

Towards an international  
network on health,  
sustainable development  
and inclusion



## Foreword

Over a period of fifty years, MCNV has built a legacy in grass-roots participatory work and solidarity with marginalised groups in Vietnam, and more recently, Lao PDR as well. Although the world changes, the need remains for an organisation like MCNV, that is able to connect people and help them to collaborate in ways that structurally improve the chances for groups in society, and has even become more urgent in view of the growing disparities within all nations of the world we live in today.

This strategy paper forms the foundation on which the MCNV staff, together with its partners, will continue to build in the coming years. In the context of the complex world in which we live today and the current uncertainties in funding, this paper must be viewed as a rolling strategy that will develop further on the basis of new challenges and new opportunities. Next year, the Program Monitor & Evaluation (PM&E) of this strategy will be laid out by setting clear targets per theme and organisational goals against which progress can be measured.



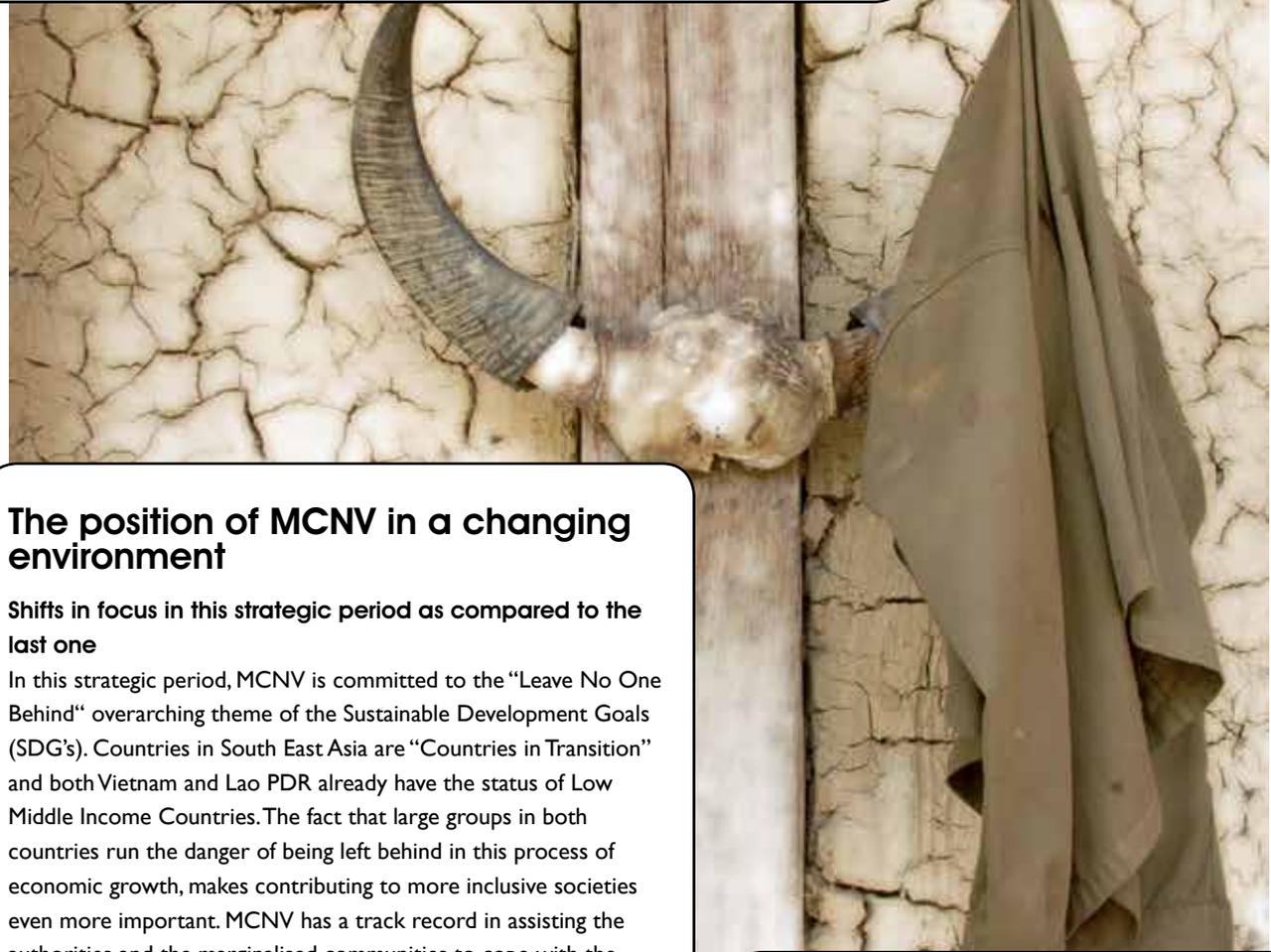
MCNV as an organisation will gradually become a network structure, with expertise all across the organisation. Co-workers with a certain expertise or specialization will work more across the country teams, in flexible relations, contexts and groups. MCNV's representation in other, new countries will be more flexible, and will function in local collaborative networks without necessarily needing an office infrastructure.

In this new strategic period, MCNV will keep on working on health as well as expanding further into the thematic areas of social inclusion, livelihood & climate change, and entrepreneurship & value chains. In all our work, we take a comprehensive approach, interlinking themes where necessary in order to help disadvantaged groups to grasp opportunities and become equal partners in development. Our focus will stay with "community based work" and with enhancing the organisations of disadvantages groups. As more than half of the population in South East Asia is under the age of twenty-five, MCNV will increasingly focus on the youth. We also aspire to expand into one more country in South East Asia and to keep possibilities open for collaborating in global partnerships.

## Introduction

### History of MCNV in a nutshell

In 1968, Dutch volunteers founded MCNV in solidarity with the Vietnamese people. Through collaboration between the Vietnamese and Dutch people, a hospital in the war-torn province of Quang Tri was built and medical equipment was shipped. From this time onwards, strong relationships were forged that still exist today, and comprehensive programs were developed on health, civil society development and livelihood. At the start of the new millennium, programs were developed in Lao PDR as well. MCNV has one office in Amsterdam, and two offices in Vietnam as well as in Lao PDR, one in the capitals of both these countries and one in a provincial area. Since its foundation, MCNV has gone through a lot of changes, but what has always remained at the heart of the organisation has been the commitment to work towards societies and communities in which all people have an equal chance to lead a healthy life in dignity and solidarity with others.



## The position of MCNV in a changing environment

### Shifts in focus in this strategic period as compared to the last one

In this strategic period, MCNV is committed to the “Leave No One Behind” overarching theme of the Sustainable Development Goals (SDG’s). Countries in South East Asia are “Countries in Transition” and both Vietnam and Lao PDR already have the status of Low Middle Income Countries. The fact that large groups in both countries run the danger of being left behind in this process of economic growth, makes contributing to more inclusive societies even more important. MCNV has a track record in assisting the authorities and the marginalised communities to cope with the growing disparities between social groups and will therefore make inclusion the central theme of its work.

We will also strive to collaborate in networks even more. Making inclusion happen is a complex ambition that requires multi-sector and multi-stakeholder efforts. With our vast experience with community based health and comprehensive programming, MCNV adds value to such collaborative networks.

In view of the composition of population in South East Asia in general and of Vietnam and Lao PDR in particular, where a large proportion of the population is under 25 years old, there will be more attention for the participation of youth in policy development and in fostering changes in fields like Sexual Reproductive Health & Rights (SRHR), environmental protection and nutrition.

In addition, more efforts will be devoted to assessments of results, documentation and evidence-based lobbying and advocacy, so that we can further meet the ambition set out in the previous strategic period: “to develop evidence-based models that can be disseminated over a wider geographic area, thus increasing our impact and influence in the region.”

More attention will also be given to a number of newly important issues such as the rise of non-communicable diseases, climate change and livelihood, and the need to improve access of poor people to entrepreneurship.

Finally, MCNV will strive for more diverse donor sources, including a growing contribution from people and organisations in the region itself.



### Main strengths of MCNV

- MCNV has a wide experience in **empowerment of people who are discriminated against and left behind in development**. Health benefits are maximised when the empowerment of the marginalised groups form a key part of our program. We have developed and contextualised a large range of tools and approaches for enabling the participation of vulnerable groups at a grass roots level, such as women living with HIV/AIDS, people living with a disability and old people, mostly from ethnic minority groups, in bettering their own chances. To date, we have strengthened over 300 of such Community Based Organisations in Vietnam and Lao PDR. MCNV is also a member of civil society strengthening platforms in Lao PDR and Vietnam.
- The programs of MCNV are always people-centred and participatory in nature. We consistently ensure that the expertise of people like doctors and engineers is matched with the needs, desires and capabilities of the communities, and pay particular attention to gender issues. Our staff has different fields of expertise, but all have the process skills required to guide participatory planning and monitoring processes with a myriad of stakeholders. **Community Based Working** is an overall important characteristic of the way in which our organisation works.
- MCNV has a large number of **trusting and long-standing relationships** that have been developed over the 50 years of its existence. Project funding comes and goes, but the relationships that we develop during projects are treasured and maintained as a key factor in success. The focus on relationships has led to MCNV receiving over 30 awards and certificates from authorities at various levels in both Vietnam and Lao PDR, as tokens of their appreciation. It has also led to direct relationships with more than 300 community based organisations at a grass roots level and a direct connection to their social (media) networks.
- MCNV is **an organisation that strikes a balance between research and practical experience**. Research always has the function of contributing to the development of evidence-based models and exploring how effective interventions have been and how approaches can be improved. The strong ties to universities and knowledge institutes are quite unique for a small INGO like MCNV. Since 2005, over 40 master and PhD students, mostly from the Free University of Amsterdam, have carried out evaluations and studies on MCNV programs. In addition, the capacity of a large number of research institutes and medical schools has been strengthened over the years. Currently, the research capacity of the National Institute of Public Health (NIOPH) and University of Health Sciences (UHS) in Lao PDR are being strengthened through the EU-funded program LEARN.



## Vision and Mission

In spite of overall global economic growth, a large number of people do not yet benefit. They are structurally excluded from the opportunities that increased wealth could bring if it were divided differently within their societies, and they are severely discriminated against. The international concern about the growing disparities within nations is expressed in the "Leave No One Behind" commitment in the SDGs. In this strategic period, MCNV aims to contribute to more inclusive societies, where all people have the opportunity to obtain a state of complete physical, mental and social well-being.

### Vision

We envision a world in which societies support all people in their development towards the maximum well-being and a full social position.

### Mission

Our mission is to enhance the equitable and sustainable access of marginalised people to resources and services that improve their health and inclusion in developing countries in South East Asia.

To achieve the mission, MCNV does not only carry out programs, but takes them a step further by developing evidence-based models on the basis of their implementation. Thanks to such models, the approaches that have been piloted can be disseminated over a wider geographic area, thus leveraging efforts and amplifying influence.

## Scope

### Geographical Scope

In this strategic period, MCNV will focus on working with other civil society organisations and with private, corporate and government partners in South East Asia and elsewhere, as well as keeping possibilities open to work on a global level, if opportunities arise.

### Thematic Scope

MCNV will work on the following themes:

- 1) Health Development
- 2) Social Inclusion
- 3) Livelihood and Climate Change
- 4) Entrepreneurship & Value Chains

## Cross-Cutting Themes

**Important overarching themes that guide the activities of the MCNV organisation are:**

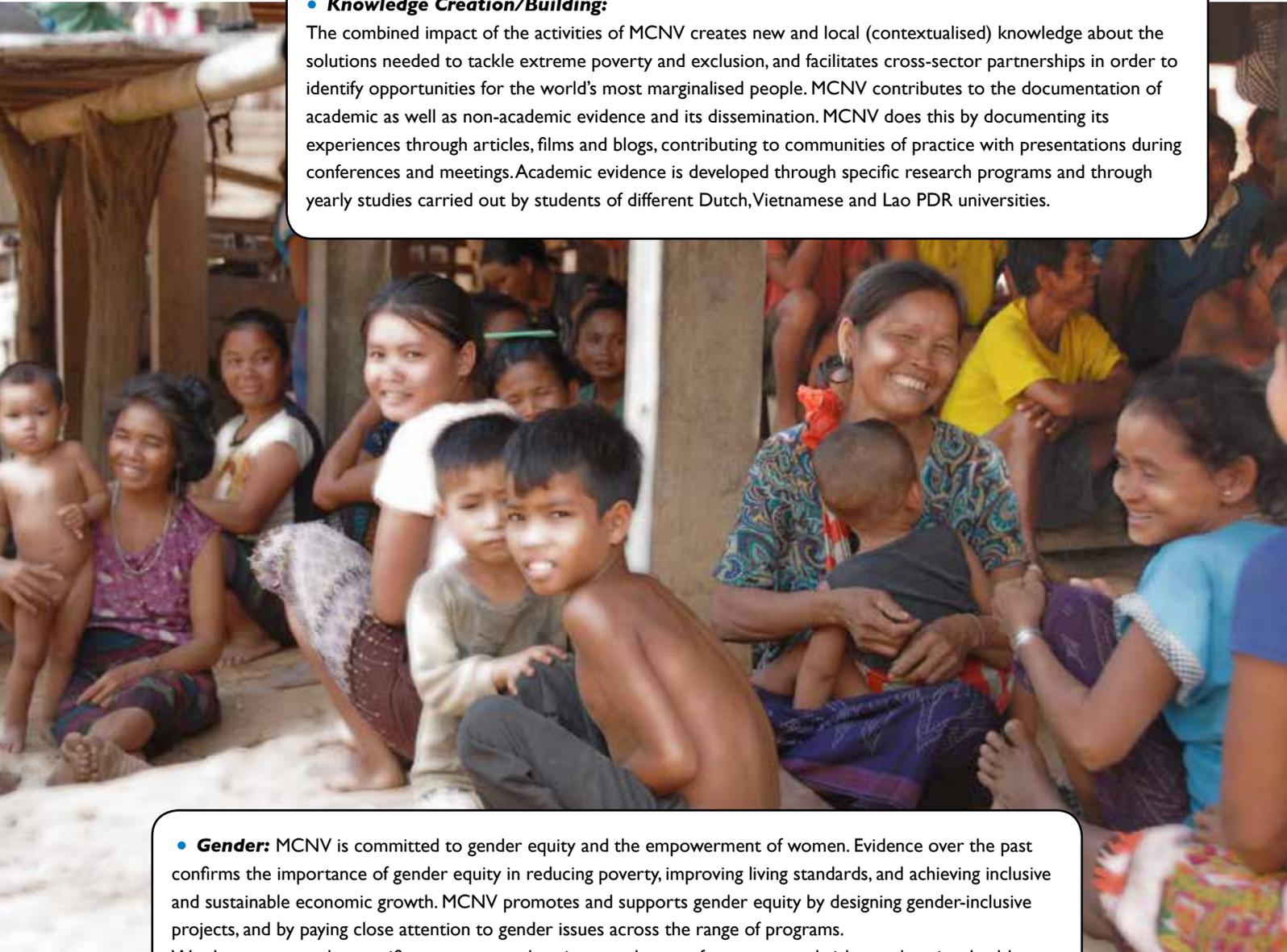
- **Multi-Stakeholder Collaborations:** We always involve different levels of governance and multiple sectors in every program we implement. We work in collaborative, multi-stakeholder networks in which our strengths are mutually reinforcing.

- **Empowerment of civil society groups and individuals:**

We maintain existing relationships with Civil Society groups and extend this network further to assist these groups in linking and learning among each other, intra- and internationally, and with private and government actors who want to collaborate for change with these civil society groups. We strengthen these groups in a number of skills, such as fundraising, planning, monitoring, action research, lobby and advocacy, and help them to discover their strengths and abilities.

- **Knowledge Creation/Building:**

The combined impact of the activities of MCNV creates new and local (contextualised) knowledge about the solutions needed to tackle extreme poverty and exclusion, and facilitates cross-sector partnerships in order to identify opportunities for the world's most marginalised people. MCNV contributes to the documentation of academic as well as non-academic evidence and its dissemination. MCNV does this by documenting its experiences through articles, films and blogs, contributing to communities of practice with presentations during conferences and meetings. Academic evidence is developed through specific research programs and through yearly studies carried out by students of different Dutch, Vietnamese and Lao PDR universities.



- **Gender:** MCNV is committed to gender equity and the empowerment of women. Evidence over the past confirms the importance of gender equity in reducing poverty, improving living standards, and achieving inclusive and sustainable economic growth. MCNV promotes and supports gender equity by designing gender-inclusive projects, and by paying close attention to gender issues across the range of programs.

We also assess gender specific outcomes, such as improved access for women and girls to education, health services, clean water, better sanitation, and basic infrastructure.

- **Governance:** To make sure that improvements in the position of marginalised groups and their access to services is sustained in society, governance issues are always taken into account in our programs. MCNV avoids the creation of parallel structures and aims at initiating processes of change that increase the participation of marginalised groups in decision making and holds organisations accountable to the people they aim to represent.

- **Cost-effectiveness:** Programs need to be cost effective in order to be sustainable and up scalable in the low resource environments in which MCNV works. For this reason, MCNV spends most of its resources on capacity development and knowledge creation, and spends less on equipment, hardware and infrastructure.



## Programs

MCNV has been working in the field of health since 1968. During the post-war reconstruction period MCNV contributed to rebuilding and equipping of hospitals, as well as to the development of national disease control programs such as tuberculosis and malaria. In the past ten to fifteen years, the focus has broadened to community health & development, civil society strengthening, livelihood and entrepreneurship development.

The programs of MCNV all follow a comprehensive approach, but the focus varies and is categorized under the domains of Health Development (1), Social Inclusion (2), Livelihood & Climate Change (3) and Entrepreneurship & Value Chains (4).

### 1 Health Development

Non-communicable diseases in South East Asia follow the course of similar epidemics in other developing countries and are now responsible for sixty percent of deaths in the region. Disadvantaged populations are the hardest hit, with death rates inversely proportional to a country's gross national income. Another trend in South East Asia is the increased proportion of youth in the demographic profile of the region. Estimates vary, but literature suggests that people below twenty-five years old make up about forty percent of the population of Vietnam and sixty percent of the population in Lao PDR. The malnutrition rate is very high, especially in Lao PDR, where almost fifty percent of the children suffer from malnutrition. In Vietnam this rate is about the same among the ethnic minority groups.

In response to these trends, MCNV has increasingly carried out health programs that contribute to the development of comprehensive approaches to prevention and control of emerging public health issues in non-communicable diseases like mental illness, HIV/AIDS and disability. MCNV has also drawn increased attention to health issues that especially affect young people, such as malnutrition of children under five years old, and sexual and reproductive health.

In this strategic period, MCNV will continue to follow the strategic lines set in the previous period, and will increase programs on health themes that hit the young and disadvantaged portion of the population of South East Asia hardest. Two projects currently being carried out that illustrate our activities in this field, are a program on health research in Lao PDR and a program on sexual and reproductive health and rights in Vietnam. In the near future MCNV also intends to explore and promote eHealth solutions in Vietnam and Lao PDR.

For a complete and more detailed overview on all MCNV health programs, we refer to the MCNV website. Below are some main health-related programs/projects that have been running and will continue in the next five years.



- **Health Research Program in Lao PDR**

The LEARN (**L**ao **E**quity through policy **A**nalysis and **R**esearch **N**etworks) program in Lao PDR aims at improving the capacities of Laos National Institute of Public Health to develop evidence-based health policies. By assisting the national institute in becoming a 'Centre of Excellence' in developing evidence based policies, the health impact of for example Nutrition and Mother and Child Care policies is expected to improve not only in Lao PDR, but also in the Greater Mekong Sub-region (GMS). Through the program, Lao researchers will gain PhDs and a joint Master of Science Program in Public Health will be established between University of Health Sciences in Lao PDR and the Hanoi School of Public Health. The LEARN program embeds MCNV at a national level in the cooperative and enthusiastic development community in Lao PDR, with whom more health programs will be developed. MCNV collaborates with strategic partners like UNFPA through this program.

- **Sexual and Reproductive Health in Vietnam**

MCNV carried out a SRHR project in the remote mountainous villages of Huong Hoa district, Quang Tri province, Vietnam. This district has a total population of nearly 80,000 and about half of the population belongs to ethnic minority groups. A baseline survey executed among teenagers in this area in 2013 showed that most teenagers under 16 already had sex and that almost all lacked a basic knowledge on contraception. The teenagers, assisted by MCNV, developed drama plays on their Sexual and Reproductive Health needs and problems and through the drama events communities and policy makers were enabled to interact, learn about and discuss this issue. The program resulted in a much better knowledge base of youth in this area on their Sexual and Reproductive needs and Rights and made this topic less taboo-inflicted in the community, that now was able to lobby with health authorities for improvements in this field. The results of the program are now being used to look for support for extension to other areas.

- **Mental Health Care Program in Vietnam**

A mental health care project has been implemented in several communes in Quang Tri and Phu Yen province of Vietnam. This program focussed on improving medication and social acceptance of mental health patients by actively involving families and communities in care and by encouraging peer-support between families. Family members of people living with mental health illness were facilitated by Village Health Workers to form self-help groups. Village Health Workers and staff of commune health stations received technical training by a specialist at a provincial level. Recent research conducted by masters students of Public Health from the Free University of Amsterdam showed the positive impact of this community-based mental health care on the self-esteem of families and patients, social acceptance of mental health patients by the communities and intake of medication. In the future, MCNV will promote this mental health model all across the country.

- **Occupational Therapy Education in Vietnam**

Since the 1990s, MCNV has supported development of rehabilitation of People with Disabilities (PWD), with a focus on Community Based Rehabilitation (CBR). MCNV has successfully promoted a community-based and comprehensive CBR model and influenced the rehabilitation policies of the Ministry of Health (MoH). Traditionally, rehabilitation in Vietnam focusses on Physical Therapy whereas Occupational Therapy is neglected, although it is internationally recognized as crucial in improving the quality of life of patients. From 2016-2020, MCNV will cooperate with Ministries and Medical Universities to develop education of Bachelor of Occupational Therapy in Vietnam. MCNV will also contribute to the development of education on Speech Therapy.

## **2 Social Inclusion**

Social Inclusion will be given more attention in this strategic period, as trends show that vulnerable groups in South East Asia lag behind in the overall and average national improvement of crucial development indicators like life expectation, nutrition, child mortality rate and income.

People who are discriminated against and who are hardly accepted as full citizens in their own societies, often find it difficult to recognize their own potentials and skills. MCNV assists such groups in finding and strengthening their identity and ability, in making them proud of who they are and in pushing for change of societal prejudices and cultures, policies and regulations. MCNV often does this by strengthening groups and organisations that provide a platform through which they can communicate with other groups in society and support each other.

Illustrative in this regard are the Women Empowerment Program and the Empowerment through Civil Society Development

- **Women Empowerment Program**

In Ben Tre province, MCNV implements a specialised Women Empowerment Program that focuses on comprehensive support to poor women. The program improves both their economic and their political inclusion. Through a wide range of capacity building activities such as financial literacy training, combined with financial activities such as providing access to credit and health insurance, more than one thousand poor women have obtained a better income and social status in the last five years. To structurally give the women more say in the development of their areas and communities, political inclusion of women in elections has been stimulated by holding awareness-raising events in communities together with the Women's Union and by improving the electioneering skills of female candidates. As a result, the success rate for women in the 2016 election increased significantly from twenty-two to twenty-eight percent. MCNV will keep on working on the empowerment of this group of women and see how tested approaches and lessons learnt can be applied in other areas, and in different frames of cooperation as well.

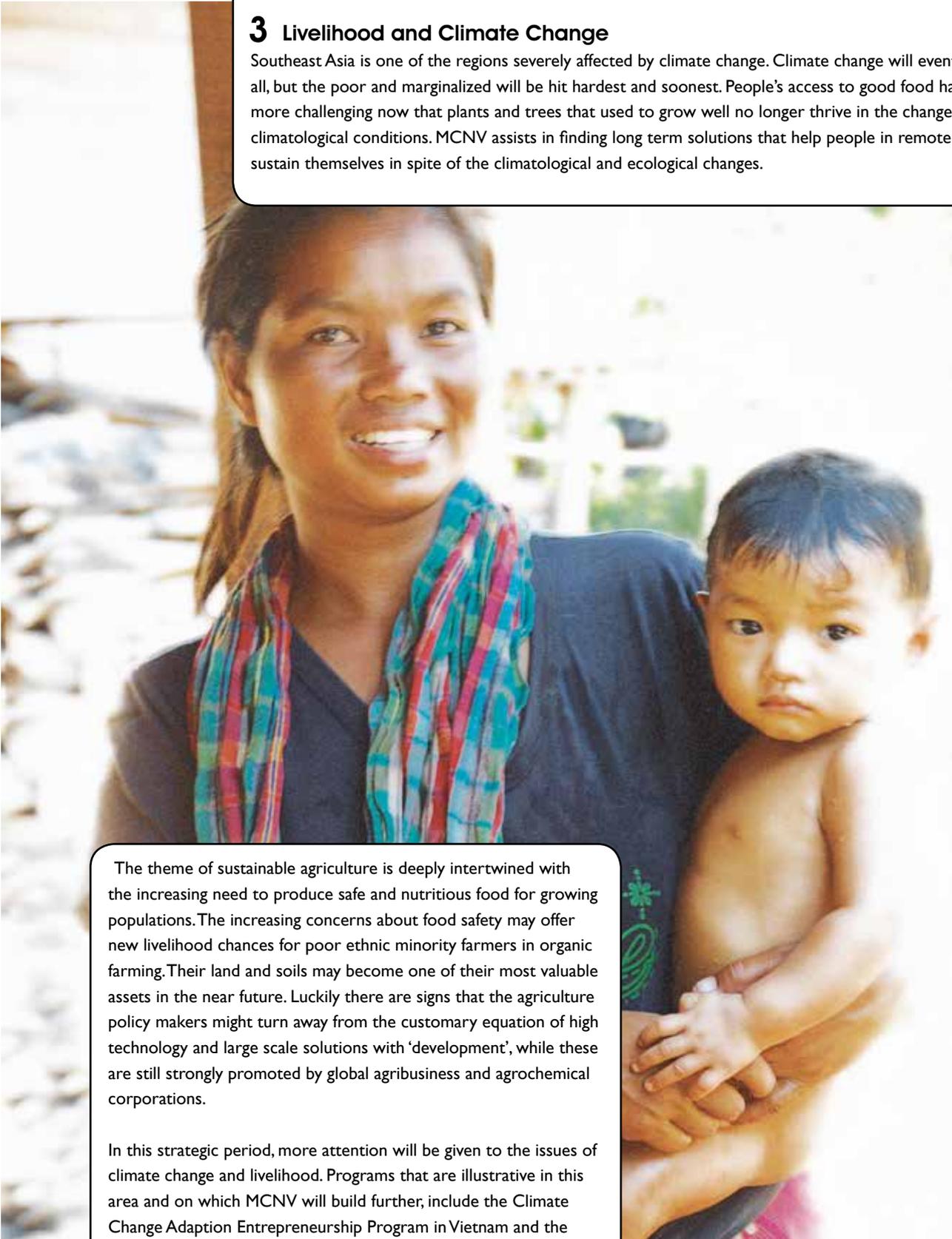


### Empowerment of disadvantage groups through Civil Society Development

In the past fifteen years, MCNV has worked hard on improving the self-esteem of disadvantaged groups and on developing their abilities and strengths so that they can make their voices heard in society. Empowering target groups through strengthening Community Based Organisations has become a crucial ingredient in the inclusion approach of MCNV. Together with people with disabilities, the Disabled People Organisations (DPO) were developed and strengthened. Together with women living with HIV/AIDS, small civil society groups called Sunflower groups were established. The civil society organisations of people with disabilities and women with HIV/AIDS have become stronger in supporting each other, involving communities in activities, and in lobbying and advocacy. In the next strategic period, MCNV will continue to systematically strengthen civil society in order to empower disadvantaged groups and to assist them in improving their say in policies that affect them.

### 3 Livelihood and Climate Change

Southeast Asia is one of the regions severely affected by climate change. Climate change will eventually affect all, but the poor and marginalized will be hit hardest and soonest. People's access to good food has become more challenging now that plants and trees that used to grow well no longer thrive in the changed climatological conditions. MCNV assists in finding long term solutions that help people in remote areas to sustain themselves in spite of the climatological and ecological changes.



The theme of sustainable agriculture is deeply intertwined with the increasing need to produce safe and nutritious food for growing populations. The increasing concerns about food safety may offer new livelihood chances for poor ethnic minority farmers in organic farming. Their land and soils may become one of their most valuable assets in the near future. Luckily there are signs that the agriculture policy makers might turn away from the customary equation of high technology and large scale solutions with 'development', while these are still strongly promoted by global agribusiness and agrochemical corporations.

In this strategic period, more attention will be given to the issues of climate change and livelihood. Programs that are illustrative in this area and on which MCNV will build further, include the Climate Change Adaption Entrepreneurship Program in Vietnam and the nutrition-sensitive agriculture program in Lao PDR.



- **Climate Change Adaption Entrepreneurship Program in Vietnam**

The serious drought and salinity in Ben Tre and other Mekong river delta provinces of Vietnam in the beginning of 2016, was declared as a natural disaster by the government. The shortage of fresh water for human consumption and agricultural production especially affects poor people living near the coastal areas. More than 20,000 hectares of rice in the spring-summer crop was lost. About 8,500 hectares of fruit trees were partly damaged by the drought and salinity. More than 98,000 households (about 400,000 people) lacked fresh water because they did not have enough containers to store rain water. Upon request of the government and civil society groups in Vietnam, MCNV developed collaborative actions to respond to this urgent issue, through an initiative to support the poor women by building large water containers to retain rain water for their cooking needs in the dry season. The revolving loans for water container building helped 160 households to build 296 containers which could retain a total of 829 m<sup>3</sup> of rainwater for needs in drought seasons. The number of poor households that can build containers is expected to increase in the coming years as the loans revolve. MCNV is currently forming an alliance between local authorities, knowledge institutions, an engineering company (specialised in water management and funding agencies, in order to co-develop an integrated response to the threats in Ben Tre caused by climate change.

In addition, MCNV offers technical training and credit for poor women to start up alternative income generation activities such as husbandry and handicraft work. Establishment of new cooperative models for poor women based on their traditional professional strengths and market experience is a new approach that MCNV is currently piloting in Ben Tre province. The cooperatives are expected to create more opportunities for the poor due to a reduction in production costs.

- **Livelihood program in Lao PDR**

Children of ethnic minority groups living in one of the remotest areas in Lao PDR, Nong district, show high rates of malnutrition. To improve their nutritional conditions, MCNV has worked with the communities and Lao district authorities on sustainable self-subsistence agriculture in a context of deteriorating natural forests. In the last five years, communities were given loans and training to initiate and maintain home gardens and fish ponds, and livestock in the villages has increased. In the coming years, MCNV will intensify the battle against malnutrition in remote areas of Lao PDR by demonstrating effectiveness of a convergent approach in reducing the incidences of malnutrition and food insecurity in selected villages. Interventions linking to three different sectors - education, agriculture and health - are being undertaken to accelerate the reduction of maternal and childhood malnutrition and decrease food insecurity. All of these interventions will be designed for nutrition sensitivity and aim to generate evidence on how to contribute to reduction of food insecurity and malnutrition. The evidence of the effectiveness of this project and the lessons learnt from this will help international agencies and the government of Lao PDR to develop effective responses to the nutritional needs of the people living in remote areas of Lao PDR.



## 4 Entrepreneurship & Value Chains

Entrepreneurship is about leadership, innovation, creativity, and envisioning and exploiting possibilities. Several programs have shown the positive influence of entrepreneurship on poor and marginalised people. When vulnerable groups find ways of earning money, they feel respected and it makes them proud to be able to contribute money to their families and communities. The development of different types of community-managed development funds combined with training in entrepreneurship and financial literacy, have already helped thousands of people to improve their living conditions. MCNV plans to increase activities in the field of entrepreneurship, especially in Vietnam.

- **Stimulating Entrepreneurship among ethnic minorities in Vietnam**

In the Community-Managed Health and Livelihood Development project in Khanh Hoa province (2004-2016), MCNV worked with ethnic minority communities to help them increase their aspiration, self-confidence and knowledge and to gradually reduce their dependencies on the middlemen, as well as on the local government. A next step in working with the market to alleviate marginalisation and poverty is best illustrated by MCNV's microfinance projects, such as the one managed by the Women's Union in Ben Tre, where poor women's groups learn to save and invest money to set up and expand small businesses. Basic financial literacy is often lacking and therefore MCNV is building this capacity among many marginalised groups. For example, Disabled People's Organisations are trained how to maintain and gradually expand their Revolving Funds.

Many further steps are needed to make the market work better for the poor. A large majority of Vietnamese farmers are small-holder farmers who certainly do not lack entrepreneurship or financial literacy, but they are poorly organised, which significantly decreases the influence and the value chains'' of their products. In Quang Tri province, Vietnam, MCNV is developing relationships with farmers' cooperatives and agricultural producer groups. In the near future, MCNV will link these initiatives to farmer groups and value chain development in neighbouring areas in Lao PDR, thus enhancing cross-border value chain development.