in the interaction process with public services most effectively.

d. Enhance communication with people, men and women and different social groups to attract their participation in the planning, provision and monitoring of public services.

Consider the large-scale application of the method of balance score cards as a tool in regular intervals (ex. 6 monthly) to listen to people's opinions

on the quality of public services in order to take corrective, feedback action, and quality improvement action.

Conclusion

If gender responsive public services are considered powerful tool for the State to guarantee social justice and support the disadvantaged groups to participate more fully and equally in the development process of the nation, Vietnam have make efforts but not in their full potentials. There are plenty of gaps from political commitment to action and practical results in this field. Besides, accidental or intentional, the social stereotypes and gender inequality continue to be maintained and developed due to the direct and indirect impacts of other policies of the state, of private thinking and State management behavior of the executive officials of the organizations and agencies that provide public services at the local level.

Gender responsive public services – responding to needs of all sexes in the society through basic public services (including health care, education, public administration and public transport) ensuring the availability, affordability and accountability (the 3A standards) will be the real answer for Vietnam for a solution of sustainable development in the wide integration context at present.

The useful experience and success of their other countries should be vigorously considered for application in Vietnam in designing, implanting and budgeting.

In the context where Vietnam is strongly and widely integrating into the globe and region, the Government will have less resource from tax to spend on provision of public services for all people. The socialization of public services has its own side effect because it will push the marginalized, including women and girls out of the development and deeply into poverty. The State should restructure the tax policy; reduce misspending and corruption so that the available precious resources of budget will concentrate more on gender responsive public services.

United Nations (UN) in 2015 concluded the attainment of Millennium Development Goals (MDGs) period 2005-2015, which highly appreciated the efforts of Vietnam in poverty eradication and gender equality. 192 countries in the world together commit to implement Sustainable Development Goals (SDGs) till 2030; gender equality and gender

responsive public services are important to reach SDGs. ActionAid is calling stakeholders, especially donors, State, media, market, NGOs and people to care and promote for the availability, affordability and accountability (3A standards) of public services to make them more gender responsive to make sure nobody is lagging behind.

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ActionAid's research signature:

'People-centred evidence with women and girls at the core, combined with knowledge from in and outside the organization, enables power shifts. This brings about changes at local, national and international levels.'