



MINISTRY OF LABOUR - INVALIDS
AND SOCIAL AFFAIRS



A SITUATION ANALYSIS OF CHILDREN IN VIET NAM 2016

Ha Noi, December, 2017



The children of today will be the driving force of Viet Nam in 2030. Investing in children today lays the foundation for long-term sustainable development.



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This Situation Analysis was produced over a two-year period by T&C Consulting in close collaboration with UNICEF and the Ministry of Labour, Invalids and Social Affairs of the Government of Viet Nam who played the leading and coordinating role among the national stakeholders. The Analysis was initiated at a juncture when Viet Nam was making the transition from the Millennium Development Goals to the Sustainable Development Goals, and before the beginning of preparations for the Program of Cooperation between the Government of Viet Nam and UNICEF 2017-2021.

The researchers of T&C Consulting reviewed a wide range of documents made available by concerned government agencies, UNICEF and other organizations, and undertook a field trip to Quang Binh province in 2015, to gain the insights of provincial authorities on the situation of children in the province. The document went through multiple consultative sessions and extensive reviews by a wide range of organisations, including government agencies, United Nations agencies, international and national non-governmental organisations and academic institutions and researchers. Two consultative workshops were held in 2016-17, with participation from concerned partners.

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PREFACE

This Situation Analysis represents a critical milestone in an ongoing process of researching, documenting, analysing and understanding the situation of children in Viet Nam. This publication is a joint product between UNICEF Viet Nam and the Government of Viet Nam which was led by the Ministry of Labour, Invalids and Social Affairs as the state management agency on children's issues. A strong partnership between UNICEF and the Government of Viet Nam around children's rights has been reflected in all stages of this report development.

This Analysis takes a human rights-based approach, looking at the situation of children from the perspective of key human rights principles such as equality, non-discrimination and accountability. The value of such an approach is that it analyses issues at a deeper level, one where the causes of rights not being met are probed and better understood. The Analysis therefore makes a unique contribution to understanding the situation of children – girls and boys, rural and urban children, Kinh and ethnic minority children, poor and rich children – today in Viet Nam.

The findings confirm Viet Nam's remarkable progress for children. Yet, they also show areas where progress is still needed, and urgently so. These include reducing growing disparities, reducing stunting, improving early childhood development, quality and inclusive education and protecting children in difficult circumstances. While focusing on the important results achieved for children, the Analysis also looks at the unfinished agenda and new issues arising from the unprecedented social and economic transformations shaping Viet Nam in the context of the Sustainable Development Agenda toward 2030.

By the National Action Plan on the Implementation of the 2030 Agenda for Sustainable Development approved by the Prime Minister in May 2017, Viet Nam has been committed to achieve the 2030 Agenda, which puts a strong emphasis on equity and sheds a focus on children: the sustainable development goals are only reached if they are achieved for all children, everywhere. This is a clear and unequivocal statement of Viet Nam's commitment to children, one that is put into practice over years of investment and priority given to children. This Situation Analysis recognises those achievements, and calls upon Viet Nam to continue its leadership to realise the rights of Viet Nam's children.

**MINISTRY OF LABOUR – INVALIDS
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UNICEF VIET NAM

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ABBREVIATIONS AND ACRONYMS

ABR	Adolescent Birth Rate
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ARI	Acute Respiratory Infections
ART	Antiretroviral therapy
ARV	Antiretroviral
BIDV	Bank for Investment and Development of Viet Nam
CDD	Control of diarrheal diseases
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEMA	Committee for Ethnic Minority Affairs
CHW	Community health worker
CI	Concentration Indices
CIP	Child Injury Prevention
CPCC	Committee for Protection and Care of Children
CPV	Communist Party of Viet Nam
CRBP	Child rights and business principles
CRC	Convention on the Rights of the Child
CSO	Civil society organisations
CWD	Children with Disabilities
DFID	The Department for International Development
EENC	Early Essential Newborn Care
EM	Ethnic Minorities
EPI	Extended Program on Immunisation
EU	The European Union
FDI	Foreign Direct Investment
FGD	Focus Group Discussions
FTA	Free Trade Agreement
GAPPD	Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea
GDP	Gross Domestic Product
GoV	Government of Viet Nam
GSO	General Statistics Office
HBV	Hepatitis B
HCMC	Ho Chi Minh City
HIV	Human Immunodeficiency Virus
HPV	human papilloma virus
HRBA	Human Rights Based Approach
ICPD	International Conference on Population and Development
IDD	Iodine Deficiency Disorder
IEC	Information, education and communication
IFI	international financial institution
IHP+	International Health Partnership
IMCI	Integrated Management of Childhood Illness
IMR	infant mortality rate
INCU	Infant and Newborn Care Unit

INGO	International Non-Governmental Organisation
JE	Japanese encephalitis
KMC	Kangaroo mother care
LIC	Lower Income Countries
MARD	Ministry of Agriculture and Rural Development
MCHD	Maternal and Child Health Department
MCST	Ministry of Culture, Sports and Tourism
MDG	Millennium Development Goals
MERS-CoV	Middle East respiratory syndrome coronavirus
MHB	Mekong Housing Bank
MIC	Middle income country
MICS	Multiple Indicator Cluster Survey
MMR	Maternal mortality ratio
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOJ	Ministry of Justice
MoLISA	Ministry of Labour, Invalids and Social Affairs
MoRES	Monitoring Results for Equity System
MPI	Ministry of Planning and Investment
MPS	Ministry of Public Security
MR	Measles-Rubella
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NMPAYH	National Master Plan on Adolescent and Youth Health Protection, Care and Promotion
NMR	Neonatal mortality rate
NPA	National Plan of Action
NPL	Non-performing loan
NRA	National regulatory authority
NTP	National Target Program
ODA	Official Development Assistance
OOF	Other Official Flows
ORS	Oral rehydration solution
ORT	Oral rehydration therapy
PLHIV	People living with HIV
PM	Prime Minister
PMTCT	Prevention of mother to child transmission
RH	Reproductive Health
RHC	Reproductive Health Care
RMNCH	reproductive, maternal, newborn and child health
SBA	Skilled birth attendant
SBV	State Bank of Viet Nam



EXECUTIVE SUMMARY

Rationale and Context

Since the ratification of the United Nations Convention on the Rights of the Child in 1990, Viet Nam has experienced notable achievements in socio-economic development as well as expended notable efforts in the implementation of children's rights. As Viet Nam looks to build on its Millennium Development Goals (MDG) achievements and works towards the agenda of the Sustainable Development Goals (SDGs), this Situation Analysis offers an opportunity to ensure that children are at the centre of that development agenda. This timing provides an opportunity to update achievements to date in socio-economic development policy, legislation, planning and implementation which impact on children's rights and well-being, as well as a chance to assess the unfinished agenda and challenges ahead.

This Situation Analysis has three primary objectives, namely; (i) to improve understanding of the current status of children's rights in Viet Nam; (ii) to identify capacity deficits; and (iii) to provide practical recommendations to duty bearers and stakeholders. It employs rights-based, equity focused and systems-oriented approaches to emphasise "each and every child" and highlights children's participation and resilience in order to contribute to effective and sustainable implementation of children's rights in conjunction with the achievement of the SDGs.

The Situation Analysis will examine the context for the realisation of children's rights in Viet Nam and will analyse the institutional framework which will support this work. It will also consider the situation of children based on the rights to health, education and development, protection and participation. The Situation Analysis will also examine cross sectoral issues and children's rights and the sustainable development agenda. Each of these substantive chapters identifies key priorities for children and makes recommendations to support Viet Nam to realise the rights of its children.

Viet Nam's golden opportunity

Viet Nam has experienced success in tackling poverty and increasing access to essential services for most of its people since the 1990s. Extreme poverty in Viet Nam decreased from almost 39% in 2002 to 3% in 2014. Viet Nam's population is young. Almost 70 per cent of Viet Nam's population is of working age (15-64), and young people aged 10 - 24 represent the largest age group, accounting for about 30 per cent of the population.

This current demographic spread offers a golden opportunity to Viet Nam to rapidly enhance its social and economic development by investing in children and young people. The children and young people of today will be building and driving Viet Nam's development for at least the next two decades. By applying key principles of equity, non-discrimination and accountability to this investment, Viet Nam can reach each and every child and build a strong foundation for a stable and prosperous future.

The context for children's rights in Viet Nam

Viet Nam is located in the South-East Asia region bordered by the South China Sea. It is also bordered by China to the north and Cambodia and Laos to the west. Three quarters of the country is hilly or mountainous and the remainder is delta. Poverty reduction has been significant, but Viet Nam must institute an equitable, inclusive and sustainable socio-development agenda to progress further. This involves tackling issues of inequality, chronicity, and vulnerability as well as the emerging issue of climate change in the context of

declining overseas development assistance (ODA). Viet Nam is increasingly vulnerable to the impacts of global climate-change, experiencing growing frequency of localised disasters and related phenomena. Imminent rapid ageing of the current young population, the effects of an imbalanced sex ratio at birth, and uneven population distribution among regions will become major challenges to development efforts in Viet Nam in the future. These challenges are in addition to the impacts of globalisation and the rapid development of Information and Communication Technology.

Viet Nam attained several MDGs before the 2015 deadline, notably the eradication of extreme poverty and hunger, universal primary education, and the promotion of gender equality. However, one of the key global lessons from the MDGs has been the growth of a consensus that addressing inequality is an essential element of socio-economic development planning. In retrospect, the MDGs were excessively focused on averages and aggregates and did not adequately address the differences and inequalities among population clusters such as income, social groups and gender. This is particularly the case in Viet Nam where economic and social development has not been experienced equally across the country.

The economic and financial crises of 2009 highlighted structural weaknesses in the economy, and chronic multidimensional poverty and inequality between the urban and rural populations and among ethnic minorities. Viet Nam's recent attainment of lower middle-income country status has led to declining ODA. This means that Viet Nam faces reduced flexibility in public spending and implementation of new policies, sectoral reforms, poverty reduction and basic service delivery for the most disadvantaged, including children.

In this context, Viet Nam's key focus, with the support of partners from the international community and the private sector, must be on improving the enabling environment for the realisation of children's rights. Put simply, an enabling environment for child rights means creating the space and structures in which children have the opportunity to freely exercise their rights, including their rights to life, development, health, education, participation and leisure, and adults have the knowledge and skills to facilitate this realisation of children's rights. A focus on the enabling environment means child-focused institutional development that is inclusive and equitable; capacity development of all actors in the community who have an impact on the realisation of children's rights including parents, teachers, the community, service providers, government staff and those in the justice sector; and, the development of mechanisms for transparency and accountability which ensure the quality and sustainability of socio-economic development.

As well as being Viet Nam's golden opportunity, children in Viet Nam are vulnerable. Child poverty is much higher than overall national poverty, particularly if a multidimensional measure of poverty is used. Children's deprivation is particularly evident in limitations in access to quality education and health services, water and sanitation, and leisure.

Governance and institutional framework for children's rights and well-being

The 2013 Constitution of Viet Nam recognised human rights as inherently natural rights and many laws and policies have integrated children's rights within their purview. However, varied definitions of the child, inadequate legal safeguards, overlapping roles and responsibilities in various systems and weak monitoring mechanisms have led to gaps and inconsistencies in overall governance.

The Socio-Economic Development Strategy (2011-20) (SEDS) and the five-year Socio-Economic Development Plans (2011-15 and 2016-20) (SEDPs) have strengthened the national policy framework by incorporating time-bound objectives of children's rights and well-being into the national agenda. The National Social Protection Strategy (2011-20), the National Plan of Action for Children (2012-20), the National Action Program for the Protection of Children (2011-15), the Child Accidental Injury Prevention Program (2013-15), and the National

Action Plan for Children affected by HIV/ AIDS (2014-20) cement the Government's commitment to children's rights. However, overlaps in design, fragmented coordination and implementation, resource deficits and other inconsistencies still need to be addressed to ensure the effective implementation of children's rights.

While fragmented financial resources contribute to inefficient resource utilisation, budget management mechanisms are ill-equipped for monitoring, assessment, capacity development and quality enhancement of child-focused interventions. The reporting, monitoring and evaluation of policies, plans and programmes related to children are not legally binding or adequately integrated into sectoral administrative systems. In addition, these administrative systems are capacity constrained and tend to be focused on administrative compliance rather than outputs and outcomes.

Data and analysis related to children's rights is inadequate despite regular surveys and sector-specific reporting at the various levels of government. Data is compiled from administrative reports, but the available databases are generally not synchronised and their reliability is questionable. This has led to the odd situation where the information is both excessive and insufficient for management and evaluation, and line ministries cannot take advantage of national and other ministries' statistical information systems for state management and reporting. Information on child protection issues in particular is neither available nor accessible. The mechanism for data collection and disclosure at all levels of government needs further improvement. Data should be compatible and comparable for more efficient planning, monitoring and evaluation.

The institutional structure in Viet Nam means that a range of different players have a role in the implementation of children's rights including: the Viet Nam Communist Party which issues general directives on policies and the legal framework including children's issues; the National Assembly which approves laws, plans and budgets for socio-economic development and national targeted programmes and the government (including ministries) which implements policies, laws, programmes and plans approved by the National Assembly. These institutions have line departments to ensure policies and laws are implemented at the local level. In addition, civil social organisations, the private sector, UN agencies and other international organisations are also working on children issues.

Rights to life, survival and development and health

The Government of Viet Nam recognises the importance of the right to health, particularly for children. Many Party documents have stated that investment in health is direct investment in sustainable development. Children's rights to life, survival and development as well as the right to the highest attainable level of health are interlinked with equitable and timely access to basic services and facilities such as healthcare, nutrition, safe water, sanitation and hygiene, and quality information delivered without discrimination. The complex and dynamic interplay of such factors at the levels of household, community and society contributes to positive outcomes for children.

Health and Nutrition:

Viet Nam has achieved noticeable results in reducing the child mortality rate owing to advances in the health sector such as family planning, vaccination, Vitamin A supplementation, breast feeding, nutrition control and integrated management of childhood illnesses including diarrhoeal diseases and respiratory infections, as well as increasingly skilled health staff. However, Viet Nam has also witnessed a plateauing of the pace of decline in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) since 2010 due to the difficulties in reducing neonatal mortality or infant deaths occurring within 28 days of birth, and the overall high rate of child mortality among ethnic minorities. About 85 per cent of neonatal deaths occur within the

first week of birth, 75 per cent within 3 days after birth and most within 24 hours of birth. This issue needs to be viewed together with the high adolescent birth rate, which has also shown slow decline in rural and ethnic minority areas due to inadequate delivery of good quality sexual and reproductive health services among ethnic minority groups in hard to reach areas, migrants, adolescents and people with HIV.

Respiratory and communicable diseases are major causes of child morbidity. Although vaccine preventable diseases among under-fives have shown declines, the risk of accidents and injuries, the burden of lifestyle related non-communicable diseases along with climate change related public health concerns is expected to increase. Higher attention needs to be paid to emerging health problems resulting from changes in living habits due to socio-economic development and climate change.

The proportion of children under 6 years of age identified as living with HIV in 2014 showed a threefold decline since 2011 which is the result of the targeted National Program on Prevention of Mother to Child Transmission of HIV. Although the proportion of children among people with HIV/AIDS has stabilised, universal testing coverage including for pregnant women has not been achieved and the care and treatment for children living with and affected by HIV/AIDS (estimated at 6,400 children in 2015) remains a challenge.

Viet Nam has made significant progress in child nutrition. However, disparities in malnutrition have increased in recent years which means that the improvements in nutrition have not been experienced equitably across the country. There is also a high prevalence of micronutrient deficiencies across the country. The incidence of underweight among children below the age of five has declined steadily over the past five years, however, stunting is widespread in many rural and mountainous regions, and obesity is showing an increase in urban areas in particular. Breastfeeding within an hour of birth and exclusive breastfeeding till the age of six months are effective strategies for malnutrition reduction and immunity development among children but their rates remain relatively low.

The Government introduced or revised several laws and policies between 2011 and 2015 to strengthen maternal and child health (MCH) and nutrition which have had positive outcomes for children. In addition, the coverage of essential and emergency obstetric care and MCH services improved, especially services such as C-section, blood transfusion, preterm and low-birth-weight new-born care and treatment at the district level and the prevention and handling of obstetric complications at both district and commune levels. However, the deficit of human resources, equipment and essential drugs constrain service provision.

While World Health Organisation (WHO) recommended interventions for maternal and child health (e.g. active management of third stage labour, early essential new-born care, training of skilled birth attendants, kangaroo mother care for underweight and premature new-borns and integrated management of childhood illnesses) are included in health care policies and programmes, implementation is not uniform. Inadequate mechanisms to monitor the quality of both public and private mother, neonatal and child health (MNCH) services, insufficient communication and professional skills hamper the reproductive health (RH) and MCH outreach.

Mental health and psycho-social well-being have not received adequate attention in policies and programmes even as it is recognised that children are prone to low self-esteem, depression, addiction, behavioural disorders and suicidal tendencies, especially during adolescence. In addition, the inter-sectoral linkages with participation in education, learning outcomes, neglect and violence have not been sufficiently explored.

Although 75.3 per cent of the population is covered by health insurance (in 2015) and all children under the age six are entitled to free medical examination and treatment at state health care facilities, households continue to bear the financial burden of ill-health. A socialisation policy in the health sector has helped to generate non-state financial resources for health care, however, the incentives for investment in private health sector development appear to be inadequate. Public funding for neonatal care, maternal and child

health has increased but the decline of ODA and a reduction in public funding for the national programme on HIV prevention and control has adversely affected HIV/AIDS related interventions.

Water, Sanitation and Hygiene: Access to safe water and, to a lesser extent, improved sanitation and hygiene has improved considerably since 2010. Overall, 92 per cent of the population accessed improved sources of drinking water by 2014 but children are missing out, with about a quarter of children in rural areas still deprived of clean water. Contamination of water, including arsenic contamination of ground water, is emerging as a serious challenge for public health. Even though water and sanitation systems have been expanded in schools, kindergartens and health facilities, a number of these facilities are not functional due to inadequate funding for operations and maintenance. People appear unwilling to pay for water consumption and maintenance of facilities and awareness of hygiene issues is limited, particularly in poor and/or ethnic minority communities in remote areas.

Notwithstanding efforts to improve latrine use and increase coverage of sanitation in schools in rural and remote areas, sub-optimal access and utilisation by ethnic minorities in rural areas and open defecation by most households in the Central Highlands and northern mountainous regions contributes to morbidity and stunting among children.

Efforts to regulate the management and usage of water and to foster cooperation among government agencies have not been very successful. Overall the basic water quality standards are not always met or enforced and the Ministry of Health's (MOH) technical standards on the quality of water for drinking (without boiling) do not meet international norms for drinking and food processing.

Rights to Education and Development

Education is a basic right which also impacts and is directly connected to children's ability to realise other rights both in childhood and later in life. Quality education enables a child to reach their full developmental and creative potential. It empowers and enables economically and socially marginalised adults and children to seize opportunities, lift themselves out of poverty and participate as citizens. Easy and timely access to, and participation in, relevant and meaningful teaching and learning processes at different stages of childhood and adolescence, impacts on children's attainments, including life and livelihood skills.

Viet Nam has made progress in making early childhood education and development programmes available to children in the last decade and has also achieved gender parity in pre-school attendance and access to primary education. Children's access to learning and playing materials in early childhood has improved, however access is not equal, children in urban areas have better access to toys while rural children make do with objects found outside the home.

Whilst improvements have been made in enrolling children in primary education, as can be seen from Viet Nam's achievement of MDG 2 related to school enrolment, the percentage of children dropping out or never attending school remains high. Disability, ethnic minority status and family migration are major impediments to children's schooling. School attendance rates among children with disabilities, children living in remote areas, ethnic minority children, migrant children, children affected by HIV, orphans, street children and trafficked children are low compared to the national average.

Approximately 3 per cent of children in the 5-17 age group have never been to school and about 40 per cent drop out before the age of 17 years. Every sixth child aged 5-17 participates in work and more than 40% of working children are out of school in order to work. Children are more likely to be engaged in work if they come from households with low income, living in rural areas and parents who had little education. The

quality of education also impacts on school retention rates.

Viet Nam is working on the enabling environment for the delivery of quality education. Many laws and regulations encourage education reform in Viet Nam towards “openness, flexibility, and connection between levels and methods, standardised and modernised education”. The Law on Children (2016), the Law on Education, the Comprehensive Poverty Reduction and Growth Strategy (CPRGS), SEDS for 2011-2020 and SEDP for 2011-2015, the National Program of Action for Vietnamese Children for 2011-2020, Education Development Strategic Plan for 2011 – 2020 and the National Plan of Action on Education for All 2003-2015, all pursue children’s right to quality education.

Viet Nam is also actively working to reduce student/teacher ratios to enable teachers to pay more individual attention to students, however, the application of new teaching methods is limited as the teacher training curriculum in colleges and universities has not focused on education renovation. Teachers lacking relevant knowledge and skills to deliver quality sessions are not able to positively impact student performance.

The growing decentralisation of state budget management offers greater autonomy to local governments and educational training institutions which could provide positive outcomes for children by locally targeting educational interventions. Local authorities are responsible for allocating the budget for local general education institutions. The Ministry of Education and Training (MOET) is responsible for state management of early childhood education, primary and secondary education, whilst the Ministry of Labour, Invalids and Social Affairs (MoLISA) is responsible for vocational training.

Despite the efforts of the Government and international organisations such as UNICEF or UNESCO and non-governmental organisations (NGOs), cultural and social norms, stigma and discrimination towards the most disadvantaged children continues to impede the delivery of inclusive quality education. Additionally, the enforcement of legal protections and policies is challenging among ethnic minority groups due to language barriers, culturally unsuitable curriculum and textbooks, and limitations in the capacity of education managers and teachers.

Infrastructure deficits such as the number and quality of buildings, classrooms and basic facilities for clean water, sanitation and hygiene, as well transportation, continue to hinder access to education for children with disabilities and children living in remote and mountainous areas. Adopting rights-based approaches to education which focus on equity would be of particular benefit for ethnic minority and other vulnerable children as it would ensure that resources are targeted to the areas of greatest need.

Children’s rights to protection from violence, abuse and exploitation

All children have the right to protection from all forms of violence, neglect, exploitation and abuse. As a party to the CRC, Viet Nam is required to take all appropriate measures to ensure children’s safety and security and to promote the physical and psychological recovery and social reintegration of child victims. Child protection relies on a strong policy and legal framework and functioning of systems of child welfare and justice for children. This policy and legal framework as well as the child welfare and justice systems form a part of the enabling environment for the realisation of children’s rights.

Although Viet Nam has achieved gender parity in children’s access to most basic services, the prevalence of gender-based violence highlights the importance of changing social norms as well as gender-sensitising and strengthening the protective environment. Under-age marriages and marriages between close relatives are prevalent in the mountainous areas, particularly in the northern mountainous areas and the Central Highlands. Under-age marriage has a negative impact on the realisation of child rights, especially for girls. There has also

been a dramatic increase in the number of reported cases of violence against girls as well as boys in recent years, although it is not clear if the increase is due to an increase in violence or an increase in reporting.

A large number of children in Viet Nam live without, or with partial, parental care. The numbers of street children and children of migrant parents are increasing due to limited wage employment and opportunities in rural areas. Children without access to appropriate care from a parent or guardian are more vulnerable to dropping out of school, neglect, exploitation including child labour and abuse. Child labour, though improving from a long-term perspective, is still prevalent. Participating in child labour increases children's vulnerability to abuse and exploitation and limits their ability to both receive an education and reach their full potential.

Most children in conflict with the law are aged between 16 and 18. The percentage of children aged between 16 and 18 in conflict with the law increased from 56.5% in 2006 to 67% in 2009 and 71.8% in 2013¹. Although imprisonment under the age of 18 is not encouraged in Viet Nam, the number of imprisoned children is high and termed imprisonment of up to 18 years is very high.

The rapid dissemination of information and communication technology (ICT) and the internet in Viet Nam has created a new and emerging setting for violence, abuse and exploitation of children – cyberspace. Access to ICT and the internet for children and young people is providing them with information and developmental opportunities as well as exposing them to online risks and threats (e.g. cyber bullying, abuse and exploitation, cyber radicalisation, online commercial frauds, habit formation and online enticement to illegal behaviours). Claims of increases in cases of ICT related risks and threats are largely anecdotal. However, several vulnerability factors indicate a likelihood of gross underreporting of such cases in Viet Nam. Experience accruing globally and regionally indicates that such cases will grow exponentially.

Viet Nam also needs to further develop a comprehensive and holistic child protection system which focuses on a continuum of care from prevention of violence, abuse and neglect, to providing appropriate services for children who need protection. The dearth of professionally qualified social workers to provide services to children and families in need is a major shortcoming in Viet Nam's child protection system. Appropriately skilled and trained social workers who have knowledge of child protection is essential to the development of Viet Nam's child rights enabling environment and the realisation of children's rights.

Birth registration, an important means of protecting children, has improved steadily with more than 90 per cent of children in Viet Nam registered at birth in 2014. Viet Nam has also made impressive progress in establishing a holistic legal framework for child protection and care. The 2013 Constitution identified the responsibility of government in implementing children's rights and the 2016 Law on Children incorporates and harmonises principles and standards of the CRC within national laws. However, shortcomings in legislation, constraints in resources and public awareness, differences in the definition of the child, common acceptance of physical punishment and child labour, data deficits, weak coordination and cooperation among relevant authorities still persist.

Children's Participation

Child participation is a key principle of the CRC. Ensuring children's right to participate means creating the opportunity for children to express their points of view to influence decisions which affect their lives. Child participation helps to deliver more relevant and better-informed solutions to issues which affect children and improves the outcome of child-focused interventions. Children also benefit from participation through an increase in their skills and confidence as well as supporting them to become active citizens in adulthood.

¹ Ministry of Justice and UNICEF. *Situation Analysis of the Viet Nam Juvenile Justice system, Viet Nam, 2014*

Children's participation has not received adequate priority in Viet Nam due to limited awareness, recognition of the right and the capacity of adults in public and policy arenas, as well as the lack of mechanisms to facilitate participatory processes. Constraints include limited participatory skills of adults and young people, insufficient mechanisms to support child participation and the lack of integration of children's rights to be heard and to raise their voices during child related decision-making processes at different levels. Participation of vulnerable children is further reduced due to limited access to information.

Attempts by mass organisations such as the Youth Union and international development agencies to increase child participation have been fragmented, mostly urban and school-focused and focused on informing children and young people. Various efforts to provide them with platforms, opportunities and services (e.g., school letter boxes, counselling services, one-to-one meetings and email exchanges between school management and students, children's fora) have been partially effective while the attempts of schools to encourage participatory teaching and learning methods are dependent on teachers' willingness and facilitating skills. Children's participation in decision making is still confined to extra-curricular activities in schools as the available mechanisms are unable to connect them with policy formulation processes or to ensure that their independent voices are heard in the judicial process. Generally, children have to proxy their participation through legal representatives or mass organisations.

The 2013 Constitution and recent laws including the Law on Children (2016), refer to the importance of children's active engagement in matters concerning them, access to information and expression of opinions and recognition of the value of children's testimony in legal cases. The Law on Children provides stipulations on children's participation and a decree guiding the implementation was issued. However, it is crucial to oversee the implementation to prevent adults in social and state institutions from interpreting the provisions based on their subjective perceptions, interests and priorities.

Cross-sectoral Issues

There are a range of critical issues that cut across children's rights to survival, development, education, protection and participation in Viet Nam such as disability, access to early childhood development, urbanisation, migration, climate change, the expansion of information and communication technologies and social and cultural norms. All of these issues require multi-sectoral responses by multiple stakeholders in order to improve the realisation of children's rights.

Disabilities: Children with disabilities continue to have limited access to basic, good quality services including healthcare and education, which constitutes a denial of their rights and further compounds their vulnerability. Early detection and early intervention services are still underdeveloped in Viet Nam with only one in five children with disabilities using special aids and devices. Only 30 per cent receive some type of social assistance. Although the policy and legislative framework for people with disabilities is fairly strong in Viet Nam, social prejudice continues to discriminate against people with disabilities and resource constraints reduce the effectiveness of policies and programmes in supporting children with disabilities to reach their full potential.

Integrated Early Childhood Development: Viet Nam has advanced children's access to early childhood education but needs to expedite efforts to incorporate the 29 per cent of children aged 3-5 years who currently miss out on early childhood programmes. Viet Nam also needs to improve the quality of these programmes through a stronger interface of early childhood education with childcare, health and nutrition and by ensuring locally available, low-cost, safe and attractive educational and recreational materials for children. The absence of an early childhood development policy and weak mechanisms for inter-sectoral and multi-sectoral coordination of programmes and interventions undermines collective efforts towards providing young children with a solid base for life.

Urbanisation and migration: Children in Viet Nam are significantly impacted by growing urbanisation and migration. Children affected by migration often experience fragmentation of their families, interrupted education, disrupted social networks and are more vulnerable to child labour. Although the rules of the Household Registration System (ho khau) have been relaxed, they continue to impede access of migrant children to essential social services, utilities, land and housing. Their specific concerns remain unaddressed in the absence of a central authority for social protection of spontaneous migrants and in the absence of an explicit focus on equity as a guiding principle for the delivery of child-focused services.

Climate Change: Climate change has a significant impact on children. Viet Nam is experiencing natural disasters of growing frequency and increasing intensity. These natural disasters damage physical and developmental infrastructure, disrupt the provision of basic services such as health care, education, housing and clean water, and reduce vulnerable population's ability to sustain their livelihoods. Climate change is likely to aggravate malnutrition, water-borne diseases and serious respiratory conditions among children, who are also likely to bear the burden of increasing emergencies and humanitarian crises caused by more extreme weather events. Climate change is also impacting livelihood security leading in turn to migration.

Information and communication technologies: The expansion of internet and mobile phone coverage provides exciting opportunities as well as increased risks and vulnerabilities for children globally and in Viet Nam. While children are able to access information and connect with people beyond their immediate circle easily and quickly, their growing online presence exposes them to unsuitable content (for example, pornographic and violent imagery) and the potential for abuse and exploitation. The anonymity offered by the technology encourages offenders to engage with and groom children for sexual purposes online as well as offline. International experience also highlights the impact of online connection and social media with children's mental health.

Child Rights and Business Principles (CRBP): The realisation of children's rights is not an automatic consequence of economic growth. Economic growth has the potential for incredibly positive impact for children, however it is important to remember that business enterprises can also negatively impact children's rights. A more cohesive understanding of the role of businesses in the protection and realisation of children's rights is needed. In addition, the private sector should be seen as a partner in the implementation and realisation of child rights.

Children in Sustainable Development Agenda 2030

The global sustainable development agenda and the resulting SDGs help to identify key child rights issues and provides a framework to advance those rights. To ensure the effectiveness and sustainability of Viet Nam's efforts to implement the sustainable development agenda, Viet Nam needs to apply equity as a key guiding principle in the steps it takes to realise children's rights and the SDGs. Utilising an equity approach will support and enable Viet Nam to reach the most vulnerable and will ensure the future development and prosperity of the nation.

Although the focus on achieving the sustainable development agenda is based on a solid platform of past achievements, Viet Nam faces a range of challenges to realise child rights and improve the situation of children. Key challenges include; addressing neonatal mortality, lifestyle and climate change related mortality, morbidity and malnutrition, improving the quality of primary education while working for universal lower secondary education, and strengthening the protective environment for children while anticipating and responding to online threats, abuse and exploitation. These issues find resonance in the SDGs and can be addressed meaningfully in harmony with the SEDPs and the roadmap to the SDGs.

Data and evidence collection supports targeted, efficient and economical interventions for children. However, the level of disaggregation of data required to understand and address disparities in basic indicators of health, nutrition, education and standards of living between urban and rural areas, between different regions and population groups has not yet been achieved in Viet Nam. Qualitative information that could support innovative and nuanced approaches to the realisation of children's rights is still inadequate.

Viet Nam's policy orientation for long-term development through the SEDPs offers considerable space for advancing a child-oriented agenda. In addition, the 2030 sustainable development agenda carries an equity focus and calls on governments to ensure that "each and every child" is able to realise their rights and that "no child is left behind". This emphasis is implicit in Viet Nam's Constitution, policies and legislation, the post 2015 development agenda and the SDGs. Viet Nam must focus on disparity reduction and equitable access to good quality basic services to accelerate progress for children's rights including rights to survival and development, to education, to protection and to participation.

A twin-track approach of tracking and responding to the needs of the most vulnerable groups of children with appropriate interventions at the same time as strengthening systems for the implementation of children's rights is needed to advance all children's rights. Focusing on neglected or vulnerable children will ensure that no child is left behind. Prioritisation of the most vulnerable population groups and regions is essential to attain child rights development targets and to consolidate efforts to improve effectiveness, efficiency and sustainability in national planning processes. Equitable progress requires effective and innovative processes for reaching out to children, families and communities that are still lagging behind. Viet Nam could apply a geographical focus on areas where ethnic minorities are concentrated and/or a thematic focus on groups of children known to be at particular disadvantage (e.g. children with disabilities) with situation specific and nuanced interventions.

Integrated, multi-sectoral and outcome-oriented strategies and approaches create the enabling environment to effectively address a range of children's rights issues. In order to utilise resources, address priority issues and deliver optimal results for children, the life cycle approach which identifies four key stages in a child's life (during pregnancy, infancy, early childhood and adolescence) which correspond with both vulnerability and opportunity for effective interventions, could be applied. The 1,000 days between a woman's pregnancy and her child's second birthday, early childhood and adolescence are cost-effective "windows of opportunity" that can facilitate a coordinated response to several key challenges faced by Viet Nam, including dealing with childhood illnesses and malnutrition, cognitive and social development, and improving children's attainments, resilience and positive habits.

Geographical focus in the delivery of basic services: The regions with less developed socio-economic conditions (such as the northern midlands, mountains, and the Central Highlands) and the areas predominantly populated by ethnic minorities are not equitably experiencing the benefits of economic progress. Uneven population density, geographical remoteness, and socio-cultural marginalisation heighten the vulnerability of some population groups (e.g. ethnic minorities, persons with disabilities, and residents in rural areas). Rural areas lag behind urban areas in several child rights indicators. Although the disparities between rural and urban areas need to be reduced, urban children also have their own set of issues that need to be recognised and addressed. Basic service delivery and interventions need to be targeted to geographical areas which contain the most disadvantaged and vulnerable populations.

Strengthening of national systems: The SDGs aim to address key systemic barriers to sustainable development such as inequality, unsustainable consumption patterns, weak institutional capacity and environmental degradation that the MDGs had overlooked. These problems are not bound within poverty reduction approaches, but rather extend to structure, growth models, capacity building, knowledge sharing and technical transfer, development of policies for financial security and the strengthening of national systems. This broad

and holistic approach to sustainable development entails stronger and more innovative systems with secure financing, coherence, outcome orientation and sustainability in the design of policies and programmes, capacity development, partnerships and monitoring and evaluation. Accordingly, the children's agenda needs to be integrated within national systems and implemented through the national planning frameworks.

Resource mobilisation, allocation and utilisation for children's rights: Increased investment in children is critical for reaping the demographic dividend of Viet Nam's youthful population before 2040 when the population will begin to tip towards an ageing population. Reduced development assistance due to Viet Nam's lower middle-income country status has to be factored into short, medium and long-term planning and perspectives. Effective utilisation of available resources, strategic partnerships and collaboration are required along with prioritisation of the most critical children's rights issues. Driving the development agenda forward will require implementing innovative approaches and interventions with proven track records in delivering results, capacity development to removing barriers and bottlenecks, coordinated action, close supervision and accountability mechanisms.

Investment in the knowledge base on effective utilisation of basic services: In addition to capacity development of those delivering key services, multi-sectoral programmatic responses to complex inequities require evidence-based planning, dynamic monitoring, capacity development, supervision and review. However, the level of disaggregation of data and qualitative information required to support disparity reduction and innovative and nuanced approaches to the realisation of child rights is still inadequate in Viet Nam. Strategic investment in generating critical information and inter-sectoral collaboration is required in view of issues such as climate change and the expansion of ICTs and the internet, which also highlight the imperative of international collaboration.

Universal access to health care, including sexual and reproductive healthcare services: Reduction of neonatal mortality by strengthening antenatal and postnatal care, skilled birth attendance and institutional deliveries can contribute to reducing neonatal mortality, however, long term change requires supporting policies to improve neonatal and maternal health care through securing finance, human resources, technology and cooperation of health workers, maternal emergency care specialists and paediatricians in difficult areas. Appropriate interventions for establishing "herd immunity" through immunisation programs are needed in areas with low vaccination rates. Effective monitoring of the regulatory framework could facilitate timely access and utilisation of reproductive, maternal and child health services, especially by ethnic minority girls and women living in remote areas. A comprehensive study of the impact of the "socialisation of health care" policy on the household economy and the role of privatisation in inducing demand could ascertain if these policies and regulations need to be revisited.

The right to health also needs a focus on malnutrition and sanitation and hygiene. Viet Nam is in a state of nutrition transition which requires urgent and concerted action to reduce stunting, obesity, micronutrient deficiencies and disparities in nutritional status in order to end all forms of malnutrition. As the negative impacts of pollution, arsenic contamination of groundwater and climate change are becoming evident, the issues of universal access to improved sanitation and hygiene, safe water and environmental protection also need urgent attention.

Inclusive and equitable quality education: Early childhood development focusing on ethnic minority children and children with disabilities is crucial to decrease inequalities and increase development results in Viet Nam. Initiatives to bring out-of-school children into the education system need to be explicitly addressed in national education policies to ensure universalisation of primary education. National policies should support the development of education and public infrastructure to overcome barriers and bottlenecks to schooling for marginalised groups including children with disabilities, ethnic minority children and migrant children.

Viet Nam also needs to focus on the provision of quality education for all children to improve retention rates,

reduce child labour and to ensure Viet Nam is well placed to continue to grow economically. Incorporating innovative approaches to teaching which draw on international best practice into the curriculum at teaching colleges as well as supporting professional development for existing teachers will support this progress.

There is increasing demand among children and young people for skills to live safely in the digital world and to understand and take advantage of information technology and the internet. As the internet is a space of immense potential, but also of risk for children, equipping children with the skills to safely navigate this space is an urgent priority.

Children and young people's resilience to the impacts of climate change is improved through equipping children with the knowledge and skills which will enable them to contribute to reducing climate change. This also reflects SDGs 11 to 15 calling for actions to ensure that cities and human habitations are safe, inclusive, sustainable and resilient to climate change. The SDGs also call for ensuring sustainable production and consumption, biosecurity, environmental protection and urgent actions for climate change. Decentralisation of management and budgeting for autonomy of the education system could harness synergies in interventions with resources which improve results for children.

Elimination of all forms of violence, abuse and exploitation with a focus on gender equity and children's empowerment: Viet Nam has recently engaged in significant and positive reforms of its legal and policy framework to ensure child rights and protection. Effective implementation of the legal framework for children's rights requires substantiation of legal provisions through guidelines and protocols and dynamic capacity development of state and social institutions at various levels. It also requires performance monitoring and especially, accountability of relevant sectors, leaders of agencies and local authorities for the protection of children. Ultimately the national systems should be able to deliver a comprehensive and inter-connected set of child protection services ranging from prevention to rehabilitation and reintegration of children in need of special protection in conjunction and collaboration with key partners, including mass organisations, NGOs and local communities.

The capacity of specialised agencies in the social welfare system, police, court, procuracy and other law enforcement agencies as well as their staff and officers needs to be systematically enhanced to ensure child-friendly approaches to deal with child related cases.

Anticipated reforms of the **social welfare system** will expand social assistance services for children and intended beneficiaries at different levels, however, community-based prevention, rehabilitation and reintegration programmes and services for children in conflict with the law need to be expanded.

The justice system for children would benefit from capacity development of law enforcement agencies and officials for dealing with cases involving children. These same agencies need increased knowledge, inter-sectoral coordination mechanisms and international cooperation in order to deal with the increase in online offences. Rehabilitation and prevention programmes at the community level are needed for children and young people in conflict with the law. However, the success of these programmes will depend very much on local authorities, civil organisations and the individuals working with children's issues.

Child protection should be integrated into other early childhood, primary and secondary interventions in conjunction and collaboration with civil society organisations and NGOs. At the same time, the health system needs to be galvanised for routine identification of vulnerabilities (e.g. disabilities, gender-based and domestic violence, sexual abuse and exploitation, mental health), care and treatment, monitoring and reporting. The education system needs to be equipped for gender-sensitivity and respect for diversity among children, and deliver programmes which empower children to protect themselves, support others and if needed, report cases of rights violations.

Collaboration between related sectors would enhance the efficiency of current mechanisms.

Comprehensive approaches to the development and participation of adolescents: Greater efforts are needed to address the vulnerability of adolescents in the 16-18 age group resulting from the lack of protection due to the Law on Children (2016), which did not extend the definition of a child to age 18 in line with international law, thus excluding children aged 16 -18 from the protections granted under the Law on Children.

Promotion of effective approaches for reducing and responding to gender-based violence in schools and institutions: Mandatory implementation of child protection policies should be required of institutions that provide services for children, including schools, institutions and hospitals. In addition, resources need to be assigned to assist the development of school-based social workers and/or counsellors' networks, and support for teachers in child protection and care to minimise violence against children in schools.

Institutionalising children and young peoples' participation: There are a range of strategies which can be employed to encourage children's participation including; the promotion of feasible approaches to engage children, permanent mechanism(s) at different levels of government, schools and community-based fora, interventions recognising the agency and dignity of marginalised and vulnerable children, and training of adult duty bearers in practice standards. These sorts of strategies are crucial for institutionalising children's participation and enabling children to acquire analytical skills and express their opinions with confidence. Programmes for children at provincial, district and commune level would facilitate children's participation in a range of activities including situation analysis, planning, designing, implementation, monitoring and evaluation. Appropriate approaches and communication are essential in working with vulnerable groups as children with disabilities, ethnic minority and migrant children.

Five intervention areas recommended by the UN Committee on the Rights of the Child to improve the capacity of children in Viet Nam to participate, include: (i) the development of effective policies and legislation; (ii) opportunities for child participation in groups or individually; (iii) opportunities for participation of all children; (iv) training for adults on action standards; (v) practicing participation in all aspects of a child's life, as well as piloting and scaling up potential models and initiatives at school and community level. The potential upscaling requires guidelines and standards, relevant tools and methodologies for different sectoral and thematic areas and public arenas, coordination across the sectors and real-time monitoring along with renewed engagement with various stakeholders for meaningful children's participation.

Multi-sectoral collaboration and partnership to accelerate results

Child rights are interlinked and interdependent. The realisation of children's rights in Viet Nam relies on multi-sectoral collaboration and partnership with community, NGOs, the private sector and the international community. The realisation of children's rights is a complex, interrelated and multi-sectoral issue which requires collaboration and cooperation across and within sectors and with a range of stakeholders, including children.

A multi-sectoral approach which enhances collaboration for initiatives and interventions for the protection, care and education of children and focuses on the efficient utilisation of financial, human and technical resources holds the promise of optimising results for children and ensuring a stable and prosperous future for Viet Nam.



CHAPTER 1. INTRODUCTION

Since the ratification of the Convention on the Rights of the Child (CRC) in 1990, Viet Nam has made efforts and significant achievements in the realms of children's rights and socio-economic development. As a lower middle-income country with a healthy 6.3 per cent annual GDP growth and a Human Development Index ranking of 116th out of 188 (UNDP, 2015), the country made commendable progress towards several Millennium Development Goals (MDGs). A situation analysis of children in Viet Nam (hereinafter referred to as Situation Analysis) becomes imperative to take stock of achievements and to determine the unfulfilled agenda and challenges ahead as Viet Nam makes the transition to the Sustainable Development Goals (SDGs). The Situation Analysis will highlight the most critical issues for development policy and programmes and guide effective responses by institutions and organisations that have a stake in promoting children's rights and well-being.

1.1. Purpose and objectives

This Situation Analysis will form the basis to support national research, policy formulation, planning and budgeting in the interests of children. It should be noted that this Situation Analysis is not a country report that is prepared by the Government as part of reporting obligations under international conventions and treaties such as CRC, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD). Instead, this is an analytical report that attempts to provide a comprehensive assessment and a shared understanding of the situation of children, child focused development potential and critical issues for children in Viet Nam based on data and evidence from all available and verifiable sources.

This Situation Analysis has three primary objectives:

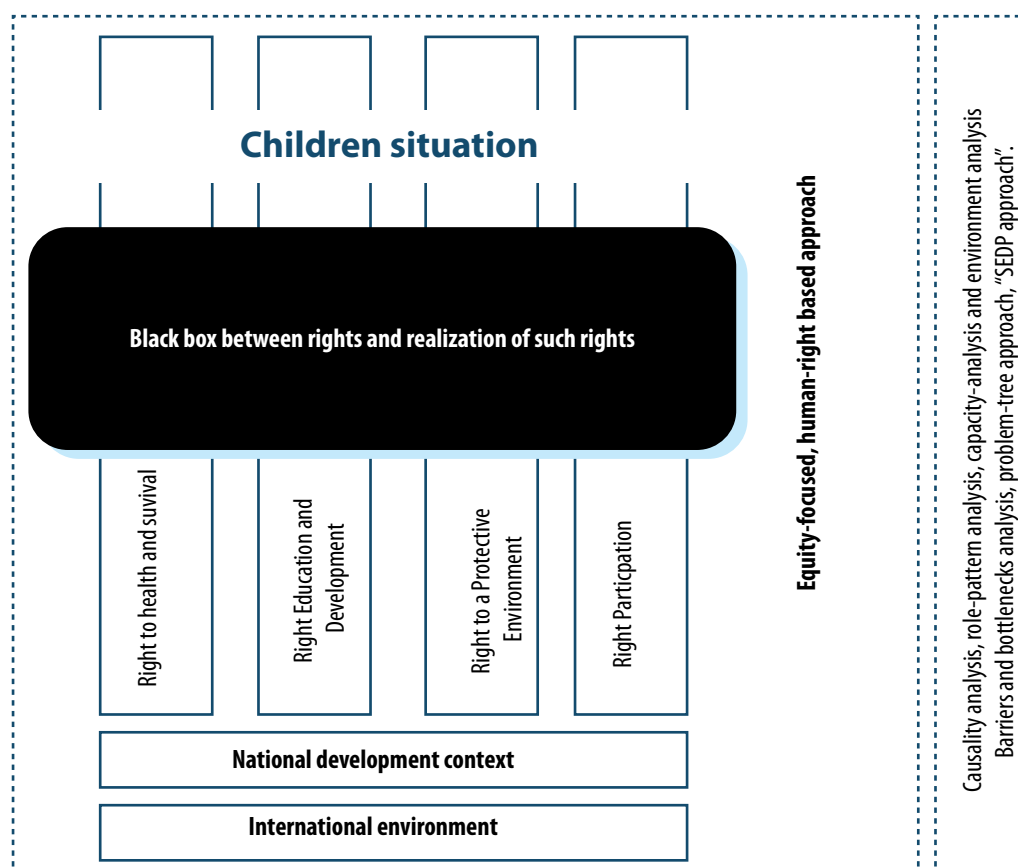
- I. To improve the understanding of the current status of children's rights in Viet Nam and shortfalls and inequities among key duty bearers and stakeholders, including the Government of Viet Nam (GoV), development partners and other organisations and institutions, as the basis for recommending actions, especially those directly related to socio-economic development planning, budgeting, implementation, monitoring and evaluation;
- II. To identify capacity deficits at the national and sub national levels that impede children's rights to survival, development, care and protection, and participation, particularly among the most vulnerable and disadvantaged, which necessitates a collective response from duty bearers and stakeholders; and
- III. To provide practical recommendations on the immediate, intermediate and long-term development processes to improve the situation of children in Viet Nam.

1.2. Conceptual framework

This Situation Analysis lays an emphasis on “each and every child” which is guided by the CRC, to which Viet Nam was an early signatory, and relevant provisions of the national Constitution, policies and legislation. The principle of “no child left behind” is in line with the theme “no one left behind” featured in the sustainable development agenda 2030.

This Situation Analysis employs human rights based, equity focused and systems-oriented approaches, and the concepts of resilience and children’s participation to attempt a rigorous, nuanced and contemporary perspective on children’s rights in Viet Nam. The overall conceptual framework of a rights based approach requires that all analysis is filtered through an equity focus which identifies barriers and bottlenecks to the realisation of children’s rights in the context of national social and economic development. This approach is illustrated in the Figure 1.1.

Figure 1.1. The conceptual framework



A Human rights-based approach (HRBA) is based on the recognition of children as “rights holders” and “active agents” and a corresponding obligation for duty-bearers and stakeholders to address both the non-realisation of children’s rights and the underlying causes of rights violations through optimal utilisation of resources and accountability to secure the rights of all children. A rights-based approach, as articulated in the CRC, CEDAW, CRPD and other key international standards, agreements

and conventions, is based on the principles of universality, equality and non-discrimination, accountability and participation. Having been ratified by Viet Nam, these international laws are essential references for a HRBA.

Critical to HRBA are assessments of the enabling environment, structural and systematic barriers and bottlenecks to achieving positive results for children, as well as the exploration of socio-cultural norms, values, beliefs and practices and other personal and environmental factors that determine key behaviours at the levels of the individual, family, community, society and policy which impact the realisation of children's rights.

The imperative of achieving results by addressing causes and not just the manifestations, identifying and addressing discrimination, strengthening systems, institutional mechanisms and capacities, and promoting stakeholders' participation guided the information gathering, synthesis and analysis for this situation analysis in accordance with a HRBA. Taken together, these factors contribute to the discussion on the ways and means of strengthening the relevance, efficiency, effectiveness, sustainability and impact of overall systems in terms of basic services, well-being and opportunities for children.

Table 1.1. Analytical components of HRBA

<p>Causality analysis</p> <p>Using the problem tree exercise and MoRES tools</p>	<ul style="list-style-type: none"> • Consensus on the key children's rights issues, their manifestations and consequences and immediate, underlying and systemic causes • Causes (roots and sub-roots) and consequences (branches and sub-branches). • Potential/feasible solutions, concerns and decisions
<p>Role-pattern analysis</p>	<ul style="list-style-type: none"> • Identification of the duty-bearers and rights-holders and their responsibilities and obligations • Relationship between the rights-holders and duty-bearers for each children's rights/development issue being examined, sub-divided to the extent possible – including at community, regional, national level if possible • Response to each children's rights/development issue in the SEDPs
<p>Capacity-gap analysis</p>	<ul style="list-style-type: none"> • Capacity constraints of the duty bearers (including but not limited to government agencies, communities and families) and the rights holders. • Critical capacity gaps in public services and systems • Strengths and weaknesses of capacity development systems and processes, and the barriers and bottlenecks.
<p>Analysis of the enabling environment</p>	<ul style="list-style-type: none"> • Influence/impact of social norms and other environmental factors determining key behaviours at different levels, deficits in policies, legislation, and budgets, and institutional weaknesses in the realisation of equitable children's rights

The four analytical components of a HRBA (. causality analysis, role-pattern analysis, capacity-gap analysis, and environment analysis) guided the discussion on children's rights to health, nutrition, water, sanitation and hygiene, rights to education and development, rights to protection against abuse, neglect, and exploitation, and rights to participation. The problem tree analysis was employed for arriving at a shared and systematic understanding of the causes and effects of specific issues, prioritising them, and developing clear objectives for the next course of action.

Equity focus: Guided by the principles of universality of children's rights and the best interests of the child, the Situation Analysis also systematically examines patterns of inequities in the realisation of children's rights. While a HRBA helps in examining the extent to which all children in Viet Nam are able to enjoy their rights, its complementary equity-focused approach aims to prompt a policy level response to the issues of the most deprived communities and children (see Table 1.1.). Indeed, global experience has shown that the "last mile" challenge in socio-economic development is due to the inability to locate, identify and reach out to the most disadvantaged.

As a middle-income country, the "last mile" challenges of socio-economic development are particularly relevant in Viet Nam. For this Situation Analysis, reaching the last mile means reaching children in rural, isolated, and/or disadvantaged communities with little access to communication and poor infrastructure. Communities in this context are disconnected from valuable products and services, often leading to a perpetual state of poverty. Part of the difficulty in reaching the last mile, in addition to the human and financial constraints and lack of infrastructure, is that interventions and services are not designed or equipped to reach these unique environments. In order for last mile solutions to be sustainable, they must address challenges specific to low-resource settings².

In order to understand how the system of governance is responding to children's rights in differing contexts and at many levels, the researchers used the Monitoring Results for Equity Systems (MoRES) framework, which supports the identification of barriers, bottlenecks and enabling factors that constrain or advance the achievement of desired outcomes for disadvantaged children. The enabling environment as well as the supply, demand, utilisation and quality of goods, services and other crucial inputs are determining factors in this framework.

While analysing the situation of all children under the age of 18³ in the country, particular focus is on those under the age of 16 and the most marginalised and disadvantaged groups in order to ensure that no child is left out. The situation of children belonging to ethnic minorities and who are living in remote rural areas, children in special circumstances including street children, migrant children, and children in conflict with the law etc. requires special attention from a perspective of universal rights and to address the "last mile" challenge.

Resilience: The ability of individuals, communities, regions and the country to withstand economic shocks and natural disasters, whether localised, extensive or nation-wide, is an important determinant of the enabling environment for children's rights. Resilience in Viet Nam has not, as yet, been subjected to a serious enquiry in spite of close linkages with the equity agenda and effective policy and programme development.

Social norms and cultural practices influence several children's rights issues but growing inequities and pockets of poverty and hardship, vulnerability to disasters and, increasingly, to climate change compromise the ability of communities, families and parents to be effective as duty bearers. Their capacity and ability to withstand threats or shocks, or the ability to adapt to new livelihood options in ways that preserve their integrity and do not compound vulnerability needs to be explored and strengthened. In addition, how children can be engaged in Viet Nam's collective efforts to enhance resilience is an unexplored but important dimension as children are extremely vulnerable to natural disasters and climate change.

² <http://globalwa.org/issues/2016-2/last-mile-delivery/>

³ As defined in the Law on Children 2016, children in Viet Nam are the persons under 16 years old (see details in Chapter 3). This definition is not in line with international law which defines children as those under 18 years of age.

Capacity development: A rights-based situation analysis also seeks to identify the key actors responsible for ensuring the fulfilment and protection of children's rights and assessing their capacity to meet their obligations. Improved understanding of critical children's rights issues needs to be accompanied by strengthened national and sub-national capacities for monitoring and collective action by duty-bearers and stakeholders to improve policies and governance.

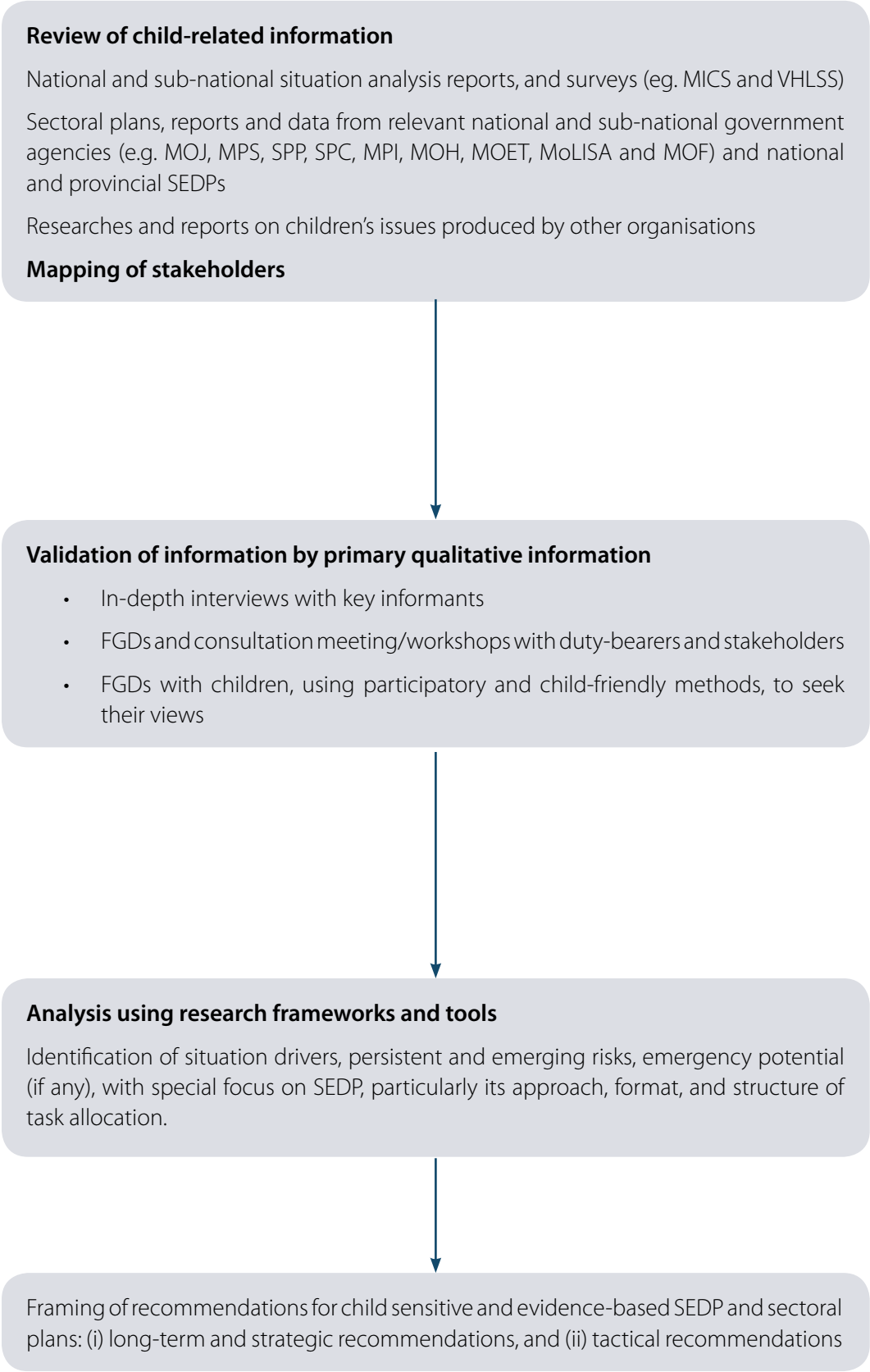
Indeed, the issue of capacities is a recurring theme in the assessment and analysis as the Situation Analysis seeks to influence the process of capacity development of the duty bearers, as well as, the rights holders. Capacities are not limited to financial or material resources but also constitute technical knowledge and skills, information flows, motivation, supervision, authority and coordination in the interests of children and women's rights. This approach results in a comprehensive, outcome-oriented perspective of capacity development.

1.3. Methodology and process

This Situation Analysis, which covers all Vietnamese children, is an analytical report, articulating information and data available on children's situation in Viet Nam since 2010. The report is based on an extensive review and analysis of secondary data (particularly reports from both administrative and survey sources), research, and documents, at both national and sub-national levels. Information is also enriched by in-depth interviews, focus group discussions (FGDs) and consultations to validate and substantiate the findings, and periodic review of drafts. The process and methodology are participatory by design, involving the sharing of research design and tools with stakeholders, especially government partners, and periodic feedback and revision to reflect a shared understanding of the issues and ownership in the final draft. Semi-structured interviews allowed interaction between the researchers and informants, with scope for clarification and capturing of nuances. The interim findings were shared with the informants and stakeholders during the process through consultation meetings/workshops as well as comments by stakeholders on report drafts (see Figure 1.2).



Figure 1.2. Research process



Desk research: Existing studies, reports, surveys, statistical data such as the Multiple Indicator Cluster Survey (MICS), the Viet Nam Household Living Standards Survey (VHLSS), the annual Viet Nam Population Change and Family Planning surveys, the Viet Nam Population and Housing census, the Inter-Census Population survey, the survey on labour-employment, etc. and documentation and analysis of legislation, policies and programmes of the Government of Viet Nam were reviewed. Especially SitAn reports such as the national SitAn 2010, and provincial SitAn of Gia Lai, Kon Tum, An Giang, Ninh Thuan, and Lao Cai (draft) have provided valuable inputs for this report. Although official data and analysis were primarily used, publications and documentation of national and international organisations, including UNDP, UNICEF, the World Bank and international non-governmental organisations (INGOs) were also referred to in order to fill information gaps and add value to the analysis. Among the data sources, MICS provided niche data related to major concerns regarding children to the preliminary findings and set the base for further analysis.

The researchers reviewed the available information to identify differences in development outcomes between population groups and regions, and the condition of the most marginalised and disadvantaged categories of children. The recognition of equity issues in the current policy and legal framework, the availability and utilisation of disaggregated data, the distribution of capacities, and the ability of the most vulnerable and disadvantaged to access and utilise basic services were important topics of the research in order to contribute to discussions on improving and accelerating results for children.

Interviews and consultations: Government officials and key development partners, including UN agencies, research institutes, donor agencies, international and national NGOs, and women's and youth organisations were engaged with through semi-structured interviews on children's rights and related issues, consultations and sharing workshops. Interviews and consultations at the central level with government ministries and agencies were aimed at getting an overall view of the situation while the information about the sub-national situation was retrieved from secondary sources and through a visit to Quang Binh province in January 2016 by the researchers.

Consultation: The line ministries of the government working on children's rights periodically reviewed the drafts and provided written and verbal comments and additional inputs at consultations.

With the ambition of strengthening the evidence base for policy-making in the interests of children's rights in Viet Nam and making available information that could assist with advocacy, policies and plans, the situation analysis process involved a desk review of recent research and documentation, and data from surveys, interviews and focus group discussions (FGDs) with representatives of government's agencies. With the Ministry of Labour, Invalids and Social Affairs (MoLISA) providing leadership and coordinating support, various government ministries, departments and agencies responsible for addressing children's issues participated in the process. UNICEF assisted MoLISA with process monitoring and inter-agency coordination, in addition to technical oversight and inputs while T&C Consulting conducted the research.

The findings from the process were reviewed periodically by the steering group and the technical committee. The research process, documentation and finalisation of the report were monitored by an inter-sectoral steering committee, led by MoLISA, and involving other line ministries such as the Ministry of Planning and Investment (MPI), the Ministry of Foreign Affairs (MOFA), the Ministry of Finance (MOF), the Ministry of Health (MOH) and the General Statistics Office (GSO)⁴. The research and documentation processes were also guided by a technical committee, also led by MoLISA, with participation of specialists from the MOH, the Ministry of Education and Training (MOET),

⁴ Decision 685/QĐ-LĐTBXH of the Minister of MOLISA. May 26, 2015.

the Ministry of Justice (MOJ), the Ministry of Home Affairs (MOHA), the Ministry of Public Security (MPS), the Ministry of Agriculture and Rural Development (MARD), the Ministry of Information and Communications (MIC), the Ministry of Culture, Sports and Tourism (MCST), MOF, MPI and MOFA, as well as the Parliament Office, the Supreme People's Procuracy of Viet Nam (SPP), the Supreme Peoples' Court (SPC), the Committee for Ethnic Minority Affairs (CEMA), and the Government Office⁵.

Consultations with governmental organisations, civil society organisations (CSOs), academic institutes, community groups and children aimed at collating in-depth and nuanced information and sharing the analysis. They also provided an opportunity to engage and enhance the ownership of stakeholders and raise public awareness about children's issues.

Field visits: The research team has conducted a field visit to Quang Binh province to have direct interaction with stakeholders at grassroot level as well as with children in a different environment. Interviews and FGDs with government officials at provincial, district, and commune levels were conducted. FGDs with parents and children were conducted, as well as FGDs with children with disabilities and ethnic minority children (see details in Annex 3 – Details of the field work and Annex 4 – List of informants). The information collected enriched and was incorporated in analyses of this report.

1.4. Limitations

Non-availability of sufficiently disaggregated data and information on emerging issues posed a major challenge for monitoring and analysing disparities. Such data gaps have adversely impacted the monitoring and evaluation of progress and outcomes. And such limitations, in turn, impact the analysis of child-related indicators as well as children's situation more broadly, especially in the sections on health. On the other hand, aggregate data is lacking in terms of financial resources, particularly data on state budgets of national and sectoral programmes for and related to children. Analysis of governance was hampered by an inability to locate reliable and/or formal documents on social economic development and sectoral development planning processes. The body of work on emerging issues is also inconclusive due to limited documentation and inadequate quantitative and qualitative data.

The available data was at times inconsistent, dispersed or out of date. Inconsistencies have been observed in data from certain sources. For example, Viet Nam's infant mortality rate and under-5 mortality rate in MICS5 was 16.21 and 19.74 per 1,000 live births respectively in 2014⁶. However, other estimations of these rates were 14.9 and 22.4 per 1,000 live births respectively in 2014.⁷

In addition, limited time and resources constrained systematic processes to engage with children. Meaningful involvement of children in a situation analysis requires substantial resources, additional processes and appropriate methodologies.

⁵ Decision 691/QĐ-LĐTBXH of the Minister of MOLISA. May 26, 2015.

⁶ General Statistics Office and UNICEF, Viet Nam Multiple Indicator Cluster Survey (MICS) 2014 - Final Report. GSO, Ha Noi, Viet Nam

⁷ Socialist Republic of Viet Nam: Country Report: 15 years achieving the Viet Nam Millennium Development Goals (MDGs), MPI, Ha Noi, 2015.



CHAPTER 2. THE CONTEXT FOR CHILDREN'S RIGHTS IN VIET NAM



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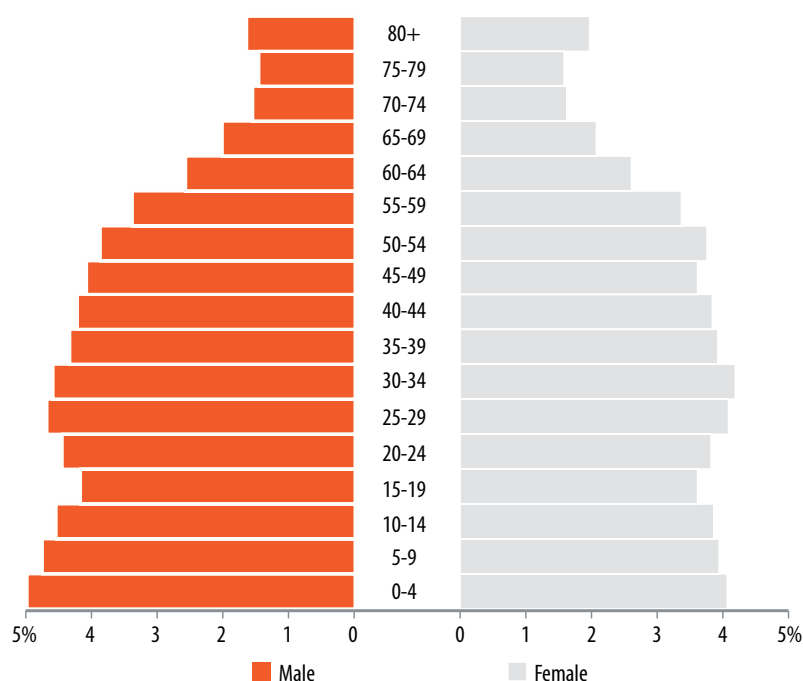
The external milieu and processes have an undeniable impact on the lives and experiences of children. Accordingly, an understanding of the current situation of children and the critical factors that will play an influential role in the realisation of their rights needs to be situated within their socio-cultural, geographical, economic and policy environment. The following discussion is a contextual analysis of children's rights in Viet Nam.

2.1. Geography and Demography

Viet Nam is located in Southeast Asia with a total area of 331,000 km² along the shore of the East Sea. It is a 1,650 km long thin stretch of land between the latitudes of 23°23' North and 8°27' north with 3,260 km of coastline and thousands of islands. It shares the inland border with China in the north, and Laos and Cambodia in the west (MOFA, 2015).

Mountains and hills account for three-fourths of Viet Nam's land mass with about one per cent of the area being 2,000 m above sea level. The terrain gradually tapers following the flow of main rivers from the north-west to south-east. The Red River and the Mekong River are among nearly 3,000 rivers in Viet Nam, but account for 75 per cent of the total river flow in the country (UNICEF, 2010, MOFA, 2015). A strait of plains along the coastline with an area of 15,000 km² connects the Red River delta in the north and the Mekong River delta in the far south covering about 16,700 km² and 40,000 km² of area respectively (GoV, 2015b). Notwithstanding the scenic landscape, mountainous expanses challenge development efforts, in the remote regions in particular. Rivers and other open water bodies are a child protection issue, with drowning being a leading cause of fatal accidents in Viet Nam (MOLISA and UNICEF, 2010c).

Ranked 14th in the world in terms of the size of population, Viet Nam had a population of more than 90 million in 2014 with 49.3 per cent male and 50.7 per cent female (GSO, 2015a). The population structure is uniquely characterised by both an abundant cohort of young people but a rapidly aging trend. Viet Nam has entered a golden period of population since 2010. The working age population (15 to 64 years) accounted for 69.4 per cent in 2014, which translated into more than two people of working ages for every person in the age groups considered dependent (i.e., 0-14 and 65 and above). Young people aged 10 to 24 constitute the largest age group and account for about 30 per cent of the total population (GSO, 2015). (Figure 2.1 illustrates the structure with a population pyramid of Viet Nam in 2014). This demographic composition offers Viet Nam opportunities. Prudent investment in children and young people is both desirable and imperative for Viet Nam's commitment to children's rights as well as sustainable development in the context of rapid population ageing in the not too distant future.

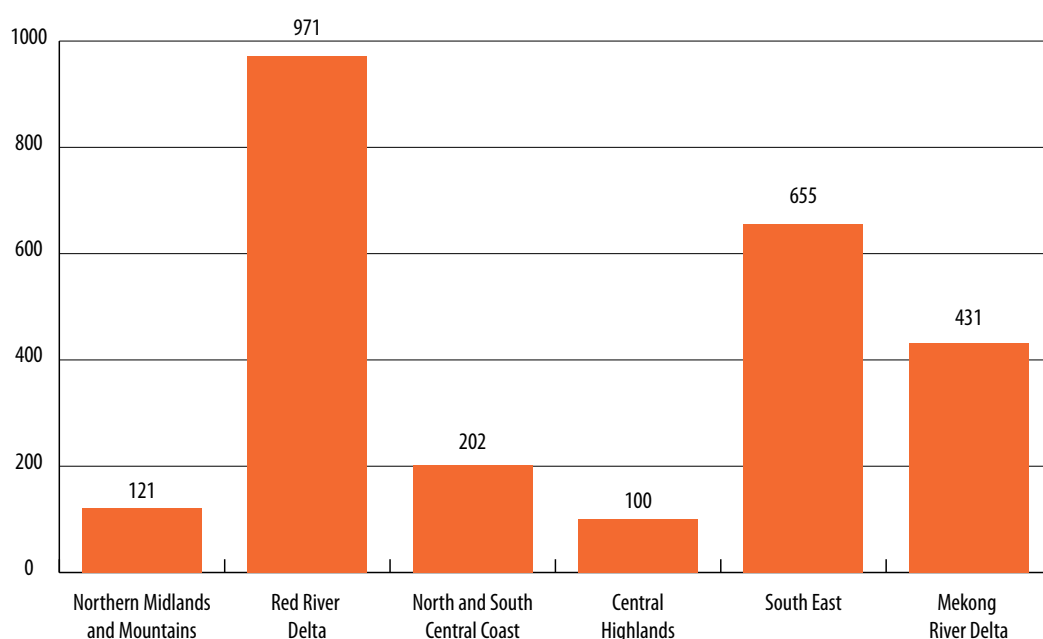
Figure 2.1. Population pyramid, 2016

Source: General Statistics Office of Viet Nam

Viet Nam is one of the fastest aging countries in Asia. Between 1995 and 2016, the proportion of the population aged 0–14 years old declined from 35.6% to 23.8%, while the proportion aged 65 and over increased from 5.9% to 8.0% (GSO, 2017a). Population aging and a decline in the proportion of the population aged 0 - 14 will lead to an increase in Viet Nam's old-age support rate, meaning there will be fewer working age people to support the elderly and young people aged 0-14 (GSO, 2017a). Managing these pressures will require changes in policies related to pensions, opportunities for decent work, productivity improvement, healthcare, long-term care and adapting workplaces to the needs of the elderly. These policy changes not only target older people but also create positive impact on the large cohort of young people.

Imbalanced sex ratio at birth (SRB) is an emerging issue in Viet Nam. Although the normal biological sex ratio at birth is 104-106 boys per 100 girls, the Population Censuses 1979-1989-1999 indicates that the SRB increases one percentage point for every ten years, and one percentage point for every year during 2006-2007-2008 reaching 112.2 in 2016 (GSO, 2017a). In the long run, this sex ratio at birth imbalance will reshape the population structure with the number of males surpassing the number of females in all age groups. In turn, the skewed SRB will affect family structure and marriage decisions. Males will have to get married at a later age or lead a single life, exposing the society, especially girls and women, to risks of sex violence, abuse, and trafficking.

Figure 2.2. Population density, 2014 (person/km²)



Source: General Statistics Office of Viet Nam

Uneven population density is challenging the effectiveness of development strategies in Viet Nam, which is ranked 16th in Asia and 40th in the world in terms of population density. The national average population density is about 273 persons/km² (GSO, 2015a) with more than 40 per cent of the population living on less than 17 per cent of the land and concentrated in Red River Delta and Mekong River Delta areas (GSO, 2013). Figure 2.2 presents the unevenly distributed population across six economic regions⁸ with the two largest and most crowded cities being Ha Noi and Ho Chi Minh City (HCMC).

Viet Nam's urban population accounted for 33.1 per cent of the population in 2014 and the proportion is growing rapidly. People migrate to cities and industrial zones to improve their economic prospects. While migration strains the limited infrastructure of cities such as Ha Noi or HCMC, the poor living conditions of the migrants deprive their children of critical social and medical services. Most of the migrants are engaged in manual and informal work with a high risk of exploitation and abuse, especially sexual abuse for female in-house workers (WB, 2015b).

The spatial distribution of population is also substantially uneven among ethnic groups. Lowland and municipal areas are mostly inhabited by Kinh people (86.2 per cent of the population), the most predominant group among 54 ethnic groups of Viet Nam's population. Other major groups are Tay (1.9 per cent), Thai (1.7 per cent), Muong (1.5 per cent), Khmer (1.4 per cent), Hoa (1.1 per cent), Nung (1.1 per cent), and Hmong (1 per cent). Except the Hoa group which mainly lives in urban areas, the Khmer group in the Mekong River Delta, and the Cham group in the southern coastal areas, other ethnic groups in Viet Nam mainly reside in mountainous and remote areas (MOFA, 2015). These regions have lower comparative levels of economic development and face challenges in providing health care and quality education and dealing with the issue of child labour (see details in Chapters 4, 5, and 6).

⁸ Northern Midlands and Mountains, Red River Delta, North and South-Central Coast, Central Highlands, Southeast, Mekong River Delta (see details in Annex 6 – Six economic regions of Viet Nam).

The Vietnamese follow eight language systems, namely Viet-Muong⁹, Tay-Thai¹⁰, Mon-Khmer¹¹, Mong-Dao¹², Kadai¹³, Southern islands¹⁴, Han¹⁵, and Tang¹⁶ (GoV, 2015c). The Government recognises 14 religions and 38 religious organisations. Among those, Buddhists are the largest religious group with about 10 million followers, followed by the Roman Catholics (6.1 million followers), Cao Dai (2.4 million), Hoa Hao (1.2 million), Protestant (1.5 million), and Muslims (100,000) (Government Committee for Religious Affairs, 2015). Most of the Kinh Buddhists follow Mahayana Buddhism while the Khmer Buddhists mostly adhere to Theravada. About 40 per cent of Muslims are Sunnis and 60 per cent are Bani Islam. Other smaller groups include Hindus (the Cham people living in the south central coast), 8,000 Bahais and nearly 1,000 Mormons (Department of State of the USA 2015).

The concentration of ethnic minorities in remote and mountainous areas, as well as the diversities of languages, has presented difficulties for ethnic minority children to access basic services and realise basic rights such as quality health care and education.

2.2. Socio-Economic Development Updates

As a result of rapid economic growth, Viet Nam achieved the status of a lower middle-income country (MIC) in 2010, attained several MDGs way before the 2015 deadline, significantly reduced poverty in the last 15 years, and made considerable progress on children's rights and welfare.

The economic growth has been propelled by urbanisation and reallocation of employment from agriculture to higher value sectors. However, the economic and financial crises in late 2000s and early 2010s revealed the systematic weaknesses of Viet Nam's economy such as structural problems in enterprises and banking sectors and ineffective investments (WB, 2013)¹⁷. Urbanisation, along with its positive impacts, has brought to the forefront issues related to migration and urban poverty (Keetie Roelen; Franziska Gassmann et al., 2009)¹⁸. Research also points out that poverty and inequality has been reduced in general but remains severe and chronic in several parts of Viet Nam and amongst certain vulnerable groups, especially in mountainous regions and with ethnic minority groups (GoV, 2015a). This has critical impacts on the realisation of the rights of children living with such groups¹⁹. The following sections will explore the macro-economic situation, status of poverty and progress towards the MDGs and the impact of these factors on children and their rights.

9 Groups of Chứt, Kinh, Mường, Thổ

10 Groups of Bồ Y, Giáy, Lào, Lự, Nùng, Sán Chay, Tày, Thái

11 Groups of Ba na, Brâu, Bru-Vân kiều, Chơ-ro, Co, Cơ-ho, Cơ-tu, Gié-triêng, Hrê, Kháng, Khmer, Khơ mú, Mạ, Mảng, M'Nông,Ơ-đu, Rơ-măm, Tà-ôi, Xinh-mun, Xơ-đăng, Xtiêng

12 Groups of Dao, Mông, Pà thên

13 Groups of Cờ lao, La Chí, La ha, Pu péo

14 Groups of Chăm, Chu-ru, Ê đê, Gia-rai, Ra-glai

15 Groups of Hoa, Ngái, Sán diu

16 Groups of Cống, Hà nhì, La hủ, Lô, Phù lá, Si la

17 WB (2013), Viet Nam Development Report 2014

18 Roelen, K. et al, *Child Poverty in Viet Nam: Providing insights using a country-specific và multidimensional model*, Maastricht University - Maastricht Graate School of Governance, 2009.

19 *Socialist Republic of Viet Nam: Country Report: 15 years achieving the Viet Nam Millennium Development Goals (MDGs)*, MPI, Ha Noi, 2015.

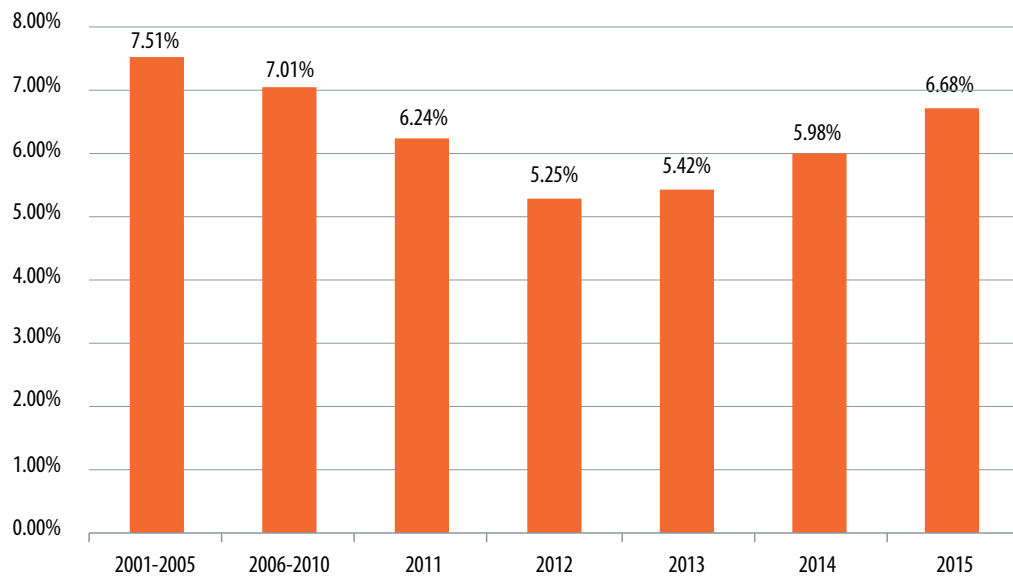
2.2.1. Macro economic situation

In view of systemic and structural impediments, the objectives of Viet Nam’s 5-year SEDP (2011-2015) were revised from “developing the economy in a rapid, sustainable manner coupled with an innovation-driven growth model, and restructuring the economy towards better quality and higher competitiveness and efficiency” to “controlling inflation, stabilising the macro-economy, renovating the growth model, restructuring the economy and ensuring social protection” with three critical areas for restructuring: the banking sector, state-owned enterprises (SOEs), and public investment.

Viet Nam’s economy experienced high inflation (above 20 per cent) and a decline in growth (below 6 per cent) in the late 2010 and 2011, which led the Government of Viet Nam to cap credit growth and cut public investment. As a result, many businesses had to down-scale or cease their operations and banks encountered high rates of non-performing loans and bad debts (GoV, 2015a).

Economic hardships experienced by the agriculture and service sectors in 2012 and 2013 contributed to the lowest ever GDP in 2012 since 2000. Several fiscal and monetary policies were launched to promote economic recovery as well as restructuring banking systems (GoV, 2015a). The Government conducted SOE reform in 2012 along with banking sector reform with two dominant themes of refining the legal framework and privatising SOEs, especially the fully SOEs (Sanjay Kalra, 2015).

Figure 2.3. GDP growth, 2010 – 2015



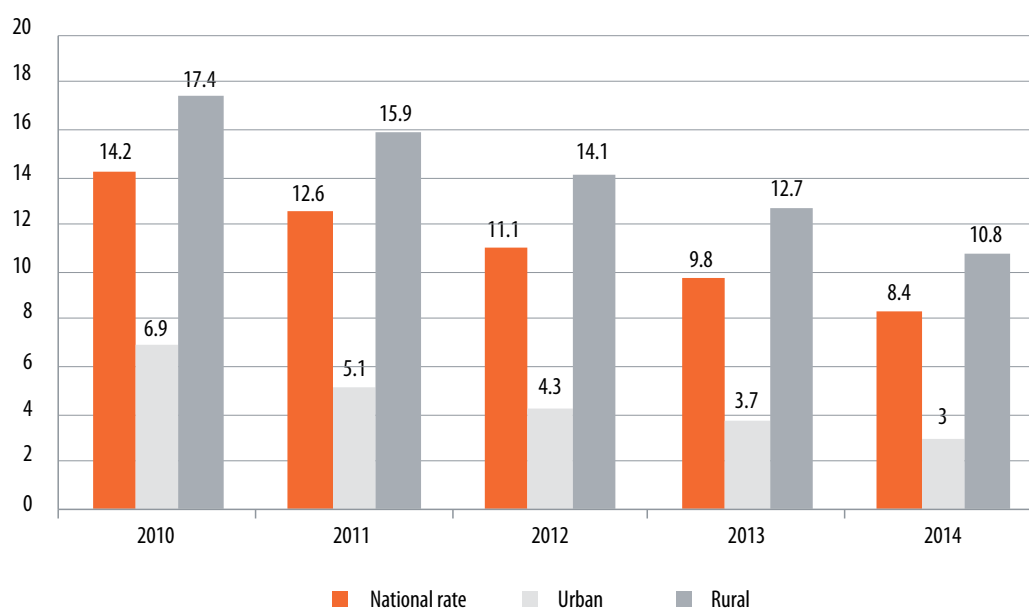
Source: General Statistics Office of Viet Nam

Government efforts to improve the administrative and business environment against the backdrop of the global economic downturn in 2014 have begun showing positive results. The GDP growth of 5.98 per cent surpassed the growth in 2013 and the planned one. Medium-term forecasts are positive and indicate a stable macro-economic situation and slow but steady GDP growth (GoV, 2014a, WB, 2014b, GoV, 2015a).

2.2.2. Poverty situation

Steady economic growth has enabled Viet Nam to achieve the status of a lower middle-income country (in 2010) and to reduce poverty from 59 per cent in the early 1990s to less than 10 per cent in 2014 (Figure 2.4 and Figure 2.5 below give more details about the poverty rate in the last five years). Viet Nam has widened the concept of poverty, from a 'lack of money' to deprivation across three areas of education, health, and living standards. By the Prime Minister's Decision No. 1614/QĐ-TTg in September 2015 to transform the measurement of poverty from one (monetary term) to multiple dimensions, Viet Nam has committed to comprehensively address poverty. Research shows a correlation between poverty and inequality, chronic vulnerability, and ethnicity (WB, 2012b).

Figure 2.4. Poverty rate by rural and urban areas (2010 – 2014)



Source: General Statistics Office of Viet Nam

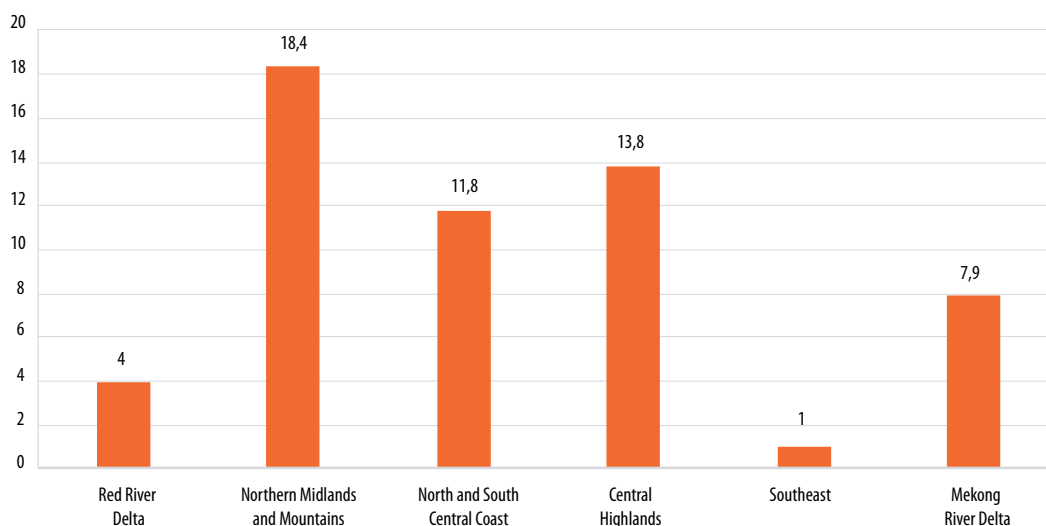
Poverty and inequalities

The most important global lesson from the MDGs has been the growth of a consensus that a focus on addressing inequality is an essential element of socio-economic development planning. In retrospect, the MDGs were excessively focused on averages and aggregates and did not adequately address the differences and inequalities among population clusters such as income, social groups, and gender (UNICEF, 2015e). Quantitative and qualitative research shows that inequalities in Viet Nam have risen steadily. Inequalities are not only the consequence but also the root cause of poverty (Oxfam, 2014, GoV, 2015a). Differentials in access to opportunities and basic services, infrastructure development, and human development have been noted in different regions, with the areas with higher levels of poverty faring poorly (WB, 2012b).

Although poverty is significant in urban areas, urban areas have always had lower poverty rates than rural areas and the national average. The Red River Delta and the south east are the most prosperous regions as Ha Noi and HCMC are located within these regions. VHLSS shows that the remarkable decline in the poverty rates in the Red River Delta and the South East Region have not been achieved

in the Northwest Region, Northern Midland, Central Highlands as well as mountainous areas where ethnic minorities are concentrated (WB, 2012c, GoV, 2015a)^{20, 21}.

Figure 2.5. Poverty rate by regions (2014)



Source: General Statistics Office of Viet Nam

Disparities also persist between ethnicity groups, with the Kinh and Hoa being more advantaged. Research and data show that about half of the poor in Viet Nam are ethnic minorities, especially those who live in remote areas (WB, 2013, Oxfam, 2014, GoV, 2015a).

Poverty with chronicity and vulnerability

In addition to inequality, chronicity and vulnerability also define Viet Nam's poverty situation. Chronic issues such as low levels of education and skills, lack of social and monetary capital, limited livelihoods, high concentration in agricultural production with less advanced techniques/practices have contributed to the vulnerability of the poor and near-poor to stresses and sudden shocks (WB, 2012b), which have been intensified by climate change. Urban and peri-urban poor are more vulnerable to the adverse impacts of food price inflation and the rising costs of living than people living in rural areas while rural to urban migrants with insufficient safety nets are prone to falling into the poverty trap and placing their children at higher risk of deprivation. Urban poverty is particularly high in small-sized municipal provinces where basic services and infrastructure are limited (WB, 2012b, WB, 2012c) while the rural poor who are dependent largely on agriculture are affected disproportionately by the escalating frequency of extreme weather events caused by climate change (WB, 2012b, GoV, 2015a).

Poverty and ethnicity

Viet Nam's poverty reduction strategies during 2011-2015 focused on ethnic minority poverty (WB, 2012b, GoV, 2015a) because about half of persons belonging to ethnic minority groups are poor and live primarily in the mountainous areas of the north east, north west, and the central highlands with

²⁰ World Bank, Viet Nam Programmatic Poverty Assessment (PPA) - Poverty, Vulnerability, and Inequality in Viet Nam, WB, 2012c.

²¹ Socialist Republic of Viet Nam: Country Report: 15 years achieving the Viet Nam Millennium Development Goals (MDGs), MPI, Ha Noi, 2015

limited infrastructure and connectivity. Ethnic minorities display heterogeneity in terms of poverty rates and standards of living. The Kinh are the most prosperous group in Viet Nam with the non-Kinh minorities being poor by nearly 50 percentage points in 2012. Indeed, the ethnic minority poverty rate is usually 4-6 times higher than the Kinh poverty rate in the same area across the country (WB, 2012b). The rate of poverty reduction in ethnic minority groups is also lower than the national average rate (Irish Aid, MOLISA, CEMA, UNDP, 2014).

However, available data shows significant gaps within different ethnic minority groups. While large groups such as Tay, Thai, Muong, Nung, and Khmer are relatively less poor with income levels close to the national average, smaller groups like H're, Bana, and Hmong have much higher rates of poverty. Ethnic minorities who speak Kinh (Vietnamese) tend to be relatively better-off (CEMA and UNDP, 2011).

Several studies have attributed the poverty among ethnic minority groups to limited access to resources, opportunities and advanced/high-value livelihoods (WB, 2009, CEMA and UNDP, 2011, Gabriel Demombynes, 2013). They face difficulties in accessing as well as utilising resources and opportunities. Among the many factors that explain their inability to enhance incomes are cultural practices, relatively poor quality of accessible resources and services and the barrier of language which hinders their effective participation in market networks, access to market information, and effective utilisation of opportunities (CEMA and UNDP, 2011).

Child poverty²²

As some of the basic needs of children differ from those of adults and are not always dependent on the economic status of their families, they are liable to neglect due to their dependency on adults and the wider environment. Recent surveys and data have shown that the multidimensional measure of child poverty is much higher than the national poverty rate and tends to be higher in rural areas than in urban areas and among ethnic minorities than the Kinh and Hoa (see Table 2.1 for an illustration).

²² *Children are classified as multi-dimensionally poor if they are deprived on at least two of the dimensions taken in poverty measurement*

Table 2.1. Poverty rate and child poverty (per cent)

	2010			2012			2014		
	Whole country	Rural	Urban	Whole country	Rural	Urban	Whole country	Rural	Urban
National poverty rate	14.20	17.40	6.90	11.10	14.10	4.30	8.40	10.80	3.00
Child poverty (6 dimensions)²³	20.59	25.26	7.68	16.23	20.45	5.19	13.08	17.15	3.08
Child poverty (7 dimensions)²⁴	29.58	34.54	15.88	23.94	29.11	10.41	21.05	26.62	7.35

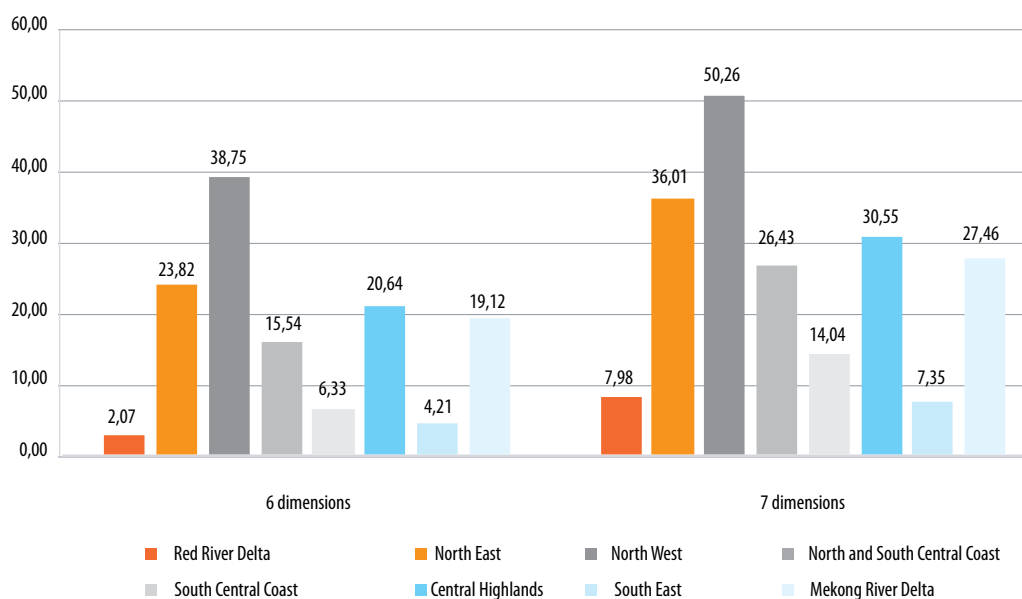
	Whole country	Kinh and Chinese	Others	Whole country	Kinh and Chinese	Others	Whole country	Kinh and Chinese	Others
	Child poverty (6 dimensions)	20.59	14.14	49.02	16.23	9.50	46.10	13.08	7.35
Child poverty (7 dimensions)	29.58	22.62	60.25	23.94	16.40	57.42	21.05	14.14	52.42

Source: General Statistics Office of Viet Nam

The deprivation of children is particularly evident in terms of access to health, water and sanitation, and leisure (45.3 per cent, 36.6 per cent and 65.9 per cent respectively). Nearly half of Vietnamese children were deprived of adequate healthcare and leisure in 2014. The deprivation pattern has been similar over the years with exceptionally high deprivation rates among ethnic minority children, where deprivations range between 80 to 90 per cent for access to water and sanitation, and leisure. The deprivation rate among ethnic minority children has negligibly reduced over years. As a result, the regions where ethnic minorities are concentrated (e.g. the north east, the north west, and the central highlands) show higher rates of child poverty (see Figure 2.6). Indeed, since multidimensional child poverty measurement began in Viet Nam, the highest child poverty rate has always been recorded in the north west.

²³ Six dimensions of poverty: health, education, shelter, water and sanitation, labour, social inclusion and protection

²⁴ Seven dimensions of poverty: Addition of leisure to the six dimensions referred to earlier.

Figure 2.6. Child poverty by regions in 2014 (per cent)

2.2.3. Transition from the MDGs to the SDGs

MDGs results

Viet Nam has fully achieved several MDGs and targets; (i) eradicate extreme poverty and hunger, (ii) achieve universal primary education, and (iii) promote gender equality. It also achieved certain targets on reducing the maternal and child mortality ratio, controlling malaria and tuberculosis, combating HIV/AIDS. The continuing progress toward other targets on reproductive health services, maternal health, environmental sustainability, and global partnership for development is also very promising (see details of Viet Nam's MDG results in Annex 7 – Viet Nam's MDG results) with an understanding of the new development agenda.

Goal 1 - Eradicate Extreme Poverty and Hunger: With its strong economic growth and special attention to poverty reduction, Viet Nam attained the MDG targets under this goal before the 2015 deadline. Hunger and poverty rates have fallen from about half of the population in the early 1990s to less than 10 per cent in 2013.

Goal 2 - Achieve Universal Primary Education: Viet Nam had achieved the completion rate of 96 per cent in primary education level by the mid 2000s, which rose further to about 99 per cent in 2014. The country is now moving towards universal lower secondary education and improved quality, equity and inclusiveness of education.

Goal 3 - Promote Gender Equality and Empower Women: Viet Nam's literacy rate and education attainments at all levels do not show any significant gender differentials. Vietnamese women are increasingly playing an important role in education and employment.

Goal 4 - Reduce Child Mortality: Viet Nam has made remarkable progress in reducing child mortality. The under-5 mortality rate was reduced by half in the period of 1990-2004 while the infant mortality ratio fell by 2.5 times.

Goal 5 - Improve Maternal Health: Viet Nam made remarkable progress towards this MDG by showing a decline in the maternal mortality rate from 223 to 58.3 per 100,000 live births between 1990 and 2015. About 96 per cent of women went for at least one health check during their pregnancy in 2014 and 73.7 per cent went for the prescribed four visits. The nationwide contraceptive prevalence rate of 75.7 per cent and the decline of the adolescent birth rate to 45 per 1,000 women in 2014 indicate considerable improvement in the reproductive health situation.

Goal 6 - Combat HIV/AIDS, malaria and other diseases: HIV prevalence declined to less than 0.3 per cent of the population and the quality of treatment, care and support services showing marked improvement with 67.6 per cent antiretroviral therapy coverage in 2013. Malaria-related deaths decreased to 0.01 per 100,000 people in 2012, and the number of new cases of and deaths by tuberculosis fell by 62 per cent since 1990.

Goal 7 - Ensure environmental sustainability: Viet Nam has shown exemplary commitment by incorporating environmental protection as a responsibility of every citizen and institution in its Constitution and amending the 2005 Law on Environment Protection in 2014. In addition to the Law on Bio-diversity, the Law on Investment, the Law on Enterprises, and the Law on Construction that seek to protect the environment, the Penal Code 2015 has detailed provisions for environment-related offences. The Sustainable Development Strategy (2011-2020) follows up on the 2012 National Environmental Protection Strategy, and the National Strategy for Green Growth (2011-2020) is guided by a vision for 2050. Viet Nam seeks widespread use of green energy and technologies by 2050 and reduction of its annual greenhouse gas emission by 1.5 to 2 per cent.

Meanwhile, the proportion of households using clean water and hygienic toilets improved significantly from 78.1 per cent and 55.1 per cent in 2002 to 91 per cent and 77.4 per cent respectively in 2012. There was a decline in the percentage of the population living in temporary housing from 24.6 per cent in 2002 to 5 per cent in 2012.

Goal 8 - Develop a Global Partnership for Development: The country has made significant efforts in progress toward this goal by lifting its trade barriers, controlling the prices of medicines, and increasing coverage of internet and mass media in Viet Nam. It has signed and participated in nine trade agreements with countries and economic territories all over the world and has either completed, or is in negotiation rounds, of several other trade agreements. The most significant among them are the Viet Nam – EU Free Trade Agreement and the Trans Pacific Partnership (TPP).

Transition from the MDGs to the SDGs

The Agenda for Sustainable Development was adopted at the UN Sustainable Development Summit in 2015 with 17 SDGs and vision to 2030 (see Annex 7 - SDGs). It aims to end poverty, fight inequality and injustice, and tackle climate change. The SDGs build on the MDGs and seek not only a reduction of poverty but also to address its underlying causes. International human rights mechanisms are the foundation of the HRBA which is the base for planning, monitoring, and achieving the SDGs (WB, 2015b). Progress for children as well as differences among groups are also better reflected by the SDGs. Child poverty is explicitly mentioned in the SDGs along with issues of social protection, adolescence, child nutrition and health, maternal health and mortality (UNICEF, 2015e).

Viet Nam faces several challenges as it moves toward the SDGs. It has become a lower MIC but global crisis and domestic structural and institutional flaws have slowed down economic growth in recent years. Poverty reduction has been remarkable, but the last mile challenge involves tackling the issues of inequality, chronicity, vulnerability, and ethnicity as well as the emerging issue of climate change

in the context of declining ODA. Furthermore, reduction of donor grants and financial support post-MDGs are likely to constrain large-scale social and economic reforms financially (GoV, 2015a). With a HRBA, Viet Nam will have to invest more efforts in enhancing a stronger rule of law and equitable access to justice, aligning its policies and regulations with international standards, and improving capacities and awareness of both duty bearers and right holders regarding human rights (WB, 2015b).

2.3. Environment and Climate Change

2.3.1. General situation

Located in the Mekong region, a global hotspot of climate-related vulnerability, Viet Nam is ranked 23rd among 193 countries in the classification of countries at extreme risk of climate change and rising sea levels (UN, 2012, UNICEF, 2015d). It is experiencing warmer weather, rise in sea levels, and more frequent and intense storms, floods, and droughts (MPI, 2015). Research in 2015 (UNICEF, 2015d) noted that several climate-related disasters (floods and inundation, storms and tropical low pressure, drought, flash floods, landslides, and typhoon) are occurring in Viet Nam with a high frequency (see Table 2.2 for more details).

Table 2.2 Frequency of natural disasters in Viet Nam

	High	Medium	Low
1.	Flood and inundation	Freezing rain and heavy rain	Earthquake
2.	Storm, tropical low pressure	Salt water penetration	Hoarfrost
3.	Drought	Very cold/damaging cold	
4.	Flash flood	Broiling sun	
5.	Landslide		
6.	Tornado		

Source: UNICEF, 2015, *Impacts Of Climate Change And Natural Disasters On Children In Viet Nam*

Viet Nam established the Steering Committee for Climate Mitigation and Adaptation in 2012 to mount a macro-level response and has created a policy and legal framework on environmental protection in the context of climate change. The framework incorporates the National Climate Change Strategy (2011), the National Target Program (NTP) to Respond to Climate Change (2012-15), the National Green Growth Strategy (2012), and the National Action Plan to Respond to Climate Change (2012-20). It is supported by strategies, action plans and programmes on renewable and green energy, energy management, reducing emissions from deforestation and forest degradation (REDD+) and the development of green technologies. Climate change issues are also integrated in policy agendas and sectoral plans (MPI, 2015).²⁵

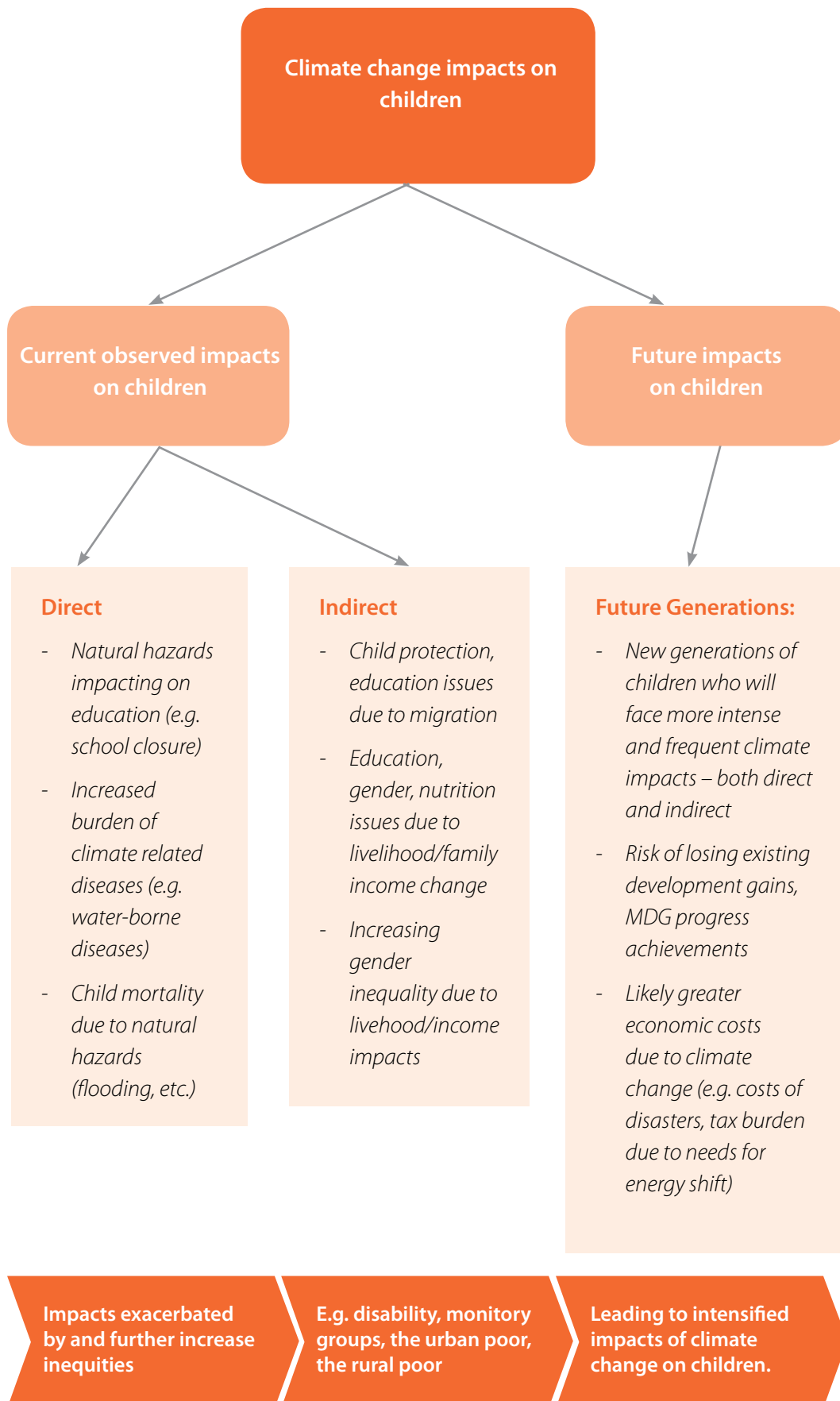
The high level of cooperation between multiple stakeholders needed to address the large-scale impact of climate change and natural disasters in multiple areas has not been achieved. The mechanisms in place have not been very effective. A master plan for prevention and response regarding children's issues is lacking. Key authorities have not acted decisively and their support for matters concerning children has been unclear, inadequate and piecemeal. Public perception is key in this issue, importantly people do perceive a link between the change in weather, natural disasters and ill-health with climate change, however, in general, their awareness of climate change is quite low (UNICEF, 2015d).

2.3.2. Impacts on children

Several studies on climate change have been undertaken, UNICEF has also conducted its own studies on climate change and its impacts on children. Figure 2.7 is an illustration of current and future impacts of climate change on children. It causes changes in temperature and rainfall, leading to extreme weather conditions. These, in turn, affect ecosystems and the environment, causing food insecurity, loss of property and livelihoods and migration. Such problems lead to conflict, disease, and the risk of dying which directly affect children's rights to survive, develop and be protected (UNICEF, 2008, UNICEF, 2015d).

25 <www.noccp.org.vn> accessed on 13 November 2017

Figure 2.7. Climate change and children



The UNICEF research identifies the ill-effects of climate change on children's well-being (see Table 2.3). Children are at higher risk of sickness, injury and death and their access to safe water, nutritious food and hygienic conditions is limited due to climate change induced natural disasters. Disasters negatively impact on basic service delivery and renders children more vulnerable to deprivation of their basic rights (UNICEF, 2015d)²⁶. Floods, inundation, or landslides force schools to close, prevent children from going to school, damage education materials and infrastructure, creating learning interruptions or decreases in education quality and equity. Children are also at a much higher risk of abuse and exploitation. Extreme natural phenomena adversely affect families' resources, income, and production, limiting their ability to care for children's health (UNICEF, 2015d).

Table 2.3. Climate change impacts on children in Viet Nam

	Climate change trends	Impacts on children
1.	Higher temperature	Health: Floods and inundations caused by higher rainfall can increase the prevalence of water-borne infections that children are susceptible to.
2.		Education: Floods and inundation can also adversely affect children's ability to go to school and force schools to close.
3.		Health: Long-lasting extreme hot weather causes tiredness and irritability among children, which can lead to decreased interest in learning and playing.
4.		Nutrition: Floods, inundation and droughts can hinder agricultural production and affect families and their dependent children.
5.	Rising sea level, seawater intrusion and floods in coastal regions	Education: Closure of schools due to floods and inundation affects children's education.
6.		Health: Children are particularly vulnerable to water-borne diseases that often follow floods and inundations.
7.		Nutrition: Floods and inundation by hindering agricultural production can negatively affect the household economy and thereby children.
8.		Nutrition: Increased salinity in water caused by inundation in coastal regions can threaten agriculture and household livelihoods.
9.		Health and protection: The imperative of large-scale resettlement by hampering children's access to healthcare and education can have lasting social impacts.
10.		Health and nutrition: Food and clean water instability can lead to more diseases and child malnutrition, especially in the form of stunting.
11.		Health and development: Poor health and malnutrition in children can affect their development and undermine employment and economic development potential.
12.	Change in rainfall patterns	Health and cognitive development: Contaminated water sources undermine child health and nutrition, and thereby affect the development of cognitive and intellectual skills, employability and employment in the future.
13.		Health: The development cycle of water-related diseases that children are susceptible to will become more complex and difficult to control.
14.		Health: Lack of water sources affects agriculture, productivity and livelihoods in rural areas and thereby children.
15.	Extreme and dangerous events	Health and education: Children are most vulnerable to the impacts of natural disasters, interrupted education, infections and death.

Source: UNICEF, 2015, *Impacts of Climate Change and Natural Disasters on Children In Viet Nam*

26 The United Nations Children's Fund, *Impacts Of Climate Change And Natural Disasters On Children In Viet Nam*, UNICEF, 2015d

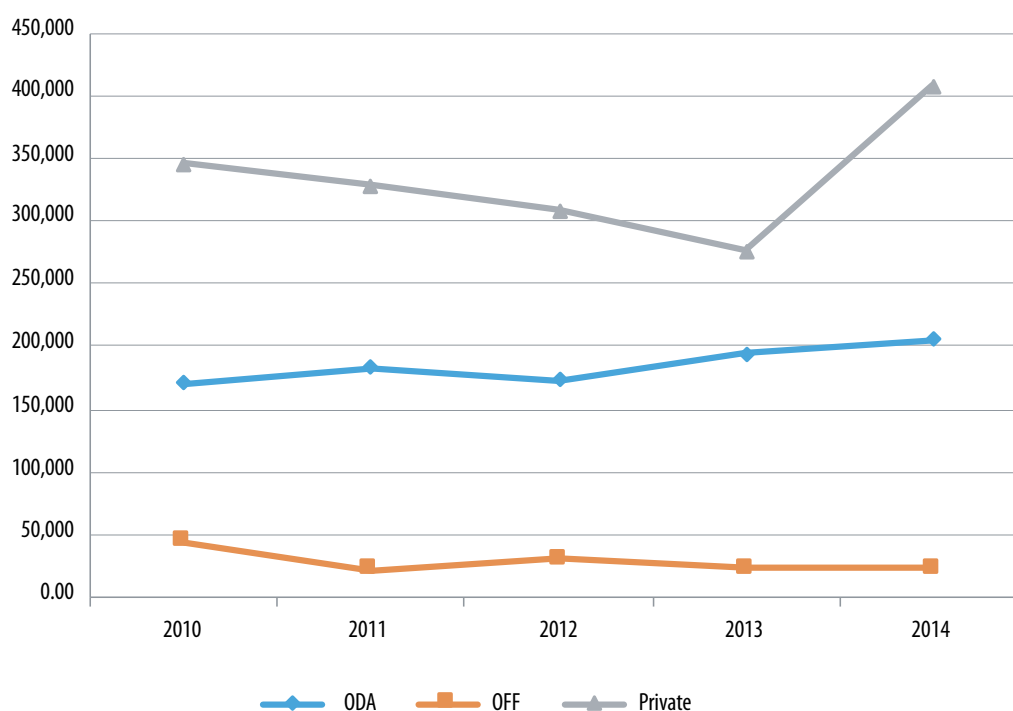
2.4. Aid Environment

2.4.1. Global trend

Official development assistance (ODA) has been an important source for development financing across the developing world. Due to the global economic downturn, ODA flows dipped to their lowest level since 1997 in 2012 but recovered, stabilised and reached their highest-ever level in 2013. Private flows decreased until 2013 but rebounded strongly in 2014. Meanwhile, other official flows (OOF) have declined steadily after 2012 and showed 23 per cent decline by 2014 (see Figure 2.8) (UN, 2015).²⁷

ODA flows to least developed countries, landlocked developing countries, small island developing states, countries affected by conflicts or in vulnerable situations have either stagnated or decreased, and are expected to shrink further (UN, 2015). UNICEF has also reported a 10 per cent decline in donor commitments and below target fundraising through thematic funding windows (UNICEF, 2013b). At the same time, allocations to upper middle-income countries and trade commitments have increased considerably (OECD, UN, 2015).

Figure 2.8. Aid flows (2010 – 2014)



Source: <http://stats.oecd.org>

Development assistance is likely to be centered on sustainable development with a wider set of parameters instead of poverty reduction with the SDGs taking over the MDGs. The structure and format is also expected to change with a mix of capacity building, knowledge sharing and technology transfer complementing financial aid, and coherence between aid and non-aid policies (trade, debt, agricultural subsidies, financial and tax regulations, technology, etc.) of the recipient state (UN, 2015).

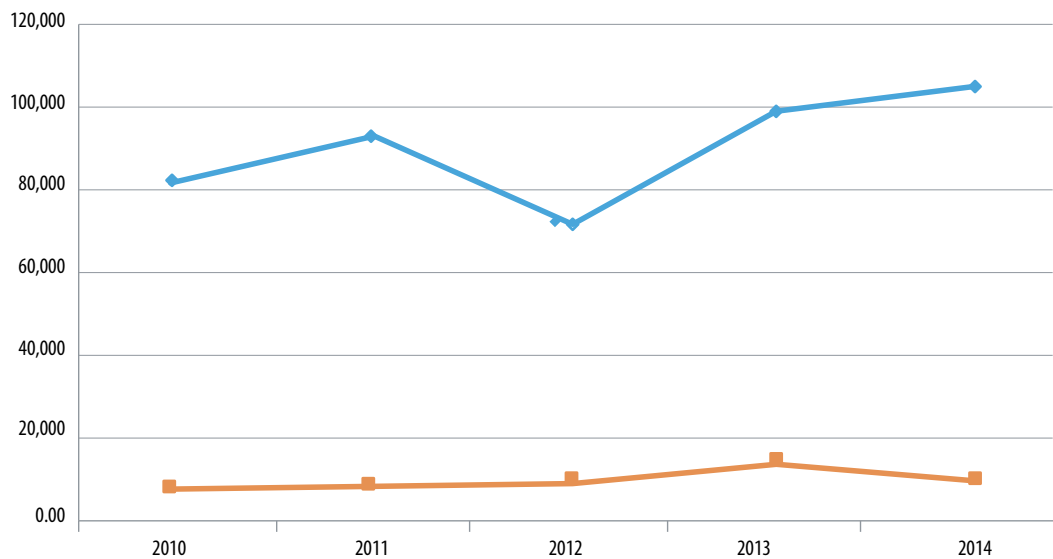
²⁷ <www.oecd.org> accessed on 13 November 2017

2.4.2. The ODA situation in Viet Nam

Viet Nam's social and economic transformation has been significantly accelerated by international donor assistance. Viet Nam is the main recipient, in absolute terms, of development aid in East Asia, and now receives about 3 per cent of its GDP in the form of grants and concessional loans²⁸. There are currently 51 donors, including 28 bilateral and 23 multilateral or supranational donors operating regularly in Viet Nam²⁹. It has been considered a pilot country for implementation of the aid effectiveness agenda following from the Paris Declaration and, more recently, the Accra Action Agenda. The first of these was adapted to national circumstances and priorities in the Ha Noi Core Statement on Aid Effectiveness (European Commission, 2009).

Given Viet Nam's lower MIC status and continuous move to a higher position on the global income ladder, development partners are restructuring their aid regimes and a decline in direct grants as well as ODA provided through multilateral organisations is expected. Indeed, the proportion of grants in state budget revenues has been showing a decline in recent years (WB, 2015b) and portends difficulties in public financing of several social and economic activities, particularly in healthcare for the disadvantaged and in poverty reduction, as well as reduced flexibility to carry out new policies and reforms (GoV, 2015a).

Figure 2.9. Aid flows to Viet Nam, USD million (2010 -2014)



Source: <http://stats.oecd.org>

²⁸ The average figure for the period of 2004 – 2014 is 3.25 per cent.

²⁹ *Financial Magasine*, <http://tapchitaichinh.vn/kinh-te-vi-mo/kinh-te-dau-tu/von-oda-doi-voi-phet-trien-viet-nam-20-nam-nhin-lai-36974.html>

2.5. Partnership for child rights

Since the ratification of the CRC in 1990, Viet Nam has made considerable efforts to coordinate social forces and strengthen partnerships with a wide range of stakeholders in the interests of children's rights. These partnerships however need to evolve in view of the emerging challenges posed by the socio-economic and political development context.

A partnership on children's rights and well-being should embrace a variety of stakeholders, state and non-state, national and international, governmental and non-governmental, institutional and community-based. Viet Nam already has the policy and legal basis for forming such a partnership based on the guiding policies of the Party³⁰, laws, legal documents, national and sectoral policies specific for and related to children such as the Law on Children, the Law on Marriage and Family, the Law on Domestic Violence Prevention and Control, the Law on Education, The Party' Resolution on major Social policies for 2012-2020, the National Programme of Action for Vietnamese Children for 2012-2020, the National Programme on Child Protection for 2011-2015, the Strategy on Healthcare for Children during Early Childhood, Strategy on Nutrition for 2011-2020, etc. MoLISA – the state management agency on children's issues – has been playing an active role in coordinating other ministries and state organisations to implement the commitments and responsibilities stipulated in the laws and policies. A notable example of coordination on children within the Government is the discussion on integration of targets and plans related to children by MoLISA, the Ministry of Planning and Investment (MPI), and the Ministry of Finance (MOF) into annual and long term national and provincial socio-economic development plans. Every year, MoLISA and its vertical system at the local level lead campaigns and communications programmes to promote social awareness and actions for children's care and protection. Viet Nam Women's Union (VWU), Viet Nam Youth's Union and other mass, political and social organisations play an active role in child protection and care. Based on the current legal and policy framework on children's rights and well-being, collaboration between state and non-state organisations, national and international partners, and between development partners and the community has formed and evolved.

Various forms of partnerships for children's rights have evolved. Resident bilateral donors, including Australia, Belgium, Canada, Denmark, Germany, Finland, Italy, Ireland, Netherlands, New Zealand, Norway, Switzerland, Sweden, UKID and USA, provided funds for the public sector and children's rights issues in Viet Nam either through bilateral projects having national counterparts as the direct beneficiary or through a third party (either a multilateral organisation or an NGO). The World Bank, the International Monetary Fund (IMF), and the Asian Development Bank (ADB) are the main international financial institutions (IFI) development partners present in Viet Nam with significant contribution to the national development agenda, including children's rights, as they provide large assistance, among others, for health, education, sanitation, and social protection.

UNICEF and INGOs such as Save the Children, ChildFund, Plan International, and World Vision, which are all working for children's rights, have together contributed significantly to the discourse on children's rights in Viet Nam and, in particular, children's participation. The corporate sector has also begun contributing to children's well-being through foundations and through corporate social responsibility actions. The funds founded by corporations such as the Golden Heart Fund, Compassion Fund, Learning Encouragement Fund, Young Talent Support Fund, Fund for Poor children, Odon Vallet Fund, Kinderlife, Minors, VINAMILK Fellowship Fund, Fund for Agent Orange Victims etc. have contributed to child protection, care and education as well as emergency support. The contribution of families and individuals to basic services for children has also increased (GSO, 2014).

30 Directive No. 20-CT/TW by the Political Bureau on "Intensification of child care, education and protection in new period". November 5, 2012

International cooperation, collaboration and partnerships have evolved over the course of Viet Nam's rapid economic transformation and the achievement of a middle-income country status in 2010. Many donors have refocused their limited resources on Lower Income Countries (LICs) and have changed the strategic priorities in Viet Nam to investment, trade and green growth. Partnerships also need to evolve to incorporate the expanding role of the private sector in the global economy and globalising world. The aid environment is expected to develop further with the transition from the MDGs agenda in 2015 to the new development agenda based around the SDGs toward 2030. However, the child rights agenda in Viet Nam is unfinished in the areas of health, nutrition, water and sanitation, education, and gender equality. There are areas of concern about early marriage, early pregnancy, child abuse and exploitation, and gender-based violence³¹. This context poses both opportunities and challenges that require child rights stakeholders in Viet Nam to re-focus the work and change the way of working together for continuous fulfillment of child rights whilst addressing new challenges.

³¹ *Child marriage persists, particularly in ethnic minority areas with nearly 30 per cent of ethnic minority women aged 15-19 years married. MICS 2014 recorded 45 births per 1,000 women aged 15-19 years adolescent birth rate with striking difference between rural and urban areas (56 and 24 respectively). In the national survey on domestic violence survey in 2010, 58 per cent of surveyed women reported having experienced at least one form of physical, sexual or emotional abuse at home.*

CHAPTER 3. GOVERNANCE AND INSTITUTIONAL FRAMEWORK FOR CHILDREN'S RIGHTS AND WELL-BEING



CHAPTER 3. GOVERNANCE AND INSTITUTIONAL FRAMEWORK FOR CHILDREN'S RIGHTS AND WELL-BEING

Effective implementation of children's rights requires a comprehensive legal and policy framework, strong governance mechanisms, State and non-state stakeholders with capacity commensurate with their roles and responsibilities and functional monitoring mechanisms. In tandem, they set the direction and pace of desired change and enable various stakeholders to contribute to systemic changes at the wider level. This chapter reviews the existing set of policies and legislation, planning and public financial management, the roles and capacities of key stakeholders and monitoring mechanisms in the interests of children's rights in Viet Nam.

Box 3.1. Key articles from the CRC relevant to this chapter

Article 2: Non-discrimination

Article 3: The principle of the best interests of the child

Article 4: Obligations of the State to implement the CRC

3.1. National legal framework for children's rights

As an early signatory to the CRC, Viet Nam is duty bound to comply with its provisions and guarantee certain basic standards for children. Viet Nam has made significant progress in incorporating the CRC into national legislation, as demonstrated by the Constitution of 2013 as well as a range of codes and laws. The UN Committee on the Rights of the Child has commented favourably on Viet Nam's efforts to harmonise domestic legislation with the CRC³². Since 2011, Viet Nam has strived to revise, adjust, enact and promulgate laws and policies in conformity with the CRC and other international human rights conventions to which Viet Nam is a signatory. Viet Nam is a party to seven out of nine international conventions on fundamental human rights as well as other international treaties such as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Elimination of all forms of Racial Discrimination (CERD), the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention Against Torture (CAT), the Convention on the Rights

³² Committee on the Rights of the Child, 'Concluding observations of the combined third and fourth periodic report of Viet Nam (CRC/C/VNM/3-4)', 60th Sessions, UN, 2012

of People with Disabilities (CRPD), the ASEAN Convention on the Prevention and Suppression of Trafficking in Persons, especially women and children (ACTIP), the Optional Protocol on Children in Armed Conflict; Optional protocol on child trafficking, child prostitution and pornography; etc.

Viet Nam is also a member of the International Labour Organisation (ILO) and has so far joined 21 ILO conventions in the field of labour, two of which are directly related to child labour, Convention No. 138 on Minimum Age to Go to Work and Convention No. 182 on Worst Forms of Child Labour. Viet Nam submitted its National Reports under the Universal Periodic Review in the first round in 2009 and the second round in 2014. Viet Nam accepted and made serious efforts to implement the UPR recommendations. Following from the recommendations of the Human Rights Council in the second UPR round, Viet Nam has developed a master plan of implementation (approved by the Prime Minister on 23rd November 2015) including those on child rights.

The following are the major laws related to children's rights up to 2016:

Table 3.1. List of laws and legal documents to protect child rights

Laws/legal documents	Provisions relating to child rights
Constitution, 2013	Provides a broad framework for the human rights of all citizens (including children), as well as some specific rights of children (Clause 2, Article 35; Clause 2, Article 36; Clause 1&2 Article 37, Clause 2, Article 58)
Law on Children, 2016 (in effect from June 1, 2017)	Guarantees children's rights and outlines the roles and responsibilities of duty bearers in fulfilling those rights; incorporates the CRC guiding principles of non-discrimination, child participation, and best interests of the child; stipulates mechanisms for planning and budgeting for children at all levels and for monitoring child rights implementation; includes detailed chapters on child participation and the child protection system.
Civil Code, 2015 (in effect from January 1, 2017)	Guarantees the civil rights of all persons, including children; stipulates that people under the age of 18 are minors and do not have full capacity to enter into civil transactions on their own. .
Civil Procedure Code, 2015 (in effect from January 1, 2017)	Outlines principles and procedures for protecting and enforcing civil rights; recognises that minors require assistance of their parent, guardian or other legal representative to defend and protect their civil rights.
Penal Code, 2015	Penalises all forms of violence, abuse, neglect and exploitation of children, with improvements in 2015 relating to child sexual abuse and exploitation; stipulates the age of penal liability and includes a separate Chapter (XII) on guiding principles and special sanctioning regime for juveniles in conflict with the law. The 2015 amendments introduced new provisions on educational and monitoring measures for juveniles exempt from criminal liability and expanded the scope of application of non-custodial sanctions and measures to juveniles.
Code of Criminal Procedure, 2015	Includes a separate chapter (XXVIII) on principles and special handling measures for child victims, witnesses, accused and defendants at all stages of the criminal justice process.
Law on Organisation of People's Courts, 2014	Includes provision for the creation of a Family and Juvenile Court the first of which was created in 2016.
Law on Marriage and Family 2014	Highlights the obligation on the State, society and families to protect and support children; reinforces the obligation of both parents for the care and upbringing of their children even in event of divorce or separation; makes provision for limitation of parental rights where parents have endangered the life, health, dignity or honour of the child; requires the wishes of a child over the age of 7 to be considered in custody disputes.

Laws/legal documents	Provisions relating to child rights
Law on Vocational Education, 2014	Regulates the state policies on the development of vocational education and support for helpless orphans and other social policy objects with a view to creating opportunities for them to study and find jobs, self-employ, settle down in career; implementing gender equality in vocational education.
Law on Civil Status, 2014	Regulates civil status registration. There are some provisions related to children such as: Birth registration; Registration of child adoption, Registration of guardianship; Registration of recognition of father, mother, child; Changes in, correction of civil status, re-determination of ethnicity.
Land Law, 2013	Maintains the provisions on the need to allocate land dedicated to constructions for children's entertainment purposes.
Law on Advertisement, 2012	Article 7 prohibits the advertisement of milk substitutes for breast milk for infants under 24 months of age, supplemental nutritional products for infants less than 6 months old, milk bottles and pacifiers.
Law on Handling of Administrative Violations, 2012	Includes a chapter on the principles and measures for handling juveniles who commit administrative violations; prohibits placement of juveniles in drug rehabilitation centres; introduces conditions for the placement of juveniles in reform school; and vests the authority for decisions-on reform school placement to the courts in line with the principles of due process.
Labour Code, 2012	Stipulates special safeguards and conditions of employment for children under the age of 18; sets 15 as the minimum age for employment (13 for light work); prohibits engagement of children under the age of 18 in any form of hazardous or harmful work. The duration of maternity leave was increased from 4 months to 6 months in the 2013 Code.
Law on Human Trafficking Prevention and Combat, 2011	Prohibits a full range of human trafficking acts but lacks a separate definition of trafficking in children as required by the Trafficking Protocol. Addresses all aspects of the anti-trafficking response, including prevention, protection and support for victims and prosecution of perpetrators.
Law on Adoption, 2010	Regulates the principles and requirements for domestic and inter-country adoption; outlines authority and procedures for making adoption orders; stipulates rights and obligations of adoptive parents, adopted children and birth parents and responsibilities of agencies and organisations involved in the adoption process.
Law on People with Disability, 2010	Includes responsibilities of State, family, and society to protect rights for the disability, including children
Health Insurance Law 2008 (amended in 2014)	Provides people, including children, with better access to healthcare services. Children under 6 years are entitled to free health insurance cards and to be checked and receive treatment even if they do not have a health insurance card.
Law on Prevention and Control of Domestic Violence, 2007	Defines and sanctions all forms of domestic violence against a family member, including children. Addresses all aspects of prevention and response to domestic violence, including protection orders and support services for victims.
Law on Prevention and Control of HIV/AIDS, 2006	Articulates the measures to prevent and control HIV/AIDS and the care, treatment and support for the HIV positive, including children.
Law on Gender Equality, 2006	Provides principles and measures to ensure gender equality within society and the family
Cinema Law, 2006	Regulates the production of films for children by film production companies, and the number of films for children shown at public cinemas
Youth Law, 2005	Includes a separate chapter (IV) on the responsibility of the State, families and society for protecting and ensuring the full development of youth aged 16 to under 18; guarantees youth aged 16 to 18 all rights under the CRC.
Law on Education 2005 (revised in 2009)	Regulates the national education system and contents and methods of education; highlights the principle of non-discrimination in education and the responsibilities of the State in social justice in education; extends entitlement to universal education from only primary education to preschool education for children at five years of age, universal primary education and secondary education.

Viet Nam's Constitution guarantees basic civil and political rights (right to equality, non-discrimination, life, privacy, freedom of religion, presumption of innocence, freedom from arbitrary arrest, freedom of movement, freedom of opinion and speech, etc.) to all persons, including children. It also outlines citizens' economic and social rights and State responsibilities with respect to health care and promotion, education, social insurance, economic development and cultural life. Whilst the Constitution does not include a detailed statement of children's rights, it acknowledges the special obligations of the State, family and society towards children. In particular, it stipulates that children enjoy protection, care and education by the family, the State and society (Article 26, clause 2 and Article 32 clause 1); guarantees children's right to participate in matters concerning them (Article 37, clause 1); expects the State, family and society to create favourable conditions for young people to study, work, relax, develop physically, intellectually and morally, and be aware of traditions and civic responsibilities (Article 37, clause 2); and strictly prohibits the infringement, maltreatment, abandonment, abuse, labour exploitation and other forms of children's rights violations (Article 31, clause 1).

Children's rights are further articulated by the Law on Children, 2016, which represents a significant milestone in the government of Viet Nam's efforts to harmonise national laws with the CRC. As compared to the Law on Protection, Care and Education of Children 2004, the new Law on Children contains a broader statement of children's rights and the scope of application for most provisions has been expanded to include non-citizen children resident in Viet Nam. It also outlines a more elucidated mechanism for planning and monitoring the implementation of children's rights at all levels of governance, and for ensuring allocation of adequate resources to realise children's rights. The law creates a new inter-agency coordination organisation for children, to be established by the Prime Minister, to study, direct, coordinate and harmonise the handling of child-related matters and the exercise of children's rights. It also includes a new chapter on child participation (Chapter V) and more detailed guidance on child protection and alternative care (Chapter IV). The latter includes a more comprehensive definition of "disadvantaged children" and explicitly shifts from an issue-specific approach to child protection to a systems-based approach providing a full continuum of prevention, early interventions and responses based on the individual needs of the child and family.

Despite this progress, **there are still significant gaps in the harmonisation of domestic legislation with the CRC.** A crucial gap is the definition of a "child" under the Law on Children, defined as persons under the age of 16 (Article 1). This is not in line with the CRC, which states that a "child" means every human being below the age of 18 years, unless under national laws majority is attained earlier³³. This gap is addressed to some extent by the Youth Law, which guarantees youth between the ages of 16 and under 18 all rights under the CRC (Article 31), and by provisions under the Civil Code, Civil Procedure Code, Penal Code, Penal Procedure Code, Labour Code and Law on Administrative Violations that recognise persons under the age of 18 as requiring special protection and assistance. However, the detailed statements under the Law on Children with respect to State policies towards children, the new provisions on child participation and child protection services extend only to children under the age of 16.

The Law on Children is framed in general terms and full implementation requires further guidance through decrees and other subsidiary legislation and sectoral laws relating to children's health, education and social protection. The gap between children's rights as stipulated in law and actual implementation remains a challenge. This is due in part to lack of vertical and horizontal coordination

33 *Age of majority is interpreted to mean the age at which a person attains all of the rights and responsibilities of an adult citizen. Pursuant to the 2016 Constitution of Viet Nam (Articles 27 and 29) and the Civil Code (Article 20), the age of majority in Viet Nam is 18. In its concluding observations on Viet Nam's combined third and fourth State Party report, the Committee on the Rights of the Child's recommended further amendment to national legislation for full compliance with the CRC, with particular attention to the definition of the child.*

between responsible agencies and organisations, overlapping functions and responsibilities with respect to law implementation and enforcement and limited human and financial resources to fully implement State commitments under the laws.

In addition, although progress has been made in strengthening laws relating to the administrative, civil and criminal justice system, Viet Nam lacks a comprehensive law on justice for children. The Penal Code, Penal Procedure Code, Civil Code, Civil Procedure Code and Law on Handling Administrative Violations all include some special handling measures for children, but legal protections for children are scattered across numerous legal instruments and do not provide a solid legal framework for a separate and distinct approach to handling children's cases. The 2015 amendments to the Penal Code include improved articles to penalise crimes against children, particularly in relation to sexual abuse. However, the Code is not fully in line with Viet Nam's commitments under the CRC and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OPSC) and has not fully updated new and emerging risks to children in relation to sexual exploitation and information and communications technology (ICT).

3.2. Multi-sectoral and cross-sectoral policies and programmes that have implications for the realisation of children's rights

3.2.1. Socio-economic development strategies and plans

Viet Nam's socio-economic priorities are guided by 10-year Socio-economic Development Strategies (SEDS), which are ratified by the National Assembly. The SEDS provides a national perspective on development, as well as objectives and clear guidance on how to move forward in the next 10 years. The implementation of the SEDS is further guided by national and local five-year Socio-economic Plans (SEDPs), as well as five-year sectoral strategies or master plans. Some key objectives of the sectoral strategies may be further detailed through a national target program (NTPs). The 5-year SEDPs are the principal framework for Viet Nam's socio-economic development in the medium term and prescribe the actions required to translate the 10-year SEDS into reality. They provide directions to line ministries and sectors for their annual and action plans, development projects/programmes, and resolutions, and thereby articulate the course of national economic development.

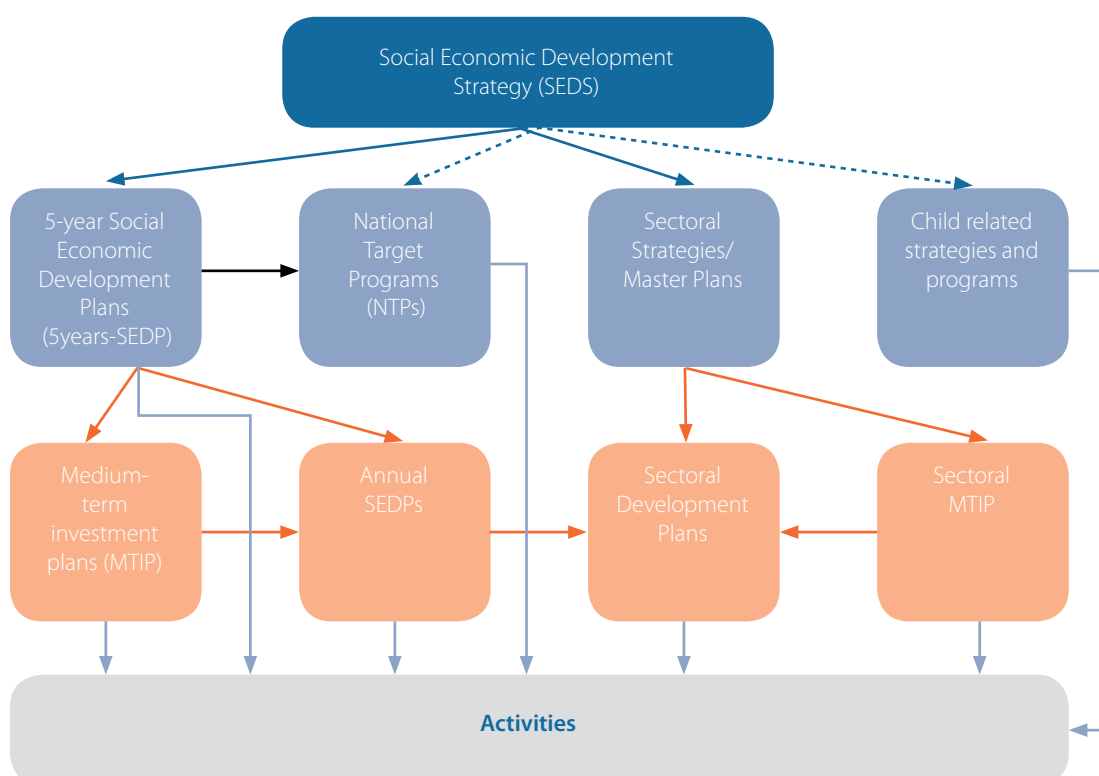
Since the Public Investment Law (2014) was approved by the 13th National Assembly, sectors and localities are also required to develop medium-term public investment plans (MTPIP) outlining the programmes and public investment projects likely to be funded to implement the priority objectives of the five-year plan. Thus, five-year plans must now have specific budgetary allocations to implement priority objectives, which should greatly improve implementation of the government's commitments to children's rights and provides greater transparency in allocation of resources for projects and programmes for children at all levels.

In the annual framework, the 5-year plan will be concretised into an annual plan, and MTPIP will be concretised into an annual public investment plan. Currently, the annual plan is only a "miniature 5-year plan" because it is based on forms and content similar to the 5-year plan, and just replaces the 5-year targets into annual targets. This approach to planning does not function as a true annual plan which should clearly outline the necessary action steps needed to progressively implement the specific targets or programmes outlined in the 5-year plan. Therefore, assessing the implementation of the 5-year plan by following the annual plans is not clear (excluding the comparison of planning targets and the level of implementation). In contrast, the rules are stricter for the annual public

investment plan which only include MTPIP projects which have been newly reviewed, evaluated and considered for funding in the annual public investment plan.

The relationship among development plans is illustrated in Figure 3.1 below (Relationships illustrated by continuous lines are between the planning levels in accordance with their regular state management functions in the socio-economic field by sector and territory; relationships illustrated by dash lines are between development strategies and policies to address the urgent, interdisciplinary, and interregional problems towards the overall socio-economic development of the country set out in the strategy)

Figure 3.1. Relationship among development plans



Given the impact of the long-term SEDS and medium-term SEDPs on the socio-economic life of the country, child-related issues and objectives should be specifically incorporated into the SEDS and SEDPs, with corresponding budgets for them to be implemented comprehensively and consistently across the country and in all sectors. A detailed analysis of the medium and long-term plans in the past 10 years shows as follows:

- The SEDS for the period 2011 – 2020 state that fast development must go side by side with sustainable development, which requires that economic growth be combined with improvements in social equality, continuous improvement of people's life quality, strong cultural development and democratic promotion. This viewpoint is reflected in some specific strategic objectives and development orientations that directly relate to children's rights and well-being (particularly strategic objectives relating to socio-cultural development, development orientation 4.7 relating to improved access to basic services, social welfare, and

social insurance, 4.8 relating to improved healthcare, and 4.9 on development of education and training).

- The general objective of the 5-year SEDP for the period 2011 – 2015 further stated: *“Economy will be developed in a rapid, sustainable manner coupling with innovating growth model and restructuring the economy towards better quality and higher competitiveness efficiency. Social welfare and social security will be ensured while material and spiritual life of the people continue to be improved”* and for the period 2016 – 2020 *“Ensuring macroeconomic stability, striving for economic growth higher than that of 5 years ago. Accelerating the implementation of strategic breakthroughs, restructuring the economy associated with innovation of the growth model, improving productivity, efficiency and competitiveness. Promoting cultural development, implementing social justice and progress, ensuring social security, enhancing social welfare and improving people’s lives”*. The objectives set forth in the strategic planning documents for the 2011-2020 period make a direct statement of children’s rights to provide the basis for specific policies to improve their socio-economic conditions.
- In addition to ensuring better socio-economic conditions for child development, both the SEDS 2011-2020 and the five-year SEDPs (2011–2015 and 2016-2020) directly mention the implementation of child rights and set objectives relating to the promotion and protection of children’s rights. Specifically, in the 17 targets on education, training, science, technology and social fields in the SEDP for 2011 – 2015, according to the government report to the National Assembly³⁴, there were two targets relating to children’s right to education, namely: (1) By 2015, 95 per cent of children aged 5 years can go to school with 2 sessions per day (that is that children will attend school for a full day rather than a half day); and (2) Number of children at the prescribed age entering primary school reaches 99 per cent. In the socio-economic development plan for 2016-2020, there are many targets related to children in the annex under Training and Education, however, in relation to population, employment, and health, in the main text only one of the seven key indicators of social development is directly related to children: *“The percentage of malnourished children aged under 5 decreases to 10 per cent”*³⁵.
- It is clear that Vietnamese policy makers have paid attention to children’s issues, however, they have focused primarily on children’s rights to education and healthcare. Other child rights have not been addressed systematically or recognised at all in an overall and consistent approach through planning periods. Though there is a general statement to ensure child rights, rights for children with disabilities and ethnic minority children, the only indicators which are included in the plans relate to education and the health care sector.

In order to realise the strategic objectives of socio-economic development at the national level, several sectoral development strategies and plans for 2011-2020 also contain objectives and targets relating to the rights of children. The education development strategy for the period 2011 – 2020³⁶; the National Strategy of Protection, Care and Improvement of People’s Health for the 2011 – 2020 period³⁷, Vision to 2030; and MoLISA’s sectoral development plan for both periods 2011 – 2015 and 2016 – 2020 all have objectives and targets related to ensuring child rights. This shows that children’s

34 Government of Viet Nam, ‘Report on socio-economic situation in 5 years 2006–2011 and SEDP in 2011-2015’ presented by Minister Nguyen Tan Dung, at the 2nd Session of the National Assembly XIII, October 20, 2011 (No.206/BC-CP dated October 16, 2011)

35 Government of Viet Nam, ‘Report on socio-economic situation in 5 years 2011–2015 and SEDP in 2016-2020’ and in 2016 presented by Minister Nguyen Tan Dung, at the 10th Session of the National Assembly XIII, October 20, 2015

36 Decision 711/QĐ-TTg. June 13, 2012

37 Decision 122/QĐ-TTg. January 10, 2013

fundamental rights to development, survival and protection have been specified for implementation at the line ministry level, rather than the national level.

Although the strategic planning documents and sector plans all contain objectives and targets associated with the implementation of children's rights, the realisation of those objectives and targets still exhibit some shortcomings, namely:

(1) child-related issues are only reflected in social sectors such as education, health care, and social security. The realisation of children's rights is impacted by experiences much broader than the social sectors and issues related to children must be addressed in all areas of socio-economic development of the country;

(2) child-related issues are not considered priority issues in the current period as they are absent from the list of targets in the social economic development strategic plan. Among 20 indicators for the 2011-2015 period and 19 indicators for the 2016-2020 period assigned by the 13th National Assembly³⁸, there were no indicators related to children's rights or issues, although some indicators related to child rights are included in annual SEDPs. In both SEDPs for the period 2011-2015 and 2016-2020, there are no child-related specific action programmes with an allocated budget;

(3) although both the SEDP and the sectoral development plans of line ministries share the same objective of promoting and protecting child rights and ensuring children's well-being, the link between them is weak. Currently, indicators provided in the SEDP at national level will appear in the text of sectoral development plans (indicators related to the fields of education and health), however they are not formulated in a way that directly links back to and leads to the achievement of the indicators at the national SEDP level;

(4) apart from the development plans of the thehealth, education, labour and social affairs sectors which contain indicators relating to children, the development plans of other sectors, despite having a functional role in the realization of children's rights, have no targets or indicators relating to children (for example, plans of the judiciary, public security sectors).

3.2.2. Social protection policies

Several social protection policies seeking to improve the living conditions of children directly or indirectly were promulgated between 2011 and 2015.

Viet Nam is actively committed to develop a social protection system suited to a middle-income country and that meets international standards in order to promote human rights. Party Resolution 15-NQ/TW of June 1, 2012 on social policies for 2012-2020 asserted that "By 2020, basically achieve social security for the whole population, ensuring minimum levels in income, education, housing, clean water and information, making contribution to gradual enhancement of incomes, ensuring secured living and happiness of the people". In Viet Nam, social protection consists of:

- 1) employment, income and poverty reduction,
- 2) social insurance,
- 3) social assistance, including social transfers, social care and emergency assistance for people in special circumstance, and

38 Resolution No. 10/2011/QH13. November 8, 2011 and Resolution No.142/2016/QH13, April 12, 2016

4) social services, including education, health care, housing, clean water, access to information.

Children are major beneficiaries of social protection, especially vulnerable groups such as children in special circumstances, children in poor households and children with disabilities. The social security principles and approaches articulated in the Party Resolution seek to establish an egalitarian and inclusive social order through enabling socio-economic conditions for child protection and children's rights.

The Government of Viet Nam uses a system of national target programmes (NTPs) to deliver the objectives set out in the 5-year SEDPs. An NTP includes a set of objectives, tasks and synchronised solutions across all fields of the economy, society, science and technology and the environment to achieve the targets set out in the general socio-economic development strategy. An NTP comprises many different projects to implement the objectives of the SEDP. The key feature of NTPs is that they have financial resources allocated for specific targets. This gives NTPs a critical role in the realisation of children's rights in Viet Nam. NTPs with projects that directly relate to child rights and children's welfare will further the realisation of children's rights in Viet Nam as they are financially resourced to do so.

Throughout the 2011-2015 period, there were 16 NTPs approved through Prime Minister's Decision with total funding of VND 168,009 billion. Eight of which were directly related to children's rights and well-being: (i) sustainable poverty reduction (VND27,509 billion); (ii) rural water supply and sanitation (VND28,945 billion); (iii) health (VND 12,770 billion); (iv) education and training (VND15,200 billion); (v) population and family planning (VND9,895 billion); (vi) new rural development (VND192,922 billion); (vii) culture (VND 7,399 billion); (viii) prevention of HIV/AIDS (VND3,700 billion), while the rest were indirectly related to improving the living conditions of children.

During the period 2016-2020, the Government reduced the NTPs from 16 to two: Sustainable Poverty Reduction and New Rural Development. These NTPs have objectives related to children living in rural and hard to reach areas. In addition, the Government has decided to invest in 21 targeted programmes, including programmes on social protection that affect the exercise of children's rights in areas such as culture, education, health and social assistance. The National Target Program on the development of social assistance systems, including the component on the development of child protection systems, will directly impact the realisation of children's rights.

The draft Master Plan for Social Assistance Reform 2016 – 2030: With assistance from the United Nations Development Programme (UNDP), MoLISA is coordinating with relevant ministries to formulate a draft social assistance master plan with the objectives of enhancing the efficiency of social assistance programmes, continuing to expand the beneficiaries able to access appropriate forms of assistance; gradually raising the level of social assistances in line with economic conditions and the budgetary capabilities of the State; ensuring people in need to get social security allowance monthly.

MoLISA and other stakeholders are currently working towards identifying practical solutions to develop a coherent social protection/ social assistance framework with feasible (including financial) reform options and steps to progressively expand the coverage and level of benefits across three social assistance pillars of regular support, emergency relief and social care. The stakeholders are looking to consolidate existing social assistance schemes using the rights-based and life-cycle approaches based on international best practices and standards.

The integration of social assistance programs into a policy, especially those directly related to children

is demonstrated in the proposal to implement the policy “cash allowance package” for children, which indicates that under the Scheme (i) the scope of child beneficiaries and the level of benefits, especially for those children in special circumstances needing assistances, should be extended; (ii) if the policy is managed and administered uniformly, the degree of guarantee and feasibility for the implementation of policies related to children will be increased, which is in line with the general trend taken by many countries in the world and therefore has significant influences in promoting the implementation of children’s rights in Viet Nam in the coming period.

3.2.3. Policies and Programmes for children’s rights and well-being

Viet Nam has a range of programmes and policies that directly address children’s rights and well-being. The breadth of these programmes and policies show a strong commitment by the Government of Viet Nam to the rights, care and protection of children. Whilst commitment is strong, structural and financial inconsistencies and weak inter-agency coordination mean that the implementation of these policies and programmes face challenges. Significantly, most programmes related to children lack their own implementing budget which weakens the likelihood of the programme succeeding as it does not have specifically allocated funds and accountability and will instead become one of the many competing responsibilities of the line ministry.

The National Programme of Action for Children (2012 – 2020)³⁹ (NPA): The NPA builds on the objectives and achievements of previous plans of action. The objectives of the programme for the 2012-2020 period are based on 13 key indicators, including three indicators relating to children’s survival rights (health indicators); four indicators relating to children’s development rights (three related to education and one related to culture, entertainment); four indicators related to child protection; one indicator for participation rights and one aggregated indicator. The NPA provides a strong policy framework to meet the demands and basic rights of the child. The NPA aims to prevent risks to children and develop a safe and healthy environment where Vietnamese children are protected, cared for, educated and able to develop in a healthy environment.

The National Program on Child Protection 2011 -2015 was the first comprehensive national programme on child protection. The programme aimed to build a comprehensive child protection system with a consolidated legal framework and comprehensive prevention, early intervention and response services for child victims of abuse, exploitation, violence and for children in conflict with the law. It included four specific objectives and five priority projects with the total budget of VND 1,755.5 billion (about USD 84 million).

The Program of Child Protection 2016–2020 continues the work of the 2011-2015 programme, with a view to establishing a comprehensive child protection system and expanding the coverage of local levels systems which means that more children will have access to and benefit from the child protection system. The initiative aims to reduce the percentage of children in special circumstances to 5 percent by the end of 2020. Ninety percent of children in special circumstances will be supported to integrate into the community and have access to development opportunities. The new programme also targets institutional improvement and aims to develop professional child protection services, including the social work profession. At this time, the programme does not have a separated budget line, instead the budget for implementation of the programme is included in the annual state budget of line ministries and local governments.

39 Decision 1555/QĐ-TTg dated October 17, 2012

The Child Accidental Injury Prevention Program (2013 – 2015)⁴⁰ and (2016-2020): child accidental injury prevention was previously included in the health sector's programme on Accidental Injury Prevention. It was made into an independent national programme in 2013 in order to specifically focus on the prevention of injuries and fatalities amongst children, especially by drowning. The 2013-2015 programme also aimed to build three million safe houses, 5,000 safe schools and 200 communes with safe community standards. It also aimed to see a 15 per cent decline in drowning cases, compared to figures for 2010.

For the period 2016 – 2020, the Child Injury and Accident prevention programme has expanded its focus to incorporate the prevention of injuries and fatalities from both drowning and traffic accidents⁴¹. The programme aims to prevent accidents and injuries among children, and to reduce the rate of injuries among children to six per 1,000. The programme also aims to build five million safe houses and 10,000 safe schools for children, and 300 communes, wards and towns that will become safe communities. The programme is expected to reduce child fatalities in road accidents by 25 per cent, as compared with 2015. The budget for implementation of the programme is included in the annual state budget of line ministries and local governments.

National Action Plan for Children affected by HIV/ AIDS in the period 2014 – 2020⁴²: the National Action Plan for children affected by HIV/ AIDS in the period 2014 – 2020 provides support for HIV/AIDS-affected children in Viet Nam. The action plan aims to strengthen the role of administrative levels; improve the legal system to ensure protection of children with HIV/AIDS; and pilot a service model of community level care. It also aims to improve the competence of social organisations and service providers in order to reduce and eliminate discrimination against HIV/AIDS-affected children, boost social engagement of children affected by HIV/AIDS and increase international cooperation. Under this programme, by 2020, 100 per cent of schools will enroll children affected by HIV/AIDS. Ninety per cent of children affected by HIV/AIDS will be able to access to services on healthcare, education, consultation services, nutrition, physical development, and alternative care as well as entertainment. Almost all sites and social organisations which support, take care of and treat HIV positive children will be equipped with adequate knowledge and skills. Like most programmes related to children, the budget for implementation of the programme is included in the annual state budget of line ministries and local governments.

The most recent policy on child rights and well-being is Decision 535/QĐ-TTg on *Plan to address the concluding observations of the Committee on the Rights of the Child on the combined third and fourth periodic report of Viet Nam* (hereafter named as the Plan) in the period of 2014-2020. The Plan aims to clearly define the responsibilities of the relevant ministries/agencies in the implementation of child rights in a consistent, comprehensive and effective manner, and to implement the recommendations of the United Nations Committee on the Rights of the Child.

In addition, there are a range of sectoral policies which directly relate to children's rights and well-being such as: providing social assistance policies for social protection beneficiaries⁴³; exemption or reduction of tuition, support for study costs and collection mechanism, using tuition for educational institutions of the national education system from the 2010-2011 school year to the 2014-2015 school

40 Decision 2158/QĐ – TTg. November 11, 2013

41 Decision 234-QĐ – TTg. February 5, 2016

42 Decision 84/2009/QĐ-TTg dated 4 June 2009 approving "the national plan of action for HIV/AIDS-affected children up to 2010, with a vision towards 2020"

43 Decree 136/2013/ND-CP dated October 21, 2013

year⁴⁴; supporting the provision of meals for children 3-5 years old⁴⁵; and regulation of the standards of communes, wards and townships suitable for children⁴⁶. A project on prevention and response to gender-based violence in the period 2016-2020 and vision toward 2030, includes a component on the development and deployment of a safe and friendly city model for women and girls⁴⁷.

As can be seen from the above-mentioned programmes and policies which directly relate to children's rights and well-being, the Government of Viet Nam shows strong commitment to improve the protection and care of children. However, the implementation of these intentions faces challenges due to the lack of implementing budgets and weak inter-agency coordination. In addition, there is an inconsistency between timing to develop the overarching strategic plan relating to child rights and its subsidiary documents. For example, the National Action Program (NAP) for children in the period 2012-2020 was adopted after the Prime Minister had approved the National Program of Protection Children 2011-2015, despite the fact that the latter is just a component of the former. A preferable approach would be to develop and approve the overarching programme before focusing on specific sub areas relating to protection and well-being.

The feasibility and impact of programmes and policies is also undermined by structural and financial inconsistencies. Generally, policies protecting the rights and interests of children have narrower targets compared to programmes, however, policies normally have no time limit for implementation and are often guaranteed financial resources through the state budget, whilst programmes usually have broader targets, but have a limited period of time for implementation and often have no guaranteed financial resourcing. This inconsistency restricts the level of impact possible, especially when it is placed in the context of public financial management mechanisms in Viet Nam (as described in next section on public financial management for children's rights).

3.3. Planning, budgeting, M&E mechanisms ensuring the realisation of child rights

3.3.1. Mechanism for planning

3.3.1.1. Methods of establishing planning targets and indicators related to children

The realisation of child rights is a cross-sectoral issue. In Viet Nam, a range of ministries are involved in the delivery and realisation of child rights. The key line ministries are; MoLISA, the Ministry of Health (MOH), the Ministry of Education and Training (MOET), the Ministry of Culture, Sport and Tourism (MCST), the Ministry of Justice (MOJ) and the Ministry of Public Security (MPS).

Currently, each line ministry is left to set their own targets and sectoral development plans, without guidance on child focused directives from the national level. This leaves the incorporation of child related targets and objectives vulnerable to the specific priorities of each line ministry. Children's issues are among multiple responsibilities that ministries and sectors have to fulfil and may not be an obvious top priority for each ministry. As such, in the process of formulating sectoral development plans, child related targets and indicators are not always specifically specified. The result is that currently, targets and indicators related to children have only been reflected clearly in social sectors such as labour and social affairs, health and education, not in other sectors such as planning and

⁴⁴ Decree 74/2013/ND-CP amending Decree 49/2010/ND-CP

⁴⁵ Decision 239/QĐ-TTg and 60/2011/QĐ-TTg

⁴⁶ Decision 34/2014/QĐ-TTg of the Prime Minister

⁴⁷ Decision No. 1464/QĐ-TTg dated 22/7/2017

investment, finance, industry, construction, services, culture, and communications etc.

Viet Nam would benefit from incorporating results-based management as a method to establish planning targets and indicators for children. Results-based management is about effectiveness of implementation and achieving results. Results-based management works on the principle that work at a local level is directly (or indirectly) connected to achieving broader national level objectives and targets. This means that the targets found in central and local level planning documents aim to concretise national level objectives and strategies. The result of this approach is that sectoral targets identified in strategic documents will be implemented by sectoral ministries at central and local levels (see the chart on the relationship between planning documents was showed above).

The implementation of this approach to realise children's rights in Viet Nam would encounter some challenges. Specifically:

Targets and indicators associated with the implementation of children's rights are fragmented and have no tight links to results levels or planning documents. The strategic documents at the national level (SEDS for 2011 - 2020 and SEDP for 2011-2015 and the 2016-2020) all contain targets towards securing the rights of children. However, there is no common target across the various line ministries whose functions impact on children which would concretise the strategic targets mentioned in national level SEDS and SEDP. Instead, each line ministry only has targets which relate to the specific functions of each ministry.

In addition, indicators concretising national targets to implement children's rights are fragmented and are mostly at the activity level or lower levels. At the output level, they do not match or clearly show their contribution to the achievement of indicators at the strategic and planning levels (higher levels). The lack of clear links between the strategic and activity levels impact negatively on Viet Nam's ability to reach the objectives of the SEDP and sectoral development plans.

As noted above, the National Action Plan (NAP) for children over the 2012 - 2020 period contains overall objectives and specific targets which relate quite comprehensively to the rights of children. As such, it should be regarded as a national strategic planning document for the realisation of children's rights, however, its foundation was not the Socio-economic Development Strategy for the 2011-2020 period⁴⁸. Further, although there is a link between sectoral development plans and the NAP for children, the linkage is only reflected in the consistency between certain indicators, not the coherence between the objectives of the NAP and those of relevant line ministry's sectoral development plans.

In addition, although the SEDPs and SDPs of line ministries have objectives that promote and protect child rights and ensure children's well-being, there is no specific legal document to regulate the integration of children's issues into the planning process at sectoral and local levels. Positively, there are some pilot programmes in provinces where, with the support of international donors, local government has included some child-related indicators into their SEDP such as in Ninh Thuan and An Giang. This approach needs to be evaluated and scaled up to the national level to ensure that child-focused indicators are integrated at provincial, district and commune levels across the country.

⁴⁸ Decision No. 1555/QĐ-TTg of the Prime Minister on approval of the National Action Program for Children for 2012-2020 dated October 17, 2012

3.3.1.2. Linkages between plans and financial resources.

Recent developments in Viet Nam have encouraged public administrative reform using the results – based approach. The reforms and the Public Investment Law 2015 have made the planning and budgeting processes in Viet Nam increasingly relevant to the socialist-oriented market economy. The 5-year and annual SEDP and SDPs are the basis for budgeting but only for budgeting investment plans, not a holistic state budget plan which includes recurrent budgets.

Prior to this move for reform, there has been a significant disconnect between plans and programmes on the one hand, and resource allocations on the other. This means that whilst there may be the intention to move closer to the realisation of children’s rights, there were no clear resources allocated to ensure that the work which needed to be done could actually happen. This disconnect also makes it difficult to know how much, and how well, public resources are spent on children and child rights objectives. The National Action Plan for Children from 2001-2010 illustrates the disconnect well. Although the Plan was approved by the government it was not allocated its own budget for implementation, but rather, was integrated into the implementation targets of relevant ministries. For example, the budget for child nutrition and health care was integrated into the operations of the health sector. The budget for school education was integrated into the operation of the Education and Training sector. Under this approach, over the 2001-2010 period, 12 out of 37 targets from the National Action Plan for Children were unmet (MOLISA, 2010).

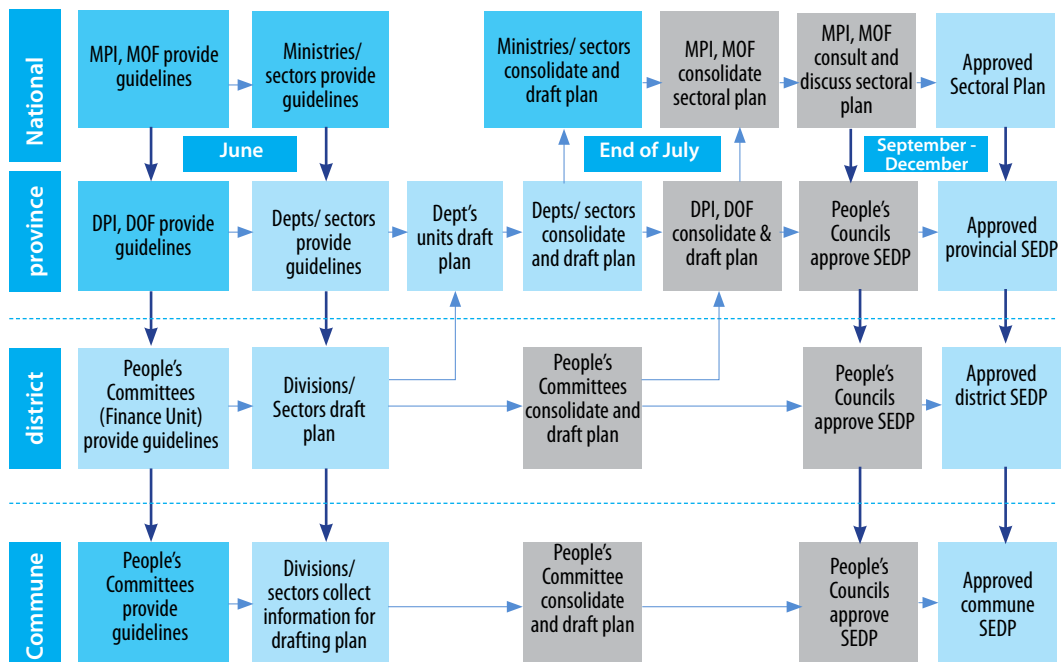
3.3.1.3. The participation of communities in general, and of children in particular, in the planning process

The involvement and participation of communities in general, and children in particular, in planning processes is currently quite limited. The process of planning for SDPs and SEDPs at the local level is illustrated in Figure 3.2.

Currently the process follows a top – down approach. While there is participation of stakeholders in information collation and draft plan discussions, the time available for sectors and local governments to make socio-economic development plans is less than a month. This short time frame does not allow for careful or bottom-up analysis of local needs, opportunities and challenges through community participation and/or the involvement of children in discussions on matters affecting them.

In addition to the obstacles posed by the process to the participation of communities and children, perhaps the greater challenge to incorporating participation deeply into the planning process is the institutional culture of most levels of government which are involved in the delivery of child-focused services and/or the realisation of children’s rights. Traditionally more comfortable with a top-down approach, participation is not particularly encouraged or is tokenistic.

Figure 3.2. Sectoral Annual Planning Process



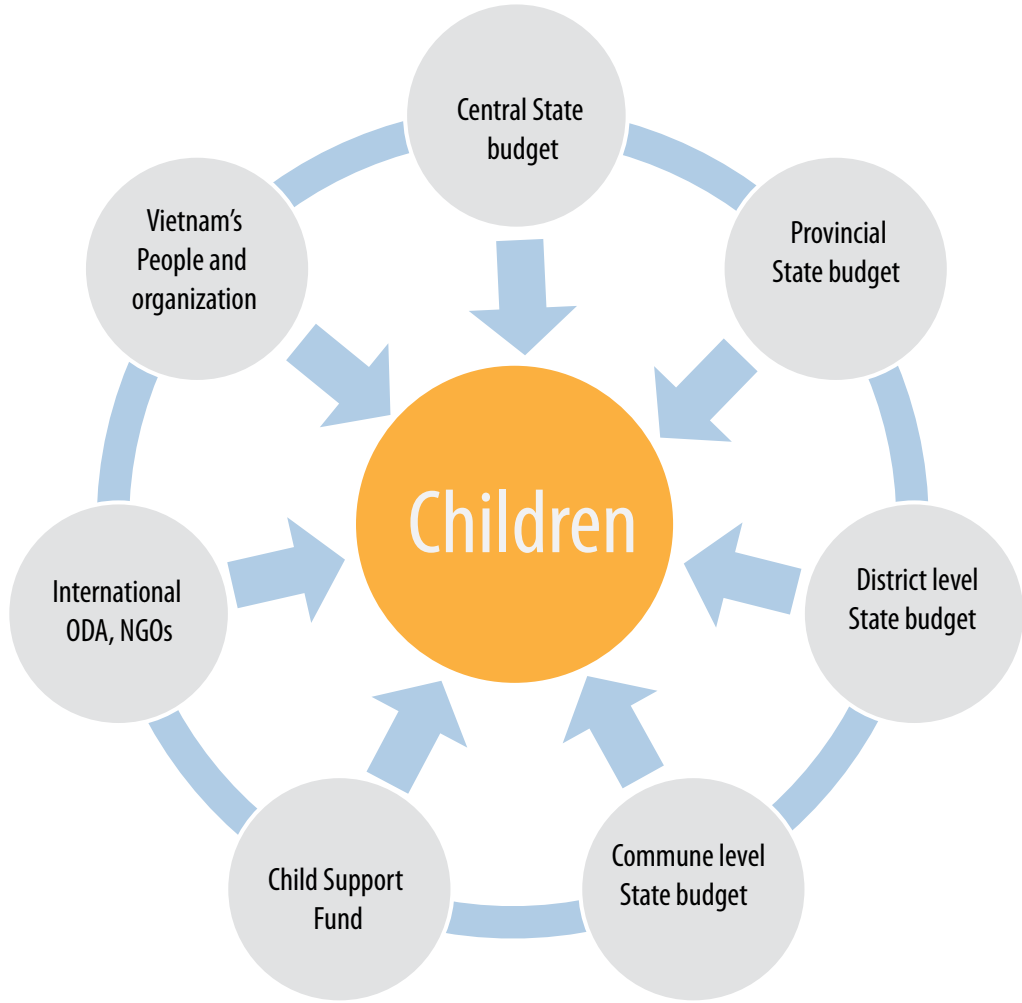
3.3.2. Public financial management for children's rights

Public financial resources for children's issues:

Public spending on children is financed from many sources, i.e. the state budget, non-state resources which include resources from communities and families and international donors (mainly through ODA). Although the proportion of the state budget allocated for the social sector, including health care and education has steadily increased, funding remains inadequate for the growing needs of the education and health sectors in the context of rapid development. The Government has recently encouraged the use of supplementary resources to fill the gaps. Resources mobilised from communities and families supplement the State budget in the delivery of child protection, care and education in Viet Nam. These resources are a direct contribution from the people, mobilised from government bond issuance, public bonds, and funds from enterprises or through different types of funds for children. Foreign aid is another important source to support Viet Nam to implement the CRC effectively.

Viet Nam uses a decentralised process to fund and implement child focused policies. Central state budget expenditures are used to; run activities for the education, protection and care of children which are implemented by ministries and central agencies; implement the NTPs; and to support poorer provinces' local budget to ensure the local implementation of policies related to children., The rest of state budget for children is under the control of provinces, districts and communes (details in Figure 3.3). Funding resources should increase if the global economy shows positive trends and the domestic investment situation is improved.

Figure 3.3. Financial sources for children in Viet Nam



Annually, the Government places priority on increasing budget spending for some areas of the budget which relate to the protection, care and education of children. Generally, the annual budget allocation for child focused areas increases, both in terms of the absolute amount and the proportion of the budget which is allocated, especially for the education sector which accounts for about 20 per cent of the total budget. In the period 2011 – 2014, besides the state’s recurrent expenditure in sectors related to children’s issues from the local to the central level, the state budget for implementing policies related to children’s rights was about VND 570,140 billion (about US\$27 million). Capital expenditure was about 99,777 billion VND, and the remaining VND 470,363 billion was recurrent expenditure⁴⁹, accounting for 12.7 per cent of total budget expenditure for the period. Expenses for health were about 19,454 billion VND (about 920,000 USD), 3.14 per cent of budget expenditure; expenses for education were about VND 539,011 billion VND or 94.5 per cent of the budget for programmes on child protection, care and education; expenses for social security were about VND 4,855 billion (about 200,000 USD) – 0.85 per cent⁵⁰.

49 Ministry of Finance, Report on the allocation of state budget for child protection and care in the period of 2011 - 2015, Administrative and non-business department.

50 As above.

Until recently, ODA contributed 15-17 per cent of public investment, particularly in areas of education, health care, transportation, urban development and clean water⁵¹. Along with ODA, the funding from INGOs has gradually reduced since Viet Nam has become a middle- income country whilst the contributions of families, the private sector, social organisations and individuals have increased. The rate of household expenditure for education and for health care services has remained quite steady at about 6 per cent (GSO -VHLSS 2012), while income per capita has increased.

In addition to state budget allocations, Viet Nam has a system of public and private funds for children which also play an important role in mobilising resources for child protection, care and education activities. Every year, these funds disburse millions of USD for child protection, care and education activities. Taking the National Fund for Vietnamese Children as an example, the fund has its network in all provinces and cities, covering about 80 per cent of districts and 70 per cent of communes of Viet Nam. Millions of dollars have been disbursed by the fund to support children under programmes which cover mouth, heart and eye operations; operations for children with Delta muscle sclerosis; rehabilitation for disabled children; fellowships for children in special circumstance, emergency support for children in difficult situations and for flood or natural disaster victims. There are also several other funds (e.g. Golden Heart Fund, Compassion Fund, Learning Encouragement Fund, Young Talent Support Fund, Fund for Poor children, VINAMILK Fellowship Fund, Fund for Agent Orange Victims etc.) which help to provide direct supports for children.

However, the financial resources for children-related activities are fragmented and inefficient. With many funding sources, while each resource has its own mechanisms of sponsorship and dedicated to different group of beneficiaries, the risk of fragmentation and overlap in spending of those funds is high and leaves efforts to promote and ensure children's rights and interests inefficient.

Budget planning, appropriation and disclosure of public spending on children

Since children's issues are cross-sectoral, the state budget for the implementation of child rights does not have a separate budget line, spending is integrated into the budgets of relevant ministries, sectors, and sub-national levels. The allocation of the state budget to children's issues is done through a number of budget channels. At the central budget level, the state budget is allocated to child related issues through:

(1) line ministries, sectors and localities (and agencies working on children's rights) to carry out child-related tasks as planned (recurrent budgets), and to implement assigned activities of approved national target programs, and national plans and programmes on children's issues (capital budgets); and

(2) provinces participating in national target programmes, and national programmes and plans on children's issues which receive budget allocation (capital budgets). At the local budget level, the state budget on children's issues are allocated to cover social services and activities as per tasks assigned to sub-national agencies and sectors (from the recurrent source), and to cover activities included in approved programmes and plans on children's issues that are managed by provinces (from the capital source). The budget allocation from the provincial budget (of both recurrent and capital sources) is dependent on provincial leaders' commitment to children's rights.

⁵¹ Cao Manh Cuong, 2013, ODA for development in Viet Nam: 20 years look back. Financial magazine. <http://tapchitaichinh.vn/kinh-te-vi-mo/kinh-te-dau-tu/von-oda-doi-voi-phat-trien-viet-nam-20-nam-nhin-lai-36974.html>

Box 3.2. Quang Ninh's initiatives to allocate 1 per cent budget for children

Problem: There is usually not a separate budget line for activities under the National Plan of Action for Children in budget estimates. Most provinces embed such activities and expenditures into relevant target implementation of sectors such as health and education. This is the most critical challenge to the realisation of the National Plan of Action for Children's targets.

Solution: Given such situation, the People's Council of Quang Ninh had a resolution in 2003 (Resolution 118) deciding to set 1 per cent of Quang Ninh's total recurrent expenditure budget for implementation of the National Plan of Action for Children in budget estimates.

Impacts

Improving local authorities's awareness of budget and human resources allocation to actions for children.

Improving communities' awareness of resources contributions to actions for children.

Improving the work and organisation of the child protection system in Quang Ninh. It is the first province in Viet Nam where the system's network covers all areas of the province.

Lessons learnt

High level of awareness of the importance of child protection and care.

High level of cooperation among stakeholders in terms of implementation and communications.

DOF and DOLISA need to have close cooperation and shared understandings as well as agreement on target activities.

Budget is best utilised with detailed and feasible proposals and due monitoring by the People's Council at all levels, especially at the provincial level.

An in-depth analysis of the current mechanism of state budget planning, appropriation, and disclosure exposes some constraints in public finance management for children. As previously mentioned, the state budget is made of two sources, recurrent and capital budgets. Under current regulations, at the national level, capital budget estimates of sectoral and provincial development plans are first sent to MPI for coordination, while recurrent budget plans are sent to MOF for their consideration in budget allocation. Similarly, at local levels, capital budget plans are sent to the Department of Planning and Investment and recurrent budget plans go to the Department of Finance at the respective local level. The MPI and MOF then coordinate with each other to work together to produce a unified national budget for a given year. The proposed budget allocation plan is subsequently approved by the National Assembly. At local levels, the People's Council approves the annual budget plan.

In spite of the coordination within the Government, the public finance system which separates the management of the two budget sources, i.e. capital and recurrent budgets (by Ministry of Planning and Investment and Ministry of Finance) is liable to suffer from a lack of integration and balance between the two sources, leading to the ineffective management of public resources. It is common to find situations where public works constructed with capital budgets are not sufficiently allocated recurrent budget for operations (for example, a newly constructed school does not have sufficient recurrent resources for maintenance in subsequent years), which renders the spending an ineffective investment. In addition, sector-based budget allocations (except for the allocation of capital funds to targeted programmes) may lead to the exclusion of cross-cutting issues such as child issues.

The capital budgets are estimated and allocated for approved targeted programmes and development plans (including those on children's issues) based on the principles, criteria, and norms set for capital resources of the state budget. With the application of the 2015 Law on Public Investment, all development programmes and plans are required to be included in the medium-

term public investment plan (PIP) for approval as a pre-requisite for budget allocation. The condition for being included in the medium-term public investment plan is that a development programme or plan should be fully budgeted. This requirement helps ensure that an approved programme has sufficient funding for implementation. However, this requirement also prevents programmes that are not fully budgeted from being considered for state budget allocation.

The priorities, criteria and norms for capital resources allocation from the State budget are basically applied to all target programmes and approved programmes. (For some specific programmes, additional criteria are applicable). Programmes that are closely related to children, such as the Targeted Programme for Social Assistance System Development, the Targeted Programme for Health and Population, etc. do not have evidence-based criteria and norms based on data and the needs of the children (or at least based on the target groups of the programmes)⁵². *In addition, in the criteria and norms for budget allocation, the number of children is not considered as a criterion, although the children are directly and indirectly affected in most targeted programmes.*

Recurrent resources are estimated and allocated based on recurrent spending norms for: (1) operational activities for the management and administration of state agencies, and state budget spending agencies at central and local levels; (2) social services in the fields of education and vocational training; health care; information and cultural services; physical training and sports; social security; national security; science and technology; economic activities; and environmental protection. The cost norms for recurrent expenditure are normally unchanged over three to five years and developed based on the cost of inputs (the cost norm for health sector is based on the population size of each region or the number of beds in hospitals; the cost norm for education is based on the number of children of school age, etc.). *Although the allocation criteria and cost norms for recurrent resources⁵³ consider children as a beneficiary group, they do not take into account incoming migrants including migrant children coming in a given locality for allocating recurrent budgets covering basic social services such as education, vocational training, health care, social assistance, and administrative management.*

To improve the public finance management for children, children's issues such as the number of children of a locality, characteristics of children and children's needs and interests should be taken into account during the budgeting and allocation of state budget for both capital and recurrent resources.

On budget disclosure, an analysis of publicly available budget documents shows that the recurrent budget estimate and spending are more likely to be publicly disclosed than those for capital budgets, including the capital budgets and spending on children's issues. The budgets and spending of targeted programmes, child related programmes and plans are not disclosed to the public with details by programme, but rather are aggregated in the total budget and spending reports by spending units. As a result, there is no information publicly available on budget estimates and spending by budget item of a specific programme. Even a province or spending unit that is more advanced in terms of state budget disclosure only made public the information on their capital budget execution through the total budget estimates, budgets approved, and aggregated capital spending without the details on capital budget by programme nor by budget item of each programme. This practice hinders the participation of the community, and children in particular in budget processes, monitoring and evaluation on the efficiency and effectiveness of investments in children.

52 *Targeted Programme for Education of Mountainous, Ethnic Minority and Difficult Areas, Target Program Development of social assistance system, Targeted Programmes on Health and Population, Targeted Programme on Local Health System Development, Targeted Programme on Cultural Development, Targeted Programme on Vocational Training – Employment and Labour Safety in the Decision No. 40/2015 / QĐ-TTg by the Prime Minister: Promulgating principles, criteria and norms for capital budget allocation from the state budget for the period 2016-2020.*

53 *Decision No. 46/2016 / QĐ-TTg of October 19, 2016 promulgating norms for allocation of regular state budget expenditure estimates in 2017.*

3.3.3. Monitoring and Evaluation of policies and programs related to children

Monitoring and evaluation (M&E) is an important management tool in the public administrative system to closely follow the progress of policy and programme implementation and assess the achieved results compared to the set target, thus facilitating decision making. Monitoring and evaluation is an integral part of policy and programme processes. A programme should have an M&E framework based on the programme's targets, indicators, main activities, respective timelines and responsible agencies. Based on this framework, the responsible agencies determine the information which needs to be collected, facilitate the collection of information for monitoring the programme implementation and report on results achieved.

Monitoring and evaluation should happen throughout the programme cycle to enable the implementing agency to take timely action and make necessary adjustments to ensure the programme's intended results will be achieved. Periodically, the implementing agency undertakes relevant and planned programme evaluations. In Viet Nam, policies and programmes relating to children's issues are included in the general system of development policies and programmes at the various levels of government. As such, child related programmes and policies are subject to the overall system's approach to monitoring and evaluation. The monitoring and evaluation of child related policies and programmes is applicable to (i) the programmes and action plans concerning children's issues; (ii) the operations of state management agencies and public service providing agencies that are related to children's issues; and (iii) national and ministerial level indicators on children.

3.3.3.1. Monitoring and evaluation of programmes and action plans concerning children's issues

Similar to sectoral or provincial development programmes and plans, programmes and plans on children's issues (if being funded by the state budget) receive funding from the capital resource. Under the capital resource, the monitoring and evaluation of programmes and plans relating to children must abide by the relevant provisions of the Public Investment Law 2014, Chapter IV (implementation and monitoring, checking, evaluation and inspection of public investment plans). Implementing details are specified in Decree No. 84/2015 / ND-CP on monitoring and evaluation of public investment and several guiding circulars. However, whilst the Public Investment law and Decree mentioned above stipulate general monitoring and evaluation requirements for public investment projects, the monitoring framework does not require the actual development of monitoring and evaluation plans for each project.

Amongst the programmes and action plans for children or relating to children in the period 2011 - 2015 and 2016 - 2020 (National Action Program for Children 2012-2020; National Action Program of Protection for Children in the period 2011 -2015 and 2016 - 2020; The Child Accidental Injury Prevention Program for the period 2013-2015 and 2016 - 2020; National Action Plan for Children affected by HIV/ AIDS in the period 2014 - 2020), only a few programmes have a monitoring and evaluation framework with specific indicators and timelines for monitoring and evaluation activities. Instead, as required by programme management, most of the programmes and plans have some haphazard provisions in the programme documents which relate to monitoring and evaluation activities such as a mid-term review and an end of programme review⁵⁴. Some monitoring and evaluation activities may be reflected in the programme's regular reporting mechanism⁵⁵, or monitoring and evaluation activities may be integrated into the overall inspection schedule of the

⁵⁴ National Action Programmes for Children period 2012-2020

⁵⁵ National Action Programmes for Children period 2012-2020; National program on child protection period 2016 - 2020, the National Plan of Action on Children Affected by HIV and AIDS period 2012 - 2020

responsible agencies⁵⁶. However, in general, the provisions on monitoring and evaluation included in the programme documents are general, not associated with selected indicators, and without direct links to responsible agencies.

The lack of indicators to measure the planned objectives of the programmes and action plans has led to the situation that programme implementation reports often contain qualitative statements and judgement which are not based on evidence in quantitative terms. The reports mainly list the targets with a judgement of achievement without reporting on outputs and outcomes. This approach to reporting prevents an accurate assessment of stakeholders' accountability for the programmes and projects. It also makes it difficult to draw lessons for improvement.

According to the provisions of Government Decree No. 84/2015/ND-CP, the evaluation of programmes and projects includes: formative evaluation, mid-term evaluation, summative evaluation, impact evaluation and ad-hoc reviews, but there are no requirements to evaluate the impact of programmes and projects. In addition, as the requirements on programme and project monitoring and evaluation are not legally binding, the requirements have not been implemented in a formal or systematic manner across the board.

3.3.3.2. The monitoring, supervision and evaluation of children's public services delivery

Policies on children are implemented through, in addition to the programs and action plans mentioned above, regular activities of the state authorities and public service delivery agencies that are mandated with children's rights and children's well-being. These agencies include those (at the ministerial level) having state management responsibilities on children's well-being and public service delivery agencies for health care, education and child protection. They are the Ministry of Education and Training, Ministry of Health, Ministry of Labor, War Invalids and Social Affairs, Ministry of Culture, Sports and Tourism, Ministry of Justice, the Court, Procuratorate, public schools, health facilities and other public service units. In these agencies, monitoring and supervision is generally conducted in the form of: checking, inspection, and periodic administrative reporting in line with the legal provisions of the Statistics Law 2015, Decree No. 07/2012 / ND-CP (regulations on the mandates of specialised inspection and the performance of specialised inspection activities), Decree No. 144/2005/ND-CP (guidance on the coordination among state agencies in the development and monitoring of policies, strategies, planning frameworks, and plans), Decision No. 15/2014/QĐ - TTg dated 02/17/2014 of the Prime Minister; Decision No. 162-TTg dated 12/12/1992 on the reporting and information exchange mechanism. Resource constraints and differences in the level of priority for children's issues among these agencies mean that monitoring, supervision, and checking has not been performed in a systematic and regular manner across child related programmes and projects. Even the main ministry responsible for the realisation of child rights and protection, MoLISA, was only able to conduct two to three inter-sectoral oversight missions, on annual average, to monitor and check the implementation of programmes on children's well-being in four to six provinces and central cities.

Whilst there have been improvements to administrative reporting systems over the last two decades there are still challenges which remain in terms of accuracy, consistency and disaggregation. Electronic information management systems, which allow online consolidation of reporting and information from the commune level upward, have been implemented in almost all state management agencies at both central and provincial levels. This system has resulted in significant improvements to monitoring and reporting performed by the public sector.

⁵⁶ National program on child protection period 2011 – 2015, Child Injury Prevention Program in the period 2011 -2015 and 2016 – 2020.

However, two parallel reporting systems still exist, the traditional paper-based reporting system and the electronic system. These parallel systems increase the burden of reporting and data collection for monitoring and oversight, especially at the commune level. The Department of Administrative Procedures Control, Ministry of Justice revealed in a 2015 report that there were, on average, 198 reports per ministerial agency, 1,949 reports per state agency at provincial level, 534 reports per state agency at district level and 138 reports per state agency at commune level.

Implementing agencies also lack statistical capacity at local levels in both quantitative and qualitative terms. Statistical data and reports are not always updated or sufficient, and even the accuracy of the data is in question as there are often inconsistencies in data reported by different agencies. It is expected that the implementation of the Statistic Law 2015 which starts in July 2017 will help to clarify in the responsibilities and roles of concerned ministries and agencies in reporting on national and sectoral statistical indicators. A centralised statistical system will also replace the sectoral statistical systems for data generation and use⁵⁷.

Finally, monitoring and evaluating child related public services provision faces a further hurdle due to a lack of disaggregated data. Data disaggregated by age, gender, ethnicity, locality and other subcategories is essential to effectively monitor child related programmes, evaluate their impact on the realisation of children's rights and to make plans for future interventions. MoLISA, with the support of UNICEF, INGOs and other UN agencies, has made major efforts to develop a list of child rights focused indicators for Viet Nam that covers cross-sectoral child related issues in coordination with other government agencies. This list of child rights focused indicators will facilitate centralised monitoring and evaluation of child rights implementation. However, this is still an on-going effort.

3.3.3.3. Monitoring of children's situation through child focused national and sectoral indicators.

Child focused indicators aim to tell a full story about the situation of children and how well policies related to children are implemented in the country. Child focused indicators enable the government to engage in evidence-based policy development, adjust interventions as needed and fulfil national, sectoral and international reporting obligations. The United Nations Committee on the Rights of the Child (2013, paragraph 20), recommended that Viet Nam standardise the child indicator system so that information on children is collected fully and accurately, especially in sensitive areas such as violence against children, child abuse and exploitation.

In 2016, MoLISA's Department of Child Care and Protection cooperated with MOH, MoET, MCST, MOJ, MPS, the Supreme People's Court, the Supreme People's Procuracy and the General Statistics Office to synthesise information and release data on child focused indicators for the period 2014 - 2015, including those on nutrition, healthcare, education, protection and care for children in special circumstances with data disaggregated by age, gender, ethnicity, etc. The main purpose of the Child Focused Indicators List is to assess the situation of children and women in Viet Nam, to monitor MDGs and World Fit For Children goals, and the implementation of the National Plan of Action for Children. Since then, the Child Focused Indicators List has been updated every year. The Law on Children (2016) also regulates statistics, information and reporting on the status of children as areas of state management responsibility (Article 8, paragraph 7).

Viet Nam now has a number of child related indicators at the national level which are disaggregated by economic region, province, gender, ethnicity, and other social economic characteristics. These indicators are included in the system of 186 national statistical indicators issued as an annex to the 2015 Statistics Law. In addition, line ministries have their own list of indicators related to children for

57 Viet Nam National Assembly, Statistic Law 2015, VNA, 2015

monitoring and reporting on the areas of work under their sectoral responsibility, such as: indicators related to children in the field of education and vocational training; health care; sanitation and environment; social assistance; court and social security, etc.

Although the indicators related to children have been developed and integrated at the national level and sectoral level, the indicators are not systematic and consistent in terms of calculation methods, data collection and management. There are cases where the same indicators have different definitions, different methods of calculation and data collection by the agencies in charge, or differences in disaggregation (such as different age groups), which results in different data reported on the same indicator by different agencies. This has led to the odd situation where the information is both excessive and insufficient for management and evaluation, and line ministries cannot take advantage of national and other ministries' statistical information systems for state management and reporting.

Although recent developments in the system of national and sectoral statistical indicators are very positive, the indicators, as they stand, do not meet the reporting requirements of the SDGs 2030. Some indicators on children required by the SDGs are missing in the national system, such as the neonatal mortality rate, the adolescent birth rate, childhood development indicators, early marriage ratios, access to safe drinking water, access to improved sanitation, the child labour rate, the percentage of children aged under 5 whose births were registered, the percentage of children sexually abused, the percentage of children who received violent punishment of any form, the proportion of children aged 24 months and older who participate early education, etc. Though these indicators are not in the system of national and ministerial statistical indicators, the data is not absent as Viet Nam has engaged in five rounds of the Multiple Indicator Cluster Survey (MICS) from 1995 to 2014. In addition, many of the child focused indicators fail to meet the disaggregation requirement of the SDGs to ensure the principle of "no one left behind". Though Viet Nam is in the process of developing a national indicator list for monitoring the SDGs, it has not been clarified which agencies are in charge of collecting data for which indicators. Viet Nam is, however, developing a National Action Plan to implement the SDGs which is attempting to address these indicator issues.

Viet Nam also conducts periodic national surveys on specific issues which has supported the country to develop its information collection system. These surveys cover a range of topics from the Viet Nam Household Living Standard Survey (VHLSS) which has been conducted every two years since 2000, to surveys on population change and housing, labour and employment, health, mother and child nutrition and on adolescents and youth.

In addition, the Multiple Indicator Cluster Survey (MICS) on children's and women's indicators has been conducted every 5 years since 1995 by the General Statistics Office in collaboration with the United Nations Children's Fund (UNICEF). To date, Viet Nam has completed 5 rounds of MICS, in 1995, 2000, 2006, 2011 and 2014. MICS 2014 collected information relating to households and women of reproductive age (15-49 years) and children under 5 across the areas of household characteristics, child mortality, nutrition, child health, water and sanitation, reproductive health, early childhood development, literacy and education, child protection, HIV/ AIDS, access to mass media and use of information and communication technology.

The information gathered under the MICS meets most of the requirements for monitoring and reporting on children set by the SDGs as MICS indicators have been adjusted to fit with SDGs indicators, especially those that are currently absent in the national and sectoral statistical indicators systems of Viet Nam. More importantly, because MICS has been conducted over five rounds in Viet Nam, most recently in 2014, Viet Nam has a database for a number of important SDGs indicators

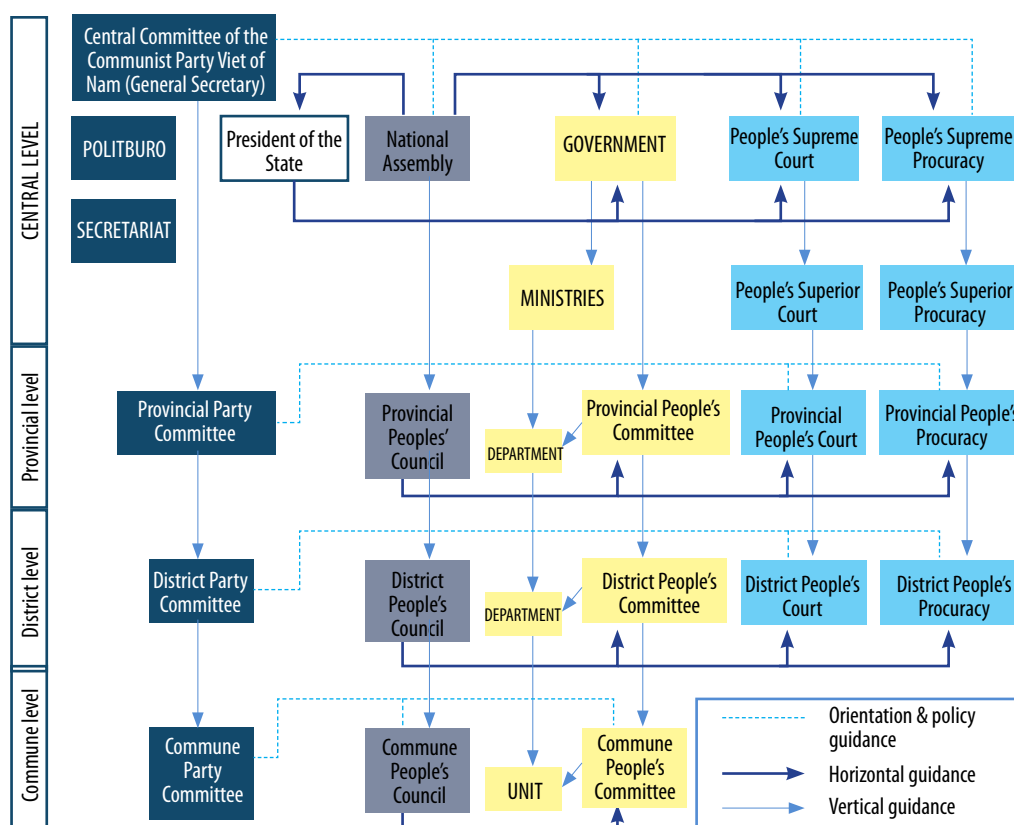
related to children such as as neonatal mortality rate, adolescent birth rate, child development indicators, early marriage rate, child labour, percentage of children aged under 5 whose births were registered disaggregated by month and age, etc. This means that Viet Nam is able to monitor the SDGs indicators related to children by continuing MICS for the next round (MICS 6).

To ensure that Viet Nam is able to design effective evidence based policies and programmes for children and meet the reporting requirements of the SDGs, ministries, sectors and local authorities must comply strictly with the Law of Statistics 2015 which stipulates responsibilities for timely and accurate administrative information provision for the national information system. Viet Nam should also include the required SDGs indicators in the National Statistical Indicators system. In addition, the Government should add the MICS to the list of national statistical surveys so that SDG indicators related to children are collected, monitored and reported systematically.

3.4. Roles and Capacities of institutional dutybearers

In contemporary Viet Nam, all social and political systems have roles and responsibilities in child rights fulfilment. Relevant organs and their inter-relationships are illustrated in Figure 3.4 below

Figure 3.4. The system of organs responsible for implementation of child rights in Viet Nam



3.4.1. The Communist Party

The Communist Party of Viet Nam (CPV) has issued many policies, resolutions and decrees related to child protection, care and education. Especially of note is, Directive No.20/CT-TW on "Accelerating children's care, education and protection in new situation" introduced on November 5, 2012, following the consideration of children's rights and well-being by the CPV Politburo as a major social objective

to be translated into concrete policies and action plans by government agencies. The Central Executive Committee also issued Resolution No. 15-NQ / TW dated 01 June, 2012 on social policy related issues for the 2012-2020 period, which is regarded as the basis for the renovation of social assistance policies in the 2011 – 2015 period and the premise for the introduction of the Scheme on renovation and development of the social assistance system to 2030 discussed above.

3.4.2. The National Assembly, People's Councils

The National Assembly (NA) is the most powerful agency and the highest representative of the population. It is elected in 5-year terms by a popular vote based upon universal adult suffrage. It has three main functions: law making, oversight, and making decisions on issues of national importance. The NA is in charge of adopting and amending the Constitution and laws, as well as deciding on legislative programmes. The NA makes decisions on the country's socio-economic development plans and on key national macroeconomic policies. It also approves the State budget, including allocations to line ministries, central agencies, cities and provinces. In respect of the organisational structure of the National Assembly, the Chairman of the National Assembly is elected by the National Assembly, representing as the head of the legislative branch; the Standing Committee of National Assembly is the standing body of the National Assembly; the Ethnic Council and other committees of the National Assembly exercise functions of examining draft laws, proposals on laws, reports and other projects assigned by the National Assembly or the Standing Committee of the National Assembly; execute the supervisory authority within the scope conferred by the law; and, propose matters falling within the scope of the committees' functions.

In the 13th tenure of the National Assembly, in addition to the Ethnic Council, there are five committees whose functions are related to child's rights, namely: the Committee of Culture, Education, Adolescents, and Children which directly concerns children's issues; the Committee on Social Affairs; the Committee on Economy; the Committee on Finance and Budget; the Committee on Law. In the period from 2011 until now, the NA has an increasing role in constitutional, legislative and overall monitoring. In its thirteenth term (2011 – 2016), the National Assembly approved the new constitution (the 2013 Constitution) and more than 100 codes and laws. Amongst this work, many important legal documents relating to human rights and child rights have been amended such as the Constitution, the Civil code, the Penal Code and the Law on Children creating a legal basis to better ensure human rights, civil rights and particularly child rights.

The Committee on Culture, Education, Youth and Children plays a key role in reviewing draft bills on these issues. It is also responsible for supervising the implementation of relevant laws, overseeing Government activities and the implementation of relevant policies. During the 13th tenure of the National Assembly, the Committee conducted four thematic monitoring exercises. It considered: the implementation of laws and policies on preventing child abuse (2011); the implementation of the recommendations of the Committee for Culture, Education, Youth, Adolescents and Children after thematic monitoring on protection for children in special circumstances, prevention of injurious accidents in children, entertainments for children (2014); the implementation of the Law on Protection, Care and Education of Children from 2004 to 2014.

In addition to the Committee on Culture, Education, Youth and Children, the Ethnic Council of the National Assembly has a mandate to ensure the voice and the rights of ethnic minority people in the monitoring and implementation of the law and regulations that affect ethnic minority children.

At the local levels, the People's Council is an organ of the State power, representing the will, aspirations and the ownership rights of the local population. People's Council members are elected by their local

population. At this level, the People's Councils approve local socio-economic development plans and policies, and prioritise budget resources according to national laws and regulations. Provincial People's Councils have the authority to approve the budget allocation between the three local levels of government (province, district and commune/ward).

To be able to fulfill their responsibilities in ensuring the implementation of human rights (including children's rights), members of the National Assembly and People's Councils need to be well-versed in relevant issues. They need to be familiar with the international treaties which Viet Nam has ratified. However, since members of the National Assembly and People's Councils are elected on a short-term basis, and many members work part-time, training must be repeated for these persons.

3.4.3. The Government, ministries and branches at the central level

The Government is the highest administrative body of the Socialist Republic of Viet Nam, exercising executive power and serving as the executive organ of the National Assembly. It is responsible for developing policies; proposing policies to the National Assembly or the Standing Committee of the National Assembly for decision; developing and submitting draft laws; drafting state budget estimates and other projects to the National Assembly; and submitting draft ordinances to the Standing Committee of the National Assembly. The Government is also responsible for transforming all policies and directives of the Communist Party, laws adopted by the National Assembly in general and those related to children in particular, into daily life through the system of legal and executive documents. In addition, the Government is responsible for comprehensive management of the implementation of politics, economics, culture, society, national defense, security and foreign affairs of the State through ministries. It ensures the effectiveness of the State structure from the central to local levels, ensuring the respect and enforcement of the Constitution and legislation, bringing into play the rights to ownership by the people in the socio-economic development and defense of the country and ensuring the stability and improvement of the material and cultural life for the people. The Government takes responsibility before and reports to the National Assembly, the Standing-Committee of the National Assembly, and the President on all activities.

Line ministries responsible for issues related to children: MoLISA; MOH; MOET; Ministry of Culture, Sports and Tourism (MCST); Ministry of Agriculture and Rural Development (MARD); Ministry of Justice (MOJ); Ministry of Natural Resources and Environment (MONRE); Ministry of Public Security (MPS); Ministry of Planning and Investment (MPI); Ministry of Finance (MOF); Ministry of Foreign Affairs (MOFA); Committee for Ethnic Minorities (CEM).

According to the Law on Children (2016), MoLISA is the main agency responsible before the Government for performing the state management of children's issues, coordinating and ensuring the implementation of children's rights assigned or authorised by the Government. Decree 106/2012/ND-CP, dated 20 December 2012 also granted MoLISA overall state stewardship and responsibility for public services pertaining to employment and vocational training, labour (salaries, remuneration and security), social insurance and social security, gender equality, addressing social problems nationwide. The Department of Protection and Care of Children is an unit under the ministry responsible for assisting the Minister in the state management of the protection and care of children according to the law.

The State management functions for the protection and care of Vietnamese children include:

1. Researching, formulating and submitting to government documents of laws, policies relating to protection and care of children

2. Guiding the implementation of legislation and policies on child care and protection;
3. Presiding over and collaborating with related ministries, sectors, localities, social organisations and others to implement the National Action Program for Children, the Program on Protection and Care for Children in Special Circumstances and other child protection, care, education programmes, plans;
4. Regulating the conditions for the establishment, organisation and activities conducted by child support units; regulating the procedures for receiving children in special circumstances in child support units and from child support units back to their homes
5. Managing organisations, associations, non-governmental organisations operating in the field of protection and care of children in accordance with the law
6. Managing the National Fund for Vietnamese Children.

Recently, MoLISA undertook significant steps to ensure the protection and care of children by researching and adjusting related provisions and advocating for a change in the legal framework for children. This work came to fruition with the introduction of the 2016 Law on Children which was adopted by the 13th National Assembly, replacing the 2004 Law of Protection, Care and Education of Children. The Law on Children provides a much stronger legal framework for child rights and child protection and, significantly, identifies duty bearers who have responsibility for child rights and child protection.

The Ministry of Education and Training (MOET) is responsible and accountable to the Government for the state management of education. To deliver on these responsibilities, MoET has a variety of specialised departments. They include: the Department of Physical Education the Department of Pre-school Education; the Department of Primary Education and Department of Secondary Education.

In the 2011 - 2015 period, MOET, in addition to ensuring the accomplishment of all tasks related to education every academic year, advised the Prime Minister to promulgate Decision on policies for the development of pre-school education for the 2011 – 2015 period, which radically changed the operations of preschool education⁵⁸, guaranteeing the right to early education. MOET has also issued a number of policies on inclusive education, namely a Joint Circular regulating conditions and procedures for the establishment, operation, suspension reorganisation and dissolution of centers supporting development of inclusive education⁵⁹; and, a Joint Circular on education policies for persons with disabilities, creating favourable conditions for children with disabilities to study equally in all educational institutions⁶⁰. Further policies focus on ensuring the right to education for disadvantaged children, especially the supporting policy for ethnic minority students and schools for ethnic people which have lunch at school (về chính sách hỗ trợ học sinh bán trú và trường phổ thông dân tộc bán trú)⁶¹, and a⁶² supporting policy for high school students in areas with especially difficult of socio-economic conditions.

The Ministry of Health (MOH) performs the function of state management over health related fields,

58 *Decision No 60/2011 / QĐ - TTg*

59 *Joint Circular No. 58/2012/TTLT BGDĐT-BLĐTBXH*

60 *Joint Circular No. 42/2013/TTLT BGDĐT-MoLISA-BTC*

61 *Joint Circular No. 65/2011/TTLT BGDĐT-BTC-BKHĐT*

62 *Joint Circular No. 27/2013/TTLT BGDĐT- BTC*

including health care for children. The tasks of ensuring the right to survival of children is assigned to the Department of Health of Mothers and Children. This unit is responsible for advising and assisting the Minister of Health to implement state management of reproductive health care, including: maternal health; health of infants and children; maternal and child nutrition; reproductive health of adolescents and youth, male reproductive health, elderly health; and contraceptive measures and technical services; prevention of infection and reproductive tract cancers; safe abortion; redetermination of gender; prevention and treatment of infertility.

The Ministry of Public Security (MPS), is responsible for crime prevention (including crimes committed by and against children), for investigating crimes and law violations, and for managing and educating juvenile delinquents. It is also the lead Government agency responsible for the implementation of some programmes related to children, including programmes on the prevention and combatting of crimes against and related to children (including children in conflict with the law and child abuse) and the prevention of human trafficking including child trafficking⁶³. Viet Nam does not currently have specialised units or divisions within the MPS or People's Procuracy to handle cases involving children. However, both the Law on Children and the Penal Procedure Code 2015 require that procedure conducting bodies handling children's cases must have special skills and training. As these laws are only recent the number of personnel who have undertaken such training is currently small, and there has not yet been an opportunity to evaluate the impact and effectiveness of the specialisation.

The Ministry of Justice (MOJ) is the Government agency building policies and enforcing laws on adoption, civil status, management of administrative violations and developing policies on handling criminal violations. It is also responsible for providing legal aid to certain categories of children as stipulated under the Law on Legal Aid.

The Ministry of Information and Communications (MOIC) is responsible for protecting children from the negative and harmful impact of information in the cyber network; the development and dissemination of tools that function to prevent children from accessing negative and harmful information which is injurious to children; providing guidance for the establishment and management of websites for children; and managing information in cyber networks so that the information is appropriate for and not harmful to children.

The Ministry of Culture, Sports and Tourism (MOCST) is mandated with ensuring the fulfilment of the rights to play, entertainment, cultural and artistic activities, physical training and sports and tourism. MOCST is also responsible for inspecting and overseeing the handling of violations related to children committed by social and cultural service providers.

The transfer of state management to MoLISA from the Committee of Population, Family and Children since 2007 shows some advantages in management, specifically: (i) satisfying the requirements of administrative reforms and improving the efficiency of state management over child related matters; (ii) removing inefficient inter-sectoral mechanism; (iii) clearly assigning responsibilities to each ministry and branch relevant to child related matters in accordance with its function. However, the transfer of management on children-related matters to MoLISA in the context of the current administrative structure in Viet Nam also raises difficulties for the ministry in the process of coordinating with other line Ministries whose functions relate to the rights of children.

63 Decision of the Prime Minister No. 1217/QĐ-TTg (2012), Decision of Prime Minister 623/QĐ-TTg (2016) on the prevention and combatting of crimes against and related to children (children in conflict with the law, child abuse) through the activity of the committee namely "Steering Committee 138/CP", the Program 130/CP (now is Decision of the Prime Minister 2546/QĐ-TTg dated 31 December 2015) on the prevention of human trafficking, including child trafficking (according to Decision of the Prime Minister No. 1471/QĐ-TTg date 22 July 2016, Steering Committee 130/CP has been combined with Steering Committee 138/CP).

3.4.4. People's Committees at all levels

People's Committees at provincial, district and communal levels are elected by the People's Council of the same level and are responsible for implementing child rights within their localities, as authorised by the Central Government. In particular, they are responsible for allocating funds to schools, clinics, sports units, cultural centers, and recreation and play areas for children. All the line ministries have departments at the local level that function under the management of the People's Committees. These sectoral departments implement policies and regulations on child rights in the locality. People's Committees at local levels are responsible to local People's Councils and higher administrative organs for the activities of formulating and implementing local socio-development planning and budgeting.

As noted above, the main line ministry involved in child protection and care is MoLISA. MoLISA staff at each level of government are responsible for child protection and care including: the Bureau of Child Protection and Care at the national level; the Child Protection and Care Division or Branch under the Department of Labour, Invalids and Social Affairs (DoLISA) at the provincial level; and at both the district level and commune level there are staff in charge of child protection and care in the labour, invalids and social affairs division.

The implementation of child rights by line ministries and local authorities faces significant challenges. Firstly, the staffing levels are inadequate for the level of responsibility and need. Secondly, many staff who are responsible for child rights at the grassroots level lack relevant professional knowledge and skills. Thirdly, a significant proportion of staff (anecdotally up to 90 per cent) responsible for children's issues at district and commune level are part-time. This is particularly the case at the commune level where there are currently no full-time staff responsible for children's issues. Fourthly, child rights issues need to be addressed through a multi-sectoral, multi-disciplinary approach. Implementing programmes and policies related to child rights requires close collaboration between central and local levels as well as inter-sectoral coordination and cooperation between state actors. Viet Nam does not currently have a robust process to ensure that this collaboration and cooperation occurs. As the main activities to support children's rights are actually undertaken at the grassroots level, it is likely that the limited coordination will lead to duplication and the inefficient use of public resources.

3.4.5. The judiciary

Viet Nam's judicial system includes the People's Procuracy and the People's Court. The People's court system of Viet Nam consists of District People's Courts, Provincial People's Courts, the Superior People's Courts and the Supreme People's Court (the highest judicial body). The Constitution of Viet Nam grants formal independence to the judiciary.

In line with international best practice, the Law on People's Court Organisation (2014) laid the foundation for the creation of a specialised, multi-jurisdictional Family and Juvenile Court at high court, provincial, and district levels. The new court was established in 2016. It is a significant achievement in the process of improving the effectiveness of justice proceedings for children. As the Court was only recently established, evaluation of its impact is not yet available.

3.4.6. Organisations/units providing services to children (both public and non-public)

The role of the private sector in the delivery of services related to children has increased in recent years as a result of the "socialisation" policy of the Government to the provision of public services. The private sector is mainly involved in the provision of educational and health care services. About 12.2 per cent of the kindergartens, 157 private hospitals and more than 30,000 clinics and health facilities

in the country are currently operated by the private sector.

Public sector provision of services for children has increased significantly. In the 2013-2014 school-year, there were 14,000 pre-schools, an increase of 400 pre-schools compared with the 2012-2013 school year, and an increase of 1,200 compared with the 2009-2010 school year. Similarly, the numbers of schools and teachers at different levels of education increased by 12 per cent and 20 per cent respectively during the same period. Meanwhile, the number of health facilities providing health care increased slightly (around one per cent) but the number of health workers has increased significantly (15 per cent).

Although there has been increased participation of the private sector, it is the public sector which mainly provides services associated with enforcement of child rights. Private sector service providers are generally located only in large cities and rich economic regions. Expanding child rights service provision to the private sector does not result in an equitable improvement in child rights service delivery. In addition, as is the case in many other countries, public service facilities equipped with modern technology and advanced equipment and staffed by qualified doctors and teachers, are often concentrated in developed cities and regions, while rural and mountainous areas often lack both the equipment and human resources necessary to be able to provide adequate services for children.

3.4.7. Roles and capacities of civil society organisations, mass organisations and the media

According to a recent UNICEF report, there are now 52,565 social organisations of all types in Viet Nam. They include: mass, professional, and community organisations at all levels from the national to the commune, as well as more than 200,000 unregistered community-based organisations operating throughout the country.

Civil society organisations are active in promoting and protecting child rights throughout Viet Nam with nearly 11,000 domestic child-focused CSOs⁶⁴. These organisations undertake actions in relation to child protection, health, water/environment, and education. They use a variety of strategies to protect and promote child rights including: service provision in cooperation with government agencies and/or international organisations like UNICEF, UN Women, or in places where public services do not reach; training and capacity development; advocacy, whether directed towards government, donors, the private sector, or public attitudes to implement international treaties and national laws ensuring the rights of children. Community-based organisations are also active in forming groups and networks, mobilising citizens, government and donors to take action.

Key mass organisations and NGOs involved in the realisation of child rights include:

The Viet Nam Fatherland Front (VFF) is a mass organisation, a political alliance and a voluntary union of political organisations, socio-political organisations and social organisations, as well as prominent individuals representing their class, social strata, ethnicity or religion and overseas Vietnamese. The VNFF play an important role in the political system and in the history of the socialist state. The VNFF consists of mature political-social organisations such as the Ho Chi Minh Communist Youth Union, the Women's Union, the Farmers' Union, the Viet Nam General Confederation of Labours. Among those, the Women's Union has 13.6 million members and the Youth Union has 6.1 million members, both of which (especially at the grassroots level) are very active in rural areas.

⁶⁴ *The United Nations Children's Fund, 'Opportunities and challenges for civil society organisations in children's rights in Viet Nam', UNICEF, 2016*

Under the 2015 Law on the Fatherland Front⁶⁵, this mass organisation and its affiliates are allowed to participate in formulating policy, implement monitoring and social debate and will present citizens' concerns to political leadership. The National Assembly Committee on Law also invites representatives of the mass organisations headed by the Fatherland Front to contribute comments and help draft new legislation and state regulations. As well as the NA Committee on Law, other NA committees consult with VFF's mass organisations in the implementation their functions. These mass organisations are well placed to participate with national and local authorities in planning processes and to promote child rights. In addition to participating in planning processes to promote child rights, the VFF's mass organisations also implement child related activities at central, provincial, and local levels as well as engage in child rights monitoring.

The Viet Nam Association of Protection of Child Rights (VAPCR) was established in 2008 as a non-government organisation for the protection of children's rights. The objectives of VAPCR are to create a strong and dynamic network between organisations and individuals working for children; work as a focal point between the NGO networks and government agencies on issues related to children; communication for raising awareness on children's rights; policy advocacy; implement pilot models for family and community-based child protection services; monitor and prevent violations of children's rights; capacity building for staff of social organisations and mobilise resources for the implementation of projects on issues affecting children in Viet Nam. VAPCR is headquartered in Hanoi and has a representative office in Ho Chi Minh City. The Association has six centres and thirty-six sub-branches in twenty provinces/cities. The Association has assembled a child rights network of forty-five child-related organisations and sixteen provincial offices to protect the rights of children. Along with other social organisations, VAPCR has contributed to the protection of children and the realisation of children's rights, however, its network does not cover all provinces throughout the country and staff are not actively engaged with the grassroots level to carry out activities.

The 2016 Law on Children stipulates that the **Ho Chi Minh Communist Youth Union** Central Committee is the representative organisation for children's voices and aspirations. The Youth Union is involved in monitoring the implementation of children's rights and supervising the exercise of these rights, through the following tasks:

- (1) Organising events to obtain children's opinions and recommendations; organising for children to meet with the National Assembly elects and delegates of the People's Council;
- (2) Listening to, receiving and consolidating children's opinions and recommendations;
- (3) Transferring children's opinions and recommendations to competent agencies for consideration;
- (4) Monitoring official responses to children's opinions and suggestions and sharing this information with children;
- (5) Taking the lead and coordinating with relevant agencies and organisations to monitor the exercise of child rights;
- (6) Delivering an annual report on the implementation of relevant agencies' and organisations' obligation to consider and respond to children's opinions and recommendations to the Committee for Culture, Education, Youth and Young People under the National Assembly and to MoLISA.

Other civil and social organisations (national non-government organisations, informal and unregistered groups): Most local NGOs working on children's issues are located in cities such as Hanoi, Hue, and Ho Chi Minh City. Many NGOs have high technical capacity in protecting the rights of children in difficult circumstances, such as children with disabilities, children affected by HIV/AIDS,

65 Viet Nam National Assembly, *Law on Viet Nam Fatherland Front 2015*, VNA, 2015

children who are poor and remote ethnic minority children. Their staff typically have prior experience in international organisations, government, or have lived overseas; a smaller number come from business backgrounds.

Several national networks are also actively working on children's issues. The Child Rights Working Group is one of 17 working groups coordinated by the VUFO-NGO Resource Center in Hanoi which engages in dialogue with the National Assembly and is preparing for Viet Nam's next CRC report.

There are also social protection establishments. These service provision-focused welfare organisations include orphanages, shelters, and child protection centers, located mainly in urban areas. They have close knowledge and in-depth experience in supporting support children living in difficult circumstances⁶⁶.

Mass media has also been actively involved in improving both the quality and quantity of dissemination activities on the rights of the child. A range of media is involved in disseminating information on children's rights including, Viet Nam Television, the Voice of Viet Nam, provincial/city television agencies in each province, radio transmissions in districts, communes/wards, newspapers at the central and provincial levels, magazines, and research institutions. Of note is the weekly television show on the Rights of Children produced by the Department of Child Protection and Care which is broadcast by Viet Nam Television.

3.4.8. Roles and capacities of international organisations (ODA and INGO partners)

Official Development Assistance (ODA) has played an important role in Viet Nam's development progress. In recent years, ODA funding has contributed 15-17 per cent of public investment, particularly in the areas of education, health care, transportation, urban development and clean water. The top three donors are the Asian Development Bank (ADB), the World Bank (WB) and Japan, whose contribution together forms 70–80 per cent of ODA to Viet Nam. The EU together with its member states is also a significant donor with a share of about 11 per cent of total ODA. According to World Bank indicators, the Government of Viet Nam is expecting to see a decline of aid in the future following the country reaching lower middle-income status.

At present, there are more than 50 international NGOs working in cooperation with ministries, sectors and provinces, many of which are active in promoting the rights of children such as Save the Children, World Vision, ChildFund, Oxfam, and Plan International. These organisations support the implementation of the CRC in Viet Nam through a variety of activities such as promoting equal access to services, communications activities on children's rights such as prevention of violence against children, promoting children's access to health and education services, disseminating good child participation practices and many other activities.

A number of UN agencies are also active in Viet Nam, including UNICEF, UNDP, ILO, UN Women, which play an important role in supporting Viet Nam to implement its commitments under the CRC, CEDAW and other international human rights instruments, as well as supporting efforts to harmonise domestic laws with international treaties. Crucially, UN agencies also support ministries and local governments to implement policy, laws and regulations related to child rights.

⁶⁶ *The United Nations Children's Fund, 'Opportunities and challenges for civil society organisations in children's rights in Viet Nam', UNICEF, 2016*

3.5. Child Rights Monitoring mechanism

Child rights monitoring is fundamental to ensure that laws and policies related to children are implemented in practice. Child rights monitoring serves to identify challenges, review progress and make recommendations for improvement. While strong laws relating to child rights may exist, difficulties on the ground often impede their actual implementation.

Child rights monitoring applies to all children's rights set forth in the CRC. The primary responsibility for child rights monitoring lies with the State body charged with implementing child related laws and policies through internal M & E procedures. In addition to internal monitoring, the implementation of child rights must also be monitored independently. An independent monitoring mechanism should not be attached to any particular State body, including the National Assembly, the Government Inspectorate, CSOs and mass organisations.

In Viet Nam, official oversight, monitoring and evaluation of child-related policy implementation, planning and budgeting is the responsibility of four main groups:

- 1) elected officials at various levels of government,
- 2) public servants of the ministries and line agencies,
- 3) specialised inspections and
- 4) mass organisations.

The first group, elected officials, have a child rights monitoring responsibility at each level of government. Each level of the Viet Nam government which has a role in the implementation of children's rights also has an oversight and monitoring role. At the national level the National Assembly, the Ethnicity Council and other NA committees coordinate with the Committee for Culture, Education, Youth, Adolescents and Children to review matters relating to children including draft laws, ordinances and resolutions. These groups also aim to integrate child rights objectives and expenditures into reviews of socio-economic development plans. The People's Councils at all levels are responsible for implementing and monitoring policies and legislation on children. They are also expected to have regular contact with children or children's representatives and receive and act on petitions from agencies or organisations related to children.

However, the majority of members of the National Assembly, members of the National Assembly's Committee and members of the People's Councils at all levels are part-time which limits their ability to undertake their monitoring functions. The agenda of the National Assembly is often dense with legislative activities, leaving little to no capacity for monitoring activities. In the 13th NA period, there were only four thematic monitoring activities related to children⁶⁷. In addition, the monitoring role of the NA as stipulated in the Constitution, is mainly to review law enforcement.

The second group includes a monitoring function for public servants working for the various line ministries and agencies which have a mandate to work in child rights related areas. Public servants working for ministries and line agencies responsible for monitoring the delivery of child focused activities such as the Department of Child Protection and Care of MoLISA are inhibited by the lack of tools, financial resources and personnel.

The third structural opportunity for monitoring the implementation of child rights is the use of specialised inspections from the central to the local level. MoLISA and line ministries such as

67 <http://quochoi.vn/tintuc/pages/cacbaocaogiamsat.aspx>

MOH, MOET and MOJ each has an Inspectorate department able to conduct ad hoc monitoring exercises. However, these exercises are limited by a focus on administrative functions and a lack of interdisciplinary focus. Very few inspections of child focused issues have been conducted and inspectors do not have a deep expertise on children's rights.

The final opportunity for monitoring the implementation of child rights in the Vietnamese context is to utilise the monitoring function of a number of mass organisations which are very active in promoting children's rights such as the Fatherland Front, Women's Union, Youth Union, Farmers' Union, the Elderly Association. Through these and other children's organisations such as the Young Pioneers Organisation, the Children's Union, the Teenagers' Union, Young Shoots, Child Rights Clubs and Young Reporters Clubs, children themselves as well as adults have been involved in the supervision and monitoring of child rights implementation.

Whilst the monitoring systems which do exist in Viet Nam have contributed to improving conditions to recognise the interests of children and the exercise of their rights, the current system creates a number of constraints. Specifically:

(i) the monitoring system with its primary focus on ensuring child rights implementation in accordance with monitoring bodies' functions and responsibilities, remains bureaucratic and operates from an administrative perspective, rather than placing the realisation of child rights at its core;

(ii) staff must perform multiple tasks concurrently, and are unlikely to have enough knowledge, time, resources and motivation to monitor children's rights;

(iii) monitoring activities are on an ad hoc, case-by-case basis. Conclusions made by line ministry Inspectorates are considered as the final stage of monitoring activities. There is no activity to follow-up the implementation of such conclusions;

(iv) none of these bodies are independent from the State.

The UN Committee on the Rights of the Child, in the last two CRC review sessions in 2003 and 2012, has addressed the structural approach to child rights monitoring in Viet Nam and has recommended the establishment of an independent monitoring mechanism and body on children's rights in line with its General Comment No. 2 on the role of independent national human rights institutions in the promotion and protection of the rights of the child:

"While adults and children alike need [an independent national human rights monitoring mechanism] to protect their human rights, additional justifications exist for ensuring that children's human rights are given special attention. These include the facts that children's developmental state makes them particularly vulnerable to human rights violations; their opinions are still rarely taken into account; most children have no vote and cannot play a meaningful role in the political process that determines a government's response to human rights; children encounter significant problems in using the judicial system to protect their rights or to seek remedies for violations of their rights; and children's access to organisations that may protect their rights is generally limited." (CRC Committee, General Comment No. 2, para. 5⁶⁸)

The key principles of an independent child rights monitoring mechanism (ICRM) are presented in the table below.

68 UN Committee on the Rights of the Child (CRC), *General comment No. 2 (2002): The Role of Independent National Human Rights Institutions in the Promotion and Protection of the Rights of the Child*, 15 November 2002, CRC/GC/2002/2, available at: <http://www.refworld.org/docid/4538834e4.html>

Table 3.2. Key principles of an ICRM

Legal and political status	Established in accordance with the Paris Principles with guarantees of independence and budget allocation. Constitutionally entrenched or mandated by law.
Mandate	Should include as broad a scope as possible for promoting and protecting children's rights, incorporating the CRC. Specific functions, powers and duties should be set out in the law
Competency	Must be given such powers as are necessary to enable them to discharge their mandate effectively, including the power to hear any person and obtain any information and document necessary for assessing the situations falling within their competence. Competence over the promotion and protection of the rights of all children under the jurisdiction of the State in relation to both public and private entities.
Establishment process	Consultative, inclusive and transparent with support from the highest level of government, and representation and participation of the relevant institutions of the State, the legislature and civil society
Composition	Pluralistic representation of civil society and inclusion of child and youth-led organisations
Individual complaints mechanism	Must have the power to consider individual complaints and petitions and carry out investigations, including those submitted on behalf of or directly by children
Accessibility and information	<ul style="list-style-type: none"> - Geographically and physically accessible to all children - Proactive approach, in particular for the most vulnerable and disadvantaged children - Duty to promote the views of children - Direct involvement of children through advisory bodies - Imaginative consultation strategies - Appropriate consultation programmes
Activities	<ul style="list-style-type: none"> - Promote visibility and best interests of the child in policy-making, implementation and monitoring - Ensure that views of children are expressed and heard - Promote understanding and awareness of children's rights - Have access to children in care and detention - Conduct inquiries on matters relating to children's rights - Undertake investigations into any situation of violation of children's rights, on complaint or on their own initiative, within the scope of their mandate

The Government of Viet Nam has shown commitment to the concept of establishing a national human rights institution (NHRI) as reflected in Prime Minister's Decision 535/QD-TTg, dated 14 April 2014 approving the Plan of implementation of the recommendations of the UN Committee for the CRC, in multiple consultative sessions to get the opinions of socio-political organisations and people's organisations and to learn about the practice of NHRIs in other countries. These actions have laid a solid basis for developing an independent monitoring body on children's rights. However, no provision was made for an independent child rights monitoring body under the Law on Children 2016. Instead, the law calls for the establishment of an intersectoral coordination organisation for children, and also includes a new provision creating a role for the Youth Union to represent the voices and aspirations of children and to monitoring the implementation of children's rights. (Article 77). This opens opportunities for social organisations to participate more actively in policy advocacy, monitoring and implementation (Article 92) of children's rights.

While the monitoring mechanisms established under the Law on Children do not meet the recommendations of the UN Committee for the Rights of the Child for an independent monitoring mechanism, the establishment of national and provincial intersectoral coordination on the implementation of children's rights is a positive step for the realisation of children's rights in Viet Nam.

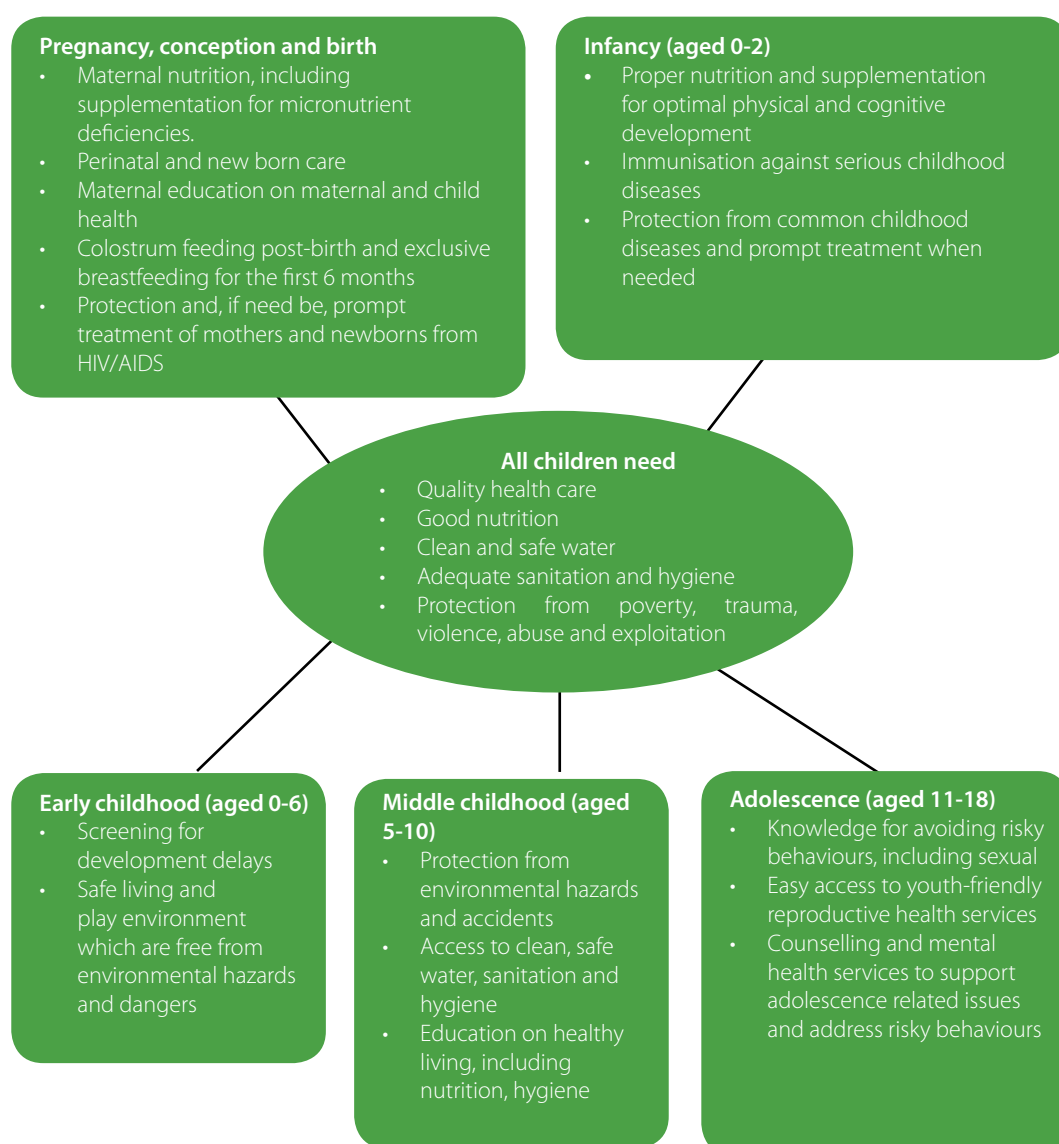
CHAPTER 4. RIGHTS TO HEALTH, NUTRITION, WATER, SANITATION AND HYGIENE



CHAPTER 4. RIGHTS TO HEALTH, NUTRITION, WATER, SANITATION AND HYGIENE

Children's rights to health, nutrition, water, sanitation and hygiene are interlinked with their rights to equitable and timely access to basic services and facilities such as healthcare, nutrition, safe water, sanitation and hygiene, and information of an acceptable quality without discrimination. The complex and dynamic interplay of such factors at the levels of household, community and society contributes to positive outcomes for children (Figure 4.1). Against this backdrop, this chapter reviews Viet Nam's progress in ensuring the essential conditions for children's rights to health, nutrition, water, sanitation and hygiene, analyses the roles and capacities of main duty bearers, and identifies challenges that need to be addressed and the priorities for accelerating progress.

Hinh 4.1. The child's life course: Health needs for survival and well-being



Source: Adapted from UNICEF-Children and Women in Tanzania: Volume I Mainland

Box 4.1. Key CRC articles regarding children's rights to health, nutrition, water, sanitation and hygiene

Article 2: The right to non-discrimination

Article 3: Best interests of the child

Article 6: The right to life, survival and development

Article 12: The right to be heard

Article 17: Access to appropriate information

Article 18: The common responsibilities of both parents in upbringing and development of the child

Article 19: Protection from abuse and neglect

Article 23: Children with disabilities

Article 24: The right to the highest attainable standard of health

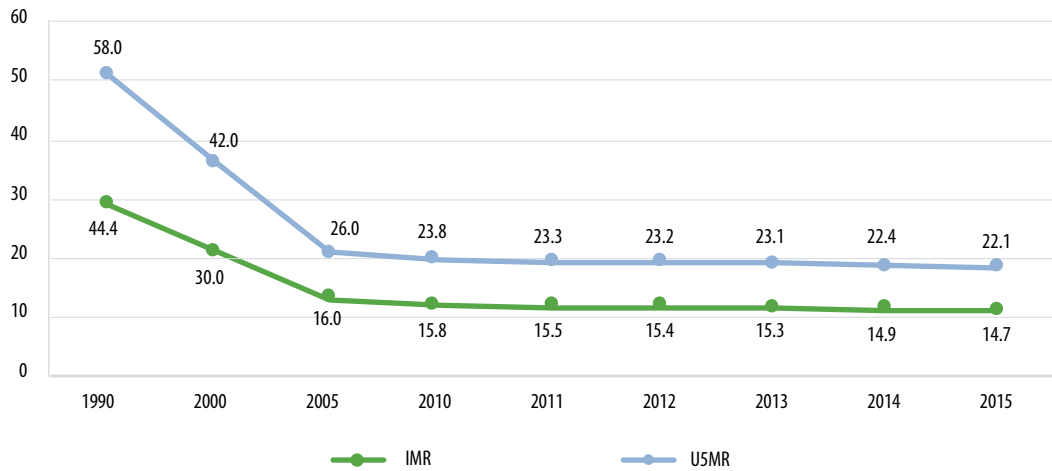
Article 33: Drug abuse

4.1. Health and Nutrition

4.1.1. Child Health and Survival – Situation and Trends

Child and Maternal Mortality: Viet Nam witnessed a significant decline in the probability of a child dying before the age of one or the infant mortality ratio (IMR) from 44.4 to 14.7 per live births between 1990 to 2015, when it surpassed the MDG target of 14.8 per 1,000 live births. However, the pace of decline began plateauing in 2010. Furthermore, it did well in reducing the under five mortality ratio (U5MR) from 58 to 22.1 per 1,000 live births but fell short of the MDG target of 19.3 per 1,000 live births (Figure 4.2). (MOH and Health Partnership Group, 2016).

Figure 4.2. Trends of infant and under-5 child mortality in Viet Nam, 1990-2015



Source: MOH and Health Partnership Group. JAHR 2015.

The reduction in IMR and U5MR in Viet Nam largely reflects the improved health status of children and social development in the south east, the delta regions and to some extent the coastal region. The lowest IMRs were recorded in the south east (8.8 per 1,000 live births), followed by the Mekong River Delta (11.6 per 1,000 live births) and Red River Delta (11.9 per 1,000 live births) in 2014, with a similar pattern also observed with U5MR (GoV 2015a).

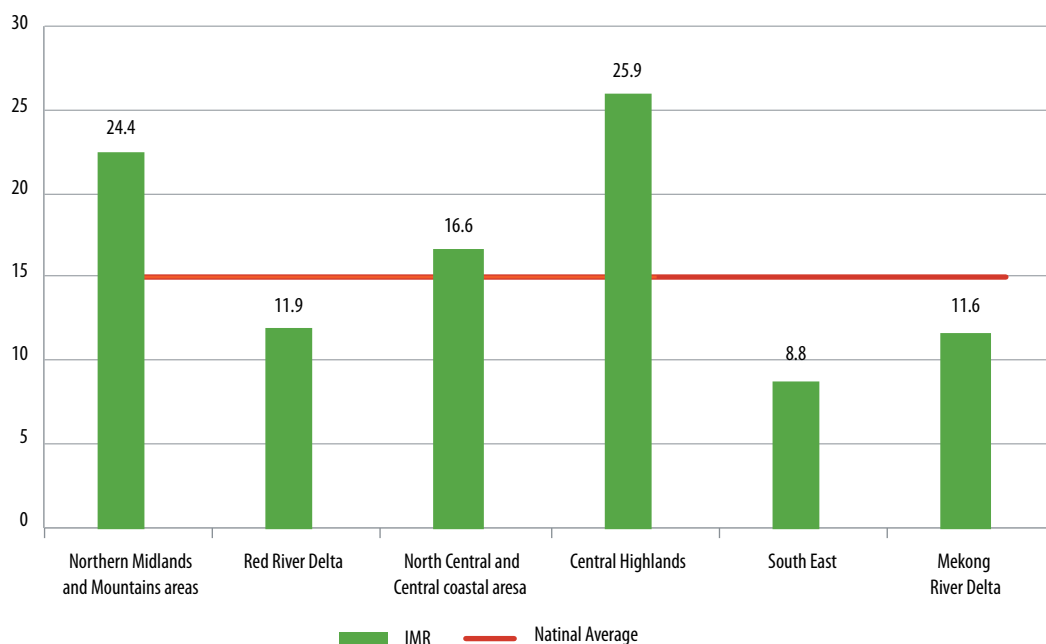
The IMR reflects improvements in the quality and effectiveness of healthcare for mothers and infants while the U5MR reflects improvements in nutritional status, disease prevention and treatment for children. Viet Nam's success in reducing child mortality has been attributed to factors including improved coverage of essential immunisation, Vitamin A supplementation, breastfeeding, birth spacing, management of malnutrition, integrated Management of Childhood Illness (IMCI) and prior acute respiratory infections/control of diarrhoeal disease (ARI/CDD) programmes, and sufficient skilled health workforce (MOH, 2015f). However, improvements in children's right to health have not been experienced equally across the country. Child mortality patterns across the country display inequities which (Figure 4.3) require increased and calibrated multi-sectoral focus on regions and populations with high mortality rates including ethnic minorities, the poor and less educated, and the residents of the Central Highlands, Midlands and Northern mountainous areas (Hoang Van Minh, et al., 2013).

The difficulties reducing child mortality in the areas that are populated by the poor and ethnic minorities is a key factor in the slow pace of decline in child mortality in recent years and sub-optimal progress in reducing the probability of a child dying before reaching five years of age or the U5MR. In 2014, the difference in the regions with the lowest and highest IMRs was three-fold with Central Highlands and the Northern midlands and mountain areas, two of the poorest regions, recording the highest IMR in Viet Nam (Figure 4.2) (GoV, 2015a). In addition to the below average decline in the IMR in these regions, the difference in the provinces was five-fold with Dien Bien recording the highest and HCMC the lowest IMR (MOH, 2013b), and four-fold between ethnic minorities and Kinh/Hoa children (GSO and UNICEF, 2015).

Rural populations, especially those in remote and mountainous areas, are likely to be poor, reside

far from the frontline medical services and thus have less access to specialised services. Minority ethnic groups living in rural areas are more likely to live in remote areas that are poorly-serviced in terms of newborn healthcare. In contrast, those living in urban areas have better access to newborn healthcare, with the factor of wealth quintiles having the most influence on the possibility of having access to newborn healthcare (GSO and UNICEF, 2015). Indeed, social, political and environmental factors are closely intertwined, with the mother's level of education being a strong predictor of the risk of newborn death.

Figure 4.3. Infant mortality rate by region, 2014



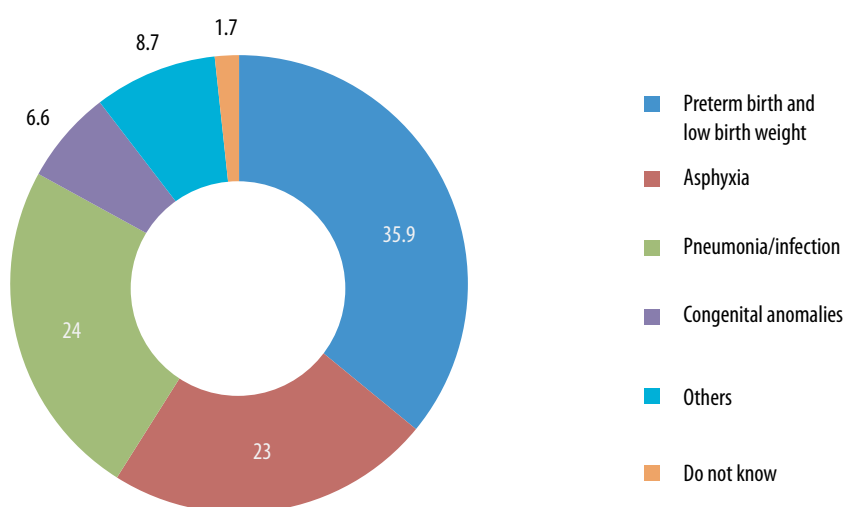
Source: General Statistics Office, 2015

Neonatal mortality: A slower rate of decline in the neonatal mortality rates (NMR) is a major impediment to child mortality reduction. Over half of child deaths in Viet Nam occur in the first 28 days of a child's life or the neonatal period, mainly due to preterm birth and congenital anomalies. According to the Maternal and Child Health Department (MCHD) of the MOH, the NMR has barely decreased over the past 20 years and its proportion among under-five deaths has increased to 59 per cent of the U5MR and 70.4 per cent of the IMR. It is estimated that about 85 per cent of the neonatal deaths occurred within the first seven days of birth, 75 per cent within three days after birth and most of them within 24 hours after birth (MOH 2013b). Premature birth, complications during labour and delivery, and pneumonia/infections during or after birth are the main causes of newborn deaths^{69 70}, (see Figure 4.4).

69 Mother and Child Healthcare- MOH, 'National action plan on early essential neonatal care in 2014-2020', Final draft, MOH, 2014.

70 Ministry of Health (PMU of the Northern Uplands Health Support Project), Survey on Maternal Mortality and Neonatal Mortality in 7 Provinces of Northern Uplands Area, MOH, 2015

Figure 4.4. Causes of Neonatal mortality



Source: Survey on Mother Mortality and Neonatal Mortality in 7 Provinces of Northern Uplands Area, 2015

Neonatal or newborn mortality or deaths of infants within a month of their birth has not yet been tracked as a key indicator in Viet Nam. More than half of neonatal deaths fail to be recorded as not all newborns are registered immediately after their birth (GoV, 2013). Nonetheless, MICS 2014 pegged the new born mortality rate at 11.95 per 1,000 live births for 2010-2014 (GSO and UNICEF, 2015), which was consistent with the UN Inter-Agency Group on Child Mortality Estimation 2012.

MICS 2014 also noted higher rates of newborn mortality in rural areas, especially in the rural and mountainous areas inhabited by the ethnic minorities, as well as the impact of mothers’ education, family income and ethnicity on neonatal mortality. (Table 4.1).

Table 4.1. Neonatal mortality rate by some social-economic characteristics

	NMR
Region	
- Urban	8.69
- Rural	13.37
Level of mother education	
- None	46.27
- Primary School	5.95
- Secondary school	11.43
- High school	10.14
- College and higher	8.88
Economic status	
- 40 per cent of the poorest	18.73
- 60 per cent richest	7.35
Ethnicity of the head of the household	
- Kinh/Hoa	8.21
- Others	28.97
Total	11.95

Source: GSO and UNICEF, MICS 2014 (2015)

Maternal mortality, which is closely related with neonatal mortality, has shown an overall decline in Viet Nam but remains a major concern in the regions populated by ethnic minorities.

Viet Nam achieved significant reduction in maternal mortality ratio (MMR) until 2009 to 69/100 000 live births, when the last national maternal mortality study was conducted. However, the available estimates do not provide conclusive evidence of Viet Nam's achievement of the MDG of reducing maternal mortality by 75 per cent between 1990 and 2015. In 2015, the MOH estimated the MMR of about 58.3/100,000 births (MOH, 2015e) while the Maternal Mortality Estimation Inter-Agency Group pegged the MMR at 54/100 000 live births with a confidence interval of 41 to 74. (WHO, UNICEF, UNFPA, UN Population Division Maternal Mortality Estimation Inter-Agency Group, 2014).

The reduction in maternal mortality in Viet Nam can be attributed to low unmet needs for contraception resulting in decreased fertility and increased birth intervals (median of 34 months), and increased supervision of child births by trained health workers often at health-care facilities, which ensure prompt access to essential and emergency obstetric care. Indeed, socio-economic empowerment of women along with the expansion of skilled health workforce since the 1980s, which helped in improving access to safe abortion, essential and emergency obstetric care, have together reduced maternal mortality substantially.

However, these conditions have not been met in sufficient measure in the Northern Midlands, mountains, and Central Highlands, where ethnic minorities primarily reside. In 2013, the MMR was twice the national average in the 225 most difficult districts (104/100,000) and three times the national average in the 62 poorest districts (157/100,000). Certain groups were also found to be lagging behind. For instance, the MMR was 4–6 times higher among the illiterate than among the literate, four times higher among ethnic minorities than among the Kinh, and 4–6 times higher among farmers and agricultural workers than among civil workers. (MOH, 2013b).

Household factors contribute to vulnerabilities and sub-optimal access and utilisation of healthcare services in many of these areas. Pregnant women in remote areas find it difficult to travel long distance by foot or motorbike, or pass high hills or streams to reach commune health stations. Cultural norms among certain ethnic groups encourage women to deliver babies in a squatting position next to a fire at home and surrounded by family members ostensibly to make them comfortable. Fatalism (i.e., if a mother or baby die at birth that is their fate and nothing can be done about that)^{71 72}, and insufficient information on possible complications at different stages of pregnancy and during child birth and the crucial role of trained and professional health staff in averting them, as well as language barriers between service providers and users also impede the utilisation of reproductive healthcare services.^{73 74}

Universalising access to reproductive healthcare services, especially in disadvantaged areas where a large number of pregnant women neither receive antenatal care (ANC) nor go for institutional deliveries, is a major challenge for Viet Nam. Most provinces with ANC coverage below the national level (86.5 per cent) are located in the Northern Midlands and Mountains (approximately 75 per cent) and the Central Highlands (approximately 81 per cent) (MOH, 2013b). In 2014, 10 provinces mainly in the Central Highlands and Northern Uplands reported more than 10 per cent of home-deliveries without skilled birth attendance (GSO and UNICEF, 2015).

71 *People's Committee of Dien Bien Province and UNICEF, An Analysis of the Situation of Children in Dien Bien Province, UNICEF, Ha Noi, 2011*

72 *Information from the field visit to Quang Binh Province*

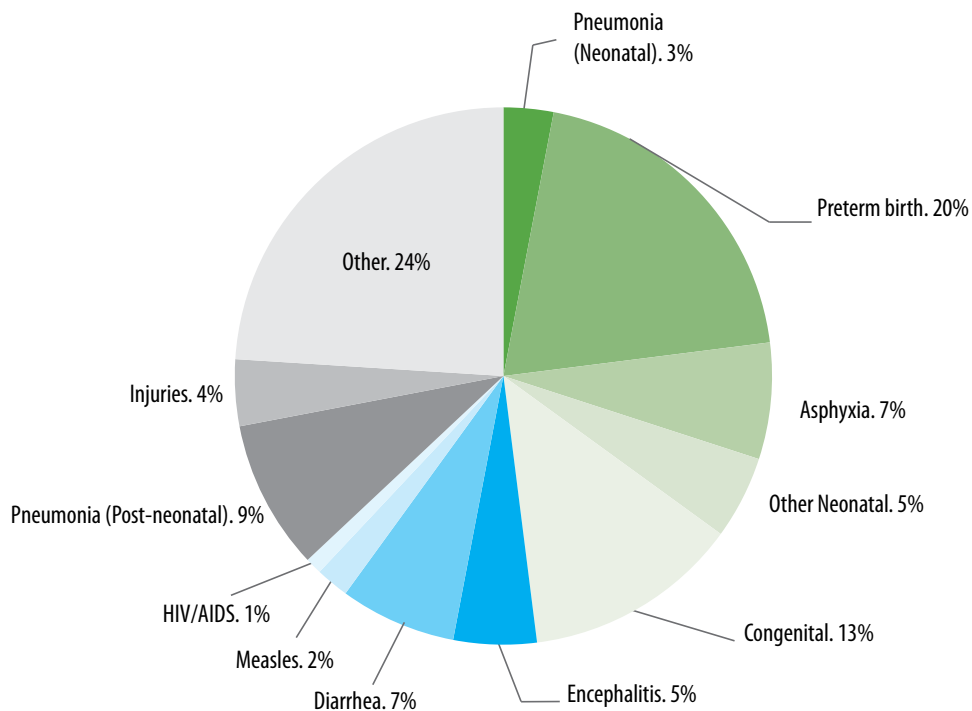
73 *People's Committee of Kon Tum Province and UNICEF, An Analysis of the Situation of Children and Women in Kon Tum Province, UNICEF 2013*

74 *Information from the field visit to Quang Binh Province*

Against this backdrop, complementary strategies of inequity reduction and education, prevention, timely treatment, and effective delivery of sexual and reproductive healthcare are required for addressing the last mile challenge of reducing maternal mortality in the Agenda for Sustainable Development by 2030.

Besides neonatal deaths, pneumonia, diarrhea and injuries, particularly drowning, are the major causes of death among children. Figure 4.5 shows the different causes of deaths for children under 5 years.

Figure 4.5. Causes of child death, 2012



Source: WHO and UNICEF, 2014

Common childhood illnesses: Respiratory and communicable diseases are quite common among children in Viet Nam. Children are highly susceptible to respiratory ailments due to the long spells of hot and humid weather and it has been estimated that 11 children under-five die daily of pneumonia with disproportionate burden borne by the poorest (UNICEF, 2012b). Pneumonia can be treated with antibiotics if the symptoms are recognised early. Between 2010 and 2014, the proportion of mothers and caregivers who were aware of the danger signs of pneumonia increased from 5 per cent to 28.4 per cent and the treatment of children with symptoms of pneumonia with antibiotics increased from 68.3 per cent to 88.2 per cent (GSO and UNICEF, 2015). Increased awareness of the symptoms, the importance of timely treatment and prevention through vaccination and breastfeeding are imperative for reducing morbidity and mortality.

Mothers' knowledge of danger signals is an important determinant of care-seeking behaviour. In 2014, 32.5 per cent of mothers with tertiary education in contrast to 18.4 per cent of non-educated mothers and 29.3 per cent of Kinh/Hoa mothers compared with 23.7 per cent of ethnic minority ones

(23.7 per cent) knew about such signs (GSO and UNICEF, 2015).

Supplementing the impact of mothers' education, ethnicity and higher household incomes, the availability of trained community health workers (CHWs) who are able to assess and treat children with pneumonia is critical for controlling respiratory problems, including pneumonia (WHO, 2014). The absence of community-based case management of pneumonia in Viet Nam has affected children living in remote mountainous areas the most (UNICEF, 2012b).

Dengue fever, foot and mouth disease, and acute diarrhea, also figure prominently among the childhood illnesses in Viet Nam (WHO, 2015, MOH and Health Partnership Group, 2016). Diarrhea is the seventh leading cause of the burden of disease in children under 15 years of age (Nguyen Tran Hien, 2011), with 8.6 per cent of under-5 children reportedly having diarrhea two weeks prior to MICS 2014 showing a slight increase since MICS 2011.

Rotavirus causes acute diarrhea that requires hospitalisation (Corinne N. Thompson et al, 2014) and 95 per cent of children are infected with rotavirus at least once before age five (MOH, 2014a). Significant disparities in diarrhea prevalence have been observed between urban and rural areas, regions, ages, educational level of mothers, wealth index quintiles and ethnicity (GSO and UNICEF, 2015). Many parents of children hospitalised due to rotavirus infection lack the knowledge of rotavirus both before and after the episode, and the existence of a vaccine for rotavirus. Their helplessness and confusion is worsened by the lack of communication from the doctors in the hospital (O'Brien et al, 2015).

A cost-effectiveness study on rotavirus vaccination in Viet Nam found that universal rotavirus vaccination in Viet Nam can prevent 70 per cent of the outpatient visits, 84 per cent of hospitalisations, and 83 per cent of the related deaths (Fischer TK; Anh DD et al., 2005). Universal rotavirus vaccination in Viet Nam can greatly reduce the burden of rotavirus infections and diarrhea in children.

The MOH's guidelines for management of diarrhea in children combine new interventions like zinc and low-osmolality oral rehydration solution (ORS) with proven interventions including proper nutrition, hygiene, and breastfeeding, and highlight the education of parents by the health workers on prevention and timely treatment at home (PATH, 2011). However, diarrhea management practices have not improved significantly, especially in rural areas and among ethnic minority children. The MICS 2014 found that no advice or treatment was sought for 15.4 per cent of children with diarrhea while only 5.6 per cent of children with diarrhea had not received any treatment or drug in MICS 2011. Furthermore, a higher proportion of children in rural areas (16.9 per cent), in the Northern Midlands and Mountainous area (26.2 per cent) and ethnic minority children (23.2 per cent) (GSO and UNICEF, 2015) neither received advice nor any treatment.

Vaccine preventable diseases: Continuing the declining trend achieved in the period of 1990 to 2010, the burden of vaccine preventable diseases in under-five children has decreased. Viet Nam has maintained the achievements in elimination of polio and newborn tetanus, substantially reduced the incidence of whooping cough, diphtheria, and maternal and neonatal newborn tetanus (MOH, 2015d), and has contained influenza A (H5N1) since 2011 (General Department of Preventive Medicine, Ministry of Health). Over 90 per cent full immunisation was recorded from 2011 to 2015, and a nationwide measles-rubella (MR) vaccine campaign targeting children aged 1-14 years old from October 2014 till March 2015 achieved 97 per cent coverage.

The Expanded Programme on Immunisation (EPI), incorporating 11 free vaccines, has contributed to a remarkable decline in the incidence and mortality caused by various vaccine preventable diseases in recent years. The declining trend in the vaccine preventable diseases has also benefited from a

reduction in child malnutrition, increased access to safe drinking water and basic sanitation and increased access to health services through health insurance (MOH and Health Partnership Group, 2016).

Although Viet Nam did not experience any major epidemic during the period 2010-2015, outbreaks of measles and other diseases affected a sizeable number of children. Despite the high immunisation coverage, a measles outbreak in 2014 resulted in more than 30,000 suspected cases and 15,000 confirmed cases, and 146 deaths across all 63 provinces. Children under the age of five accounted for 60 per cent of the cases and children under the age of two accounted for the remaining 40 per cent. The national sentinel surveillance also detected a small outbreak of Japanese encephalitis (JE) in 2014, reporting 421 lab confirmed cases. JE vaccine started in 1997 and was gradually expanded to 100 per cent of the target population nationwide from 2015 in routine base (General Department of Preventive Medicine, Ministry of Health).

Children's access to a number of other vaccines (e.g. rubella, meningococcal infection, pneumococcal infection, chickenpox (varicella), human papilloma virus (HPV) and seasonal influenza) appears to have been limited by the lack of subsidies and difficulties in coordination between health, agricultural and rural development sectors for immunisation of animals for diseases that contribute to human diseases (e.g. rabies and influenza for poultry and pigs) (MOH, 2015c).

Immunisation coverage remains weak for poor children or children living in remote, outlying areas. Furthermore, the disruptions in immunisation activities in the past few years have led to an increase in the number of children who have either been overlooked, vaccinated late or not fully vaccinated, and incomplete immunity has heightened the risk of epidemic outbreaks (MOH, 2014a).

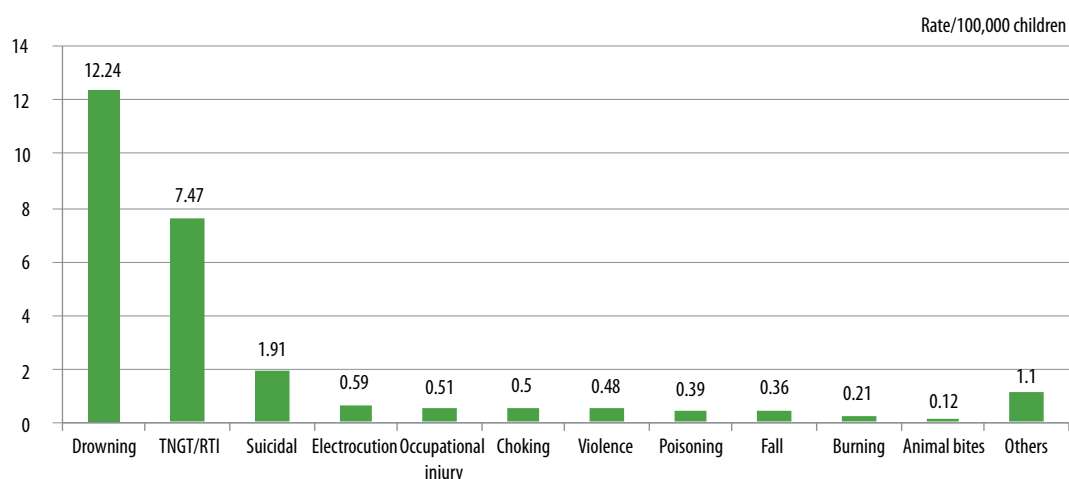
Disease outbreaks are also linked with urbanisation and industrialisation induced migration, in-country travel, inadequate sanitation and hygiene, environmental factors and of late the impacts of climate change. For instance, Viet Nam's 2013 measles outbreak witnessed considerably higher incidence in areas with substantial population mobility (MOH, 2014a).

Reduction in financial allocation for the NTP on EPI can affect the control of vaccine preventable infectious diseases. Although vaccines against *Streptococcus Pneumonia* (pneumococcus), Hemophilic Influenza bacteria and Rotavirus are available, they have not been included in the EPI as yet and as such are unaffordable for low income households.

Childhood Injuries: Childhood injury is a major public health problem in Viet Nam (WHO, 2008). About 18.8 per cent or 6,498 deaths, of the 34,587 injury induced deaths recorded at 9,830 commune health stations (88.5 per cent of the total) of 63 provinces/cities in 2013, were of children and adolescents⁷⁵. The overall mortality rate among children and adolescents was estimated as 24.5 per 100,000 children. Drowning, road traffic injury, suicide, electrocution, falling, choking and poisoning are among the leading causes of fatal injuries among children and adolescents⁷⁶.

75 Health Environment Management Agency – Ministry of Health, *Injury mortality statistics in 2013, Ha Noi, 2014*

76 Health Environment Management Agency – Ministry of Health, *Injury mortality statistics in 2013, Ha Noi, 2014*

Figure 4.6. Injury mortality rate of children and adolescent aged from 0 to 19 by causes in 2012

Source: Health Environment Management Agency (MOH), 2014

Similar to children in Asia and many other low-income countries (Saidur Rahman Mashreky, 2012), drowning is the most common cause of unintentional injuries and death among children in Viet Nam. Specifically, those in the 0–4 age group were predominant (TNL Tran, MA Luong, TQT Khieu, 2012) with the mortality rate of 16.93/100,000 children and adolescents in 2013. Road traffic injury was the second leading cause of death with the mortality rate of 6.60/100,000 children and adolescents⁷⁷ (Figure 4.6). These results are relatively consistent with the results of Viet Nam National Injury Survey 2010.

The findings of the last survey on childhood injuries in 2010 remain valid. Children, below the age of 10 in particular, are most vulnerable to drowning. The drowning rate was 8.1/100,000 in the 0-19 years' age group and 12.9/100,000 in the 0-4 years age group, compared with the overall national average of 4.9/100,000.⁷⁸ Mostly children who could not swim drowned in the nearby ponds, rivers, and lakes with significant differentials of gender, age groups and area of residence, which indicated lack of caution and requisite skills for self-survival. Boys were 1.5 times more likely to drown than girls and rural children twice likely than urban children, which reflects increased mobility and residence close to a water body. Higher vulnerability of the youngest age group, especially in rural areas of Mekong River Delta, highlights the importance of child care/supervision and skills such as swimming, and rescue for parents and caregivers (Phan Thanh Hoa and Pham Viet Cuong, 2012).

Burn injuries are high among children under five years. More than 80 per cent of all cases were wet burns that happened at home. Although the fatal burn injury rate was low, the rate of hospitalisation was high and required longer treatment of the victims compared to the victims with other injuries⁷⁹.

Animal bite is a leading cause of injury among children, especially those under the age of 10 years. The injury rate was higher among children in age groups 0-4 and in rural areas but the fatality rate and the risk of developing complications and disabilities was lower than with other types of injury⁸⁰.

Fatal injury accounted for only 9.6 per cent of deaths in the 0-4 age group. However, starting at age

⁷⁷ Health Environment Management Agency – Ministry of Health, *Injury mortality statistics in 2013, Ha Noi, 2014*

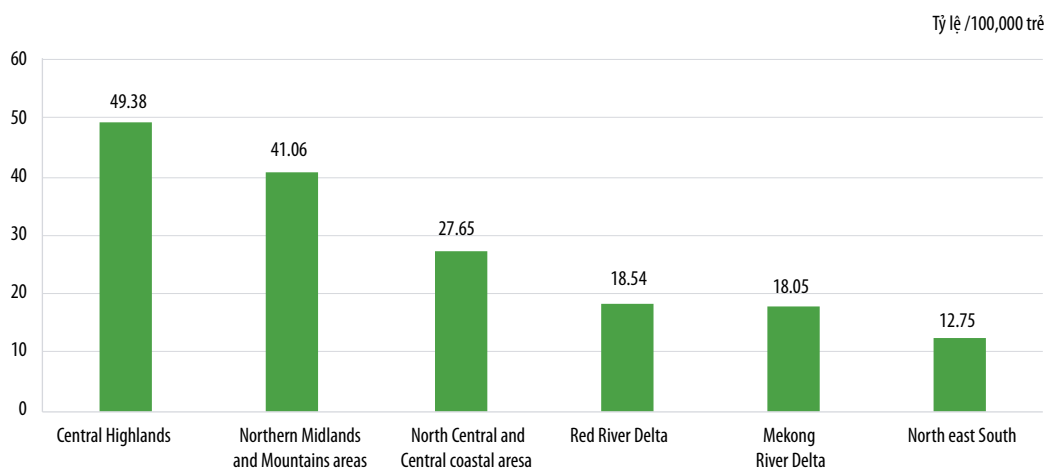
⁷⁸ Ministry of Labour, Invalids and Social Affairs, *Viet Nam National Injury Survey 2010, MOLISA, Ha Noi, 2012*

⁷⁹ Ministry of Labour, Invalids and Social Affairs, *Viet Nam National Injury Survey 2010, MOLISA, Ha Noi, 2012*

⁸⁰ Ministry of Labour, Invalids and Social Affairs, *Viet Nam National Injury Survey 2010, MOLISA, Ha Noi, 2012*

five, when death due to infectious disease was lower, injury again emerged as the leading cause death. For the 5-9 age group, injury accounted for 42.9 per cent of all death cases. This was three times higher than the amount of deaths due to respiratory disease and four times higher than those due to infection. For the age group 10-14, injury was the cause of over 50 per cent of the deaths and the rate was several times higher than the rates for all the other causes of death. For the 15-19 age group, injury accounted for nearly two thirds of the deaths⁸¹. Injury mortality rate of children and adolescents aged from 0 to 19 varied significantly by regions (see Figure 4.7). Children living in remote and poverty ridden areas of the Central Highland, Northern Midlands and mountainous areas are the most vulnerable and experience the greatest burden of injury (TNL Tran, MA Luong, TQT Khieu, 2012).

Figure 4.7. Injury mortality rate among children and adolescents (0-19 years) in 6 regions in 2012



Source: Health Environment Management Agency (MOH), 2014

Children above the age of 15 years are highly susceptible to traffic accidents (ratio: 552/100.000). While rural children are twice at risk of injury accidents than their urban counterparts, the 15-19 years age group is commonly involved in motorbike accidents that are the main cause of fatal or non-fatal injury⁸².

Age, gender, hazardous environments, low socio-economic status along with a lack of awareness and supervision of children are high risk factors for child injuries, which are aggravated by limited access to safety devices and appropriate healthcare, particularly emergency and pre-hospital care. International evidence shows that a combination of education and training, legislation and enforcement, environmental modifications and promotion of safer products and safety devices can substantially reduce all types of injuries among children (MOLISA and UNICEF, 2010c).

Viet Nam's National Plan on Child Injury Prevention (2011–2015) focused on integrated early childhood (IEC) activities to promote awareness about the risk factors, surveillance system, pre-hospital trauma care and safe community development for children, and issued a series of sub-law documents to prevent the fatal risks of injury for children⁸³. UNICEF, in collaboration with the Government, NGOs and community groups, is implementing a large-scale Child Injury Prevention (CIP) program in six selected provinces. This multi-faceted community based program involves raising public awareness,

⁸¹ Ministry of Labour, Invalids and Social Affairs, Viet Nam National Injury Survey 2010, MOLISA, Ha Noi, 2012

⁸² Ministry of Labour, Invalids and Social Affairs, Viet Nam National Injury Survey 2010, MOLISA, Ha Noi, 2012

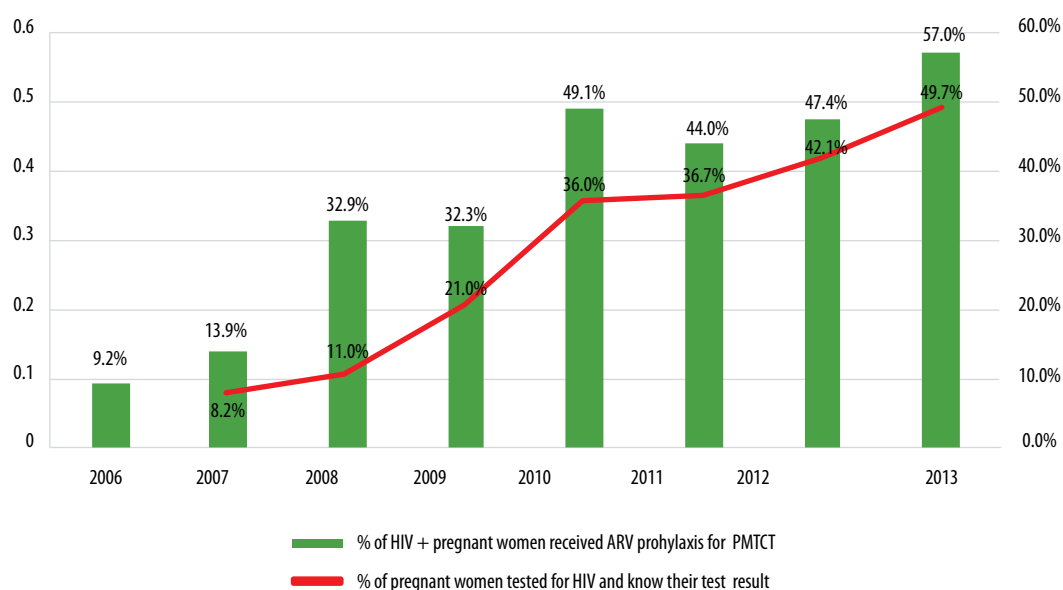
⁸³ These include: the MoLISA's Decision 548/QĐ-LDTBXH in 2011 on standards for safety at community level in regard to injury prevention for children; Prime Minister's Decision 2158/QĐ-TTg in 2013 on prevention of child injury in 2013-15.

attitudinal change and skill building, strengthening the capacities of national and local authorities, the enforcement of legislation, and providing for a safer environment to mitigate injury risks (Jennifer Oxley et al, 2011).

Children and HIV and AIDS: The proportion of children with HIV among people living with HIV (PLWH) has stabilised over the years with about 2 per cent in the 0-14 age group and less than 1 per cent in 15-19 age group (GoV, 2015a). Viet Nam has been able to expand the coverage of HIV testing among pregnant women, antiretroviral therapy (ART) for the prevention of mother to child transmission of HIV (PMTCT) and early infant diagnosis using biological testing (Figure 4.8).

HIV testing coverage for pregnant women increased from 36.7 per cent in 2011 to 49.7 per cent in 2013 even though universal testing coverage remains a major challenge in Viet Nam where many pregnant women have to pay to get themselves tested for HIV. Following the diagnosis of 2,981 pregnant women as HIV positive, and 1,664 mothers and 1,770 infants were provided ARV prophylaxis. Furthermore, 1,985 children born in 2012 who were diagnosed with HIV following biological testing were referred to pediatric care services, indicating a major increase in the coverage of service from 26 per cent in 2011 to 68 per cent in 2013 (MOH, 2014c). According to the Viet Nam Administration of HIV/AIDS Control (VAAC), the national program for the PMTCT contributed to a threefold decline between 2011 and 2014 in the number of children under 6 years of age identified as living with HIV (MOH, 2014c).

Figure 4.8. HIV testing and ART coverage for pregnant women by year



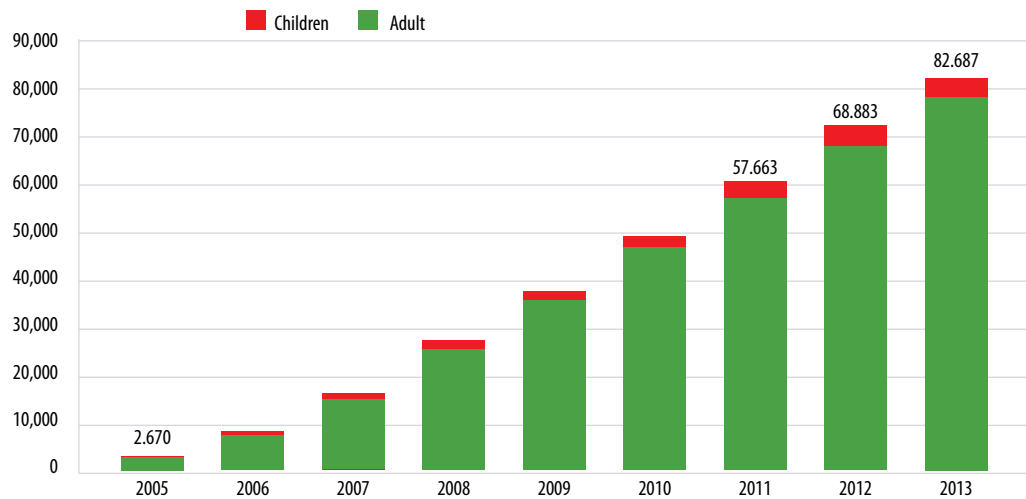
Source: Viet Nam Administration of HIV/AIDS Control, 2014

There has also been an exponential increase in the ART coverage, which was 67.6 per cent in 2013 (66 per cent in adults and 78.1 per cent in children) against current eligibility criteria per national guidelines ($CD4^{84} < 350$ cells/ml in adults). By the end of 2015, 106,423 PLWH were receiving ART showing an increase of 14,000 over the previous year (Figure 4.9).

That roughly 4,000 HIV-infected women needed PMTCT services every year between 2011 and 2015

highlights the importance of strengthening prophylactic interventions to prevent mother to child transmission of HIV along with HIV testing and counseling for sexual partners of high risk groups for identifying those in need of PMTCT services (MOH – VAAC 2013). Furthermore, the estimate of 6,400 children living with HIV/AIDS by 2015 is indicative of the growing demand for care and treatment services in the coming years (MOH-VAAC 2013).

Figure 4.9. Number of individuals receiving ART in Viet Nam from 2005 to 2013



Source: Viet Nam Administration of HIV/AIDS Control, 2014

Prevention of HIV/AIDS infection is possibly the most feasible, effective and sustainable approach in view of sexual transmission of infection in about 48 per cent of cases⁸⁵ and accurate knowledge of the modes of transmission among just about 40 per cent of youth⁸⁶. Multi-sectoral organisations have been engaged in a variety of information, education and communication activities targeting adolescents and young people across the country and various surveys have found evidence of growing levels of awareness among youth aged 15-24 years about the modes of HIV transmission and common misperceptions (GoV, 2015a).

Notwithstanding the progress, Viet Nam faces considerable challenges in responding to HIV/AIDS. Early diagnosis and timely ART for pregnant women are imperative for reducing new infection among newborns in Viet Nam. Yet, late diagnosis during labour is a major factor in mother to child transmission of HIV. While universal access to adolescent and youth friendly sexual and reproductive health services appears distant, children with HIV continue to experience stigma and discrimination in varying degrees in communities, schools and extended families. Social prejudices isolate them and their families and hamper access to information about their entitlements and available social services (Save the Children, 2014).

85 Document No. 797 / AIDS-KH of the Ministry of Health dated 17/08/2015: National Work Plan on HIV/AIDS Prevention and Control for 2016-2020

86 Ministry of Health and General Statistics Office, Survey Assessment of Vietnamese Youth Round 2, Ha Noi, 2010

According to the 2016 Housing and Population Change Survey, 20.2 million people aged 10-24 comprises more than one-fifth of the total population of Viet Nam. The adolescent population aged 10-19 made up 14.5 per cent (13.4 million) of the total population (10-14 years old = 7.6 per cent and 15-19 years old = 6.8 per cent) (GSO, 2016).

Sexual and reproductive health needs remain largely unmet: The unmet need for contraception was reportedly highest amongst the age group 15-19 (31.4 per cent) according to MICS 2011 data⁸⁸. Furthermore the level of unmet need for contraception among unmarried sexually active women (34.3 per cent) was about three times higher than that among married women (11.2 per cent).

Marriage before 18: Young women age 15-19 currently married or in union and early child bearing are discernable trends according to the MICS 2011 and MICS 2014 findings.

Table 4.2. Comparison of some indicators related to adolescent health, period 2010-2014)

No.	Indicators	MICS 4 (2010)	MICS 5 (2014)
1	Adolescent birth rate	46 per thousand	45 per thousand
2	Early childbearing	3.0 per cent	4.7 per cent
3	Marriage before age 15	0.7 per cent	0.9 per cent
4	Marriage before age 18	12.3 per cent	11.2 per cent
5	Young women age 15-19 currently married or in union	8.4 per cent	10.3 per cent

a. Age-specific fertility rate for women age 15-19 years

b. Percentage of women age 20-24 years who had at least one live birth before age 18

In 2010, the overall adolescent birth rate (ABR) in Viet Nam was 46/1000. This rate was also similar at 45/1000 in 2014. The ABR in Viet Nam is also higher than many other countries in Asia including Myanmar (17.4), Malaysia (12.0) and Singapore (5.2). There are significant gaps among different groups of adolescents: rural areas still record a much higher ABR compared to the urban ones though the gap was narrowed between 2011 and 2014. The Northern midlands and mountainous area stands out as an area with remarkably high adolescent birth rates – around three times the rate of other regions. This is likely due to the customs of early marriage in ethnic minority communities who predominately reside in this region which are still prevalent (GSO and UNICEF, 2012, GSO and UNICEF, 2015).

The proportion of early marriages is higher in the Northern midlands, mountainous provinces, rural areas, and among ethnic minorities. The rate in rural areas was found 2.5 times higher than in urban areas. In Lai Chau, a mountainous area, about one-third of women marry between the ages 15-19, aged 14-25 condoned premarital sex, proportionally higher among men than women. Estimates suggest that adolescent abortion accounts for 20 per cent of the total abortion rate in Viet Nam (GSO, 2009).

⁸⁷ Unless otherwise specified, throughout this document the term 'young people' refers to individuals aged 10-24 years old. As per the WHO definitions, young people are 10-24 years old, youths are 15-24 years old, adolescents are 10-19 years old. The Vietnamese Youth Law (Law no. 53/2005/QH11) defines youth as people of 16-30 years old.

⁸⁸ The United Nations Population Fund, *Unmet needs for sexual reproductive health services and HIV/AIDS: Evidence from MICS 2011 analysis*, Ha Noi, 2013.

In addition, according to MICS 2014, adolescent fertility rates were closely correlated with living conditions. The fertility was highest for the poorest wealth index quintile (108 births per 1,000 women), but declined for better-off quintiles with nine births per 1,000 women for the richest wealth index quintiles or 12 times lower than the poorest wealth index quintiles. Adolescent fertility rates were highest among women in the Northern Midlands and Mountainous area (107) and Central Highlands (65) home to high concentrations of ethnic minority people (GSO and UNICEF, 2015).

Contraceptive use: Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the interval between births; and 3) limiting the number of children.

Contraceptive prevalence among women aged 15-49 did not differ between regions, urban-rural areas and ethnicity. But, differences emerge between age groups in both MICS in 2011 and 2014 (GSO and UNICEF, 2012, GSO and UNICEF, 2015). In 2014, adolescent women in marriage/union were far less likely to use contraception (38.4 per cent) than older married or in union women. One-in-two married or in union women aged 20-24 reported using contraceptives (GSO and UNICEF, 2015). It is notable that the younger group of women, aged 15-19, had the highest rate of unmet need for contraception. Misconceptions regarding reproductive health and the use of condoms resulted in a significant number of unwanted pregnancies and unsafe abortions among young women. Particularly, as the use of contraception tends to be higher among those wealthier, unmet need is higher among poorer women (GoV, 2015a).

Provision of information about contraceptive methods and access to family planning services is limited, especially for young women, migrant women, and women in remote and mountainous regions⁸⁹. Unmarried and young people are not targeted in provinces' Annual Action Plans on Family Planning Services and Logistics to implement the National Target Program on Population and Family Planning for 2012-2015. Sexual and reproductive health services for adolescents, including counseling, are not widely available, despite growing demand⁹⁰. Traditional norms and behaviours around sex and sexuality are changing, yet more than one-third of Vietnamese youth lack access to appropriate information about sexuality, including contraception⁹¹.

Abortion: Adolescents account for at least one-third of abortions in Viet Nam. That is the highest adolescent abortion rate in South East Asia and the fifth highest in the world⁹². Abortion is legal in Viet Nam, and first trimester abortion is relatively safe when performed by midlevel health providers or doctors. However, younger and unmarried women are more likely to wait past the first trimester to visit a medical facility out of fear of being stigmatised and/or poor knowledge regarding indicators of pregnancy (Van Pham et al 2012). A significant number of unwanted pregnancies and unsafe abortions occur among young people, especially unmarried adolescents and youth (Sarah Bales; Huyen Dao et al.,2011).

Social taboos about prenatal sex and contraception before marriage, inadequate availability of sexual and reproductive health (SRH) counselling and services prevent adolescents and youth from availing of reproductive health care (UNICEF, 2010).

89 *The United Nations Population Fund, Advocacy Brief: Unmet need for contraception and implication for Viet Nam, UNFPA, 2013.*

90 *The United Nations Children's Fund, Viet Nam common country Assessment 2015, UNICEF, 2015f*

91 <www.vietnam.unfpa.org/public/pid/14588>

92 <www.english.vietnamnet.vn/fms/society/79001/abortion-rate-in-vietnam-highest-in-southeast-asia.html> accessed on November 13, 2017

Low priority for the subject have prevented the replication and scaling up of the pilot interventions on SRH for adolescents and young people by the MoH within and outside schools that have produced positive results. In-depth understanding and official statistics on adolescent pregnancy and abortion, and on early childbearing is lacking and undermines policy dialogue, development, and monitoring adolescent SRH. Most of the research on SRH among unmarried adolescents and youth is on a small-scale or hospital-based. The annual health statistics neither provide data regarding the health facilities informing, educating and counselling adolescents on SRH nor their levels of awareness and knowledge (UN, 2013). A focus on national-level MDG achievement often overlooks key pockets of disadvantage like those faced by ethnic groups (e.g. the Hmong ethnic minority) (Nicola Jones; Elizabeth Presler-Marshall et al., 2014). Those disadvantages include a pervasive cultural preference for sons, far more common early marriage, gender-based violence fueled by alcohol. An integrated package of social protection, community and school-based education programming, mentoring, labour market and law enforcement initiatives is required to address the unequal relationships and opportunities that face Hmong adolescents, especially girls.

Mental health: Children and young people are particularly vulnerable to low self-esteem, depression and other disorders, which if left untreated can cause long lasting distress, disability and self-destructive behaviour. Studies have found that most people with an adult-type psychiatric disorder had experienced its onset by 8 per cent to 29 per cent prevalence of general mental health problems among children and adolescents range with varying rates across provinces and by gender. Prevalence rates of suicide in Viet Nam, including suicide ideation (2.3 per cent), i.e. thoughts about committing suicide, and suicide attempts (less than one per cent) i.e. attempting to commit suicide, are remarkably low compared to global estimates (9.1 per cent prevalence estimates in over 130,000 adolescents in 90 countries)⁹³. The most common type of mental health problem among children studied in Viet Nam is that of internalising and externalising problems.

A child mental health epidemiological survey in Viet Nam in 2014 using the Child Behaviour Checklist and the Strengths and Difficulties Questionnaire at 60 sites in 10 provinces selected to provide a nationally representative sample, which included 1,314 adult informants of children 6-16 years of age, and 591 children aged 12-16. The findings were that overall Vietnamese children's mental health functioned better than the international average, however, about 12 per cent, or over three million children, were experiencing significant mental health problems (i.e. were considered cases) and needed services. There was significant variability across provinces in rates and levels of mental health problems, emphasising the need for nationally representative samples when conducting child mental health epidemiological surveys and for contextualisation for planning and conducting interventions on mental health prevention and service⁹⁴.

Although mental health has not as yet received adequate attention as a public health issue, there is growing recognition within the Government of Viet Nam and among other stakeholders of the magnitude of this health problem and the negative impact of violence, sexual abuse, the use of intoxicants, easy access to the internet, urban milieu and academic pressure and the importance of close relationships within the family and positive school environment for mental health of adolescents and youth.

Mental health of children and adolescents is particularly vulnerable to risk factors at individual, family, school and community levels. Emotional or self-isolation, excessive online activities, poor self esteem due to concerns about physical appearance often begin in early adolescence with onset of puberty

93 QDI, *Mental health and psychosocial wellbeing amongst children and young people in Viet Nam*, Unpublished Report.

94 Bahr Weiss, et al, *A Nationally-Representative Epidemiological and Risk Factor Assessment of Child Mental Health in Viet Nam*, *Int Perspect Psychol.* 2014; 3(3): 139–153.

when major hormonal changes take place. Family strictures or restrictions regarding academic achievement, and marriage as well as poor or declining socio-economic status of the household and dysfunctional relationships within the family increase stress levels among children. They are faced with anxieties regarding academic performance and come across varying levels of support and pressures in the school environment, and interpersonal and relationship issues outside. Inability to cope or limited resilience when faced with lack of access to opportunities but easier access to harmful substances act as triggers to more serious issues. Widely prevalent social norms, including norms around early marriage for girls, that tend to bring the hopes and aspirations of young people to an end bring in their wake serious consequences for their emotional and mental well-being⁹⁵.

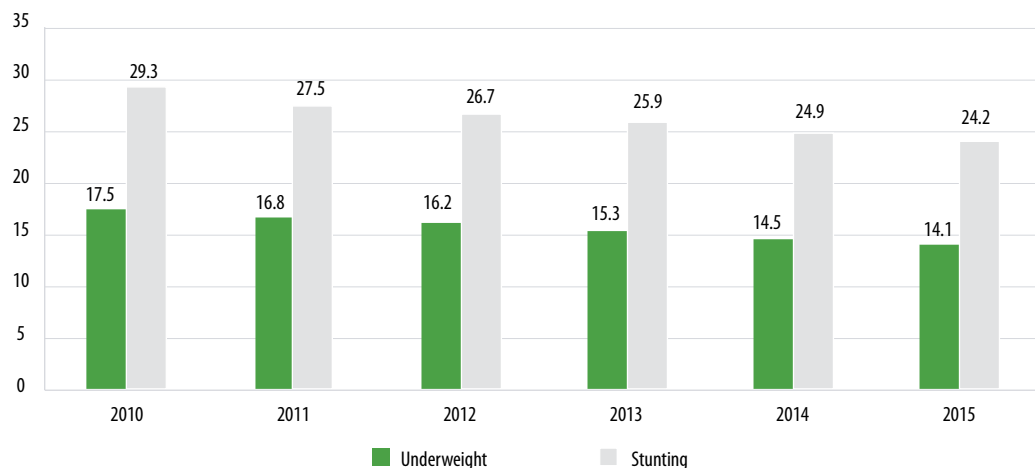
Research on adolescent health and health related behaviours has highlighted the importance of multi-sectoral and multi-levels responses to health and psychosocial problems, with active involvement of health, education and social services and network, community education and development, along with conflict-resolution and violence reduction⁹⁶.

4.1.2. Nutrition – Situation and Trends

Nutrition which promotes physical, cognitive, mental and social development of children is undermined by inadequate dietary intake and disease. Inadequate access to food, care, access to essential health services and a healthy environment for children and women results in malnutrition, which weakens their immunity, making them susceptible to disease, increasing severity of illness and impeding recovery, preventing the child from normal and equal social participation and inclusion. Moreover, the effects of malnutrition can pass from one generation to the next generation.

Stunting and malnutrition: Underweight among children under 5 steadily declined from 17.5 per cent in 2010 to 14.1 per cent in 2015, overtaking the 15 per cent target for 2015. Stunting also declined from 29.3 per cent in 2010 to 24.2 per cent in 2015 (NIN, 2015) (see Figure 4.10).

Figure 4.10. Reduction in under-five child malnutrition, 2010–2015



Source: National Institute for Nutrition, 2016

⁹⁵ QDI, 'Mental health and psycho-social well-being amongst children and young people in Viet Nam', Unpublished Report.

⁹⁶ K. Sobowale, et al, Acceptability of internet interventions for youth mental health in Viet Nam, *Global Mental Health* (2016), 3, e22, page 1 of 9. doi:10.1017/gmh.2016.18.

Although Viet Nam achieved the MDG on child nutrition ahead of schedule, the child rate of stunting malnutrition remains high. The disparities in malnutrition did not decrease and even increased in certain pockets in recent years. If the progress achieved so far is to be maintained, the interventions need to be made more effective for the areas and population groups that continue to lag behind.

Table 4.3. Status of children nutrition indicators

Ref.	Target	MDG	1990	2010	2015	Target by 2015	Comment
1	Percentage of underweight children under five years of age	MDG1c	41 ⁹⁷	17.5 ⁹⁸	14.1 ⁹⁹	15	Target achieved, result needs to be maintained
2	Percentage of stunted children under five years of age		43.3 (2000)	29.3	24.2	26	Target achieved, result needs to be maintained
3	Percentage of infants weighing below 2.500g			12.5 ¹⁰⁰ (2009)	8.2 (2014)	10	Target achieved

Table 4.3 shows the difference in underweight malnutrition rate among geographical regions in 2014. Generally, the Southeast region has the best indicator while the Central Highlands and Northern Midlands, mountainous areas have the poorest indicators. The difference between the region with the lowest underweight malnutrition rate in children under 5 years old and the region with the highest underweight malnutrition rate is 2.7 times.

The Young Lives Surveys in Viet Nam in 2013 found that stunting among children at the age of 12 remained high among some disadvantaged groups although there was an overall decline from 33 per cent in 2006 to 20 per cent in 2013. The underweight among children under five years of age also decreased significantly albeit remained much higher than other countries in the region (Malaysia, Thailand and Singapore) and showed insignificant improvement among the poorest. The decline was uneven among the regions with children below the age of five in the Northern mountainous provinces, in the central and highland regions continuing to show higher levels of underweight. About 1.3 per cent of them were severe and extremely severe cases (levels 2 and 3) and 1.3 per cent were wasted (acute). Most of the Young Lives children regularly consumed four of the seven food groups considered important for healthy development but children from the poorest households and ethnic minorities could on an average consume only 3.3 food groups per week¹⁰¹.

97 Ministry of Health, National Institute of Nutrition, *National Strategy on Nutrition 2011-2020, Vision to 2030, Ha Noi, 2012*

98 Ministry of Health, *Health Statistical Yearbook, Ha Noi, 2010*

99 Ministry of Health, *Consolidated report on health work in 2015, 2011-2015 period and orientation in 2016-2020 and plan for 2016, MOH, 2015e*

100 Ministry of Health, National Institute of Nutrition, *Nutrition Monitoring Review, 2009.*

101 Young Live Survey, 2013

Table 4.4. Disparity among regions in underweight malnutrition in 2014

	Underweight malnutrition
Ecological regions	
Red River Delta	10.2
Northern midlands and mountains region	19.8
North Central and Central Coast	17.0
Central Highlands	22.6
Southeast	8.4
Mekong River Delta	15.0
Difference between the highest and the lowest region in 2014	2.7
Difference in 2005	1.8

Source: GSO, 2015, Summary report on major findings from midterm population and housing census in April 2014

Prevalence of stunting remains high in Viet Nam with about one in four children under five years of age being short for their age largely due to micronutrient insufficiency. More than 35 per cent of children under the age of five were stunted in five provinces in 2014, which is considered to be very high according to WHO's classification (MOH and Health Partnership Group, 2016).

The 2014 micronutrient survey showed severe levels of micronutrient deficiencies among women – 33 per cent prevalence of anemia among pregnant women and 80 per cent prevalence of zinc deficiency. Micronutrient deficiencies during pregnancy not only affect maternal health but also limit child growth and development. Anemia prevalence among children under 12 months was 45 per cent. Zinc deficiency among children was 69.4 per cent with highest prevalence at 80.8 per cent in mountainous areas.

International studies have shown that infant low weight is consistently associated with health status, body size and health problems in adulthood. Underweight has declined over the past years in Viet Nam but the prevalence remains high, among the ethnic minorities in particular (12.3 per cent), where nutritional care for pregnant women appears to be limited. Therefore, efforts should be directed towards refining policies and legislation to ensure the free supply of micronutrients required for pregnant women through benefit packages under health insurance (NIN, 2014a).

Each year more than 200,000 children under 5 years of age develop moderate or severe wasting in Viet Nam, manifested by low weight for height - more commonly referred to as acute malnutrition. The geographical distribution of acute malnutrition follows the same pattern as stunting, and the latest nutrition survey shows that most of the ethnic minority groups have prevalence above internationally recognised emergency levels. Although a lower percentage of children aged 0–11 months are undernourished, suggesting some efficacy of current programmes. These findings indicate that acute malnutrition remains a serious threat to child survival and development in Viet Nam (NIN, 2014b).

Breast-feeding: Breastfeeding is regarded as the best means of nourishment for infants and young children and an effective way to ensure child health and survival. If every child was breastfed within an hour of birth, exclusively breastfed for the first six months of its life and continued to be breastfed up to the age of two, about 220,000 child lives would be saved every year. Despite the obvious positive effects of breastfeeding on child health, the number of infants breastfed within one hour of birth in Viet Nam remains relatively low, at 57.8 per cent in 2005, with an increase to approximately 62 per cent in 2010 (NIN and UNICEF, 2011) but decrease to 57.8 per cent in 2014¹⁰². The figure is still far from the target of 85 per cent set by the Safe Motherhood Action Plan.

Since the breastfeeding programme was implemented in Viet Nam more than two decades ago, the rate of exclusive breastfeeding has been low and has not significantly increased over time. The National Institute of Nutrition's Annual Report 2010 suggests that only 12 per cent of infants were exclusively breastfed at six months old in 2005, and this figure rose to approximately 19.6 per cent in 2010. According to MICS 2011 and MICS 2014 findings, exclusively breastfed at six months old increased from 17.0 per cent in 2010 to 24.3 per cent in 2014. The rate of exclusive breastfeeding among infants under six months is only half of the global rate and among the lowest rates in South-East Asia¹⁰³.

Furthermore, data from MICS 2014 (2014) highlight the low levels of early initiation according to the guidance, with only 26.5 per cent of babies breastfed for the first time within one hour of birth and disparities in early initiation of breastfeeding for mothers in different geographical locations of Viet Nam, and urban/rural areas. The highest proportion of children breastfed within one hour of birth was recorded in the Central Highlands (35.1 per cent), while the lowest proportion was recorded in the Red River Delta (20.9 per cent). Women in rural areas, those in the poorest wealth index quintile and ethnic minority women are more likely to breastfeed their children within one hour of birth than those from urban areas, the richest wealth index quintile and Kinh/Hoa group, respectively. Tertiary-educated women are less likely to breastfeed their children within one hour than those with other educational levels¹⁰⁴. This situation calls for improved counselling for optimal breastfeeding practices.

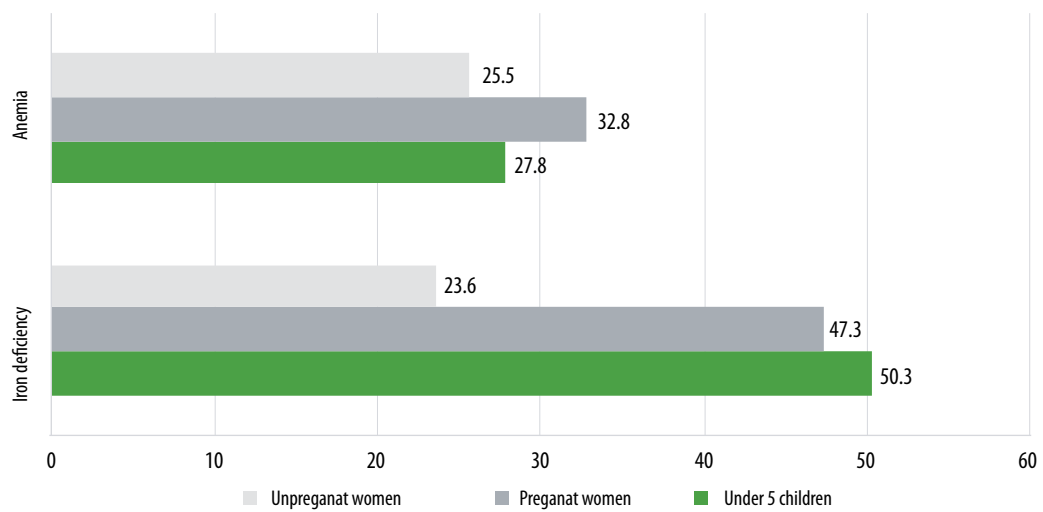
Micronutrient deficiencies: Recent data shows the prevalence of micronutrient deficiencies. The study to assess the prevalence of anemia and deficiencies of vitamin A, iron and zinc among children 6-59 months, pregnant and non-pregnant women, living in urban, rural and mountainous areas in Viet Nam (NIN, 2014a) showed that the prevalence of anemia among children, pregnant and non-pregnant women was 27.8 per cent, 32.8 per cent and 25.5 per cent respectively (Figure 4.11), classified as a public health significant problem but at moderate level. Though they show the slow reduction from the prevalence in 2008 of 29.2 per cent, 36.5 per cent and 28.8 per cent respectively (NIN, 2014a). The prevalence of anemia among children living in mountainous areas was highest (31.2 per cent) in comparison with their counterparts living in urban, rural areas (22.2 per cent and 28.4 per cent, respectively). Of the anemic children, 63.7 per cent had iron deficiency anemia, and 24.8 per cent children had depleted iron stores. Prevalence of pre-clinical vitamin A deficiency in children aged 6-59 months was 13.0 per cent, classified as moderate level of public health significant problem (NIN, 2014a).

102 General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

103 General Statistics Office, *Multiple Indicator Cluster Surveys 2011, Final Report, Ha Noi, 2012 and Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

104 General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

Figure 4.11. Anemia and Iron deficiency among women and children under five years old (2014-2015)

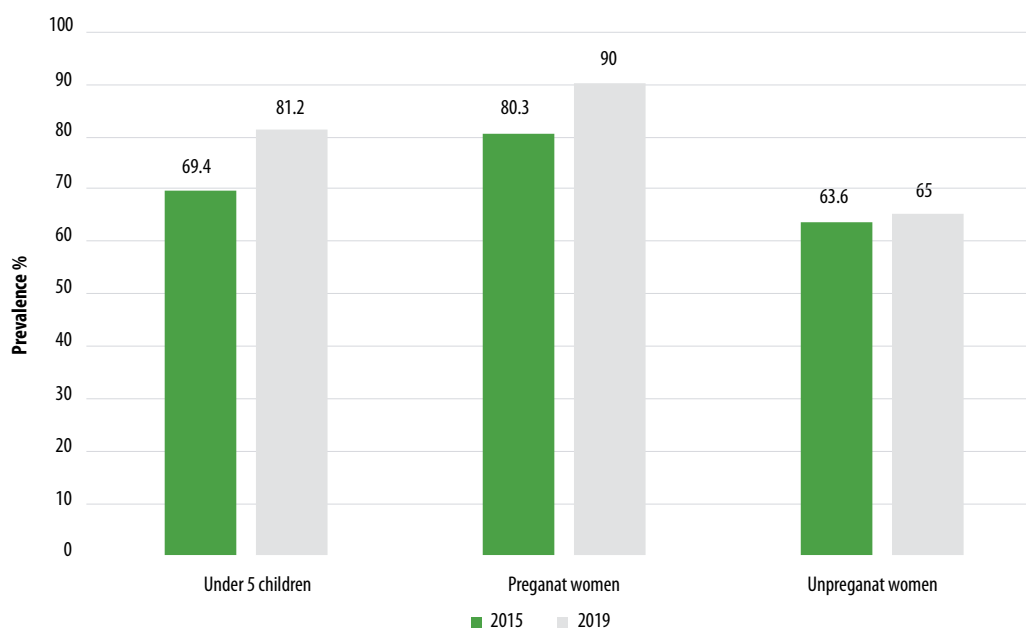


Source: National Institute for Nutrition, 2016

Anemia has multiple causes, including poor dietary intake and quality due to poverty, inadequate sanitation and adverse environmental conditions resulting in frequent diarrhea, and parasitic infections, and under-utilisation of health services. The relative importance of these causes varies by region. The high prevalence of nutritional anemia among women and children currently not only reflects the challenge facing the nutrition program in Viet Nam but also guides specific future interventions to reduce child stunting, in which combating nutritional anemia among pregnant women and young children is a top priority.

Micro-nutrient deficiencies have not declined since the 2008 micronutrient survey and pose a serious challenge for Viet Nam's public health. In 2014, the prevalence of serum zinc deficiency in children under 5, pregnant women and women at reproductive age was high at 69.4 per cent, 80.3 per cent and 63.5 per cent respectively and with slow decline since 2008 (Figure 4.12).

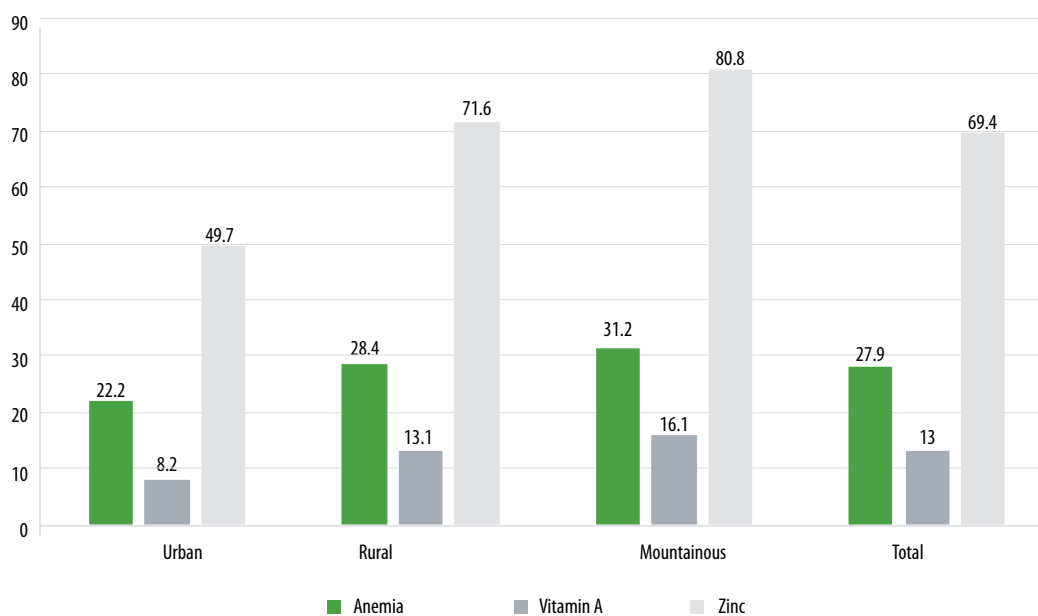
Figure 4.12. Prevalence of serum zinc deficiency in children, pregnant women and women at reproductive age



Source: National Institute for Nutrition, 2014

Micronutrient deficiencies among children under 5 in 2014 show the disparity among regions with highest prevalence in Mountainous area (Figure 4.13).

Figure 4.13. Prevalence of Micronutrient Deficiencies among children under 5 by geographical regions



Source: National Institute for Nutrition, 2014

Micronutrient deficiency control improves nutrition and health status for women and children and is particularly effective in reducing stunting. In the last decade, over 85 per cent of children between 6-36 months old and over 60 per cent of mothers within one month of delivery received vitamin A supplementation each year. In addition, vulnerable children including those with pneumonia, measles, or prolonged diarrhea, were also provided high dose vitamin A supplements. The supplementation program has enabled Viet Nam to reduce clinical vitamin A deficiency since 2001.

In addition to direct supplementation of vitamin A, iron, and folate, food fortification methods have been also applied including iodine fortification of salt and iron fortification of fish sauce (Le Thi Hop and Pham Thuy Van, 2013). Effective solutions and field interventions to fight against anemia, and other micronutrient deficiencies should be continued to protect children from all disorders caused by micronutrient deficiencies, including child stunting.

Food safety: The proportion of facilities with food safety violation reduced from 21.2 per cent in 2012 to 20.1 per cent in 2013 and 19.5 per cent in 2014. As a result, in the period 2011-2014, there was only one case of mortality due to collective food poisoning (suffered by more than 30 persons). Enhancement and close cooperation between the health sector and other relevant sectors in inspection and audit activities have contributed to order and discipline in food production and trade.

Between 2011 and 2014, the Administration of Food Safety supervised and assessed the main hazards that contaminate common food in local markets. Seven facilities including seven professional institutes¹⁰⁵ supervised the collection and testing of 5,482 food samples, which resulted in the reduction of unqualified food samples from 28.8 per cent in 2011 to 10 per cent in 2014 (MOH, 2015a).

Nonetheless, the food poisoning situation remains complicated and has not been effectively controlled regarding sporadic cases in household meals. Vulnerable groups still face barriers in accessing safe food such as low-income workers and poor households (UNICEF, 2015f). Over four years (2011-2014), there were 525 scattered food poisoning cases (under 30 sufferers) in 21 002 people, average rate of 131 cases/year. The case fatality rate from food poisoning has fluctuated at around 0.5-0.8 per cent in the past four years. People died of food poisoning mainly due to natural toxins as pufferfish toxins, toad toxins, fungal toxins in corn dumplings, especially toxins in poisonous mushroom, fruits and trees in the forest. Sporadic poisoning cases mainly come from households in remote, ethnic regions where educational standards of people are low leading to difficulties in supervision and treatment. Food poisoning happens unpredictably with no downward trend, particularly for the incidence and mortality from poisoning cases of fewer than 30 people (see Table 4.5). Food safety has recently become an issue in Viet Nam, with recurrent cases of food poisoning, especially for low-income workers in labour-intensive factories and poor households.

The handling of food safety violations in some places has been weak. At commune level, most violations received warnings rather than fines. Audit and handling of food advertisement violations have been not paid due attention by localities. Violations in food advertisement is quite prevalent at present, especially functional food advertisement.

¹⁰⁵ National Institute of Food Safety Testing, National Institute of Nutrition, Pasteur Institute in Nha Trang, Institute of Epidemiology in the Central Highlands, Pasteur Institute in HCMC, Institute of Public Health in HCMC and the Centre for Drug, Cosmetic, Food Testing in Thua Thien Hue

Table 4.5. Distribution of morbidity, mortality, hospitalisation due to food poisoning (2011-2014)

Order	Indicator	Supervision results			
		2011	2012	2013	2014
Total cases					
1	Poisoning cases	148	168	167	194
2	Morbidity	4700	5541	5558	5203
3	Mortality	27	34	28	43
4	Hospitalisation	3663	4335	5020	4160
Cases with ≥ 30 persons					
1	Poisoning cases	32	39	41	40
2	Morbidity	3585	4307	4308	3866
3	Mortality	1	0	0	0
4	Hospitalisation	2787	3392	3956	3067
Cases with <30 persons					
1	Poisoning cases	116	129	126	154
2	Morbidity	1115	1234	1250	1337
3	Mortality	26	34	28	43
4	Hospitalisation	876	943	1064	1093

Source: Administration of Food Safety

Overweight and obesity

The need to control childhood overweight and obesity has lately received increased attention since these conditions in childhood and adolescence often persist into adulthood (Freedman DS;Khan LK et al., 2005). Viet Nam is experiencing a nutrition transition and facing a double burden of malnutrition. The negative outcomes of these two patterns are exacerbated public health challenges (Daniel C. Ervin;David López-Carr et al., 2014).

Overweight and obesity among children, especially in the big cities with higher socio-economic status, is on the rise (NIN and UNICEF, 2010). The Vietnamese Nutrition Surveillance in 2014 indicated that the prevalence of overweight and obesity in children under 5 years of age in Ha Noi and Ho Chi Minh City was 4.6 per cent and 12.9 per cent respectively while the national prevalence was 5.5 per cent (NIN, 2014b).

Overweight prevention and intervention programs involving parents hold promise as childhood eating habits and lifestyles are changing. Parents' understanding of healthy lifestyles, nutritional intake, and appropriate weight status assume increased importance as diets with high fat and sugar content, and inactivity increase the risk of children becoming overweight (Phung DN, 2014). Parental education aimed at changing conceptions and practices through improved knowledge of childhood overweight is thus recommended (Chen S;Binns CW et al., 2014)

4.1.3. National Response to Child Health and Nutrition

Legal and policy framework

The direction and policies of the Party, National Assembly and Government increasingly assert the important role of health care for the people on implementation of progress and social equity and improvement in quality of life of the people. Many Party documents have stated that investment in health is direct investment in sustainable development.

The legal system related to health and nutrition is increasingly being refined with many laws, Government decrees, Prime Ministerial decisions and ministerial level guiding circulars issued, creating a clear, legal basis for the process of developing the health system and services.

In the period 2011-2015, the Government of Viet Nam has introduced and updated several laws and a number of policies in support of mother and child health and nutrition. The key documents are listed as examples in Table 4.6. They are all in line with the CRC and other key international standards, to protect and support mother, child health and nutrition.

Bảng 4.6. Danh mục các văn bản chính sách quan trọng ban hành giai đoạn 2011 – 2015

No	Key policy documents (2011-2015)
Laws	
1	Law on Health Insurance
2	Law on Disease Examination and Treatment
3	The amended Labour Law, which extends maternity leave from 4 months to 6 months (1/5/2013).
4	Youth Law
5	Law on Food Safety
6	Law on children (19/4/2016)
Resolution and decrees	
7	Resolution number 05/NQ-CP dated 13/04/2014 of the GOV on accelerating the implementation of MDGs for health
8	Decree number 100/2014/NĐ-CP dated 05/11/2014 of the GOV trading nutritional products for infants, feeding bottles and artificial entrapment
9	Decree number 10/2015/NĐ-CP dated 28/1/ 2015 of the government adopting the regulations on in vitro fertilisation (IVF) and conditions for legal surrogate pregnancy for humanitarian purposes
Decisions	
10	Decision No. 2013/QĐ-TTg on 14/11/2011 of the Prime Minister on approval of the Viet Nam's Population and RH Strategy for period 2011- 2020;
11	Decision No. 226/QĐ-TTg on 22/02/2013 of the Prime Minister on approval of the National Strategy on Nutrition for period 2011 – 2020 and vision 2030
12	Plan on Nutrition to the year 2015 and the Action Plan on Infant and Young Child Feeding for the period 2012 – 2015
13	Decision No. 4620/QĐ-BYT on 29/11/2011 of the MOH on approval of the training manual on National Guidelines on RHC Services
14	Decision No. 2565/QĐ-BYT on 17/7/2009 of the MOH on approval of the "Action Plan on Child Survival for period 2009 – 2015

No	Key policy documents (2011-2015)
15	Decision No. 1142/QĐ-BYT on 18/4/2011 on approval of the technical document "Guide to organisation of Neonatal Unit and Neonatal Space at health care levels"
16	Decision No. 907/QĐ-BYT on 21/3/2012 of the MOH on approval of the Action Plan on reduction of maternal and neonatal mortality for achieving MDGs 4&5
17	Decision No. 2718/QĐ-BYT on 02/8/2012 of the MOH on approval of the "National Action Plan on RHC, focusing on safe motherhood and neonatal care for period 2011-2015"
18	The Vietnamese Youth Development Strategy for 2011-2020 ¹⁰⁶ designated the Ministry of Home Affairs (MOHA)
19	Decision No. 1340 / QĐ-TTg dated 08/7/2016 approving the School Nutrition Program to improve the stature of preschool and primary children by 2020
20	Decision No. 4128 / QĐ-TTg dated 29/7/2016 on national guidelines on reproductive health services
21	Decision No. 4177 / QĐ-TTg dated 3 August 2016 approving the action plan on maternal and newborn and child health care for the period 2016-2020
Circulars and directives	
22	Joint circular No. 29/2011 / TTLT-BGDDT-BTC dated 15/7/2011 guiding the implementation of lunch support for 5-year-old children in preschool institutions according to Decision No. 239 / QĐ-TTg dated 09/02/2010 of the Prime Minister approving the project of universal preschool education for 5 year old children in period 2010-2015
23	Joint Circular No. 20/2013/TTLT-BYT-BCT-BNNPTNT regulates conditions and procedures to assign responsibility for food testing for state regulatory procedures
24	Joint Circular No 34/2014/TTLT-BYT-BCT-BNNPTNT provides guidance on labeling food, food additives, and substances used in processing packaged foods
25	Circular no. 07/2013/TT-BYT, dated 8/3/2013 of the MOH, regulating norms, functions and responsibilities of village health workers (VHWs) and recognising village birth attendants as VHWs
26	Circular No. 38/2016 / TT-BYT dated 30/10/2016 regulating some measures to promote breastfeeding in medical facilities
27	Directive no. 01/CT-BYT, dated 9/1/2015 of the MOH, on reinforcing maternal and infant health care, in order to reduce MMR and IMR
28	Directive 1572/CT-BGDĐT dated 12/5/2016 enhancing actions to protect children from injuries and drowning.
Plans and documents	
29	National Plan of Action for children affected by HIV/AIDS, 2011-2015 and vision to 2020
30	National Plan of Action for children survival 2009-2015 (MOH)
31	Plan 20/KH-BGDĐT dated 12/01/2016 by Minister of MOET on safe transportation 2016
32	Plan 19/KH-BGDĐT dated 12/01/2016 by Minister of MOET on movement of encouraging safe transportation, 2016-2020
33	Official letter 664/BGDĐT dated 9/2/2010 by MOET on prevention of drowning and pilot of swimming training in primary schools, 2010 – 2015
34	Official letter 3341/BGDĐT-CTHSSV dated 21/5/2015 by Minister of MOET on enhancing protection of children from drowning
35	Official letter 1761/BGDĐT-CTHSSV dated 21/4/2016 by Minister of MOET on communications about protecting children from drowning

¹⁰⁶ The new Strategy that follows the first Vietnamese Youth development strategy (2003-2010), was developed with TA support from UN agencies (UNV, UNICEF, WHO, ILO, IOM, convened by UNFPA), and approved by the Prime Minister in 12/2011.

'National Strategy on Population and Reproductive Health 2011-2020' addressed the linkage between SRH and HIV. MOH Viet Nam is planning to fully integrate PMTCT into MCH system by 2015. Moreover, a national action plan on maternal and neonatal health for the period 2011-2015 has assertively addressed the integration of maternal health care and PMTCT services at service delivery points and at different referral levels. Provision of HIV, HBV and syphilis testing to pregnant women was recommended as a part of the ANC package in the national guidelines for reproductive health services (Decision No. 4620/QD-BYT of November 25, 2009). However, it has not been implemented nation-wide due to non-availability of necessary resources (GoV, 2014b).

PMTCT services have been integrated within the reproductive health system. Pregnant women will be tested for HIV and counseled during antenatal care visits at commune health stations. The integration of HIV testing and counseling with ANC services at commune health stations is expected to expand the coverage of services, link HIV positive women to HIV care and treatment, and minimise the time gap between the various elements of the PMTCT cascade.

Viet Nam's New Labour Code, which came into effect on May 1, 2013 has extended maternity leave from four to six months to facilitate exclusive breastfeeding in the first six months. In addition, the new government decree 100/2014/ND-CP on limitation of marketing of breastmilk substitutes for young children was approved on December 6, 2014.

The Government of Viet Nam introduced fortification of foods with micronutrients through the Ordinance No 09/2016/ND-CP in January 2016 towards alleviating micronutrient deficiencies and improving the health and nutrition status of target populations. However, the development and process of food fortification requires a variety of activities, from scientific research to new business development for the program to be sustainable.

School health entered a new stage when the Government included a school health sub-project in the NTP in 2011 and again in the period 2012–2015. Many policies have strengthened the roles and responsibilities and inter-sectoral collaboration between the health sector and the education and training sector. In 2012, MOH and MoET signed the Coordination Program and Plan for the protection, education and care of the health of children and students in public educational establishments in the period 2012–2020.

Box 4.2. Nutrition legal and policy framework

Although reduction of malnutrition among children is a socio economic development target at the central and local levels, the issue has not received timely and adequate attention. Insufficient recognition of the importance of child and maternal nutrition, resulting in leadership deficits and weak coordination in implementation, has been observed in a number of provinces. The National Strategy on Nutrition 2011-2020 with a Vision to 2030 was endorsed in 2011 and was followed by the National Action Plan on Nutrition to 2015 and the Action Plan on Infant and Young Child Feeding 2012 – 2015 by the MoH in June, 2013.

GoV notified several important policies for malnutrition prevention and control in recent years. They include:

- Regulation of the trading and use of nutritional products for young children, feeding bottles and pacifiers (Decree number 100/2014/ND-CP).
- Fortification of foods with four micronutrients as in accordance with national technical standards and regulations on food safety a means of improving people's vitamin and mineral intake (Decree 09/2016/ND-CP). Salt will be fortified with iodine, wheat flour with iron and zinc, Vitamin A with edible vegetable oils containing soybean, coconut, canola or peanut oils.

GoV initiated an integrated nutrition and food security programme to end malnutrition and stunting for children and vulnerable groups in the country in October 2015 towards meeting its SDG commitment to end to hunger and poverty by 2030. A proposal by MOH to initiate a program on providing milk to children in schools is also in the pipeline.

The project on reproductive health care and child nutrition improvement under the National Target Program for Health 2011-2015 is the main vehicle to achieve the intended objectives. The budget has been allocated to the project according to the implementation schedule:

- 2011: 180 billion VND of which: central budget: 44,274 billion VND and local budget: 135,726 billion VND;
- 2012: 186 billion of which: central budget: 37,649 billion and local budget: 148,351 billion;
- 2013: 182.6 billion of which: central budget: 46.514 billion and local budget: 136.086 billion;
- 2014: 68.5 billion of which: central budget: 23.35 billion and local budget: 45.145 billion;
- 2015: 80 billion of which: central budget: 24.1 billion and local budget: 55.9 billion .

However, the budget allocated was still lower than the actual needs of the project. With the decline in the international financial support for malnutrition prevention and control, the NTP is now focusing on education and communication, guiding nutrition practice and strengthening the capacity of the networking staff, but is unable to extend the effective interventions for improving the micronutrient deficiency among mothers and young children as well as the breastfeeding interventions.

Health Insurance: Viet Nam has been moving away from a tax-based health financing system, gradually introducing social health insurance (SHI) since 1992 to achieve universal health insurance coverage (Tran Van Tien; Hoang Thi Phuong et al., 2011) with a target of at least 90 per cent coverage by 2020. The percentage of the population covered by health insurance increased from 58 per cent in 2010 to 75.3 per cent in 2015 (MOH, 2015b), demonstrating remarkable progress in expanding health insurance (Figure 4.14). The average increase was 4.3 per cent per year (MOH and Health Partnership

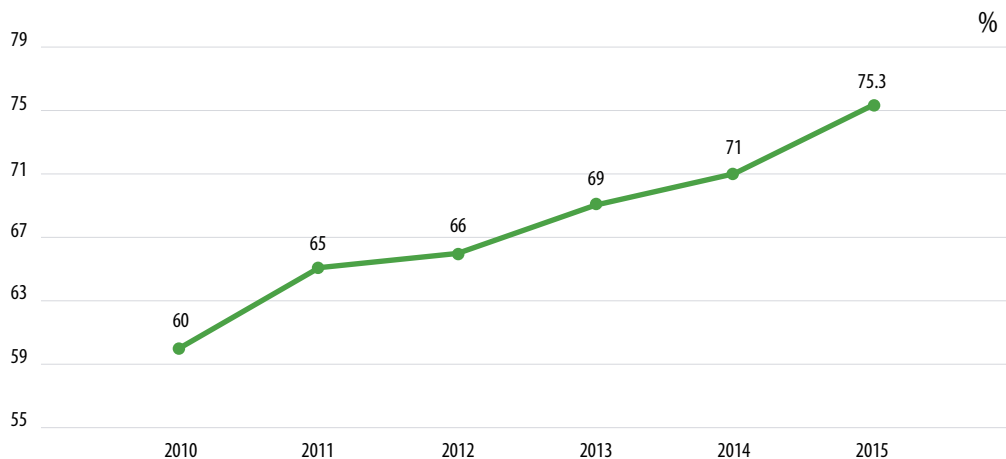
107 Ministry of Finance, Official Dispatch No. 15629 / BTC-HCSN providing comments on "A Situation Analysis of Children in Viet Nam" Report, 22 November 2017.

Group, 2016).

The State contributes to health insurance premiums for children according to the law on medical insurance based on age groups and the socio-economic development conditions (the Law on Child Protection, Care and Education (2004) as well as the new Law on Children (2016)). According to the Law on Health Insurance, from 1/10/2009 children under age six are issued free health insurance cards (without co-payment requirements) when utilising health care services at public facilities.

Analysis of health insurance coverage by target groups shows that the groups which reached almost 100 per cent coverage were government staff, pensioners, the poor and ethnic minorities, as well as children under 6. Students and pupils also had a very high participation rate of up to 94 per cent in 2014. The two groups that had a stable and predictable increase of coverage were students and the poor. The state budget partly supported the health insurance payments of these two groups. However, there are constraints with the funding deducted from the Health Insurance Fund for primary care of students. Many schools are not able to deduct these funds due to lack of human resources and school health facilities.

Figure 4.14. The percentage of population covered by health insurance 2010-2014

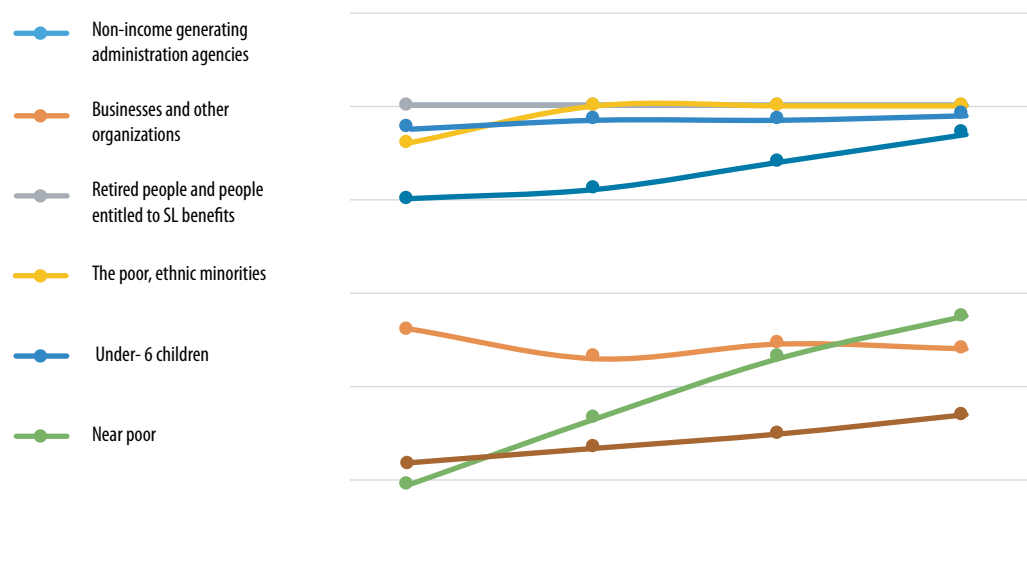


Source: VSS, 5/2015; MOH Annual review report for 2015

Close coordination between MOH, Viet Nam Social Security and other ministries/sectors, and other stakeholders has helped to establish a strong policy and legal framework for health insurance¹⁰⁸. The State subsidy component in health insurance has helped to increase the level of support for the near poor from 50 per cent to 70 per cent (MOH and Health Partnership Group, 2016) (Figure 4.15). This also contributes to gradually improvements in access to health services for mothers and children in the near poor families.

¹⁰⁸ Major legal documents on health insurance during the period 2011-2015 include: Decree 92/2011/NDD-CP dated 17/10/2011 to enhance the compliance with regulations on the implementation of health insurance; Decision 538/QĐ-TTg dated March 29, 2013, by the Prime Minister to project to roll out a roadmap towards universal health coverage in the period of 2012 - 2015 and 2020, the amendment of Health Insurance Law 2014 and implementation guideline documents beginning January 2015

Figure 4.15. The percentage of health insurance coverage by target groups 2011-2014



Source: VSS, 5/2015, MOH Annual review report for 2015

As a result of government support for children under age six, families with children aged 4–5 face lower out-of-pocket payments and lower risk of catastrophic expenditures than families with children aged 6–7 years (H Nguyen and W. Wang, 2013).

However, the implementation of issuing health insurance cards for children under age six is still not very effective. About 19.7 per cent (MOH, 2013c) of children under the age of six in 2011, particularly ethnic minority children and children with temporary household registration cards, had not been issued health insurance cards (Ngo Thi Khanh et.al., 2012). In 2012, MOH data indicates that around 2 million children under six years of age lacked health insurance due to weak coordination between the relevant government departments and insurance agencies in the localities. Most of these children resided in remote areas or in households with migrant parents. When admitted to hospital for medical check-ups or treatment, children without insurance cards are required to present their birth certificates. Healthcare costs have to be borne by parents or caregivers in such circumstances (GoV, 2015a).

Birth certificates are required for health insurance cards but home births for children living in ethnic minority communities, mountainous and remote areas often delay birth registration and certification (MOH, 2013c). Some families believe that they can use the birth certificates for payments so are lax in requesting health insurance cards for their children. Difficulties are also experienced in card management, settlement and insurance fund management. Policy communication to beneficiaries remains ineffective.

Only about two-thirds of parents with children under age six have ever heard of free health insurance for children. Only half of parents issued health insurance for their children have been given information about use of the health insurance cards or facilities where they can register for first level care (Ngo Thi Khanh et.al., 2012). The overcrowding of pediatrics patients in central and provincial hospitals, health insurance fraud, long waiting times, prolonged treatment episodes and inequalities in service use persist (Dam Viet Cuong et al, 2006). Children under age six in better-off households have a higher level of health services utilisation than those in poor households (Knowles J.C and Bales S. et al, 2008)

Socialisation in Health: The Communist Party of Viet Nam has a policy of socialisation in health¹⁰⁹, which entails mobilising available and potential resources within society toward health care in order to create conditions for all people to benefit (Bui Gia Thinh, 1997, Le Thanh and Forsberg, 2011, Ta Van Tuan and Duong Thi Viet Anh, 2013). Its key component is social mobilisation of financial resources for health care through user fees in public health care facilities (1989), legalisation of private health care providers (1989), health insurance (1992), and financial autonomy of public hospitals (2002) (Nguyen X. Thanh; Bach X. Tran et al., 2014).

Nearly 20 years of the implementation of socialisation in health has offered several lessons. The reform has facilitated supplementation of government funding for health care by allowing public hospitals to generate revenues through health insurance and payments of hospital user fees by patients. There has also been an increase in the number of private hospitals from 150 in 2013¹¹⁰ to more than 170 in 2015¹¹¹. Many licensed private health care providers are relieving the burden on public hospitals and improving the overall quality of health services by increased investment in modern technologies, especially in diagnostics, competition to offer better services to attract patients, and substantial increase in remuneration for qualified staff. Patients, including women and children, can access health care services with better quality in the big cities as well as the poorer and remote provinces (Nguyen X. Thanh; Bach X. Tran et al., 2014).

Nonetheless, anecdotal evidence and frequent reports in the media highlight malpractices, including “induced demand” by health care providers, which undermines the quality of services, raises the cost of treatment, and discourages the poor from accessing curative services. The abuse of service for profit involves doctors recommending unnecessary consultations and diagnostic tests to the relatively uninformed patients, repeating tests to patients referred by another health care facility, and over-prescribing expensive drugs and services, as well as hospitals retaining patients, especially those covered by health insurance, for unnecessary inpatient care. As a result, health care expenditures for both patients and health insurance agencies has increased. It has been estimated that the length of stay of insured patients in hospital increased by factors of 1.18 to 1.39 (Sepehri A, Simpson W, Sarma S 2006). A comprehensive study is needed to ascertain the magnitude of malpractice and to identify the gaps in current policies that policymakers need to plug (Nguyen X. Thanh; Bach X. Tran et al., 2014).

Decentralisation in health: Health services are administered under a decentralised mechanism. The reform aims to improve synergies in operations and management by the local government at various levels in order to deliver improved health services to target groups in the communities. It is incumbent upon the State to take care of peoples’ health, but the responsibility is shared by the community, family, and the individual. Administration, fiscal and political decentralisation of health has in effect transferred the responsibility for planning, financing and management of health care services from the central government and its agencies to local governments, semi-autonomous public authorities or corporations.

Decentralisation intends to strengthen the administrative capacity of government at the different local levels including communities and nongovernmental organisations. It aims to tap existing and potential local resources including human, technical and financial for the purpose of planning and implementing policies and tasks to realise the long-term goal of improving quality of life and

109 Government of Viet Nam, Resolution No. 05/2005/NQ-CP on enhancing the socialisation of education, health, culture and sports, 2005

110 Ministry of Health, Hospital Management, Medical Publishing House, 2014

111 < www.hiephoibenhvientu.com.vn > and < www.cand.com.vn/y-te/Ca-nuoc-hien-co-hon-170-benh-vien-tu-nhan-386184/ > Accessed on December 20, 2016

promoting equity for women and children. Decentralisation has tended to be carried out vertically, by sector. In Viet Nam, institutional reform is guided by Resolution 10 by the Prime Minister issued in 2002.

Health care is currently guided by two major reform policies, the reorganisation/reform of the health care system, especially the creation of grass roots health services and the socialisation of health protection. Although the health sector faced major challenges during the transition period to a market economy, the primary health care programme has been able to initiate major improvements in terms of decentralised management and strengthening of the grass roots health care network which has shown good results for mothers and children..

Under decentralisation, the health care sector is able to control budget allocations and personnel, allowing it to be more responsive to local needs. There are a multitude of potential benefits of decentralisation of health care, including:

- More rational and unified health services that caters to local needs
- Decreased duplication of services as target populations are more specifically defined
- Increased innovation of service delivery to mothers and children through experimentation and adaptation to local conditions
- Increased accountability, transparency and quality of health services through user oversight and participative decision making
- Reduction of inequity between rural and urban areas
- Greater integration of activities of different public and private agencies
- Improved inter-sectoral coordination.

Decentralisation also carries a range of potentially negative consequences, the most likely being:

- Inequity, particularly between rich and poor districts
- Creation of new responsibilities for inexperienced actors
- Dispersion of scale economies and/or expertise groups;
- Introduction of more levels into the state
- Creation of tension between local autonomy and national standards
- Potential increase in administrative costs

The decentralisation process of the healthcare sector in Viet Nam has not been adequately evaluated. To what extent decentralisation does improve equity, efficiency, accountability and quality of care in general, and in child survival and development in particular, is still an open question. There is no set model, no perfect or permanent solution that we should seek to adopt in implementing

decentralisation in health care in general and health services for mothers and children in particular¹¹². The success of decentralisation frequently depends heavily on training for both national and local officials in decentralised administration. The most important policy lesson is that decentralisation is a learning process rather than a fixed managerial framework. Past experience shows that achieving the benefits of decentralisation depends heavily on policy design i.e. in deciding which functions and programmes to decentralise and which to centralise. If a function is critical to the attainment of central-level goals and its sustainability at the local level cannot be guaranteed, it should not be decentralised (Bui Gia Thinh, 1997, WHO, 2010).

4.1.4. Roles and capacity of duty bearers

The National Assembly has constituted a parliamentary committee on social affairs, which is also responsible for health issues, and organises forums and monitoring missions of members of parliament on child survival and development.

MOH also bears responsibilities to achieve its targets for improving people's health in general and maternal and child health in particular. MOH is responsible for overall planning, coordination and management of mother and child health pursuant to the national policy and strategies.

Other line ministries (such as MPI, MOF, MoLISA, MoET, MOHA, MOPS, MOT, MOD) have important roles in supporting MOH in providing healthcare and protection to women and children as indicated in the National Strategy for People's Health Care, Protection and Promotion in the Period 2011-2020 with a Vision to 2030. At the central level, MOH has carried out a series of programmes or projects that involved a joint effort between and among ministries. Coordination between the education, health, and social welfare sectors at the provincial and district levels and particularly at the commune level is especially important.

NGOs have also contributed to health promotion and service delivery in remote areas (MOH, 2015f). The Vietnamese media has played an active role in disseminating information about child survival and development issues and has received considerable support from various national bodies in this process.

Mass organisations, including the Viet Nam Fatherland Front, the Women's Union and the Youth Union, have implemented several interventions in recent years to improve the health, economic and social wellbeing of their members. They also provided services that the government does not provide (e.g., child care clubs, nutritional awareness classes for parents, housing loans, microcredit for the poor, youth employment support, mediation in cases of domestic violence and other disputes). The four-layered organisational structure of these mass organisations (central, provincial, district and commune levels) enables effective transmission of directives and decisions and identification of needy households based on locally contextualised knowledge. However, it is not certain that mass organisations have the capacity to effectively understand, prioritise and respond to the needs of the poorest and most excluded populations given the broader hierarchical political culture in which they operate (Nicola Jones; Elizabeth Presler-Marshall et al., 2014).

Within the community, right to health duty-bearers also include village/hamlet heads and neighbours, who often provide concrete support for maternal and child health care issues as well as providing support to immediate duty-bearers, especially when there are cultural or economic constraints. Within the household, duty-bearers mainly include family members, parents and caregivers such as

¹¹² Pongpisut Jongudomsuk, Jaruyaporn Srisasalux, *A decade of health-care decentralisation in Thailand: what lessons can be drawn*, *WHO South-East Asia Journal of Public Health* 2012;1(3):347-356

grandparents. They are the first care-providers for children within the household and community and play an important role in primary health care for children. Their knowledge and practices are very important for child survival and development.

4.1.5. Partnership in health

Viet Nam has made remarkable progress in saving the lives and wellbeing of mothers and children over the past few decades. To achieve this result government and related non-government actors have recognised that child survival and development are a collective responsibility and building multi-sectoral collaboration and partnership in these areas is essential. The MOH has taken the lead in mobilizing and broadening participation of a variety of stakeholders, state and non-state, national and international, governmental and non-governmental organizations and communities. Major partners are the United Nations agencies, (particularly WHO, UNICEF, UNFPA), the World Bank, the Asian Development Bank, the European Union, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Japan International Cooperation Agency, SC, A&T and other development partners (MOH-MCH Department, 2015).

The Health Partnership Group (HPG) was established in 2004 to increase the coordination and efficiency of development assistance. Task forces under the HPG are expanding to coordinate and guide subsectors. MOH is also participating in the International Health Partnership (IHP+) that has been piloting a health systems funding platform to help address financing gaps towards achieving the MDGs and SDGs. In 2014, the Viet Nam Health Partnership Document (VHPD) was developed in a spirit of mutual accountability and through a broadly inclusive and collaborative process. The document outlined MOH's leadership and ownership in forging its health development agenda and in laying the key priorities and directions for the health sector. The VHPD builds on the successes and lessons learned from the Statement of Intent (SOI) signed in 2009 and draws upon the framework of international and national policies and guidelines that shape development cooperation in Viet Nam's health sector. The VHPD highlights improved co-ordination within and between MOH and development stakeholders through the HPG and sub-sectoral mechanisms, and between central MOH and decentralised levels. The VHPD also supports the identification of health sector priorities, and the development, implementation and monitoring of health sector policies, strategies and plans up to 2020 (MOH, 2014b).

The government is also coordinating with CSOs for improved implementation of child survival and development practices (MOH 2015d). CSOs have been participating in dialogues and contributing to support for policy advocacy and program interventions in various aspects of child survival and development.

Although it has a good foundation, healthcare partnerships could improve based on lessons learned. Three key lessons learned are that (i) task forces are important in subsector coordination; (ii) capacity building of planning, budgeting and management is needed at all levels (ADB, 2016); (iii) Governments and other stakeholders could benefit from exploring innovative engagement with the business sector, establishing stronger foundations for sustainable public-private partnerships¹¹³.

113 *Maternal and Newborn Health: A Viet Nam Roundtable Discussion and Advocacy Brief Revitalisation of Voluntary Family Planning in Viet Nam 2011-2020*

4.1.6. Key determinants of equity in Child Health and Nutrition

Enabling environment

Socio-cultural environment: Health beliefs and social norms impact the utilisation of health services as well as adherence to treatment regimes. The concept of “balance” is important to many Vietnamese, especially the rural population steeped in tradition. In the past, illnesses were often believed to be caused by a lack of balance in one’s spiritual life. The belief in natural processes and bodily balance and the assumption that western schools of medicine have invasive procedures, long-term side effects and provide symptomatic relief explain the preference for natural remedies and the reluctance to seek timely medical assistance¹¹⁴.

Legislation and policies: Viet Nam is in the process of building a more effective and comprehensive legal framework that can be adapted to the rapidly changing socio-political situation in an increasingly global context. The legislation, policies, and technical regulations that are in place provide an enabling environment to address inequity in health and nutrition as well as scale up universal access to services. The Government is resolute in its aim to achieve health-related MDGs and SDGs as well as to strengthen the primary healthcare system especially to increase access to quality health services for the poor, ethnic minorities and those living in disadvantaged areas¹¹⁵. In addition, the revised Health Insurance Law and the roadmap toward universal healthcare coverage provide free healthcare services for children under 6 and the poor and near poor population¹¹⁶.

However, the system of health sector legislation suffers from inconsistencies and does not yet meet the requirements for good governance (MOH and Health Partnership Group, 2014). There is a relatively large gap between the provisions of laws and policies and their implementation in practice. In addition, long delays in the implementation of laws and policies impede progress. Particularly, local authorities often lack the resources needed to implement policies decided at the central level. For example, in Quang Binh province authorities have issued relevant policy documents to implement direction from the national level on school health and adolescent health, however, as there are no available financial resources the policies have not been implemented. Challenges such as this would benefit from rigorous monitoring and evaluation conducted by the competent government authorities which could identify barriers to implementation in a timely fashion and recommend solutions.

Budget allocation: Financial resources are mainly derived from health insurance, social mobilisation and diversification of funding sources. Viet Nam has developed a health financing system based on social health insurance for achieving universal health coverage. State and local government budgets, international aid, and financial allocation for national programmes and projects are other potential sources of funding. In Viet Nam the government has expended significant effort to mitigate the barriers to and financial burden of out-of-pocket payment (OOP) in seeking and utilisation of healthcare services. The share of the state budget spent on health in 2014 is estimated to be 8.2 per cent, increased from 7.7 per cent in 2010 (MOH and Health Partnership Group, 2016). However, the Incentive policies to attract investment for private health sector development are inadequate to maximise mobilisation of social resources for healthcare (MOH and Health Partnership Group, 2016).

Information is not available to draw a comprehensive picture on budget allocation for child health.

¹¹⁴ *The United Nations Population Fund, Social – Cultural influences on the reproductive health of migrant women: A review of literature in Viet Nam, UNFPA, 2011*

¹¹⁵ *Resolution toward achieving health-related Millennium Development Goals, 2013*

¹¹⁶ *Law on Health Insurance, 2014, and Road map to UHC in 2016 – 2020 period*

Expert's estimation on the national budget allocation for free health insurance cards for children under six, children in poor and near poor households, ethnic minority children living in the most difficult conditions, children who have parents working military suggest expenditure of approximately 10,000 billion VND in 2014.

Financial support for provision of preventive health services is channeled through national healthcare programmes e.g. nutrition and immunisation, while the financial support for utilisation of curative medical services is paid through healthcare insurance e.g. free healthcare insurance for children under 6 years old and fee for services. While national healthcare programme spending is unstable and may be reduced in the coming years, the health insurance spending tends to favour richer provinces, in part due to limited risk-pooling and lack of risk-adjustment in fund allocation. Furthermore, health insurance funds do not adequately pool resources and cross-subsidise across different beneficiary groups. It is also important to note that not all children are given health insurance cards in a timely manner and not all preventive and curative services are covered by health insurance (UNICEF, 2013a, MOH and Health Partnership Group, 2014). Following are examples on the situation of budget allocation in some concrete areas such as neonatal, health programs for mother and children, nutrition under management of MOH.

Neonatal care: Although the Government of Viet Nam has increased funding for neonatal care and also obtained funds from international organisations, the available financial resources are insufficient to meet demand. Absence of a separate budget line for neonatal care hinders the analysis of financial requirements and availability but it is estimated that only 45 per cent of the actual demand was funded in the budget for 2011-2012 and inappropriate cost norms and cumbersome administrative procedures made implementation of interventions difficult. The information on the implementation of neonatal care activities by some NGOs without informing or consulting MOH is difficult to obtain and also contributes to wastage of resources through overlapping activities (MOH, 2013a).

Maternal and child health: Public funding for MCH has increased in recent years. The allocation for under 6 years old health insurance cards (excluding money spent for poor, ethnic children and children living in difficult situations) in the state budget increased from VND 5,400 billion in 2014 to VND 6,107 billion in 2015. Public investment in EPI and programs for reproductive health and nutrition was augmented from VND 462 billion in 2014 to VND 713 billion in 2015¹¹⁷.

The funding for RHC, which covers adolescent, maternal care, safe motherhood, newborn care, child care within the national program, also increased from VND 2 billion (USD 100,000) in 2008 when the NTP was initiated to VND 12 billion (USD 600,000) in 2013¹¹⁸.

HIV/AIDS: External donors have largely funded the programs for addressing HIV/AIDS in Viet Nam. While the decline in foreign aid has affected the funding for HIV treatment and care, the government has also reduced the funds for the NTP on HIV prevention and control in 2014. Maintaining current levels without compromising on the quality of services and health outcomes has become a critical issue due to the resource crunch, which has constrained HIV/AIDS prevention and control and expansion of ARV treatment. Meanwhile, HIV treatment and care service delivery has not been fully integrated within the health system even though the transition to an integrated service delivery model has been explored (GoV, 2015a).

The Prime Minister has approved the project on "Ensuring financial sustainability of the response

117 Ministry of Finance, Official Dispatch No. 15629/BTC-HCSN providing comments on "A Situation Analysis of Children in Viet Nam" Report, 22 November 2017.

118 Ministry of Health, National Health Account 2008 – 2013, 2014

to HIV in 2013-2020", which seeks diversification of financial resources for the HIV response through channels such as health insurance and public-private partnerships. A plan to sustain Viet Nam's access to quality and affordable anti-retroviral medicines beyond 2015 is currently under development (GoV, 2014b).

Nutrition: With the CPV and the government committed to the control of undernutrition, there has been a discernable increase in investment in promoting public health nutrition and addressing child undernutrition by targeting pre-school children. Child undernutrition has been included within the NTPs on social diseases and dangerous endemics since 2000, with an average annual funding of VND 100 billion.

Local governments at all levels have also mobilised international organisations for substantial financial resources to supplement national funding for the reduction of child undernutrition. Multilateral and bilateral organisations (UNICEF, WHO, FAO, ADB, the governments of Netherlands, Japan and Australia) have contributed to the National Nutrition Strategy (NNS) albeit the investment has been short of comprehensive and synchronised implementation nation-wide. Funding from international sources has been reduced and not been coordinated and managed effectively by following the national priorities (NIN, 2012).

Most of the budget has been allocated for the control of underweight among children while stunting and micronutrient deficiencies have not as yet received due attention.

The mobilisation of local resources for NNS implementation has been constrained. Many localities remain passive, depending mostly on funding allocated by the central government.

Management and coordination: Reforms in the health sector continue to be strengthened in terms of streamlined structure and organisation, clarity of functions and duties with simplified administrative procedures (MOH and Health Partnership Group, 2016). The current decentralisation in provision of curative services could promote better service quality and financial autonomy of healthcare facilities, however, hospitals may have incentives to use expensive, and high-tech treatment services which further jeopardise the poor and uninsured population (UNICEF, 2015b).

However, management and coordination of preventive healthcare services are still centralised, in the form of a number of vertical national healthcare programmes, which are normally managed and coordinated at the national level by different agencies under MOH. This makes management and coordination fragmented and creates low incentive for integration. The network of preventive medicine facilities at the provincial and district levels is also fragmented, lacks linkages for management and provision of services. Targeting programmes have had uneven success. The provision of services through a targeted programme can increase coverage in the short term, however, it can also increase create inequity and often loses momentum before reaching the most vulnerable, hard to reach population.

The organisational structure and regulations on functions and tasks of medical service facilities, especially at the grassroots level are inadequate. Planning at the provincial level lacks initiative and is constrained by many local factors. Information and health data are still lacking and not updated in a timely fashion. Data reliability is low thus weakening evidence-informed decision making. Despite much effort, the involvement of stakeholders in the policy-making process and in the development and implementation of healthcare activities is limited (MOH and Health Partnership Group, 2014). For example, there are limited multi-sectoral management/coordination mechanisms in place for

strategies and programmes related to stunting at national and sub-national level (UNICEF, 2015a). To date, there is not yet an equity based monitoring system in place (UNICEF, 2015b).

Supply

The provision of most of the essential and life-saving MCH services has increased at district and commune levels. They include C-section, blood transfusion, preterm and low-birth-weight newborn care and treatment at district level and the prevention and handling of obstetric complications at both district and commune levels (MOH-MCH Department, 2013). However, RH and MCH service provision is still constrained by capacity deficits, including human resources, equipment and essential medicines.

There is a serious shortage of health workers in terms of numbers and competencies, especially at district and commune levels. The shortage of pediatric staffing is serious. The percentage of district general hospitals with Pediatricians Level 1 is only 31.9 per cent; the percentage of district general hospitals with Pediatrics-oriented medical doctors is 42.9 per cent, which is lower in 225 districts with geographic difficulty (29.8 per cent) and in 62 poor districts (16.9 per cent). There is no functioning competency verification and re-certification for general health staffs and for MCH health staffs in particular. Many health staffs, especially in the disadvantaged areas have never received any refresher training during their service lifetime.

There is also no functioning mechanism for effectively, systematically managing logistics equipment and commodities for neonatal care. Shortage of specific antibiotics and broad-spectrum antibiotics is one of the barriers for treatment of severe newborn infections, in general, and for neonatal infections particularly, at national and provincial level. The problem is not only procurement, but also lack of standards on newborn equipment, supplies and medicines at different levels of care, as well as lack of indicators for management of equipment and supplies (MOH-MCH Department, 2013).

Nationally, the proportion of women receiving antenatal care, the proportion being assisted at delivery by a trained health worker, the proportion of mothers and newborns receiving postpartum/postnatal care all exceed the targets set for 2015. However, health and nutrition interventions and referral services for mothers and children in mountainous areas face many difficulties because of complicated geography and difficulties in transport, which may adversely affect their accessibility and health (MOH and Health Partnership Group, 2016).

Access to adequately staffed services, facilities and information related to infant and young child feeding and maternal nutrition and coverage of the intervention on zinc management of diarrhea are limited. Multiple micronutrient supplementations to improve maternal and birth outcomes and integrated management of acute malnutrition have been implemented only in small scale pilots and trials. Essential commodities for complementary feeding and maternal nutrition programmes are only available in specific project areas (UNICEF, 2015a).

Growing awareness and contraception use holds promise for family planning in Viet Nam, which can reduce poverty and hunger and prevent 25 per cent of all maternal deaths and nearly 10 per cent of childhood deaths. The unmet need for family planning among married women is 6.1 per cent but is much higher for women from the poorest quintile, ethnic minorities and unmarried women.¹¹⁹ The high unmet demand for modern contraceptives among unmarried women suggests limited availability of options. More than one fifth (22.7 per cent) of unmarried women and 35 per cent among adolescents and youth report an unmet need for contraception, which contributes to

119 General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

significant numbers of unwanted pregnancies and unsafe abortions every year. The failure of RH and MCH service providers to demonstrate sensitivity in their interactions also tends to push away some groups, especially adolescents, youth and ethnic minorities, from accessing services (MOH and Health Partnership Group, 2016).

Demand

The expansion of health insurance to facilitate utilisation of health services since 2010 contributed to a significant decline from 2010 to 2014 in the proportion of households who spent beyond their means on health care and were impoverished as a result. However, the pace of decline has slowed.

An estimated 982,287 households spent 40 per cent more than their ability to pay on health services by 2012 and as a result 2.5 per cent of households were pushed below the poverty threshold. Nonetheless, high household out-of-pocket share of total health expenditure (48.8 per cent in 2012) and the hospital autonomy policy and socialisation in health have increased out-of-pocket payments of patients. These factors along with provincial disparities in public spending on health (including payment from the health insurance fund) have affected equity in health care in general and mother and child health in particular (MOH and Health Partnership Group, 2016).

Prevalence of poor traditional healthcare practices, especially among ethnic minorities, remote and most economically disadvantaged communities is another determinant of disparities in maternal and child health indicators. Social customs and practices among some ethnic minorities, including resistance to antenatal care and child birth at medical facilities undermine the potential impact of health and nutrition interventions in mountainous areas and the progress towards universal access to reproductive health. In 2014, 10 provinces with 10 per cent or more women delivering at home without skilled birth attendance were located in the northern mountains and the Central Highlands (MOH and Health Partnership Group, 2016). Cultural and social barriers also hamper access to family planning in Viet Nam with widespread misconceptions on reproductive health and the use of condoms and family planning often viewed as the sole responsibility of women.

Quality

The Government has consistently expressed its commitment to improving the quality of services at health facilities. About 55.4 per cent of all hospitals in Viet Nam had established an office or unit for quality management by May 2015 (MOH and Health Partnership Group, 2016).

Many interventions with proven effectiveness in improving maternal and child health outcomes have received attention and been implemented uniformly at all levels, including active management of third stage labour, early essential newborn care, training of skilled birth attendants to meet standards, care of underweight and premature newborns using kangaroo mother care, integrated management of child illness etc. (MOH-MCH Department, 2013).¹²⁰

However, there are not yet good quality improvement mechanisms to monitor the quality of MNCH services provided by both the public and private healthcare systems. Insufficient communication and professional skills also represents a barrier to RH and MCH outreach activities. With regard to antenatal care, the quality of antenatal care remains relatively poor, especially in the remote and mountainous and disadvantaged areas, despite recent improvements in target coverage. Only 42.5 per cent of women receive blood pressure, urine and blood tests.

¹²⁰ General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

The quality of practitioners remains limited and there is no effective system in place

to motivate practitioners to improve professional competencies for continuous professional

development. The medical service quality feedback information system is being developed but needs to be completed. Quality of data is limited because of weak reporting systems to provide updated information, no systematic archives of data etc. Maternal, child and neonatal data from the private sector is not reported. Missing data often occurs in mountainous areas and ethnic minority areas. Misclassification of data, for instance data on neonatal health including neonatal deaths and stillbirths is not included in the Health Statistics Yearbook of the MOH. There is also no quality assurance system for data reported (MOH and Health Partnership Group, 2016).

4.1.7. Priorities and recommendations

Between 2011 and 2015, several MCH and public health nutrition interventions were implemented with the guidance and support of the Government and local authorities, participation of the communities and assistance from development partners. In view of the prospect of reduced financial assistance from international donors, Viet Nam needs to be more strategic by utilising available resources and mobilising additional support for increased focus on the most critical issues through systems based approaches (MOH;PMNCH et al., 2014, MOH, 2015f).

Priority issues

- **Maternal and newborn health:** In view of persistently high MMR and IMR in some regions and higher vulnerability of some disadvantaged groups, the efforts to improve the quality and coverage of sexual and reproductive health services and neonatal care need to be accelerated with particular focus on vulnerable groups, especially ethnic minorities living in extremely disadvantaged areas, migrants, adolescents, children and mothers living with HIV.
- **Reduction of stunting:** In view of the continued prevalence of stunting and micronutrient deficiencies among children in Viet Nam, a range of complementary approaches, including interventions focused on mothers from disadvantaged communities and low education levels to reach children in remote areas, and comprehensive capacity development for public health nutrition at different levels are required.
- **Inequity reduction:** In view of the difficulties faced by disadvantaged groups (e.g. ethnic minorities, and residents of rural and mountainous areas) in accessing health care, nutrition, water and sanitation and attempts to accelerate progress to meet the last mile challenges in MCH and public health nutrition, policies, programmes, strategies and approaches need to focus on reducing inequities.
- **Human resource development and mobilisation:** In view of the shortage of skilled human and technical resources being a major barrier for the sustainable development of quality-oriented systems for MCH and public health nutrition in Viet Nam, urgent measures to ensure equitable deployment of available resources and capacity development for meeting the growing demands of a modern industrialised society are required.

Recommendations

- Finalise RCH policies with focus on deploying village birth attendants as well as obstetricians and pediatricians in disadvantaged areas.
- Sustain and strengthen implementation of interventions that have proved effective in reducing MMR and IMR and in addressing maternal and child malnutrition. Carry out life-cycle approaches to health care, coordinate health care between the community and health facilities, and between prevention and treatment.
- Strengthen referral mechanisms, capacities and supervision and monitoring for preventing, detecting and dealing with obstetric and newborn emergencies and inter-departmental coordination (especially obstetrics, pediatrics and ICU) at all public and private health facilities.
- Strengthen child survival and development component in the sectoral information systems to improve the quality of policy making and service provision.
- Adequate financing for improving the quality and coverage of maternal, neonatal (first month of life) services, and child care interventions.
- Improved dissemination of knowledge and practices pertaining to MCH and nutrition, with focus on effective practices before and after pregnancy.

4.2. Water, Sanitation and Hygiene

4.2.1. Sustainable water supply – Situation and Trends

Viet Nam has made considerable progress in making clean water and sanitation available to its people. With nine in ten households now having access to improved sources of drinking water, ensuring equitable access to and quality of water are the last mile challenges. Overall 92 per cent people used improved sources of drinking water by 2014, with 98.2 per cent in urban areas and 84.5 per cent in rural areas. The regions that fare poorly in terms of population using improved sources of drinking water and contribute to almost a quarter of children without access to clean water include the Central Highlands (83.3 per cent), the north central and central coastal areas (86.4 per cent), the Mekong river delta (88.9 per cent), and the Northern Mountains (89.9 per cent) (GSO and UNICEF, 2015;) (Young Life – Viet Nam, 2014).

Seeking improved living conditions in rural areas, the NTP for Rural Water Supply and Environment Sanitation (RWSS) for 2012-2015 was able to reduce the gap between the rural and urban areas. The M&E data on RWSS up to the end of 2014 shows significant improvement in water supply and environmental sanitation. About 84.5 per cent of the rural population had access to improved water supply by 2014 and 86.2 per cent by the end of 2015, of which, 45 per cent could access water that met the established quality standard against the MOH target of 45 per cent, 65 per cent of rural households having hygienic latrines¹²¹ (MARD, 2016) (Table 4.7).

¹²¹ Report No. 305 / BC-BNN-TCTL dated 15/4/2016 of the MARD on the results of implementation of the National target program on rural clean water and environmental sanitation in 2015

Table 4.7. Achievements of RWSS Program (2010-2014)

Indicators	2010	2014
Rate of rural people using hygienic water	76.6%	84.5%
Rate of rural people using clean water	37%	42%
Rate of rural households having hygienic latrines	50.5%	65%
Rate of schools having safe water supply and sanitation facilities	NA	91.4%
Rate of commune clinics having safe water supply and sanitation facilities	NA	92.8%
Number of rural water supply works	NA	16,220

Source: MARD, 2015

Investments have been made in recent years to develop piped water supply systems across regions, but currently, piped water serves only 26.3 per cent of the total population and just about 11.6 per cent in the Central Highlands. The Mekong river delta at 14.1 per cent and Northern mountains at 17.5 per cent are other regions with low piped water coverage (GSO and UNICEF, 2015). Viet Nam was ranked 77th out of 178 countries in 2014 on the indicator of access to safe water but 140th on the indicator of water source (Yale University, Columbia University and World Economic Forum 2014).

Contamination of water is a serious issue for public health in Viet Nam with arsenic contamination of ground water emerging as a serious concern. A study of arsenic contamination in ground water and its effects on public health in eight provinces of the Red River Delta between 2008 and 2010 found that 77.6 per cent of the tube wells had arsenic readings surpassing 50µg/L, and a half of them had more than 100 µg/L of arsenic concentration. The standard value of 10 µg arsenic per litre is recommended by WHO. Arsenic contamination in ground water was severe in Ha Nam (74.5 per cent), Nam Dinh (63.2 per cent), Vinh Phuc (47.3 per cent), Ha Tay (46.7 per cent). Despite using sand filtration, the arsenic in drinking water remained high and only 36.5 per cent of the filtrated water samples were fit for use according to the Vietnamese standard (10 µg/L). The prevalence of disease related to arsenic affects such as neuropathy (64.7 per cent), abnormal sensation (19 per cent), cardio-vascular disease (32.8 per cent), skin hyperkeratosis (3.6 per cent), pigmentation changes (4.6 per cent), and cancer (4.1 per cent). The average arsenic concentration in the urine and hair samples of exposed persons was statistically higher than those of people in control group. There were 60 cases (1.6 per cent) of suspected arsenicosis among 3,700 persons that had been medically examined (Dang Minh Ngoc et al, 2011).

A recent study assessed health risks related to arsenic in contaminated drinking water in Ha Nam, applying the Australian Environmental Health Risk Assessment Framework, which promotes stakeholder involvement in risk assessments. The results showed that arsenic concentrations in tube-well water ranged from 8–579 ppb (mean 301 ppb) before filtration and current sand filters used by the households did not meet the standard for arsenic removal. The average skin cancer risk in adults due to consuming filtered tube-well water for drinking were 25.3×10^{-5} (using only well water) and 7.6×10^{-5} (using both well and rain water). The skin cancer risk would be 11.5 times higher if the

122 According to National Technical Regulation on water quality QCVN 02: 2009 / BYT

123 According to the National Technical Regulation on drinking water quality QCVN 01: 2009 / BYT

water was not filtered. Improvement of filtration measures or the replacement of the current drinking water sources to minimise the health risks to the local population is urgently needed (Tung et al, 2014).

Industrialisation and urbanisation processes are contributing significantly to pollution of water resources and jeopardising the supply of safe water for people. The International Conference on “Water Pollution Control in Viet Nam: Practices and policies” organised in Ha Noi in April 2014 had warned that “Water pollution in Viet Nam is out of control”. Experts in the conference stated that despite abundant water resources, the level of water pollution in Viet Nam was increasingly serious due to ineffective control of pollution sources.

This situation is causing obvious impacts to the health of children and women, increasing the risk of cancer, miscarriages and birth defects, leading to reduction of human breeding. According to the assessment of MOH and Ministry of Natural Resources - Environment, on average there are about 9,000 deaths due to contaminated water and poor sanitary conditions in Viet Nam every year. Every year there are about 200 thousand new cases of cancer of which one of the main causes is the use of polluted water (Vietnamnet, 2014).

4.2.2. Sanitation and Hygiene – Situation and Trends

About 82.9 per cent of Viet Nam’s population uses improved sanitation - 93.7 per cent in urban areas and 77.7 per cent in the rural areas (GSO and UNICEF, 2015). Ensuring access and utilisation of improved sanitation facilities in the Northern Mountains and the Central Highlands and especially among ethnic minorities is Viet Nam’s last mile challenge in universal coverage of WASH.

Of particular concern are about 5.8 per cent of households that practice open defecation; they are mostly located in the Central Highlands (21.9 per cent) and the Northern Mountains (12.9 per cent). The variation across ethnicity is high with 26.8 per cent ethnic minority defecating in open as against only 2.4 per cent Kinh/Hoa households.

Unimproved sanitation, like open pit-latrines and latrines without slab, continues to be used by sizeable number of households in the Northern Mountains (10.7 per cent) and the Central Highlands (9.4 per cent). About 16.5 per cent ethnic minority households use open pit-latrines and latrines without slab compared with only 1.5 per cent Kinh/Hoa. Moreover, 36.5 per cent of households in the Mekong river delta use hanging latrines that release excreta directly to the water bodies (GSO and UNICEF, 2015). In 2014, Viet Nam ranked 106 out of 178 countries in terms of access to sanitary latrines (Yale University, Columbia University and World Economic Forum 2014).

Efforts are underway in Viet Nam to improve latrine use and increase coverage of sanitation in schools in rural and remote areas. Over 91 per cent of schools and 92 per cent of health clinics have been equipped with water supply and sanitation facilities although there are disparities in coverage across provinces. The functionality of these services is a matter of concern in underdeveloped provinces due to poor emphasis on operation and maintenance especially in northern mountains and central highlands.¹²⁴

The impact of the school WASH programme on schoolchildren, their families and community has not been sufficiently researched and documented. There are indications that children often urinate and defecate in the open even though their schools have latrines.¹²⁵ Inadequate numbers and

¹²⁴ Viet Nam Rural Water Supply and Sanitation – NTP, Joint Annual Review 2015, 2015

¹²⁵ As above

limited accessibility to latrines, water shortage and poor maintenance by school management were identified as major barriers to the regular use of latrines. Efforts to encourage children to use latrines properly were neglected while the facilities were installed. Children found their school latrines uninviting and wished for basic, functional, clean, and colourful school latrines that also offered privacy. The current school based sanitation promotion is insufficient to change sanitation behaviour of school children irrespective of their ethnicity (Xuan et al, 2012).

The use of unimproved latrines in rural villages in mountainous regions of Viet Nam contributes to 5-year-old children being 3.7 cm shorter than healthy children living in villages where everybody practices improved sanitation. This difference in height is irreversible and matters a great deal for a child's cognitive development and future productive potential. A child remains at risk of stunting if community members use unimproved sanitation facilities, even when the child's family uses improved latrines themselves. Universal usage of improved sanitation is needed to adequately address stunting (WB, 2014a).

Personal hygiene: The issue of personal hygiene is critical for enhancing developmental outcomes for children, but low socio-economic status and education levels have contributed to sub-optimal practice of handwashing with soap in Viet Nam. A World Bank study observed low levels of actual hand-washing with soap behaviour at "key-moments" (e.g. after defecation, after cleaning the bottom of a child, before feeding a child or before eating) at 13 per cent and even lower rates among the poor households and ethnic minorities (WSP, 2014).

MICS found that overall 86.3 per cent of households in Viet Nam have a specific place for hand-washing with water and cleansing agent or soap, the proportion of such households is much lower in the Northern Mountains (75.5 per cent), the Mekong River Delta (80.9 per cent) and the Central Highlands (81.4 per cent). About 97.7 per cent of households in the highest income bracket and 95.6 per cent households with family heads with tertiary level education had a specific place for hand-washing with water and soap compared with only 65.6 per cent amongst the poorest and 64.8 per cent among households with family heads with less than primary education.¹²⁶

According to MICS 204, 57.7 per cent of mother and care-givers in Viet Nam dispose of children's excreta by dropping and rinsing into a latrine or by training their children to use a latrine. This practice of safe disposal of under-two children's excreta was found to be lowest in the Northern Mountains (36.3 per cent), the Central Highlands (45.9 per cent) and the Mekong Delta (49.3 per cent). Only 27.5 per cent ethnic minority households disposed children's faeces safely as against 63.9 per cent Kinh/Hoa¹²⁷.

Environmental pollution is widely recognised as an important determinant of children's health even though there has not been adequate study or assessment on the natural environment pollution in Viet Nam. The report on Environmental Performance Index (EPI) in 2012 listed Viet Nam among the 10 most air polluted countries in the world (ranking 123 out of 132 assessed countries) and ranked 136 among 178 countries in 2014. For air pollution alone, Viet Nam was ranked 170 as indoor air quality showed a decrease from 97 points in 1990 to 56 points in 2010 (Yale University, Columbia University and World Economic Forum 2014).

4.2.3. National Response to Water, Sanitation and Hygiene

Legal and policy framework: The Government of Viet Nam has committed to the Sanitation and

¹²⁶ General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015*

¹²⁷ As above

Water for All (SWA) partnership for the elimination of open defecation by 2025 and safe drinking water for all by 2030. As such, improvement of the mechanism and policy framework for implementing water, sanitation and hygiene strategies is a major priority for government agencies. There have been a number of policies developed in the recent past (see Box 4.3). The Prime Minister's Resolution 05/2014/NQ-CP and the National Environmental Protection Act favour sanitation as a human right and as a precondition for improved health outcomes. Overall national policy principles promote equitybased programming, although there are challenges around vagueness.

Box 4.3. Legal framework and policies relating Sanitation and Water

- Inter-Ministerial Circular No. 75/2012/TTLT-BTC-BXD-BNNPTNT of May 15, 2012 among three Ministries: MoF, Ministry of Construction (MoC), MARD provided guidance on the principles, methods and authorities to determine water tariff for clean water consumption in urban and rural areas and industrial zones.
- Circular No. 88/2012/TT-BTC of the MoF on May 28, 2012, promulgating the framework for domestic water tariff.
- Circular No. 08/2012/TT-BXD of the MoC on November 21, 2012, providing guidance on safe water supply.
- Circular No. 54/2013/TT-BTC of the MoF on May 4, 2013, stipulating the management, utilisation and exploitation of rural piped water supply schemes/systems.
- Inter-Ministerial Circular No. 27/2013/TTLT-BNNPTNT-BYT-BGDĐT of May 31, 2013, establishing the roles, responsibilities, tasks, cooperation and collaboration among MARD, MoH and MoET.
- Inter-Ministerial Circular No. 37/2014/TTLT-BNNPTNT-BTC-BKHĐT of October 31, 2014, providing guidance for implementing Decision No. 131/2009/QĐ-TTg of the Prime Minister of November 2, 2009, regarding the prioritisation, promotion and management of rural piped water supply schemes.

Roles and capacity of key duty-bearers: A critical challenge for the WASH sector is the development of capacity of subnational governments to fulfil their devolved role in the planning, development and management of services; and for effective instruments to be in place and mechanisms to hold subnational governments accountable for doing so. Coordination is weak in most of provinces due to inadequate intent and low capacity of provincial governments¹²⁸.

MARD is the main responsible ministry for the Rural Water Supply and Sanitation Program. The main department for the delivery of the programme is the General Department of Irrigation and the coordinating agency is the National Center for Rural Water Supply and Sanitation. This centre coordinates and provides technical support to centres for water supply, sanitation and environment across all 63 provinces. The Standing Office within the Directorate in MARD is responsible for the overall coordination of the NTP3 for Rural Water Supply and Sanitation. Technical support is provided by the National Centre for Rural Water Supply and Environmental Sanitation (NCERWASS), including the provision of water quality monitoring, data collection and monitoring.

The MoH is in-charge of sanitation and hygiene and has vested the responsibility to the Viet Nam Health and Environment Management Agency (VIHEMA), which is providing and coordinating technical

¹²⁸ Viet Nam Rural Water Supply and Sanitation – NTP, Joint Annual Review 2015, 2015

assistance on sanitation and hygiene to all 63 provincial centres for preventive medicines (PCPM).

Although the operational management of sanitation and hygiene component is with MoH, the overall management of rural water supply and sanitation remains with MARD. The arrangements are similar across the provinces at corresponding departments' level. The arrangement has resulted in inadequate ownership of the sanitation and hygiene sub-sector with both the ministries shifting the onus on to the other.

In short, there are number of institutions and companies involve in WASS in Viet Nam. Name and summary of major WASS institution are described in Table 4.8.

Table 4.8. Major WASS institutions and their essential responsibilities in Viet Nam

Prime Minister	Approval of WSS sector strategy and orientations
Ministry of Planning and Investment	Allocates state budget. All major investment projects must have the approval of the Ministry of Planning and Investment
Ministry of Finance	Distributes state funds to sectors and projects, sets annual sector goals and regulates accounting
Ministry of Health	Controls drinking water and sanitation quality
Ministry of Natural Resources and Environment	Manages water resources, water use, pollution and hydrology
Ministry of Science and Technology	Manages standardisation and technology in water and sanitation
Ministry of Education and Training	Manages the integration of health, water and environmental issues into standard curricula and lessons plans
Ministry of Construction	Line ministry of urban water supply, sanitation and drainage
Ministry of Agriculture Rural Development	Line ministry of rural water supply
People's Council (Local City Government)	Three-tier system: city, urban/suburban districts and wards/communes. At each level, the directly elected People's Council then elects the People's Committee to oversee departments that mirror all key ministries
Departments of People's Committee	Department of Construction or Department of Transportation and Public Works supervises the operations of the water supply companies.
National Institute of Occupational Health and Environmental Sanitation and Ho Chi Minh Institute of Hygiene and Public Health	Have the reputation on their works on water quality
Northern Regional College of Agriculture and Rural Development, Central Highlands Institute of Hygiene and Epidemiology, and Nha Trang Paster Institute	Have the reputation to work in the areas of sanitation and hygiene behavioural promotion
Ha Noi University of Civil Engineering	Provide technical assistance to develop appropriate technology on water supply and sanitation
Water supply companies	64 state-owned water supply companies in 61 provinces and cities

Source: UNICEF, 2016

Assignment of WASS service delivery functions (UNICEF, 2016)

Central government is responsible for the regulation of WASH failures: The central government is responsible for defining WASH standards (i.e., policy/laws/regulations/rules) and the evaluation/enforcement of WASH performance against those standards. The central government is also responsible for economic growth associated with WASH and the targeting of areas of water and sanitation poverty.

Provincial governments are responsible for licensing of WASH compliance: Provincial governments are responsible for establishing the means (i.e., define the plans and budget allocations) to create WASH capital (financial, physical, social and human), and operate and maintain WASH assets to ensure safe, sufficient, reliable, affordable, equitable, sustainable access to WASH services for all. Provincial governments are permitted to raise financial capital and have significant control over the procurement and management of the resources necessary to ensure WASH services for all.

District governments may plan and invest in WASH services: District governments can plan and finance, own and operate WASH facilities in primary schools and other jurisdictions authorised by the province.

Commune governments may plan and invest in WASH services: Commune governments can plan and finance, own and operate WASH facilities in kindergartens and other jurisdictions authorised by the province.

However, a number of local governments do not have the necessary regulations, management models in place, nor appropriate capacity for the management, operation and maintenance of centralised water supply schemes.

Partnership in water and sanitation: There are many other partners working in the field of water supply and sanitation including the World Bank, UNICEF, the Danish International Development Agency (DANIDA), the Australian Department of Foreign Affairs and Trade (DFAT), and the ADB, which are international organisations having funded rural clean water and environmental sanitation. The Viet Nam Bank for Social Policies supports the provision of credit loans with preferential capital for water supply and environmental sanitation in which the Social Policy Bank targets households, Viet Nam is targeted at corporate borrowers. ChildFund, Church World Service, East Meets West, Plan International, SNV Netherlands and World Vision are example of NGOs being active in WASS in Viet Nam. Mass organisations like Women's Unions and Farmers Unions coordinate community involvement in financing, construction and management of facilities and education campaigns.

There are also technical working groups supporting the sub-sector coordination such as sanitation working group and operation and maintenance (O&M) working group with members drawn from relevant private sector, NGOs, academic institutions, UN agencies and the World Bank. The national rural water supply and sanitation partnership looks after the coordination of all sectorial agencies through various working groups. UNICEF continues to provide a co-lead role to various coordination mechanisms and to influence the agenda and content of the technical working groups.

The role of the private sector in rural WASH is growing with its increased involvement in the management of water services and strengthening of the sanitation supply-chain. However, their engagement is rather sporadic due to perceived risks in investing in the sector and the absence of a regulatory framework. UNICEF has begun supporting the efforts of the National Centre for Rural Water Supply and Sanitation (NCERWASS) to engage private enterprises to promote household water treatment and storage. Corporate bodies such as KAO and UNILEVER provide financial assistance for

the demonstration of approaches/strategies that have the potential to scale up with equity (UNICEF, 2015c).

4.2.4. Key determinants of equity in Water, Sanitation and Hygiene

Enabling environment

Socio-cultural norms that determine perceptions of proper behaviour and influence sanitation and hygiene practices need to be addressed in the design of sanitation programs.¹²⁹ Many communities attribute common illnesses to climate or other factors without considering the crucial role of hygiene and sanitation, which underscores the need for culturally sensitive and community specific WASH programming in Viet Nam.¹³⁰

Government policies have articulated the development and maintenance of water supply services through local institutional capacity development, engagement of the private sector, and cost recovery to support operations and management. However, a lack of specific guidelines and inadequate institutional capacities have hampered their implementation. Although there is a broad national commitment to equity-based programming, an analysis of WASH bottlenecks reveals that an equity analysis is undertaken to support Joint Annual Reviews (JAR) of the NTP but resources are lacking to undertake subsequent actions (NCERWASS, 2014).

Constraints in the implementation of legal regulations have impacts on the NTP expectation. For example, the framework of water tariffs¹³¹, which guides the principles, methods for determination and authority on water tariffs for clean water used in rural areas are issued with low water tariff rates which are intended to improve disadvantaged target groups' access to piped water supply. However, in practice, many provinces are unable to allocate funding for the reimbursement of water fees to water providers when water tariff is of full cost recovery. This framework acts as a barrier for water providers and the involvement of the private sector.

Long delays in implementation of policies act as a significant another barrier in the WASS area. For instance, Prime Minister's Decision No.131/2009/QĐ-TTg of November 2, 2009, outlining policies on prioritisation, encouragement of investment, management and exploitation of rural piped water supply schemes was issued at the end of 2009. Five years later the inter-ministerial circular No. 37/2014/TTLT-BNNPTNT-BTC-BKHĐT dated 31/10/2014 provided guidance on how to implement the Decision of 2009. However, the circular was issued when the NTP programme was coming to its end. As a result, many provinces havenot yet started to implement this circular as requested (MARD, 2015).

World Bank service delivery assessments estimate an annual investment requirement of US\$372 million for sanitation and US\$520 million for water supply. However, the average trend of funding to sanitation is only US\$15 million and to water supply is only US\$50 million between 2008 and 2011. The trend has remained unchanged. Most funds for meeting targets come from donors and soft loans taken by the users, not from public financial commitment (WB, 2014c). With the status of Viet Nam as a middle-income country, external financial aid has significantly reduced, adversely affecting

129 Thilde Rheinländer, Helle Samuelsen, Anders Dalsgaard, Flemming Konradsen, *Hygiene and sanitation among ethnic minorities in Northern Viet Nam: Does government promotion match community priorities? Social Science & Medicine* 1-8, 2010

130 Population Service International, *Study to Assess Demand and Supply Chain Barriers among Rural Communities in Three Provinces in Central Viet Nam, SanMark, PSI, 2015*

131 Guided by the circular No. 88/2012/TT-BTC by the Ministry of Finance and the Inter-Ministerial Circular No.75/2012/TTLT-BTC-BXDBNNPTNT of the Ministry of Finance, Ministry of Construction and MARD, dated May 15, 2012

investment in the sector¹³². What funds are available from the government, tend to be invested in water supply rather than in sanitation. Furthermore, the provincial people's committee (PPC) and provincial centre for rural water supply and sanitation (PCERWASS) who have control over allocating resources, also prefer to invest in the water supply subsector. The estimated costing for sustainable and safe water supply to Viet Nam's rural population, gathered by using the Bottleneck Analysis Tool, showed that the government budget was sufficient to implement only about 58 per cent of the set targets (MARD, 2015).

The Government has identified decentralisation and socialisation as the solutions to the budget constraint issue, however before this process can be successful a number of barriers must be removed. In particular, uncertainty around water tariffs and the lack of incentives and framework to mobilise private sector investments in water supply in rural areas. Although the Government has issued a Decree on public private partnerships¹³³ the scope of adjustment and application of target groups for rural water supply was not clearly defined. The result being that local level government was unable to implement the Decree and private sector investment was not attracted. Poorer provinces which depend heavily on state budget subsidies already struggle to mobilise adequate resources to invest in water supply and sanitation. Without adequate guidance from the central government and clear institutional governance the sustainability of a decentralised and socialised approach to this sector will be at risk. (MARD, 2015).

A further challenge exists in the allocation of resources for the operation and maintenance of piped water supply schemes, especially in poorer provinces who do not have enough resources to allocate to operation and maintenance.

Supply

A study by the National Centre for Rural Water Supply and Sanitation (NCERWASS) in 2014 found that only 18 per cent of the households dependent on unprotected water sources used some kind of filtration method. Households, who did not use filtration or were boiling water, aspired for affordable filtration solutions. Few options are however available due to limited markets in rural areas (NCERWASS, 2014).

Access to functional water and sanitation systems in schools, kindergartens and health facilities has improved but a number of these facilities are not functional. Sanitation facilities in schools and health institutions often fall into disrepair due to a lack of budget for operations and maintenance.

Prime Minister's Decision Nos. 62/2004/QĐ-TTg and 18/2014/QĐ-TTg related to the implementation of the national strategy on rural water supply and sanitation, almost doubled the provisions for soft loans from VBSP for building water supply and sanitation facilities, however, many rural poor households are unable to access them (MARD, 2015).

Demand

Most of the communities with no access to clean water from piped water supply schemes are poor, ethnic minority people in scattered and remote areas. They are vulnerable groups with very limited resources. Demand and support for improved water supply is high. Beneficiary communities are broadly positive about the construction of piped water supply, however the programme encounters challenges once the infrastructure is handed over to communities to operate and maintain. The

¹³² Key donors such as DANIDA and DFID have phased out; and financial support from DFAT has reduced in the year 2015.

¹³³ Government Decree No.15/2015/NĐ-CP dated 14/02/2015

current model of rural water supply transfers responsibility for operation and maintenance to the community once the supply is constructed. This scheme relies on tariffs paid for water to support operation and maintenance. However, many communities are unwilling or unable to pay for piped water when they can access water for free from other sources. (MARD, 2015)

According to NCERWASS, 70 per cent of piped water supply schemes in provinces which show weak operation and maintenance performance are operated under the community management method. The effective O&M management models managed by the PCERWASS and private-owned enterprises either do not exist or are very limited (about 1-2 per cent) in these provinces.

In addition, NCERWASS suggests that there is a tendency from line departments/ministries to invest in relatively expensive piped water systems despite limited funds available to invest and the challenges associated with operations and maintenance. Communities are rarely offered the opportunity to select other appropriate technology options over the standard piped water systems (NCERWASS, 2014).

In many areas, there is still limited awareness of the need for and benefits of household latrines. There is low demand for sanitation services because of wide acceptance of open defecation in rural Viet Nam. Other competing household priorities further reduce the demand for sanitation. Awareness is slowly changing, however, there is a widespread legacy expectation that the government should support household investments in latrine construction. This expectation adversely impacts community level initiatives to improve sanitation rates. (VIHEMA, 2014)

A recent sanitation demand supply study, jointly supported by UNICEF and the World Bank, notes the transportation challenges that constrain household sanitation coverage in the provinces of northern mountains and central highlands. The task of business development with low-cost sanitation options remains a challenge, until local entrepreneurs are developed and local workers are trained (UNICEF, 2015c).

There is also a continuing challenge with low investment on 'soft' interventions such as on capacity building, community mobilisation, business development, etc. This adversely impacts progress in the sustainability of water supply, the demand creation for sanitation and development of supply chains. The issue continues to remain a challenge for the sector with low recurring funds available and also low level of willingness within national and provincial management to invest in these 'soft' areas (Patra. LM, et al 2014).

Quality

There are a range of water quality classifications and standards in Viet Nam depending on source and intended use. MOH sets technical standards on the quality of water for drinking¹³⁴, but these do not meet the norms for drinking and food processing (without boiling), and overall the basic standards for water quality are not always met or enforced. The challenge in meeting water quality standards is in part due to low levels of cost recovery in the sub-sector by both public and private actors (Trujillo. NC;Vu. XN et al., 2015).

Standards are in place for the types of wastewater that can be discharged into different bodies of water (rivers, lakes and coastal areas), in particular where these bodies of water have specific designations – for domestic water supply, for sports and recreation or for the protection of aquatic life. As with the case of water supply, enforcement of these standards is limited (Trujillo. NC;Vu. XN et al., 2015).

¹³⁴ Technical Standards QCVN 01/2009/BYT and 02/2009/BYT

In the case of sanitation in rural areas, the government has identified four acceptable technology options as hygienic toilets: composting latrines with sunken or raised vaults; and pour-flush latrines connected to a septic tank or soakage pit(s) Circular 27/2011/TT-BYT). This is important as it sets standards for the provision of rural sanitation services, which are mostly privately financed. However, given limited enforcement, there is a low level of septic tanks maintenance and appropriate discharge, which in most cases results in the overflow being discharged directly into waterways or drains (WB, 2014d). Underlying the quality shortcomings in both rural and urban areas is an absence of any licensing system by local governments to enforce quality of service standards on service providers.

Although Viet Nam has invested in the improvement of water and sanitation systems in the recent past, significant challenges remain for the sector. Low quality of constructed water and sanitation systems, and huge limitations in investment for planning, designing and construction were identified as the main challenges in post-invested schemes. In many schools and clinics, newly built latrines are degrading as a direct result of improper operation and maintenance and inadequate human resources. Many of the currently functioning schemes are inefficient and water quality is unstable due to unclear responsibilities and the operation and maintenance challenges. A 2014 survey found that out of 16,220 piped water supply schemes in 63 provinces /cities, only 33.3 per cent of total schemes are sustainable; 15.4 per cent operate with low efficiency and 10.7 per cent do not function. In certain provinces, the percentage of inefficient and non-functioning schemes may reach 71 per cent. The future constraints and challenges will mainly occur in the provinces with existing poor capacity for operation and maintenance of drinking water supply schemes (MARD, 2015).

4.2.5. Priority areas and recommendations

Priorities

- Prioritisation of rural WASS for improving standards of living of households and controlling stunting and diseases among children.
- Higher investment per capita in budgetary allocations for difficult, remote and ethnic minority areas in view of disparities in coverage of safe water and improved sanitation between and within regions, provinces, districts and communes.
- Effective implementation through detailed guidance on the roles, responsibilities and accountability of central ministries, provincial departments, district and commune administrations and other stakeholders.
- Leadership, capacity development and accountability of the Provincial People Committees (PPC) for effective implementation of WASS programs, including the quality of construction, operations and maintenance, and project financial mechanisms in the areas under their jurisdiction.
- Capacity development of duty-bearers to address barriers and bottlenecks in the delivery and uptake of water supply services, household water treatment and safe storage, hand-washing with soap, and sustained use of improved latrines.
- Improved monitoring to support planning and sustainable management of WASH services.

Creation of an enabling legal environment for rural water supply and sanitation.

- Inclusion of targets pertaining to toilet facilities in households, schools and health facilities in the SEDP.
- Increased synergies between investment policy and management of water supply and sanitation facilities of different programmes and projects in the same localities for improved implementation.
- Strengthening of the coordinating mechanisms between the MOPI and MOF for the alignment of planning and budgeting processes to ensure that operation and maintenance and other recurrent expenditures are considered in project preparation and incorporated within subsequent budgets.
- Strengthening of the systems for licensing of water supply and sanitation services at the provincial level through regimes for licensing of utilities, communities, bottled water vendors and private wells based on established standards for quality of services, and possibly the introduction of local government licensing systems to ensure environmental quality standards for household latrines.
- Review of the policy framework to respond to the development context (e.g., socialisation, participation of the private sector in rural water supply and sanitation), detailed guidance on organisational structure, budget planning and role and responsibility of sector monitoring organisations, and the implementation of Government Decree No.15/NĐ-CP on public private partnerships in rural water supply, alongside administrative reform for greater transparency and accountability.
- Expansion of NTP to promote the access of the poor households and ethnic communities to clean water and improved sanitation through policy, support mechanisms, appropriate modes of financing (e.g., subsidies, soft loans and flexible methods of payment).
- Research and development of low cost technological innovations in construction and water treatment for ensuring water quality meeting national standard (QCVN) which is appropriate to regional conditions and ensuring sustainable principles.
- Particular emphasis on water quality management in remote areas to minimise inequality on the right of clean water use.
- Public information campaigns and targeted behaviour change communication (BCC) to create demand, support mobilisation and improve WASS services.
- Knowledge development for human resource development to ensure water supply sanitation tasks implemented in the new context of limited resources, demand for using clean water and basic environmental sanitation conditions need to be maintained and developed.
- Increased investment of financial, technical and human resources in behavioural change initiatives led by local authorities and communities to ensure sustainable service delivery, integration of community-wide sanitation interventions into nutrition and poverty programmes to support stunting prevention (WB, 2014a), and galvanising international cooperation to attract additional technical resources through incentives for collaboration

on water supply and sanitation towards capacity development of WASS.

- Strengthening partnerships with the private sector in order to provide low-cost sanitation options to rural households, as well as technical expertise and marketing techniques that promote improved hygiene practices (GSO and UNICEF, 2015).





CHAPTER 5. RIGHTS TO EDUCATION AND DEVELOPMENT

Education is a basic right of children which also impacts their other rights in childhood and later in life. Their attainments, including life and livelihood skills, through easy and timely access to and participation in relevant and meaningful teaching and learning processes at different stages of childhood and adolescence, determine their options to realise their developmental and creative potential. This chapter explores the current situation of children's rights to education and development, the role of the Government of Viet Nam and other stakeholders in ensuring good quality of teaching and learning, opportunities for children with special needs, appropriate infrastructure and a conducive environment.

Box 5.1. Key CRC articles on children's right to education and development

Article 2: Non- discrimination

Article 12: Right to participation

Article 23: Rights of children with disabilities

Article 28: Children's right to education

(a) Make primary education compulsory and free to all

(b) Encourage the development of different forms of secondary education

(c) Make higher education accessible to all on the basis of capacity by every appropriate means

(d) Make educational and vocational information and guidance available and accessible to all children

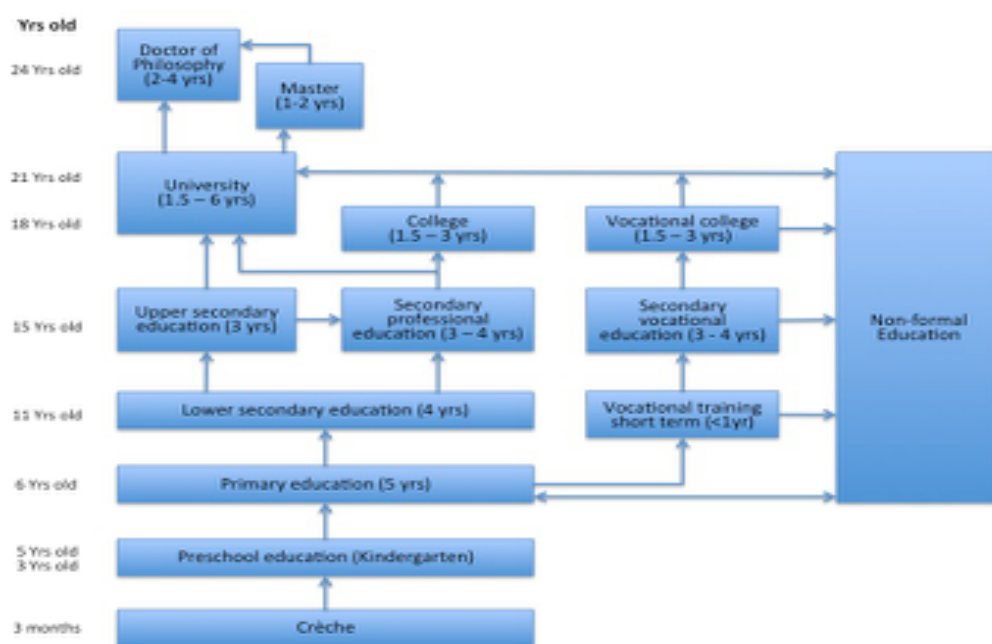
(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

Article 29: Children's right to the development of their fullest potential

Article 31: Children's right to cultural, artistic, recreational and leisure activities

Viet Nam's education system is comprehensive, ranging from nursery to the highest levels in universities and from formal schooling and training to non-formal and continuing education. According to the 2005 Education Law, the national education system comprises of early childhood education (primarily nursery schools and kindergartens), general education (primary, lower secondary and upper secondary school levels), professional education (professional secondary education and vocational training), and higher education (undergraduate and postgraduate levels, and doctoral degrees) in colleges, universities and other institutions of higher learning.

Figure 5.1. Structure of the National Education System



5.1. Status and Trends of key issues

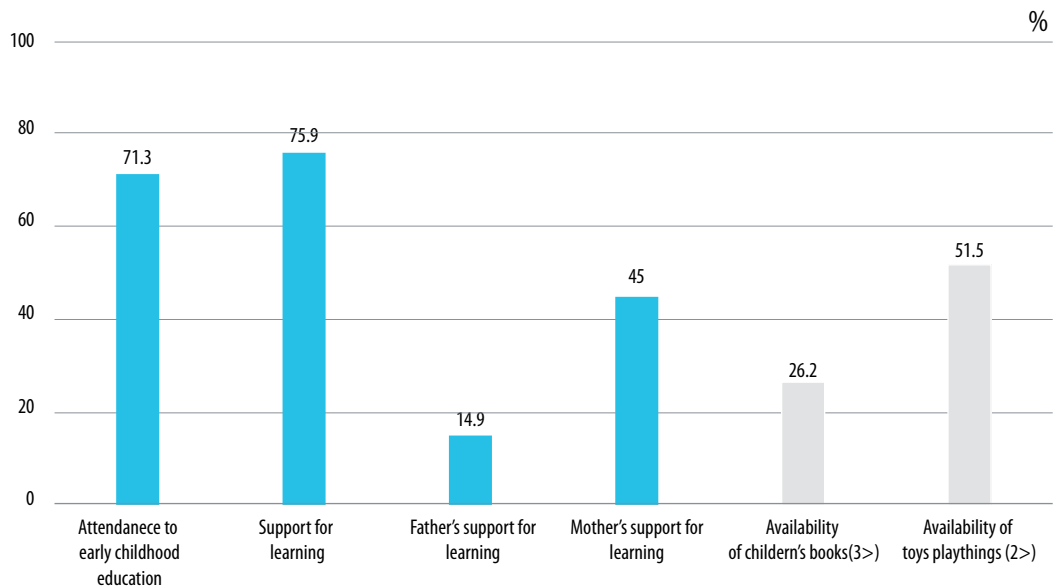
5.1.1. Early childhood development and education¹³⁵

Viet Nam has made remarkable progress in making early childhood development and education available to children. Three in four children aged 3-5 years received early childhood education in 2013 (71.3 per cent) compared with 57.1 per cent in 2006, and an even higher proportion (75.9 per cent) had adults engage with them in activities that promote learning and school readiness.¹³⁶ The proportion of children in the first grade of primary school who attended pre-school the previous year is 96.2 per cent, compared to 86.8 per cent in 2006. In terms of school readiness, the proportion of girls and boys, urban and rural areas, and ethnic minority households also have similar results (MICS 2014). These positive changes are reflected in the score of 88.7 in the child development index.¹³⁷

¹³⁵ The definition of 'early childhood' varies internationally. The Committee on the Rights of the Child considers that all young children from birth through infancy, throughout pre-school years and in transition to primary school fall within this category.

¹³⁶ General Statistics Office, Multiple Indicator Cluster Surveys 2014, Final Report, Ha Noi, 2015.

¹³⁷ The child development index is calculated on the basis of the percentage of children aged 3-5 years who are developmentally on track in at least three of the four domains of literacy/numeracy, physical, social/emotional and learning.

Figure 5.2. Children's access to early childhood development and education

Nguồn: Tổng cục Thống kê Việt Nam, MICS 2014

There are regional differences in enrolment rate at pre-primary schools. With the highest rate of new entrants in pre-primary education (53.65 per cent) in 2012-13 school year, the Red River Delta was way ahead of the Mekong River Delta (29.79 per cent) and the North East (27.51 per cent).¹³⁸

UNICEF estimates in 2013 showed there were no gender differentials in pre-school attendance of children (MOET and UNICEF, 2013). The gender parity index (GPI)¹³⁹ has shown a remarkable increase in Viet Nam with most regions scoring more than 1.0 on the GPI indicating a balance in the numbers of pre-school-aged girls and boys. However, in fact, pre-school attendance among girls is higher than among boys.

Access of ethnic minority children to pre-school education increased from 14.15 per cent in the academic year 2008-09 to 16.32 per cent in 2012-13s. Government interventions for ethnic minority children and the provision of services in 218 communes that were formerly labelled as "communes without early childhood care and education"¹⁴⁰ contributed to this rate, which was higher than the proportion of ethnic minorities in Viet Nam's total population (13.8 per cent). However, ECCE services need to be ensured for a large proportion of ethnic minority children to give them a good start in life and establish strong foundations for the sustainable development of their communities.

Viet Nam has a national commitment to universalise pre-school education. To achieve this, Viet Nam's education system seeks to provide early childhood education to children in the 3 months to six years' age group. While there has been an increase in pre-school attendance of 5-year olds, the enrollment of younger children in nursery is still low. Figure 5.4. shows that from the 2008-09 to the 2012-13 school years, the enrollment rates of pre-school children aged 3 to 5 years showed an impressive 11.9 per cent increase from 68.6 per cent to 80.5 per cent and of 5-year olds from 91.2 per cent to 98 per cent. But the enrollment of children aged 0 to 2 years in nursery increased only nominally from

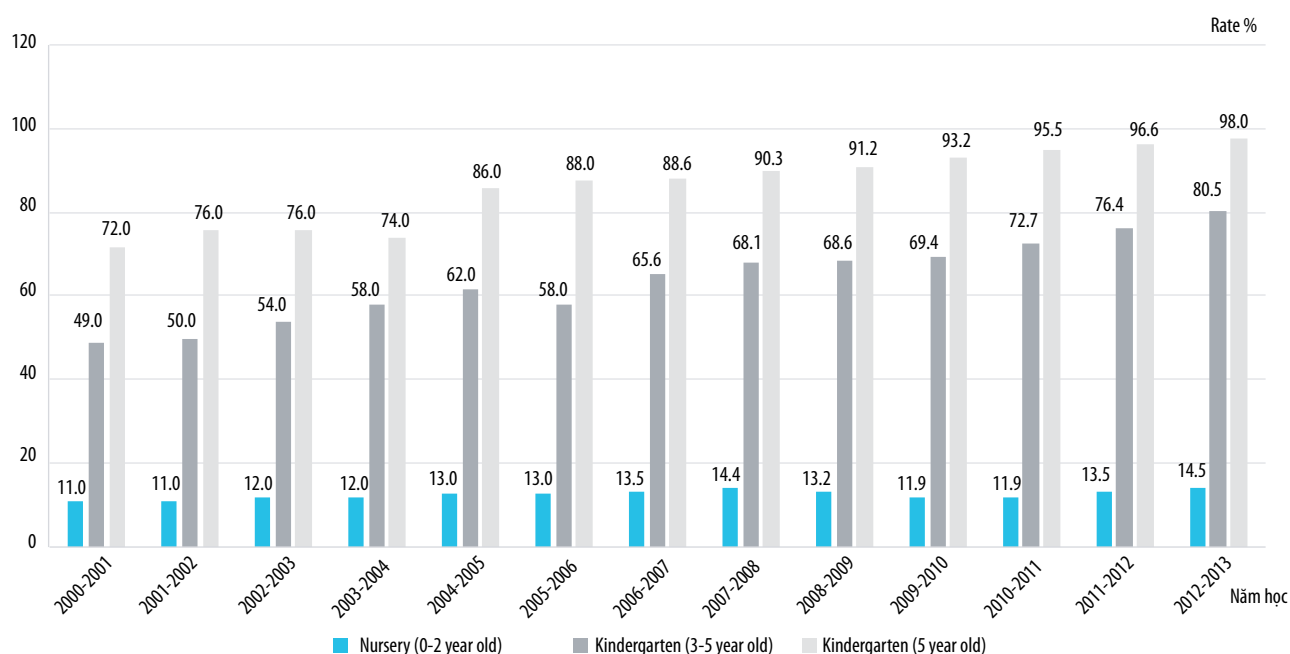
¹³⁸ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

¹³⁹ The Gender Parity Index (GPI) is calculated by dividing the female Gross Enrolment Ratio by the male Gross Enrolment Ratio for the given level of education

¹⁴⁰ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

13.2 per cent to 14.3 per cent in the same period, and actually recorded a decrease to 11.9 per cent in 2010-11 and 2011-12 school years.¹⁴¹ More efforts and resources clearly need to be invested in the early childhood development of the younger age group, as 0-3 years are a critical stage for children's long term holistic development and to prepare children well for the first grade of primary school.

Figure 5.3. Enrolment rate by age group (%)



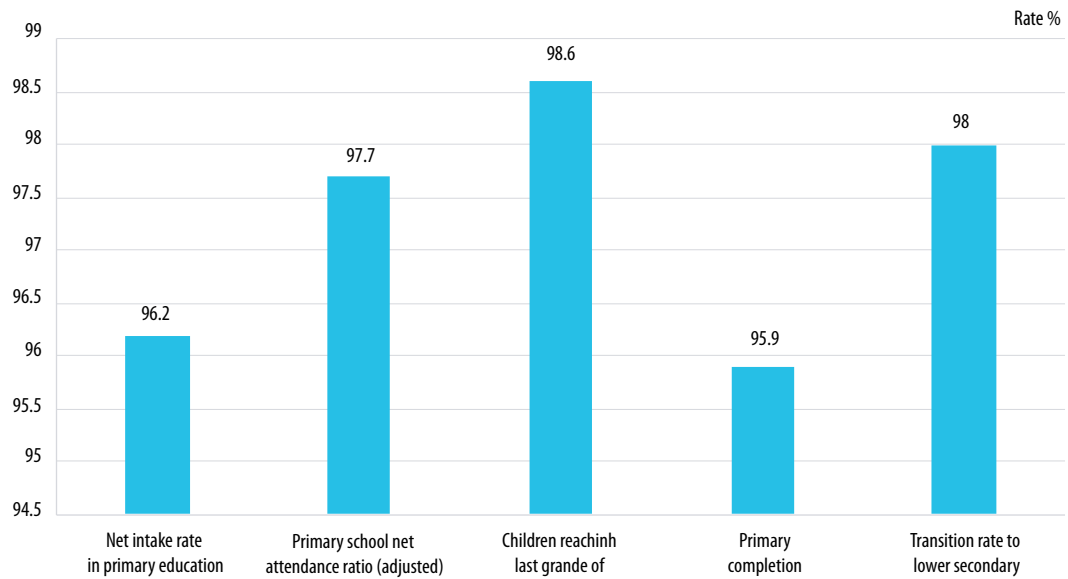
Source: Education for All 2015 National Review Report: Viet Nam. MOET 2014.

5.1.2. Primary education

The comparison of data from MICS 2006 and 2014 highlights Viet Nam's consistently remarkable progress in terms of children's access to primary education. Children start primary school at six years of age and remain there for five school grades (years). MICS 2006 had recorded 93.5 per cent net intake rate at primary school level, 95.4 per cent net primary school attendance rate, and 97.5 per cent of primary completion rate.

In 2012-13 school year, the primary net enrolment rate (NER) was 96 per cent with nearly half of the students (49 per cent) being girls. About 96.2 per cent of six-year-old children attended the first grade of primary school albeit with slightly higher rate of attendance for boys (97 per cent) than for girls (96 per cent). The overall attendance was equivalent between boys and girl at 98 per cent. There was little variation across the country, but the north central and central coastal regions had the highest rate at 99.9 per cent, while the Central Highlands region had the lowest of 94.8 per cent.

141 Ministry of Education and Training, Education for All 2015 National Review Report: Viet Nam. MOET, 2014.

Figure 5.4. Children in primary education

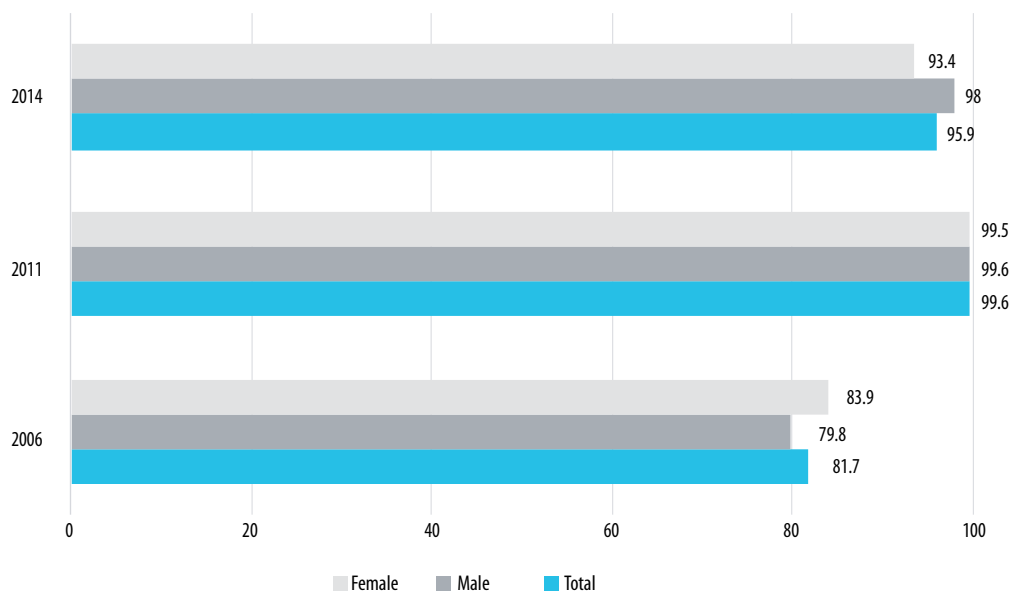
Nguồn: Tổng cục Thống kê Việt Nam, MICS 2014

Primary school completion rates are high with the MICS 2014 estimates of 98.8 per cent children enrolled in grade 1 reaching grade 5 with insignificant differentials between urban and rural areas. There was a dramatic increase from 81.7 per cent up to 99.6 per cent between 2006 and 2011, then decrease to 95.9 per cent in 2014 when the nominal disparities in completion rate between boys and girls (99.6 per cent versus 99.5 per cent in 2011) actually widened (98 per cent versus 93.4 per cent in 2014). Although the decrease in the disparities in primary completion rates of Kinh/Hoa and ethnic minorities from 25.8 per cent (86.4 per cent and 60.6 per cent) in 2006 to 9.9 per cent (97.6 per cent and 87.7 per cent) in 2014 was significant, the difference is significant.

Although the primary school completion rates include children who repeated grades in primary school, the repetition rate at primary level declined significantly from 2.89 per cent in 2008-09 to 1.02 per cent by 2013 due to the efforts being made to improve the quality of education for ethnic minority students residing in remote and mountainous areas. However, the repetition rate in Grade 1 (2.74 per cent in 2013) has been higher than in other grades and indicates the difficulties some students face in making the transition from fun-oriented kindergarten to learning activities in primary education, and the inability of many ethnic minority students to cope with Vietnamese language.

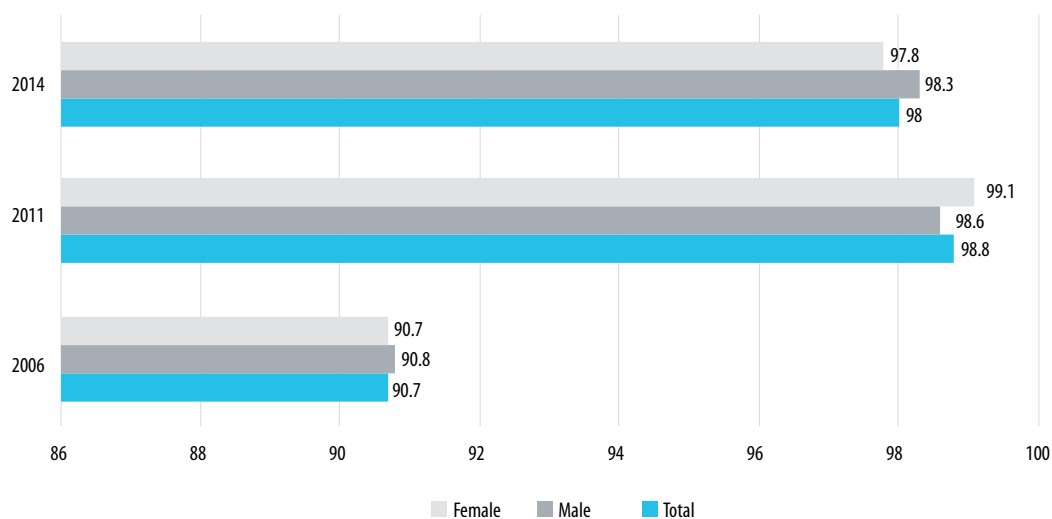
The drop out rate at primary level steadily decreased from 0.47 per cent in 2007-08 to 0.12 per cent in 2012-13 school year while the primary completion rate increased from 87.89 per cent to 92.25 per cent over the same period. The transition rate to lower secondary school has been stable between 98.66 and 99.19 per cent.¹⁴²

142 Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

Figure 5.5. Primary school completion rate

Source: GSO and UNICEF, MICS 2006, 2011 and 2014

The transition from primary school to lower secondary school increased from 90.7 per cent in 2006 to 98.8 per cent in 2011 and remained 98 per cent in 2014. Albeit the difference in the transition rates of boys and girls was insignificant, the gap in the primary school completion rates of Kinh/Hoa and ethnic minority groups was sizeable. Compared with 97.6 per cent of Kinh/Hoa students, only 87.7 per cent of ethnic minority children completed primary school.

Figure 5.6. Transition rate to lower secondary school

Source: GSO and UNICEF, MICS 2006, 2011 and 2014

5.1.3. Secondary education

Viet Nam is also doing extremely well in terms of universalisation of lower secondary education with the increase in enrolment of children aged 11-14 from 83.08 per cent in 2008-09 to 88.04 per cent in 2012-13 school year. Only 1.96 per cent of all children aged 11-14 had not attended lower secondary classes but consistently lower enrolment rates for girls (84.96 per cent compared with 91.17 for boys in 2012-13 school year) reflects gender differentiation at the lower-secondary level.

The repetition rate in lower secondary education has decreased since 2006-07. The overall repetition rate (for all grades) decreased from 2.12 per cent in 2008-09 to 1.16 per cent in 2012-13 school year. The repetition rate is highest for Grade 6 pupils compared with other grades in all school years, mainly because of the challenges Grade 6 pupils face when they encounter changes in teaching and assessment methods on entering lower- secondary school.¹⁴³

The MICS 2014 found that 90 per cent of children had completed lower secondary school while 89.5 per cent of children who completed the last grade of lower secondary school in the previous school year were attending the first grade of upper secondary school. The effective transition rate to upper secondary school was 89.6 per cent, i.e. the proportion of children in the last grade of lower secondary school expected to attend upper secondary school.

Ethnic disparities are reflected in 70.2 per cent of ethnic minority children completing lower secondary school and 24.2 percentage points below the Kinh/Hoa children remains a major concern and challenge at the secondary level as well. Compared with 91.8 per cent upper secondary school transition rate of Kinh/Hoa children, ethnic minority children lagged behind with 76.7 per cent.

Viet Nam has eliminated gender disparity in access to primary school and made major advances towards mostly gender parity in access to lower secondary education. The MICS 2014 shows similarity between boys' and girls' primary school attendance (both 98 per cent), transition to secondary school (both 98 per cent) although the rate of reaching last grade of primary education was higher for boys (100 per cent versus 97 per cent of girls). But girls had higher rate of attendance of in secondary education with 92 per cent compared with 89 per cent for the boys.

Figure 5.7. Education indicators by sex

School readiness													
97	96												
Attendance to early childhood education		Net intake rate in primary education		Primary school completion rate		Transition rate to secondary school		Lower school completion rate		Transition rate to upper secondary school			
97	96	97	96	98	93	98	98	91	89	88	91		
		Primary school attendance				Lower secondary school attendance				Upper secondary school attendance			
97	96		97	96			89	92			67	74	
		Children reaching last grade of primary											
			100	97									
						Boys		Girls					

Note: All indicator values are in per cent

Source: GSO and UNICEF, MICS 2014

143 Ministry of Education and Training, Education for All 2015 National Review Report: Viet Nam. MOET, 2014

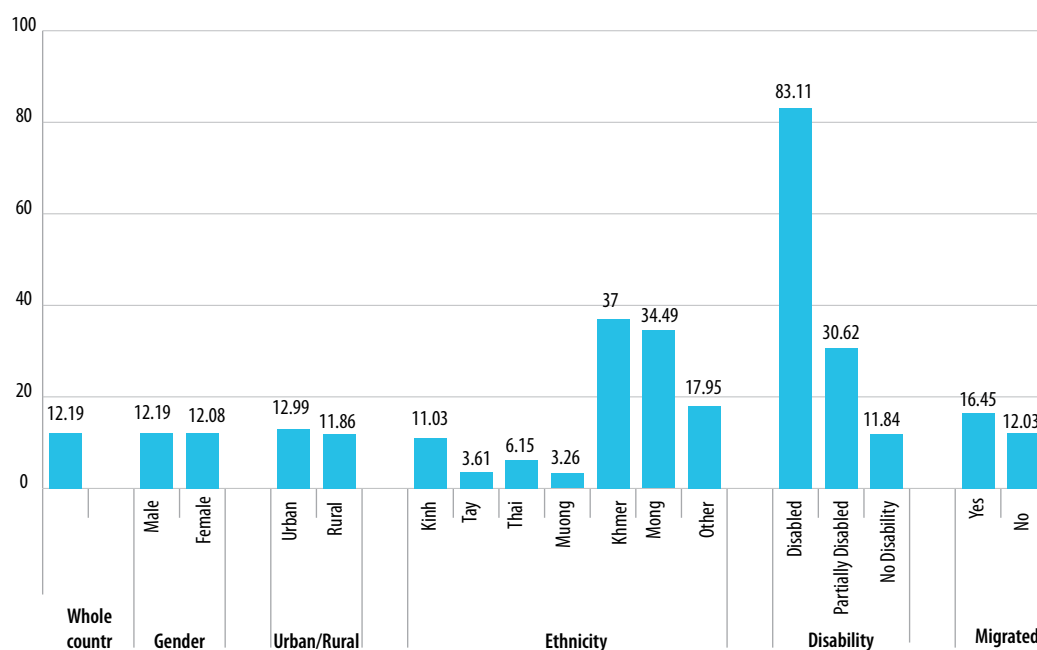
The equality in accessing education between boys and girls are also reflected in the out-of-school data. At primary level, girls accounted for about half (52 per cent) of the out-of-school children. Their proportion decreases to 48.1 per cent at lower secondary level and 45.7 per cent at upper secondary school, which points to boys being the majority of out-of-school children at these levels.

In general, the percentage of girls in the total out-of-school population of lower and upper secondary levels was less than half in most regions and in both urban and rural areas. It is especially low (39.8 per cent) in the Central Highlands, which highlights the higher number of boys out of school. However, the opposite trend was found in the Northern Midlands and Mountainous area where girls were the majority of out-of-school children (54.3 per cent) at upper secondary level.

5.1.4. Out of school children

The MOET and UNICEF report on “Out of school children” 2013 noted that 1,127,345 children aged 5-14 were out-of-school, and the percentage of children who attended but subsequently dropped out of school increases dramatically as they grew older. At the age of 14, almost 16 per cent of the children in the cohort had dropped out of school. At the age of 17, when they are usually in the final year of upper secondary school, the dropout rate increased to more than 39 per cent. The number of children who had never attended school was also relatively high. About 2.6 per cent of children in the 5-17 years had never attended school.

Figure 5.8. Out of school of children aged 5



Source: *Out-of-school Children in Viet Nam: A country study. MOET and UNICEF Viet Nam. 2013*

Gender disparity was rare or non-existent among primary school age children, except for the Hmong and children with disabilities. But it becomes increasingly evident in secondary school, especially among ethnic minorities, due to boys dropping out to work and girls to work and/or marry. Higher dropout rates for boys, except for the Hmong, children with disabilities and migrant children, also indicates the critical issue of education quality and relevance in terms of skills development and

employability. Perceived returns from education plays an important role in the decisions regarding schooling.

Poverty and insecure livelihoods in families have a major impact on children's schooling. The first and second Survey Assessment of Vietnamese Youth (SAVY), conducted in 2003 and 2008 respectively, showed that one of the reasons for adolescent dropouts was that they had no money for school fees. The Surveys on Living Standards conducted every two years have also been consistent in their findings that difficult circumstances and high costs are the main reason for children dropping out of primary school. The 2010 survey results revealed that 7.8 per cent of children aged 15 years old and above among the lowest wealth quintile compared with only 1.3 per cent among the 20 per cent highest quintile had never attended school.

Viet Nam National Child labour Survey 2012 estimated that about 1,754,000 children aged 5-17 were child labourers and accounted for 62 per cent of working children and 9.6 per cent of the child population. Among these, only 45.2 per cent managed to attend school, 52 per cent had dropped out and 2.8 per cent had never attended school. The ratio of child labour work was high in families with a low income, families that lived in rural areas, and families with parents who had little education.

Children having to work to support their families has been the main reason for high drop out rate and children who have never attended school. About 10 per cent of children who had dropped out of or never attended primary school cited this reason in VHLSS 2010, and their proportion was 25 per cent among those who should have been attending lower secondary school. SAVY 2 revealed that having to work to support families was an increasing concern among adolescents and youths aged 14-25 and was associated with the prevalence of poverty.

Early marriage followed by early pregnancy and child birth act as a deterrent to schooling among many girls, especially belonging to ethnic minorities. According to MICS 2012, 0.79 per cent of the women aged 15-49 were married or had a de facto marriage before the age of 15, and 12.3 per cent of the women aged 20-49 were married or had a de facto marriage before the age of 18. According to SAVY 2, 1.3 per cent of the women aged 16 and 4.8 per cent of the women aged 17 had given birth to their first child. Ethnic minority girls are often unable to resist the socio-cultural norms that explain gender inequities and the economic dynamics of traditional kinship systems (Ninh Thuan PPC and UNICEF, 2012). A Situation Analysis of Children in Ninh Thuan in 2011 noted the cultural practice of Ragley girls along the southeastern coast being pressurised into early marriage in order to bring their husbands within the household to contribute additional labour for higher income. The focus on income generation after marriage affected the education of both girls and boys.

Children also work as they and/or their families migrate to urban areas in search of livelihoods and other opportunities. The 2009 Survey of Urban Poverty conducted in Ha Noi and HCMC revealed that 2.3 per cent of the children 10-14 years old had dropped out to work. While six out of every 100 children age 10-14 in the poorest families had dropped out and begun to work, 15 out of every 100 migrant children age 10-14 had to stay home and work. Migrant children found it difficult to enter public schools due to the lack of a permanent resident certificate and non-eligibility for tuition fee exemption and reduction. As a consequence, about 36 per cent of migrant children from impoverished families studied in private schools and where their families had to pay for the school fees in addition to the tuition fees.

Table 5.1. School attendance status by age and other characteristics of children aged 5-17

		Never been to school	Attended but dropped out	Attending
Total		2.57	12.59	84.83
Age	5	11.99	0.20	87.81
	6	3.12	0.38	96.50
	7	2.10	0.52	97.37
	8	1.76	0.74	97.49
	9	1.57	1.64	96.80
	10	1.52	2.58	95.90
	11	1.48	3.87	94.65
	12	1.61	6.74	91.66
	13	1.69	10.55	87.75
	14	1.81	15.76	82.43
	15	1.72	26.89	71.39
	16	1.85	35.44	62.71
	17	1.80	39.17	59.02
Gender	Male	2.48	13.48	84.04
	Female	2.68	11.63	85.69
Urban/Rural	Urban	1.98	9.00	89.02
	Rural	2.78	13.80	83.42
Ethnicity	Kinh	1.67	11.28	87.06
	Tay	0.75	12.34	86.91
	Thai	3.09	18.69	78.22
	Muong	0.91	17.98	81.11
	Khmer	9.24	30.39	60.38
	Mong	23.02	16.13	60.86
	Others	6.24	19.30	74.46
Disability status	Disabled	82.00	8.37	9.63
	Partially disabled	16.43	15.71	67.85
	No disability	2.19	12.55	82.5
Migration status	Yes	3.51	32.20	64.29
	No	2.55	11.98	85.47

Source: *Out-of-school Children in Viet Nam: A country study*. MOET and UNICEF Viet Nam. 2013

Disability, ethnicity and migration of the family are major impediments to children's schooling. Compared with 11.84 per cent of children aged 5 and without disabilities who were out of school, as many as 83.1 per cent of the disabled and 30.6 per cent of the partially-disabled children were out of school.

Migrant groups consistently performed worse than non-migrant groups, and the difference increased with age. The rate of out-of-school children among migrant families was 1.3 times higher at the age of five, 1.8 times higher for children of primary school age and 2.4 times higher for children of lower secondary school age (MOET and UNICEF, 2013).

School attendance among children aged 5-17 was especially low among the Khmer (60.38 per cent), the Mong (60.86 per cent), children with disabilities (9.63 per cent), children with partial disabilities (67.85 per cent) and migrants (64.29 per cent). Below 70 per cent attendance among these groups was lower than the national average of 84.83 per cent. Although the Mong and the Khmer showed low attendance rate, the profiles of their out-of-school children (OOSC) was different. Most Khmer children attended school and then dropped out but the majority of the Mong children had never been to school. Indeed, the Mong had the highest rate of children 5-17 years old who had never been to school at 23.02 per cent. At 82 per cent, children 5-17 years old with disabilities accounted for the highest number of children who had never been to school and the attendance rate of those who went to school was the lowest at 9.63 per cent.

Children not wanting to go to school due to their inability to afford the additional costs, or their inability to learn or enjoy the experience, or parental neglect and negligence has been a consistent finding in various surveys and studies on out-of-school children and young people. It was one of the three main reasons for drop-outs in primary or lower secondary school in the Survey on Living Standards 2002-2010, and the third reason after no money for tuition fees and the need to work for family in the first and second Survey Assessment of Vietnamese Youth (SAVY), do not want to learn any longer was the third highest reason given by adolescents and youth.

According to the Surveys on Living Standards conducted during 2002-2010, nearly 60 per cent of the communes with primary school dropouts and 52-56 per cent of the communes with lower secondary school dropouts linked to the problem to a lack of parental care and attention. This figure was particularly high in mountainous and remote communes, and was worryingly increasing year by year.

Distance to school and a lack of means of transportation is another barrier to children's education. According to the VHLSS 2010, although 2.5 km was the average distance to the nearest primary school and 2.8 km to the nearest lower secondary school, the distances were far greater and difficult to cover in the remote and mountainous areas. For example, the distance to primary and lower secondary school in the north west was 4.7 km and 5.3 km respectively 3.3 km and 3.6 km in the Central Highlands. On average in about 10-15 per cent of the communes, primary and lower secondary students dropped out due to the long distance to school.

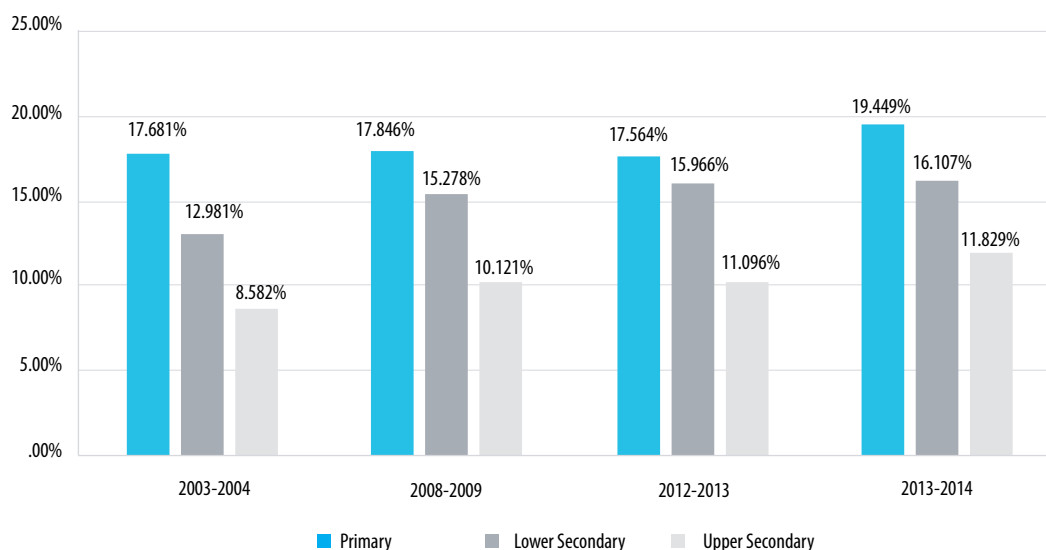
Children's access and attendance in schools is invariably affected by floods, landslides, droughts and soil salination that have become a feature in many parts of rural Viet Nam. Surveys from the six provinces showed that in Ninh Thuan the damage caused by natural disasters had adversely affected the schooling of children. Extreme weather patterns and natural disasters resulting from climate change also had an impact on education and on family economic conditions, therefore delaying the return of children to school after a disaster. In An Giang, children in migrant households in general, and children in households affected by flooding in particular, were especially prone to dropping out of school (UNICEF, 2012a).

5.1.5. Inclusive education

Ethnic minorities account for 17 per cent of the total student population in Viet Nam and their

enrolment at primary, lower secondary and upper secondary levels of education has been growing albeit slowly. The improvement is more evident at the secondary levels, which may indicate the greater ease with which these children navigate once they are able to deal with various barriers and bottlenecks at the pre-primary and primary levels. The percentage of ethnic minority groups enrolled in lower secondary increased from nearly 12 per cent in 2003-2004 school year to nearly 16 per cent in 2013-2014 school year. In upper secondary level, this percentage also had a significant increase from 8 per cent in 2003 – 2004 school year to over 11 per cent in 2013 – 2014 school year.

Figure 5.9. Percentage of Ethnic Minority students by level of education



Source: MOET Statistic Yearbooks

Ethnic minority semi-boarding schools, which increased from 127 schools in two provinces in 2010-11 to 216,378 schools in 27 provinces in 2014, have been instrumental in improving access of ethnic minority children to education although the boarding, water, sanitation and hygiene facilities in these schools are reported to be poor, the participation of the hardest to reach ethnic minority children is still low and many students continue to underperform.

It needs to be noted that the literacy rate among ethnic minorities is 90 per cent compared to 96 per cent among the Kinh majority and the disparities are also mirrored in the enrollment, attendance and completion rates of children at different levels of education. Table 5.3 shows that there was 7 percentage point difference in the net enrollment ratio (NER) in primary between Kinh and ethnic minorities (89 per cent versus 81.9 per cent), which widened to 14 percentage points in the primary completion rate (92 per cent versus 78.2 per cent) and to 27 percentage points in lower secondary completion rate.

In 2011, net attendance for Kinh children was 83.7 per cent, compared to only 65.6 per cent for ethnic minority children. Only 61 per cent of ethnic minority students completed primary school compared with 86 per cent of Kinh students. The disparity between net enrolment rates is more pronounced at the high school level, with almost 60 per cent children and less than 20 per cent for children in the Northern Uplands provinces (such as the Dao and Hmong) and Central Highlands.

The gap in secondary education net attendance was also much wider than for primary school. Only half of the ethnic minority children in the Northern Uplands and two fifths in the Central Highlands

attend lower secondary school classes at the right age. The poor infrastructure and basic facilities in the remote areas where the ethnic minorities reside tends to push children away from schools. They are educationally disadvantaged due to lack of bilingual education, low qualifications and motivation among teachers and the limited abilities of their parents and guardians to guide or assist them at home. Attending a pre-school where they are engaged in an unfamiliar language can be stressful for young children, as they are unable to communicate in an unfamiliar environment.

Household-level factors such as the high non-tuition costs of education (e.g., transport, uniforms, supplies, or local fees), language barriers, long distance to school, demand for child labour, as well as early marriages contribute to the high drop outs at lower secondary school level (WB, 2009). The practice of early marriage among some groups, including the custom of “seizing a wife” among the Mong or “seizing a husband” among the Bahnar and J’Rai ethnic groups, which forces girls to drop out of school early (MOET; UNICEF et al., 2008). As the educational disadvantages experienced by ethnic children and young people increase cumulatively with age, it is extremely difficult for them to access skilled wage employment (UNICEF, 2012c).

Children with disabilities are by all accounts at high risk of exclusion in the education sector, which is reflected in exceptionally low enrollment and high out-of-school rates. About 90 per cent of children with disabilities aged 5-17 years, and 32 per cent of children with partial disabilities, had never been to school or had attended but dropped out of primary and lower secondary levels (MOET and UNICEF, 2013). With their population estimated to be 1.2 million in 2011 (MOET, 2011), a large number of children with disabilities are deprived of their right to education.

Over 700,000 children with disability are out of school due to severe forms of disabilities (36.2 per cent), lack of learning needs (17.16 per cent) or confidence in learning (16.03 per cent), resistance of the community (9.56 per cent), difficult family situation (5.34 per cent), lack of awareness among families (4.93 per cent) and “complex” children (3.29 per cent).¹⁴⁴

The barriers to education experienced by other children are considerably aggravated in their case. The infrastructure to facilitate their physical access to school is either lacking or inadequate. The systemic constraints and challenges in providing inclusive education have not been overcome. School administrators and teachers continue to experience knowledge and skills deficits, which also impact their motivation levels. Equally complex is the understanding and responses to different forms of disabilities with inconsistent definitions of children with disabilities among different sectors. With disproportionate focus on education and vocational training, a cross-sectoral response to the issues of children with disabilities has not emerged as yet.

Vietnamese cultural and legal frameworks support inclusive education and the rights-based approach of non-discrimination but three main approaches to education for children with disabilities are evident, viz. special education, integrated education and inclusive education.

Roughly 31 per cent of primary school-age children with disabilities are enrolled either in an inclusive primary school or specialised primary school. The learning outcomes of students with disabilities in primary education have made significant progress with increase in students classified as having above average learning capacity to 48.5 per cent, and remarkable decline in the number of students with disabilities who repeated grades or dropped out. However, the enrolment of children with disability in lower secondary school is still low - just about 24.3 per cent of all disabled children in 2012-13 school year. Boys with disabilities comprised of 17.3 per cent of the total boys enrolled in

¹⁴⁴ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

lower secondary schools while the girls with disability were 12.7 per cent of the total girls enrolled.¹⁴⁵

5.1.6. Recreation and Leisure

The CRC recognised children's rights to rest and leisure, to recreational activities appropriate to the age of the child, and to participate freely in cultural life and the arts, while the Committee on the Rights of the Child has reiterated the importance of rest to children's development just like nutrition, healthcare and education. Realisation of this right is particularly crucial for children who work due to poverty, for street children, victims of abuse and exploitation, and others who lack or are denied access to age-appropriate recreational and leisure activities, and safe playgrounds or spaces.

Improvement in children's access to play learning and materials in early childhood has been noted in recent years. There has been an increase in children aged 0-59 months who had two or more types of playthings to increase with from 49.3 per cent in 2011 to 51.5 per cent in 2014. During this period, children living in the households that have three or more children's books increased from 19.6 per cent to 26.2 per cent (MICS). Kinh/Hoa children are more likely to have access to books and play things (29.9 per cent and 53.5 per cent respectively) compared with ethnic minority children (8.7 per cent and 42.0 per cent).

It has been observed that while urban children have better access to shop-bought toys, rural children are more likely to play with objects found within and outside their homes. Educationists have long advocated for handmade toys and teaching and learning aids on the grounds of affordability and sustainability for rural poor and ethnic minority children as well as their potential in facilitating active learning among children. MOET also encourages the use of self-made toys and traditional games to enable a positive learning environment and recreation to support holistic development of children. Primary schools in Ho Chi Minh City and several other provinces have adopted this strategy, which has proved useful in creating appropriate play activities and promoting child participation.

Ethnic minority children appear to have better access to playthings as the rate of children playing with two or more types of playthings increased by 6.2 per cent since MICS 2011. However, the dearth of playgrounds for children is evident in Ha Noi and other major cities. Rapid urbanisation of several rural pockets is depriving children of play spaces, who are then prone to accidents and injuries when they find places to play on roads and other public spaces. "Culture houses" for meeting of adults in most villages and communes are not available to children. Public land, including forests, is often allocated for personal or commercial use even in the mountainous areas where land availability may not be an issue.

Many children now choose to play with electronic devices, at home or in the internet shops that in excess may not be healthy for their physical and intellectual development. The extended use of electronic devices for games, entertainment and messaging are believed to impact negatively on children's physical, psychological and social development. Excessive time spent by children is being associated with increased risks of obesity, loneliness, depression, and stunting the development of social skills and interpersonal relationships, and exposure to child sexual abuse materials. While excessive use of smartphones, computers and internet has been recognised, global research is as yet inconclusive on "addiction" of children.

145 Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam. MOET, 2014*

5.2. National response

5.2.1. Legal and policy framework

By guaranteeing education as a right, the Government has accorded high priority to the sector and treats it as a fundamental component of national development strategies, programmes and plans. The Constitution states that “Children shall be protected, cared for and educated by the State, family and society” and “Young children shall be provided by the State, family and society with the conditions for learning, working, entertaining themselves, and developing their physiques and minds, and be educated in morality, national traditions and civic consciousness” (Article 37, Constitution 2013).

Viet Nam has developed a comprehensive legal framework to implement children’s right to education as stated in the Article 28 of the CRC. Article 16 of the recent Law on Children (2016) states that “Children have the right to education and learning to develop to their full potential. Children shall have equal opportunities to study and education, to develop their talents, creativity and invention” (Article 16, Law on Children 2016) and that “Children have the rights to engage in play and recreational activities and shall have equal opportunities to participate in cultural activities, arts, sports, and tourist activities in conformity with their age” (Article 17, Law on Children 2016). The Law on Children 2016 also clearly defines the responsibilities of the Government, line ministries and organisations on the protection, care and education of children.

The current Law on Education, amended and approved at the seventh session of the National Assembly in June 2005 and its amendment No. 44/2009/QH12, 2009; The law comprises 120 articles covering regulations; the national education system; schools and other educational institutions; teachers; learners; state management of education; awards, handling of violations; and implementing provisions. The Government of Viet Nam’s commitment to education is reflected in the fact that education is a fundamental part of its development strategies and plans, such as the Comprehensive Poverty Reduction and Growth Strategy (CPRGS), SEDS for 2011-2020 and SEDP for 2011-2015, National Program of Action for Vietnamese Children for 2011-2020.

The Communist Party’s Resolution No. 29-NQ/TW dated November 4, 2013 on fundamental and comprehensive innovation in education laid a strong foundation for the renovation of general education towards “openness, flexibility, and connection between levels and methods, standardised and modernised education”. It states that education is the top priority and that investment in education means investment in development, and therefore should be put at the top in socio-economic development plans.

An education reform process, facilitated by MOET, is currently underway. On March 23, 2015, the Prime Minister approved the Reform program for Curriculum and textbook material for general education¹⁴⁶. A project worth VND 778.8 billion to support renovation of general education is expected to change the entire education system. A major shift expected for the curriculum is the focus on development of key competencies which include communication, cooperation, self-learning, problem solving and creativity, arts and physical development by focusing on building practical learning skills for students and increasing the interaction between teachers and students. Textbooks and curriculum will be developed to integrate subjects in lower grades and gradually to diversify for the upper grades. Rationalisation of content and integration of subjects in the lower grades is expected to facilitate learning among students, who will be able to choose subjects of interest in upper secondary grades. The project will gradually introduce complete set of new textbooks in the school year 2018-19.

¹⁴⁶ Government of Viet Nam, Decision No. 404/. QĐ-TTg approving the scheme on renewal of general education curricula and textbooks, 2015

A system of child friendly schools, building on the “Escuela Nueva” model from Colombia and Viet Nam New School Model (VNEN), responds to the Communist Party’s Resolution 29 on the need for massive curriculum reform, and quality learning achievements of students. Since the inception of the VNEN project from 2012-13 school year, 2,365 primary schools and over 1,000 lower secondary schools in 54 cities and provinces have implemented the model (MOLISA and UNESCO, 2014). MOET recognises that VNEN brings along positive changes such as creating a friendly and democratic education environment; promoting pupils’ proactive learning and self-management; and strengthening the relationship between the school, parents and communities. In the meanwhile, the model implementation in practice showed that rushing in adoption and expansion of this model has led to difficulties in teaching and learning, as many schools in different areas did not have relevant capacities of human resources and facilities. Starting school year 2016-17, many provinces have decided not to continue the replication of this model.¹⁴⁷

In 2003, the Government adopted the National Plan of Action on Education for All 2003-2015 (EFA) that prioritises five objectives of (i) moving from quantity to quality; (ii) completing universal primary and lower secondary education; (iii) providing life-long learning opportunities; (iv) mobilising full community participation from all segments of Vietnamese society, and (v) ensuring effective management and better resource allocation. Viet Nam’s commitment to eliminate gender inequalities in education is articulated in the EFA and MDG Goal 3, which endeavour to eliminate gender disparity in primary and secondary education and achieve gender equality in education by 2005 and 2015, respectively.

The Prime Minister’s Decision No. 60/2011/QĐ-TTg dated October 26, 2011, stipulated policies for developing early childhood education for 2011-2015 period. The beneficiaries of these policies are: kindergarten children at 5 years of age benefit from supporting policies as regulated in Decision No. 239/QĐ-TTg; kindergarten children at 3-4 years of age whose parents are residing at border, mountainous, island communes, and communes with extremely difficult socio-economic conditions; orphans, homeless children, children with disabilities living under economic hardship receive monthly cash assistance of VND 120,0000 from state budget for meals at school. Ethnic minority kindergarten children benefit from preferential policies as regulated in Decision No. 2123/QĐ-TTg, Decision 85/2010/QĐ-TTg on supporting full-day school students, Decision 12/2013/QĐ-TTg on support for upper secondary school students from especially difficult areas, and Decision 36/2013/QĐ-TTg on rise provision for students from schools in especially difficult areas.

A number of policies and programmes support the most disadvantaged groups and set several targets for the education sector. Decision 52 of June 15, 2016 seeks comprehensive human resource development for quality education of ethnic minorities by 2030 by improving or expanding ethnic boarding schools in the poor districts, interlinking junior and high secondary education, foundation for the university, ethnic minority teachers, investment in ethnic minority (EMSB) schools, increased allowance for boarding students and revised allowance for EMSB, and special assistance for the left behind groups. Decision 1008 of June 2, 2016 seeks to strengthen Vietnamese among preschool and primary school children. Decision 732 of April 29, 2016 supports capacity development of teachers and education managers for the education reform by 2025.

The Government is increasingly focused on the quality of education. MOET issued Circular 42/2012/TT-BGDĐT on criteria of evaluating educational quality and procedures of evaluating educational facilities of general and continuing education that came into effect in January 2013. It is an important step to enhance the quality of primary and secondary education. In 2014, MOET issued Circular 30/2014/TT-BGDĐT on assessment and evaluation of primary students with the purpose of promoting

¹⁴⁷ *The Labourer newspaper*, <www.nld.com.vn/giao-duc-khoa-hoc/mo-hinh-vnen-noi-dung-noi-nhan-rong-20160821214724407.htm>, accessed on August 21, 2016.

comprehensive development of primary school pupils with non-score assessment mechanism. While this assessment is aimed at reducing the learning pressure and encouraging students participate in other development activities such as sports, arts and life skills learning, it received critical feedback from education managers, teachers and parents for its impractical implementation and assessment of children learning and social skills achievement.

The Government enacted the Law on Vocational Training and related legal documents to meet the demand for trained manpower in key sectors of the economy. The initial focus of vocational education had been training rural workers. The Prime Minister approved the project “Vocational training for rural workers, 2020” in 2009, with the ambition of training one million rural workers every year in skills related to the industrial, services and modern agricultural sectors. The Government also issued several preferential policies to support vocational training for disadvantaged groups, such as ethnic minorities, the poor, the disabled, demobilised soldiers, workers for the conversion of land use, and rural labour.

Policies on education socialisation have been amended and supplemented to be more consistent. The Prime Minister has issued Decision 693/2013 / QD-TTg on 06 May 2013 amending and supplementing the Decision 1466/2008 / QD-TTg; Decree No. 59/2014 / ND-CP amending and supplementing some articles of Decree No. 69/2008 / ND-CP to create a proper legal framework for mobilising social resources to invest in education and training. The MOET is engaged in a review of the list type, size criteria under No. 1466 / QD-TTg dated October 10, 2008 to propose amendments to suit the practical pre-school education and basic education.

Article 45 of the Law on Children 2016 has defined the Government’s role and responsibilities in guaranteeing play and recreational activities, cultural, arts, sports and tourist activities for children by “establishing policies for supporting the creation of cultural and arts works; developing a system of cultural and sports facilities for children; establish priority policies for children while they use play, recreation, sports and tourism services”. It also clearly defines the role of different duty bearers in investment in play and recreation areas, cultural, arts and sports activities for children; providing appropriate conditions, periods and time for children to participate in activities at cultural and sports facilities.

Article 44 of the Law on Children 2016 provides fundamental principles to ensure non-discrimination in opportunities and conditions for disadvantaged children, including ethnic minority children and children with disabilities, to enjoy rights to education and development. It states that “the Government shall formulate supporting policies for ensuring that all children can go to school; policies for supporting disadvantaged children, children of poor and near-poor households, ethnic minority children and children who are living at border regions, mountainous regions, islands and regions with extremely difficult socio-economic conditions to access to the educational universalisation and inclusive education. The Government shall give priority investment in education for ensuring that all children may get equal opportunities to access to education; practice inclusive education for children with disabilities”

Preparedness and response for education in emergency situations: MOET has developed an action plan for implementing the National Strategy for Prevention of Natural Disasters in the education sector for 2011-20 with the aim of strengthening knowledge and skills for disaster risk reduction (DRR) and enhance DRR/CCA (climate change adaptation) among students, teachers, educational staff; to mobilise and efficiently utilise resources for DRR/CCA education to minimise disruption to teaching and learning, contributing to the country’s social economic development, national defense, and to ensure that the sector’s policies, strategies and plans incorporates DRR/CCA and contributes to implementation of the National Strategy for Prevention, Control and Mitigation of Natural Disasters till 2020. This national Action Plan is realised through flagship programmes

focusing on integration of DRR in school curriculum, raising awareness on DRR in the educational sector, development of a management system and database for DRM in the educational sector, and piloting and scaling up models of hazard-resistant schools in different geographical areas.

MOET actions on prevention of natural disasters have been well integrated with relevant actions managed by other ministries. Having the role of a member of Government Steering Committee on Disaster Management and being accountable for DRM in the education sector, MOET took part in the development of Disaster Management Law 2013, maintains regular collaboration with MARD on disaster risk reduction and management, with MONRE on climate change, and with provinces on the DRM agenda. These actions were carried out with strong MOET lead and technical assistance from development partners, galvanised through the education coordination working group on education in emergencies (EiE)/DRR.

A guidance on “Safe School to prevent and respond to natural disasters” is being developed to provide a comprehensive framework and instructions for protecting students, teachers and school staff from injuries caused by natural disasters and climate change. Its emphasis is on strengthening resilience, disaster risk reduction and adaptation to climate change, contingency planning to respond to and overcome the consequences of natural disasters while minimising disruption to children’s education, and designing and constructing school facilities according to the national standards for natural disaster prone areas.

5.2.2. Roles and capacity of key duty-bearers

MOET and MoLISA play a major role in providing and supervising education nationwide although there are a number of education service providers. MOET is responsible for pre-school, primary, secondary and higher education while MoLISA manages the Technical and Vocational Education and Training (TVET) sector with a focus on training students for entry into the workforce (ADB, 2012).

Government Decree 115/2010/ND-CP defining the responsibility of state management on education states that “The Ministry of Education and Training shall take responsibility before the Government on state management on education as stipulated in the Law on Education 2005”. Specifically, MOET have the roles in residing and coordinating with other related Ministries and agencies to develop detailed programme activities and to make the contents of the National early childhood education (ECE) development project ready for implementation; monitoring and regularly reporting to the Government and Prime Minister on project implementation; overseeing enrollment figures; guiding and fostering care and education skills; controlling the quality of ECE; compiling textbooks for teachers; overseeing educational management; disseminating knowledge about the care of young children; and other related tasks.

Degree 115 defines responsibilities of the ministries with direct-attached educational facilities in developing and implementing strategy and plans for the training and development of human resources of sectors; coordinating with the MOET in the specified training and regulation on diploma and developing programme of training frameworks at vocational intermediate level; managing and inspecting the use of state budget and other legal revenues of education facilities, and implementation of socialisation of education. Specifically:

- The MPI chairs and coordinates with the Ministry of Education and Training and other relevant agencies to synthesise the five-year and annual plans for education development in the country and integrate it into the business development plan of the socio - economic development plan of the whole country, submitted to the Prime Minister for approval. In addition, the Ministry of Planning and Investment is responsible for planning and balancing capital from the central budget to assist localities in the development of the material facilities of educational institutions in the areas with difficult economic conditions. The program has been strengthened through a

number of programs such as the Program on Solidification of Schools and Classes, the National Target Program on Education and Training, etc.

- MOF is the lead for formulating, allocating and implementing state budget estimates on education and works closely with MOET in providing guidance to the relevant ministries and the provincial peoples' committees.
- The MHA is responsible for human resource development and deployment of officials for the Ministries and provincial People's Committees.
- The provincial People's Committees shall take responsibility to the Government for the educational development and perform their state management of education on their provincial areas. The Services of Education and Training are responsible for advising and assisting the provincial People's Committees to perform the functions of state management of education. District People's Committee performs the function of state management on education in the district areas and takes responsibility before the provincial People's Committee for development of education for preschool, primary school, junior high school and the development of learning society in district areas; the Division of Education and Training shall advise and assists the district People's Committee to perform the function of state management of education in district areas. Communal People's Committees are responsible for performing their functions of state management under the educational authority in communal areas.
- Vietnamese mass organisations including the Fatherland Front, Viet Nam Women's Union, Viet Nam Learning Promotion Association and other social institutions play important roles in encouraging children to enroll in pre-school, primary, and lower-secondary classes and communicating and disseminating of ECE knowledge to families. They have acted as grassroots monitoring units to sustain the enrollment rate in remote areas. Their staff may come to individual house, no matter how remote the house is, to persuade children and the family to let children to go to school

5.2.3. Decentralisation and education management

State budget management in education has been decentralised to provide greater autonomy to local governments and educational training institutions. MOET is responsible for the state management of early childhood education and of primary and secondary education, secondary education, higher education, institutes, pedagogic colleges and pedagogic secondary schools according to the provisions of the Law on Education and Vocational Training while MoLISA manages vocational education. The sub-national authorities are essentially responsible for budget allocation for basic education and managing local training institutions in accordance with local requirements.

The District People's Committees are responsible for managing primary and lower-secondary schools, while Provincial People's Committees are responsible for upper-secondary schools. The Provincial Department of Education and Training provides education sector management support to the Provincial People's Committee while the District Bureau of Education and Training provides management support to the District People's Committee. Although these bodies can exercise a certain level of flexibility while performing their roles and responsibilities, they are constrained by capacity deficits and lack of dynamic systems of supervision and accountability.

From the school year 2015 – 2016, the management of primary and secondary education curriculum has been decentralised to provinces and to schools to encourage them to be proactive and innovative in devising curriculum that is appropriate and practical for children living in their areas of jurisdiction

or catchment. This strategy is expected to encourage teachers to design lessons to respond to the learning needs and abilities of the students. However, a certain level of competence to prepare and design training activities would be required for the strategy to succeed and ensuring basic learning outcomes for each education levels could be difficult.

According to MOET, the management of the education system remains fragmented, overlapping and not properly respected to evaluate management effectiveness and efficiency of investment in education. Some policies and mechanisms do not work in a synchronous fashion which delays innovation and results in implementation inconsistencies. At the local level, the education sector has not actively managed personnel and financial resources to meet the requirements of managing the execution of professional duties.¹⁴⁸

5.2.4. Partnership, inter-sectoral linkages and coordination with other sectors and systems

The National Education for All (EFA) Coordinating Committee was established by MOET to facilitate the implementation of the National Education For All Action Plan (the National EFA). It has coordinated the planned activities of the central government ministries, mobilised resources from international donors for the implementation of EFA and led several projects for the development of education, training and building a learning society in Viet Nam. It has also worked with local authorities, especially the GSO, and international organisations such as the UNESCO, Plan, and with the Government of New Zealand) for reviews and evaluations (e.g., the mid-term EFA evaluation and the assessment of national efforts for the eradication of illiteracy through the Literacy Assessment and Monitoring Program (LAMP)). The success of the EFA program reflects effective coordination and collaboration between education agencies of Viet Nam and the international community.

International NGOs such as World Vision, Save the Children and Plan International have sought to advance the education agenda at provincial and commune level by extending sizeable financial and technical assistance. The Education Forum has emerged as an important platform for policy dialogue and discussions among the UN agencies, bilateral partners and NGOs.

On its part, the MOET maintains the annual plan sharing with provinces and institutions; aiming to address the shortcomings raised in the process of education development and gathering information that supports education policy development. MOET coordinates with the Ministry of Planning and Investment (MPI) to plan for annual and medium-term educational and training development. The cooperation with other ministries and agencies involved in child care and protection in schools such as MOLISA and MOH is still fragmented, tending to operate at a local and project-based level.

Multi-sectoral collaboration becomes a precondition when children's right to education and development is conceptualised in holistic terms. A growing body of knowledge has shown that children's access, participation and attainments in education are determined by a much wider range of factors such as standards of living, social protection, safety and security. The growing role of the private sector has also not been sufficiently scrutinised.

5.2.5. Budget allocation and public financial management

Education is a priority for the Government as well as individual households. The national education budget increased by 150 per cent between 2008 and 2011 and household expenses on education also grew steadily and substantially in the corresponding period. Average household spending on education showed an increase of 6.4 per cent between 2008 and 2010.

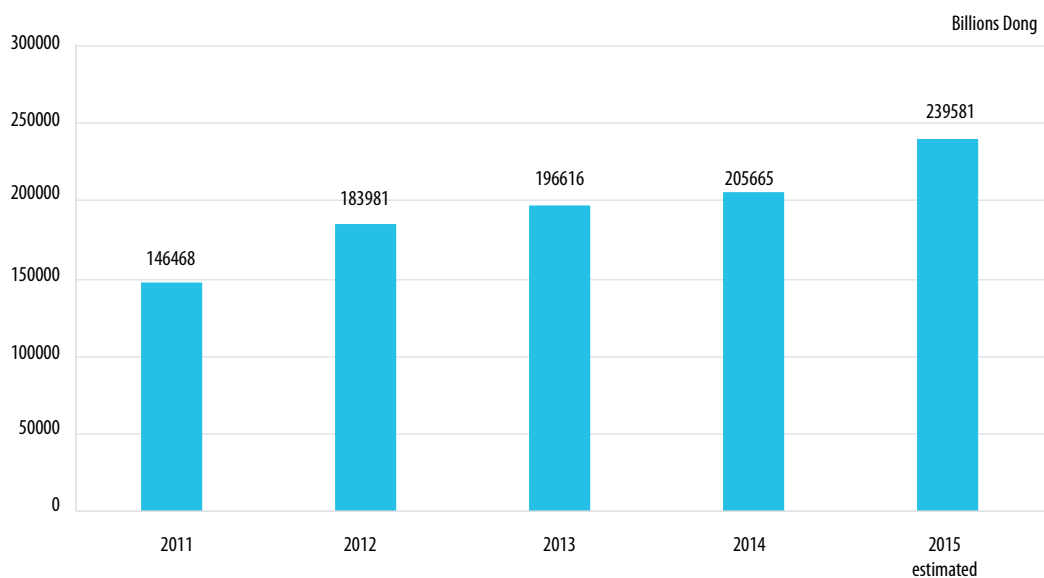
¹⁴⁸ Ministry of Education and Training, Viet Nam Education Sector Plan 2016 – 2020, MOET, 2016

Table 5.2. Public expenditure on education

Year	Public expenditure on education (VND billions)	Public expenditure on pre-primary education (VND billions)	Public expenditure on pre-primary education as percentage of total public expenditure (per cent)
2000	15,754	1,097	6.96
2001	19,304	1,358	7.03
2002	22,076	1,562	7.07
2003	28,949	2,116	7.30
2004	31,932	2,549	7.98
2005	39,430	3,488	8.84
2006	50,495	4,639	9.18
2007	64,175	6,158	9.59
2008	77,658	8,796	11.32
2009	94,370	10,660	11.29
2010	115,676	14,259	12.32
2011	136,840	18,405	13.45
2012	185,951	26,833	14.43

Source: Ministry of Education and Training, 2014

According to MOET, public expenditure on education increased by 64 per cent between 2011 and 2015 and was estimated to be VND 239,581 billion in 2015. The expenditure of each year in this period is showed in the following figure.

Figure 5.10. Public expenditure on education, 2011 – 2015

Source: Viet Nam Education Sector Plan 2016 – 2020.

The provincial budget of education and training is mainly spent on human resources (i.e. salaries), averaging about 85 per cent while the spending on teaching and learning accounts for only 15 per cent. Only 9 among 63 provinces and cities reached 20 per cent spending on teaching and learning, some provinces even spend below 10 per cent. The provinces with the low proportion spending on teaching and learning are mainly in the mountainous and remote areas, causing the majority of the state budget for education to be spent on salaries and allowances for teachers and staff. Provincial budgets are limited and it is impossible to increase spending on teaching and learning activities. This contributes to the poorer education quality in disadvantaged areas.

The state budget for investment spending, since 2011, has been less on new projects but rather focused on the completed projects that have not been adequately released funds, with priorities for projects supposed to be completed in the same fiscal year with reciprocal capital for ODA projects. According to MOET, public spending on education has increased by 64% between 2011-2015 and is estimated to be 239,581 billion VND in 2015. However, this increase is from a low base and does not meet demand. It also fails to achieve several sector goals such as upgrading schools, classes, universalising pre-school for children aged 5 years and building facilities for boarding and semi-boarding schools.

Basic education comes at a high cost to parents in Viet Nam. There are many types of school fees and contributions in addition to schooling fees, in numbers and under claimed purposes that vary widely with localities. The HIDE Survey in 2013 identified 15 major groups of fees including: tuition and enrolment, construction and repair, purchasing equipment, class fund, textbooks and stationery, uniforms, canteen, parking fee, supplementary classes at school, extra classes outside school, insurance, parents' association fund, gifts and envelopes for teachers.

While local financing accounts for most of the recurrent expenditure in education, schools are underequipped and teachers poorly paid. Parents pay "construction and maintenance" fees meant to cover school capital expenditure. They also contribute to an extended list of "voluntary" payments used for recurrent expenditure. Teachers collect the various types of contributions, which are far from negligible, particularly when more than one child attends school. The collection methods sometimes border on harassment. But teachers benefit from these finances only at the margin, when they cover non-budget expenses such as travel expenses associated with the participation in meetings or training, or bonuses to the excellent teachers (Tran Thi Thai Ha, 2014).

5.3. Key determinants of inequity

Viet Nam is a country with around 90 million inhabitants and 54 ethnic groups. The Kinh and Hoa ethnic groups account for about 86 per cent of the total population and are mainly concentrated in the lowlands, plains and coastal areas. Other ethnic groups have population sizes ranging from a few hundred to around 1 million people and account for about 14 per cent of the total population (see details in Chapter 2 of this report).

Table 5.3. Key indicators of multidimensional poverty by ethnic group

Domain	Child poverty Indicators (using VHLSS 2008)	K/H group	EM group
Overall	Multidimensional child poverty rate (CPR)	22.4	61.5
	Monetary child poverty rate (MPR)	12.7	60.7
Education poverty	per cent of children aged 5-15 not enrolled in school at the appropriate level	13.2	27.3
	per cent of children aged 11-15 not having completed primary school	4.6	17.7

Source: Situation analysis of ethnic minority children in Viet Nam. UNICEF, 2012

Ethnic minority groups mainly live in scattered settlement patterns in the highlands and mountainous areas, especially in the Northern Uplands and Central Highlands regions. Ethnic minority groups each have their own language and traditional culture, which form the basis of their identity. For many ethnic minority children, language barriers explain their reluctance to use public services, even free services such as education, health care, legal aid, or access to information. Evidence across a range of social indicators highlighted in Table 5.3 indicates clearly that ethnic minority children fare substantially worse than the majority of Kinh/Hoa children. There is no strong evidence of gender bias across all social indicators (UNICEF, 2012c).

The Government of Viet Nam is committed to the protection of the right to education for children with disabilities nationally, regionally, and globally. Inclusive education is supported by government policies including the Law on Children (2016) Disability Law (2010), and Law on Education (2005) and various decrees and inter-ministerial circulars. However, a number of barriers still exist for children with disabilities, including negative attitudes toward them, and they continue to face many challenges in accessing inclusive quality education. For example, the 2009 national census results indicated that only 66.5 per cent of primary school-aged children with disabilities attend school compared to 96.8 per cent of the national average (MOET;UNICEF et al., 2015).

Migrant children also face inequality, particularly in access to education. Findings from a country study in 2013 (MOET and UNICEF, 2013) shows that migrant groups consistently performed worse than non-migrant groups, and the difference increases as the child gets older. Migrant families had a higher rate of OOSC among children age five than that of non-migrant families (1.3 times higher at the age of five, 1.8 times higher at primary school age, and 2.4 times higher at lower secondary school age).

An unpublished report of an UNICEF-supported child-focused survey on migration (2011-2013) profiled child migrants in HCMC as under the age of 18, unmarried and of school going age,¹⁴⁹ and more likely to be a member of an ethnic minority than migrant adults.

Excluded children (never enrolled, dropped out or at risk) were mainly poor children, children living in remote areas, ethnic minority children, children with disabilities, working children, and migrant

¹⁴⁹ 78 per cent among the child respondents reported not being in school. Furthermore, 29 per cent of them never went to school, 40 per cent only completed primary school, and 32 per cent only finished secondary school.

children. In addition, there were smaller numbers of children affected by or infected with HIV, orphans, street children, trafficked children and children in other special circumstances. These children were potentially at risk of dropping out, and a number of them had already dropped out.

5.3.1. Enabling Environment

Viet Nam has a fairly comprehensive system of laws and regulations to protect the right to education for ethnic minority children, children with disabilities, child victims of trafficking, poor children and children living with HIV. There is a chapter in every law, regulation, strategy, or plan of action, defining the coordinating mechanism to ensure comprehensive support for vulnerable children. Functional ministries have been assigned to ensure implementation. However, there is limited inter-ministry cooperation in practice. Interviews with officials from MoLISA and MARD reveal that cooperation was just limited to information collection from MOET for reporting purposes.

The Government has various forms of education for vulnerable groups of children. Ethnic minority semi-boarding schools are available in 26 provinces. There are 876 ethnic minority semi-boarding schools with 329,228 students in 2014-2015 school year (MOET, 2016). The Government has approved a number of policies supporting students and teachers in ethnic minority semi-boarding schools, such as Prime Minister's Decision on benefits for the children and teachers in ethnic minority semi-boarding schools.

Teacher training was a key component of the government's policy on universal pre-school education (2010– 2015), which reviewed education and training institutions, re-organised teaching staff, and supported training of teachers to enable them to reach national standards of expertise and professionalism, so as to enhance the quality of early childhood care and education and reach the goal of universal pre-school education. In recognition of the lack of qualified teachers in remote mountainous areas, several support programmes are being implemented to strengthen the capacity of existing teachers as well as to encourage newly qualified teachers to teach in these areas. Strategic programmes include improvement of pedagogical skills, development of suitable syllabuses for teachers and school officials, and the provision of accommodation, water and allowances for teachers in remote areas. These pro-poor and inclusive education strategies have resulted in positive changes in the quality of teaching and learning at schools throughout the country.

In accordance with the Law on Persons with Disabilities and the guidelines on this law, the Ministry of Education and Training has issued policies to support people with disabilities to access and participate in education (teachers and students), including promoting the training and retraining of management and skilled teachers for education of children with disabilities, enhancing facilities for students with disabilities, and equipping schools with specialised teaching aids to promote and enhance the quality of education for children with disabilities. Government issued Decision No. 1019/QĐ-TTg dated 5 August 2012, which approved a project to support persons with disabilities over the period 2012-2020, has set a target of 60 per cent of children with disabilities will have access to education and will be capable of learning by 2015. To achieve this target, there are plans to further boost efforts to increase access to good quality education for children with disabilities.

International organisations including UNICEF and UNESCO, and international NGOs such as Plan International, Oxfam, Save the Children, ChildFund Viet Nam, also support the government by developing and piloting models for bi-lingual learning, learner-centred methodology, promotion of child rights initiatives and children's clubs to enable children's access to quality education. Children with disabilities have also supporting policy and infrastructure to facilitate their learning as indicated in the multi-sectoral Circular 42/2013/TTLT-BGDĐT-BLĐTĐHXH-BTC on education policy for people

with disabilities and, Decree 49/2010/NĐ-CP on fee deduction and exemptions, and schooling support. An inclusive education programme to create friendly education environments for children with disabilities has been implemented.

There remain several shortcomings in ensuring an adequate education environment, especially for children who are out of school. MOET and UNICEF have reported on out-of-school children (MOET and UNICEF, 2013) and the barriers and bottlenecks that might be derived from the demand side concerning children and their parents and supply side of education, which also involves other stakeholders such as communities with different cultural norms and practices and the agencies governing the socio-economic development at all levels.

Cultural and social norms, stigma and discrimination towards the most disadvantaged children, e.g. children with disabilities and children affected by HIV/AIDS, constitute significant impediments to inclusive quality education in Viet Nam. While policies for the education of children with disabilities are in place, they remain the largest group of out-of-school children due to cultural perceptions.

Linked to cultural and social norms, the implementation of legislation and policies remains a big challenge due to language constraints (the language of instruction nationwide is Vietnamese), culturally unresponsive strategies, interventions (inappropriate curriculum and textbooks) and the limited capacity of education managers and teachers. Awareness of rights-based policies and approaches related to vulnerable children is also limited. There is confusion regarding the admission of children with disabilities to school as teachers and education managers are not familiar with policies and there is a lack of resources to support inclusive education.

The mechanism of education financing is an important factor in ensuring the quality and equity of basic education. The country spent more than 20 per cent of the state budget (VND 224,826 billion) on education and vocational training in 2015 (MOF, 2015) and the system is highly decentralised, but two thirds of the provinces, especially the poor and mountainous provinces, cannot ensure sufficient funds for quality education due to limited capacity in school autonomy, teacher planning, school budgeting and governance. This is especially true for schools in poor rural areas, for ethnic minority full- and semi-boarding schools, and for satellite/multi-campus schools. In addition, the effectiveness of financial policies to support vulnerable students is questionable because they are fragmented with heavy procedures and their impact is difficult to monitor and evaluate. As a consequence of inadequate and ineffective public financing, parents are requested to contribute to a number of expenses for their children's education, which results in poor children dropping out of school.

Teachers' training: According to MOET data, up to September 2013 Viet Nam has 94 institutions currently offering pre-service training of kindergarten and basic school teachers. These include 9 universities of pedagogy, one university of education, 28 universities with faculties of education, 31 teacher training colleges, 22 colleges with faculties of education, and 3 secondary professional teacher schools (Nguyen Thu Thuy, 2014). The in-service training for secondary teachers follows the cascade training mode. There are seven institutions providing this in-service training all over the country. Teachers are required to participate in in-service training 30 days out of a year, and this participation is considered for the teachers' career development and advancement.

To systematically assure and manage academic qualifications, knowledge, and teaching skills of secondary teachers, MOET has approved new standards for secondary and primary school teachers. These standards define the knowledge and skills that teachers must have to teach more effectively. Three areas have been explored: (i) the subject knowledge required to teach effectively, (ii) the teaching skills needed to motivate students to learn, and (iii) the attributes required of teachers to

be highly effective. These national standards establish a clear policy framework for assessing teacher effectiveness. The teacher standards is to be used to reward excellence and to guide the professional development of teachers; replacing the promotion and reward system based on years of service with a competitive system of promotions and rewards based on the capacity of teachers.

Several bottlenecks in the education infrastructure, resources, teachers, textbooks, and school management impact school enrolment and attendance. Indeed, a World Bank report noted that the achievements of ethnic minority students appear to be more affected by the school and teachers than the household (WB, 2012a). Dealing with them as a priority is imperative to addressing the last mile challenge of universalisation of education with quality.

School Infrastructure: Barriers in school infrastructure concern the quantity and quality of schools and classrooms; poor physical facilities which serve inclusive education for children with disabilities; distance to school and insufficient means of transportation; and lack of clean water and sanitation facilities. These barriers have a remarkable impact on the schooling opportunity and schooling commitment at least to the end of each level, as well as on the learning environment, and thus increases the challenges related to out-of-school children.

Facilities, teaching equipment, furniture, children's toys in schools are in shortage, are outdated, and do not meet required standards. Temporary classrooms are common in pre-school and primary education, particularly in areas with especially difficult economic conditions. The libraries, laboratories, classrooms, and training aids are not sufficient in quantity, type and quality. The educational institutions generally do not meet the requirements of international integration of facilities and teaching equipment.

5.3.2. Supply of education services

Policies for teachers

There is often a shortage of teachers at pre-primary and primary schools in remote areas, and there is a redundancy of teachers in urban areas. Teachers are not deployed effectively across regions and between subjects at secondary schools. Eighteen per cent of students from preschool to secondary school are ethnic minorities, but only eight per cent of all teachers nationwide belong to an ethnic minority group, and they are under-represented where they are most needed, making education in local languages difficult to implement, thus leading to a language barrier that excludes ethnic minority children from conducive and effective learning activities. The absence of pre-service teacher training in inclusive education and the lack of standard training materials for in-service teacher training also contribute to inadequate inclusive education practices.

Incentives for teachers and non-teaching staff are not adequate which negatively affects their enthusiasm and motivation. According to the study on out-of-school children (MOET and UNICEF, 2013), in remote areas, follow-up visits to encourage students to return to school involved travel expenses and a huge effort on the part of the teachers but they received no support for this effort. Inadequate allowances and incentives for teachers serving in multi-grade classes and working with children with disabilities have led to low motivation and disinterest.

Difficulties in following the curriculum

Student assessment has traditionally focused on academic knowledge rather than analytical skills and has significantly increased the workload of students and teachers. The field survey of OSSC in six

provinces showed that both teachers and students were under tremendous pressure to complete the curriculum which entailed a heavy workload. Several teachers reported that keeping up with the curriculum was difficult as they were not left with much time for individual attention to students, especially the low performers. They had to move on without making sure that students really understood what was taught. As a result, children find it difficult to absorb the curriculum and the amount of knowledge and exercises, especially for those subject to language barriers, makes it very difficult. In addition, student evaluation is based on their theoretical knowledge rather than their analytical skills and their ability to apply knowledge.

Challenges in school management

School managers lack the capacity, vision, autonomy and resources to improve the quality of education and learning. The high rate of out-of-school children might be related to poor management practices. Managing satellite schools is very challenging because they are located far from education authorities. A rapid increase in population in urban areas has made it difficult to ensure enough classrooms for all children, especially migrant children, who are often excluded from public schools because they do not have a birth certificate. In addition to a budget shortage, school managers do not have full control over their personnel, especially teachers recruited by the Department of Home Affairs (DOHA), and it is difficult for them to deliver the education mandate.

The high rates of out-of-school children might be correlated with poor management practices. The focus was mainly on those who were enrolled at and currently attending school, rather than on those who were not enrolled. Gaps remain in tracking school-age children, especially disadvantaged children such as children with disabilities and migrant children. In remote areas where children accompanied their parents to fields up on a mountain, a follow-up visit to ensure enrollment was not easy.

Guidance in inclusive education has been not effectively implemented due to a lack of data needed for management, inconsistency in definitions of disabilities across sectors, and poor cross-sectorial coordination. Decentralised education management creates some challenges. The budget allocation for education is managed very differently in different localities. The education sector generally does not have full control of the entire education budget and therefore they is unable to be held accountable for delivering the education mandate. In addition, education expenditures were mostly for salaries, including payment for contractual teachers, and thus investments in education activities were limited.

Pilot project in education

A surfeit of pilot projects being implemented in cooperation between MOET/DOET and UN agencies and NGOs for ethnic minority children, children with disabilities or in curriculum development (e.g. VNEN) has led to the challenge of scale-up. Against the backdrop of limited adaptation of lessons learned from pilot projects under international cooperation, MOET is struggling to widen the scope and coverage of successful experiences into national programs.

Although various educational projects have been initiated and implemented in recent years, such as New schooling model project (VNEN), Educational innovation projects, etc., there is no comprehensive assessment of the implementation as well as the relevance of interventions. Without appropriate lessons learned from those projects, it is difficult for MOET and local educational managers to make proper adjustments.

Gaps in data and information for analyses of ethnic minority groups and other vulnerable groups

Viet Nam faces a range of challenges in relation to accurate and disaggregated data collection. The lack of reliable and appropriate data inhibits the development of needs-based, targeted and effective interventions to realise children's right to education, especially for the most vulnerable children.,

5.3.3. Demand for education services

Discrimination, bullying and violence in school

Between 2013 and 2015, over 1,600 incidents of students fighting in and outside school were reported to MOET but the actual number of cases is likely to be considerably higher. Most reported cases involved kicking, slapping and punching, though some involved weapons, resulting in serious injury to classmates. According to official sources, three students were killed in school fights during the 2013-2014 school year (MOET, 2015).

Corporal punishment in schools is against the law in Viet Nam but remains common. The Young Lives Longitudinal study found that corporal punishment in schools is more commonly inflicted on primary school children. Cases involved spanking, beating, punching or twisting a child's ears. In addition, in Viet Nam, experiencing violence in schools was children's number one reason for not liking school. Although the prevalence of corporal punishment appears similar across the country, statistical analyses of Young Lives data conducted for this study show that poorer children within any particular school are more likely to be punished than their wealthier peers, and urban children report more corporal punishment than rural children. Teachers' violence against students is also a significant cause of school drop-out.¹⁵⁰

Lack of proficiency in the medium of instruction

The medium of instruction is a major barrier in the education of ethnic minority children, which adversely affects as their comprehension and academic results, and thereby undermines their confidence in communication and further learning. Many believe that language barrier is the biggest challenge to learning for ethnic minorities, followed by the quality of teaching and the distance to school. Ethnic minority teachers accounted for only eight per cent of overall teachers, and there were not enough of them in the places where they were much needed.

The lack of proficiency of Kinh teachers in the language of their students, hindered the teaching and learning processes at the primary level, and affected in particular those children who had not attended a pre-primary school in order to learn Vietnamese. Ethnic minority children were taught in a language that they did not understand by teachers who did not know their language. These students did not understand or only partially understood the lessons, and no one at home could help them with their studies. Some children completed the first or second grade before dropping out, and those who survived continued to face this barrier in the following years.

Limited access to full-day schooling for vulnerable students

Many students attend half-days of school because of a shortage of teachers, classrooms and teaching-learning materials and resources. Several measures have been undertaken in recent years to provide

¹⁵⁰ UNICEF, MOLISA and the University of Edinburgh, *Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

full-day learning opportunities and to improve the overall quality of education for students, including improved payrolls for teachers, construction of additional schools, classrooms, and boarding and semi-boarding schools for ethnic minority children, and equipping synchronous teaching aids for teaching full-day schooling according to the new curriculum. This has led to a significant increase in the number of students availing of full-time pre-primary, primary and lower-secondary education¹⁵¹.

Country-wide scaling up of full-day schooling holds promise for children in difficult circumstances, with schools being able to spend more time on mathematics, Vietnamese and other subjects that received limited instructional time at half-day schools such as music, art, foreign language, and information technology. In addition, schools are able to provide extra classes for students who performed poorly. In many areas parents were asked to pay tuition for the extra classes, administrative management costs and lunch for the children. There were differences among schools and regions (WB, 2012a).

The big challenge in accessing full-day schooling is financial contribution from families. Most of the expenses for the “extended” half-day should be paid by parents, thus this become burden for disadvantaged families.

5.3.4. Quality of education

Concerns about the quality of education had till recently been overshadowed by Viet Nam’s quest for universalisation of elementary education for children. Since its commendable progress in this direction has been reflected in high enrollment, attendance and completion rates and declining repetition, the weaknesses and shortcomings in the quality of education are now being acknowledged. The last mile challenge of reaching the hardest to reach and retaining those who are most at risk of dropping out is also linked with the issue of quality. The quality of education may be viewed in terms of knowledge, life-skills, increased options, improved quality of life, as well as employability in a dynamic market environment. Capacities and competencies of teachers, relevance of curriculum, the mode of teaching and learning and child-friendly learning environment are some of the elements that define quality of education.

Capacities and competencies of teachers:

Teachers play a key role in shaping knowledge and the performance of students. The upward trends in teacher/class ratios at all basic education levels indicate that students now receive more attention and support from their teachers. Specifically, teacher/class ratios increased by 0.24 units for primary education, 0.66 units for lower secondary education and 0.57 units for upper secondary from 1999 to 2013. The relatively low average number of students per teacher, which is maintained at 19 for primary education, and 16 for lower secondary and upper secondary education, also illustrates the availability of teachers at every level of elementary education. The average number of students per class is the lowest in primary education, followed by lower secondary with 33 students, and upper secondary school at 38 students. The average number of students per class remains stable for primary and lower secondary but the data shows a consistent reduction for upper secondary education throughout 2010-2015 (GoV, 2015a).

The VHLSS 2010 showed that there was clear shortage of pre-primary teachers for full-day schooling in remote and resource constrained areas. Many satellite schools did not have teachers who are specialised in primary school education. At lower secondary schools, there was no shortage in terms of total number, but there was a shortage and a redundancy of teachers for the different subjects.

¹⁵¹ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

A lack of ethnic minority teachers, especially from local ethnic groups, was quite common in ethnic minority areas. Training for village-based teachers had not addressed the issue of accountability of teachers. Low qualifications resulted in low quality of teaching and learning.

The shortage of ECCE teachers in many locations has not been overcome. The country has a shortfall of 25,000 teachers. Although the teacher-class ratio for 5-year-old pre-school classes is 1.6 on average, more than one third of the provinces and cities (27) only have a ratio of between 1.0 and 1.4. In 12 provinces, this ratio was between 1.0 and 1.1, which makes it difficult to organise full-day schooling for children and therefore implement the new ECCE curriculum¹⁵².

Table 5.4. Teacher and classroom availability by education level

	2010-2011	2011-2012	2012-2013	2013-2014	Prel. 2014-2015
Average number of students per teacher					
Primary	19	19	19	19	19
Lower secondary	16	16	15	16	16
Upper secondary	19	18	17	17	16
Average number of students per class					
Primary	26	26	26	27	27
Lower secondary	33	33	33	33	33
Upper secondary	42	42	39	39	38

Source: *Statistical Handbook of Viet Nam, 2014*

From 2007 to 2012, the number of qualified teachers at every education level increased substantially. The rate of trained pre-school teachers who meet national standards increased rapidly from 87.04 per cent in 2006-07 to 96.6 per cent in 2012-13 school year. The percentage of qualified primary teachers rose from 96.84 per cent in 2006-07 to 99.7 per cent in 2012-13. Among lower-secondary teachers, the quality of basic education also improved, as percentage of children reaching national standards increased from 96.8 per cent in 2006-07 to 99.3 per cent in 2012-13¹⁵³. This shows that an increase in teacher quality enables schools to better meet educational needs at primary and lower-secondary schools.

The curriculum for teaching teacher at university and college do not equip relevant knowledge and teaching skills for teacher to provide quality sessions, especially in the context of education renovation. A number of teachers are not highly motivated to do their work and lack professional competence, especially on inclusive education for children with disability resulting in limited teaching quality and a failure to stimulate students, especially in rural, remote and ethnic minority areas. New teaching methods had not been effectively implemented and had little impact on student performance. Capacity for inclusive education was limited, and teacher training was of low quality. There was a big difference in teacher quality in remote and urban areas. Teachers in the mountainous areas

¹⁵² Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam. MOET, 2014*

¹⁵³ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam. MOET, 2014*

tend to have lower qualifications than those in urban cities. Teachers also lack understanding about community's culture and are not able to offer bilingual education.

Excessively theoretical and culturally inappropriate and at times gender insensitive curriculum together with one-way teaching and outdated methods of assessment have hindered the quality of educational services. Students in general, and the vulnerable more so, are in the process deprived of optimising their life-skills and opportunities for livelihoods.

Some teachers, especially in the mountainous areas, have limited professional skills and experience difficulties in implementing the new curriculum. The shortcomings in recruitment, deployment, promotion and evaluation policies for teachers and managers also undermine their motivation for professional self-enhancement and involvement in trainings and other capacity development processes for early childhood care and education.

ECCE training institutions are caught between the need to enhance the quality of the training they offer and the limited capacity of the system. Many pre-school teacher training faculties have been established in universities and colleges levels but the inadequacy of lecturers' qualifications, the disconnect between the training content of pre-school education institutions and practical guidance of pre-school education management agencies, the lack of curriculum for training teachers for teaching in ethnic minority languages, and the inability of graduates to meet the upgraded eligibility requirements for pre-school education are major concerns.¹⁵⁴

MOET has promoted innovative teaching methods (often referred as student-centered or participatory methods) in recent years and organises training programs for teachers on proactive and comprehensive teaching and learning. However, the application of new teaching methods is still very limited, especially in public schools, and most teachers lack the confidence and motivation to replace traditional methods with the new methods in the absence of effective measures to reinforce the application of new teaching methods. Inconsistent application has limited impact on students' learning. In certain schools, children have revealed that they are taught in the traditional way with the teacher explaining verbally while they noted the lesson in their notebooks. Participatory methodologies and visual aid are used in the presence of monitoring teams or during teaching competitions.

The capacities and competencies of teachers are tested through the attainments of their students. However, poor results at school contribute to loss of confidence among children who may eventually drop out. According to survey results in six provinces, children who had learning difficulties revealed that they could not keep up with the lessons, especially when there was a high volume to learn across the different subjects. Some students reported that they received no supplementary follow-up classes to help them keep up with the lessons. This was a particular concern among ethnic minority students and other poor students who often did not have parental support when doing homework or they were not encouraged to study. Some had teachers who were either unresponsive or poorly qualified compared to their urban counterparts from richer wealth quintiles.

In the last five years, parents and communities exposed several exaggerated claims of achievements in grade transition, graduation rate and ranking by the education officials and school administrators through the mass media, ostensibly due to the pressure to show success. Several primary schools in extremely disadvantaged communes in ethnic minority areas reported high rates of grade transition and completion, over 90 per cent, even though teachers had determined that only 50 per cent of the ethnic minority students met the competency standards. The grade transition, as a result, did not

¹⁵⁴ Ministry of Education and Training, *Education for All 2015 National Review Report: Viet Nam*. MOET, 2014

add to the attainments of the students but made them fall behind in the higher grades. The MOET Deputy-Minister visited several schools to look into the issue and followed up with an official letter in April 2015 to provincial DOET of all 63 provinces and cities warning them and calling for immediate actions.

Relevance of curriculum:

The curriculum is an extremely important dimension of education quality as it establishes the boundaries for age appropriate and relevant teaching and learning at different stages of education and the foundation for learning and attainments in the future.

A major challenge for Viet Nam is the subtle conflict between uniformity in curriculum with teaching and learning methodologies that encourage pupils to develop their own perceptions and critical thinking skills. This dilemma is evident in the differing performance of students in public and private education systems. Public school students tend to have better learning outcomes in terms of the standardised scoring system but less likely to have multi-dimensional and nuanced understanding of social issues compared to students from private schools. This challenge relates to the quantum leap required in the capacity of the system in the delivery of the curriculum, ranging from teaching and learning methodologies, assessment practices, and learning materials.

Extracurricular activities cover the subjects of history, geography, culture (including ethnic arts), environmental protection, traffic safety, health care for adolescents, production, and workers organisation, and are implemented through diverse forms, including visits to museums, farms, old towns and scenic spots, and through organising seminars on various topics. Such activities also help students to apply the knowledge gained at school to real life, and to practice their social and life skills.

Efforts are also being made to promote the integration and mainstreaming of non-academic topics and skills (e.g. civic engagement, moral education and physical education) within formal education in recognition of their importance for holistic development of students. The new subjects being offered in schools include disaster prevention education and adaptation to climate change. Communication skills, energy- efficiency, business start-up, and environmental education have also been introduced at the secondary level.

There have been positive outcomes of the life skills education for children, youth and adults that has been promoted in recent years. However, many limitations and weaknesses in terms of the scale of educational activities, curriculum content and methods of teaching have also been observed.

Educational infrastructure:

Viet Nam has made significant progress in building schools and improving learning facilities at every level of education. The growing number of newly built schools with better learning equipment for basic and advanced education have helped encourage school enrollment, as well as, improved educational quality. The number of schools by year and by education level is shown in Table 5.5, indicating the remarkable increase in school capacity for the growing cohort of students.

Table 5.5. Number of schools by education levels

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Kindergarten	11,629	12,190	12,357	12,908	13,172	-	-
Primary education	14,939	15,051	15,172	15,242	15,337	15,361	15,337
Lower secondary	9,768	9,902	10,060	10,143	10,243	10,290	10,290
Upper secondary	2,167	2,192	2,242	2,288	2,350	2,361	2,404
Professional secondary	209	227	230	226	215	557	592
Undergraduate	160	169	173	188	204	347	354

Source: GSO, 2007-2014

According to MOET and GSO data, in the 2014 - 2015 school year there were 15,277 primary schools, 10,878 lower secondary schools, 2,767 upper secondary schools. Among these there were 585 combined primary and lower secondary schools, and 381 combined lower and upper secondary schools in the country. The school system provides 494,500 classrooms in total, of which 279,900 classes for primary, 150,700 classes for lower secondary and 63,900 classes for upper secondary level (GSO, 2015b). The Educational Sector Plan 2016 – 2020 project that during 2015-2016, there are 14,470 pre-schools, 29,070 primary and secondary schools.

Lack of schools and low school quality in remote and mountainous areas: According to the 2011 Survey on Agricultural and Rural Development, 99.5 per cent of communes had primary schools, 92.9 per cent had lower secondary schools, and 96.3 per cent had kindergartens/pre-primary schools. There were 51 communes without primary schools. Cao Bang, Bac Kan, Gia Lai and Quang Nam provinces had about 3 per cent of communes without primary schools.

For many schools in remote and mountainous areas, there are not enough satellite sites and quality classrooms. There is a lack of schools and especially classrooms for early childhood education. With only one kindergarten in each commune and the inappropriate location of the kindergarten network due to geographical characteristics, the system fails to meet the needs of the people, which have had impacts on school attendance of children aged 5. Kindergartens are very poor in terms of infrastructure. The combination of kindergartens with primary schools is quite common in some provinces. Many provinces are still in shortage of classrooms for full-day schooling. Many school facilities are not able to cater for large student intakes. Class-to-classroom ratios at both the primary and secondary education levels are higher than one, indicating that not every class has its own classroom. Schools lack necessary equipment, such as laboratories and libraries, which are often insufficient and outdated (GoV, 2013).

In general, schools in Viet Nam are yet to have conducive infrastructure and environment to facilitate the learning of children with disabilities like elevators, wheelchair ramps with safety rails etc. This is also one of the major causes for the difficulties of implementing the inclusive education policy.

5.4. Priority areas and recommendations

5.4.1. Policies and legislation

- Viable financing mechanisms for equitable early childhood education and general education with focus on disadvantaged groups of children who face significant disparities in access to and quality of education.
- Adequate resource allocation for the implementation of policies and standards from government, central and local, to ensure that the families of disadvantaged children do not experience any inconvenience due to increasing costs.
- Develop policy and guidance for education management in the areas affected by disasters and include climate change in curriculum for children.
- Develop and implement relevant integrated child labour elimination models with multi-objectives interventions including provision of alternative proper livelihood, awareness raising for parents and children, appropriate education/ vocational training for children, and administrative measures implied in the localities.
- Invest in the expansion and quality improvement of ethnic minority boarding schools and inclusive education for children with disabilities.

5.4.2. Human resource management and development

- Review of the capacities and competencies, working conditions and performance appraisal of the teachers working in different geographic areas and with different groups of children, especially with ethnic minority children and children with disabilities to inform policies for human resource management (e.g. policies, including appropriate salary, allowances, insurance and working aids) as well as human resource development (e.g. pre-service and in-service trainings, coaching, mentoring and supportive supervision towards established standards for performance).
- Link teachers' qualifications and performance with salary scales and promotion avenues
- Consider rationalisation of the work hours of inclusive education teachers to ensure that they are able to work with children as well as develop their knowledge and skills through in-service training, coaching, mentoring and supportive supervision.
- Strengthen teachers' in-service training to ensure their comprehensive knowledge and skills in child-centered teaching and learning methodologies, inclusive education, and effective classroom interactions with children with special needs, and bilingual education for ethnic minority children.
- Improve teachers' competency in positive disciplining along with protocols and guidelines on reporting incidents of violence, seeking counselling, and appropriate follow-up measures.

5.4.3. Inclusive education

- Effective supervision, real-time monitoring and periodic reviews of the implementation of

inclusive and equity-oriented education policies, further research on appropriate teaching methods for inclusive education, and review of the curriculum in terms of flexibility and multiple sets of relevant and culturally appropriate teaching and learning resources for the educators, parents and children.

- Area-specific education models that provide academic and practical education (including life-skills and livelihood skills) and factor in the lives and livelihood concerns of ethnic minority children and children in remote areas based on the lessons from successful pilot models.
- Nation-wide scaling up of successful models for quality education, such as VNEN, mother tongue program, for a reasonable period of time to ascertain the results for children.
- Strengthen support mechanisms for students at risk of dropping out (including the underperformers).

5.4.4. Bilingual education

- Mother-tongue-based bilingual education for children of ethnic minorities, with adequate planning and budget allocation for preparing them for formal education school.
- Promote the application of child-centered teaching methods and engage teacher assistants from villages to serve as a language bridge between students who speak the local language and teachers who speak the language of the ethnic majority.

5.4.5. Planning, monitoring and evaluation

- Monitoring mechanism at school should be built with child and parent participation.
- Involve children in planning for school years and activities to learn about needs of children and empower them to prepare and organise events in schools to develop children's confidence, skills, and responsibilities. This also helps children to build up their interest in schooling.
- Review and revise the M&E system to ensure that it adds value to teaching and learning processes through engagement with teachers and participation of children and parents, is aligned with the national data collection system operated by the GSO and makes accurate data easily accessible to the policy makers and general public.

5.4.6. Children and parents' participation

- Promote active participation of children on issues that related to their education by raising their voice on curriculum and methodology with support from school management and teachers and through their collective actions in different types of clubs to make suggestions for solutions on education. They can also participate in monitoring school activities to ensure the practice on learner-centred method in classroom with support from adults. Monthly or quarterly talk between monitoring groups of children can be set up for children to report the result of monitoring to school management board and to make plan of action for the next month or quarter.

- Active engagement of parents in school activities from planning, budgeting in a more responsible manner by consulting with children about their needs for the school year and question for the decision of the plan.
- Awareness raising activities for parents to have necessary understanding of education rights and benefits, as well as to learn how to support children's learning appropriately. This is especially important for parents of children from ethnic minority, parents of children with disability, parents of migrant children. For ethnic minority parents, the change in their attitude towards early married should be emphasised in communication activities.

5.4.7. Safe, friendly and supportive learning environment

- Install child protection systems in the schools, connect schools with child protection services for children to report and seek help to protect themselves against violence and bullies. These systems should consist of clear mechanism of responding to children report that set by school management.

5.4.8. Improvement in school infrastructure

- Prioritise improvement of school infrastructure in remote areas with school management boards working with local authorities on annual development plans for repairs, renovations or new infrastructure.
- Increase the numbers of nursery and kindergarten in remote and mountainous area, industrial zones, new urbanised areas to ensure access of children to early childhood care.
- Provide sufficient teaching materials and textbooks, and gradually improve facilities and the learning environment for children with disabilities.



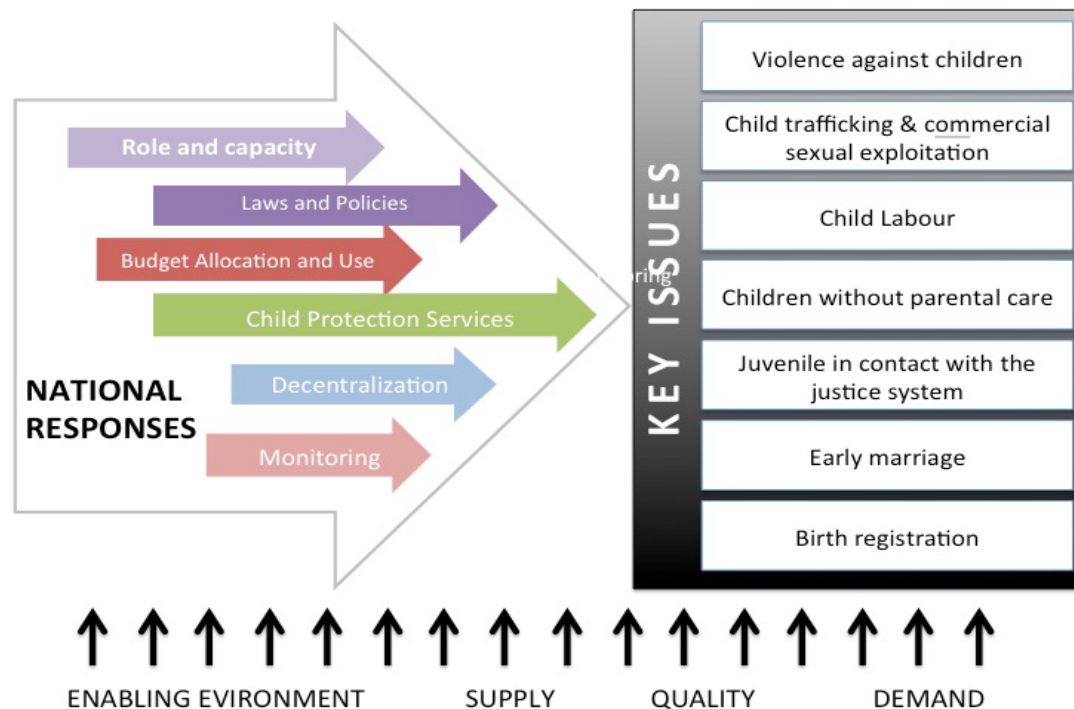
CHAPTER 6. RIGHTS TO PROTECTION AGAINST ABUSE, VIOLENCE, NEGLECT, AND EXPLOITATION



CHAPTER 6. RIGHTS TO PROTECTION AGAINST ABUSE, VIOLENCE, NEGLECT, AND EXPLOITATION

All children have the right to protection from all forms of violence, neglect, exploitation and abuse. States parties to the CRC are required to take all appropriate measures to ensure children's safety and security, and to promote the physical and psychological recovery and social reintegration of child victims. This chapter explores children's right to protection in Viet Nam, the policy and legal framework and the functioning of systems of child welfare and justice for children based on the available information and perspectives of different stakeholders.

Framework for analysis



Box 6.1. Key Articles from the CRC related to child protection

- Article 2: Non-discrimination
- Article 3: Best interests of the child
- Article 19: The right to protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation
- Article 23: The rights and special needs of the physically and mentally disabled child
- Article 32: The right to protection from economic exploitation
- Article 33: The right to protection from illicit use of narcotic drugs and psychotropic substances
- Article 34: The right to protection from all forms of sexual exploitation and sexual abuse
- Article 35: The right to protection from the abduction, sale and traffic in children
- Article 36: The right to protection from all other forms of exploitation
- Article 37: The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty
- Article 39: The right to physical and psychological recovery and social integration
- Article 40: The rights of the child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity
- Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography
- Optional Protocol to the CRC on the Involvement of Children in Armed Conflict

6.1. Status and Trends of key issues

6.1.1. Violence against children

Growing recognition of violence against children as a serious issue in Viet Nam is reflected in the dramatic increase in reported cases of violence against children in recent years which has resulted in public concern and policy debates. Violence against children occurs mostly at home, and also in schools, day care services, and in the community.

Physical and emotional abuse: The MICS 2014 indicates that 68.4 per cent of children aged 1-14 years in Viet Nam were subjected to at least one form of psychological or physical punishment by household members, who employed a combination of violent disciplinary practices. About 58.2 per cent of children experienced psychological aggression and 42.7 per cent received physical punishment. Severe forms of physical punishment (e.g. being hit hard and repeatedly on the head, bottom, ears or face) were experienced by about 2.1 per cent. Boys were more likely to receive physical punishment (48.5 per cent) more than girls (36.6 per cent) but both were almost equally vulnerable to psychological aggression - 59.6 per cent of boys and 56.7 per cent of girls reported such punishment.

Violent disciplinary practices are strongly associated with positive attitudes toward corporal punishment in Viet Nam.¹⁵⁵ Parents are seen as having a right to discipline children physically, so mistakes are recognised and not repeated. For most children, physical violence at home predicts physical violence in the school and community—which usually takes the form of bullying or fighting with peers. Students who are violent at schools are often from families where they have been abused physically and emotionally by their parents or other siblings.¹⁵⁶

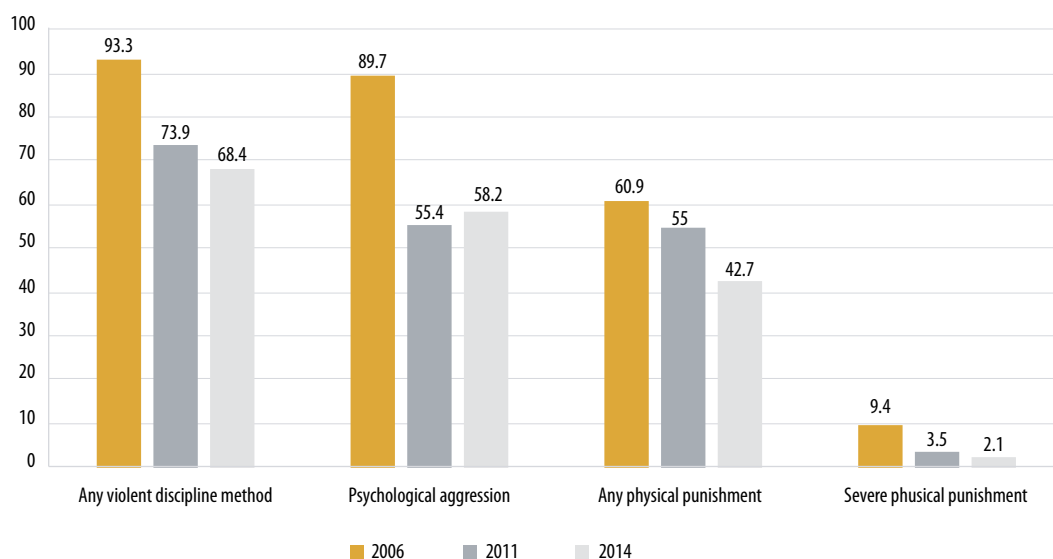
Available data shows a significant decrease in violent disciplining of children between 2004 and 2014, the years when MICS was conducted. The proportion of children who were subjected to violent disciplining was 93.3 per cent in 2004 but had declined by 27.1 per cent to 68.4 per cent in 2014.

The proportion of children who experienced physical punishment showed a steady decline from 60.9 per cent in 2004, to 55 per cent in 2011, to 42.7 per cent in 2014. There was a remarkable decline in children experiencing severe physical punishment from 9.4 per cent in 2004, to 3.5 per cent in 2011, to 2.1 per cent in 2014. Although there was a remarkable decline in the prevalence of moderate and severe physical disciplining, the decline was more pronounced between 2004 and 2011 and the pace of decline between 2011 and 2014 was slower. Furthermore, psychological aggression against children did not decline at a similar rate and in fact showed an increase from 55.4 per cent in 2011 to 58.2 per cent in 2014.¹⁵⁷

155 Cappa, C., & Dam, H., *Prevalence of and risk factors for violent disciplinary practices at home in Viet Nam. Journal of interpersonal violence*, 2013

156 UNICEF, MOLISA and the University of Edinburgh, *Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

157 General Statistics Office, *Multiple Indicator Cluster Surveys 2006, 2011 and 2014, Final Report, Ha Noi, 2015.*

Figure 6.1. Children aged 1 – 14 who experienced violent disciplining

Sources: MICS 2006, 2011, and 2014

School related violence has emerged as a cause of concern in Viet Nam due to widespread corporal punishment, peer violence and bullying in school and media reports of serious child abuse by caregivers in kindergartens and care services in recent years.

Corporal punishment has been prohibited in schools but teachers continue to view it as an effective way of imposing discipline in the classroom and shaping children's behaviour. In a 2013 survey, 27 per cent of the students reported being beaten by a teacher by hand and 26 per cent with the aid of an object in previous semester.¹⁵⁸ Over 1,600 cases of student fights within and outside school, mostly involving kicking, slapping and punching and some more serious cases as well, were reported to MOET between 2013 and 2015.¹⁵⁹

Peer violence in schools often involves bullying (e.g. verbal abuse and threats), physical violence (e.g. hitting, kicking, biting, scratching, damaging each other's possessions) and causing emotional distress (e.g. spreading malicious information and exclusion) and these categories are by no means exclusive.

Corporal punishment and discipline in schools often manifest in gendered and discriminatory ways and has been linked to reduced school performance and increased school drop-outs.¹⁶⁰ Boys are three times more likely to have violent confrontations with peers than girls but violence often has different meanings for boys and girls. Bullying is mainly a tool to achieve status or a display of strength for boys whereas it is more often linked to expressions of intimacy for girls. Groups of girls gang up to humiliate others using social media or by taunting them in person.

Sexual abuse: Viet Nam does not have comprehensive data on the nature and extent of child sexual

¹⁵⁸ Martin, P., Quyen, D. L., Swanton, B., Achyut, P., & Fulu, E., "The love journey": a school-based approach for primary prevention of gender violence and promotion of gender equity in Danang, Viet Nam (pp. 145). Danang: Pazy Desarrollo (Peace and Development), 2013

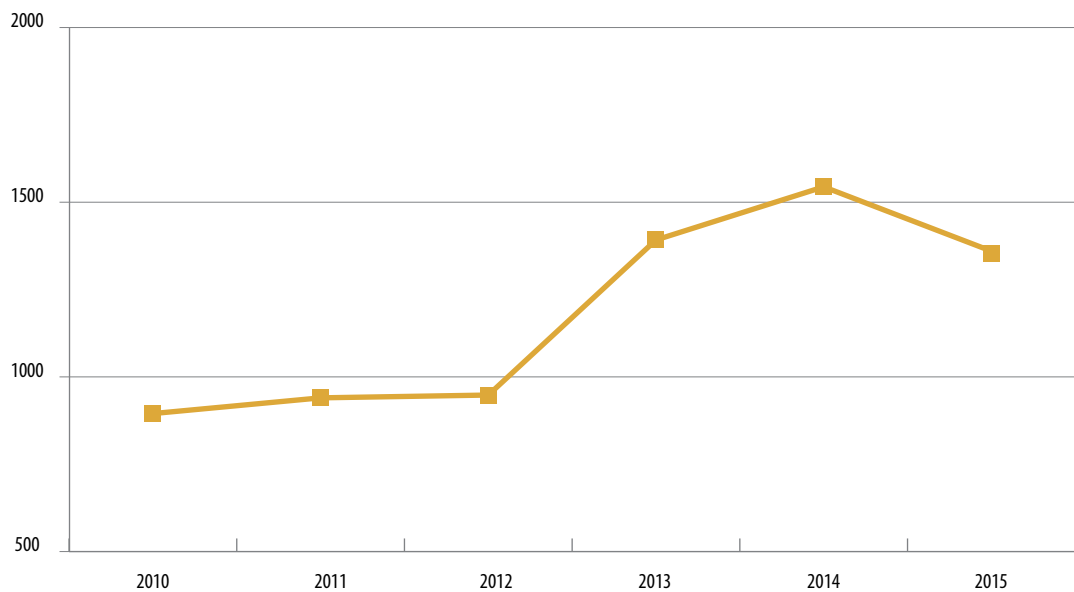
¹⁵⁹ Cited

¹⁶⁰ UNICEF, MOLISA and the University of Edinburgh, Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.

abuse. The number of reported cases of sexual abuse against children has increased in recent years, however, it is not clear if this reflects an increase in actual incidents, an increased reporting or both. The increasing number of cases of sexual abuse of boys is also a serious concern, especially as such cases have hitherto been grossly under-reported and are contrary to the social norms of masculinity.

The MPS identified nearly 6,200 cases of child sexual abuse between 2011 and 2015 and an additional 645 cases in the first half of 2016 but the actual number could be much higher. In approximately 97 per cent of cases, the abusers were known to the victims, and 47 per cent of them were a family member or relative.

Figure 6.2. Reported cases of child sexual abuse in Viet Nam



Source: MPS, 2016

A number of cultural attitudes, beliefs and practices contribute to children's vulnerability to sexual abuse and exploitation. These include gender inequality, hierarchical parent-child relationships and acceptance of male infidelity. According to studies in Viet Nam there is a strong emphasis on female virginity, family honour and community reputation, and girls who are raped are often blamed for it. This contributes to a culture of silence and denial. A lack of knowledge as well as cultural taboos against discussing sexual issues inhibit open talks with children about sexuality and how to avoid sexual abuse.¹⁶¹

6.1.2. Child trafficking and commercial sexual exploitation of children

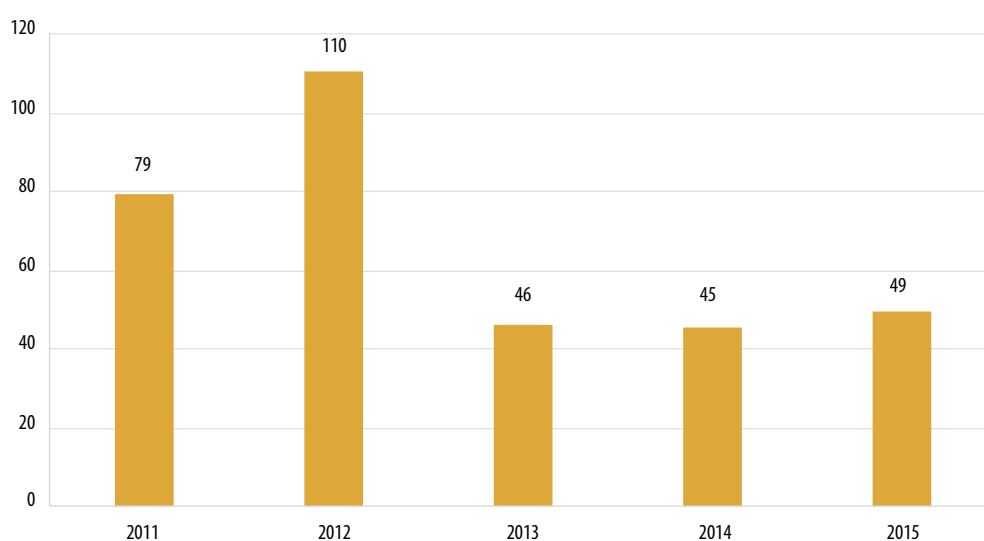
Viet Nam faces the challenge of both internal and cross-border trafficking of children for the purposes of sexual exploitation, forced marriage and forced or exploitive labour. From 2008 until June 2013, Vietnamese authorities detected 2,390 trafficking cases involving 3,961 traffickers and 4,721 victims. Of these, there are 2105 cases trafficking in persons from 16 years old (accounting for 88.1%), trafficking in children (under 16 years old) 177 cases (accounting for 7.4%) and trafficking in children and adults of 108 accounting for 4.5%. There were 2,293 cases of human trafficking cases to overseas and 97 cases of in-country human trafficking. The true number of cases could be far higher;

¹⁶¹ UNICEF, MOLISA and the University of Edinburgh, *Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

between 2008-mid 2013, 17,870 women and children were reported missing without reason during this period, many of whom may have been trafficked (Report No.571/BC-BCD; Steering Committee 138/CP 2013). Some children are trafficked from rural areas into cities where they became involved in street hawking, begging, forced labour or sexual exploitation. Others cross national borders with promises of jobs but instead end up in a form of sexual exploitation, forced marriage and other exploitative forms of labour, all which are risk factors for further violence.¹⁶²

However, the nature and extent of the problem is difficult to ascertain due to the hidden nature of these crimes, delays in case identification and low rates of reporting. The numbers of cases provided by MoLISA below are clearly underestimated, as these only record the cases that were officially reported and identified, while up to 60 per cent of victims are self-returnees according to MPS.

Figure 6.3. Number of children who are victims of trafficking and kidnapping



Source: MOLISA, 2015, *Statistic report, Department of Child Protection and Care*.

The focus on preventing trafficking and rehabilitating victims in Viet Nam is currently centred on females. This is likely reflective of the visibility of trafficking women and girls, but also reflects cultural perceptions relating to labour exploitation and inhibitions of males coming forward as victims. Although trafficking of boys is widespread for labour, including street begging and vending, and sexual exploitation, in 2012 GSO noted the lack of official statistics and research on trafficking in boys. International Organisation for Migration (IOM) research on trafficking of men and boys found that most of the 80 reported trafficked boys were trafficked internally for labour purposes, including begging, working in factories in Ho Chi Minh City, brick kilns and gold mines.

According to MOLISA, of the 31,000 sex workers estimated to be working in Viet Nam from 2003 to 2008, 14 per cent or roughly 4,300 were sexually exploited children under 18 years. In addition to the sexual violence experienced by children, sexual exploitation places them at an increased risk of other forms of violence. Boys as well as girls are sexually exploited, but the GSO notes a lack of official statistics or government records on boys, even though large numbers of boys are known to be involved in street begging, vending and other forms of child labour that exposes them to multiple types of violence.

¹⁶² <[www.humantrafficking.org/countries/Viet Nam](http://www.humantrafficking.org/countries/Viet%20Nam)>

Although there is limited data available, Viet Nam is considered an increasingly popular destination for child sex tourism, especially where children work as street vendors and tour guides. Research has also found that the internet is increasingly being used by child sex offenders as a means of communicating with Vietnamese children and grooming them for sexual abuse. Children come into contact with exploiters (both domestic and foreign) through social media, and in many instances this online interaction leads to in-person meetings. While concrete statistics are not available, there is also growing evidence through cases seen in the media and by professionals that Vietnamese children have been directly exploited through the production of child pornography or live streaming of child sexual abuse. In a UNICEF survey on commercial sexual exploitation of children, children expressed the powerlessness of their situation and their inability to refuse photos or video, and were unaware of the later commercial use of their images¹⁶³

6.1.3. Child labour

Children around the world are routinely engaged in paid and unpaid forms of work that are not harmful to them. However, a child is classified as “child labourer” when he/she is either too young to work, works for too many hours, or is involved in hazardous activities that may compromise their physical, mental, social or educational development (UNICEF, 2015). From a child rights perspective, unlike adult labour, ‘child labour’ is not only defined by the activity but also by its consequences, including negative impact on children’s schooling (ILO, 2008). There are two sources of data officially available on child labour in Viet Nam, i.e. the child labour module in MICS conducted by GSO with technical assistance from UNICEF systematically in 2000, 2006, 2011 and 2014, and the Viet Nam National Child Labour Survey in 2012 conducted by MOLISA and GSO with technical assistance from ILO. There are differences in the measurement of child labour according to these two methods. While MICS 2014 considered children who: (i) engaged in economic work above age-specified time thresholds, (ii) worked in hazardous working conditions; and (iii) performing household chores above age-specified time thresholds as child labour, the National Child Labour Survey 2012 considered only those children belonging to the first two categories mentioned above as child labour (as illustrated in Table 6.1).

163 UNICEF, MOLISA and the University of Edinburgh, *Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

Table 6.1. Measurement of child labours

UNICEF = involvement in economic activities and/or unpaid household chores for too many hours	ILO = involvement in economic activities only
<ul style="list-style-type: none"> o Children aged 5–11 years engaged in at least one hour of economic work or 28 hours of household chores per week o Children aged 12–14 years engaged in at least 14 hours of economic work or 28 hours of household chores per week 	<ul style="list-style-type: none"> o Children aged 5–11 years engaged in at least one hour of economic work o Children aged 12–14 years engaged in at least 14 hours of economic work
<ul style="list-style-type: none"> o Children aged 15-17 years engaged in at least 43 hours of economic work or household chores per week 	<ul style="list-style-type: none"> o Children aged 15-17 years engaged in at least 43 hours of economic work
<ul style="list-style-type: none"> o Children of any age in hazardous working conditions 	<ul style="list-style-type: none"> o Children of any age in hazardous working conditions

In MICS 2014, 12.1 per cent of children aged 5-17 years out of the total interviewees, were involved in economic activities for more than the age-specific number of hours. There were no significant differences in the proportion between males and females. However, there was a large differential among regions, with the Red River Delta (3 per cent) in contrast to the northern Midlands and Mountainous area (25.5 per cent). Meanwhile, there were differences between rural (14.0 per cent) and urban areas (7.5 per cent) as well as ethnic minorities (26.1 per cent) and Kinh/Hoa (9.2 per cent).

Schooling is one of the deterrents to child labour as children not attending school were more likely to be involved in economic activities (32 per cent) than those attending school (10.4 per cent).

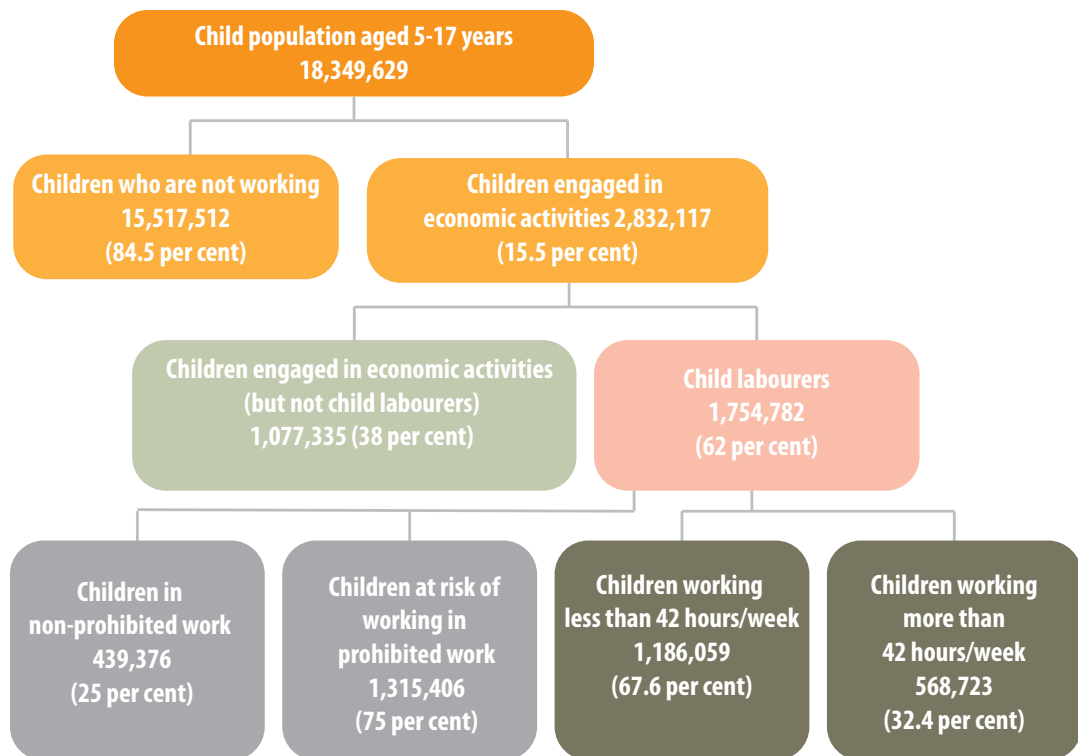
Table 6.2. Children aged 5-17 years by involvement in economic activities or household chores, 2014

	Children involved in economic activities for a total number of hours during last week:		Children involved in household chores for a total number of hours during last week:		Children working under hazardous conditions	Total child labour	Number of children aged 5-17
	Below the age specific threshold	At or above the age specific threshold	Below the age specific threshold	At or above the age specific threshold			
Total	18.4	12.1	79.0	0.7	7.8	16.4	8578
Sex							
Male	18.6	11.9	76.0	0.4	8.6	16.6	4383
Female	18.2	12.3	82.1	0.9	7.0	16.2	4195
Area							
Urban	10.6	7.5	72.5	0.3	3.3	9.6	2538
Rural	21.7	14.0	81.7	0.8	9.7	19.3	6040
Age							
5-11	2.8	14.9	69.7	0.3	3.7	15.4	4810
12-14	33.2	10.2	91.2	1.6	10.6	17.0	1879
15-17	43.2	6.8	90.6	0.7	15.7	18.5	1889

Source: GSO and UNICEF, MICS 2014

According to the Viet Nam National Child Labour Survey in 2012, about 1.75 million children aged 5-17 (nearly 10 per cent of the child population) in the country were child labourers. Three in five of them were in the 15-17 years age group. Nearly 85 per cent of the child labourers lived in rural areas and 65 per cent were engaged in agriculture. The child labour rates in the 5-11 and 12-14 years age groups were higher in rural areas. About 1.3 million children (75 per cent of child labourers) were at risk of involvement in work that was either prohibited for them or was in environments not conducive to their development and may involve in dangerous and hazardous work (worst forms of labour). About 569,000 of the 1.75 million child labourers clocked more than 42 hours in the reference week.

Figure 6.4. Distribution of child population aged 5-17 in Viet Nam, by participation in economic activities



Source: MoLISA, GSO, ILO (2012), National Child Labour Survey 2012

Child labour hampers children's mental and physical development. Several activities in agricultural and industrial production threaten the physical safety and well-being of children working in these sectors. The National Child Labour Survey 2012 found that children in labour situation were affected by insect bites (27.5 per cent), abrasions (19 per cent), fatigue (13 per cent), fractures (4 per cent) and respiratory problems (2 per cent). Self-employed children (e.g. lottery ticket sellers, shoe shines, or scavengers) are often mistreated, abused verbally, physically or sexually, and mugged. Out of the 1.75 million child labourers, only 45.2 per cent managed to attend school, 52 per cent had dropped out and 2.8 per cent had never attended school. Lack of or insufficient education is known to contribute to higher risk of disorientation, misconduct, limited opportunities and future options.

Table 6.3. Children in hazardous-at-risk work by age group and gender

Area/ Gender	Number of children	Rate (per cent)	By age group (per cent)		
			5-11	12-14	15-17
National					
Total	1 315 406	100.0	9.7	29.3	61.0
Male	798 688	60.7	9.4	28.2	62.4
Female	516 718	39.3	10.2	31.0	58.8
Urban					
Total	174 221	100.0	6.2	27.4	66.4
Male	101 978	58.5	5.7	24.9	69.4
Female	72 244	41.5	6.9	30.9	62.2
Rural					
Total	1 141 184	100.0	10.3	29.6	60.2
Male	696 710	61.1	10.0	28.6	61.4
Female	444 475	38.9	10.7	31.0	58.3

Source: MoLISA, GSO, ILO (2012), National Child Labour Survey 2012

The statistics between MICS 2014 and National Child Labour Survey 2012 shows an increase in the percentage of child labourers from about 10 per cent to 12.1 per cent. The data from the two surveys show similar trends of children working in hazardous condition by age – children in older age groups are more likely to be engaged in hazardous working conditions than younger children. In the National Child Labour Survey 2012, these rates were 9.7 per cent for 5-11 year olds, 29.3 per cent for 12-14 year olds and 61 per cent for the 15-17 years old group. According to MICS 2014, these rates were 3.7 per cent, 10.6 per cent, and 15.7 per cent.

In addition to difficult economic situations, the lack of knowledge on working conditions and the potential impact and threats of child labour cause a considerable portion of rural families to allow their children to drop out of school and engage in work from early age.¹⁶⁴ Children's limited awareness on their rights and the consequences of early labour also contributes the situation of child labour. Many children became child labourers due to family circumstance, especially children from families under special circumstances such as families of disabled people, poor families (without stable livelihood), ethnic minority families, etc. due to limited access to social services.

Limited access to education, skills and vocational training for children also challenges the effort to eliminate child labour. School curriculums mostly focus on theoretical knowledge and there is a lack of activities to develop skills and prepare older children for future work. This often causes early drop out of school to engage in low-wage labour.

Limitations of the legal system in controlling and handling violations related to child labour, especially in the informal economic sector, is an important challenge to the elimination of the worst forms of

¹⁶⁴ The United Nations Children's Fund, Literature review and mapping of Interventions of child labours in Viet Nam, UNICEF, Ha Noi, 2016

child labour. Fines are not strong enough, especially for businesses that use child labours. The lack of a benchmark for levels of threat to child victims creates difficulties in identifying and detecting child labour and applying legal penalties. In Viet Nam, the informal economy plays a significant role in both urban and rural areas. However, government policies have limited ability to regulate and control this sector. This situation often keeps household businesses in very precarious conditions, with next-to-no connection to public services. Consequently, working conditions are inadequate and average income is low, which may trigger worst forms of child labour.

6.1.4. Children without parental care

A large number of children in Viet Nam live without adequate parental care and support. This includes children who have lost one or both of their parents (i.e. orphans), as well as children living on the street and children with parents working far from home. Although official data is not available, against the backdrop of limited employment and wages in rural areas, the number of children with parents working far from home is widely believed to be increasing.

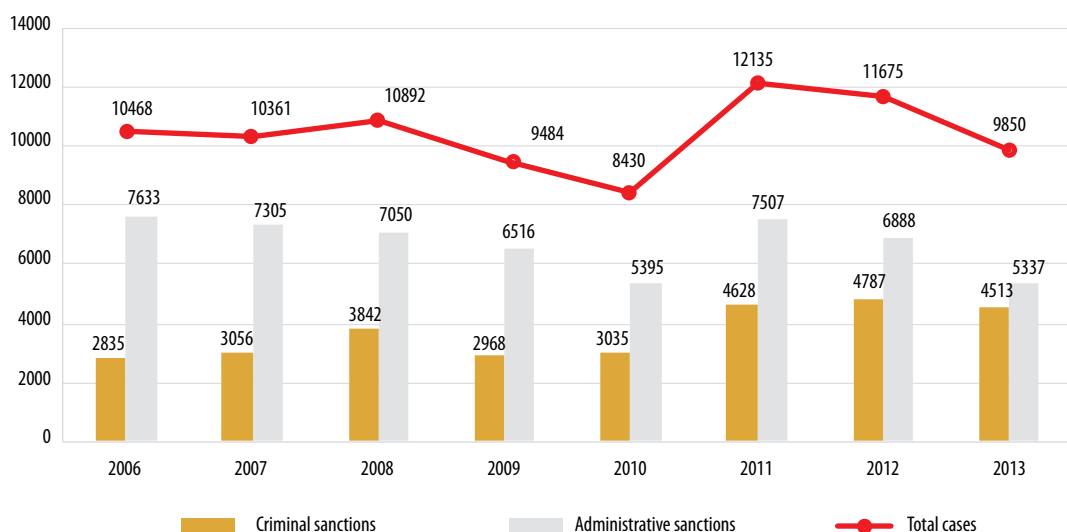
The MICS 2014 provides an indication of the magnitude of children without adequate parental care. About 5.2 per cent of children in the 0-17 years age group lived without their biological parents, 3.5 per cent had lost one or both of their biological parents, and at least one of the biological parents of 1.3 per cent of children lived abroad.

Children in need of special care and protection in Viet Nam are mostly cared for by their relatives but are also provided with alternative care including institutionalised care or placed for adoption or foster care. Of nearly 1.4 million children in special circumstances in Viet Nam, 170,000 receive alternative care in various forms. Among those in alternative care, 22,000 children are institutionalised (MOLISA, 2015b).

6.1.5. Children in conflict with the law

There was a dramatic decline in children in conflict with law in Viet Nam between 2006 and 2015. The number of children violating the law dropped by 48.9 per cent and the number of administrative and criminal cases involving children nearly halved from 10,468 to 5,925 cases.

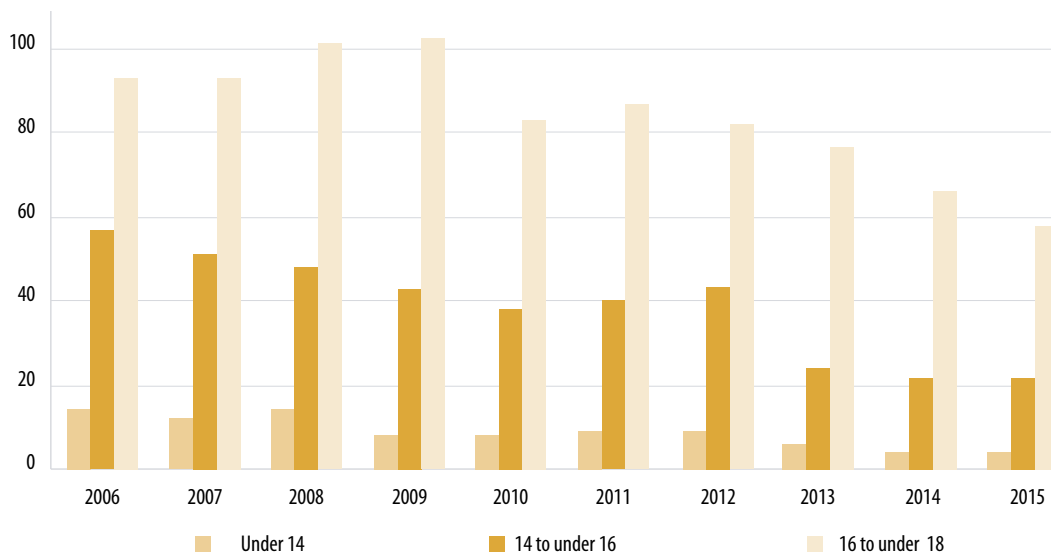
Figure 6.5. Number of Cases of Children in Conflict with the Law (Administrative and Criminal)



Source: UNICEF and MOJ, 2015, *Situation Analysis of the Viet Nam Juvenile Justice system 2014*

As the chart below illustrates, most child offenders were in the 16-18 years' age group and their share among children in conflict with the law increased from 56.5 per cent in 2006 to 77.5 per cent in 2015. Child offenders in the 14- 16 years age group accounted comprised of one third to one fourth of children in conflict with the law and their numbers have shown a decline of 8.5 per cent while the under 14 age group represented a relatively small percentage and showed a decline from 8.7 per cent to 5.5 per cent during the same period.

Figure 6.6. Number of Children in Conflict with the Law by Age



Source: UNICEF and MOJ, 2015, *Situation Analysis of the Viet Nam Juvenile Justice system 2014*

Most cases of children in conflict with the law tend to be administrative rather than criminal offences. Although over 50 per cent of cases between 2006 and 2015 were administrative, their numbers have been decreasing in recent years. Criminal cases accounted for 27 per cent of all cases in 2006 but accounted for 42.38 per cent of all cases in 2015. There was a dramatic increase in criminal cases to 50.2 per cent in 2014, although it is not clear if these changes resulted from changes in the detection and handling of cases or reflected an increase in the actual incidences of offending behaviour by children.¹⁶⁵

Statistics from the Supreme People's Procurator show that most crimes committed by children have consistently been minor property-related offences such as theft and snatching. About 60 to 66 per cent of child offenders between 2006 and 2015 were accused of such minor offences. Over 20 per cent of the offences involved causing bodily harm, loss of life, dignity and honour of another person and 7.2 to 14 per cent related to disturbance of public order, and violation to public security. Violent crimes committed by children (e.g. inflicting injury, sexual assault and rape, homicide, robbery) account for a limited share of the cases involving children and have shown a slight increase from 20.4 per cent to 22 per cent between 2006 and 2011.¹⁶⁶

A number of studies and reports have identified several risk factors contributing to juvenile offences in Viet Nam¹⁶⁷. They include children dropping out of school early, low levels of education, inadequate

¹⁶⁵ Ministry of Justice, *Situation Analysis of the Viet Nam Juvenile Justice system*, Ha Noi, 2014

¹⁶⁶ Ministry of Justice, *Situation Analysis of the Viet Nam Juvenile Justice system*, Ha Noi, 2014

¹⁶⁷ Anh, D. H., *Juvenile Crime Prevention Programs*, 2010

life-skills, and lack of vocational skills for decent work, growing aspirations and chasm between the rich and poor, economic stresses, dysfunctional relationships and neglect within families; peer pressure, addiction to computer games; and inadequate guidance, counselling and facilities for nurturing a positive lifestyle through recreational, entertainment and cultural activities¹⁶⁸. However, these conclusions are generally based on anecdotal evidence from a limited number of respondents and have not been fully researched.

6.1.6. Early marriage

The Marriage Law regulates that the marriage age for a woman is from at least 18 years, male is from at least 20 years old and the penalties for violation. However, early marriages still take place, particularly among ethnic minority groups living in poor and remote areas. MICS 2014 shows that of women aged 15 – 49 years in Viet Nam, 0.9 per cent was married before the age of 15. Small variations in proportions were observed between urban (0.4 per cent) and rural (1.1 per cent). There were 11.1 per cent of women aged 20 – 49 years who got married before age 18 and the difference between urban and rural areas was 6.6 per cent (6.7 per cent and 13.3 per cent, respectively). A recent UNICEF study on out-of-school children confirmed that early marriage resulted in early pregnancy and motherhood and negatively affected school attendance. According to SAVY 2, 1.3 per cent of the girls aged 16 and 4.8 per cent of the girls aged 17 had given birth to their first child.

The early marriage rate in communes with a high ethnic minority population in mountainous provinces could be higher. Statistics from MICS 2014 show that the percentage of women aged 15 – 49 years getting married before age 15 were 2.1 per cent in the Northern Midlands and Mountainous area and 1.9 in the Central Highlands; and the percentage of women aged 20 – 49 years getting married before age 18 were 18.8 per cent and 15.8 per cent, respectively. However, the reasons this practice still survives is an area that needs empirical investigation into the socio-economic context of these groups and the effectiveness of the communication strategies employed to raise awareness about the ill-effects and illegality of early marriages. A situation analysis of children in Ninh Thuan in 2011 provided an example of cultural practices among the Raglay communities along the southeastern coast, where girls were pressured to get married early. Traditionally after getting married, a boy went to live in his spouse's home so that the girl's family would have additional labour and a higher income.

¹⁶⁸ These conclusions are generally based on anecdotal evidence from a limited number of respondents and have not been fully researched.

Table 6.4. Early marriage and polygyny

Early marriage and polygyny		
Marriage before age 15	Percentage of women aged 15-49 years who were first married or in union before age 15	0.9
Marriage before age 18	Percentage of women aged 20-49 years who were first married or in union before age 18	11.2
Young people aged 15-19 years currently married or in union	Percentage of young women aged 15-19 years who are married or in union	10.3
Polygyny	Percentage of women aged 15-49 years who are in a polygynous union	0.7
Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older	
	a, among women aged 15-19 years	5.8
	b, among women aged 20-24 years	4.7

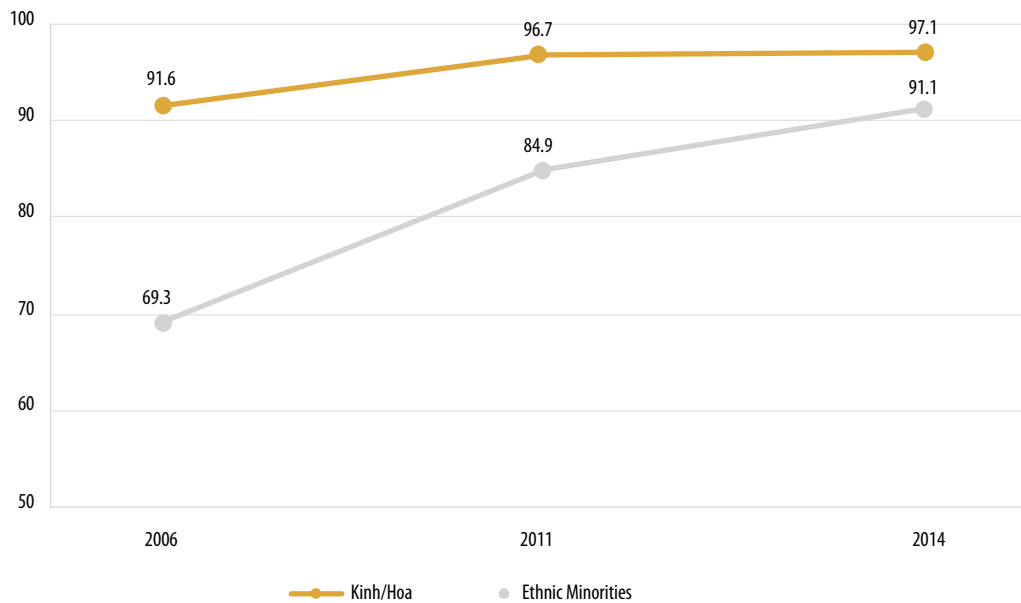
Source: GSO and UNICEF, MICS 2014

Some ethnic minority groups in the Northern mountainous areas and Central Highlands still practice marriage between close relatives, which has been scientifically proven to aggravate genetic disorders through in-breeding. Marriage between cousins has been a tradition among groups such as the Minong and Ede (UNICEF, 2012c).

6.1.7. Birth registration

Birth registration has been recognised as an important condition for implementing child rights as it is the official recognition of name, nationality, identity and age and enables children to seek special protection in the event of rights violations and increased vulnerability.

Figure 6.7. Children aged under 5 whose births are registered, by ethnicity of household head



Sources: GSO and UNICEF, MICS 2006, 2011 and 2014

The birth registration rate of children below the age of five years has increased steadily from 87.6 per cent in 2006, to 94.6 per cent in 2011, to 96.1 per cent in 2014.¹⁶⁹ Although most birth registrations are completed within the first year of a child's birth and gender differentials are insignificant, children in the Central Highlands and Mekong River Delta fare poorly in comparison with children in other regions. Steady improvements in birth registration of children have been recorded in these regions as well – from 78.3 per cent to 92.1 per cent in Central Highlands and 80.1 per cent to 93.2 per cent in Mekong River Delta between 2006 and 2014, there are pockets where the services are difficult to access.¹⁷⁰

Mothers' education levels, the households' economic status and ethnicity are important factors influencing birth registration. About 98.9 per cent of children of mothers with tertiary education had birth certificates compared with 86.6 per cent of children of mothers without education. About 98 per cent of children from wealthy households had birth certificates in comparison with 90.5 per cent children from the poorest households. Compared with 97.1 per cent of Kinh/Hoa children, the birth of only 91.1 per cent of ethnic minority children were registered. In spite of the dramatic reduction in the gap from 22.3 per cent in 2004, the gap of 6 per cent in 2014 remains significant.

6.2. National response

6.2.1. Legal and policy framework

The Law on Children, approved on April 5, 2016 by the National Assembly, is an important milestone in Viet Nam's legal framework for the child protection system. It contains a distinct chapter on child protection (Chapter IV), specifies three levels of services (prevention, assistance and intervention) for child protection and establishes accountability of different duty bearers for its implementation. It

¹⁶⁹ General Statistics Office, *Multiple Indicator Cluster Surveys 2010, 2011 and 2014, Final Report*, Ha Noi, 2015.

¹⁷⁰ General Statistics Office, *Multiple Indicator Cluster Surveys 2006, 2011 and 2014, Final Report*, Ha Noi, 2015.

provides for the appointment of child protection officers at commune level, outlines clear procedures for reporting, assessment and intervention planning for children in need of protection, and gives detailed guidance on alternative care for children with particular focus on family-based care. Article 13 of the law, which provides for the right to birth registration and nationality, reinforces the Decision No. 1299/QĐ - TTg in 2014 that approved inter-sectoral collaboration on administrative procedures for birth registration, residence registration, and health insurance cards for children below the age of 6. The Law on Children has also strengthened the legal framework for justice for children by outlining the general principles of justice for children in administrative, criminal and civil proceedings (Section 4).

The Law on Handling of Administrative Violations promotes a specialised approach to handling cases involving children and has introduced several child-sensitive provisions, including new alternatives to administrative handling measures and limits on measures that involve restrictions on the liberty of child offenders. It has significantly improved the due processes for children's rights by transferring the responsibility for decisions on placement in reform school from an administrative to judicial authority. Furthermore, Decree No. 111/2013/ND-CP seeks a more professionalised case management approach to managing child offenders and provides specific guidance on their education at commune, ward and district levels.

The penal law provisions relating to both child victims and children in conflict with the law have also been strengthened. The Penal Code amendments in 2009 and 2015 strengthened provisions relating to child sexual abuse, child trafficking, and engaging children in pornographic performances. The Penal Procedure Code 2015 now includes a separate chapter outlining special guiding principles and handling measures for all child victims, witnesses, accused and defendants who are under the age of 18. The Joint Circular 01/2011/TTLT-VKSTC-TANDTC-BCA-BTP-BLDTBXH was introduced, and is currently being revised, to provide detailed guidance on sensitive handling of children for police, procuracy and judges.

The National Program for Child Protection (2016-2020),¹⁷¹ which seeks protection of children from violence, abuse and exploitation and the rehabilitation of victims, and social inclusion of the most disadvantaged children has also provided guidance for the strengthening of the child protection system. It has prioritised strengthening of institutions responsible for judicial proceedings and administrative handling, delivery of professional child protection services, and development of child protection system(s). Following the approval of inter-sectoral collaboration on birth registration, residence registration and health insurance cards for children below the age of six,¹⁷² the MOJ, MOH and MPS developed guidelines to simplify paperwork and reduce the time for processing and the cost of registration.

The National Program on Prevention and Elimination of Child Labour (2016-2020)¹⁷³ was approved recently to effectively prevent, mitigate and eliminate child labour, to detect children at high risk of being engaged in child labour and working in violation of the laws, and to provide them with timely support for social inclusion and further development.

6.2.2. Role and capacity of duty bearers

Viet Nam has made significant progress in strengthening its child protection system in recent years.

¹⁷¹ Government of Viet Nam, Decision 2361/QĐ-TTg approving the Child Protection Programme 2016-2020, December 2015

¹⁷² Decision No. 1299/QĐ - TTg, April 8, 2014

¹⁷³ Government of Viet Nam, Decision 1023/QĐ-TTg on approving the Program on preventing and reducing child Labour in the period 2016 – 2020, June 7, 2016

Currently, the child protection system is centrally managed and organised vertically and horizontally from central to local levels. MoLISA manages child protection at the central level and collaborates with other ministries for providing services and forming the system to support children and families according to the division of responsibilities under the Law on Children of 2016. As the lead agency for child protection, it is responsible for guiding the implementation of legal provisions on child protection policies, preparing conditions for the establishment, organisation and operation of child support establishments, developing procedures for admitting children in special circumstances to child support establishments and returning them to their families, and in general taking primary responsibility for, and coordinating with other stakeholders in implementing the National Program of Action for Children, the Program on Child Protection and care and education of children in special circumstances and other programmes and plans on child protection, care and education.

Within MoLISA, the Department for Child Protection and Care, established by Decree No 168/QĐ-LĐTBXH of January 24, 2008, is primarily responsible for handling cases and issues concerning child care and protection. Working alongside the Department for Child Protection and Care, the Social Protection Department has five main responsibilities linked to child protection: (i) social policy research; (ii) legislation regarding orphans, children infected by HIV, and abandoned children; (iii) poverty reduction; (iv) emergency measures; and (v) social work development (Decision 1268/QĐ-LĐTBXH, August 30, 2013).

Among the other ministries responsible for various aspects of the child protection system(s) at the central level, MOH is responsible for the care and monitoring of children with HIV/AIDS and provision of health care for disadvantaged children. MOET is responsible for promoting awareness and education on child protection, preventing and controlling school violence, and establishing standards for child-friendly teaching and learning environment. The Family Department within the Ministry of Culture, Sport and Tourism, which is responsible for the cultural development of children has been implementing the 'Families of Culture' program.

MOJ disseminates information on legislation on child protection and works together with MoLISA, Peoples' Committees and other commune level collaborators on birth registration and legal adoption. The MOJ's Legal Aid Department provides legal services to eligible children under the Law on Legal Aid. The Supreme People's Procuracy provides guidance on the prosecution of criminal cases, including murder, rape, sexual abuse and trafficking.

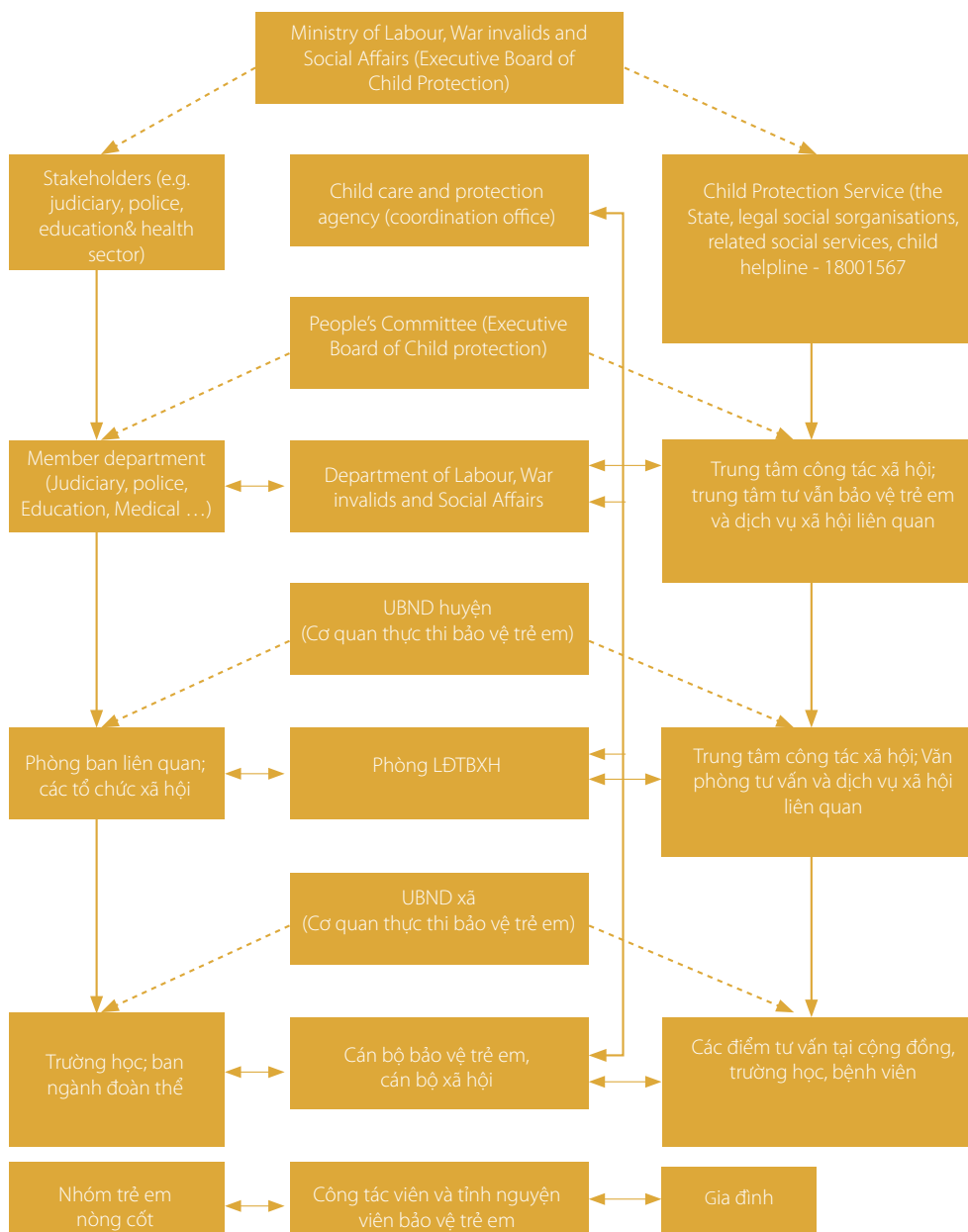
The MPS guides and organises measures to prevent and stop violence, abuse, exploitation, trafficking and other crimes against children, investigating law violations committed by and against children, and for managing and educating juvenile delinquents. The MPS is also a coordinating agency for the National Plan of Action on Trafficking in Women and Children, and the Plan on the Prevention and Fight against Prostitution.

The Ho Chi Minh Communist Youth Union is responsible for the implementation of the right of the child to be protected from all forms of abuse, violence, neglect and exploitation of children, including; responsibility for the propagation and education of compassion, education and skills training in preventing and combating violence and abuse through many methods such as visual communication, social networking, team activities and through the work of grasping, listening and reporting to the rolling staff groups and teachers in charge of children's affairs; organising models of activities for child protection, care and education, prevention and denunciation of acts and violations of children's rights, development of mechanisms and models for protection of children from violence and abuse. especially sexual abuse; coordinating with relevant agencies in implementing and monitoring the implementation of the children's rights; improving the capacity

of the staff of the Youth Union and staff in charge of children's work to prevent abuse, violence, neglect and exploitation of children; and helping child victims of violence, neglect and exploitation.

Local administrations at the provincial, district and commune levels share responsibilities for planning, oversight and implementation of the laws and policies on child protection. Pursuant to the Law on Children, the commune-level People's Committees are mainly responsible for delivering child protection services within their jurisdiction, including appointing commune-level child protection officers, allocating and mobilising resources for child protection, and approving, coordinating assistance or implementing intervention plans for children. Where a child in need of protection has been identified, the commune-level child protection officers are responsible for assessing his or her risks and needs and proposing an intervention plan, for approval by the People's Committee, outlining the support or intervention to be provided by the different agencies and organisations.

Figure 6.8. Child Protection System



Despite the efforts made by MoLISA and its Department of Child Protection and Care to foster cooperation and collaboration, the national mechanism for child protection is not as effective as expected. Every national programme and plan of action has a separate section to assign responsibilities for different ministries, inter-agency cooperation and coordination continues to be a considerable challenge, especially with respect to information sharing.

Human resource constraints at the community level is the biggest challenge in the delivery of child protection services. After the dissolution of the Committee for Population, Family and Children (CPFC) in 2008, there are neither staff nor collaborators assigned to work specifically on children's issues at the community level. Social services for vulnerable groups of children are being provided for largely through voluntary efforts and non-profit organisations rather than by trained and paid professionals.

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The dearth of professionally qualified social workers to provide services to children and families is a major shortcoming in Viet Nam's child protection system(s). About 70,000 social service practitioners currently serve people in need at different levels (including in institutions and at communities) and a total of 408 social work protection centres, including 34 social work service centres, are operated by the private and public sectors.¹⁷⁵ The numbers need to be quadrupled to meet Viet Nam's need.

Furthermore, most social service practitioners are not trained on social work and have not had much involvement in child protection. Addressing children's issues is only one of the many functions they carry out in the community. Indeed, most of the social work educators in the universities also lack relevant academic and practical experience. Despite the shortage of social workers to counsel and assist children in the community, including schools, hospitals, communes, social protection centres, many social work graduates are unable to find jobs.

These issues are expected to be rectified with the appointment of commune-level child protection officers once the Law on Children comes into effect in 2017 and government on-going efforts to strengthen the social welfare profession bears fruits. The Decision 32/2010/QĐ-TTg of March 25, 2010 by the Prime Minister on the development of social work as a profession provided the legal framework for improving knowledge and skills of social work professionals and para-professionals, development of social work services, and public awareness of the role of the social work profession. Professionalisation of social work is important as social workers need to have the necessary values, knowledge and skills to effectively and appropriately respond to the needs of vulnerable adults, children and families. Several legal documents were issued for developing social work as a profession, including the Circular 08/2010/TT-BNV of August 25, 2010 by the Ministry of Internal Affairs defining the title, code and ranking system for social work and was replaced by Joint Circular No. 30/2015 / TTLT-BLDTBXH-BNV dated 19/8/2015 regulating code and criteria for professional titles of civil servants working in social work, the Decision No. 1215/QĐ-TTg of July 22, 2011 by the Prime Minister approving the program on providing community based care and rehabilitation services for people with mental illnesses from 2011 to 2020.

To date, the development and strengthening of social work service centers, service collaborators network and establishment of Association of professional social workers have been prioritised. By April 2015, social work services centres had been established in over 30 cities and provinces and were providing services to people in need including children in special circumstances. According to MoLISA, by 2015, the networks of social service collaborators with 8,784 members were providing

174 *Save the Children, Child rights situation analysis, Viet Nam country office, 2014*

175 *Ministry of Labour, Invalids and Social Affairs, Annual report on Social Protection, 2014*

valuable support to vulnerable people in 21 cities and provinces.¹⁷⁶ The social work education curricula, including vocational training and university training were also developed to include courses on child protection. Social work training programs were implemented in 20 vocational training schools till 2014 but MOET also developed the graduate program in over 40 universities and colleges and 300 social work trainers, 320 senior social service managers and over 10,000 social service staff were trained.¹⁷⁷

6.2.3. Delivery of child protection services

The child protection system was launched in 2008 with the purpose of providing child protection services for children in need. The three-level service system consists of prevention, assistance and intervention (Article 47 of the Law on Children 2016). Since 2004, Viet Nam has established a Free Child Support and Counseling Line with the number 18001567 (now the National Child Protection Agency - 111). The operator is responsible for receiving information, counseling and telephone connection to assist children and families of children. The switchboard has helped to intervene and assist many children, especially children, in violence and violence. In 2016, the switchboard received 331,582 calls, advising 25,791 calls. Prevention level services are universal, targeting all children and families to prevent issues relating to child violence, sexual abuse, exploitation and neglect.

Assistance services target children who are vulnerable or at risk in order to reduce their risks of harm through warnings on the risks of abuse, information on protecting children, counselling, social assistance and other measures to improve living conditions. Interventions aimed at disadvantaged children and their families and rehabilitation and reintegration of abused and exploited children may include medical care, psychological counselling, temporary or long-term alternative care, family tracing and reunification, parenting education, and legal advice.



Prevention Services: Prevention of all forms of violence, abuse and exploitation of children has been promoted through a variety of communication activities and social advocacy campaigns on various child protection issues. This has included mass media campaigns through television, radio and print

¹⁷⁶ Ministry of Labour, Invalids and Social Affairs, *Annual report on Social Protection, 2014*

¹⁷⁷ Ministry of Labour, Invalids and Social Affairs, *Review Report on 4-year of implementing the project on social work profession development, 2014*

media, as well as direct communication through village meetings and community consultations. Local governments in various parts of the country have supported communication activities to popularise knowledge of laws and intervention procedures to assist abused children (Ha Giang, 2015), to improve children's life skills and ability to protect themselves against risks of abuse, and to help children, parents, and caregivers to better understand child care and protection (BCCP, 2015). MOET has also implemented many initiatives aimed at building child-friendly schools; strengthening coordination amongst school, family and society; changing family behaviour and preventing domestic violence; and establishing school consultation points and school security teams to resolve conflicts (MOET, 2015).

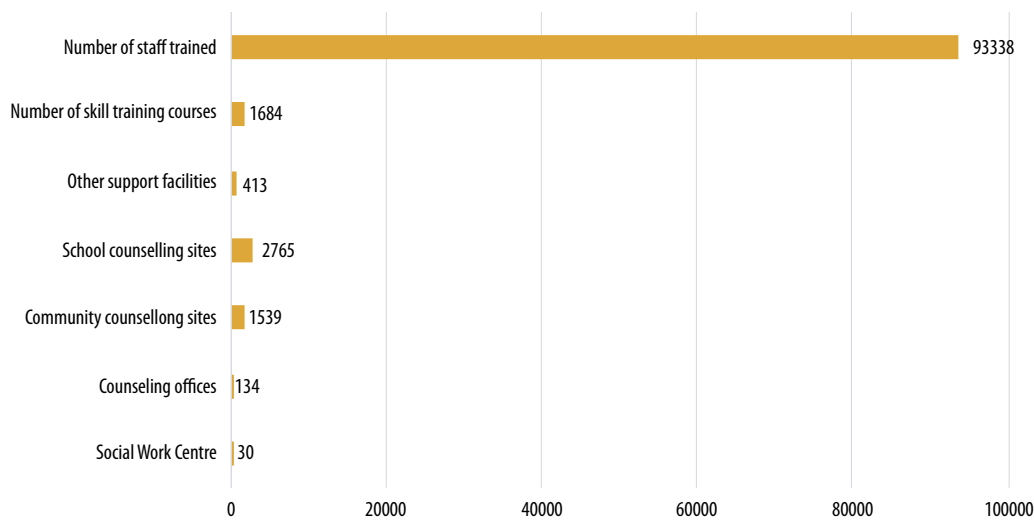
These advocacy campaigns have helped raise awareness about bullying, harsh corporal punishment, child sexual abuse and trafficking. However, concerns have been raised that communication activities remain formulaic, and there is a lack of research on the extent to which current approaches have been successful in reducing the incidence of these very serious problems. Communication and advocacy activities are often event-based, such as International Children's Day, mid-autumn festival, summer holidays, and not sufficiently sustained to address entrenched harmful social norms towards children. (IASC, 2014). Less progress has been made in providing quality prevention and early intervention services for children and families, and prevention activities addressing violence against children are not well-linked with family economic policies.¹⁷⁸

Assistance and Intervention Services: Social work service centres provide community-based counselling services to children and families, including children at risk of being the victims of abuse, exploitation, violence and neglect (MOLISA, 2015b). Viet Nam had 34 social work service centers at the provincial level, including seven provincial social work service centers for children, 134 district level children advisory offices, 4,165 community advisory points, 3,426 school advisory points had been established and functioning as of December 2014.

Emergency intervention services include urgent services and activities offered to a small number of children and families where the former are at risk of suffering from sexual abuse, exploitation and neglect. The level-3 service comprises identifying, investigating and supervising them and may also involve judicial intervention and separation of children from their family.

Viet Nam's tradition of community solidarity and collaboration, concern of stakeholders for child protection and a history of commitment to international standards of children's rights has been a major source of strength in the development of child protection system(s). In particular, community engagement in public affairs and family issues is an advantage for the social welfare system, which facilitates delivery of protection services for children and families. (MOLISA and UNICEF, 2010b).

¹⁷⁸ UNICEF, MOLISA and the University of Edinburgh, *Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

Figure 6.9. Facilities providing child protection service in Viet Nam

Source: MOLISA, 2015

Alternative care: In 2015, 170,000 children were placed in alternative care in Viet Nam (MOLISA, 2015b) although disaggregated data on girls and boys of different age groups in family or foster care or institutionalised is not available. Specialists state that foster care is still implemented on a small scale and needs to be expanded from temporary to long term care in the best interests of the child. The shortcomings in the overall systems mentioned earlier, have contributed to the lack of professional social workers for monitoring and supporting children in foster care and foster families.

The growing involvement of the private sector has added to the number of social welfare institutions, and led to diversified and community-based models of care for orphans, persons with disabilities, and the elderly. About 432 social welfare institutions, 182 public and 250 non-public, cared for over 41,000 people at the end of 2011 (MOLISA, 2015b). The regular social welfare policies have made significant contributions to stabilise the livelihood of the people in especially difficult circumstances. Policies on promoting community-based care continue.

Most of the institutionalised children are cared for by institutions and attend public schools. There is growing public concern about poor living conditions and quality of care, the neglect of their all-round development, and vulnerability to violence and trafficking as a result of inadequate monitoring of the growing role of the private sector in institutional care by the local authorities.

Adoption is a feasible alternative means for providing orphans and abandoned children with family care. In 2014, there were 3,422 cases of domestic adoption and 498 cases of inter-country adoption, including 278 children with special needs. In 2015, there were 2,787 cases of domestic adoption and 575 cases of inter-country adoption, including 394 children with special needs. In the period from 2011 – 2015, over 13,000 children were placed with Vietnamese adoptive parents and nearly 2,000 were placed through inter-country adoption (MOJ, 2015). The difference between domestic adoption and inter-country adoption of 13,000 cases with 2,000 cases shows the priority for domestic placement of children without parental care. Inter-country adoption is considered as the last solution for placement of children without parental care. This priority also reflects the rights-based approach for children without parental care.

The domestic adoption processes however need to be strengthened with mandatory requirements for family assessment by a professional social worker. The prescribed assessments currently identify

the resident status or financial wherewithal of the adoptive family. For example, DoLISA officials at the commune level focus on the potential of adoptive parents or guardians by assessing their financial status, the relationship with the adopted child and compliance with compulsory norms (e.g. living conditions) and do not use a child-centred approach. Progress reports on the child's integration with the family are not required, which may result in domestic adoptive children being at risk of abuse, exploitation or trafficking since there is no monitoring system in place. Currently, child-care plans in Viet Nam are very limited, causing children a risk of being put in caring situations not based on their best interests (MOLISA and UNICEF, 2010a).

Preparedness and response for child protection in emergencies: Disasters and emergencies have a major impact on the lives and well-being of children. Climate change is now diversifying the types and severity of risks confronting children. They range from the physical impacts of cyclones and extreme temperatures to psycho-social stresses and nutritional challenges. Extreme weather events impact children's health and development through loss of life, injuries and higher frequency and severity of diseases related to malnutrition, poor water, sanitation and hygiene (UNICEF, 2011).

There are a range of child protection issues associated with climate change and increasing disaster risk. This includes increasing risk of abuse and exploitation in the aftermath of disasters and with changing behaviour and lifestyle. In addition, the impact of climate change can cause psycho-social impacts for children – for example due to displacement or disruption of school and normal routines (UNICEF, 2014c).

The Government approved the National Strategy for Natural Disaster Prevention, Response and Mitigation in 2007 and issued the NTP to Respond to Climate Change (NTP-RCC) in 2008. After the 11th National Congress of the Communist Part adopted a resolution in January 2011 recognising the potentially serious impact of climate change on Viet Nam and identifying priorities for 2011-2015, it strengthened the legal framework on climate change, disaster risk reduction and cleaner production and energy. It also issued Decision 393/QĐ-TTg dated 25/09/2012 on Green Growth Strategy (GGs) that gives priority to low-carbon growth and solution to other environmental problems.

The Government is working in collaboration with local communities to mitigate the negative impacts of climate change, natural disasters and extreme weather phenomena, and to increase the capacity of people in general and children in particular to cope with and adapt to climate change. The interventions include raising awareness of children, people and officials at all levels on climate change issues and environmental protection laws, policies and strategies, developing a legal framework for environmental protection, responding to climate change and natural disaster prevention and control, finalisation of policies on supporting people in need with food, clean water, healthcare and housing, reconstruction of infrastructure and production recovery after natural disasters, and the gradual finalisation of support levels or identification of beneficiaries.

A master plan on protection and response for children in the event of a natural disaster is however lacking. Child protection has not as yet been incorporated in the current plan on natural disaster prevention and response. Indeed, a cohesive coping strategy that addresses children's rights to protection, basic services support and participation is required. In a consultation on climate change with children in four provinces of Viet Nam organised by UNICEF in 2014, most children mentioned that they had not received any training on disaster risk preparedness in school but whatever they knew was imparted by their relatives. There is considerable scope for developing capacities and competencies for child protection in natural disasters at the grassroots level but officials who are well-prepared and with strong networks are few. Organisations working on child related issues are many but often unable or ineffective in coordinating and cooperating with authorities.

Lack of an indicators and a data management system to assess the impact of localised or major disasters on children, for example, the numbers of children without housing, children left without parental care, children lacking food, those who have dropped out of school, the number of injured children and the number of dead children. Some impacts of climate change and natural disasters on children, such as impacts on their mental health, have not received enough attention (UNICEF, 2015d).

Family and Juvenile Court: Although Viet Nam has encouraged the expansion of a specialised approach to handling children in contact with the law in recent years through training of investigating agencies, procuracy and judges, the majority of procedure conducting bodies are ill-equipped with relevant knowledge and skills for working with children.

Family and juvenile court proceedings are governed by the Law on the Organisation of People's Courts 2014 as part of the provincial court system. Family and juvenile courts are the tribunal for children's issues in the civil, administrative and criminal justice system, and represent an important step in creating a more specialised approach to dealing with children in contact with the law in a child-friendly manner. Currently, in addition to 3 family courts and juveniles in high-level people's courts, on 30 March 2016, the Chief Justice of the Supreme People's Court issued Decision No. 388 / QĐ-TCCB on Family Court and juvenile justice. On 4/4/2016, the Supreme People's Court held a ceremony to launch the Family and Juvenile Court in Ho Chi Minh City. In 2017, a family and juvenile court was established at the People's Court of Dong Thap province. It is expected that family and juvenile courts will be implemented in all provinces of Viet Nam.

MoLISA has been piloting a model on Community-based Support to Juveniles in Conflict with the Law with support from UNICEF, which introduces a case management approach to provide targeted and structured support to children and their families. This has enhanced the effectiveness of community-based measures for the supervision, management and education of children in conflict with the law.

Children in reform schools and detention centers are entitled to education, vocational training, and assistance to prepare them for reintegration but the quality and diversity of available programs is either inadequate or lacking in some facilities.

6.2.4. Budget allocation for child protection

As child protection involves multiple sectors and agencies, the state budget for child protection is allocated to respective ministries, ministerial agencies, and provinces across the country based on approved National Programs on Child Protection (2011-2015 and 2016-2020), the National Action Plan for Vietnamese Children (2012-2020) and the approved annual work plan of spending agencies which have a child protection mandate. Recurrent budget is allocated to MoLISA, MOH, MPS, MOET, MOJ, MOCST, and MOIT at the central level, and respective departments at local level for their annual work pertinent to child protection services. Capital budget is allocated to these agencies and provinces for their respective work specified in the National Programs on Child Protection and the National Action Plan for Vietnamese Children (2012-2020). During the period of 2011-2015, the Department of Child Protection and Care was allocated with about VND 20 billion per year for operations and regular activities, and about VND 50 billion to implement national programs, including the National Action Plan for Vietnamese Children (2012-2020), and the National Program on Child Protection (2011-2015). Government authorities at different levels are engaged in the process of allocating budget for children's issues. However, children are neither involved nor consulted during the process.

Although the proportion of state budget allocated for the social sector, including education and

health sectors, steadily increased, the funding is unsatisfactory for growing needs in the context of rapid development. The Government has recently encouraged engagement by the private sector, enterprises and communities and worked in partnership with donors to fill the gaps. However, given the global economic slowdown and the improvement of the country's status as a middle-income country, both domestic and international resources are limited.¹⁷⁹

6.2.5. Decentralisation

The responsibility for identifying children who require special protection measures is vested in many officials. Collaborators and officers of commune level People's Committees identify children and families in need of social assistance as well as children either at risk of or who are victims of violence, exploitation, abuse and neglect. Police officers are responsible for identifying crimes involving children, for example, violence, exploitation, abuse and neglect. However, the majority of activities that seek to identify 'risk' are linked to financial and material support services. Most cases relating to a child are referred to a People's Committee at some stage, except criminal cases which are processed through the justice system. Cases are then investigated by the People's Committee, mass organisations, or the police. However, it appears that most cases of concern are dealt with within the community by Hamlet Leaders or mass organisations and do not even reach commune level People's Committees.

6.2.6. Monitoring mechanisms

MoLISA's Circular 23/2010/TT-BLĐTĐBXH on reporting mechanism for child protection issues defines that the child protection officer at the commune level is the focal point to receive information on child protection issues. The Child Protection officer is responsible to report to the chairman of the People's committee of the commune and functional authorities then collect information and conduct a quick assessment on the condition of the child and develop a supporting plan for ensuring the safety of the child. In serious cases, this person has to work with other duty bearers to take action to ensure the safety of the child before reporting. The commune's child protection officer reports to DOLISA for support. After receiving information from the commune level, DOLISA at the district level has to support and guide commune level staff. For cases that are over authority of the commune level, DOLISA at the district level has to coordinate with functional authorities at district level to provide case support.

Data on child protection issues is collected every six months with the Child Protection Officer at the commune level reporting to district level DOLISA, which in turn collates all the district data and reports to the provincial DOLISA. DOLISA collates the data at the provincial level and reports to the Department of Child Protection and Care in MoLISA. Although the Department of Child Protection and Care has set up an electronic system to collect data from the community to the central level, it still faces a problem of unqualified and inaccurate data and information. The General Statistics Office (GSO) is the only formal resource for reference data, although this data too has a number of issues, including that the data between GSO and various ministries is not coherent. Data on children such as public expenditure for children is not comprehensive and hard to access.

There are no consistent categories for disaggregation of data collection. Different agencies have their own system for categorising data related to children, appropriate to their professional needs rather than to understand tendencies related to child protection and child rights based practices. This situation makes the compilation of data disaggregated by sex, age, disability, ethnicity, geographical locations and other criteria almost impossible.

¹⁷⁹ Save the Children, *Child rights situation analysis, Viet Nam country office, 2014*

As the data collection and reporting at the local level is hampered by limited technical capacity, the quality and credibility of findings is undermined. For example, while national data is collected on children working in hazardous conditions, the province collects its own data on child labour in all industries and sectors.

It is difficult to assess the implementation of policies and programmes due to inadequate or missing monitoring. For example, the prevention of all forms of violence, abuse and exploitation of children has been promoted through a variety of communication activities and social advocacy campaigns. However, there is a lack of research on the extent to which current approaches have been successful in reducing violence against children. In addition, the practice of setting targets for reductions in child abuse may encourage under-reporting by local officials.

Coordination between government, INGOs, local NGOs and UNICEF on the collection of children's data, especially information relating to child abuse, migrating children, children affected and infected by HIV/AIDS, children with disabilities, children's right to education, children in conflict with the law and on child labourers, is still weak. There are questions on the reliability and consistency of the data, and limitations on data information sharing and disclosure to the public. There is a need for a clear definition of certain child-related concepts, for example on child abuse, in order to provide adequate protection. There is also a need to conduct an analysis of bottlenecks and barriers affecting equity.

6.3. Key determinants of equity

6.3.1. Enabling Environment

Legislation: The 2013 Constitution of Viet Nam realises child rights to protection and the new Law on Children establishes a comprehensive child protection system. The 2013 Constitution and the new Law on Children have marked positive changes in terms of translating the CRC into the national legislation system and creating an enabling and protective environment for children. The National Program on Child Protection and the National Program for prevention and elimination of child labour in Viet Nam enhance the protective environment for children in accordance with national legislation and strategies.

Despite establishing significant improvements for the realisation of children's rights, the recently issued Law on Children continues to define the child as a person under 16 years of age, which is incompatible with the CRC. This excludes children between the ages of 16 to 18 from the child protection system. In addition, there are still significant gaps in the harmonisation of domestic legislation and the implementation of CRC and inconsistencies between different legal documents, mainly in the areas of juvenile justice, the definition of the child and dealing with cases of child abuse and child labour. For instance, under the *Law on Handling of Administrative Violations*, children cannot be detained in a compulsory detoxification centre as part of the administrative system, while under the *Law on Drug Prevention and Control*, children between 12-18 years can be detained in compulsory detoxification centres if they have relapsed during community-based treatment, are homeless, or at their families request.¹⁸⁰ The laws and policies tackling child labour are adequate but lack a concurrent definition, in terms of age and nature of work which hampers the efficacy of policy.

Even when the legislation is in place, the implementation of laws faces many obstacles, including long delays in the implementation of laws; overlapping legal documents that cause contradictory

¹⁸⁰ Ministry of Justice and UNICEF, 'Situation Analysis of the Viet Nam Juvenile Justice System', Draft report, UNICEF, 2014.

provisions and inconsistent guidelines for the implementation of laws; lack of coordination among levels leading to overlapping functions to enforce the laws; and overlap in design and implementation of programmes and policies for protection of child rights.¹⁸¹

Public information and open discussion: There is a large gap in terms of dissemination of information to different stakeholders, especially parents and the community. Social and child awareness of issues such as child labour and child abuse and its impact on children is not high. Disseminating a policy to each household is very challenging, especially as the laws on child labour could conflict with the needs and the benefits of employers and families.¹⁸²

Development cooperation: International organisations including UNICEF and ILO, and international NGOs such as Plan International, Oxfam, Save the Children, ChildFund Viet Nam, World Vision and CBM have extended considerable support to the Government by developing and piloting child protection programs, promoting a protective environment for children and advocating good practices.

Inter-sectoral coordination, linkages and partnerships: MoLISA, in partnership with other ministries, works to ensure the implementation of children's rights in Viet Nam.

It works with other functional ministries and cooperates with UN Agencies such as ILO, UNICEF, and the UN High Commission on Refugees (UNHCR) on the National Program of Action for Vietnamese Children for 2012-2020, the National Program for Child Protection (2011-2015 and 2016-2020), National Program on the Development of Social Work as a Profession to 2020, and participates as a member of other national programmes of other ministries.

The Child Protection and Care Bureau also work closely with INGOs such as Plan International, ChildFund, Save the Children, World Vision, Oxfam etc. to work on national child protection programmes and activities such as the child protection system in the community, National Child Forum and Helpline for children who are victims of violence, trafficking or abuse.

However, there are shortcomings in the coordination between agencies responsible for child protection as well as the continuity of child protection. The existing services for prevention, early identification, intervention, referral to rehabilitative and specialised services and follow-ups are either not in place or fragmented and unregulated. In 2008, the Department of Child Protection and Care (DCPC) under MoLISA was established to replace the Committees for Population, Family and Children (CPFC). The former staff of CPFC were re-assigned to Department of Labour, Invalids and Social Affairs (DOLISA) or departments of other line ministries at provincial levels. The newly-established department has the overall oversight of child rights but is yet to build a network of local structures. Currently, most of the staff responsible for child rights at the provincial level lack professional knowledge and skills. There is no full-time staff responsible for children's issues at commune level.¹⁸³

6.3.2. Supply

The Committee on the Rights of the Child in its concluding observations to Viet Nam's state party report on the implementation of the CRC had recommended addressing omissions in legislation, capacity and resource deficits, interagency cooperation and lack of credible data as a priority to

¹⁸¹ Save the Children, *Child rights situation analysis, Viet Nam country office, 2014*

¹⁸² The United Nations Children's Fund, *The Literature Review and Mapping of Intervention of Child Labours in Viet Nam, Draft report, UNICEF, 2016*

¹⁸³ Save the Children, *Child rights situation analysis, Viet Nam country office, 2014*

improve the delivery of child protection services.

Most of the staff at the provincial level with responsibility for children's rights currently lack professional knowledge and skills and there is no full-time staff responsible for children's issues at commune level. Voluntary efforts and non-profit organisations, rather than trained and paid professionals have largely ensured social services for vulnerable groups of children, which tends to hamper timely identification of children that need protection.¹⁸⁴ There is significant need for trained child protection officers in districts and communes who could guide and mobilise community efforts and ensure appropriate case management and interventions when cases of violence against children are detected.

Different studies have found limited levels of awareness as well as attitudes and behaviours among key duty bearers at the community level as major barriers to reducing corporal punishment, eliminating child labour and addressing children in conflict with the law. Corporal punishment is still tolerated and considered a legitimate form of discipline. Local authorities consider child labour as an acceptable practice for children to support their families. There is a gap between knowing the law and comprehending the practical implications of juvenile justice related laws for professionals in the administrative and criminal systems,¹⁸⁵ partly as the functionaries still regard children in conflict with the law as "criminals" rather than "children".

6.3.3. Demand

Government policies and laws prohibit physical, emotional and sexual abuse, bullying and neglect of against children but face major challenges in implementation. Domestic violence is still considered a "private matter" in which the society and the State are not expected to interfere. In spite of various communication programs and campaigns on children rights in the past 20 years, parents still have misconceptions about their intent and ability to violate or undermine their children's rights. Parents and teachers consider corporal punishment or shouting at and scolding children not as forms of violence, but as effective ways to educate and discipline children.¹⁸⁶

Limited capacities of children and families in accessing information, reporting cases and availing of support services is yet another challenge to children's right to protection. Limited access to information could be the reason why severe punishment is more common in ethnic minority households (GSO, UNICEF and UNFPA, 2011), and poorer children are more likely to experience corporal punishment at school (Portela and Pells, 2015).

Limitation of life skills development contributes to children's vulnerability to child bullying, as they do not know how to protect themselves in such situations. Inadequate training on living values and appropriate social behaviours could also be responsible for the increase of child bullying.

Parents' attitude towards child labour is an important factor contributing to the issue of child labour. While most households send children for work due to poverty or sudden shock due to economic conditions, climate or incapacitation of adults, a proportion of parents displayed positive attitudes towards child labour and viewed it as normal. Three reasons for the parents to involve children in economic activities are: i) it generates income for children's life; (ii) it helps children love working; (iii) it prevents children from idleness and committing social problems. Parental awareness regarding the potential risks of child labour, especially exploitation, abuse and trafficking, was found to be poor.

¹⁸⁴ *Save the Children, Child rights situation analysis, Viet Nam country office, 2014*

¹⁸⁵ *Verstraeten, T., The Status of children in conflict with the law in Cambodia and Viet Nam. World Vision International, 2016*

¹⁸⁶ *UNICEF, MOLISA and the University of Edinburgh, Multi Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam, Ha Noi, 2015.*

Children's migration, independently or along with parents, negatively affects access to education and is usually associated with poorly paid or hazardous jobs for children. Child labour cases are more frequent among migrant families. In Ho Chi Minh City and Ha Noi, migrant children usually support the family business or work in jobs in restaurants, shops and lottery ticket sales. Although a few continue going to school, studying beyond a point becomes difficult because they eventually spend almost the entire day working. Children in migrant families are exposed to greater risk as they are usually unregistered, which prevents them from accessing to necessary supporting services.¹⁸⁷

6.3.4. Quality

Child protection is the prevention of or response to the incidence of abuse, exploitation, violence and neglect of children, defined by the CRC as persons from birth to the age of 18 (Article 1). Protection of children from commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as child marriage, also allows them to experience their rights of survival, development, growth and participation. The Committee on the Rights of the Child has provided States with detailed guidance on implementing the CRC provisions for child protection through General Comment No. 8 (The right to protection from corporal punishment and other cruel or degrading punishment), General Comment No. 13 (The right of the child to freedom from all forms of violence) and General Comment No. 10 (Children's rights in juvenile justice), and Guidelines for the alternative care of children.

While making marked progress in improving the legal environment and law enforcement regarding child protection, Viet Nam still has significant gaps in ensuring that quality child protection services are provided to children in need of special protection. The inconsistency on the definition of the child between the Law on Children 2016 and the CRC excludes children between the age of 16 to 18 from the child protection system. Although the government and CSOs do have different supporting programmes for young people which includes this age group, the formal definition of age contributes to inequitable access to protection services, and undermines public awareness and social norms that contribute to violations of children's rights through practices such as child labour and early marriage.

In accordance with General Comment No. 8 of the Committee on the Rights of the Child on protection of children from corporal punishment and other cruel or degrading forms of punishment, that States should "take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment", the National Programme for Child Protection has sought to focus on child protection systems. However, the child protection system has functioned as a set of pilot models rather than comprehensive institutionalised mechanisms, processes and procedures in about half of the communes all over the country. This fragmentation results in the exclusion of a large number of children in need of special protection. The efficacy of interventions and services are undermined by delays in identification and reporting, and sub-optimal rehabilitation and integration due to limited professional counselling, psycho-social support and legal assistance. UN Guidelines for the alternative care of children suggest that "the use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests" and "children must benefit from effective protection from abuse, neglect and all forms of exploitation, whether on the part of care providers, peers or third parties, in whatever care setting they may find themselves". In practice, residential care is the main form of alternative care for children in Viet Nam due to limited community-based alternative care, professional social work services and qualified foster families.

¹⁸⁷ *The United Nations Children's Fund, 'The Literature Review and Mapping of Intervention of Child Labours in Viet Nam', Draft report, UNICEF, 2016*

The CRC Committee's General Comment No.10 on children's rights in juvenile justice calls for a comprehensive juvenile justice system with "the establishment of specialised units within the police, the judiciary, the court system, the prosecutor's office, as well as specialised defenders or other representatives who provide legal or other appropriate assistance to the child". The Law on Organisation of People's Courts 2014 established a specialised Family and Juvenile Court within the provincial court system but due to delays in implementation a pilot specialised court began functioning in Ho Chi Minh City in April 2016. Most functionaries in the judicial system lack the necessary knowledge and skills to work with children. Some reform schools and detention centers also lack basic educational, vocational training and other services for children's reintegration.

6.4. Priority areas and recommendations

6.4.1. Strengthen the abilities of children and their families for protection

- Target-specific and focused awareness raising activities and capacity building for parents and children on child rights, prevention of all forms of violence, abuse, neglect and exploitation of children.
- Integrated interventions to support children who are victims or at risk of becoming victims of violence, abuse, neglect and exploitation. Awareness raising for children and families should be provided together with conditional livelihood support¹⁸⁸ for families to help improve families' living conditions, and alternative schooling are provided to children.
- Information for children and families on emergency contacts and instructions for approaching supporting services when needed.

6.4.2. Improve the quality of child protection services delivery

- The national programme on child protection should increase its focus on strengthening social bonds between children, families, schools and social workers.
- Stronger integration of child protection system with primary, secondary and particularly tertiary services in conjunction with mass organisations and NGOs, with clearly articulated procedures for collaboration between and among actors.
- Capacity development of judges, police officers, justice, and welfare officers on child friendly approaches in their work-related context. Promote the designation and training of juvenile specialist police, procuracy and judges to handle children's cases.
- Diversity in community-based programmes/ services under the child protection system with the involvement of social work for children who have been diverted. Encourage civil society and private sectors to participate in providing services for children.
- Development of school-based school counsellor network to implement and connect child protection policies and services and support teachers in child protection and care, in order to minimise violence against children in the school environment.

¹⁸⁸ Conditional support aims to increase the links between social assistance programs and the prevention and elimination of child labour, including assistance in cash or in kind for disadvantaged families, in exchange of their specific action, such as allowing their children to attend school, committing proper working conditions for children, etc. For employment support programs for families, it is compulsory that children are not required to work or replace adults to work (ILO)

- Development and implementation of child protection policies and human resources by institutions that provide services for children, including schools and hospitals.

6.4.3. Improve the legal framework for child protection

- Monitor the effectiveness of implementation of national legislation and policies for child care and protection and their comparability with related international laws and the relevance to the current situation in Viet Nam. Improve the implementation of the Law on Handling of Administrative Violations by developing clear guidance and work for child protection-related articles and sub-articles in the Penal Code and Penal Procedure Code towards specialised handling of children in conflict with the law, children as victims, children as witnesses and related children; Ensure the realisation of child protection and child rights during the legal process as regulated in 2016 Child Law.
- Enforce the Law on Children, advocate to raise the definition of children to under 18 years old to conform with internationally recognised standards and ensure that all children benefit from public services of an acceptable quality and regulated private services.
- Prioritise rehabilitation and reintegration of children in conflict with the law by assigning MoLISA the primary responsibility of management of community-based support and supervision for all children subject to non-custodial measures, whether criminal or administrative.
- Strengthen informal measures and restorative justice approaches for dealing with children in conflict with the law by enhancing the use of grassroots mediation for children who have been subject to an alternative measure instead of administrative handling or who have been exempt from criminal responsibility.

CHAPTER 7. CHILD PARTICIPATION



CHAPTER 7. CHILD PARTICIPATION

Participation is a guiding principle of the CRC. Children's right to participate refers to both a group of rights as well as an approach to securing their other rights. Children have the right to influence and participate in decisions affecting them. Articles 12 - 17 give children the right to be heard in matters concerning them and establish the foundation for action on children's participation.

Box 7.1. Key Articles of the CRC related with children's right to be heard

Article 2 – Non-discrimination

Article 3 – Best interests of the child

Article 5 – The right to participation in accordance with evolving capacities

Article 9 (2) – The rights of the child in proceedings regarding separation from parents

Article 12 (1) – The right to express views and have these views heard

Article 13 (1) – The right to freedom of expression, including the right to seek, receive and impart

information and ideas of all kinds

Article 14 – (1) The right to freedom of thought, conscience, and religion; (2) The rights and duties of the parents, etc., to provide direction to the child in the exercise of his or her right consistent with the evolving capacities of the child

Article 15 (1) – The right to freedom of association and assembly

Article 16 (1) – The right to privacy and freedom from unlawful attacks on honour; (2) The right of the child to protection by law against such interference with privacy or attacks

Article 17 – The role of the media and access to information

Article 23 (1) – The right of the child with disability to active participation

Article 29 (1 a-e) – The right to education (preparation of the child for responsible life in a free society etc.)

When children as citizens or social actors participate in ongoing efforts to secure their rights to survival, development and protection, the outcomes are significant and empowering. Children add value when their voices receive primacy in matters concerning them, when they have platforms and opportunities to seek information and form opinions, and when their views receive due consideration. Sensitivity, encouragement and willingness on the part of the duty bearers (parents, guardians, teachers and social and state institutions) to provide appropriate fora, to listen to and respond to their queries and views contribute to meaningful children's participation.

Article 12 of the CRC also applies to all judicial and administrative hearings which affect the child. It allows children a voice in proceedings. Effective child participation in decisions eliminates unjustifiable child/adult distinctions and has great practical potential in improving the realization of all child rights, especially protection ([Hoang Thi Huyen and Andy West, 2014](#)).

Children's participation is one of the "3Ps", along with provision of basic services and protection, which reinforce the implementation of other rights. At the individual level, participation supports the acquisition of knowledge, life-skills, self-confidence, personal and social development. It has been found to enhance community development and solidarity and improve relationships within families and increase parental support for children. The right to education is particularly influenced and improved through participation of children who spend a significant proportion of their time in school and is thus recognised as a critical component of child-friendly schools. Rights to health have been improved through initiatives such as peer education or child-to-child work, or children's research ([Hoang Thi Huyen and Andy West, 2014](#)).

Key areas for children's participation fall into five main areas of concern, which are all interconnected: (i) effective law and policy; (ii) involving individual children and groups of children – including children's own organisations, or child-led organisations; (iii) involving all children, of different status and from different backgrounds and circumstances without discrimination; (iv) adults and practice - training adults and standards for practice, including feedback and accountability; (v) implementing participation in all aspects of children's lives - across all sectors and relevant services. In addition, the media's role in developing and supporting children's participation, particularly as a part of public communication for helping to change attitudes and as a vehicle for children themselves to use, has been highlighted by the CRC Committee and in practice.

7.1. Status and Trends

The Committee on the Rights of the Child in its concluding observations in 2012 to Viet Nam's State Party Report had recommended that (i) the restrictions on children's freedom of expression, access to information, and freedom to association should be removed, (ii) the rights of the child to be heard should be applied in all settings, including in judicial hearings, (iii) awareness-raising programmes and campaigns on children's right to have their views taken into account should be undertaken, and (iv) children should be engaged in the development of legislation and policies relevant to them.¹⁸⁹ In effect, these recommendations encapsulate the key barriers and bottlenecks to children's participation in Viet Nam.

7.1.1. Recognition of children's right to be heard

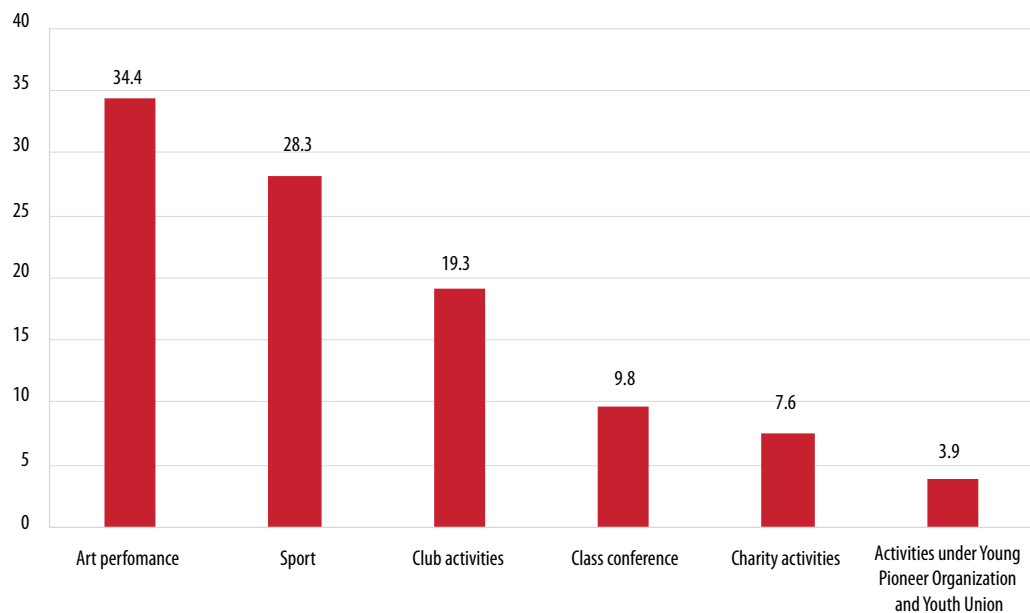
Although children's participation is one of the four guiding principles of the CRC, it has not been accorded the same status or importance as the rights of survival, development and protection in

¹⁸⁹ *Committee on the Rights of the Child, Concluding observations to Viet Nam's State Party Report, August 22, 2012*

policy and practice in Viet Nam, the first country in Asia and the second globally to ratify the CRC. Efforts are being made to promote child participation in activities focusing on school, family and community but a consensus on a functional definition of children’s participation has not emerged as yet. Indeed, the socio-cultural and political context continues to influence the understanding, scope and practice of children’s participation by Vietnamese social institutions. The traditional attitude towards children is that they “are to be seen and not heard” impedes engagement with children, who are also brought up being told that respecting adults means not expressing their views, certainly not any contrarian views (MOLISA, 2015a).

Viet Nam faces challenges in relation to limited awareness, ineffective and unsustainable mechanisms, and fragmented implementation. Children’s participation is mostly implemented in urban areas and within school environments. The most common method is “being informed” by duty bearers such as parents and school staff. Participation in decision making is rare and mainly confined in extra-class activities. Although organisations such as Young Pioneer sOrganisation and Youth Union are deemed to be ownership of children and youth, their participation in decision making on activities implemented is very low at 3.9 per cent (MOLISA, 2015a). Oxfam research on participation in the provinces of Lao Cai, Dak Nong, and Ninh Thuan shows that the participation of children is limited not only in method (“being informed”) but also in issues on which they are informed. Information sharing is focused on notice of school fees and family contributions but not recruitment/allocation of teachers, teaching methods, or long-term school plans. Opinions of children may be heard or collected by duty bearers but feedback is rare (Oxfam, 2014).

Figure 7.1. Children’s participation in decision making regarding school activities



Source: MOLISA, Program on promoting children’s rights of participation regarding issues relating to children, 2016 – 2020

7.1.2. Recognition of children’s voices in administrative and judicial settings

Research to prepare background information for the “Program on promoting children’s rights of participation regarding issues relating to children, 2016-2020” acknowledged the lack of children’s participation in decision making process conducted by government’s agencies, schools, and family even with issues directly relating to children themselves, including family separation and alternative care (MOLISA, 2015a). There is limited focus on children’s participation in the socio-cultural sphere in Viet Nam, insufficient experience and development of children’s participation in practice and a lack

of guidance from decision making authorities.

As current regulations vest voting rights with adults (those above the age of 18), the participation of students in influencing decisions regarding their education outside of school (i.e. at commune, district or province level) is particularly low. In a study on children's participation conducted in Viet Nam in 2014 ([Hoang Thi Huyen and Andy West, 2014](#)), most officials interviewed revealed that students did not participate in the formulation of SEDP or long-term education strategy in any way. None of the surveyed communes consulted students when formulating their SEDP, and other policies and procedures including on-budget and off-budget resource management and the management of resources from poverty reduction programmes (e.g. the National Programme 135 or Resolution 30A). There is almost no mechanism for children to directly take part in the judiciary process. They have to proxy their participation through legal representatives or mass organisations that may not have motivation to voice against government agenda.

Several consultations have been held to facilitate children and young peoples' inputs into policy discussions. Dialogues have been set for children to have a chance to voice their opinion with policy makers. However, it is not clear to what extent their contributions have been incorporated in policy documents and implemented. Participation of individual children in judicial and administrative proceedings needs systematic investigation.

7.1.3. Capacity deficits among duty bearers in various arenas and sectors

Limited awareness and skills among adults and young people and lack of mechanisms to facilitate participatory processes and systematically mainstream child participation at all levels are key impediments to children's participation in Viet Nam. Deep rooted traditional attitudes of adults making decisions on the basis of their own experiences and shaping child-related policies and a deficit of relevant skills among adults (e.g. working with children) and children (e.g. participation) have hampered the promotion of meaningful and regular children's participation at all levels. Guidance on the promotion of meaningful, voluntary, inclusive and safe children's participation in communities and schools is still lacking ([Hoang Thi Huyen and Andy West, 2014](#), [MOLISA, 2015a](#)).

International organisations have sought to bring about greater engagement between the government at different levels and children and young people through consultations to provide platforms, inputs to policies and orientation to the government functionaries through mechanisms such as Children's Fora and Young Journalist Clubs. Local children, with the help of adult facilitators, present their views on community poverty issues, using drama, song, poetry and art to provincial leaders and follow up with interactive dialogues on their key policy concerns with local authorities in the children's fora. Several NGOs were able to forge close relations with provincial officials as a result of the Children's Fora initiative and with strong donor and national government networks facilitated children and young people's voices into the consultation process design, and integration of their issues as cross-cutting alongside gender equality and environmental sustainability ([Hoang Thi Huyen and Andy West, 2014](#)).

7.1.4. Access to information and opportunities for expression

Schools are a space for children to access information and also offer the opportunity for children to express themselves. Apart from giving opinions directly to teachers in classes, children are said to be able to express opinions through weekly school and class assemblies, school letter boxes, counselling services, the YPA, and via parents. However, none of these mechanisms was found to be particularly effective or well-used in an assessment conducted in 2014 ([Hoang Thi Huyen and Andy West, 2014](#)).

In addition to the traditional methods of information sharing (e.g. class meetings, group activities and extracurricular activities), more creative methods are now being used to encourage and facilitate participation in some schools including “What I want to say” mailboxes, person to person meetings or emails between school management and students. A forum for children at the local and national level has been established so children can participate at the macro level. These channels and methods have made marginal improvement in encouraging student participation. However, participation has not improved equitably and ethnicity more so than gender and residence (urban and rural) is a key indicator in lower participation rates.

Children are imparted information and engaged in social and recreational activities during the school year between September and May. Local Youth Unions and other service providers organise additional activities, albeit on a limited scale, during the summer vacation. Children are able to display their talents in the celebration of key national events, community level and local youth parliaments, municipal children’s councils and occasional consultations but the extent to which their views are taken into account in the decision-making processes is not evident.

Although the opportunities for children in school to express their ideas and opinions have increased considerably, their purpose is either unclear or overlooked. It is not clear if their ideas and views will be taken into account in decision making or in the development of wider policies, plans and programmes in schools (Hoang Thi Huyen and Andy West, 2014).

A recent MoLISA assessment¹⁹⁰ noted the marginal role of children in decision-making due to lack of class councils, student councils and student representation on school boards and committees. It also indicated that provision of information in school is more than enabling access to information. School letter boxes, one of the key innovative tools cited by schools as a means of participation, may also be unreachable or inconveniently placed, public and not confidential, with limitations on topics that children can raise. Indeed, children find it difficult to raise issues in class meetings or in other ways in school due to the attitude and behaviour of teachers and staff.

Student participation in annual planning has traditionally involved setting their own performance targets and choosing outdoor activities during the school year. In a recent survey (Oxfam, 2014), nearly 17 per cent of surveyed students had no information about annual planning. Most of them were informed and a small proportion was allowed to “monitor” the implementation of decisions. For long-term school planning, most of them were neither informed nor invited to participate in any way. Their participation was limited in implementation processes (i.e. paying the fees or benefitting from the use of school budget), assessment of teaching quality and methods of teachers and decisions regarding teacher recruitment. However, student participation in implementing policies that support disadvantaged students was found to be high. Seven per cent were consulted by school management on the implementation of supportive policies and 39 per cent were actually involved in their implementation through contribution in various forms.

Children’s participation in environments other than schools is even more limited. Access to information and participation in decision making process appear to happen in urban areas but not in rural and remote regions. Chances for children to voice their opinion and get feedback in their communities are lower than in school environments. Most of these opportunities are ad hoc events such as Children’s Fora or consultation meetings with children on a certain issue or by certain projects. Mechanisms such as children’s clubs and groups are not systematically and effectively organised (MOLISA, 2015a).

¹⁹⁰ Ministry of Labour, Invalids and Social Affairs, Program for promoting the right of children to participate in children’s issues for the 2016-2020 period, MOLISA, 2015a.

7.2. National response

7.2.1. Roles and capacity of key duty-bearers

The Law on Children recognises various duty bearers and vests them with the responsibility for providing children with enabling conditions to realise their rights. The family is expected to support children in accessing appropriate information, developing their creative thinking and expressing their aspirations, while listening to and meeting their legitimate aspirations. The Ho Chi Minh Communist Youth Union and schools are expected to organise children's participation in social and collective activities, suitable to children's demands and age groups. MoLISA and Peoples' Committees at different levels are responsible for the implementation of the law by ensuring favourable conditions for children to access information, express opinions and participate in social activities. The guidance requires law and policy making bodies in particular to consult with children and suggests use of a children's forum and requires that duty-bearers respond to children's ideas.

Families and communities: Recent research indicates that certain population groups have reduced potential for participation due to limited access to information ([Hoang Thi Huyen and Andy West, 2014](#)). Ethnic minority parents with lower rates of literacy and living mainly in rural areas were found to have lower access to information than Kinh and urban parents. School managements and teachers as well as the current legal system were also reported to discourage participation.

Schools and the education system: Consultations with children and attempts to develop participatory teaching and learning methods in schools are some of the ways in which the scope of children's participation is being widened. This however requires teachers who can listen and facilitate effectively. Some teachers either do not hear out the children or listen to only a few issues while some are too busy to listen. In some instances, they tend to direct children's views in public. Many parents on their part are too busy or shy to raise issues with teachers. Indeed, the top down nature of activities inhibits children. Meanwhile, educational institutions do not proactively involve students in the regulatory sphere.

Ho Chi Minh Young Pioneer Organisation: Established in May 1941, the organisation has provided children with an organised structure for participation in social, sports and recreational activities. The Ho Chi Minh Communist Youth Union provides guidance to children in elementary school. Children graduate to Young Communist League in their adolescence.

International organisations: Advocacy, demonstration of models and processes and capacity development in the interest of children's participation has been a key focus for many international organisations. They have supported training of facilitators and peer educators, facilitated children's organisations and organised consultations with children on policy matters. Save the Children, ChildFund, Plan International and World Vision involve children in various aspects of their projects, e.g. seeking children's views in planning, implementation, monitoring, research and evaluation.

Child Clubs are the main means promoted by these organisations for children's participation. They serve as a base for activities and particularly for training children in various areas, such as children's rights, child protection, life-skills, prevention of HIV/AIDS, initiatives such as young reporters' media initiative and linking up with children in other countries (ChildFund Child Connect). The Association of Child Protection also organised activities such as the establishment of models and activities such as the small correspondent club, to encourage the participation of children. However, the number of children involved as core membership and active in a club is often limited and there is a tendency to select the best performing students to participate in clubs.

Efforts have been made in recent years to develop national children's forum with corresponding forums at sub-national levels. UNICEF has been working with the National Assembly to consider ways and means of promoting new models of children's participation. A research paper on this subject noted that a consensus on the definition of children's participation has not emerged in Viet Nam despite many activities being initiated at the level of school, family, and community. The perceived association with the CRC may have led to the perception of children's participation as a novel concept. The paper also noted a growing acceptance of the importance of listening to children at national forums even though there remained a lack of clarity about children's opinions influencing decision makers in Viet Nam (Nelems, 2010).

7.2.2. Policy and legal framework

The Constitution and several laws promulgated in recent years refer to children's active engagement in matters concerning them and in social activities, children's access to information and expression of opinions, and recognising the value of children's testimony in legal cases.

The Constitution of Viet Nam (2013) states that "children shall be protected, cared for and educated by the State, family and society", and that "children may participate in child-related issues."¹⁹¹ While the Constitution provides the overall direction for the laws, the most cogent statements regarding children's participation is made in the Law on Children. It vests the family, community and society with the responsibility for ensuring children's right to access information, express opinions and participate in social activities. Decree 71/ND-CP (issued 22/8/2011) provides specific regulations and instructions for implementation of some of the provisions of this law (viz. children's access to information (Article 19), expression of opinions (Article 20), participation in social activities (Article 21)). Recently, the Government of Viet Nam has approved a program promoting children's participation on issues relating to children (for 2016 – 2020).

As a significant improvement to the Law on Child Protection, Care, and Education (2014), the Law on Children has a whole chapter for child participation (Chapter V). The Law sets principles requiring that children's views should be taken into account during the planning and policy making process (Article 74) as well as child participation in family, community, and school environments (Articles 75 and 76). The Youth Union is the representative organisation for children and the Law also articulates specific responsibilities for other duty bearers (e.g. the National Assembly, People's Councils, MoLISA, and MOET) in guiding, ensuring, and realising children's various rights to participation. Duty bearers are required to create safe, fair, and favourable conditions for participation in several formats such as annual forums, conferences, workshops, contests, dialogues, meetings with children or representatives of children, etc.

In addition to the Law on Children, various laws give children a legal voice in particular issues affecting their lives. The Civil Procedural Code (2004) gives a child the right to express his or her views in the decisions being made regarding the family's common properties (Article 109), changing his or her name (Article 27), in the determination of his or her nationality (Articles 28 and 30), and in regard to images or photos (Article 31) and privacy (Article 38). The Law on Complaints and Denunciation (2005) vests all citizens, including children, the right to lodge complaints against illegal behaviour. The Penal Procedural Code (2003) lays down special procedures for dealing with juveniles in conflict with the law in Chapter XXXII and Article 57 establishes the child's right to express his or her views in proceedings. The Law on Handling of Administrative Violations (2002) gives juvenile offenders the right to appeal against their sentences. The Law on Adoption (2010) gives children above 9 years of age the right to decide in cases of adoption (Articles 21).

¹⁹¹ Article 37.1

Although Viet Nam's legal framework for children's participation is broad, there is considerable scope for strengthening it in accordance with international norms and in responding to well-entrenched socio-cultural norms.

Several policies and laws do not explicitly state where children's participation should be imperative and do not provide strategic guidance on implementation in the short, medium and long term, nor do they clearly establish accountability. The law still permits adults and institutions of the state and society to interpret important dimensions of the provisions subjectively. They are responsible for interpreting the appropriateness of social activities to children's needs and abilities, of information access to their development stage, and opinions and aspirations on matters that concern them directly. A growing body of research highlights the importance of adults ceding space for children's participation. In addition, the normative framework in Viet Nam is not sufficiently nuanced about the role and responsibility of children as social actors and does not acknowledge the mutual reinforcement of both individual and group participation.

Perspectives on inclusion and on children as social actors, which are critical for children's participation, have influenced the international discourse on people with disability. Viet Nam's Law on the Disabled (2010) highlights the need to help people with disabilities (including children) to join in social activities, cultural events, sports and recreation, and social organisations, it demonstrates a charity-based approach. A broader perspective needs to be developed which recognises the unique abilities of children with different forms of disabilities, and extends of support to enable them to lead a life of dignity with minimal impediments and addresses issues of individual participation by providing policy guidance, legislation and accountability.

Ensuring child participation is not mandatory in Viet Nam and is dependent upon the interests and priorities of local leadership at community, district, province and national levels. Parents, families and communities are not being engaged systematically in a meaningful conversation on children's right to participate. Strategic and practical coordination mechanism(s) and accountability for children's participation have not been specified in law and policy guidance. Practical guidance on facilitating children's meaningful participation in communities and schools and ensuring that the diversity of children's views are heard and taken into account as well as standards for practice are also lacking. As a result, there is a lack of concerted efforts to listen to children and to take their views into account, and to involve diverse groups, in schools, community and other arenas.

7.2.3. Linkages and coordination with other sectors and systems

Linkages and coordination among sectors and child-related agencies are not strong. The interests and priorities of the leadership at different levels, including the community, district and province, essentially influence implementation. Various stakeholders have as yet neither devised nor agreed upon minimum requirements and standards for children's participation.

The most common methods of involving children and inviting their participation are child fora, child-rights clubs, child-journalist clubs and mass media channels specialised for children. Among those, child fora require multi-sectoral participation and coordination. Children's forums are held at central, provincial, and district levels but the format is not consistent throughout the country. In addition, the number of fora organised and number of children who have participated are still limited. Surveys suggest that only a small number of children, usually urban, are aware of the children's fora. Children in rural and remote areas as well as disadvantaged children have limited access to the fora which has a significant impact on both their knowledge of child forums and their ability to participate. Other types of coordination (children's clubs, channels, etc.) are fragmented, short-term, and low in impacts

(MOLISA, 2015a).

Whilst challenges do exist, it is important to acknowledge the efforts of sectoral agencies in promoting the involvement of children. From 2009 up to now, MoLISA has coordinated with relevant ministries and agencies, the National Assembly Committee on Youth and Adolescents and Children, international organisations and social organisations to organise a National Children's Forum. The Children's Forum is also held once a year at the provincial level.

7.3. Priority areas and recommendations

The main barriers to children's participation in Viet Nam lie in limited awareness of the importance, meaning, and methods of children's participation, limited capacities of authorities and officials who are in charge of children's issues, limited budget, and in the lack of consistent and institutionalised mechanisms for children's participation (MOLISA, 2015a). Viet Nam needs to expand the scope and intensity of the current set of interventions to promote children's participation as well as mechanisms to enable participation.

Developing the practice of children's participation: To establish children's participation as an approach rather than a programme or project, a strategic response and monitoring of five interconnected areas, as recommended by the Committee on the CRC, is needed. These five areas are: (i) effective law and policy, (ii) involving individual children and groups of children, (iii) involving all children, (iv) training adults in practice standards, and (v) approaches to implement participation in all relevant services to reach all aspects of children's lives. This approach would require school and community-based mechanisms and platforms for varied groups of children across the country, development and dissemination of approaches, guidelines and standards to facilitate and encourage children's participation and coordination across the sectors. Participation by children should be encouraged and nurtured early in schools along with raising duty bearers' awareness of the right to and importance of children's participation in decisions that affect them.

Transition from ad hoc interventions to institutionalised processes: Permanent mechanism(s) to promote and facilitate children's participation at all levels of government in accordance with the existing laws and decrees need to be created to facilitate (i) expansion of opportunities for children to express their opinions, and building their skills for accessing and analysing information to arrive at independent and informed conclusions and express them confidently; (ii) children's participation in programmes seeking to influence their lives at the stages of situation analysis, strategic planning, design, implementation, monitoring and evaluation; and (iii) efforts to reach out to marginalised and vulnerable children, including children with disabilities, through appropriate modes of communication and with recognition of their agency and dignity.

Ongoing orientation of the functionaries of the government, mass organisations and others in positions to influence meaningful children's participation is essential for these mechanisms to be effective and sustainable. This would entail the development and dissemination of relevant tools and methodologies for different sectoral and thematic areas. Lessons can be learnt from successful models such as the Children's Parliament and Councils in UK, Thailand, the Philippines, and Finland, or kids' opinion polls in Argentina, Bangladesh, Brazil and Uganda. It is imperative that any mechanism established should include follow-up and M&E components to ensure that children's voices are being heard, considered responded to.



CHAPTER 8. CROSS-SECTORAL ISSUES

There are a range of critical issues that cut across children's rights to survival, development, education, protection and participation in Viet Nam such as urbanisation, migration, climate change, the expansion of information and communication technologies and normative evolution. These issues have far reaching impact on children, some known and some in the realm of probability. This chapter explores some of the issues that concern children, such as disabilities, urbanisation and migration, climate change, information and communication technologies, integrated child development and impact of business on children which require multi-sectoral responses by multiple stakeholders.

8.1. Disabilities

8.1.1. Children's rights issues

The marginalisation of children with disability (CWD) has been recognised in Viet Nam but due to social stigmatisation of persons with disability and limited available opportunities they continue to occupy a position of extreme disadvantage.

Attitudes about disability in Viet Nam range from progressive to regressive, as is the case in most countries. Deep cultural commitment to acquisition of education has not been able to prevent the belief held by some that disability is a consequence of the misdemeanors of ancestors and the resulting feeling of shame which contributes to the neglect, invisibility and low self-esteem of people with disabilities. Limited access of children with disabilities to basic good quality services at appropriate stages constitutes a denial of their rights and further compounds their vulnerability.

Early detection and early intervention services are still underdeveloped in Viet Nam with only one in five CWDs using special aids and devices on average. Only 30 per cent of them receive some type of social assistance. Available community-based rehabilitation programmes are not child-centred. In the absence of adequate community-based alternative care and respite care, CWDs are institutionalised at a higher rate than other children. Lack of reliable data continues to hamper efforts to highlight the poor state of their living conditions.

Surveys have indicated that the school attendance rates of CWDs are much lower than those of non-disabled children. Compared with 11.84 per cent out of school children with no disability, 83.11 per cent of CWDs and 30.62 per cent children with partial disability were out of school.¹⁹² Due to limited availability of proper learning opportunities (e.g. lack of quality inclusive education and qualified teachers, inappropriate assessments and teaching-learning materials, and limited parent participation), 50 per cent of CWD are illiterate and 85 per cent drop out of school before finishing primary education.

¹⁹² General Statistics Office, *Multiple Indicator Cluster Surveys 2014, Ha Noi, 2015.*

8.1.2. Magnitude of the issues

Roughly 7.8 per cent of the population of Viet Nam (i.e. more than six million persons aged 5 and above) has a disability¹⁹³ although the International Classification of Functioning, Disability and Health (ICF) of the WHO pegs the population of people with disabilities at 15.3 per cent of the population.

The realisation of the rights and dignity of CWDs is essentially dependent on the performance of the systems of health, education, social protection, welfare and justice with a higher level of specialised knowledge and skill base. However, available data indicates that about 75 per cent of the people with disabilities in Viet Nam live in rural areas that do not have the infrastructure and services that are available in urban areas, raising concerns about the access of CWDs to the most basic services of reasonable quality. It can also be surmised that additional vulnerabilities, such as residence in a remote areas and ethnic minority status, exacerbate their deprivations.

8.1.3. National response

The policy and legislative framework for people with disabilities is fairly strong in Viet Nam. Viet Nam signed the CRPD in 2007 and ratified it in November 2014. The CRPD signature and ratification processes involved wide governmental consultation with all line ministries and Disabled People's Organisation in Ha Noi. The Law on Persons with Disabilities¹⁹⁴, Law Nr. 51/2010/QH12 was issued and approved by the National Assembly, in June 2010. This document sets the policy framework for all actions related to people with disabilities in Viet Nam, by defining the overall principles and responsibilities related to children and adults with disabilities, including rights and duties (Art. 1). The law sets forth priorities in implementing information, communication and education activities on disability issues, and assigns the responsibilities to relevant agencies and organisations in charge of information, communication and education.

The Prime Minister has assigned MoLISA the responsibility for coordinating the formulation of a National Plan for Implementation of CRPD (NAP)¹⁹⁵. The NAP and the decrees and circulars required to implement the law are being developed.¹⁹⁶ Although the Prime Minister approved a decree on administrative sanctions regarding violations of the Law on Persons with Disability in October 2013, which stipulates actions and levels of sanction for each violating action,¹⁹⁷ Viet Nam is not a signatory of the CRPD Optional Protocol which establishes an individual complaints mechanism for the Convention. Social prejudices continue to contribute to discrimination against people with disabilities, and resource constraints reduce the effectiveness of policies and programmes to provide children with disabilities with accessible and affordable services.

The Law on Persons with Disability in 2010 required the establishment of the inter-agency National Coordinating Council on Disability (NCCD), enactment of the barrier-free access code, standards for public construction and transport, and inclusion of tax concessions for organisations providing training for people with disabilities and provisions promoting their inclusion in the Vocational Training Law (2006). Decree 28/2012/ND-CP followed the law to provide guidance for a number of its articles. The 2002 Barrier-Free Access Code and Standards established national accessibility standards for construction and Section III of the 2012 Labour Code regulated the employment of

¹⁹³ General Statistics Office, *Census 2009*, Statistics Publishing House, Ha Noi, 2010

¹⁹⁴ National Assembly of the Socialist Republic of Viet Nam, *The Law on Persons with Disabilities Nr. 51/2010/QH12*, 2010

¹⁹⁵ As above.

¹⁹⁶ Information gathered during interview with MoLISA on April 27, 2016

¹⁹⁷ As above (pg.32).

people with disabilities.

In 2015, the Prime Minister approved the Decision on establishment of the Viet Nam National Committee on Persons with Disabilities.¹⁹⁸ The decision established the composition of the National Committee on Persons with Disabilities (NCD), replacing the NCCD with ministerial representation at a higher level than initially planned and reporting directly to the Prime Minister. Through the NCD, implementation of the CRPD is allocated to various line ministries and organisations. In turn, each Ministry allocates responsibility to its provincial level authority (PPC), who then delegates to the District level authority. However, the PPC are ultimately responsible for the implementation of a Ministerial policy at the Provincial level¹⁹⁹.

The National Action Plan to Support People with Disabilities (2012-2020) approved in August 2012, seeks to provide vocational training and suitable jobs to 250,000 working-age people with disabilities by 2020. The project works on various issues such as accessibility to public buildings and transportation, early intervention, inclusive education, medical and legal services.

The National Policy on Inclusive Education aimed at providing inclusive education for all children with disabilities by 2015. Inclusive education is sometimes viewed as an additional burden by schools struggling with large classes and limited budgets.

The discourse on people with disabilities has tended to be focused on the adults with the thrust on vocational training and employment. The implementation of policies and laws remains weak. Prejudice and the belief that people with disabilities are not able to learn or contribute to society have hampered a pro-active, rights based, comprehensive and cohesive response to issues of CWDs. In principle, CWDs benefit from the overarching approach of improving accessibility to public spaces and transport, vocational training and employment. In practical terms a comprehensive approach involving early screening, support and rehabilitation, and access to basic services including inclusive education needs considerable enhancement.

The effects of social and cultural practices and beliefs are compounded by limited knowledge on effective ways of supporting CWDs, low levels of awareness of disability measurement and local rehabilitation services. The voices of children, including CWDs, are rarely heard while making decisions about them. Their experiences and special needs are not sufficiently reflected in the policy outcomes. For instance, budget allocated for the National Project to support people with disabilities does not have a budget line for CWDs.

8.1.4. Tentative recommendations

While expressing concerns about the stigmatisation of CWDs, the Committee on the Rights of the Child noted in its concluding observations to Viet Nam's State Party Report inadequate resources allocated for them in the national budget and urged Viet Nam to explicitly prohibit discrimination against children on the grounds of disability, as well as work actively to eliminate discrimination in the education and health system through inclusive policies and programmes.

How disability is being defined by different ministries and what implications it has on the rights of CWDs need to be explored in order to revisit the efforts being made by different ministries to respond to issues of CWDs. Inter-sectoral planning and reporting on CRPD implementation; the National

¹⁹⁸ Prime Minister of the Socialist Republic of Viet Nam, Decision No: 1717/QĐ-TTg on establishment of the Viet Nam National Committee on Persons with Disabilities, 2015

¹⁹⁹ Prime Minister of the Socialist Republic of Viet Nam, Decision No: 1717/QĐ-TTg on establishment of the Viet Nam National Committee on Persons with Disabilities, 2015

Disability Survey and statistical capacity development; integration of disability issues in social work development and system reform for social welfare; early detection and interventions, evaluation of inclusive education and other scaleable models; rehabilitation and reintegration through stronger legislation and research base are the emerging priorities for addressing the issues of CWDs.

8.2. Urbanisation and migration

8.2.1. Children's rights issues

Children in Viet Nam are significantly affected by rapid urbanisation and mass migration in a range of ways. Migration is experienced by children in three main ways. Firstly, their parents migrate and leave them home to be looked after by others, usually a relative, secondly, children migrate with their parents and finally, children themselves migrate from their home. Children affected by migration often experience fragmentation of their families, interrupted education and disrupted social networks. Migration of a household member impacts on those left behind, including the elderly and many (middle-aged) women, who may have to care for the children of migrants and work the fields. Viet Nam's urbanisation process has not kept pace with urban development, resulting in traffic congestion, environmental pollution, lack of public services, school overload, etc. Many urban areas lack green spaces, public spaces, play areas, leading to a lack of outdoor activities for children in urban areas, and contributing to the increase in the number of children affected by non-communicable diseases such as obesity, heart disease, myopia and others.

8.2.2. Magnitude of the issues

According to the GSO research on "Migration and Urbanisation" (GSO, 2016) which analysed data of the Inter-Census of Population and Housing Survey, among more than 83 million people aged 5 years or older as of 1/4/2014, within the five years preceding the survey, 1.7% was equivalent to 1.4 million migrating within district; 2.0% of the 1.6 million migrating cross district; 3.1% of the 2.6 million inter-provincial migrants and 0.1% of the total 65.7 thousand overseas migrants. Every fifth person in Ha Noi and every third person in HCMC was a registered migrant.

Migration to urban areas in Viet Nam is linked with a lack of steady employment and low income in rural areas, and family reunification and higher incomes in cities. Most migrants are economically vulnerable. Indeed, economic constraints explain why many are younger, unmarried and single. Women tend to migrate at slightly younger ages than men and make up the majority of migrants in view of the high demand for female workers in the industrial zones.

As a dynamic labour force, migrants fuel Viet Nam's economic growth but the multidimensional character of their poverty in urban areas is evident. They work primarily in transportation, hospitality, domestic work, manufacturing and construction, with many being self-employed. Men work more in construction while there are more women as domestic workers or factory workers. Being less skilled is a likely reason for the slightly lower average incomes of migrants compared with residents, especially women migrants and migrants from ethnic minorities. Language can be a barrier for ethnic minority migrants in urban areas limiting their access to social services and social protection structures. Temporary and unregistered migrants face job insecurity and often lack health insurance, unemployment benefits, sick leave, or maternity leave. Nonetheless they remit substantial finance to relatives back home and sometimes may receive food assistance.

A recent study (UNFPA, 2015) suggests that female migrant factory workers may be subject to gender-

based violence, from their partners as well as from individuals in the community as they are living away from the protection of their families and lack social networks in the migrant housing areas.

8.2.3. National response

Migrants in Viet Nam are guaranteed rights to work, education, health care and freedom of movement and residence by the Constitution (2013) and the detailed regulations in the Labour and Residence laws. Nonetheless, the rules of the Household Registration System (ho khau) even though relaxed since the 1990s continues to impede their access to essential social services, utilities, land and housing.

On the basis of their registration status, households are divided into four categories ranging from permanent registration to temporary registration. As many people migrate temporarily to cities without registration, they are unable to access some of the services at their destination. However, the inconsistent approach of cities needs to be noted as the Law on the Capital of 2012 imposes more restrictions on migrants to Ha Noi while HCMC is more relaxed in providing them access to housing. Nonetheless, housing conditions of migrants in urban areas are often poor and their specific concerns remain unaddressed in the absence of a central authority for social protection of spontaneous migrants.

8.3. Climate Change

The influence of climate change on children has not been subjected to empirical investigation in Viet Nam but there are sufficient indications of its far-reaching impacts at different levels. Over-exploitation and unsustainable use of natural capital leading to the continued depletion of natural resources, including forestry and biodiversity is a major factor in climate change, which is not confined to national boundaries. Climate change along with the declining quality of existing forests and water resources, and misuse of chemicals in agricultural production threatens extinction of plant and animal species, possible decline in ecosystem-related services, and directly impacts on human, plant and animal life and the development of agriculture and industry.

Viet Nam is listed among the top ten countries that are vulnerable to the impacts of climate change and natural disasters. Sea level rise, increased rainfall, average temperatures, floods and inundation, more frequent and more intense typhoons and storms, more severe saltwater penetration and drought on a large scale, which are all linked with climate change, are increasing in frequency, severity and complexity. Research by UNICEF on the impact of climate change on children in Viet Nam (UNICEF, 2015d) conducted in Kon Tum, Quang Binh and An Giang shows the growing frequency and severity of incidents as long-lasting broiling sun and hot and dry air (in all three provinces), abnormal storms and rain, out-of-season rain (in all three provinces), sudden and rapid floods (in Kon Tum and Quang Binh), flood and inundation (in An Giang and Quang Binh), and sudden whirlwind (An Giang).

The vulnerability of the Mekong Delta to climate change, water scarcity and pollution came into focus in 2016 when the area was hit by a severe drought. The extreme weather was combined with low Mekong river flows, coupled with development in upstream countries. The challenge of coping strategies and adaptation to the uncertainties of the phenomenon was felt acutely as many farmers experienced acute shortage of freshwater, withering of rice, and dying of shrimp and fish.

Natural disasters strike with varying intensity and in the process damage basic physical and developmental infrastructure, disrupt delivery of basic services, and result in reduced income or

even loss of the source of income for many families. Available evidence suggests that their growing frequency will further limit people's abilities and opportunities to access basic social services such as infrastructure, health care, education, housing and clean water, and negatively affect human physical and mental development. The impact on children in particular is expected to be immense and arguably disproportionate.

Loss of lives and livelihoods due to natural disasters can translate into a lack of parental support, homelessness, destitution and forced migration. The setback to their health and nutrition status, access to healthcare and education, housing and safe environment can also not be overcome easily. Their location and socio-economic status shall however play an important role in determining their vulnerability and resilience to the shocks.

Available research indicates that environmental pollution jeopardises peoples' well-being and enhances the risk of children to injuries, disabilities, death by drowning or hitting objects, and contracting diseases (e.g. respiratory diseases, conjunctivitis (pink eye), diarrhea, dengue fever, foot-and-mouth disease and skin diseases, and among girls, gynecological ailments in addition). They are more likely to be malnourished due to limited food supply resulting from isolation in the short term and production losses in the long term, bacterial contamination or incorrect preservation of food and foodstuff, and lack of clean water due to polluted water source or drought.

The opportunity or ability to access medical examination and treatment units (hospitals, medical stations and drug stores) is further circumscribed due to interrupted transportation or damaged medical infrastructure.

Interrupted transportation, damage to school infrastructure and loss of books and textbooks and learning and teaching tools in regions regularly affected by natural disasters are known to contribute to absenteeism and education quality deficit. The probability of students dropping out as their families face economic crisis after natural disasters is also much higher. Opportunities to play in safe conditions are also limited.

The impact on their psychological well-being and protection is less explored. Nonetheless, post-traumatic stress disorders and other emotional problems, and increased violence and abuse have been reported after disasters of high magnitude.

The rapid pace of climate change, natural disasters and extreme weather phenomena in recent years does not provide enough time and space for the development of adaptation and coping mechanisms. Nonetheless, the Government, local communities and families are making remarkable efforts to mitigate the risks and to increase their resilience to withstand and overcome sudden shocks. With a policy and legal framework on environmental protection, natural disaster prevention and control, and responses to climate change in place, efforts are now being made to fine-tune the ways and means of providing food, clean water, drugs and housing, reconstructing infrastructure, and reviving production after natural disasters, to be followed by the identification of beneficiaries and level of support.

Whether post natural disaster child care and protection is being addressed adequately and with particular attention to health, nutrition, clean water, housing, environmental hygiene, education and households' economic recovery needs to be ascertained. The effectiveness of policies on securing children would ultimately be determined by the capacity and skills of grassroots level Government and mass organisation officials to identify and meet the specific requirements of children in need by effective coordination and integration of strategies and programmes on child care and protection,

and ongoing public education on natural disaster prevention and control and coping with climate change. As children and young people are social actors, initiatives involving their participation in action on and resilience to climate change can be extremely positive.

8.4. Information and communication technologies

While the expansion of information and communication technologies (ICTs) and in particular internet and mobile phones is arguably changing social interactions and relationships as never before. It is also providing exciting opportunities and compounding risks and vulnerabilities for children globally and in Viet Nam. Viet Nam's youthful demography exacerbates both the opportunities and risks for children as improving access to smart phones and various types of digital devices and social media are transforming their lives at home and at school.

While children are able to access information, and connect with people beyond their immediate circle easily and quickly, their growing online presence exposes them to unsuitable content (pornographic and violent imagery), cyber bullying, online sexual abuse and exploitation by people known and unknown to them. The anonymity offered by the technology encourages offenders to engage with and "groom" children for sexual purposes online as well as offline. They coax children into producing and sharing sexual images without making actual contact and livestreaming their abuse in some cases to paying customers over the Internet. The image of child abuse on the Internet, without intervention, remains there forever and can revictimise children, compounding the impact of abuse that he or she has suffered. The offence does not end when and where the image is produced resulting in continued trauma for the child. Indeed, such imagery and information in cyberspace can affect them later in life. Meanwhile, ever faster mobile Internet access and other factors such as anonymous access and payment mechanisms create the alarming likelihood that online abuse will increase in the future and more children will be affected.

Expanding opportunities and mitigating risks is proving problematic due to varied perceptions and limited knowledge on the ways and means, and the rapid evolution of ICTs that constantly challenges the effectiveness of prevention and response. As preparedness and prevention through safe use of ICTs are likely to be the most effective and sustainable strategies, the issues pertaining to networking etiquettes, internet safety and online privacy need to be discussed widely at the policy and societal level.

8.5. Integrated Early Childhood Development

8.5.1. Children's rights issues

Early childhood care, education and development are basic rights of all children, as well as the most effective pathways to integration and inclusion. Early childhood or the stage from birth through infancy, throughout pre-school years and in transition to primary school (up to about age 5) is a critical stage for children. As the first three to four years of a child's life are a period of rapid brain development, efforts directed at improving the quality of home care and early childhood education contribute to childhood development and lay a solid foundation for the rest of his or her life. Most interventions have been located in education and nutrition programmes.

However, recent developments in neuroscience and molecular biology have led to a more nuanced and richer understanding of how the brain develops and the complex and dynamic ways in which nature (genetic endowment) with nurture (environmental conditions) operate throughout the life course and indicate a greater degree of integration in the approach and planned interventions. (Viet Nam Strategic Moment of Reflection, 2015). The latest evidence reaffirms that the early years matter: the brain develops fastest in the first three years, early development sets the foundation for later life and responsive environments and supportive relationships contribute to shaping these early foundations (UNICEF, 2014a).

The research findings underscore the wisdom of investing early and continuously throughout the early years and beyond. If early efforts that promote equity are not sustained, early intervention gains may fade. High levels of developmental risks can compromise the effects of later protective experiences. It points also to the need to design synergic interventions within a systemic framework of comprehensive policies and programmes.

There has been remarkable improvement in children's access to early childhood development and education and Viet Nam will soon be faced with the "last mile" challenge. It needs to bring in the 29 per cent of children aged 3-5 years within the fold of early childhood programmes and strengthen focus on the quality of services through an interface of early childhood education with childcare, health and nutrition, and ensuring low-cost and locally available safe playthings and interesting books for children.

Various child-focused governmental and non-governmental organisations and UN agencies are engaged in strengthening national and local technical capacities and human resources for early childhood care and development, planning, budgeting, coordinating, and monitoring functions of the General Office for Population and Family Planning, and targeted community-based interventions.

However, the survival, growth and development of children will not effectively be achieved and sustained through partial interventions that disregard the wider picture. The SDGs now have a specific global target to improve access to quality ECD, care and pre-primary education. Indeed an additional 4 out of the 17 Goals are specifically related to the early years and 5 are indirectly related. To move towards sustainable development and social equity, the child survival, early child development and violence against children agendas need to be intertwined by a more complex set of partnerships with a larger number of partners.

Box 8.1. Global recognition of the critical importance of ECD

Financial institutions, such as the World Bank and Asian Developmental Bank now highlight ECD in their lending portfolios. Ensuring that all children have access to quality early development, care and education has also been granted a special focus on the Education 2030 Agenda (Incheon Declaration, May 2015), under the Global Strategy for Women's, Children's and Adolescents' Health Strategy 2016 – 2030 as well as in the Global Campaign for Violence Prevention. The Addis Ababa Action Agenda resulting from the Third International Conference on Financing for Development, July 2015, also calls for greater investments and international cooperation to support equitable, inclusive and quality early childhood education. This signals a global recognition of the importance of setting the foundations in a child's early years for the long-term success of individuals, families, communities, countries, sustainable development and a peaceful world.

These early years represent a period of tremendous vulnerability -meaning, exposure to a range of biological and psychological risk factors increase the likelihood of inhibiting cognitive, social-emotional and physical-neural development- but it is also a time of great opportunity -i.e. protective influences can enhance children's competence, optimal development and reduce the adverse consequences of risk exposure.

8.5.2. National response

For the time being, there is still no coherent, comprehensive Early Childhood Development policy, nor an effective coordination mechanism powerful enough to ensure effective inter-sectoral or even multi-sectoral coordination of ECD programmes and interventions at central and local levels. If young children's development is to thrive, this governance challenge needs to be addressed.

While there are vertical interventions in health, nutrition, reproductive health, and education, little has been done to horizontally integrate services for early childhood development, especially for children from 0 to 3 years old, and particularly at the household level.²⁰⁰ In terms of early childhood education (ECE), components of health - such as immunisation and growth monitoring - are supposed to be coordinated by the MOH, but in reality, integration is limited. Even within Ministries there is fragmentation between agencies with low incentives for integration. For instance, management of healthcare services are still centralised, at national level and vertically coordinated with little or no communication between agencies, in spite of being under the overall management of the MOH. The tendency is for stand-alone programmes. While life cycle is an integral part of the social protection system in Viet Nam, the youngest population – especially under 3s – do not benefit from the schemes except for the health insurance and Social Assistance System Strengthening project (that consolidates three policies and has been implemented on a pilot-basis).

²⁰⁰ Asian Development Bank (2016), *Recommendations for Early Childhood Development in Viet Nam. Period 2006-2010 and the vision toward 2020.*

Table 8.1. How well promoted is ECD in Viet Nam versus ECD outcomes? (based on the SABER-ECD analytical framework developed by the World Bank)

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?		ECD outcomes	Early Disparities
Healthcare	Viet Nam in Policy	Viet Nam in Practice	
Standard health screenings for pregnant women	√“Master Plan for Universal Health Coverage from 2012–2015 and 2020”	95.8 per cent	57.4 per cent of women with no education
Skilled attendants at delivery	√	93.8 per cent	81 per cent from Central Highlands; 77.5 per cent from Northern Midlands and Mountainous area
Childhood immunisations	√	97.1 per cent of full immunisation	72.2 per cent of the poorest and 69.4 per cent non-Kinh children
Well-child visits	√	No data found	No data found
Nutrition			
Breast feeding promotion	√Pro-breastfeeding policies	24.3 per cent Exclusive under 6 months	No data found
Salt iodisation	√The 2001-2010 NNShad IDD goals	No data found	
Iron fortification	?	No data found	
Early Learning			
Parenting programmes (during pregnancy, after delivery and throughout early childhood)	?	No data found	
High-quality and affordable childcare, especially for working parents	?	No data found	
Free pre-primary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)	√Early Childhood Education Compulsory	71.3 per cent of children aged 36-59 months – 92 per cent had higher ECDI versus 78 per cent not attending ECE programmes	39 per cent from Mekong River Delta; 53 per cent lowest quintile
Social Protection			
Services for orphans and vulnerable children	?	No data found	
Policies to protect rights of children with special needs and promote their participation and access to ECD services	√	No data found	

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?		ECD outcomes	Early Disparities
Financial transfer mechanisms or income supports to reach the most vulnerable families (e.g. cash transfers, social welfare)	√	No data found	
Child Protection			
Mandatory birth registration	√	96.1 per cent under 5s registered	
Specific provisions in judicial system for young children	?	No data found	
Guaranteed paid parental leave of least six months	√	No data found	
Domestic violence laws and enforcement	?	68.4 per cent experience violence	
Tracking of child abuse (especially for young children)	?	No data found	
Training law enforcement officers in regards to the particular needs of young children	?	No data found	
Job protection and breastfeeding breaks for new mothers	?	No data found	

8.6. Child Rights and Business Principles (CRBP)

8.6.1. Children's rights issues

One of the least recognised stakeholders and duty bearers for child rights are the corporate sector and businesses, which include both national and transnational enterprises with variations in size, sectors, location, ownership and structure. Their roles and responsibilities have traditionally been viewed through a narrow perspective of employers of children (usually small businesses in the informal sector), donors for interventions in the interest of children's welfare (usually the large corporations and medium sized businesses), and providers of health, education and other basic services on commercial basis. Some of them have mechanisms for corporate social responsibility that also seek to service children's rights issues.

Specific corporations have also come under attack for their products and practices in some instances (e.g. harmful and/or sub-standard products for mass consumption, manufacturers and marketers of infant milk formulas). Cumulating global experience has highlighted the vital role of the private sector, businesses and the informal sector in the realisation of children's rights.

Business can be an essential driver for societies and economies to advance in ways that strengthen the realisation of children's rights through, for example, technological advances, investment and the generation of decent work. The Committee on the Rights of the Child recognised that the business sector's impact on children's rights has grown in past decades because of factors such as the globalised nature of economies and of business operations and the ongoing trends of

decentralisation and outsourcing and privatising of State functions that affect the enjoyment of human rights. Privatisation implicit in the socialisation of health and education in Viet Nam has vested in them immense responsibilities for children's rights, which need to be regulated and monitored. The role of businesses has also not been recognised in social marketing and generating demand for social services like WASS. The transnational nature of internet operated ICTs is bringing them to the centre stage of international cooperation for technological solutions for prevention and response to online risks and threats for children.

UNICEF, the UN Global Compact and Save the Children have developed the Children's Rights and Business Principles (referred to as the Principles), a set of 10 principles, to guide companies on the full range of actions they can take in the workplace, marketplace and community in support of children's rights. They include prevention and resolution of all negative impacts and respect and promotion of children's rights through integration within strategic and core business activities in order to generate positive outcomes for them as socially responsible entities as well. For instance, supporting employees in their roles as parents and caregivers and promoting youth employment and talent generation can help with recruitment and maintenance of a motivated and skilled workforce. The Principles were developed in consultation with business experts, child rights experts, civil society, governments and children and first launched on March 12, 2012 in London. They are being promoted in more than 30 countries.²⁰¹

Box 8.2. Children's Rights and Business Principles launch in Viet Nam

The Children's Rights and Business Principles were formally launched in Viet Nam with participation and endorsement of the Deputy Prime Minister, leading Chambers of Commerce, Private Sector Partners and Civil Society Representatives on 27th November 2014 in Hanoi, and 9th December 2014 with support from Sofitel Legend Metropole Hanoi, Sheraton Saigon Hotel and Towers and Forbes Magazine who both joined UNICEF Viet Nam initiating the engagement with Viet Nam's business community for building a long-term partnership for advancing children's rights.

Viet Nam's Deputy Prime Minister Mr. Vu Duc Dam, the Deputy Minister of MOLISA Mr. Doan Mau Diep and representatives of the Viet Nam Chamber of Commerce and Industry (VCCI), American Chamber of Commerce (AmCham), the Australian Chamber of Commerce (AusCham), European Chamber of Commerce (EuroCham), Korea Chamber of Commerce (KorCham), the 2030 Business Club, international organisations, businesses and the media agencies joined in solidarity to support the Principles within the framework of corporate social responsibility.

The Deputy Prime Minister Mr. Vu Duc Dam in his opening remarks highlighted actions that should be taken for children. In addition to donations for charity, the business sector should include the rights of children into their business strategies and activities. Deputy Minister Doan Mau Diep called for stronger participation of businesses in the implementation of children's rights and expressed MOLISA's willingness to cooperate with businesses in this process. At the conclusion of the event, the representatives of the Chambers of Commerce signed a commitment to support the Children's Rights and Business Principles in Viet Nam.

²⁰¹ See www.childrenandbusiness.org, accessed on December 17, 2015

8.6.2. Magnitude of the issues

A more cohesive understanding of the role of businesses and a feasible partnership is being sought, albeit not in a strategic manner at this juncture, on the basis of recognition that the realisation of children's rights is not an automatic consequence of economic growth and that business enterprises can also negatively impact children's rights. A serious enquiry on the role of businesses in the implementation of children's rights has not been undertaken to date.

8.6.3. National response

New partnerships and collaborations are being sought and strengthened as Viet Nam faces the challenge of ensuring that its economic progress translates into gains for all children. The context for children's rights has been impacted by the expansion of the market economy, globalisation, international integration and climate change. Viet Nam is still trying to address the issues that continue to emerge unexpectedly and with growing frequency. Besides maintaining its achievements, the Government has allocated more resources in recent years to address children's issues and to garner support from the community, society and businesses.

A survey by Taylor Nelson Sofres (TNS) on businesses in Viet Nam found that 90 per cent of the managers polled expressed their commitment to CSR activities but only 28 per cent of the companies had well organised CSR programmes. Clearly there is willingness to contribute but a common agenda of action for children's rights is yet to emerge.

8.6.4. Tentative recommendations

- o Meaningful and action oriented multi-stakeholder dialogue on corporate social responsibility.
- o Adequate legal and institutional frameworks to respect, protect and fulfil children's rights, and to provide remedies in case of violations in the context of business activities and operations.

CHAPTER 9. CHILDREN IN THE SUSTAINABLE DEVELOPMENT AGENDA TOWARDS 2030



CHAPTER 9. CHILDREN IN THE SUSTAINABLE DEVELOPMENT AGENDA TOWARDS 2030

This situation analysis has aims to identify contemporary issues and challenges for the realisation of children's rights in Viet Nam. Many of the challenges are evident from the trends and patterns in the indicators of progress towards national development priorities, the CRC principles, and the MDG targets that have now been subsumed by the SDGs. In conclusion, this chapter reflects on the key issues of children's rights and the priorities for advancing them through the sustainable development agenda that can support the duty bearers and stakeholders in policy discussions. Viet Nam needs to apply the key guiding principle equity in the steps it makes to realise children's rights and the sustainable development agenda. Utilising an equity approach will support and enable Viet Nam to reach the most vulnerable and will ensure the future development and prosperity of the nation.

9.1. Key issues of children's rights

The preceding chapters identify and highlight the most critical issues for promoting children's rights and well-being as Viet Nam seeks to improve upon its lower middle-income status and medium position on the Human Development Index. Political commitment, focused development policy and impressive economic growth has helped in reducing extreme poverty and hunger from over 50 per cent to less than 10 per cent, achieving gender parity in several spheres of socio-economic development and progressing on many indicators of children's rights. Development policy and institutional development as Viet Nam seeks to make the transition to the SDGs needs to build on achievements to date, as well as address the unfinished agenda for children's rights.

Focus on NMR for further reduction in child mortality: Viet Nam has made considerable progress in reducing child mortality, but the decline has now plateaued. The slowing decline in child mortality is largely due to the inability to reduce the NMR and improving basic health care services in disadvantaged regions. IMR and U5MR reduction has been held back by slower progress in the areas populated by ethnic minorities, which are rural, remote and hard-to-reach. Furthermore, the strategies being employed have not been able to reduce the NMR, which is also holding back overall progress in child mortality reduction. About 85 per cent of neonatal deaths occur within the first week of birth, and 75 per cent within 3 days after birth, most of the cases were within 24 hours after birth. These statistics show that babies are most vulnerable right at the time of their birth. To reduce the NMR, Viet Nam needs to focus on effective prenatal care and skilled birth attendants able to identify and intervene when complications arise. It is particularly important that an equity focus is applied to these interventions to ensure that resources are deployed in the areas of greatest need.

Sustaining and improving the coverage and quality of public health services: Viet Nam has made progress in the provision of healthcare for the majority of its population, however, certain groups are less likely to access health care and some key public health issues have not been adequately addressed. The quality of healthcare services remains an issue across the country. Access to good quality sexual and reproductive health services is limited among specific populations such as adolescents, ethnic minorities in extremely disadvantaged areas, migrants, and people living with HIV. The adolescent birth rate remains high, particularly in rural areas, the northern midlands and mountainous areas where most of the ethnic minorities reside. The Extended Program on Immunisation (EPI) has contributed to a remarkable decline in the incidence and mortality caused by various childhood diseases but several vaccines need to be included to strengthen protection of children from various diseases.

Enhanced efforts on universal access to affordable and improved water sources, water quality and rural sanitation: Although Viet Nam has achieved access to improved sources of drinking water for 98 per cent of the urban population and 89 per cent in rural areas, it needs to ensure affordable supplies of water to under-reached communities living in scattered settlements in remote areas. The quality of water is also an issue, Viet Nam needs to address ground water contamination (especially arsenic) and water pollution due to urbanisation and industrialisation. Open defecation has not been eliminated entirely and the demand for improved facilities is still low in rural areas in particular. About 22 provinces in the north mountainous and Central Highland provinces have less than 50 per cent coverage of sanitary latrines and more than 10 per cent of rural households practice open defecation, which impacts negatively on child health, nutritional status and the environment. Integral to safe water and sanitation is improving the understanding and practice of hygiene (including menstrual hygiene management), which needs greater focus and effort in order to reduce morbidity, promote physical and cognitive development and reduce absenteeism in schools. The impact of urbanisation and localised impacts of climate change on water infrastructure are beginning to be felt and require efficiently functioning water and sanitation systems.

Monitoring of morbidity and mortality patterns: Many communicable diseases have been controlled but children and young people remain vulnerable to a variety of accidents and injuries. Newer public health concerns due to lifestyle changes resulting from economic prosperity and climate change need to be monitored and addressed.

Enhanced efforts to reduce stunting and micronutrient deficiencies among children: Viet Nam was able to achieve the MDG on child nutrition ahead of schedule and has made considerable progress in reducing underweight and, to a limited extent, stunting among children. Nonetheless, stunting is a serious public health issue in many rural and mountainous regions, and obesity is showing an increase in urban areas in particular. Disparities in malnutrition have increased in certain pockets in recent years.

Expansion of quality early childhood education services: Viet Nam has successfully expanded early childhood development and primary education with gender parity in the last decade. Over 70 per cent children receive early childhood education, 76 per cent of children are engaged by adults in activities that promote learning and school readiness, 96 per cent of children in the first grade of primary school have attended pre-school the previous year, 95 per cent of children enter primary school at the right age and 97 per cent of first graders reach fifth grade. However, the expansion of early childhood education has not been experienced equitably by all population groups and wealth quintiles. There is scope for Viet Nam to improve both the reach and the quality of early childhood education for all members of the population.

Inclusive approach to education of out-of-school children and the elimination of the worst forms of child labour: Nearly 3 per cent of children in the 5-17 years age group have never attended school and the dropout rate is about 40 per cent by the age of 17 years. Both of these are major concerns. Every fourth family in Viet Nam has a child or children aged 7-14 engaged in self-employed trade and production and the ratio of child workers is even higher in families with a low income, families that live in rural areas, and families with parents who had little education.

Prevention and response to violence against children: Although Viet Nam has achieved gender parity in children's access to most basic services, the prevalence of gender-based violence highlights the importance of changing social norms and gender-sensitising and strengthening the protective environment. There has been a dramatic increase in the number of reported cases of violence against girls as well as boys in the recent years. It is not clear if the rise reflects an increase in incidents of violence against children, or an increase in the rate of reporting.

The rapid dissemination of ICTs and access to the internet in Viet Nam has created a new setting for violence, abuse and exploitation of children – cyberspace. The increasing activity of children and young people in cyberspace is providing them with information and developmental opportunities as well as exposing them to online risks and threats (e.g. cyber bullying, online abuse and exploitation, cyber radicalisation, online commercial frauds, habit formation and online enticement to illegal behaviours). Evidence of ICT use, abuse and risks in Viet Nam is largely anecdotal. However, several vulnerability factors, including the high level of internet and mobile phone penetration, the low level of awareness of parents of the risks associated with unsupervised internet use by children and limited discussion of the nature of those risks, both with children and amongst parents, guardians and teachers, due to their taboo nature indicates a likely gross underreporting of such cases in Viet Nam. Experience accruing globally and regionally indicates that such cases will grow exponentially.

Alternative care for children in difficult circumstances: A large number of children in Viet Nam live without or with partial parental care. In addition to orphans, street children and children with parents who work far from home are deprived of adequate parental care and support. The number of children without adequate parental care is believed to be increasing due to limited wage employment and opportunities in rural areas leading to internal and external migration. Thousands of children are trafficked on the pretext of adoption or employment but many of them end up in commercial sex work and exploitative labour. Under-age marriages and marriages between close relatives are prevalent in the mountainous areas, particularly in the Northern mountainous areas and Central Highland.

Strengthening the practice of children's participation: The notion of children's right to participation is gradually gaining acceptance in Viet Nam albeit at a slow pace. Age-based hierarchies are deep-rooted in the social ethos of Viet Nam, which has also had a tradition of organisations representing the interests of social groups, including the Young Pioneers and the Youth Union. While their engagement in several activities in the family, school and community has been notable, there is considerable scope for advancing children's right to be heard. Expansion of the concept of participation and creating spaces for meaningful participation by children which requires that children's voices are listened to, considered and responded to will enable children to realise their role as individuals, social actors and citizens and will support the realisation of their other rights.

Developing resilience among children and young people for dealing with climate change and its effects: Increasingly evident signs of climate change in Viet Nam foretell serious impact on children's rights and well-being. Escalating droughts and flooding, increase in temperatures, water scarcity, air pollution, livelihood insecurity, lower food production, climate-driven migration and

disruption of basic services have the potential to undermine the gains made in child survival and development in Viet Nam. There are indications that climate change will aggravate malnutrition, water-borne diseases and serious respiratory conditions among children, who are also likely to bear the burden of growing emergencies and humanitarian crises caused by more extreme weather events.

Viet Nam is faced with the “last mile challenge” of expediting reduction in child and maternal mortality, mounting a cohesive response to malnutrition, improving the quality of primary education while working for universal lower secondary education, and strengthening the protective environment for children while anticipating and responding to emerging issues of climate change and online threats, abuse and exploitation. All these issues find resonance in the SDGs and can be addressed meaningfully when harmonised with the SEDPs and the roadmap to the SDGs. Through its commitment to the SDGs, Viet Nam is expected to build on the achievements, address the unfinished agenda and respond to the emerging issues for sustainable development till 2030.

9.2. Prioritisation of critical issues

The evolution of Viet Nam’s policy and legal framework over the years offers considerable scope for realising children’s rights while the 17 SDGs offer a normative compass for policy making. Viet Nam’s policy orientation for long-term development through the SEDPs offers considerable space for the advancement of the children’s agenda. Following are the key priorities and a road map to advance this agenda.

9.2.1. Reducing inequalities in children’s access to basic social services

The emphasis on “each and every child” and “no child is left behind” is implicit in Viet Nam’s Constitution, policies and legislation, treaty obligations to the CRC as well as the Sustainable Development Agenda towards 2030. SDG 1 for ending poverty in all its forms everywhere calls for equity-oriented approaches in development policies, planning and delivery of basic services as well as sound policy frameworks at different levels to support accelerated investment in poverty eradication actions. SDG 10, which is focused on reducing inequality within and among countries, seeks empowerment and promotion of the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

The issue of inequities is a recurring theme in this Situation Analysis against the backdrop of commendable progress against social development indicators. Currently faced with “the last mile challenge” in several spheres of social and economic development, Viet Nam needs to work on disparity reduction and equitable access to basic, good quality services to accelerate progress for children’s rights to survival, development, education, protection and participation. The challenge has become even more acute since the last situation analysis in 2010.

Reaching the marginalised and the most vulnerable is also the last mile challenge for ensuring that no child is left behind. Prioritisation of the most vulnerable population groups and regions and consideration of their vulnerability are critical for attaining developmental targets and realising children’s rights. A focus on the most vulnerable will also assist to consolidate efforts to improve effectiveness, efficiency and sustainability in the national planning processes to address issues that continue to pose a challenge.

A twin-track approach utilising an equity focus to track and respond to the most vulnerable groups

of children with appropriate interventions and strengthening of systems for the implementation of children's rights would assist Viet Nam to address the "last mile" socio-economic development challenges and would also assist in advancing children's rights.

The differentials in progress in urban and rural areas, between different regions and population groups need to be addressed through effective and innovative processes for reaching out to children, families and communities that are still lagging behind. A geographical focus on areas where ethnic minorities are concentrated, as well as thematic focus on groups of children known to be at particular disadvantage (e.g. CWDs) with situation specific and nuanced interventions is needed. For sustainability, these policy and programmatic responses need to be integrated within the existing national systems.

Identification of the most vulnerable stages of childhood: Integrated, multi-sectoral and outcome-oriented strategies and approaches can effectively address children's rights issues. In order to efficiently utilise resources and address the priority issues to deliver optimal results for children, the life cycle approach holds promise. A life-cycle approach to development applies rights-based programming to four key stages of a child's life. These four stages, pregnancy and birth, early childhood, school age and youth and adolescence, are key stages of both opportunity and risk. Each stage requires different interventions to realise children's rights.

Geographical focus in the delivery of basic services: The marginalised and the most vulnerable populations in Viet Nam are also the hardest to reach. The regions with less developed socio-economic conditions (such as the northern midlands, mountainous areas and the Central Highlands) and high ethnic minorities populations are missing out on the progress made in other areas of the country. The issues of uneven population density, geographical challenges and socio-cultural marginalisation heighten the vulnerability of some population groups (e.g. ethnic minorities, persons with disabilities, and residents in rural areas). Rural areas lag behind urban areas in several children's rights indicators. Although the disparities between rural and urban areas need to be reduced, urban children also have their own set of issues that need to be recognised and addressed. Targeted interventions in the delivery of basic services which focus on reaching the most disadvantaged and vulnerable children, including applying a geographical focus to interventions, is needed to address disparities that currently exist.

Strengthening of national systems: The SDGs address key systemic barriers to sustainable development such as inequality, unsustainable consumption patterns, weak institutional capacity, and environmental degradation that the MDGs had overlooked.²⁰² The parameters are no longer confined to poverty reduction, but rather incorporate the structure and format of institutional capacity, policy coherence, a mix of capacity building, knowledge sharing and technology transfer, in addition to innovative but secure finances. This approach notes the importance of a strong institutional legal and policy framework to create sustainable development and realise human rights. Against this backdrop, the children's agenda needs to be located within the national systems and implemented through the national planning frameworks.

Despite Viet Nam's progress in implementation of many children's rights, there is a need to strengthen overall systems to ensure coherence, outcome oriented policies and sustainability in the design of policies and programmes, capacity development, partnerships and monitoring and evaluation. The systems approach for realising children's rights in harmony with the national development agenda can be expected to build on the progress Viet Nam has already achieved towards higher level goals. Recognising the multiple demands on national systems, an increased focus on the unfinished agenda

²⁰² International Council for Science, *Review of Target for the Sustainable Development Goals: The Science Perspective*, ICSU, 2015

and on the last mile challenges is a pragmatic and result-oriented approach.

Resource mobilisation, allocation and utilisation for children's rights: Viet Nam's youthful demographics offer a golden opportunity for development. Increased investment in children is absolutely critical for reaping the demographic dividend of Viet Nam's youthful population before 2040 when the population will begin showing discernible signs of ageing. Reduced development assistance, a consequence of the lower middle income country status that Viet Nam has achieved, has to be factored into short, medium and long-term perspectives. Effective utilisation of available resources, strategic partnerships and collaboration will be required along with prioritisation of the most critical children's rights issues. Viet Nam should focus on innovative approaches and interventions with proven track records in delivering results, capacity development to removing barriers and bottlenecks, coordinated and coherent action and the development of appropriate accountability mechanisms.

Investment in the knowledge base on effective utilisation of basic services: The complexities that define inequities require evidence based multi-sectoral programmatic responses with dynamic processes for monitoring, capacity development, supervision and review. However, the level of disaggregation of data required to address disparities in basic indicators of health, nutrition, education and standards of living does not yet exist. Qualitative information that could support innovative and nuanced approaches to work is still inadequate. Strategic investment in generating critical information and inter-sectoral collaboration is required. Viet Nam should be looking to improve its ability to collaborate both internally and internationally. Indeed, issues related to climate change and expansion of ICTs and the internet highlight the imperative of international collaboration.

9.2.2. Universal access to health care, including sexual and reproductive healthcare services

The key targets of SDG 3 (Ensure healthy lives and promote well-being for all at all ages) call for reductions in maternal mortality and universal access to sexual and reproductive health care services. Ensuring optimal health and well-being for children in Viet Nam would entail ending preventable deaths of children under the age of five, substantially reducing communicable diseases, including malaria, tuberculosis and HIV and non-communicable diseases, providing universal access to water and sanitation, and reducing accidental deaths and injuries.

The following are issues of particular concern:

- **Neonatal mortality reduction:** Viet Nam can reduce NMR through effective and innovative measures to strengthen antenatal and postnatal care, skilled birth attendance and institutional deliveries can expedite the decline in child mortality.
- **Reproductive health care:** A coordinated policy response is needed to ensure financial, human and technical resources for reproductive healthcare and deploying a prudent mix of health care workers and specialists for essential and emergency obstetric care and pediatricians in disadvantaged areas. The current low level of awareness of reproductive health care amongst adolescents and youth needs to be addressed in order to reduce the high levels of both early pregnancies and terminations in Viet Nam.
- **Full immunisation:** Over 90 per cent full immunisation has been achieved in Viet Nam but appropriate measures are needed to establish "herd immunity" in those regions and areas where the immunisation rates are relatively lower.

- **Evidence-based approach to health financing:** “Socialisation of health care” with its focus on increasing financial investment, reducing the workload for public health care facilities, and increasing the quality of care entails privatisation, which may have in turn led the health care providers to induce demands for their own benefits. A comprehensive study using qualitative and quantitative methods is needed to evaluate the implementation of the socialisation of healthcare process for potential review of policies and regulations.
- **Monitoring of health care system and implementation of policies and programs:** Effective monitoring of the regulatory framework could address the shortcomings in policy and regulatory frameworks and ensure timely access and utilisation of reproductive, maternal and child health services, especially by girls and women among ethnic minorities living in remote areas.

9.2.3. Malnutrition reduction

The key targets of SDG 2 (End hunger, achieve food security and improved nutrition, and promote sustainable agriculture) call for ending all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address among others the nutritional needs of adolescent girls and pregnant and lactating women. As Viet Nam is undergoing nutrition transition, immediate attention on reducing stunting, obesity, micronutrient deficiencies and disparities in nutritional status is imperative.

- **Reduction in stunting:** Stunting, which is an outcome of chronic malnutrition, needs to be addressed with urgency as it can delay the overall development of children and the impact can be irreversible unless it is addressed in time. The ‘first 1,000 days’ are important for preventing and reversing stunting. During this period, women must take iron, folic acid and multivitamins during pregnancy, consume iodised salt and breastfeed their baby within one hour of birth and thereafter exclusively breastfeed for the first six months. Hygiene and sanitation (including simple acts of handwashing with soap before preparing food, after changing a child’s diapers and after using a toilet) is a less recognised factor in malnutrition reduction.
- **Addressing micronutrient deficiencies:** Children’s health and well-being as well as their intellectual development is determined by adequate intake of micronutrients, an issue that is beginning to gain prominence in Viet Nam. The efforts to enhance public awareness need to be complemented with a variety of approaches to overcome deficiencies among children and women.

9.2.4. Water quality, improved sanitation and hygiene

The key targets for SDG 6 (ensure availability and sustainable management of water and sanitation for all) call for universal access to adequate and equitable sanitation and hygiene for all and end of open defecation, with special attention to the needs of girls and those in vulnerable situations.

- **Improvement in water quality and safety:** Issues of equitable access and quality of water still need to be addressed as pollution and arsenic contamination of groundwater are serious challenges to children’s right to safe water. Indeed, growing concerns about water and air pollution highlight the need to address environmental issues and the phenomenon of climate change which is altering peoples’ lives, livelihoods and lifestyles like never before.

- **Rural sanitation:** Persistence of the practice of open defecation albeit among a relatively small proportion of the population and slower pace of expansion of improved sanitation are major concerns for Viet Nam. Major efforts are required to generate public demand for improved sanitation and to make available technically sound, locally sourced and financially viable solutions.

9.2.5. Inclusive and equitable quality education

The key targets of SDG 4, which seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, call for equitable access to education for girls and boys throughout their lives, beginning with pre-primary education. Viet Nam has done very well in terms of children's access to primary education. There is scope for Viet Nam to improve the outreach and quality of early childhood development services, improve the overall quality of elementary education, support students to make an effective transition to the secondary school level, and develop inclusive education environments for currently excluded groups of children, in particular ethnic minority children, children with disabilities especially at pre-school and primary level and girls at the secondary school level.

The following are issues of particular concern:

- **Early childhood development:** Particular focus on children belonging to ethnic minorities and children with disabilities will reduce disparity and enhance developmental outcomes.
- **Addressing barriers to inclusion in primary education:** Initiative(s) for bringing out-of-school children within the education system need primacy within the national education policy to address the "last mile challenge" to universal access to primary education. National policies need to support educational and public infrastructure to address barriers and bottlenecks that impeded schooling of children with disabilities, ethnic minorities and migrants. Each group has a unique set of vulnerabilities that need to be recognised and addressed appropriately.

Improving the quality of education, measured in terms of educational attainments and inclusion, can hasten progress towards universal elementary education.

- **Widening of the scope of life-skills and livelihood skills education:** Children and young people need to be empowered in digital safety, literacy and citizenship, which would enable them to draw upon the benefits that ICTs and the internet offer without the accompanying risks and threats.

SDGs 11 to 15 call for actions that deal with inclusive, safe, resilient and sustainable cities and habitations, sustainable consumption and production, ecological security, environmental protection and urgent actions to combat climate change. By imparting knowledge and skills to enhance children and young peoples' resilience to the impacts of climate change and strengthen their contribution to mitigating the phenomenon children themselves could contribute to reaching these Goals.

- The **education system** is expected to gain from effective decentralisation of management and budgeting which will allow more autonomy at the local level under Decree 115, but synergies of interventions with financial, human and technical resources are required to ensure results for children.

9.2.6. Elimination of all forms of violence, abuse and exploitation

The SDGs call for the elimination of all forms of violence by 2030. The key targets for SDG 5 are focused on gender equality and empowerment and call for effective end to all forms of discrimination and violence against girls in all spheres, including the elimination of harmful practices such as child, early and forced marriages, and concerted promotion of gender sensitisation and participation of girls in various arenas. The SDG 6, which promotes peaceful and inclusive societies, the rule of law, universal access to justice, and effective, accountable and inclusive institutions at all levels, also seeks the end of abuse, exploitation, trafficking and all forms of violence against and torture of children, and universal birth registration.

Birth registration, social welfare and justice systems generally constitute child protection systems. The framework for child protection in Viet Nam has recently been significantly strengthened with the passage of the Law on Children (2016). However, there is more that can be done to protect children. The wide range of children's rights violations which do occur and certain social norms which are contrary to the best interests of the child highlight the challenges in implementing policies and laws that prohibit physical, emotional and sexual abuse, bullying and neglect of children.

The following are particular issues of concern:

Addressing gaps in policy and legislation: The legal framework for children's rights issues is fairly strong in Viet Nam but needs to be implemented, monitored and reviewed to respond to the on the ground realities. The implementation of national legislation and policies focusing on child care and protection needs to be monitored to ensure appropriate outcomes that are commensurate with the principles laid down in related international laws. Clear guidelines are required for effective implementation of the Law on Handling of Administrative Violations. The Penal Code and Penal Procedure Code need to be substantiated with child protection related articles and sub-articles, guidance on dealing with juvenile offenders and sanctions and penalties for violating children's rights. Viet Nam should amend the Law on Children to bring the definition of the child in line with the CRC and other international instruments.

Capacity development of social institutions for child protection: A dynamic capacity development plan needs to be formulated which is able to identify and address the capacity deficits in the protective environment from the local to the national levels. By and large, open discussion on issues hitherto considered sensitive, the ability of children and young people to express their concerns without fear or inhibition, knowledge and skills among parents, guardians, caregivers and teachers to protect and support children, and the availability of reporting mechanisms and protection services are some of the elements that need to be strengthened for a protective environment. They entail public information campaigns, target-specific and focused awareness raising activities, and capacity building measures for promoting good practices, preventing violations of children's rights, providing appropriate support and redressing complaints. Some issues (e.g. alternative family care, child labour and trafficking) are complex and require integrated sets of interventions for dealing with their inherent complexities.

Capacity development of state institutions for child protection: The delivery of a comprehensive and inter-connected set of child protection services ranging from prevention to rehabilitation and reintegration for children, parents and families, schools and service providers needs to be developed within national systems. Child friendly capacities and competencies of the functionaries in the social welfare system, the police, and other law enforcement officials need to be systematically developed and a cadre of trained and designated juvenile specialist police, procuracy and judges needs to be

developed to handle cases involving children.

The **social welfare system**, which is likely to undergo major reforms on the basis of the ongoing research into the development of laws on social assistance and social work, requires development of services for children, especially children in special circumstances and children with disabilities and enhancement of communication interventions to raise awareness of staff and intended beneficiaries at different levels.

The **children's justice system** is expected to benefit from capacity development of public security agencies and officials for the investigation, prosecution and adjudication of cases involving children. With the role of ICTs in fostering new forms of violence, abuse and exploitation of children, conventional approaches and techniques to combat violence, abuse and exploitation are unlikely to be effective. Rapid evolution of technologies and the challenges of addressing offences committed in cyberspace by and against children and young people requires radical enhancement of knowledge bases and skill sets, as well as inter-sectoral coordination mechanisms and international cooperation. The accountability of relevant sectors, leaders of agencies, local authorities and individuals for the protection of children needs to be encouraged.

Other sectors and systems also have an important role to play in child protection. The health system needs to be galvanised for routinely identifying vulnerabilities (e.g. disabilities, gender-based and domestic violence, sexual abuse and exploitation, mental health), providing care and treatment, monitoring and reporting. The education system needs to be equipped to incorporate gender-sensitivity and respect for diversity among children and teach them the skills needed to enable them to protect themselves, support others and if need be report in cases of rights violations. Child protection essentially needs to be integrated within primary, secondary and particularly tertiary services in conjunction and collaboration with mass organisations and NGOs, with clearly articulated protocols. The response of these systems, which currently is either ad hoc or piecemeal through pilot projects, needs to be institutionalised.

There is considerable scope for community-based programs and services in partnership with mass organisations, civil society organisations and the private sector. The justice system has the opportunity to introduce informal measures and restorative justice approaches for dealing with children in conflict with the law by enhancing the use of grassroots mediation for children who have been subject to an alternative measure in substitution for administrative handling or who have been exempt from criminal responsibility. MoLISA needs to strengthen non-custodial approaches and capacities for community-based rehabilitation and reintegration of children in conflict with the law, whether criminal or administrative.

Comprehensive approach to adolescent development and participation: Efforts are needed to address the extreme vulnerability of late adolescence (especially the 16-18 years age group) resulting from the lack of protection offered by the Law on Children, 2016.

Promotion of effective approaches for reducing and responding to gender-based violence in schools and institutions: Development and implementation of child protection policies by institutions that provide services for children, including schools, institutions and hospitals needs to be mandatory. A school-based social workers and/or counsellors network needs to be developed to implement child protection policies and support teachers in child protection and care in order to minimise violence against children in the school environment.

9.2.7. Institutionalising children and young peoples' participation

Permanent mechanism(s) need to be established to facilitate children's participation at different levels of government in accordance with existing laws and decrees. Schools and community-based fora could support the expansion of opportunities for children to acquire skills for accessing and analysing information so that they can arrive at independent and informed conclusions and express them confidently. Provincial, district and commune level programmes that seek to influence the lives of children and young people could engage with them at the stages of situation analysis, strategic planning, design, implementation, monitoring and evaluation.

The "Council of Children" model is being piloted by the Central Committee of Ho Chi Minh Communist Youth Union in five provinces and cities, including Hanoi, Yen Bai, Quang Ninh, Binh Dinh and Ho Chi Minh City, to promote the right of participation of children on issues that affect them. The Council is an environment where children can exchange ideas, thoughts and aspirations to propose ideas for children to develop in a comprehensive manner. It is the basis for all levels and branches in formulating and perfecting policies and decisions on children. It is also the space to raise awareness of children's rights, the Law on Children and its implementation.

Recognition of the agency and dignity of marginalised and vulnerable children, including children with disabilities, ethnic minorities and migrants, needs to be accompanied by efforts to reach out to them through appropriate modes of communication for a process of engagement. Ongoing orientation of the functionaries of the Government, mass organisations and others in positions of influence to understand the scope and potential of meaningful children's participation is necessary for these mechanisms to be effective and sustainable. This would entail the development and dissemination of relevant tools and methodologies for different sectoral and thematic areas and public arenas.

Viet Nam should implement the five categories of interventions as recommended by the Committee on the Rights of the Child; (i) effective law and policy, (ii) involving individual children and groups of children, (iii) involving all children in a non-discriminatory manner, (iv) training adults in practice standards, and (v) approaches to implement participation in all relevant services to reach all aspects of children's lives. This approach would provide a useful canvas for testing and upscaling feasible models at the levels of school and community. Guidelines and standards, coordination across the sectors, and real-time monitoring would be imperative for potential upscaling.

9.2.8. Multi-sectoral collaboration for accelerating results

Although most of the critical children's rights issues in Viet Nam require cross-sectoral responses, coordination has proved to be the weak link in national development strategies. The focus on coordination, collaboration and accountability needs to be renewed for achieving progress. The SDGs articulate and nuance children's rights more clearly but require strong coordination to achieve progress and demand accountability at local, regional and national levels. Pooling and utilising financial, human and technical resources premised on well-informed priorities hold the promise of optimising results for children. The "three windows of opportunity" provide the perspective as well as framework for mounting a coordinated response to several key challenges in the realisation of children's rights.

Three windows of opportunity

The 1,000 days' window: The 1,000 days between a woman's pregnancy and her child's second birthday offer a unique opportunity to shape a healthier and more prosperous future. The right nutrition and care during this 1,000 days' window can have a profound impact on a child's ability to grow, learn, and rise out of poverty and, in the process, also shape a society's long-term health, stability and prosperity. It entails raising awareness about the importance of the first 1000 days in a child's life, ultimately reducing maternal and child mortality through improved health and nutritional status of adolescents, pregnant and lactating women as well as young children.

Early childhood: The early years lay the foundation for a healthy life and also give the next generation a better start. The interventions for child survival, development, protection and participation are most meaningful and promising in the 0-8 years' age group when the attributes of intelligence, personality, social behaviour and the capacity to learn and nurture oneself as an adult are formed and developed. This phase of childhood is particularly crucial for addressing several challenges faced by Viet Nam, including dealing with childhood illnesses and malnutrition, cognitive and social development to prepare them for school and to facilitate the quality of teaching and learning processes, and the development of positive habits and resilience. Consistent and strong evidence has established the cost-effectiveness of good quality early childhood development programs.

Adolescence: As the stage of transition from childhood to adulthood, adolescence offers valuable opportunities for development, protection and participation for children and cumulatively weakening long-standing cycles of poverty, discrimination and violence. As children mature physically and sexually, the acquisition of values, emotional skills and physical and mental abilities has a major impact on their well-being as well as their contribution to their communities and society. Lasting resolution of issues for Viet Nam, such as reproductive health, quality education with life-skills and livelihood skills, ending early marriages, violence, abuse and exploitation and enhancing participation can be achieved during adolescence.

The cross-sectoral issues can be addressed by strengthening collaborative mechanisms for initiatives and interventions for the protection, care, assistance and education of children. These efforts can be supported through the effective monitoring of the implementation of child-focused policies and programmes with adequate representation of socio-political and civil society organisations and interactive processes and platforms for the participation of children and communities.

9.2.9. Partnership

SDG 17 (strengthen the means of implementation and revitalise the global partnership for sustainable development) highlights the importance of capacity development support and the availability of high-quality, timely and reliable data disaggregated by income, gender, age, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

Inadequate data to inform efficient and targeted policy responses is particularly important in the Vietnamese context. Effective responses to issues are constrained by an inadequate knowledge base. Improvement in this area requires investment in high quality inter-disciplinary empirical studies in partnership with academia and research institutions. For instance, climate change has begun showing its negative impact on the lives of children and their communities and the ICTs and internet are changing the ways in which people live, in the process creating opportunities as well as threats for children. In response to emerging issues, risk reduction, resilience and coping with the ill-effects of environmental changes and technological progress need to be prioritised with a greater sense of urgency. The emerging issues of climate change and child online protection require a global perspective and partnerships as the causes and effects are not confined to national boundaries.



ANNEX 1 – TOR

Development of National Report on Analysis of Children in Viet Nam

“Taking a rights-based, equity-focused approach”

Summary

Title	Institutional consultancy to develop the National Report on Analysis of Children in Viet Nam
Purpose	Development of National Report on Analysis of Children in Viet Nam
Expected fee	Three posts: 1) international consultant (P4 level) and two national consultants (NOC level)
Location	1) One International consultant: in Ha Noi (30 days), home-based (40 days); 2) Two national consultants: Ha Noi (70 days)
Duration	10 weeks (spread over the period August 2014 – May 2015)
Start Date	August 2014
Reporting to	Chief of Social Policy and Governance Program

Background

Viet Nam’s population was approximately 88.5 million (2011), making it the third most populous country in South-East Asia and the thirteenth most populous country in the world. Slightly less than 70 per cent of the population lives in rural areas, and children under 18 years account for about 29 per cent. Viet Nam is a multi-ethnic country with 54 ethnic groups, of which the Kinh people are the majority at 87 per cent. The Kinh people mainly inhabit the low land and deltas, whereas the majority of the other 53 ethnic groups are scattered over mountainous areas spreading from the north to the south. Viet Nam has achieved rapid economic success and remarkable social progress in just over two decades, reaching lower middle-income status in 2010 with a per capita gross domestic product (GDP) of \$1,749²⁰³.

Viet Nam was the first country in Asia, and the second in the world, to ratify the Convention on the Rights of the Child (CRC) in 1990. In December 2013, Viet Nam’s President promulgated the Amended Constitution of the Socialist Republic of Viet Nam, which takes human rights into greater consideration and ensures equal development opportunities for all.

State budget spending in the social sector has prioritised both education and health. The share of budget dedicated to these two areas has risen steadily since 2010, reaching 4.5 per cent of GDP for the education sector, 1.6 per cent for health, while 2.7 per cent of budget was allocated to social

²⁰³ GSO, 2012. To reach Middle income country status average GDP/capita has to exceed 1,000 USD/capita

security in 2012. The overall increase in social spending is still challenged by disparities across different districts and provinces.

The country has completed three MDGs; MDG1 to eradicate extreme poverty and hunger, MDG2 to achieve universal primary education and MDG3 to promote gender equality and empower women. The country has made significant progress in the remaining MDGs, MDG4 and MDG5 relative to child and maternal mortality are close to completion and the three other MDGs relative to HIV/AIDS, malaria and other diseases, environmental; sustainability and global partnerships have obtained positive progress²⁰⁴. Despite significant MDG progress overall, numerous factors, especially poverty among ethnic minorities, are likely to slow down the achievement of the MDGs. Significant disparities persist across various children's outcomes according to ethnicity, geography, and wealth, most notably in the reduction of child mortality and maternal mortality between the Kinh majority and ethnic minorities.

Economic growth has been accompanied by rapid social change and persistent and emerging disparities, especially when it comes to ethnicity and income. Viet Nam's nearly 30 million children are not benefitting equally from this new prosperity and, as such, achieving the MDGs with equity is now the challenge. Urban poverty and the growing challenge of climate change are emerging challenges that can exacerbate existing inequities. Economic imbalances, gender inequality, disparities across ethnicity and geography are significant. Access to adequate water and sanitation, to health services, and to education, especially secondary education, are major issues, requiring a sophisticated institutional and policy response.

With middle-income status and greater overall wealth, it is critical to begin investing more in the social safety net and in reaching the poorest and most disadvantaged children. This will require more effective and child-sensitive policies, a legal framework based on child rights standards, and accurate data to support the inclusion of Viet Nam's children in this next phase of development.

The development of the national report on analysis of children in Viet Nam is expecting to be a comprehensive rights-based analysis to inform policy dialogue and child-focused policy advocacy in order to make clear point of view "investment for children is investment for sustainable development". The process of conducting this research will be linked to key national policy processes and dialogues in a way that it can provide specific policy recommendations and evidence for child rights advocacy by partners and stakeholders. The national report will be produced in close partnership with the government and through a participatory process which consists of extensive consultations at various report development stages, including development of the research plan, data collection, analysis and dissemination.

Justification

The national report on analysis of children in Viet Nam will be a most critical knowledge product that helps national authorities to periodically track and report on progress made in improving children's well-being by providing a comprehensive updated data, documentation, and analysis on the situation of children in Viet Nam. Findings and recommendations from the national report should inform national planning, budgeting, monitoring and evaluation processes including the Socio-Economic Development Plans (SEDPs) and sector plans to make them more child-sensitive and evidence-based. The national report will be also an important reference document to assist the

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Government of Viet Nam prepare and submit its periodical State Party report to the Committee on the Rights of the Child. Finally, the report is expected to generate timely and quality child sensitive inputs for the development of the next cycle of SEDPs (2016-2020).

To ensure independence and objectivities in the analysis and for high quality of the report, the SPG section see the need to use a consultant team which is led by an experienced international expert and two national consultants who have a background in the areas of health/nutrition, education and child protection to conduct this research. As in the past, in consultation with Government, UNICEF will lead both the recruitment process and the research implementation, to facilitate the recruitment and research implementation.

Purpose and Objective

Purpose: Development of national report is a process for assessing and analyzing the country situation, with respect to children's rights and development potential or critical issues. It serves to provide a holistic picture of children situation, increase understanding and to identify necessary action on issues affecting their realiation.

Objective: By refocusing on prioritiation for the best interest of the child and equity, the national report systematically examines patterns of inequities in the realiation of children's rights, including understanding their immediate, underlying and structural causes with following main objectives:

- i. To **improve the understanding** of decision-makers, partners and all other stakeholders of the current status of children's and women's rights in the country and the causes of shortfalls and inequities, as the basis for recommending actions, especially those directly related to the provincial socio-economic development planning, budgeting, implementation, monitoring and evaluation;
- ii. To **strengthen the national and sub national capacity** to monitor the situation of children and women, particularly vulnerable and disadvantaged groups and how their specific rights are being met;
- iii. To **provide practical recommendations** on how to improve the situation of children and women in the country under immediate, intermediate and long-term development processes.

Scope and focus:

The rights-based, children priority and equity-focused analysis must answer, inter alia, the following questions:

Situation:

1. What are the major national-wide socio-economic trends that have had impacts on child and maternal outcomes in the past 5 years? And in the next 5-10 years?
2. How do child and maternal outcomes and trends differ across population groups and regions? Which are the most deprived groups of children and women? Where are they located? What forms of deprivation and exclusion do these groups face? What are the determining factors that give rise to and perpetuate their exclusion?

3. What are the major issues and challenges facing children in Viet Nam today as well as in the coming 5 years? What are the underlying causes of inequalities including gender across population groups and regions?
4. What are the immediate, underlying and structural barriers and bottlenecks to child and maternal well-being and to accessing and utilizing basic social services and other critical resources?
5. How is the situation in Viet Nam different from other middle income country?
6. What emerging issues and risks (climate change, migration, urbanisation, ethnicity, social protection,...) exist that are likely to affect the patterns of deprivation and exclusion, exacerbate or create barriers and bottlenecks?
7. State budget mechanism, social mobilisation in-country, aid, loans, ODA, foreign direct and direct investment budget for children. Cost effectiveness? Any overlapping remains, lack of transparency?

Roles, Responsibilities and Capacities:

8. What existing social, institutional and political factors (e.g. social norms, institutional capacities at all levels of local government, accountability and coordination mechanisms, policy and legal frameworks) impede or could potentially support the creation of an enabling environment for the realisation of children's rights?
9. Who is supposed to do something/act upon the identified issues, prioritisation, challenges and disparities in at different levels?
8. What are the main 'drivers' of lacking priorities and inequity? Have the 'drivers' of inequity changed over time? If so, how has that been accomplished? If not, why not?
9. Does the policy environment proactively address children priorities, disparities and deprivations through legislation, policies and budgets? What gaps are there in policy response and in implementation? How are budgets mobilised, planned, allocated and used in general and for children in particular in Viet Nam (both state budget and donor fund)? Are these done to address children's issues and priorities?
10. What are the existing capacities and capacity gaps of rights-holders in Viet Nam to claim their rights?
11. What are the existing capacities and capacity gaps of and of duty-bearers in Viet Nam to fulfill these claims?
12. What capacities exist at different levels to participate in analytical processes that examine the causes and consequences of shortfalls and inequities and to what extent are disadvantaged groups involved in such efforts and with what results?
13. What are the key issues and solutions recommended for key stakeholders at national and local levels, particularly local policy makers to take into account when developing, planning, implementing, monitoring and evaluation for the provincial policies, annual and 5- year

SEDP and sectoral plans in order to address specific dimensions of children priority issues, inequity and pervasive vulnerabilities?

Conceptual Framework

The conceptual framework proposed for this research is based on the human rights based approach (HRBA) and it will focus on disparities in the realiation of rights and/ or equity gaps in the realiation of rights analysis. The exercise will adopt an analytical framework based on the Convention on the Rights of the Child (CRC) to assess a more-in-depth rights-based perspective analysis of the child. Specifically, the exercise will utilize the following 4 pillars of the CRC to guide the HRBA analysis:

- *Right to Health and Survival:* Infant, child and maternal mortality; Maternal, new-born and child health; Nutritional status of children; Children and HIV/AIDS; Children with disabilities; Environmental impact on maternal and child health, Water and sanitation issues affecting children.
- *Right to Education and Development:* Coverage of pre-school education; Access and quality of pre-school and basic education, Enrolment, attendance and drop outs in basic education; Performance and assessment in basic education; Inclusive education; Recreation and entertainment.
- *Right to a Protective Environment against Abuse, Violence and Exploitation:* Children at risk of, or subject to, all forms of abuse, violence, neglect, suicide and exploitation; Children without parental care and in institutions; Children in contact with the law; Child labour; children of migrants.
- *Right to Participation:* Child and youth participation mechanisms in community and institutional settings (inclusiveness - equities - and authenticity); Child and youth participation in family decision-making; At Risk Adolescents and positive citizenship (disabilities; HIV), special conditions (children in institutions, in contact with the law); others.

Methodology & institutional arrangement

Methodology: to achieve the above-mentioned objectives, the consultants are expected to propose a research plan which includes detailed information on the conceptual framework, research design, methodology and tools, data analysis plan, timeline and supports needed. Furthermore, the consultants are expected to refer to the UNICEF Guidance on Conducting a Situation Analysis of Children's and Women's Rights – Taking a rights-based, equity-focused approach to Situation Analysis, March 2012 (Available upon request).

In close partnership between the Government of Viet Nam and UNICEF, the development of national report on analysis of children in Viet Nam will encompass an extensive desk review to collect and analyses secondary data on children in Viet Nam at both national and sub-national levels including available of MICS5 dataset. It will be supplemented with qualitative information obtained through consultations with relevant stakeholders, particularly children. A comprehensive analysis of the children's well-being in Viet Nam will reflect both child rights and equity perspectives by:

Systematically examining patterns of the **inequities and disparities** in the realiation of children's rights paying particular attention to the situation of the rights of the most vulnerable and marginalised children; current practices on prioritiation for children;

Understanding the causes of inequities by examining the major **barriers and bottlenecks to the fulfilment of the rights of all boy and girl children**, including in the policy, legal, and social -economic environments;

Assessing **the roles, responsibilities, and capacity gaps of duty bearers; Providing evidence-based recommendations** and concrete strategies for promoting prioritiation and equity and reducing barriers and bottlenecks to the realiation of child rights; and;

Supporting **national capacity development and the policy-making process** by involving a broad range of stakeholders in the process of development the national report on analysis of children in Viet Nam.

A participatory and inclusive methodological approach is highly expected. A full methodological proposal is expected as part of the Inception Report to be delivered by the consultants.

A proposed methodology of the exercise should consist of the following:

- Comprehensive review of existing data, evidence and research
- In-depth interviews with key informants
- Focus group discussion
- Observation through site visits
- Consultations, including consultation with children

The following are approaches and principles that will need to be considered prior to the finalied methodology of the research:

The Human-Rights Based Approach (HRBA) will be applied across each thematic area, with its three steps:

- Causality analysis including the analysis of immediate, underlying and root causes;
- Role pattern analysis, examining duty-bearers and right-holders;
- Capacity gap analysis, analyzing the capacity of all concerned duty bearers.
- Analysis of the enabling environment: examination of the strengths and weakness of institutional arrangement/its management coordination mechanism, social norms, social polies, legislative and budgetary system

Gender Equality Analysis shall be mainstreamed in the report with special focus on presenting the gender disparities as affecting full realiation of children's rights;

Bottleneck/barrier analysis in relation to improved outcomes for children in line with the UNICEF Monitoring Results for Equity System (MoRES) approach will be considered. This approach intends to help in setting up a monitoring system, though pre-defined determinant analyses for the key barriers and bottlenecks to the realiation of child rights for all children. The MoRES conceptual framework

provides a platform for effective planning, strategic programming, decentralised monitoring, and managing results to achieve desired outcomes for the most disadvantaged children. It aims to accelerate progress towards the Millennium Development Goals (MDGs);

National ownership is necessary to build consensus on the analytical results, including the use of internationally recognised data and standards. Involvement of the government, civil society and other key stakeholders throughout the report development process is a pre-requisite for its acceptance in policy and strategy formulation, budget allocation, programme implementation, monitoring and evaluation. Stakeholder involvement should be strategically planned and managed throughout the process. Key stakeholders to this process will include: key local government agencies at different levels; elected bodies; relevant civil societies, including mass organisations, NGOs, professional associations; international development partners; policy analysis, research and development institutions; the private sector; the media and most importantly children and young persons.

Institutional arrangements:

To ensure a participatory approach and gain the widest possible knowledge of issues facing children, the development of national report will be conducted by consultant team with the active participation of implementing partners, and the various stakeholders through Advisory Board and Technical Committee.

Steering Committee: An inter-sectoral Steering Committee led by MOLISA and comprising of members from GACA including the Ministry of Planning and Investment, Ministry of Foreign Affairs, Ministry of Finance and UNICEF should be established to oversee the entire report development process. The Steering Committee overall roles and responsibilities are as follows:

- Overall oversight and approval of the work plan for development of the national report on analysis of children in Viet Nam;
- Formation and evaluation of the performance of Technical Committee (covering different aspects of the situation analysis), approve ToRs of the Committee, MoU, including clear deliverables and reporting lines, deadlines and responsibilities.
- Representation and participation in strategic milestone events. This will involve critical reviews and decisions to approve deliverables including the research conceptual framework and validation of the final draft report.

Technical Committee: An inter-sectoral technical committee led by MOLISA and comprising of experts from relevant line ministries including the Ministry of Planning and Investment (MPI), Ministry of Foreign Affairs (MOFA), Ministry of Finance (MOF), the Ministry of Education and Training (MOET), the Ministry of Health (MOH), the General Statistics Office (GSO), Ministry of Justice (MOJ) and UNICEF should be established to implement the analysis. The technical committee overall roles and responsibilities are as follows:

- Together with UNICEF, develop TOR of research, management mechanism, MoU, work-plan, draft report and submit to Steering Committee for approval;
- Facilitate and provide the technical support to the consultant team;
- Timely provision and validation of respective sector's technical references and inputs for

drafting and finalising the products;

- In collaboration with other to implement the research Work Plan;
- Timely identification of and response to critical capacity needs throughout the entire process;

Stakeholder involvement: Stakeholder involvement will be strategically planned and managed throughout the process. Main stakeholders include various groups: key line ministries and government agencies at the national and sub national levels; the National Assembly and other representative bodies; relevant civil society organisations, including NGOs, professional associations, women's groups, youth organisations and other social partners; international cooperation partners; policy, research and development institutions; the media; children and young people; vulnerable groups including the poor, indigenous and ethnic minority peoples, people with disabilities and migrants.

Specific Tasks and Deliverables

To conduct this exercise UNICEF in collaboration with MOLISA will contract with the institution those having at least 03 individual consultants – composited as a team - who have outstanding expertise and experience in this field of work. The institution's team should comprise of an international team leader who will facilitate and guide the entire exercise process supported by two national experts.

The key tasks and deliverables will be under the responsibility of the team leader who should manage the entire SitAn process and discussions with UNICEF, MOLISA, Advisory Board, Technical Committee, including the development of the conceptual and analytical framework and writing of the final report.

The following table is the proposed key tasks and deliverables of consultant team (** the detailed task, responsibility and roles of each consultant is attached in annex 4*)

Ref	Key Tasks	Deliverables	Timelines
1	Meeting with technical committee and (or) advisory board to review the work plan, technical, administration requirements, timetable and deliverables schedule.	Minutes endorsed by UNICEF	By Wk 1
2	Collect and review available publications on children in Viet Nam (relevant to the scope & breadth of the national policies, national reports, research/study reports, statistical data including MICS5.etc...), and identify key gaps in the information base.	Summary of publications relevant for the national report	By Wk 2
3	Prepare a final and agreed on conceptual and analytical framework for development the national report based on this ToR	Conceptual and analytical framework	By Wk 3

Ref	Key Tasks	Deliverables	Timelines
4	Review all relevant data sources and prepare a inception report which summarises (i) methodology; (ii) availability of data sources, clustered by thematic focus areas; (iii) information gap analysis; and, (iv) schedule of activities and timeline	Draft and final inception report	By Wk 4
5	Undertake key component analyses (as outlined in the HRB approach) and additional research and analysis as required – (including qualitative research, causality analysis, role pattern and capacity gap analysis, bottleneck and analysis of disparities/deprivations), and produce research papers, according to methodology agreed in conceptual and analysis framework; undertake the field works if required	-Analytical papers; Sub-national research and analysis -Policy mapping paper (including legal, administrative and budgetary issues)	By Wk 6
6	Produce complete draft report in both English and Vietnamese	Draft report available for review by Advisory Board and Technical Committee and UNICEF	By Wk 8
7	Validate the situation analysis findings through participatory causality analysis, role pattern analysis and capacity gap analysis with a cross section of stakeholders	Workshop validation reports	By Wk 9
8	Produce final report of the situation analysis, integrating inputs from the validation workshop and comments on the first draft, with accompanying background papers according to an agreed format	Final SitAn report and background papers	By Wk 09
9	Prepare materials for dissemination workshop and facilitate the workshop Produce a series of policy briefs and summary situation analysis report with main findings	Dissemination Workshop -Series of policy briefs based on report and background papers -Key findings report	By Wk 10

Management and Reporting

The assignment will be undertaken under the supervision of the Chief of Social Policy and Governance Programme (SPG) of UNICEF Viet Nam. The Social Policy and Governance Officer and M&E Specialist in the UNICEF office will be the primary contact for the consultants. Additional guidance and technical inputs will be provided by the senior management in the office, Advisory Board and Technical Committee. The consultant will provide an update on the weekly basis with regards to progress, challenges being encountered, support required or proposed solutions.

Dissemination and utilisation of report

For wider use of national report on analysis of children in Viet Nam and its findings in planning and monitoring across sectors as well as leveraging the support of other stakeholders and development partners to address children's priorities in PME of SEDP and sector plans at both national and sub

national level, MOLISA and UNICEF in collaboration with national advisory board, technical committee and consultant team will organize the workshop for launching the national report. The report will be disseminated extensively through the local and national media coverage and the virtual launching the national report on the portal of the MOLISA and other related line ministry's website would be expectedly taken by high level leaders of both Government partner and UNICEF;

Expected consultant's background and Experience

In order to fully achieve research objectives, the assignment is expected to be undertaken by 1 international and 2 national consultants to work together to produce a human-rights based, equity-focused, gender-sensitive and child-centred SitAn. The following experience and qualifications are expected:

- 1) International consultant (P5/P4 level) will act as the team leader and provide managerial and technical oversight to whole processes, in close consultation with the UNICEF country office, Advisory Board and Technical Committee. The international consultant is expected to be in country for a total of 50 days and work from home for the remainder of the period. The required background and experience for the international consultant is as follows:
 - Advanced degree in the social sciences (sociology, anthropology, development studies), Economics/Statistics or related fields relevant for the assignment
 - At least 10 years of research and other relevant professional experience
 - Excellent facilitation and coordination skills
 - In-depth knowledge of children's rights, including CRC, CEDAW and other international legal instruments the Convention on the Rights of the Child (CRC), Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), World Fit for Children (WFFC), and the Millennium Development Goals (MDGs)
 - Knowledge and Demonstrated experience with Human Rights Based Approach to Programming (HRBAP)
 - Institutional knowledge of the UN and UNICEF
 - Proven experience in writing analytical papers on children and gender issues, SitAn in particular is an asset
 - Familiarity with Viet Nam current national development priorities and challenges
 - Fluency in speaking and writing English
 - The consultant will be asked to submit 2 samples of previous similar work produced and at least 3 references.
- 2) National consultant specialised on child protection field (NOC level) will act as resource person and assist the international consultant in gathering information, facilitating meetings and consultations, implement SitAn processes under the guidance and supervision of the international consultant. The national consultant is expected to be locally-based. The national

consultants' backgrounds and experience is expected to meet the following qualifications:

- Master's degree in the social sciences (sociology, anthropology, child protection, education, development studies), Economics/Statistics or related fields relevant for the assignment, preferable on child protection areas;
 - At least 5 years of research and other relevant professional experience
 - In-depth knowledge of child rights including the Convention on the Rights of the Child (CRC), Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), World Fit for Children (WFFC), and the Millennium Development Goals (MDGs)
 - Institutional knowledge of the UN, UNICEF and Government structure/system
 - Excellent facilitation and coordination skills
 - Knowledge and Demonstrated experience with Human Rights Based Approach to Programming (HRBAP)
 - Proven experience in writing analytical papers on children, education and gender issues;
 - Fluency in speaking and writing English.
 - The consultant will be asked to submit 2 samples of previous similar work produced and at least 3 references.
- 3) National consultants specialised on health and nutrition (NOC level) will act as resource person and assist the international consultant in gathering information, facilitating meetings and consultations, implement SitAn processes under the guidance and supervision of the international consultant. The national consultant is expected to be locally-based. The national consultants' backgrounds and experience is expected to meet the following qualifications:
- Master's degree in the social sciences (sociology, anthropology, health/nutrition, education, development studies), Economics/Statistics or related fields relevant for the assignment, preferable on health/nutrition areas;
 - At least 5 years of research and other relevant professional experience
 - In-depth knowledge of child rights including the Convention on the Rights of the Child (CRC), Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), World Fit for Children (WFFC), and the Millennium Development Goals (MDGs)
 - Institutional knowledge of the UN, UNICEF and Government structure/system
 - Excellent facilitation and coordination skills
 - Knowledge and Demonstrated experience with Human Rights Based Approach to Programming (HRBAP)

- Proven experience in writing analytical papers on health/nutrition, education and gender issues;
- Fluency in speaking and writing English.
- The consultant will be asked to submit 2 samples of previous similar work produced and at least 3 references.

The specific competencies and qualifications required of all consultants are as follows:

- Good knowledge of the recent developments in the area of human rights in general and of children's rights in particular in Viet Nam.
- Strong team-work skills
- Strong analytical skills and proficiency in writing in English.
- Ability to deliver quality reports/analysis and results in line with established deadlines.
- Experience of having participated previously in a UNICEF Situation Analysis will be a major advantage

Interested and eligible candidates should forward 1) a cover letter "The cover should indicate relevant experience, availability and daily rate" 2) Resume, 3) Personal History (P11) form, 4) two samples of previous similar work and 5) three references to human resource unit – UNICEF Hanoi- Viet Nam

ANNEX 2 – SUMMARY OF ISSUES RAISED IN THE CONCLUDING OBSERVATIONS OF CRC COMMITTEE FOR 3RD AND 4TH CRC REPORT OF VIET NAM

The UN Committee on the Rights of the Child, in its Concluding Observation at its 1725th meeting held in June 2012, acknowledged the positive developments in Viet Nam's legislation, including adoption of the CRC principles in the new laws and amendments, the ratification of the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption, the withdrawal of the reservation to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography on article 5, paragraphs 1–4; and the introduction of various child-related national goal programmes and institutional and policy measures.

The Committee also raised concerns on a number of previous recommendations that were unsuccessfully addressed, including:

Legislation: Several laws do not conform to the Convention, in particular regarding the definition of the child and juvenile justice, and the progress of legal reform has been slow.

Coordination: The devolution of powers from national to provincial, district and commune levels has contributed to inconsistent implementation of the Convention, inadequate coordination at the commune level and insufficient human resources for children's issues at all levels.

National plan of action: (National Programme of Action for Vietnamese Children for the period of 2011-2020): Absence of coherence and coordination between various national policies and programmes has weakened their impact policies and led to overlapping mandates in some sectors.

Independent monitoring: Viet Nam does not have an independent national human rights institution for monitoring, promoting and protecting children's rights.

Allocation of resources: The scarcity of resources allocated for children and the disparities in the allocation for and spending on children affect children living in remote areas, children with disabilities (CWDs) and children belonging to ethnic minorities and indigenous groups.

Dissemination and raising awareness: There is limited knowledge of the CRC and of the rights-based approach among children, the public, and professionals working with and for children. Since the CRC has not been translated into all written minority languages, children belonging to ethnic minorities and indigenous groups have limited opportunities to be aware of their basic rights and fundamental freedoms.

Training: The trainings provided to professionals working with and for children remain dispersed and are not delivered systematically to all professional groups working for or with children.

Cooperation with civil society: There is a limited scope civil society granted to monitor the fulfilment

of children's rights, and lack of effective coordination and cooperation between civil society and governmental offices with respect to the fulfilment of child right

Furthermore, the Committee emphasised the following concerns related to the implementation of the Convention on the Rights of the Child.

Principle - Non-discrimination.

There are existing laws and practices that continue to discriminate against children and the persistence of both direct and indirect discrimination against children in vulnerable situations, including the continued stigmatization and discriminating societal perception of CWDs; persistent disparities in service delivery for health, education and social protection between children who belong to the Kinh population and children who belong to ethnic minority populations; marginalisation of migrant children as a result of their unregistered status and lack of access to basic public services; societal discrimination against girls who consequently drop out of school and engage in early marriage.

Principle - Best interest of the child.

The principle Best interest of the child has not yet been included in all legislation affecting children, and the knowledge of the principle remains inadequate, and not sufficiently applied in judicial and administrative decisions.

Principle - Right to life, survival and development.

There are injuries, many of them preventable, and particularly relating to drowning, road traffic and domestic accidents, remaining important cause of child mortality.

Principle - Respect for the views of the child

There is lack of sufficient awareness of the importance attached to this principle and the lack of systematic application of the right of the child to be heard in all settings; no systematic consultation of children in the process of making laws and policies affecting them at the national, regional or local levels.

Civil rights and freedoms

Birth registration rate has increased in recent years but there are geographical and ethnic disparities in birth registration rates. The lowest rate has been recorded in the two poorest regions, the North West and the Central Highlands, and parents in remote areas in particular are often unaware of the imperative and benefits of birth registration.

Freedom of association, expression and access to information is considered formal possibility. In practice, however, children's freedom to association is severely restricted and their freedom of expression as well as access to information is rather limited, particularly in the context that all sources of information are subject to Government control and do not allow for diversity.

Torture or other cruel, inhuman or degrading treatment or punishment. Many children have reportedly been and still are subjected to ill-treatment or torture while being administratively detained in drug detention centres, including through the imposition of solitary confinement punishment.

Corporal punishment happens with high prevalence at home and many parents still find it appropriate to use slapping as a means of discipline. The Government has not yet passed legislation explicitly prohibiting all forms of corporal punishment in all settings.

Family environment and alternative care

Children deprived of a family environment. There is lack of reliable information on children deprived of their family environment, including information on the identification of children in such situations, on preventive measures to limit the number of these children, and on efforts to improve their situation.

Alternative care. There is still high prevalence of institutionalisation of children, in particular CWDs, children with HIV, and children who have lost one or both parents to death, as well as abandoned and unwanted children. The lack of adherence to the Convention's principles in most of the residential care facilities; reports of physical abuse and sexual exploitation of children in residential institutions; and the long periods during which children deprived of family environment are placed in institutions.

Violence against children, including abuse and neglect of children. There is widespread violence against and abuse of children and in particular girls; the lack of appropriate measures, mechanisms and resources to prevent and combat domestic violence, including physical and sexual abuse and the neglect of children; the lack of child-friendly reporting procedures; the limited access to services for abused children; and the lack of data on the aforementioned.

Disability, basic health and welfare

Children with disabilities. There is an alarmingly disadvantaged position of CWDs with regard to their right to education, whereby 52 per cent of them lack access to school, and the vast majority does not finish primary school. The contributing reasons include the lack of teachers trained to teach children with delays, the lack of adequate teaching equipment and materials, and regional disparities in the provision of specialist teachers in schools.

Health and health services. There is slow progress in certain critical areas of child survival and development, including: stunting and malnutrition rates among children under the age of 5 years, with much higher rates in rural areas and among children of ethnic minorities; Higher frequency of neonatal mortality in rural areas and among ethnic minority populations reportedly attributed to a lack of quality services and clinics; low rate of exclusive breastfeeding, and a lack of parental awareness of infant and young-child feeding practices; and ethnic and geographic disparities in immunisation rates.

Adolescent health. The lack of information on adolescent health as well as at the reportedly high prevalence of abortions among teenagers remain big concern, together with the limited access adolescents have to contraceptives and to reproductive health services, assistance and counselling.

HIV/AIDS. The enforcement of HIV/AIDS-related laws is still weak, and children infected with HIV/AIDS are stigmatised, more vulnerable to institutionalisation and tend to drop out of school to a greater extent.

Drug and substance abuse. There is a large question on the appropriateness of administrative detention system imposed on children with drug addiction, and issues related to drug detention centres such as reports of child ill-treatment in the centres and lack of inspections; and child detainees

in these centres not being separated from adults.

Standard of living. There is high number of children who still live in poverty with disproportional concentration of child poverty within certain ethnic minorities and migrant populations. In addition, serious gaps in the supply of safe drinking water, especially in rural areas and among ethnic minority populations, and inadequate sanitation facilities in the home and at schools seriously affect the health of the child and the ability to retain children in schools.

Education, leisure and cultural activities

Education, including vocational training and guidance, shows various limitations such as the scarcity of state-run facilities and programmes for early childhood development; imposed education-related costs affecting the poorest children despite the Constitutional provision for free-of-charge primary education; disparities in access to school between children of ethnic minorities and children of the Kinh population; continuing high rates of dropout at the primary and secondary school levels and in particular among children of ethnic minorities; limited access to mother tongue-based education for ethnic minorities and indigenous groups; the lack of information relating to the monitoring of the children in boarding schools for ethnic minorities; and low quality of education and inappropriate teaching methods that do not allow children's participation.

Special protection measures

Child labour remains widespread in the country, in particular in the informal sector; the minimum age for labour remains relatively low (12 years for light work); labour inspections outreach is limited; and child inmates in drug detention centres are obliged to work and thus subject to forced labour.

Sexual exploitation and trafficking. There is a considerable rise in child prostitution; in the number of cases of child trafficking including for prostitution purposes; and in the number of children involved in commercial sexual activity, mainly due to poverty-related reasons. Besides that children who are sexually exploited are likely to be treated as criminals by the police; and there is a lack of specific child-friendly reporting procedures.

Administration of juvenile justice. The Committee's previous recommendation related to this issue has not been fully addressed by the State party. Specifically, there is still lack of a comprehensive juvenile justice system, including the absence of a juvenile court, and that the current measures cover children under the age of 16 only, and limited alternatives to child detention, and the absence of rehabilitation and reintegration programmes.

ANNEX 3 – DETAILS OF THE FIELD WORK

Consultative agency		Consultative subject	Topics	Contents	Methodology	
1	Department of Labour, Invalids and Social Affairs (DOLISA)	Director	General issues	<p>What are achievements of the province in implementing children's rights in 2010-2015?</p> <p>What are policies / strategies / plans related to children in the period 2010- 2015?</p> <p>What are the strategic policies for children in special circumstances, ethnic children?</p> <p>What are policies to ensure gender equality between boys and girls?</p> <p>How is the implementation of policies at all levels? How does the monitoring and evaluation work?</p> <p>The budgets of the province for children's work (the total budget for education, health care, Child protection)? What is the procedure for the development, distribution, and use of the budget for children?</p>	In-depth interview	
2			Child protection	<p>Difficulties and challenges in fulfilment of child rights? What are the root causes related to policy, system / mechanism, budget, staff capacity?</p> <p>Roles of relevant agencies (authorities at all level, civil organisations, parents and children, etc.), for unfulfilled activities related to children's rights?</p> <p>Plans and/or strategies to remedy the challenges difficulties</p>		
3		Planning and Finance Division	Planning	<p>Current policies relating to the protection and care of children (general policy of the whole country and specific policies of the Province)</p> <p>Does the sector development plan include targets related to children? How are the issues on fulfilment of child rights integrate in your sector development plans? What is the procedure to develop such targets? Is there any guideline from MPI or DPI?</p> <p>Does the sector development plan include M&E indicator on child rights implementation?</p> <p>Do these indicators fully reflect the goals set out?</p> <p>Where do financial resources for the implementation of the Child Care and protection in the province come from?</p> <p>Does it majorly come from on-budget or off-budget source? What is the mechanisms of budget allocation?</p> <p>Do the financial sources fully cover the implementation of child care and protection? To whom do you make request for budget support? Which procedures do you follow?</p> <p>Whether your unit constantly and fully update the child management software or not?</p> <p>How do you implement the reporting, moitoring and evaluation of child-related activities?</p> <p>What is the mechanism for cooperation in supervising childcare and protection in the province?</p>	In-depth interview	
4		Child protection and Care Division- Head		General issues	<p>What are achievements of the province in implementing children's rights in 2010-2015?</p> <p>What are policies / strategies / plans related to children in the period 2010- 2015?</p> <p>What are the strategic policies for children in special circumstances, ethnic children?</p> <p>What are policies to ensure gender equality between boys and girls?</p> <p>How is the implementation of policies at all levels? How does the monitoring and evaluation work?</p> <p>The budgets of the province for children's work (the total budget for education, health care, Child protection)? What is the procedure for the development, distribution, and use of the budget for children?</p>	In-depth interview
5				Child protection	<p>What are the regular annual activities? How are the reports / statistics of performance? Difficulties?</p> <p>Difficulties and challenges in fulfilment of child rights? What are the root causes related to policy, system / mechanism, budget, staff capacity?</p> <p>Roles of relevant agencies (authorities at all level, civil organisations, parents and children, etc.), for unfulfilled activities related to children's rights?</p> <p>Plans and/or strategies to remedy the challenges difficulties</p> <p>What is the process of advising the provincial level?</p>	

Consultative agency	Consultative subject	Topics	Contents	Methodology
6		Planning	<p>Current policies relating to the protection and care of children (general policy of the whole country and specific policies of the Province)</p> <p>Does the sector development plan include targets related to children? How are the issues on fulfilment of child rights integrate in your sector development plans? What is the procedure to develop such targets? Is there any guideline from MPI or DPI?</p> <p>Does the sector development plan include M&E indicator on child rights implementation? Do these indicators fully reflect the goals set out?</p> <p>Where do financial resources for the implementation of the Child Care and protection in the province come from? Does it majorly come from on-budget or off-budget source? What is the mechanisms of budget allocation?</p> <p>Do the financial sources fully cover the implementation of child care and protection? To whom do you make request for budget support? Which procedures do you follow?</p> <p>Whether your unit constantly and fully update the child management software or not?</p> <p>How do you implement the reporting, moitoring and evaluation of child-related activities?</p> <p>What is the mechanism for cooperation in supervising childcare and protection in the province?</p>	
7	Child protection and Care Division- Staff	Child protection	<p>What are the training requirements (diplomas, professional courses) for staff working in children field?</p> <p>Time spending for child-related work?</p> <p>The regular activities for children?</p> <p>The child –related problems at the province?</p> <p>The difficulties in the implementation of local child rights</p> <p>The achievements in the implementation of local child rights in 2010- 2015</p> <p>The cases of violation of children's rights? Solutions?</p> <p>How is the monitoring of the implementation of children's rights?</p> <p>How are the voices of children heard?</p> <p>Recommendations</p>	In-depth interview
8	Social protection Division- Head	General issues	<p>What are achievements of the province in implementing children's rights in 2010-2015?</p> <p>What are policies / strategies / plans related to children in the period 2010- 2015?</p> <p>What are the strategic policies for children in special circumstances, ethnic children?</p> <p>What are policies to ensure gender equality between boys and girls?</p> <p>How is the implementation of policies at all levels? How does the monitoring and evaluation work?</p> <p>The budgets of the province for children's work (the total budget for education, health care, Child protection)? What is the procedure for the development, distribution, and use of the budget for children?</p>	In-depth interview
9		Child protection	<p>What are the regular annual activities? How are the reports / statistics of performance? Difficulties?</p> <p>Difficulties and challenges in fulfilment of child rights? What are the root causes related to policy, system / mechanism, budget, staff capacity?</p> <p>Roles of relevant agencies (authorities at all level, civil organisations, parents and children, etc.), for unfulfilled activities related to children's rights?</p> <p>Plans and/or strategies to remedy the challenges difficulties</p> <p>What is the process of advising the provincial level?</p>	

Consultative agency		Consultative subject	Topics	Contents	Methodology
10			Planning	<p>Current policies relating to the protection and care of children (general policy of the whole country and specific policies of the Province)</p> <p>Does the sector development plan include targets related to children? How are the issues on fulfilment of child rights integrate in your sector development plans? What is the procedure to develop such targets? Is there any guideline from MPI or DPI?</p> <p>Does the sector development plan include M&E indicators on child rights implementation? Do these indicators fully reflect the goals set out?</p> <p>Where do financial resources for the implementation of the Child Care and protection in the province come from? Does it majorly come from on-budget or off-budget source? What is the mechanism of budget allocation?</p> <p>Do the financial sources fully cover the implementation of child care and protection? To whom do you make request for budget support? Which procedures do you follow?</p> <p>Whether your unit constantly and fully update the child management software or not?</p> <p>How do you implement the reporting, moitoring and evaluation of child-related activities?</p> <p>What is the mechanism for cooperation in supervising childcare and protection in the province?</p>	
11	Department of Agriculture and Rural Development	Staff responsible for water and sanitation	Health - Nutrition – water and sanitation	Regarding water and sanitation: management documents about access to water and sanitation were issued (collecting documents), the programs were implemented (2010-2015) and will be implemented in the future, the results of performance (specific statistics through annual reports and reports on the implementation of programs related to access to safe water and sanitation of household, children, schools, medical facilities), evaluation of manager on these activities of the province (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations for ensuring the right to health care of mothers, adolescents and children?)	In-depth interview
12	Department of Finance	Division responsible for child-related budget	Planning	<p>The total annual revenue of the province</p> <p>Expenditures (percentage) of the budget on social issues in general and children in particular. How many per cent does the budget meet the demand?</p> <p>In addition to the targeted programs related to children, does the province have its own budget devoted to the problems of children?</p> <p>Proportion of total income / expenditure?</p> <p>Is the provincial budget for issues related to children considered capital expenditures or recurrent expenditure?</p> <p>What is the basis for the budget allocation for social issues in general / children in particular? The proportion allocated for health care, education, recreation and child protection.</p> <p>Budget expenditures for national target programs and targeted programs associated with children in the province. The rate of recurrent expenditure and capital expenditure. How many per cent does the budget meet the demand? How the process of formulation, implementation, and monitoring of the budget for the local children? Who is the main supervisor?</p>	In-depth interview
13	Department of Planning and Finance	Division of Labour, Culture and Social Affairs	Planning	<p>Does the Department provide guiding document on the development and integration of the targets related to children in the sector development plan and the SEDP?</p> <p>Do the 5-year and annual SEDP of the province include targets related to children? If yes, which are the bases (guiding documents...) for development of targets related to children?</p> <p>Are targets related to children associated with specific budget lines? Where do these budget lines come from (on-budget or off-budget source, recurrent budget or investment budget)</p> <p>Does the provincial SEDP include M & E indicators on the implementation of activities related to children?</p> <p>The reports on results of annual activities related to children are collected from which channels and submitted to whom? What forms of reports available?</p> <p>Do you conduct inspection and supervision of achievement of targets related to children? In what forms and how often? Do you have budget for such activities? If yes, from what sources?</p>	In-depth interview

Consultative agency		Consultative subject	Topics	Contents	Methodology
14		General Planning Division	Planning	Does the Department have official documents on developing and integrating objectives related to children into sectoral development plans and SEDP at various levels in its province? Does the province have targets and indicators related to children in the document of annual and 5-year SEDP? If yes, which processes are they developed? Do targets related to children attach with the specified financial flow for the implementation? From which sources are they (budget/off-budget spending, regular spending or investment spending)? Does the provincial SEDP have M&E indicators of the implementation activities related to children? Which channels annual operating results related to children received from? And to whom are they reported? With which forms of reports? - Do you carry out activities of checking and supervising the implementation of targets related to children? Which forms? Which frequency? Are there expenses for this activity? If yes, from which sources?	In-depth interview
15	Provincial Police	Deputy Director	General issues	What are achievements of the province in implementing children's rights in 2010-2015? What are policies / strategies / plans of the State/province related to children in the period 2010- 2015?	In-depth interview
16			Child protection	What are activities to child group breaking the law? The situation of them in the province The case of child abuse, labour and trafficking The program on prevention of child trafficking Challenges Recommendations	
17	Department of Justice	Deputy Director	Child protection	What are achievements of the province in implementing children's rights in 2010-2015? What are policies / strategies / plans of the State/province related to children in the period 2010- 2015? What are activities to child group breaking the law? The situation of them in the province Activities related to adoption Challenges/Recommendations	In-depth interview
18	Department of Health	Deputy Director responsible for maternal and child health	Health - Nutrition - Water - Sanitation and hygiene	About the area of maternal and child health care: the current management documents (collecting documents and programs implemented in 2010—2015 and in the future, operating results (specific statistics through annual reports and implementation reports related to maternal, teenagers and child health care), the assessment of manager about the communal activities (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations to ensure rights to caring on maternal, teenagers and child health care)	In-depth interview
19		RHC Center	Health - Nutrition - Water - Sanitation and hygiene	About the area of maternal and child health care: the current management documents (collecting documents and programs implemented in 2010—2015 and in the future, operating results (specific statistics through annual reports and implementation reports related to maternal, teenagers and child health care), the assessment of manager about the communal activities (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations to ensure rights to caring on maternal, teenagers and child health care)	In-depth interview
20		Staff responsible for maternal and child health (RHC)	Health - Nutrition - Water - Sanitation and hygiene	About the area of maternal and child health care: the current management documents (collecting documents and programs implemented in 2010—2015 and in the future, operating results (specific statistics through annual reports and implementation reports related to maternal, teenagers and child health care), the assessment of manager about the communal activities (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations to ensure rights to caring on maternal, teenagers and child health care)	In-depth interview

Consultative agency		Consultative subject	Topics	Contents	Methodology
21		General Planning Division	Planning	Does sectoral development plans integrate targets related to children? If yes, how are they intergrated? Are there any documents guiding this process? Are there any indicators to specify these targets? Are there any M&E indicators its implementation? How is the developing the sectoral development plans implemented? Budget and budget allocation mechanism of objectives related to children of the sector? Is there any particular flow of budget for child health care? Is it enough for implementing the activities of child health care? - The report mode and cross-sectoral integration mechanism related to implementing the activities of child health care	In-depth interview
22	Department of Education and Training	Deputy Director	Education	What are achievements of the province in implementing rights to education in 2010-2015? The provincial budget for education? Rate for children (pre-school- high school) Difficulties and challenges in implementing rights to education of children. The main causes related to policies, systems/mechanism, budget, staff's capacity Plans, strategies to solve these difficulties and challenges	In-depth interview
23		Primary Education Division	Education	The recently general situation of pre-school/primary/secondary education in the district. The changes in pre-school/primary/secondary education in 2010-2015. The statistics of the number of schools, proportion of children enrolled in primary school, the rate of dropouts, the number of teachers... Budget policies/strategies for pre-school/primary/secondary education How about developing, planning, allocating and spending the buget? What are achievements of pre-school/primary/secondary education in 2010 -2015? How about socialisation activities in pre-school/primary/secondary education? How about M&E activities in pre-school/primary/secondary education What are differences (about the fee, monitoring, and teachers) between private schools and public schools? How about the monitoring of private schools? Challenges and difficulties in implementing of pre-school/primary/secondary education? Causes (policies, budget, teachers...)? Who are responsible for these difficulties? What activities are done for the equality in education for deprivation children and ethnic minority children? Which further activities? Recommendations and solutions.	In-depth interview
24		Secondary Education Division	Education	The recently general situation of pre-school/primary/secondary education in the district. The changes in pre-school/primary/secondary education in 2010-2015. The statistics of the number of schools, proportion of children enrolled in primary school, the rate of dropouts, the number of teachers... Budget policies/strategies for pre-school/primary/secondary education How about developing, planning, allocating and spending the buget? What are achievements of pre-school/primary/secondary education in 2010 -2015? How about socialisation activities in pre-school/primary/secondary education? How about M&E activities in pre-school/primary/secondary education What are differences (about the fee, monitoring, and teachers) between private schools and public schools? How about the monitoring of private schools? Challenges and difficulties in implementing of pre-school/primary/secondary education? Causes (policies, budget, teachers...)? Who are responsible for these difficulties? What activities are done for the equality in education for deprivation children and ethnic minority children? Which further activities? Recommendations and solutions.	In-depth interview

Consultative agency		Consultative subject	Topics	Contents	Methodology
25		Staff responsible for School Health Program	Health - Nutrition - Water - Sanitation and hygiene	Collecting information about the area of school health care management , including from: nursery and kindergarten schools to high schools and colleges/universities in the province; current management documents (collecting documents), operating results (specific statistics through annual reports and implementation reports related to maternal, teenagers and child health care), the assessment of manager about the communal activities (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations to ensure rights to caring on maternal, teenagers and child health care)	In-depth interview
26		Planning and Finance Division	Planning	How do the sector development plans integrate objectives related to children? Are there any indicators to specify these targets? Are there any M&E indicators its implementation? How is the developing the sectoral development plans implemented? Budget and budget allocation mechanism of objectives related to children of the sector? Is there any particular flow of budget for child health care? Is it enough for implementing the activities of child health care? The report mode and cross-sectoral integration mechanism related to implementing the activities of child health care	In-depth interview
27	Provincial People's Council	Permanent People's Council responsible for social affairs	Planning	The mechanism and implementation of monitoring function of the provincial People's Council in implementing activities related to children in the location.	In-depth interview
28	Child Protection Fund	Representatives of Fund	Health - Nutrition - Water - Sanitation and hygiene	Collecting information about the provincial activity of child rights protection including rights to survival and development (health care, safe environment approach, water, sanitation and hygiene...), real situation (results, strengths, weaknesses, difficulties, advantages, causes and solutions)	In-depth interview
29			Planning	Mechanism and source of operating finance of the fund	
31	Communal staff responsible for Labour, Invalids and Social Affairs & Children		Child protection	How about the training for child activities (degree, profession training courses)? Time for child activities? Regular activities for children? Problems of children at the locality? Difficulties in implementation of child rights at the locality Achievements of implementing child rights at the locality in 2010- 2015 How to solve cases of breaking child rights? How about monitoring the implementation of child rights? How is the voice of children heard? Recommendations	In-depth interview
32	Communal Vice-Chairman of Culture and Society		Child protection	Achievements/difficulties? Problems of implementing child rights at the locality How to allocate the budget for children in the commune? Rate for children How about the voice of children? Regular programs and projects for children at the locality Recommendations	In-depth interview

Consultative agency		Consultative subject	Topics	Contents	Methodology
33	Communal and district health		Health - Nutrition - Water - Sanitation and hygiene	Collecting information from the local opinion (district and commune) about maternal, teenagers and child health care: real situation (the approach to service: general health care and other specific areas such as infectious diseases (Diarrhoea, respiratory disease, HIV/AIDS... and injuries), water, sanitation and hygiene. Assessment of this activity at the locality (causes, strengths, weaknesses, difficulties, advantages, challenges and recommendations to ensure the rights to caring on maternal, teenagers and child health care)	Group discussion
34	Young Group		Planning	How about the implementation of child rights at homeschooling? How do children know about child protection? How have children studied about child rights and child protection? When? Who trained? Have any cases of child violation, abuse and labour? Do you know any case of children trafficking in the community? How about the curriculum at the school? Are there many children leaving school? How about the fee? Have ever lacked money for paying fee? Have any ethnic minority students in the school? Have received the help from teachers? How to help? Have any disabled students in the school? Have received the help from the school? Have existed any discrimination? Have a dayoff when having natural disasters? How long? Have any training courses about how to prevent? Do the children have any recommendations? The assessment of children about rights to health care, water approach, environmental sanitation, prevention of physical risks such as HIV, injuries.... Suggestions/desire of children about this area	Group discussion, each group of 7-15 children with the equality between boys and girls, 1 group of primary students, 1 group of secondary students, 1 group of high school students, 1 group ethnic minority children and a group of disabled children

ANNEX 4 – LIST OF INFORMANTS

I. LIST OF INTERVIEWEES FROM GOVERNMENT, NON-GOVERNMENT AGENCIES

No	Full name	Gender	Position	Institution
1.	Nguyen Thanh Luan	Male	Deputy Director	National Centre for Rural Water Supply and Environmental Sanitation, Ministry of Agriculture and Rural Development (MARD)
2.	Tran Gia Long	Male	Official	Planning Department, MARD
3.	Tang Quoc Chinh	Male	Deputy Director General	Natural Disaster Prevention and Control Department, MARD
4.	Nguyen Dinh Chung	Male	Deputy Director General	Social - Environmental Statistics Department , General Statistics Office , Minister of Planning and Investment (MPI)
5.	Nguyen Manh Quan	Male	Deputy Director General	Department of Planning and Finance , Ministry of Home Affairs
6.	Dang Hoa Nam	Male	Director General	Department of Child Care and Protection , Minister of Labour, War Invalids and Social Affairs (MOLISA)
7.	Nguyen Xuan Tuong	Male	Deputy Director General	Department of Planning - Finance , MOLISA
8.	Ha Dinh Bon	Male	Director General	Department of Legal Affairs, MOLISA
9.	Pham Ngoc Tien	Male	Director General	Department of Gender Equality , MOLISA
10.	To Duc	Male	Deputy Director General	Department of Social Assistance, DOLISA
11.	Do Thuy Hang	Female	Head of Division	Department of Child Care and Protection, MOLISA
12.	Hoang Thanh Huong	Female	Head of Division	Division of Medical Statistics, Department of Planning and Finance, Ministry of Health (MÔH)
13.	Phan Le Thu Hang	Female	Deputy Director General	Department of Planning and Finance, MOH
14.	Le Viet Huong	Male	Deputy Director General	Department of Legislation, MOH
15.	Le Van Kham	Male	Deputy Director General	Department of Health Insurance, MOH
16.	Tran Huong Duong	Male	Deputy Director General	Department of Familial Affairs, Ministry of Culture, Sports and Tourism
17.	Tran Thi Thanh Thanh	Female	Chairman	Viet Nam Association for Protection of Children's Rights (VAPCR)
18.	Le Thi Bich Hanh	Female	Project Officer	ECCD - Plan International
19.	Nguyen Anh Vu	Male	Project Officer	World Vision
20.	Ms. Trang	Female	Communication Officer	ChildFund
21.	Ha Huu Toan	Male	Specialist	Maternal & Newborn Health and HIV/ AIDS, UNFPA
22.	Vu Phuong Ly	Female	Specialist	UN Women
23.	Julienne and Huong Giang	Female	Specialist	Blue Dragon

II. LIST OF INTERVIEWEES IN QUANG BINH PROVINCE

No	Full name	Gender	Position	Institution
1.	Nguyen Truong Son	Male	Director	DOLISA
2.	Nguyen Thi Tuyet	Female	Head of Division	Division of Child Care and Protection, DOLISA
3.	Vo Hong Giang	Female	Official	Division of Child Care and Protection, DOLISA
4.	Phan Thi Kim Ngan	Female	Head of Division	Division of Planning - Finance , DOLISA
5.	Phan Thi Hoa	Female	Chairman	People's Committee in Son Loc commune, Bo Trach district, Quang Binh province
6.	Le Khac Doa	Male	Head of Division	Medical Station in Son Loc commune, Bo Trach district, Quang Binh province
7.	Nguyen Van Mich	Male	Official	Department of Investment , Department of Finance
8.	Tran Van Thuc	Male	Principal	Dong Phu Secondary School, Dong Hoi city, Quang Binh province
9.	Le Thi Luu	Female	Head of Division	Division for Labour, Culture and Social Affairs, DPI
10.	Mai Hong Ngoc	Female	Head of Division	Department of Cooperatives, DPI
11.	Nguyen Minh Tam	Male	Deputy Director	DOJ
12.	Hoang Dang Khoa	Male	Deputy Head of Division	Criminal Police Division, Public Security Department
13.	Vu Thanh Duc	Male	Official in charge of reproductive health	DOH
14.	Doan Thi Kim Tuyen	Female	Official	Division of Planning and Finance, DOH
15.	Nguyen Xuan Trien	Male	Teacher	Duc Ninh Education Center for Children with disabilities
16.	Mr. Van	Male	Head	Board of Cultural and Social Affairs, Provincial People's Committee
17.	Tran Thi Loan	Female	Director	Center for Reproductive Health , DOH
18.	Tran Thi Huong	Female	Deputy Director	Department of Education and Training (DOET)
19.	Representatives			Division of Secondary Education, DOET; Division of School Health, Division of Planning and Division of Primary Education, DOET

ANNEX 5 – SIX ECONOMIC REGIONS OF VIET NAM²⁰⁵

Economic Regions	Cities/provinces
1. Northern Midlands and Mountains	1. Hà Giang
	2. Cao Bằng
	3. Bắc Kạn
	4. Tuyên Quang
	5. Lào Cai
	6. Yên Bái
	7. Thái Nguyên
	8. Lạng Sơn
	9. Bắc Giang
	10. Phú Thọ
	11. Điện Biên
	12. Lai Châu
	13. Sơn La
	14. Hoà Bình
2. Red River Delta	15. Hà Nội
	16. Vĩnh Phúc
	17. Bắc Ninh
	18. Quảng Ninh
	19. Hải Dương
	20. Hải Phòng
	21. Hưng Yên
	22. Thái Bình
	23. Hà Nam
	24. Nam Định
	25. Ninh Bình

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Economic Regions	Cities/provinces
3. North and South Central Coast	26. Thanh Hoá
	27. Nghệ An
	28. Hà Tĩnh
	29. Quảng Bình
	30. Quảng Trị
	31. Thừa Thiên Huế
	32. Đà Nẵng
	33. Quảng Nam
	34. Quảng Ngãi
	35. Bình Định
	36. Phú Yên
	37. Khánh Hoà
	38. Ninh Thuận
4. Central Highlands	39. Bình Thuận
	40. Kon Tum
	41. Gia Lai
	42. Đắk Lắk
	43. Đắk Nông
5. Southeast	44. Lâm Đồng
	45. Bình Phước
	46. Tây Ninh
	47. Bình Dương
	48. Đồng Nai
	49. Bà Rịa - Vũng Tàu
50. TP. Hồ Chí Minh	

Economic Regions	Cities/provinces
6. Mekong River Delta	51. Long An
	52. Tiền Giang
	53. Bến Tre
	54. Trà Vinh
	55. Vĩnh Long
	56. Đồng Tháp
	57. An Giang
	58. Kiên Giang
	59. Cần Thơ
	60. Hậu Giang
	61. Sóc Trăng
	62. Bạc Liêu
	63. Cà Mau

ANNEX 6 – VIET NAM’S MDG RESULTS

MDG Target	Initially (1990)	Recently (2014 – 2015)	
Goal 1: Eradicate extreme poverty and hunger	T1: Reduce by half the proportion of people living on less than a dollar a day	Poverty rate of 58.1% in 1993	9.8% (2013) => a reduction of 83.1% (MDG Report)
	T2: Achieve full and productive employment and decent work for all, including women and young people	Employment to population ratio in 2008: 72.6%	Employment to population ratio in 2008: 76.1% (MDG Report)
	T3: Reduce by half the proportion of people who suffer from hunger	41% (1990)	33.8% (2000) and this rate fell by 19.3 percentage points from 2000 to 2013 (MDG Report)
Goal 2: Achieve universal primary education	T: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	96% (2006)	99.0% (2014) (MDG Report)
Goal 3: Promote gender equality and empower women	T: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015	Ratio of girls to boys in Primary in 2000 – 2001: 91% Ratio of girls to boys in Secondary in 2000 – 2001: 89%	Ratio of girls to boys in Primary in 2012 – 2013: 91% Ratio of girls to boys in Secondary in 2012 – 2013: 94% (MDG Report)
Goal 4: Reduce Child Mortality	T: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	58‰ (1990)	22.4‰ (2014) (MDG Report)
Goal 5: Improve Maternal Health	T1: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	223/100,000 live births (1990)	58.3/100,000 live births (2015) (MDG Report)
	T2: Achieve by 2015, universal access to reproductive health.	15% women having at least 1 visit antenatal care during pregnancy 1997	95.8% women having at least 1 visit antenatal care during pregnancy 2014 (MDG Report)
Goal 6: Combat HIV/AIDS, malaria and other diseases	T1: By 2015, halt and begin to reverse the spread of HIV/AIDS		reduced the HIV prevalence to under 0.3% of the population (2014)
	T2: Achieve, by 2010, universal access to treatment for HIV/AIDS for those who need it		Antiretroviral therapy reached 67.6% (2013), increase of almost 34 times the figure in 2005. (MDG Report)
	T3: By 2015, halt and begin to reverse the incidence of malaria and other major diseases.		The proportion of malaria – related deaths: 0.01/100,000 people Tuberculosis control: reduced the number of new cases and deaths by 62% from 1990. (MDG Report)

MDG Target	Initially (1990)	Recently (2014 – 2015)	
Goal 7: Ensure environmental sustainability	T1: Integrate the principles of sustainable development into country policies and programs		<ul style="list-style-type: none"> - The Constitution of Viet Nam also stipulates environmental protection as a responsibility of every citizen and organization. - The prevailing Law on Environment Protection 2014 (amending to the 2005 Law) and the Law on Biodiversity (2008), environmental provisions are also essential part of other 93 laws where necessary, e.g. the Law on Investment (2005), the Enterprise Law (2005) and the Law on Construction (2003). - Viet Nam has devised specialized policies and programs focusing on environmental issues. These include Strategic Orientation for Sustainable Development in Viet Nam (2004), the Viet Nam Sustainable Development Strategy for 2011-2020 (2012), the National Environmental Protection Strategy until 2012 and the National Strategy for Green Growth 2011-2020 with a vision to 2050 (2012). <p>(MDG Report)</p>
	T2: Reverse the loss of environmental resources, achieving a significant reduction in the rate of loss	Proportion of terrestrial and marine area protected 2% (1990)	<ul style="list-style-type: none"> - Five Million Hectare Forest Reforestation Program (1998-2010) contributed to the growth of 1,140,630 hectares of forests during the period 2006-2010. - Viet Nam had 13,954.5 hectares of forests and the total forest cover was 40.7% (2013) - Viet Nam aims to increase national forest coverage to 42-43% by 2015 and 44-45% by 2020. <p>Proportion of terrestrial and marine area protected 4% (2012)</p> <p>(MDG Report)</p>
	T3: Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation	Proportion of households using clean water resources: 78.1% (2002)	<p>Proportion of households using clean water resources: 91% (2012)</p> <p>Proportion of households using hygienic toilets: 77.4% (2012)</p> <p>(MDG Report)</p>
	T4: Achieve significant improvements in the lives of slum dwellers.	Percentage of households living in temporary & other nonpermanent housing: 24.6% (2002)	Percentage of households living in temporary & other nonpermanent housing: 5% (2012) (MDG Report)
Goal 8: Develop a Global Partnership for Development	T1: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction - both nationally and internationally.		<ul style="list-style-type: none"> - By the end of 2014, Viet Nam has signed and participated in 9 trade agreements, 6 of which are regionally agreed between ASEAN and other countries and 3 of which are bilateral agreements with the US, Chile and Japan. Furthermore, the country has been recognized as a full market economy by India, Australia and New Zealand. Most recently, in May 2015, Viet Nam has successfully concluded negotiation rounds with Korea and officially signed the Viet Nam - Korea FTA and in June, the Viet Nam – Eurasian Economic Union (EAEU) FTA. The country is currently in negotiation for several other FTAs, including the crucial Viet Nam – EU and the Trans Pacific Partnership (TPP), since June 2012 and 2013 respectively. - The benefits from joining these FTAs include lower or zero tariff barriers for a number of exported products and services. To conform to the rules and regulations of the WTO, since January 1, 2007, Viet Nam has been proactively reducing all import tariffs in line with its commitments (including 10,689 tariff lines) to an average of 13.4 percent (from 17.4 percent) over a 5 to 7 years time frame. <p>(MDG Report)</p>

MDG Target	Initially (1990)	Recently (2014 – 2015)	
	<p>T2: Address the special needs of the least developed countries, landlocked developing countries and Small Island developing States. Includes: tariff and quota free access for the least developed countries' exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>		
	<p>T3: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>Viet Nam's external debt stock as a percentage of GNI in 2005: 33.7%</p>	<p>Viet Nam's external debt stock as a percentage of GNI in 2013: 40.2% (MDG Report)</p>
	<p>T4: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>		<p>The Essential Medicine (EM) list has been revised according to the nation's illness pattern over time and the latest 6th EM was promulgated in 2013. Ordinance No.40 on prices was issued in 2002, stipulating transparent posting of prices at point of sale and the Ministry of Health also required drug prices to be listed on the application for approval of both domestic and imported drugs for sale in Viet Nam. (MDG Report)</p>
	<p>T5: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.</p>	<p>Number of internet subscriptions: 0 (2003)</p>	<p>Number of internet subscriptions: 6 million (2014) The Viet Nam e-Government Symposium 2014 was held with the topic: "E-Government Development: Modernizing Information Infrastructure and Transforming Public Administration to Drive Higher Citizen Satisfaction" (MDG Report)</p>

ANNEX 7 – SUSTAINABLE DEVELOPMENT GOALS (SDG)

1. **No poverty:** End poverty in all its forms everywhere
2. **Zero hunger:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. **Good health and well-being:** Ensure healthy lives and promote well-being for all at all ages
4. **Quality education:** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. **Gender equality:** Achieve gender equality and empower all women and girls
6. **Clean water and sanitation:** Ensure availability and sustainable management of water and sanitation for all
7. **Affordable and clean energy:** Ensure access to affordable, reliable, sustainable and modern energy for all
8. **Decent work and economic growth:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. **Industry, innovation, and infrastructure:** Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
10. **Reduced inequalities:** Reduce inequality within and among countries
11. **Sustainable cities and communities:** Make cities and human settlements inclusive, safe, resilient and sustainable
12. **Responsible consumption and production:** Ensure sustainable consumption and production patterns
13. **Climate action:** Take urgent action to combat climate change and its impacts
14. **Life below water:** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. **Life on land:** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. **Peace, justice, and strong institutions:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. **Partnerships for the goals:** Strengthen the means of implementation and revitalise the global partnership for sustainable development

Source: UNDP

ANNEX 8 – REFERENCES

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