NATIONAL REVIEW

Viet Nam’s Sustainable Development Goals
with a Child Focus
NATIONAL REVIEW
VIET NAM’S SUSTAINABLE DEVELOPMENT GOALS
WITH A CHILD FOCUS

Hanoi, September 2018
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<td>NPAVSDG</td>
<td>National Plan of Action for Viet Nam's Sustainable Development Goals</td>
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<td>National Statistical Indicator System</td>
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<td>POA</td>
<td>Plan of Action</td>
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The Sustainable Development Goals (SDGs) of the 2030 Agenda were developed and agreed upon to assist countries in identifying targets that address their sustainable development issues within the context of sustainable development during the next 15 years. These are the successive goals of the Millennium Development Goals, aiming at sustainable development and leaving no one behind in the process of development. The Sustainable Development Agenda has 17 goals, 169 targets. Children are an important object of the SDG, and they are referenced in 12 of the 17 goals, 38 of the 169 targets.

The National Plan of Action for Viet Nam's Sustainable Development Goals (NPAVSDG) includes 17 sustainable development goals (VDGs), similar to SDG and details 115 targets. Also, similar to SDG, children are important, and they are directly or indirectly related to 12 of the 17 VSDGs and 40 of the 115 targets of the VSDGs.

This report compares and contrasts the targets of the SDGs and VSDGs to see the differences between the policy goals and child-related gaps in Viet Nam; reviews the policies related to the VSDGs to find gaps; evaluates the achievement of the targets of the VSDGs focused on children in the past and detects shortcomings; and it makes recommendations to promote the implementation of child-focused VSDGs from now until 2030.

The similarities and differences between the SDG and the VSDG:

The SDG is the basis that Viet Nam is using to develop the NPAVSDG and implement the Sustainable Development Program, so the goals of the VSDG and the SDG that are related to children are almost identical. However, there are some differences in the targets in Viet Nam and the international targets. Viet Nam has lower targets for issues such as malnutrition, traffic accidents, discrimination against women and girls, violence against women and girls, child labour, and harmful practices such as early marriage and forced marriage. The SDG set a target of completely eliminating these issues by 2030. However, Viet Nam needs to have a roadmap and to it needs to mobilize more resources to gradually reduce and eventually eliminate the issues.

As for maternal and child healthcare, Viet Nam set its targets higher than those of the SDG based on the results achieved when working towards the Millennium Development Goals. Specifically, Viet Nam aims at less than 45 maternal deaths per 1,000 live births and less than 15 deaths per 1,000 live births of children under 5, and the SDG set targets of less than 70 maternal deaths per 100,000 live births and less than 25 deaths per 1,000 live births of children under 5. However, Viet Nam has not used the indicator of reducing the mortality rate for children less than 28 days old., but Viet Nam targets to reduce infant mortality. The reason the SDG aims to reduce the mortality rate of children less than 28 days old is because this is the best illustration of medical care for children and child health, and more broadly it represents the level of socio-economic development of a country. Viet Nam does not use this indicator, partly because the
national and health statistical systems are not interested in this indicator. Another reason is the lack of awareness of the importance of this indicator. There is currently only one source for the mortality rate of children less than 28 days old in Viet Nam: the Viet Nam Multiple Indicator Cluster Survey (MICS) carried out by the General Statistics Office and the United Nations Children’s Fund (UNICEF) about every 5 years. The latest data on this rate was published in 2014: In Viet Nam 11.9 children less than 28 days old died per 1,000 live births. Meanwhile, the infant mortality rate was 14.7 per 1,000 live births. It can be seen that children less than 28 days old accounted for the majority of deaths of children less than 1 year old. Therefore, in order to effectively reduce the under-1 mortality rate, Viet Nam should reduce the mortality rate of children less than 28 days old.

For educational purposes, while the SDG aims for all young people and most of the adult population achieve literacy and numeracy by 2030, Viet Nam only aims for them to achieve literacy. Computing is an important skill for young people and adults. This goal represents the level of educational development of a country. It is likely that Viet Nam does not include numeracy because the country is not aware of the importance of this indicator and because there is no tool to identify numeracy.

The VSDG uses words and phrases that refer to everyone, while the SDG uses more specific words to refer to male, female and child beneficiaries as well as older people. A total of 20 targets of the VSDG are different from SDG’s targets.

Initial achievements implementing the VSDG and the shortcomings:

Goal 1 - Poverty Reduction: No child should live in poverty
Viet Nam has made impressive progress towards achieving MDG 1, and the poverty rate continues to fall. According to the international income poverty line, the country’s overall poverty rate has fallen dramatically, from 52.9 per cent in 1992 to 14.8 per cent in 2008, and to a mere 2 per cent in 2016.

The overall multidimensional poverty rate in 2016 was 9.2 per cent, fell by 1.3 percentage points to 7.9 per cent in 2017. The multidimensional child poverty rate fell by more than half between 2008 and 2014, from 28.9 per cent in 2008 to 13.1 per cent in 2014.

However, there are still children who have been left behind. These children include those in rural areas, children from poor households, ethnic minority children, and children living in the Northern Midlands and Mountains and the Central Highlands. The rate of poverty reduction among the ethnic minorities is not equal to that of the Kinh and the Hoa. Ethnic minority children are the poorest children in Viet Nam. The disparity between the rich and the poor tends to increase, leaving the poorest people behind. The multidimensional child poverty rate is more than 1.5 times higher than the income poverty rate. The prevalence of multidimensional poverty among rural children and ethnic minority children is higher than the national average. In rural areas, nearly 1 in 5 children live in multidimensional poverty (17.1 per cent), and, on average, 2 out of 5 ethnic minority children live in multidimensional poverty (39.1 per cent). Multidimensional child poverty is declining slowly in rural areas, in areas with difficult socio-economic conditions and among ethnic minority groups.

Goal 2 - Zero Hunger: No child should be malnourished
Viet Nam has secured food security for the vast majority of the population. Food shortages are mostly a thing of the past. However, there still is a small proportion of the population that does
not have access to adequate food. Hunger is still a problem in very poor areas, disaster-stricken areas, and areas where crops have failed.

Hunger still occurs in 3 regions: the Northern Midlands and Mountains, the North Central and Central Coastal Areas and the Central Highlands. The number of hungry households in a peak month accounts for 0.5 per cent of the total number of agricultural households. During the 2005-2016 period, the percentage of stunted under-5 children fell, but it is still high: in 2016, 1 in 4 children under 5 years old was stunted. The incidence of wasting did not significantly decline during this period. In 2016, 1 in every 100 children under 5 years old had rickets. Stunting of children under 5 years old is highest in 3 regions: the Central Highlands, the Northern Midlands and Mountains and the North Central and Central Coastal Areas. In mountainous and remote areas, 1 in 3 children under 5 years of age is stunted.

**Goal 3 - Good Health: No mother should die of giving birth. No child should die of preventable causes**

The maternal mortality rate fell by more than three times, from 233 deaths per 100,000 live births in 1990 to 69 in 2009 and 54 in 2016. The proportion of births attended by skilled health personnel in the whole country in 2011 was 96.7 per cent, and in 2015 the rate increased to 98.3 per cent. The under-5 mortality rate dropped from 26.8 under-5 deaths per 1,000 live births in 2005 to 21.6 under-5 deaths in 2017. The infant mortality rate fell from 17.8 under-1 deaths per 1,000 live births in 2005 to 14.4 under-1 deaths in 2017.

However, there are differences in gender, urban/rural and geographic areas. The infant mortality rate and the under-5 mortality rate for boys in 2017 were about 1.3 times and twice as high as that for girls respectively (16.4 and 12.5 respectively for infants; 28 and 14.7 respectively for under 5). In rural areas, the rates were twice as high as in urban areas (17.3 and 8.4 respectively for infants; 26 and 12.7 respectively for under 5), and the rates were highest in the Central Highlands and the Northern Midlands and Mountains (23.7 and 21.4 respectively for infants; 36.1 and 32.4 respectively for under 5), and they were higher than the national average of 14.4 and 21.6 respectively. In 2015, the under-1 and under-5 mortality rates of ethnic minority children were 1.7 times higher than the national average (24.8 and 14.7 and 37.7 and 22.1 respectively).

Traffic accidents were the main cause of injury among children and adolescents age 15-19 years old (18.38 per cent). However, for the age group 0-14, the main cause of death was drowning, and the 0-4 age group had the highest rate (16.39 per cent).

**Goal 4 - Quality Education: Every child should benefit from effective and inclusive learning environments**

Viet Nam has completed the universalization of 5-years-old preschool education, primary education and lower secondary education, and it is implementing universal secondary education at the right age (according to national standards). The quality of primary and secondary education has improved over time, including in disadvantaged areas and areas with many ethnic minority students. The primary school completion rate and the lower secondary school graduation rate for the 2015-2016 school year were very high: 99.85 per cent and 99.16 per cent respectively. There was no gender difference in primary education, but boys may be more disadvantaged than girls in at lower secondary schools. Mong girls had less opportunities to attend school than Mong boys.

There are still children of secondary school age in rural areas in the Northern Midlands and Mountains, the Central Highlands and the Mekong River Delta who have either never attended
school or have attended school but subsequently dropped out, and they are poor children, migrant children, children with disabilities, Khmer and Mong children, children from low-population ethnic minority groups and Mong girls.

**Goal 5 - Gender Equality: Every child should have equal access to opportunities regardless of gender**

The goal of equality between men and women is one of the three MDGs that were completed before the 2015 deadline.

However, the imbalance of sex ratio at birth in Viet Nam is moving in the wrong direction. The sex ratio of newborns in Viet Nam increased continuously between 2005 and 2016, from 105.6 to 112.2. Gender discrimination and violence against women still exists.

In 2010, 32 per cent of the ever-married women reported having experienced physical violence at some point in their lives, and 6 per cent of them said they had experienced physical violence in the 12 months prior to the study. 10 per cent of the ever-married women have experienced sexual violence at some point in their lives, 4 per cent in the last 12 months, and 54 per cent have experienced emotional violence at some point in their lives, 25 per cent in the last 12 months.

Harmful practices such as child marriage, early marriage and forced marriage still exist. Early marriage is most prevalent in rural areas, in the Northern Midlands and Mountains, the Central Highlands, the Mekong River Delta and among ethnic minorities. The percentage of women age 15-19 in rural areas who married for the first time at age of 15, 16 or 17 was 12, 4 and 3 times higher respectively than percentage of women in urban areas. The percentage of ever-married women age 15-17 was highest in the Northern Midlands and Mountains (3.3 per cent, 7.8 per cent and 15.2 per cent for ages 15, 16 and 17 respectively), followed by the Central Highlands (1.9 per cent, 5.9 per cent and 5.9 per cent for ages 15, 16, 17 respectively).

The average age at first marriage for ethnic minority women in 2015 was 20.1 years old, 1.8 years younger than the national average. This, coupled with the high rate of early marriage among ethnic minority women (27.5 per cent in 2015) helps explain why the percentage of women in rural areas and in the Northern Midlands and Mountains and the Central Highlands who got married when they were 15-19 is high. However, this was not the case for the ethnic minorities in the Mekong River Delta.

**Goal 6 - Clean Water and Sanitation: Every child should have access to clean water and sanitation**

The situation of hygienic water use improved significantly. The percentage of households with a hygienic water source increased from 78.1 per cent in 2002 to 93.4 per cent in 2016. The use of sanitary latrines increased markedly across the country. The percentage of households using a hygienic toilet increased from 55.1 per cent in 2002 to 83.3 per cent in 2016.

However, in 2016, the proportion of households that had access to hygienic water in rural areas was lower than in urban areas (90.8 per cent and 99 per cent respectively), and this percentage was lowest in the Northern Midlands and Mountains (81.3 per cent). In 2016, the proportion of households using hygienic latrines in rural areas was much lower than in urban areas (77 per cent and 96.2 per cent respectively), and the lowest percentages were observed in the Central Highlands (63.3 per cent), the Mekong River Delta (67.3 per cent) and the Northern Midlands and Mountains (67.6 per cent). In 2016, 9.4 per cent of the households still practiced open defecation, and the percentage was highest in the Mekong River Delta (29.9 per cent), where 3 out of every 10 households practiced open defecation, followed by the Central Highlands and Northern Midlands.
and Mountains. In 2014, 13.7 per cent of the households did not have water or soap in handwashing places, mainly in the rural areas in the Central Highlands, the Northern Midlands and Mountains and the Mekong River Delta. The target that to ensure full and equitable access to safe water, sanitation facilities and conditions for all citizens is difficult to achieve by 2030.

**Goal 8 - Economic growth and Decent work for all: No child should be subject to any forms of child labour**

In 2014, 16.4 per cent of children age 5-17 years old were child labourers, and 7.8 per cent of the children in this age group were working in dangerous and harmful conditions. The highest rate of child labour was recorded in the Northern Midlands and Mountains (36.2 per cent had exceeded the time threshold and 20.8 per cent were working in dangerous and harmful conditions). Achieving the goal of eliminating child labour by 2030 requires considerable cross-sectoral efforts, especially those from the labor, social protection and child protection sectors. The immediate and important thing to do is to legalize the concept of "child labor" so that it is compatible with the Law on Children and the Labour Code; harmonize the Vietnamese legal system on children and labour with the Convention on Rights of the Child, SDGs and international labour standards; and in harmony with the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP).

**Goal 16 - Peace and Justice: Every child is protected and has access to justice**

In recent years, there have been more than 2,000 cases of child violence nationwide. The victims were mostly female, 78.9 per cent in 2016 and 92.4 per cent in 2017. 7-8 per cent of the children under 6 had been abused. Sexual abuse accounted for a high percentage of offenses: 67 per cent and 85 per cent in 2016 and 2017 respectively. 6 out of 10 children age 1-14 have been physically and/or psychologically punished. Registering the birth of 100 per cent of the children under 5 by 2030 will be a challenge. Children in the Central Highlands and the Mekong River Delta were less likely to have their births registered than children in other regions, as were those from the poorer households.

**Policies, laws, programs, organization of implementation and resources:**

Viet Nam basically has a legal framework and policies for economic development, social security and environmental protection that are in line with the child-focused development goals.

However, the motto is No one is left behind, so all existing policies related to the VSDG need to be reviewed and updated in order to achieve the goals by 2030. Similarly, this motto should also be reflected consistently in the contents of newly developed policies.

To achieve the overall goal of leaving no one behind, more resources are required to implement many of the VSDGs (e.g. By 2020, eliminate extreme poverty for all citizens everywhere; By 2030, end AIDS, tuberculosis, malaria epidemics and neglected tropical diseases; and By 2030, ensure that all girls and boys complete free, equitable and quality primary education and lower secondary education) than the MDGs. However, the implementation of policies to achieve the VSDGs is difficult due to limited financial resources, which must cover emerging needs that require huge expenditures, e.g. responding to climate change and repayment of public debt, and the amount of external financial sources is significantly less than during the MDG period. Consequently, balanced and efficient use of budgets plays a key role.

The organizational structure for the implementation of the child-focused VSDGs overlaps. MOLISA is a government agency that manages the field of children and serves as the focal point...
for synthesizing information from the line ministries to compile reports on the United Nations Convention on the Rights of the Child, and since 2017 it has been the permanent Vice President of the National Commission on Children. The Chairman is the Deputy Prime Minister, the two vice chairpersons are the Minister of Education and Training and the Minister of Health, and 18 members from ministries, mass organizations and central agencies are involved. Instead of MOLISA, the MPI has been assigned to take the leading role during the implementation of the child-focused VSDGs.

In this case it is hoped that the National Committee for Children, which was established in 2017 and has been tasked with directing, urging and coordinating ministries, sectors and localities during the implementation child-focused VSDGs and the reporting of the results, will play an important role in overcoming this overlap.

**General Recommendations:**

Strengthen the national system and multisectoral coordination by integrating the child agenda into national systems and the agenda needs to be implemented through national planning frameworks. Under the coordination of the Viet Nam’s National Commission on Children, the MPI should coordinate the implementation of the Plan of Action for the Implementation of the VSDGs (NPAVSDGs) and work closely with MOLISA when implementing the child-related VSDGs. MOLISA, which is a focal point for synthesizing information from the line ministries for the implementation of the UN Convention on the Rights of the Child, needs to cooperate closely with the MPI to monitor, report and evaluate the results of the implementation of child-related VSDGs by the line ministries and localities.

Consolidate sustainable public financing by classifying the child-related VSDGs in order to plan for financial needs; to identify financial priorities because funds are limited and give priority to poor regions such as the Northern Midlands and Mountains, the Central Highlands and the North Central and Central Coastal Areas; and to actively mobilize financial resources outside the state budget, such as domestic borrowing and contributions from the private sector, to carry out social responsibility.

Ensure consistency between the the NPAVSDGs and sectoral and local development plans. Adopt special policies and solutions to reduce inequalities among regions and the most disadvantaged groups, including: the Northern Midlands and Mountains, the Northwest, the North Central and Central Coastal Areas and the Central Highlands and poor households, the Khmer, the Mong and low-population ethnic minority groups, Mong girls, migrant children and children with disabilities.

Ensure access to public healthcare for all, including sexual and reproductive healthcare, especially for ethnic minority girls and women living in remote areas. Ensure quality, comprehensive and fair education for all. Eliminate all forms of violence, abuse and exploitation, promote gender equality and empower children. Adopt a comprehensive approach to early childhood development. Institutionalize the participation of children and youth.
SECTION 1
Introduction
SECTION 1

Introduction

1. Foreword

The Sustainable Development Goals (SDG) of the 2030 Agenda were developed and agreed upon to assist countries in identifying targets that address their sustainable development issues within the context of sustainable development during the next 15 years. These are the successive goals of the Millennium Development Goals (MDG), aiming at sustainable development and leaving no one behind in the process of development. The Sustainable Development Agenda has 17 goals, 169 targets and 232 indicators to monitor the implementation of goals covering the economic, social and environmental dimensions of a country. Children are an important object of the SDG, and they are directly or indirectly referenced in 12 of the 17 (70.5 per cent) goals, 38 of the 169 (22.5 per cent) targets and 50 of the 232 (21.5 per cent) indicators.[1]

The National Plan of Action for Viet Nam’s Sustainable Development Goals[2] (NPAVSDG) includes 17 sustainable development goals and details 115 targets as well as specific tasks to be undertaken to implement the VSDGs. With the motto “No one is left behind”[3] expressed throughout the POAVSDG, all existing policies related to VSDGs need to be reviewed and updated to achieve the goals by 2030. Children are important, and they are directly or indirectly related to 12 of the 17 VSDGs and 40 of the 115 targets of the VSDGs.

2. Purpose and scope of the report

The purpose of this report is to review each of the child-focused targets of VSDGs and reflect the current status against the set targets so as to provide inputs to Viet Nam’s National Voluntary Review of the SDGs[4] and the first National Report on the Implementation of the 2030 Agenda which is due for the submission to the National Assembly in early 2019.

This report compares and contrasts the child-focused targets of SDGs and those of VSDGs to see the differences between them and provide insightful assessment of the rationale for the difference identified to understand the situation of Viet Nam in the Agenda 2030. The report reviews each of the child-focused targets of VSDGs to present how far Viet Nam needs to go from the current standing point in terms of policies, organizational arrangements, and resources. Based on the analysis and review, the report provides recommendations to promote the implementation of child-focused VSDGs from now until 2030.

[2] Decision 622/QD-TTg dated 10 May 2017
[4] The inputs extracted from this assignment were provided to the Viet Nam’s National Voluntary Review of SDGs in May 2018
3. Methodology

- Study the relevant international and national documents related to the SDGs and the VSDGs that concern children; study reports on the result of the implementation of the child-focused VSDGs by the line ministries.
- Compare and contrast SDGs and VSDGs related to children.
- Review, systematize and synthesize policies and available sources of data related to children from 2010 to the present; use appropriate statistical methods, especially time series methods and graphs, to analyze the gathered data, thereby detecting the past achievements, the trends that help forecast the achievement of goals in the future, and data gaps.
- Compare the results with the actual situation in order to propose recommendations.

4. Report structure

The report is structured into 4 sections, as follows:

Section 1: Introduction – Purpose and Scope.
Section 2: SDGs and VSDGs related to children.
Section 3: Analysis of each of the VSDGs that focuses on children, including:
  - Progress towards set targets.
  - Review and analysis of related laws, policies, programs, organizational arrangements, and resources required for the implementation of the goals.
  - Recommendations.

Section 4: General recommendations and conclusions.
SECTION 2:
SDG, VSDG and targets focused on children
A comparison of the VSDGs and SDGs focused on children

The VSDGs is the localised version of the SDGs that suits the conditions in Viet Nam. The VSDG has 17 goals that are similar to those of the SDGs and 115 targets. The number of targets in Viet Nam is less than the number of SDG targets because some targets have been combined and some of the SDG targets are not suitable for Viet Nam. The VSDGs does not yet have statistical indicators to measure the targets as the indicators are in the process of construction. Similar to the SDGs, children are the focus of the VSDGs. They are mentioned in 12 of the 17 goals (70.5 per cent) and in 37 of the 115 targets (32.2 per cent).

With both the SDG and the VSDG systems, goals and targets related to children are structured in five areas of well-being based on children's rights, including: every child has the right to live and develop; every child has the right to attend school; every child should be protected from violence and exploitation; every child should live in a safe and clean environment; and every child should have equal opportunities in life. The overall goal is to “leave no child behind”.

The SDG is the basis that Viet Nam is using to develop the NPAVSDG and implement the Sustainable Development Program, so the goals of the VSDG and the SDG that are related to children are almost identical. However, there are some differences in the targets in Viet Nam and the international targets. Viet Nam has lower targets for issues such as malnutrition, traffic accidents, discrimination against women and girls, violence against women and girls, child labour, and harmful practices such as early marriage and forced marriage. The SDG set a target of completely eliminating these issues by 2030. However, Viet Nam needs to have a roadmap and to it needs to mobilize more resources to gradually reduce and eventually eliminate the issues.

As for maternal and child healthcare, Viet Nam set its targets higher than those of the SDG based on the results achieved when working towards the MDGs. Specifically, Viet Nam aims at less than 45 maternal deaths per 1,000 live births and less than 15 deaths per 1,000 live births of children under 5, and the SDG set targets of less than 70 maternal deaths per 100,000 live births and less than 25 deaths per 1,000 live births of children under 5. However, Viet Nam has not used the indicator of reducing the mortality rate for children less than 28 days old. The SDG targets aim to reduce the mortality rate of children less than 28 days old to no more than 12 deaths per 1,000 live births, but Viet Nam set a target of less than 10 deaths per 1,000 live births of children under 1 year old by 2030. The reason the SDG aims to reduce the mortality rate of children less than 28 days old is because it is an indicator reflecting the fact that children and the community have access to basic public health services such as preventive healthcare, treatment of contagious diseases, and good nutrition. The mortality rate of children less than
the 28 days old is the best illustration of medical care for children and child health, and more broadly it represents the level of socio-economic development of a country. Viet Nam does not use this indicator, partly because the national and health statistical systems are not interested in this indicator. Another reason is the lack of awareness of the importance of this indicator. There is currently only one source for the mortality rate of children less than 28 days old in Viet Nam: the Viet Nam Multiple Indicator Cluster Survey (MICS) carried out by the General Statistics Office and the United Nations Children’s Fund (UNICEF) about every 5 years. The latest data on this rate was published in 2014: In Viet Nam 11.9 children less than 28 days old died per 1,000 live births. Meanwhile, the infant mortality rate was 14.7 per 1,000 live births. It can be seen that children less than 28 days old accounted for the majority of deaths of children less than 1 year old. Therefore, in order to effectively reduce the under-1 mortality rate, Viet Nam should reduce the mortality rate of children less than 28 days old.

For educational purposes, while the SDG aims for all young people and most of the adult population achieve literacy and numeracy by 2030, Viet Nam only aims for them to achieve literacy. Computing is an important skill for young people and adults. This goal represents the level of educational development of a country. It is likely that Viet Nam does not include numeracy because the country is not aware of the importance of this indicator and because there is no tool to identify numeracy.

The VSDG uses words and phrases that refer to everyone, while the SDG uses more specific words to refer to male, female and child beneficiaries as well as older people. A total of 20 targets of the VSDG are different from SDG's targets (see the Appendix for details). The following table lists the main differences and the reasons for those differences:
### TABLE 1: Main differences between SDG and VSDG targets and the reasons for the differences

<table>
<thead>
<tr>
<th>SDG</th>
<th>CORRESPONDING VSDG</th>
<th>REASONS FOR DIFFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 1.2: sets the goal of poverty reduction for &quot;males&quot;, &quot;females&quot; and &quot;children.&quot;</td>
<td>VSDG 1.1: sets the goal of poverty reduction for all</td>
<td>The SDG wants to emphasize these 3 groups</td>
</tr>
<tr>
<td>SDG 1.4: sets the goal of all males and females having equal rights to economic resources, access to basic services, land and natural resource rights, ownership and control of other forms of assets, and new technology appropriate for financial services</td>
<td>VSDG 1.3: sets the goal of all people</td>
<td>The SDG wants to emphasize these 2 groups</td>
</tr>
<tr>
<td>SDG 2.1: does not emphasize the elderly</td>
<td>VSDG 2.1: emphasizes hunger eradication, access to safe food and adequate nutrition for elderly people</td>
<td>The VSDG wants to emphasize elderly people</td>
</tr>
<tr>
<td>SDG 2.2: sets a goal of ending all forms of malnutrition</td>
<td>VSDG 2.2: sets a lower goal of reducing all forms of malnutrition</td>
<td>Malnutrition among under-5 children in Viet Nam remains high, and the malnutrition rate is being reduced slowly</td>
</tr>
<tr>
<td>SDG 3.2: adds &quot;the termination of preventable deaths of infants and children under 5 years of age;&quot; and the SDG uses the mortality indicator “less than 28 days old” instead of “1-year old.”</td>
<td>VSDG 3.1 has a higher target than the SDG (maternal mortality: 45 and 70 respectively; under-5 mortality: 15 and 25 respectively)</td>
<td>Viet Nam has nearly achieved these MDG targets. It is unlikely that Viet Nam is aware of the importance of monitoring the mortality of infants less 28 days old, but internationally about 2/3 of the deaths of children less than 1 year old are children less than 28 days old</td>
</tr>
<tr>
<td>SDG 3.6: aims to reduce the number of deaths and injuries due traffic accidents by half</td>
<td>VSDG 3.5: sets a less specific target: to curb and reduce traffic accidents</td>
<td>The road accident rate in Viet Nam has been declining too slowly to halve the number of traffic accidents by 2030</td>
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<tr>
<td>SDG</td>
<td>CORRESPONDING VSDG</td>
<td>REASONS FOR DIFFERENCES</td>
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<td>------------------------</td>
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<tr>
<td><strong>SDG 4.5</strong>: removes gender gaps in access to education and training</td>
<td><strong>VSDG 4.5</strong>: sets a less specific goal of ensuring equal access to education and training</td>
<td>There has been evidence of gender disparities over the years in some ethnic minority groups, especially the Mong</td>
</tr>
<tr>
<td><strong>SDG 4.6</strong>: sets goals for literacy and numeracy</td>
<td><strong>VSDG 4.6</strong>: sets goals for literacy only</td>
<td>The longstanding belief in Viet Nam that literacy includes numeracy. In addition, Viet Nam does not have a toolkit to collect this indicator</td>
</tr>
<tr>
<td><strong>SDG 5.1</strong>: aims to “end” all forms of discrimination against all women and girls everywhere</td>
<td><strong>VSDG 5.1</strong>: sets a lower goal of “minimizing” and “ending” forms of discrimination against women and girls</td>
<td>This particular objective is not very feasible in Viet Nam</td>
</tr>
<tr>
<td><strong>SDG 5.2</strong>: aims to “eliminate” violence against women and girls</td>
<td><strong>VSDG 5.2</strong>: sets a lower target to reduce all forms of violence against women and girls</td>
<td>This particular objective is not very feasible in Viet Nam</td>
</tr>
<tr>
<td><strong>SDG 5.3</strong>: aims to “eliminate” harmful practices such as early marriage and forced marriage</td>
<td><strong>VSDG 5.3</strong>: sets a lower goal of limiting and eventually abolishing these practices</td>
<td>This particular objective is not very feasible in Viet Nam</td>
</tr>
<tr>
<td><strong>SDG 5.4</strong>: only aims to share responsibility for housework and family care</td>
<td><strong>VSDG 5.4</strong>: sets a higher goal of ensuring equality in housework and family care</td>
<td>There is a high demand for gender equality in Viet Nam</td>
</tr>
<tr>
<td><strong>SDG 8.7</strong>: aims to end child labour in all its forms by 2025</td>
<td><strong>VSDG 8.7</strong>: does not set a time target</td>
<td>This particular objective is not very feasible in Viet Nam</td>
</tr>
</tbody>
</table>
SECTION 3
Analysis of specific targets focused on children
This section reviews the current progress of each child-focused goal in line with the targets identified in the plan. From this perspective, the section analyses legal documents, policies, programs, plans, coordination arrangements and resources to implement the identified targets. It then evaluates implementation in the future, including the challenges and gaps that need to be addressed for some targets.

**Goal 1: End poverty in all its forms everywhere**

1. Progress

1.1. Reduction of income poverty and multidimensional poverty

**Targets:** Viet Nam aims to eliminate extreme poverty for all people everywhere by 2020 using a per capita income of less than $1.25 (at 2005 purchasing power parity) per day as the poverty line, and it aims to reduce the multidimensional poverty rate (according to national definitions) by at least half by 2030.

**Current status:**
Viet Nam has made impressive progress towards achieving MDG 1, and the poverty rate continues to fall[5]. According to the international income poverty line[6], the country’s overall poverty rate has fallen dramatically, from 52.9 per cent in 1992 to 14.8 per cent in 2008, and to a mere 2 per cent in 2016 (World Bank)[7][8]. Because the income poverty line does not distinguish children from adults, it can be used to measure child poverty, meaning that the child poverty rate is equivalent to the general poverty rate.

According to the GSO’s updated national income poverty line, which uses 2016 prices (780,000 VND per person per month in urban areas and 630,000 VND per person per month in rural areas)[9], poverty rates for the 2010-2016 period have fallen by more than half, from 14.2 per cent in 2010 to 5.8 per cent in 2016[10].

The overall multidimensional poverty rate in 2016 was 9.2 per cent, which is nearly two times higher than the income poverty rate (5.8 per cent) due to higher income criteria for the

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[6] The international income poverty line is $1.90 per day at 2011 purchasing power parity
[9] A household is considered income poor if it has a per capita household income below the income poverty line and all the members of the household (adults and children) are considered poor.
multidimensional poverty line\(^{[11]}\) and the deprivation criteria of the social service dimensions. After one year, the overall multidimensional poverty rate fell by 1.3 percentage points to 7.9 per cent in 2017.

Poverty has declined in urban and rural areas and in all regions (see Table 2).

**TABLE 2: Poverty rates by urban, rural and region, 2010-2016**

<table>
<thead>
<tr>
<th></th>
<th>INCOME POVERTY</th>
<th>OVERALL MULTIDIMENSIONAL POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole country</td>
<td>14.2</td>
<td>11.1</td>
</tr>
<tr>
<td>Urban</td>
<td>6.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Rural</td>
<td>17.4</td>
<td>14.1</td>
</tr>
<tr>
<td>Red River Delta</td>
<td>8.3</td>
<td>6.0</td>
</tr>
<tr>
<td>Northern Midlands and Mountains</td>
<td>29.4</td>
<td>23.8</td>
</tr>
<tr>
<td>North Central and Central Coastal Areas</td>
<td>20.4</td>
<td>16.1</td>
</tr>
<tr>
<td>Central Highlands</td>
<td>22.2</td>
<td>17.8</td>
</tr>
<tr>
<td>Southeast</td>
<td>2.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Mekong River Delta</td>
<td>12.6</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Source: Viet Nam Household Living Standards Survey (VHLSS) of the General Statistics Office

Income poverty decreased more rapidly in rural areas than in urban areas, and the gap in terms of income poverty between rural and urban areas tended to narrow (see Figure 1).

**Figure 1: Poverty rates by urban and rural areas**

Source: \(^{[11]}\) The poverty line for the 2016-2020 period is used in combination with the income poverty line and the level of access to the five basic social services: healthcare; education; housing; clean water and sanitation; and information. These are measured by 10 indicators. Households are considered poor if they (a) have an average per capita/month income of less than 700,000 VND in rural areas and less than 900,000 VND in urban areas or (b) have an average per capita income of more than 700,000 VND to 1,000,000 VND in rural areas and more than 900,000 VND to 1,300,000 VND in urban areas and are deprived of at least 3 indicators of access to basic social services.  

SECTION 3. ANALYSIS OF SPECIFIC TARGETS FOCUSED ON CHILDREN
Multidimensional child poverty:

In 2006, the UN General Assembly officially defined multidimensional child poverty for the first time[12]. Viet Nam has studied and piloted multidimensional child poverty since 2006[13].

The GSO has calculated and published the multidimensional child poverty rate and the dimension deprivations from VHLS data since 2008. For the 2008-2014 period, the results were calculated for six dimensions: (1) education; (2) healthcare; (3) housing; (4) clean water and sanitation; (5) child labour; and (6) recognition and social protection, and a 7th dimension (recreation and entertainment) was added for the 2010-2014 period.

Nationwide, the multidimensional child poverty rate for the original six dimensions fell by more than half between 2008 and 2014, from 28.9 per cent in 2008 to 13.1 per cent in 2014. In 2014, the multidimensional child poverty rate was 1.5 times higher than the income poverty rate (13.1 per cent versus 8.4 per cent, respectively). This indicates that many poor children are not included when only income is used to measure poverty.

Who is left behind?

Despite achievements in poverty reduction that the majority of people in general and children in particular benefit from, there are still children who do not benefit from the measures taken. These children include those in rural areas, ethnic minority children, children in the Northern Midlands and Mountains and the Central Highlands and children in poor households.

In the 2010-2016 period, the rural poverty rate was about three times higher than that in urban areas. 7 out of every 10 people in rural areas were poor, while only 2 out of every 10 people in urban areas were poor (see Figure 1). The poverty rate of ethnic minorities in 2016 was 14 times higher than that of the Kinh and the Hoa. Among the ethnic minorities, 44 out of every 100 people were poor, while only 3 out every 100 Kinh and Hoa were poor (see Figure 2).

![Figure 2: Poverty rate (by expenditure) by ethnicity, 2010-2016](source: Climbing the Ladder: Poverty reduction and shared prosperity in Vietnam, Page 6 (World Bank 2018))

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[12] https://www.unicef.org/media/media_38003.html

[13] In 2006, MOLISA and UNICEF launched a multidimensional child poverty study in Viet Nam that had eight dimensions that correspond to children’s rights to eight basic needs: (1) education; (2) healthcare; (3) nutrition; (4) housing; (5) clean water and sanitation; (6) freedom from child labor; (7) entertainment; and (8) social recognition and protection. Children for whom at least 2 of the 8 basic needs are not met are considered to be multidimensional poor children. Indicators representing each of the eight dimensions were identified by MOLISA in collaboration with relevant ministries. Data sources include the 2006 MICS and the 2006 VHLS. In 2008, the GSO and UNICEF compiled the Report on the Poor Children in Viet Nam 2008 based on the same methodology as the study above for seven of the above-mentioned dimensions using data from the 2008 VHLS. Nutrition was not included because the VHLS does not have that kind of data. A similar report was prepared by the GSO and UNICEF using data from the 2011 MICS and the 2010 VHLS.
In terms of both income poverty and multidimensional poverty, the Northern Midlands and Mountains has always been the poorest of the six regions, followed by the Central Highlands and the North Central and Central Coastal Areas. However, according to the multidimensional poverty line the Northern Midlands and Mountains and the Central Highlands are significantly worse off than the remaining regions (see Figure 3). It should be noted that, according to the former division of regions, the Northwest has always been poorer than the Northeast.

![Figure 3: Income poverty in 2016 and multidimensional poverty in 2017 by region](source: 2016 VHLSS (GSO))

In 2014\(^{[14]}\), more than one in 10 children throughout the whole country was deprived of at least 2 of the following: education; health; housing; clean water and sanitation; freedom from child labour; and recognition and social protection. Multidimensional poverty rates for rural children and ethnic minority children are higher than the national average. In rural areas, nearly 1 in 5 children live in multidimensional poverty (17.1 per cent). On average, 2 out of 5 ethnic minority children live in multidimensional poverty (39.1 per cent). In the 2008-2014 period, multidimensional child poverty declined slowly in rural areas, in areas with difficult socio-economic conditions and among ethnic minorities. In rural areas, the multidimensional child poverty rate fell by only 50.1 per cent compared to 75.2 per cent in urban areas. The three regions where the child poverty rate fell less than 50 per cent are the Northern Midlands and Mountains (36.5 per cent), the Central Highlands (46.8 per cent) and the North Central and Central Coastal Areas (47.5 per cent). Among ethnic minorities the rate only fell by 36.4 per cent, but among the Kinh and the Hoa it fell by 67.4 per cent. Therefore, ethnic minority children and children in rural areas, especially children in the Northern Midlands and Mountains, the Central Highlands and the North Central and Central Coastal Areas, should be given priority in the upcoming poverty reduction policies.

The widening gap between the rich and the poor tends to leave the poor further behind. In 2016, the average income per capita per month of the wealthiest 20 per cent of the population (quintile 5) was 9.8 times greater than that of the poorest 20 per cent of the population (quintile 1), an increase of 8.1 and 9.2 times respectively in years 2002 and 2010 (see Figure 4).

Figure 5 provides further evidence that the poor are increasingly being left behind. Specifically, the lines for the average per capita monthly income of the whole country and that of the 40 per cent of the population with lowest income are increasingly separated. This means that the income growth of the poorest 40 per cent of the population is failing to catch up with the national average income growth.

1.2. Social protection

Target: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage for the poor and the vulnerable.

Current status:
Social security for children includes social support for children in special circumstances; comprehensive and sustainable poverty reduction; and access to basic social services. This section focuses only on the status of social support for children in special circumstances. The status of other types of social security for children is analysed in the other sections of this report.

According to a report by the Ministry of Labor, War Invalids and Social Affairs (MOLISA), at the end of 2017, the country had about 26 million children (under 16 years old), 1.5 million of whom were in special circumstances and about 2.1 million children were at risk of falling into special circumstances. However, due to resource constraints, many children in especially difficult circumstances have not been able to realize their rights. According to MOLISA, at the end of 2017, 70 per cent of the children in special circumstances were receiving social support.

In addition to direct assistance to children in especially difficult circumstances, child protection and care is also concerned with meeting the needs of all children and the prevention of risks to children. According to MOLISA, it is estimated that in 2017, 83 per cent of the communes/wards...
were suitable for children[15].

1.3. Strengthening resilience and reducing vulnerability to environmental, economic and social shocks

**Target:** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters. This is also Target 13.1.

**Current status:**
National and international research results show that children are highly affected by climate change, natural disasters and socio-economic shocks. Extreme climate phenomena destroy important infrastructure that people, especially children, need, resulting in disruption of learning, medical services, transportation. In particular, this harms children and threatens the development of their bodies and minds in their early years. The damage done during those early years is irreversible. Droughts and floods damage crops, cripple the water supply system and pollute the water. Children are more likely than adults to be at risk of illness due to environmental pollution, insufficient or unclean water, a lack of sanitation, a weakening or disruption of the healthcare system and education caused by natural disasters. The effects of climate change make children more vulnerable to malnutrition due to food shortages; diarrhea due to polluted water; and unhealthy living. In addition, they may become victims of abuse or miss out on opportunities to learn and grow.

According to the report by the Central Steering Committee for Natural Disaster Prevention and Control, during the floods in 2016 in the Central Vietnam alone, 27 people dead, 10 of whom were children, and some of them died on the way back from school[16]. Statistics show that between 1995 and 2016, 1,423 children died from natural disasters[17]. Viet Nam’s statistics on losses and damages due to natural disasters are not sufficient for disaggregation by age and disability status. Information about the damage, especially the severity of disasters caused by the disruption of basic social services such as medical care, education, transportation and public works damaged, is not available. As recommended by the SDG, Viet Nam needs to focus its resources so that it can report on losses and damage and other effects caused by natural disasters.

2. Policies, laws, programs, the organization of implementation and resources

In recent years, Viet Nam has adopted a combination of policies to increase income, reduce poverty and enhance social security. These policies, including direct and indirect poverty alleviation policies, have helped reduce poverty for all household members, including children.

Direct poverty reduction policies include national poverty reduction programs, most recently the 2012-2015 National Target Program for Sustainable Poverty Reduction[18]; a resolution to accelerate the implementation of sustainable poverty reduction goals until 2020[19]; and the Action Plan for the National Assembly’s Resolution No. 76/2014 / QH13: Promoting the Implementation of Sustainable Poverty Reduction Targets until 2020[20]. To promote sustainable poverty reduction, these policies have directly targeted the poorest people by gradually improving the living conditions of the poor; giving priority to poor ethnic minorities; ensuring

[15] Decision No. 34/2014 / QD-TTg on May 30, 2014 stipulates the criteria, conditions, steps and procedures for evaluation and recognition of communes, wards and townships suitable for children
[16] Central Steering Committee for Natural Disaster Prevention and Control, 2017
[17] General Department of Disaster Prevention and Control, 2018
[18] Decision No. 551 / QD-TTg on April 4, 2013
[20] Decision No. 2324 / QD-TTg on December 19, 2014
a strong and comprehensive transformation of poverty reduction in poor areas; contributing to narrowing the gaps in living standards between urban and rural areas, between regions, and between ethnic and other population groups.

The most important indirect poverty reduction policy is a strong economic development policy that will help increase income for all, including the poor. Other indirect poverty reduction policies include social protection\[21][22][23] for children in special difficult circumstances\[24]; health care policies for children, including health insurance for children under 6 and poor children; free vaccinations at public health facilities; universal preschool education for children 5 years old and lower secondary school education; tuition fee reduction schemes and other support for school-related expenses\[25]; and cash support for ethnic minority children (from low-population ethnic minority groups) in poor households\[26]. These policies have helped households avoid economic shocks when they occur and ensure access to healthcare and education for children. Based on the experience of implementing the MDG on poverty reduction, these policies could help Viet Nam achieve its goal of halving poverty by 2030.

However, poverty reduction in Viet Nam is unlikely to reach the goal of eliminating extreme poverty for all people everywhere, including children, by 2030. Reasons include the fact that the income growth rate for the 40 per cent of the population with the lowest income is slower than the national average income growth rate (see Figure 5); resources are limited and spread thin\[27]; the poor are not self-reliant and expect support from others; and the state budget has not been sufficient to ensure universal poverty reduction and the success of social protection policies, especially policies for multidimensional poor households\[28]. Other challenges\[29] include the fact that the participation of agencies, mass organizations and society in policy implementation is limited; the communication and dissemination of policies and laws on social protection have not received due attention; the socialization and mobilization of participation of the private sector remain inadequate; and inspection and supervision work has not been carried out regularly.

In particular, climate change coupled with an increase in the occurrence of natural disasters and floods and the resulting devastation has badly impacted people’s lives and livelihoods, leading to the risk of falling into poverty. Women and children are most vulnerable to natural disasters, so more effort is needed to identify the effects of disasters on children. Policies currently refer to children as “passive subjects,” and they have not led to raised awareness about natural disasters or the teaching of coping skills to children\[30].

\[21\] A scheme for the renewal and development of social assistance from 2017 to 2025 with orientation to 2030 (Decision No. 488 / TtG-Ttg on April 12, 2017)
\[22\] Decree 136/2013 / ND-CP went into effect on January 1, 2014, and it stipulates the provision of regular social support in the community; extraordinary social assistance; support for caring and nurturing in the community and care and nurturing at social protection centers and social protection shelters
\[23\] 2010 Project on Development of Social Work Profession. The general objective is to build up the contingent of officials, employees and social work collaborators in association with the development of the system of commune service provision establishments. It contributes to the development of an advanced social security system
\[24\] A project that cares for orphans, abandoned children, HIV/AIDS-infected children, children who are victims of toxic chemicals, children with severe disabilities, and children affected by HIV/AIDS or community-based natural disasters, and it aims to develop child care and outpatient care for these groups and to improve the quality of childcare at social protection establishments, social houses and in communities
\[25\] Decree No. 49/2010 / ND-CP on May 14, 2010; Decree No. 74/2013 / ND-CP on July 15, 2013 amending and supplementing a number of articles of Decree No. 49/2010 / ND-CP on May 14, 2010; Decree No. 86/2015 / ND-CP on October 2, 2015
\[26\] Decision No. 2123 / QD-Ttg on November 22, 2010
\[27\] A report on the performance of the socio-economic development tasks and orientations from 2011 to 2015 and the socio-economic development tasks from 2016 to 2020
\[28\] MOUSA
3. Recommendations

- Raise awareness among the poor about the active role they can play in sustainable poverty elimination and refute the idea that one should rely on policies and community support. It is necessary to overcome the problem of allocating funds for poverty reduction in a uniform manner, gradually reduce the number of policies that provide subsidies and focus on supporting production so that the poor can rise out of poverty.

- Develop a plan for socio-economic development and public financial management that takes the needs of children into account.

- Pay attention to equality at important public policy institutions in regard to medium-term expenditure frameworks, annual Socio-Economic Development Plans (SEDP) and national target programs; ensure sufficient budget allocations; and reduce unreasonable expenses.

- Strengthen inclusive and equitable social protection measures for all to improve the resilience of vulnerable families and children, and promote a gradual increase in (and a move towards full) financial support for child protection systems.

- Integrate disaster risk reduction into SEDPs at the central, sectoral and local levels, and give priority to the needs of children. Action mechanisms should be developed so as to give full attention to children in the periods before, during and after a disaster. At the same time, strengthen communication and apply good lessons at home and abroad with the participation of all levels and sectors to achieve the goal of reducing child-centered disaster risk.

- Strengthen the capacity of teaching programs that focus on natural disaster risk prevention and climate change. At the same time implement a safe school strategy.

**BOX 1**

**Key findings of Goal 1**

- Children groups who have been left behind include rural children, children from poor households, ethnic minority children, and children living in the Northern Midlands and Mountains, the mountainous Northwest and the Central Highlands.

- The rate of poverty reduction among the ethnic minorities is not equal to that of the Kinh and the Hoa. Ethnic minority children are the poorest children in Viet Nam.

- The disparity between the rich and the poor tends to increase, leaving the poorest people behind.

- The multidimensional child poverty rate is more than 1.5 times higher than the income poverty rate.

- The prevalence of multidimensional poverty among rural children and ethnic minority children is higher than the national average. In rural areas, nearly 1 in 5 children live in multidimensional poverty (17.1 per cent), and, on average, 2 out of 5 ethnic minority children live in multidimensional poverty (39.1 per cent).

- Multidimensional child poverty is declining slowly in rural areas, in areas with difficult socio-economic conditions and among ethnic minority groups.

- From 1995 to 2016, 1,423 children died in natural disasters.
• Supplement the statistical indicator on multidimensional child poverty in the social protection sector to monitor the implementation of the poverty reduction target.

• Improve the statistics system for measuring the damage and impact of disasters so that it is in line with international standards and can disaggregate by age, sex, disability and region and can provide details of the damage caused by the interruption of basic public services.

Goal 2: End hunger, achieve food security, improve nutrition and promote sustainable agriculture

1. Progress

Targets: Reduce all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women by 2030.

Current status:
Viet Nam has secured food security for the vast majority of the population. Food shortages are mostly a thing of the past[31]. Viet Nam also achieved the MDGs of eliminating extreme poverty and hunger in 2002, 13 years ahead of target. However, there still is a small proportion of the population that does not have access to adequate food. Hunger is still a problem in very poor areas, disaster-stricken areas, and areas where crops have failed.

In the 2010-2017 period, the number of hungry households decreased by 78 per cent, from 796,191 households in 2010 to 173,265 households in 2017. The highest number of households suffering from hunger in 2017 accounted for about 0.5 per cent of total number of agricultural households. Widespread hunger occurs mainly in rural areas and is concentrated in three regions: the Northern Midlands and Mountains, the North Central and Central Coastal Areas and the Central Highlands (see Figure 6). Hunger is a major cause of high child malnutrition in these three regions.

Figure 6: Number of hungry households by region, 2010-2017

Stunting (low height for the age) among children under 5 years of age decreased from 29.6 per cent in 2005 to 24.5 per cent in 2016, but this figure is still high. In 2016, 1 out of 4 children under 5 years of age was stunted. Wasting (low weight for the height) did not improve significantly during this period. In 2016, 6 out of 100 children were wasted. (see Figure 7)

Who is left behind?

The percentage of under-5 children who are stunted is still high, and mainly due to poverty the number of such children in mountainous, remote and ethnic minority areas is falling slowly. One cannot improve one’s nutritional status when living in poverty. Therefore, the most basic policy is to accelerate the income growth of the 40 per cent of the rural population that has the lowest income in the Northern Midlands and Mountains, the Central Highlands and the North Central and Central Coastal Areas so that it is equal to the the national average income growth (VSDG 10.1), and it should be accompanied by other breakthrough nutrition policies. Stunting among under-5 children was highest in the Central Highlands (34 per cent), followed by the Northern Midlands and Mountains (30.1 per cent) and the North Central and Central Coastal Areas (27.2 per cent). In mountainous and remote areas, 1 in 3 children under 5 years of age is stunted (see Figure 8).

Figure 7: Malnutrition in children under 5 years old nationwide, 2005-2016


Figure 8: Nutrition status of children under 5 years old, 2016

Source: Department of Children’s Affairs, MOLISA

Babies who are breastfed within the first hour after birth have a greater chance of survival. However, the rate of early breastfeeding in Viet Nam decreased significantly, from 57.8 per cent in 2006 to 39.7 per cent in 2011 and to 26.5 per cent in 2014[32]. Major causes include health workers not having enough knowledge and determination, and they are not ready to assist mothers with breastfeeding during the first hour after birth; the number of women opting to have a

[32] MICS 3, 4, 5
caesarean section has increased rapidly[33]; and many mothers do not understand the importance of breastfeeding early or how to do it[34].

According to a report on an assessment of essential early neonatal care in the Western Pacific Region in 2016-2017[35], 73 per cent of the newborns in Viet Nam in 2016 were breastfed during the first hour after birth. This rate is a very high compared to 26.5 per cent in 2014.

2. Policies, laws, programs, organization of implementation and resources

Viet Nam has many policies to improve the nutritional status of children. The most recent is the National Strategy on Nutrition for 2011-2020 with a vision to 2030[36], which takes a comprehensive approach to reducing child malnutrition in a sustainable manner. The approach includes nutrition communication and education; human resources training; preventing maternal malnutrition; preventing micronutrient deficiencies; school nutrition; preventing non-communicable chronic diseases related to nutrition; nutritional safety, household food and nutritional support in an emergency; and nutrition monitoring.

The master plan for the physical development and the stature of the Vietnamese people during the 2011-2030 period[37] aims to increase reproductive, maternal and newborn health, and to dramatically reduce malnutrition rates so as to improve the basic indexes for 5-year-olds and ensure indicators for the assessment of the physical strength and physical stature of Vietnamese youth.

To encourage mothers to breastfeed early, the following measures have been enacted and implemented:

- National guidelines on essential care for mothers and infants during and right after normal delivery were issued in 2014, and national guidelines on essential care for mothers and infants during and right after a caesarean section were issued in 2016 (with the support of UNICEF and WHO). Health workers have been trained and monitoring activities have been carried out in all provinces and cities by the central government to ensure the effective implementation of the national guidelines.

- Amendments were made to the Hospital Quality Criteria (with the support of UNICEF and WHO) in 2016, including standard practices promoting early breastfeeding and ensuring immediate skin-to-skin contact in all obstetrical-specialized hospitals and obstetrical departments.

- The hospital assessment criteria include standard steps in the Child-friendly Hospital Initiative to encourage, protect and support breastfeeding in the healthcare system. These steps, especially steps 4 to 7, emphasize improving early breastfeeding within the first hour of birth. This is considered to be an innovative approach, and it has been widely applied in the healthcare system with the strong support of the Ministry of Health.

However, the results of the implementation of this strategy remain limited. The primary focus has been on the prevention of malnutrition, and many other important indicators have not been reached. This is mainly due to insufficient understanding at various levels of the party committee,

[33] https://www.unicef.org/vietnam/vi/media_27787.html
[34] https://vietnammoi.vn/ty-le-nuoi-con-bang-sua-me-van-o-muc-thap-64825.html
[37] Decision No. 641 / QD-TTg on April 28, 2011. This project was implemented in 4 cities and some delta areas and mountainous provinces in the northern, central and southern regions, including Hanoi, Hai Phong, Da Nang, Ho Chi Minh City, Lao Cai, Thanh Hoa, Gia Lai, Quang Ngai, Bac Lieu and Binh Duong
the government in general and the majority of the people of the importance of ensuring proper nutrition for people. Many ministries, branches and localities have not expressed much interest in investing in nutrition. Cross-sectoral coordination during the implementation of nutritional targets has not been very effective.

3. Recommendations

• Review, amend, supplement and perfect the mechanisms and policies on nutrition in current legal documents. Integrate nutritional issues into health plans, strategies and policies.

• Develop recommendations; disseminate nutrition diets suitable for each age group and specific target groups; use food sourced locally in accordance with regional taste preferences and develop guiding programs that are in line with regional and ethnic characteristics to ensure adequate nutrition for women and adolescent girls. Focus on the problem of stunting and the lack of micronutrients.

• Promote information, propaganda, awareness raising and behavior change regarding proper nutrition and physical activity appropriate to each age group and target group. Focus on promoting nutritional care for children during the first 1,000 days of life and comprehensive childhood development.

BOX 2: Key findings of Goal 2

• Hunger still occurs in 3 regions: the Northern Midlands and Mountains, the North Central and Central Coastal Areas and the Central Highlands. The number of hungry households in a peak month accounts for 0.5 per cent of the total number of agricultural households.

• During the 2005-2016 period, the percentage of stunted under-5 children fell, but it is still high: in 2016, 1 in 4 children under 5 years old was stunted. The incidence of wasting did not significantly decline during this period. In 2016, 1 in every 100 children under 5 years old had rickets.

• Stunting of children under 5 years old is highest in 3 regions: the Central Highlands, the Northern Midlands and Mountains and the North Central and Central Coastal Areas. In mountainous and remote areas, 1 in 3 children under 5 years of age is stunted.

• The rate of early breastfeeding in Viet Nam has decreased significantly, from 57.8 per cent in 2006 to 39.7 per cent in 2011 to 26.5 per cent in 2014.

Goal 3: Ensure healthy lives and promote well-being for all at all ages

1. Progress

1.1. Reduce deaths

Targets: By 2030, reduce the maternal mortality rate to less than 45 per 100,000 live births; reduce infant mortality to less than 10 per 1,000 live births; and reduce under 5 mortality to less than 15 per 1,000 live births.
Current status:

Maternal mortality:
In the 1990-2016 period, the maternal mortality rate fell by more than three times, from 233 deaths per 100,000 live births in 1990 to 69 in 2009[38] and 54 in 2016 (United Nations estimate)[39]. At such a rate, Viet Nam could achieve its target of 45[40] maternal deaths per 100,000 live births by 2030 (see Figure 9). However, maternal mortality data that has not yet been published will affect the measurement of outcomes for the implementation of this target. In particular, the maternal mortality data has not been disaggregated by urban/rural area, region or ethnic group, so it is not possible to see differences in geographic areas and population groups, and whether maternal mortality occurs more often in rural areas, in high mountainous areas and among ethnic minority communities.

Births attended by skilled healthcare personnel:
The proportion of births attended by skilled health personnel in the whole country in 2011 was 96.7 per cent, and in 2015 the rate increased to 98.3 per cent. Since the Ministry of Health only has national data, this report uses data from the 2014 MICS to analyze the status of women supported at the time of delivery by the characteristics of their residential area, ethnicity and wealth index quintiles.

As shown in Figure 10, 15-49-year-old women who belong to an ethnic minority group or are in the poorest quintile or live in one of the two poorest regions, the Northern Midlands and Mountains and the Central Highlands, are more disadvantaged than other women. 2 or 3 out of every 10 women are not supported at the time of delivery by a doctor, nurse or midwife.

[38] GSO, 2009 Population and Housing Census
[39] 2017 report by the Ministry of Health to the Ministry of Planning and Investment
[40] VSDG
Under-5 mortality:

As shown in Figure 11, between 2005 and 2017, under-5 mortality rate was higher than under-1 mortality rate. The under-5 mortality rate dropped from 26.8 under-5 deaths per 1,000 live births in 2005 to 21.6 under-5 deaths in 2017. Decreasing trends became visible when the data was disaggregated by sex, urban/rural area and region. However, the under-5 mortality rate for boys in 2017 was about twice as high as that for girls (28 and 14.7 respectively). In rural areas, the rate was twice as high as in urban areas (26 and 12.7 respectively), and the rates were highest in the Central Highlands and the Northern Midlands and Mountains (36.1 and 32.4 respectively), higher than the national average of 21.6.

Given the rate of reduction of under-5 mortality rates during the 2005-2017 period as seen in Figure 12, Viet Nam is unlikely to achieve the target of 17.5 under-5 deaths per 1,000 live births by the year 2030.
Neonatal mortality:

The SDG uses the neonatal mortality rate, the percentage of deaths per live births during the first 28 completed days of life, to assess quality of life in lieu of the under-1 mortality rate. Viet Nam does not have official statistics on infant mortality less than 28 days after birth. The only source of data for this indicator so far is the MICS in Viet Nam. According to the 2014 MICS, the infant mortality rate for males less than 1 month old (dying within 28 days of birth) was 11.95 deaths per 1,000 live births, and that was 5 years prior to the survey.

Infant mortality:

Instead of the neonatal mortality rate, the VSDG still uses the infant mortality rate (the under-1 mortality rate), which is MDG 4.2. As shown in Figure 13, between 2005 and 2017, the infant mortality rate fell from 17.8 under-1 deaths per 1,000 live births in 2005 to 14.4 under-1 deaths in 2017. Decreasing trends occurred in the disaggregation of sex, urban/rural and region. However, the infant mortality rate in 2017 for males was 1.3 times higher than for females (16.4 and 12.5 respectively). The under-1 mortality rate in 2017 in rural areas was higher than in urban areas (17.3 and 8.4 respectively). The rates in the Central Highlands and the Northern Midlands and Mountains were the highest (23.7 and 21.4 respectively), and they were higher than the national average (14.4).

Figure 13: Infant mortality rate, 2005-2017


Given that the under-1 mortality rate in the 2005-2017 period declined rather slowly, as shown in Figure 14, Viet Nam is unlikely to achieve the target of 10\(^{[41]}\) infant deaths per 1,000 live births by the year 2030.

Figure 14: Infant mortality rates in 2005-2017 and target by 2030


[41] VSDG
Since there are no official statistics on infant and under-5 mortality by ethnicity in 2016 or 2017, this report uses a combination of two surveys, the 2015 Population Change and Family Planning Survey and the 2015 Survey of 53 Ethnic Minorities, to see how the child mortality rate for ethnic minorities compares to the national average.

Figure 15 provides information on the national mortality rates for children under 1 and under 5 years of age, which were calculated using the 2015 Population Change and Family Planning Survey (the first 2 columns), and the under-1 and under-5 mortality rates for ethnic minority children, which were calculated using the 2015 Survey of 53 ethnic minorities (the last 2 columns). Comparative results show that in 2015, the under-1 and under-5 mortality rates of ethnic minority children were 1.7 times higher than the national average (24.8 and 14.7 and 37.7 and 22.1 respectively).

**Figure 15: Mortality rates for children under 1 year and under 5 years old nationwide and among ethnic minority children**

<table>
<thead>
<tr>
<th></th>
<th>IMR</th>
<th>USMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Population Change and Family Planning Survey</td>
<td>14.7</td>
<td>22.1</td>
</tr>
<tr>
<td>2015 Survey of 53 Ethnic Minorities</td>
<td>24.8</td>
<td>37.7</td>
</tr>
</tbody>
</table>


**1.2. End the epidemics of AIDS, communicable diseases and tropical diseases**

**Target:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and prevent and combat hepatitis, water-borne diseases and other communicable diseases (International target 3.3).

**Current status:**

In the 2011-2016 period, the number of new HIV infections decreased by 30 per cent, from 14,113 people in 2011 to 9,912 people in 2016. However, this data is not broken down by age, so there is no data on children. It is noteworthy that the percentage of new HIV infections in the Northern Midlands and Mountains and the North Central and Central Coastal Areas poses an additional burden for disadvantaged children in these two regions (see Figure 16).

**Figure 16: Percentage of new HIV infections by region, 2016**

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red River</td>
<td>16.4</td>
</tr>
<tr>
<td>Northern Midlands</td>
<td>18.0</td>
</tr>
<tr>
<td>North Central</td>
<td>16.7</td>
</tr>
<tr>
<td>Central</td>
<td>1.8</td>
</tr>
<tr>
<td>Southeast</td>
<td>26.7</td>
</tr>
<tr>
<td>Mekong River</td>
<td>20.4</td>
</tr>
</tbody>
</table>

*Source: GSO*

The National Strategy for Tuberculosis Prevention and Control to 2020 with a vision to 2030 set the following targets: Reduce the number of people with tuberculosis to 187 people, 131 people and 20 people per 100,000 people by 2015, 2020 and 2030 respectively, and move towards the target of the Vietnamese people living in a tuberculosis-free environment by 2030.
According to the Ministry of Health, the number of tuberculosis cases per 100,000 people fell from 375 in 2000 to 187 in 2015).

The Malaria Control and Elimination Strategy for 2011-2020 aims to limit the prevalence of malaria to less than 0.15 per 1,000 people by 2030, to lower the mortality rate to less than 0.02 per 100,000 people and to eradicate malaria throughout the country by 2030.

According to the 2015 Health Statistics Yearbook, during the 2011-2015 period, the incidence and mortality of malaria continued to decrease. In 2011, the incidence of malaria was 52 per 100,000 people, and by 2015 the rate had fallen to 21 per 100,000 people. Deaths from malaria fell from 14 cases in 2011 to 3 cases in 2015.

In 2015 in the Central Highlands, the malaria rate was 78.35 per 100,000 people and malaria mortality was 0.02 per 100,000 people, the highest rate in the country. Some of the provinces with a high incidence of malaria are Cao Bang, Lai Chau, Gia Lai, Kon Tum and Binh Phuoc. A lower incidence of malaria was recorded in the Red River Delta and the Mekong Delta, 8.57 and 0.70 per 100,000 people, respectively.

1.3. Enhance reproductive healthcare

Target: By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive healthcare into national strategies and programs (International target 3.7).

Current status:

Use of modern contraceptive methods:
The proportion of women aged 15-49 using modern contraceptive methods increased between 2002 and 2017, reaching 65.6 per cent by 2017. The proportion was higher in rural areas. The IUD is the most popular method, although usage decreased during the 2005-2017 period. The pill and condoms are the second and third most-favored options and usage increased during this period. The three measures that were used the least are implants, a diaphragm, spermicide and sterilization (see Figures 17 and 18).

![Figure 17: Percentage of women aged 15-49 using modern contraceptive methods by urban/rural area, 2002-2017](image-url)
The proportion of women aged 15-49 using contraceptives and the proportion of women age 15-49 using modern methods in rural areas were both higher in rural areas than in urban areas. The Mekong Delta had the highest rate of contraceptive use (68.3 per cent), followed by the Northern Midlands and Mountains and the Red River Delta (67.4 per cent and 67.2 per cent respectively). The rate of contraceptive use tended to decrease as the level of education increased (see Figure 19).

That usage of any form of contraception was higher in rural areas than in urban areas and that usage of contraception was highest among women with a low level of education seems odd. There should be more convincing interpretations than the explanation that this is due to the fact that propaganda and advocacy for contraceptive use have been better implemented in rural areas and among women with a low level of education than in urban areas and among women with a high level of education.

In 2014, adolescent females who were married or cohabited used contraception (38.4 per cent) much less often than their older counterparts. On average, 1 out of 2 married or cohabitating women between 20 and 24 years old used contraception (GSO and UNICEF, 2015). It is noteworthy that the younger group (age 15 to 19) had the highest rate of unmet need for contraception. Lack of knowledge about reproductive health and condom use has resulted in some unintended pregnancies and unsafe abortions among young women. In particular, the percentage of poor...
women whose demand for contraception was inadequately met tended to be higher than that of women who were better-off.

The provision of information on contraceptive methods and access to family planning services is limited, especially among young women, migrant women and women in remote areas. Unmarried young women and adolescents were not the target group of the provincial annual action plan on logistical and family planning services for the implementation of the National Target Program for Population and Family Planning for the 2012-2015 period. Sexual and reproductive health services for adolescents, including counseling, were not widely available, although the demand for these services is increasing. Traditional behavior and ideas about gender and sexuality are changing, though more than one third of all Vietnamese adolescents still do not have adequate access to appropriate information about sex, including contraceptive methods.

**Childbirth in adolescence:**
According to the 1999 Population and Housing Census, the percentage of adolescents age 15-19 who gave live birth decreased from 29 of every 1,000 women in this age group in 1999 to 24 in 2009. The GSO does not calculate and announce the percentage of adolescents age 10-14 who give live birth.

**1.4. Reduce injuries from traffic accidents**

**Target:** By 2030, reduce the number of traffic accidents and the number of deaths and injuries caused by traffic accidents every year. This is also VSDG 11.1.

**Current status**
Figure 20 shows that in the 2012-2016 period, the number of traffic accidents, deaths and injuries declined significantly, from 36,376 accidents, 9,838 deaths and 38,060 injuries in 2012 to 21,431 accidents, 8,644 deaths and 19,100 injuries in 2016. Thus, during the 2012-2016 period, the number of accidents decreased by 41% per cent, deaths by 12.1% per cent and injuries by 49.8% per cent.

**Figure 20: Number of traffic accidents and number of deaths and injuries caused by traffic accidents, 2012-2016**

Despite this decrease, the number of deaths from traffic accidents in Viet Nam remains high. In 2016, an average of 24 deaths per day from traffic accidents (mainly road traffic accidents) was recorded.

According to Table 3, traffic accidents were the main cause of injuries among children and adolescents age 15-19 years old (18.38 per cent). However, for age groups 0-4, 5-9 and 10-14 the main cause of death was drowning (16.39 per cent, 10.93 per cent and 10.46 per cent respectively). Based on this, in addition to the traffic accident mortality rate for children, the VSDG should have an additional indicator of child mortality due to drowning.

TABLE 3: Child and adolescent deaths age 0-19 years old due to accident/injury by cause and age group, 59 provinces, 2016

<table>
<thead>
<tr>
<th>Order number</th>
<th>TYPE OF ACCIDENT/INJURY</th>
<th>TOTAL</th>
<th>0 – 4</th>
<th>5 – 9</th>
<th>10 – 14</th>
<th>15 – 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traffic accidents</td>
<td>6,19</td>
<td>1.83</td>
<td>2.16</td>
<td>2.58</td>
<td>18.38</td>
</tr>
<tr>
<td>2</td>
<td>Occupational accidents</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.22</td>
</tr>
<tr>
<td>3</td>
<td>Pet</td>
<td>0.14</td>
<td>0.22</td>
<td>0.14</td>
<td>0.17</td>
<td>0.04</td>
</tr>
<tr>
<td>4</td>
<td>Fall</td>
<td>0.35</td>
<td>0.43</td>
<td>0.35</td>
<td>0.32</td>
<td>0.27</td>
</tr>
<tr>
<td>5</td>
<td>Drowning</td>
<td>10.96</td>
<td>16.39</td>
<td>10.93</td>
<td>10.46</td>
<td>5.69</td>
</tr>
<tr>
<td>6</td>
<td>Choking</td>
<td>0.7</td>
<td>2.4</td>
<td>0.18</td>
<td>0.05</td>
<td>0.04</td>
</tr>
<tr>
<td>7</td>
<td>Burns</td>
<td>0.18</td>
<td>0.45</td>
<td>0.08</td>
<td>0.09</td>
<td>0.07</td>
</tr>
<tr>
<td>8</td>
<td>Poisoning</td>
<td>0.49</td>
<td>0.54</td>
<td>0.28</td>
<td>0.35</td>
<td>0.76</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>2.18</td>
<td>0</td>
<td>0</td>
<td>1.62</td>
<td>7.24</td>
</tr>
<tr>
<td>10</td>
<td>Violence, conflict</td>
<td>0.31</td>
<td>0.18</td>
<td>0.14</td>
<td>0.14</td>
<td>0.81</td>
</tr>
<tr>
<td>11</td>
<td>Shock</td>
<td>0.6</td>
<td>0.56</td>
<td>0.25</td>
<td>0.42</td>
<td>1.17</td>
</tr>
<tr>
<td>12</td>
<td>Other</td>
<td>1.15</td>
<td>1.27</td>
<td>0.93</td>
<td>0.99</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Source: Department of Environmental Health Management, Ministry of Health.

1.5. Universal healthcare

Target: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all (International target 3.8).

Current status:
To monitor the implementation of this target, Viet Nam should have a indicator for the coverage of essential health services. This is a new statistical indicator for Viet Nam. In 2015 the coverage of essential health services in Viet Nam is 72 per cent\(^{[45]}\).

In 2017, the percentage of people who had health insurance was 83.4 per cent\(^{[46]}\), which exceeds the target of 82.2 per cent set by Decision 1167/QĐ-TTg\(^{[47]}\). However, about 14-15 per cent of the students who are required to pay for health insurance have not signed up\(^{[48]}\). Reasons for this include a lack of understanding among students about the purpose of health insurance; difficult family circumstances; an inability to afford to buy health insurance; and limited access to information about health insurance.

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\(^{[45]}\) 2015 Health Statistics Yearbook. The World Health Organization calculates the formula for the 16 intervention indexes

\(^{[46]}\) The Ministry of Health’s report to Ministry of Planning and Investment on the implementation of the VSDG

\(^{[47]}\) Decision to have the People’s Committees in the provinces and centrally-run cities adjust the allocation of health insurance coverage during the 2016-2020 period

\(^{[48]}\) Online discussion about Results of the Implementation of Social Insurance and Health Insurance Policies: Problems to be solved by People’s Deputy Newspaper on 25/12/2017
Currently, 100 per cent of the poor and nearly poor people, including children, are covered by health insurance.

As a rule, all children under 6 are granted health insurance cards. However, in practice not all children under 6 are provided with the cards for the following reasons: Young parents, mainly in remote and mountainous areas, are either not aware of this right or do not know how to go about applying for a card, and there is a lack of awareness among parents about the necessity of health insurance. However, children under 6 years of age who have not yet been provided with health insurance cards are still entitled to health insurance when they have a medical examination and receive treatment. This is a policy makes it possible for all children under the age of 6 to enjoy the right to healthcare. However, it makes it difficult for the social insurance agency, because the agency pacovers the cost of medical expenses for children under 6 who do not have a health insurance card and do not have enough money to buy one.

Since 2015, health insurance cards for children under 6 have been issued at the same time as birth registration and permanent residence registration certificates. This helps to expand the coverage of health insurance for children under 6 in remote and mountainous areas where disadvantaged ethnic minorities live and to address the above problems with the social insurance system.

Full immunization has almost been achieved in Viet Nam. 94.6 per cent of the children were fully immunized in 2010, and the percentage increased to 98 per cent in 2016. The lowest vaccination coverage was recorded in the Central Highlands (96.5 per cent) and the highest rate was recorded in the Red River Delta (98.9 per cent).

2. Policies, laws, programs, organization of implementation and resources

Healthcare:
The Constitution of 2013 stipulates the healthcare provisions for children (Articles 37 and 58). Viet Nam’s child healthcare policies ensure that all children are provided with healthcare, and priority is given to children in special circumstances; children from poor and nearly-poor households; ethnic minority children; and children living in border communes, mountainous areas, islands and communes with exceptional socio-economic difficulties.

The National Strategy for the Protection, Care and Promotion of the People’s Health for the 2011-2020 period with a vision to 2030 affirmed the Government’s child healthcare policies, especially those that cover children under 6 and children in difficult circumstances.

Viet Nam’s child healthcare policies use an integrated approach consisting of three components: (1) prevention through an expanded immunization program for all children at public facilities, (2) medical examinations and treatment covered by health insurance for children under 6, poor and near-poor children and disadvantaged children, and (3) supportive measures, including maternal healthcare, reproductive healthcare and infant healthcare; improvements in the nutritional status of children; care for children affected by HIV/AIDS; and communication about and the monitoring and evaluation of implementation.

[49] The 2008 Law on Health Insurance and the 2014 law that amended and supplemented a number of articles in the Law on Health Insurance
[50] Joint Circular No. 05/2015 / TTLT-BTP-BCA-BYT
[51] A child should receive during the first year of life the BCG vaccination to protect against tuberculosis; three doses of DPT containing the vaccine to protect against diphtheria, pertussis and tetanus; three doses of the polio vaccine; the first dose of the measles vaccination before a child’s first birthday; three doses of the vaccine against Hepatitis B; and three doses of the Haemophilus influenzae type b (Hib) vaccine
[53] Decision No. 122 / QD-TTg on January 10, 2013
Some key policies include:

- The National Target Program (NTP) for Health for the 2012-2015 period[^44] which includes projects that directly involve children, namely: an expanded vaccination program; maternal healthcare and the improvement of child nutritional status; and capacity building focused on communication about and the monitoring and evaluation of program implementation.

- The National Action Plan for Children Affected by HIV/AIDS (2010) with a vision to 2020[^55] established protection and care services for children affected by HIV/AIDS; provides information and knowledge about the protection and care of children affected by HIV/AIDS; builds a favorable social environment for children affected by HIV/AIDS and caretakers of children affected by HIV/AIDS so that they can access social services and participate in HIV/AIDS prevention activities; and improves the information system to check and evaluate the situation of children affected by HIV/AIDS.

In addition, the Strategy for Population and Reproductive Healthcare in Viet Nam for the 2011-2020 period[^56] clearly defines targets, indicators and solutions for improving maternal and newborn healthcare and reproductive healthcare. Current policies, however, have not met the healthcare needs of the population, including the needs of children[^57]. Specifically:

- Infectious diseases continue to be a challenge for the healthcare system because they are difficult to control due to a weak surveillance system; they are highly resistant to drugs; and emerging diseases are unpredictable.

- The impact of out-of-scope health risks such as climate change, urbanization, industrialization, globalization and pollution has increased, and the ability of the health sector to respond is inadequate.

- Inequality among regions and population groups in terms of health status, burden of disease and access to healthcare services has not been narrowed.

- There is a lack of the involvement of stakeholders in the policy development process, especially intersectoral coordination, as well as a lack of information and scientific evidence[^58], especially in-depth analyses of socio-economic impact assessments, economic health analyses, cost-effectiveness and health technology assessments.

- The effectiveness of healthcare policies is not high, and this is mainly due to a lack of clear identification of resources for policy implementation right in the construction process.

- Public healthcare expenditure is limited, and the amount of foreign aid and subsidized loans has fallen sharply, so household out-of-pocket spending on healthcare remains high (39.5 per cent).

- Some policies do not have a vision until 2030.

**Reduce injuries:**

The Program for the Prevention of Accidents and Injuries Among Children for the 2016-2020 period[^59] aims to reduce child accidents and injuries, especially drowning and traffic accidents,

[^44]: Decision No. 1208 / QĐ-TTG on September 4, 2012
[^55]: Decision No. 84/2009 / QD-TTg on June 4, 2009
[^56]: Decision No. 2013 / QĐ-TTg on November 14, 2011
[^57]: The Ministry of Health’s report to Ministry of Planning and Investment on the implementation of the VSDG
[^58]: The strategy targets a number of targets in the 2012, 2015 and 2020 timetable, but there is no database to measure things such as maternal mortality or set high targets such as an infant mortality rate of under 5 years old
[^59]: Decision No. 234 / QD-TTg on February 5, 2016
in order to ensure the safety of children and the well-being of families and society. The program has specific targets for increasing awareness, and preventing and reducing the number of child deaths due to traffic accidents and drowning: Reduce by 25 per cent (compared to 2015) the number of child deaths due to road traffic accidents, and reduce by 6 per cent (compared to 2015) the number of child deaths due to drowning. As analyzed in Section 3.1.4, Target 3.5 in this report, for the 0-14 age group, the major cause of death was drowning, not traffic accidents. Therefore, in addition to the traffic accident mortality rate for children, there should be an additional indicator of child mortality due to drowning. In addition, it is necessary to update the Program for the Prevention of Accidents and Injuries Among Children to 2030.

3. Recommendations

- Strengthen political commitment to ensure equal access to quality healthcare services in all forms for all women, infants and children.
- Invest in the public healthcare system to ensure that everyone has access to quality healthcare services that meet the unique needs of all women, infants and children.
- Conduct research and propose equality-based healthcare policies that focus on reducing maternal, infant and child deaths, especially in disadvantaged areas.
- Improve the budgeting for, the financial management of, and the allocation of funds and resources for maternal and child healthcare.
- Strengthen planning capacity, prioritize the development of services, monitor health outcomes at the local level and disaggregate data in order to properly evaluate the impact on inequality.
- Strengthen intersectoral coordination during the implementation of prevention strategies. More effective and appropriate interventions should be focused on vulnerable areas and populations in regions with difficult geographic and economic conditions. Priority should be given to maternal and child healthcare issues such as maternal mortality and child mortality, especially infant mortality and neonatal mortality, and child malnutrition, especially stunting.
- Find ways to prevent children age 0-14 from drowning.
- The national statistical system and health statistics need to add statistical indicators for the mortality of children less than 28 days old, the birth rate for young children who give birth, and child drowning mortality.

BOX 3: Key Findings of Goal 3

- The under-5 mortality rate of boys in 2017 was about twice as high as that of girls (28 and 14.7 deaths per 1,000 live births respectively). The rate in rural areas was twice as high as in urban areas (26 and 12.7 respectively). The rates were highest for the Central Highlands and the Northern Midlands and Mountains (36.1 and 32.4 respectively), and those rates were higher than the national average of 21.6.
- The infant mortality rate in 2017 for males was 1.3 times higher than that for females (16.4 and 12.5 respectively). Under-1 mortality rate in 2017 was higher in rural areas than in urban areas (17.7 and 8.5 respectively). The rates for the Central Highlands and the Northern Midlands and Mountains were highest (24 and 21.5 respectively), and they were higher than the national average (14.5).
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

1. Progress

1.1. Free and quality primary and secondary education

Target: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

Current status:

*Level of completion of primary and lower secondary education:* As shown in Figure 21, the primary school completion rate and the lower secondary school graduation rate for the 2015-2016 school year were very high: 99.85 per cent and 99.16 per cent respectively. However, there were regional differences. The primary school completion rate was lowest in the Northern Midlands and Mountains (99.37 per cent), followed by the North Central and Central Coastal Areas (99.45 per cent). The highest rate was in the Red River Delta (99.89 per cent). The situation was different for lower secondary school graduation statistics. The lower secondary school graduation rate was lowest in the North Central and Central Coastal Areas, followed by the Southeast (98.95 per cent). The highest rate was in the Mekong River Delta (99.46), followed by the Northern Midlands and Mountains.

It is noteworthy that studies on education usually rank the Northern Midlands and Mountains and the Mekong River Delta the lowest in terms of their achievements in primary and lower secondary education, while here the lower secondary school graduation rate was highest in these two regions. The above-mentioned rates may not reflect the actual education results due to the pursuit of exaggerated achievement in grade transition and completion, for example, the practice of allowing some unqualified students to enroll at lower secondary school, especially ethnic minority children\(^{[60]}\).

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\(^{[60]}\) MOET. Report on Out-of-school Children: Viet Nam country study 2016
Gender equality in access to education:

VSDG 4.1 addresses gender equality in access to education as measured by the Gender Equality Index. In Viet Nam, this index was calculated in the MICS and in the Report on Out-of-school Children: Viet Nam country study 2016 by the Ministry of Education and Training (MOET).

The Gender Parity Index (GPI) for primary education was 1 for all 3 years 2006, 2011 and 2014, indicating no gender difference in primary education.

The gender equality index for lower secondary education, which are calculated similarly, were 1.02, 1.07 and 1.04 for the 3 years 2006, 2011 and 2014 respectively, showing that lower secondary school boys may be more disadvantaged than girls at lower secondary schools as the GPIs surpassed the maximum parity threshold of 1.03.

In contrast, the Mong GPI for primary education was 0.95 (which is less than the minimum parity threshold of 0.97), suggesting that Mong girls had less opportunities to attend school than Mong boys.

The GPI of migrants in the lower secondary school age group increased from 0.95 in 2009 to the parity threshold of 0.97. This means that migrant girls of lower secondary school age who were more disadvantaged in terms of school attendance than migrant boys the same age in 2009 were considered to be equal to the boys in 2014. However, since the minimum parity threshold of 0.97 was only reached, this equality may not last.

Free primary and secondary education:

Until September 1989, general education in Viet Nam was free. Since then, however, only primary education has been free. Fees are collected for secondary education to contribute to the financing of educational activities. In the near future, the Government plans to exempt secondary school pupils at public schools and to subsidize tuition fees at non-state institutions for pupils of universal education age, especially those in hamlets and communes with special difficulties and those in ethnic minority and remote areas.

[61] Calculated by dividing the percentage of primary school-age females attending primary or secondary school by the percentage of primary school-aged males attending primary or secondary school
[62] MICS3, MICS4, MICS5
[63] MICS3, MICS4, MICS5
[66] Resolution of the Government’s regular meeting in July 2018
However, pupils at primary and lower secondary schools still have to pay for other education fees, and these fees increase as they progress to higher grades. Students at private or semi-public schools still have to pay high tuition fees, plus many other unofficial fees, while many poor children from migrant families looking for work are less likely to attend a public school and more likely to attend a private or semi-public school. Therefore, despite the support of the Government, the costs for children in primary and secondary school are still high for many poor families.

Quality primary and lower secondary education:

Viet Nam has completed the MDGs (according to national standards). At present, Viet Nam has universal primary education and universal lower secondary education, and it is currently implementing universal secondary education at the right age (according to national standards).

According to the MOET, the quality of primary and secondary education has improved over time, including in disadvantaged areas and areas with many ethnic minority students. The quality of primary and lower secondary education has been maintained and improved. At present, all the provinces in the country have achieved the standards of level 2 of universal primary education at the right age, and 14 provinces have achieved the standards of level 3. Similarly, all 63 provinces have achieved the standards of level 1 for lower secondary education universalization, 2 provinces have achieved standards of level 2 and 1 has achieved standards of level 3. 53 per cent of the primary schools and 41.8 per cent of the lower secondary schools met the national standards in the 2016-2017 school year.

According to statistics from the MOET, in the 2016-2017 school year, the net enrollment rate at primary schools was 99 per cent, and at secondary schools it was 92.5 per cent. These high rates are the result of the policy of universal primary and secondary education. Upper secondary school attendance was lower, only 63.3 per cent.

However, there are still differences in the quality of education in urban and rural areas, among regions, and between the Kinh and some ethnic minority groups. The educational results in the Northern Midlands and Mountains, the Central Highlands and the Mekong River Delta were lower than those in other areas.

According to the Report on Out-of-school Children: Viet Nam country study 2016 by MOET, most of the children age 5-14 years old who have either never attended school or have attended school but subsequently dropped out are of secondary school age in rural areas in the Northern Midlands and Mountains, the Central Highlands and the Mekong River Delta, and they are poor children, migrant children, children with disabilities, Khmer and Mong children, children from low-population ethnic minority groups and Mong girls.

With the aim of highlighting the quality of education, the SDG provides indicators for the literacy and numeracy of children in the final grade of primary school and students in lower secondary school. Vietnam’s education system has recently received a lot of international attention after the results of two recent international studies show that the reading and math skills of the Vietnamese people age 15 and above are higher than the international average. However, there is no similar assessment for those under 15 years old.

### 1.2. Preschool education and early childhood development

**Target:** By 2030, ensure that all girls and boys have access to quality early childhood development care and pre-primary education so that they are ready for primary education.

**Current status:**
Preschool education, especially for 5-year-olds, helps children to be psychologically and intellectually ready to attend grade 1, thereby improving the quality of primary education and reducing the number of dropouts. The enrollment rate for preschool children in Viet Nam in year 2016 is 90 per cent, of which 5-year-old preschool school has completed the target of universalization.

Early childhood development is defined as an orderly, predictable process along a continuous path in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and communicating with others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child’s overall development, which is a basis for overall human development.[70]

One of the tools for measuring childhood development is the Early Child Development Index (ECDI), calculated as the percentage of children who are developmentally on track in at least three of four domains, including literacy-numeracy, physical, social-emotional and learning. At present there is no indicator in the national statistical indicator system or the statistical indicator system of the line ministries to monitor early childhood development. Therefore, existing statistics on the Vietnam Early Childhood Development Index are taken from the MICS conducted by the General Statistics Office and UNICEF every 5 years.

As shown in Figure 21, 88.7 per cent of the children age 36-59 months in Viet Nam were developmentally on track in 2014, an increase of 5.9 per cent since 2011 (82.8 per cent). There was no statistically significant difference between boys and girls. The lowest ECDI was observed in the Northern Midlands and Mountains, and the highest was recorded in the Red River Delta. Children who attended pre-school had a significantly higher ECDI than those who did not (92.7 per cent and 78.9 per cent respectively). The children living in the poorest households had a lower ECDI (81.1 per cent) than the children living in the richest households (92.2 per cent). Ethnic minority children had a much lower ECDI than Kinh/Hoa children (77.1 per cent and 91.2 per cent respectively).

**Figure 22: Early child development index of children age 36-59 months, 2014**

<table>
<thead>
<tr>
<th>Total</th>
<th>Sex</th>
<th>Region</th>
<th>Urban/Rural</th>
<th>Age</th>
<th>Attends Preschool</th>
<th>Wealth Index</th>
<th>Ethnicity of Household Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.7</td>
<td>88.2</td>
<td>93.7</td>
<td>81.8</td>
<td>87</td>
<td>89.1</td>
<td>89.2</td>
<td>86.1</td>
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<td>89.2</td>
<td></td>
<td></td>
<td>90.4</td>
<td></td>
<td>90.8</td>
<td>87.8</td>
<td>92.7</td>
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<tr>
<td>89.2</td>
<td></td>
<td>83.7</td>
<td>92.8</td>
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<td>84.5</td>
<td>87.4</td>
<td>81.5</td>
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<tr>
<td>90.8</td>
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<td>87.4</td>
<td>92.8</td>
<td></td>
<td>84.5</td>
<td>87.4</td>
<td>92.7</td>
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<tr>
<td>92.7</td>
<td></td>
<td>78.9</td>
<td></td>
<td>81.8</td>
<td>89.2</td>
<td>81.1</td>
<td>90.8</td>
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<tr>
<td>81.1</td>
<td></td>
<td>90.6</td>
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<td>92.2</td>
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<td>91.2</td>
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<td>90.1</td>
<td>90.6</td>
<td>90.1</td>
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<tr>
<td>77.1</td>
<td></td>
<td>91.2</td>
<td>90.8</td>
<td>90.1</td>
<td>90.6</td>
<td>90.1</td>
<td>91.2</td>
</tr>
</tbody>
</table>

Source: 2014 MICS, GSO and UNICEF

2. Policies, laws, programs, organization of implementation and resources

The Vietnamese Constitution of 2013 affirms priorities for educational development (Articles 37 and 61). Many important educational policies that create social justice in children's access to education have been promulgated and implemented. The Government has issued the National Education Action Plan for the 2003-2020 period. On July 17, 2017 the Government issued Decree No. 80/2017/ND-CP, which provides for a safe, healthy and friendly educational environment and the prevention of school violence.

The most important policy that facilitates the majority of children to go to school is the universalization for preschool education for 5-year-olds, primary and lower secondary education. The school network development policies have helped localities to build up a rational network of schools in different areas, including the expansion of the primary and lower secondary school network near the students’ homes, and to develop the network of schools, semi-boarding general education schools, ethnic minority boarding schools in mountainous areas, ethnic minority areas and areas with exceptional socio-economic difficulties, and priority has been given to ensuring a sufficient quantity of classrooms, equipment and teaching aids for primary schools with pupils from low-population ethnic minority groups.

In addition, for children in difficult economic circumstances, there are monetary and in-kind support policies, including exemption and reductions in tuition fees, support for study expenses, cash and rice assistance. Recently, the Government has agreed to implement the exemption policy for preschool education for 5-year-old children in areas with particularly difficult socio-economic conditions since 2018.

The Project for Supporting People with Disabilities in the 2012-2020 period set a target to increasingly mobilise children with disabilities who are capable of learning to attend school; to provide deaf students with the curriculum and learning materials in sign language; and to provide professional training for managers and teachers who manage and teach children with disabilities. The line ministries have issued two important circulars: Joint Circular No. 58/2012/TTLT-BGDĐT-BLĐTBXH on December 31, 2012, which regulates the conditions and procedures for the establishment, operation, reorganization and dissolution of the Center for the Development of Inclusive Education, and Joint Circular No. 42/2013/TTLT-BGDĐT-BLĐTBXH-BTC on December 28, 2013, which regulates education policies for people with disabilities. These are the legal basis for implementing policies that support people with disabilities, provide them with access to education at all levels, and provide incentives for teachers and administrators to participate in the care and education of children with disabilities.

However, the education policies for children limit the successful implementation of the education VSDGs in several ways. In particular:

- The standards of universal preschool for 5-year-olds and universal primary and lower secondary education do not require the mobilization of 100 per cent of the children of universal education age. This is an unintentional barrier that reduces the motivation for achieving the goal of ensuring that all girls and boys complete primary and lower secondary education by 2030.

[71] Decree No. 20/2014 / ND-CP on March 24, 2014 by the Government on the universalization of education and eradication of illiteracy
[72] Decision No. 85/2010 / QD-TTg on December 21, 2010. Scheme for the development and consolidation of the ethnic boarding school system during the 2011-2015 period
[73] Scheme for the development of education for low-population ethnic minorities during the 2010-2015 period
[74] Government Resolution No. 46/2017 / NQ-CP on June 9, 2017 regarding the regular Government meeting in May 2017
• The resources from the state budget to carry out the sustainable development goals at the central and local levels are still limited. FDI and ODA sources continue to decrease. There have been no effective policies to mobilize socialization resources to invest in education and training. These are the main causes of the difficulties faced by school facilities, e.g. there is a lack of function rooms, public service teachers, facilities for semi-boarding students (housing and canteens), and there are still many temporary and degraded classrooms, which affects comprehensive education activities.

• The low level of support norms in current policies are not considered attractive enough for some children\(^{[75]}\) to attend school. Some of the policies include lunch for preschool children (Decision No. 239/QD-TTg and Decision No. 60/2011/QD-TTg stipulate 120,000 VND/month); others include scholarships for boarding students and college preparatory students (joint Circular No. 109/2009/TTLT/BTC-BGDĐT stipulates 80 per cent of the minimum wage); and there are scholarships and social allowances for students enrolled under Decree 134/2006 / ND-CP.

• The implementation of Government Decree No. 115/2010/ND-CP (December 24, 2010) on the state management of education has been inadequate and inconsistent in localities, especially the decentralization of personnel and finance.

• Regulations that define degrees of disability\(^{[76]}\) are still inadequate, causing difficulties in identifying children with disabilities in schools.

3. Recommendations:

• Deploy and implement a free-of-charge education policy for preschool, primary and lower secondary school students to ensure free education for all children 5-14 years of age and to bring children who have dropped out back to school.

• Ensure the right to equal access and quality learning by moving to a 21st century capacity-based and skills-based approach, particularly for disadvantaged groups, and promote linkages between education and technical and vocational training.

• Improve early childhood education, including early interaction methods, and reform the preschool curriculum with child-centered pedagogy in collaboration with other stakeholders to provide integrated early childhood development services.

• Develop mechanisms to create conditions where boys and girls can express themselves in a comfortable, safe, non-violent learning environment and have access to clean water, sanitation and handwashing facilities.

• Improve the resilience capacity of the education system through awareness raising on climate change to reduce the risk of natural disasters and adapt to climate change.

• Establish public-private partnerships that support the development of a 21st century education system for underprivileged children in industrial parks and vocational training programs for vulnerable adolescents and are associated with vocational training and appropriate placement for young workers.

• The national statistical system and education statistics should add the early childhood development index to the monitoring of this target.

\(^{[75]}\) MOET’s Report on Out-of-school Children: Viet Nam country study 2016 MOET’s Report on the implementation of the VSDG to MPI

\(^{[76]}\) Joint Circular No. 37/2012 / TTLT-BLDTBXH-BYT- BTC-BGDĐT on December 28, 2012
Goal 5: Achieve gender equality and empower all women and girls

1. Progress

1.1. End all forms of discrimination against all women and girls everywhere

**Target:** Reduce and move towards eliminating discrimination and violence against women and girls everywhere.

**Current status:**
According to the Report on 15 Years of Achieving the Viet Nam Millennium Development Goals, the goal of equality between men and women is one of the three MDGs that were completed before the 2015 deadline. However, gender discrimination and violence against women still exists.[77]

The imbalance of sex ratio at birth in Viet Nam is moving in the wrong direction. The sex ratio at birth is calculated as the number of boys born versus 100 girls born. Sex ratio at birth naturally ranges from 104 to 106 boys per 100 girls. As shown in Figure 23, the sex ratio of newborns in Viet Nam increased continuously between 2005 and 2016, from 105.6 to 112.2. The fastest increase was observed in the Northern Midlands and Mountains, followed by the Central Highlands (117.3) and North Central and Central Coastal Areas (115.2), and the lowest ratios were in the Mekong River Delta (102.9) and the Southeast (103.1).

The sex ratio at birth increased in both urban and rural areas, but faster in urban areas. The sex ratio at birth tended to be higher for well-off families and highly-educated women than for poor families and poorly-educated women.[78]

Box 4: Key findings of Goal 4

- Viet Nam has completed the universalization of 5-years-old preschool education, primary education and lower secondary education, and it is implementing universal secondary education at the right age (according to national standards).
- There was no gender difference in primary education, but boys may be more disadvantaged than girls in at lower secondary schools. Mong girls had less opportunities to attend school than Mong boys.
- There are still children of secondary school age in rural areas in the Northern Midlands and Mountains, the Central Highlands and the Mekong River Delta who have either never attended school or have attended school but subsequently dropped out, and they are poor children, migrant children, children with disabilities, Khmer and Mong children, children from low-population ethnic minority groups and Mong girls.

The Ministry of Culture, Sports and Tourism is responsible for collecting and compiling statistics on domestic violence. However, these figures are not available for use. Instead, the National Study on Domestic Violence Against Women in Viet Nam in 2010 by the GSO is the only comprehensive and reliable source of data on domestic violence in Viet Nam. The GSO is preparing to conduct this study for the second time.

According to the study (see Table 4), 32 per cent of the ever-married women reported having experienced physical violence at some point in their lives, and 6 per cent of them said they had experienced physical violence in the 12 months prior to the study. 10 per cent of the ever-married women have experienced sexual violence at some point in their lives, 4 per cent in the last 12 months, and 54 per cent have experienced emotional violence at some point in their lives, 25 per cent in the last 12 months. The rate of lifetime physical violence was three times higher than that of sexual violence. More than half of the ever-married women (58 per cent) reported having experienced at least one of these three types of violence (physical, sexual and emotional) at the hands of their husbands, and 27 per cent of these women reported having experienced such violence during the past 12 months.

In Viet Nam, as in many other countries, women who report sexual violence almost always also report physical violence. The lifetime and current prevalence rates for either physical or sexual partner violence, or both, nationwide are 34 per cent and 9 per cent respectively. The prevalence of physical or sexual violence perpetrated by husbands against their wives was highest in the Southeast, followed by the Central Highlands and the Red River Delta. The two provinces with the lowest figures were the Northern Midlands and Mountains and the North Central and Central Coastal Areas, neither of which are the wealthiest regions.

**TABLE 4: Rate of violence perpetrated by husbands against their wives (%)**

<table>
<thead>
<tr>
<th></th>
<th>Current (During the past 12 months)</th>
<th>Lifetime (At some point in their lives)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>Sexual</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Emotional</td>
<td>25</td>
<td>54</td>
</tr>
<tr>
<td>Physical, sexual, emotional</td>
<td>27</td>
<td>58</td>
</tr>
</tbody>
</table>

[79] Circular No. 07/2017 / TT-BVHTTDL on December 29, 2017 regulates the collection and reporting of information on family and domestic violence prevention and control.
According to the study, about 10 per cent of women reported physical violence by someone other than their husband since they were 15 years old, and more than 2 per cent of these women reported sexual violence. 3 per cent of all women reported sexual abuse before they were 15 years old. The perpetrators were mainly members of the woman’s household (65 per cent). Women are three times more likely to have experienced violence at the hands of their husbands or partners than anyone else. Thus, most women suffer violence in their own homes.

1.2. Eliminate harmful practices

**Target:** Reduce and gradually move towards eliminating backward practices/customs such as child marriage, early marriage and forced marriage (International target 5.3).

**Current status:**
The Law on Marriage and Family stipulates that in order to register a marriage a man must be 20 years old or older and a woman must be 18 years old or older. Getting married earlier than the prescribed age causes disadvantages for women in family life and when participating in social life.

The results of the 2009 Census and the Population Change Survey conducted by the GSO have the following indicators: the proportion of the ever-married adolescent population (15-19 years old) by age and the average age of first marriage by sex, urban and rural areas and socio-economic regions, but there is no indicator for the 20-24 age group as in SDG 5.3.1. Furthermore, there is no average age for first marriage before the age of 15.

Figure 24 shows that in 2017 the percentage of women in Viet Nam who married before the age of 18 was slightly lower than in 2009. In 2017, the percentage of ever-married women 15, 16 and 17 years old was 0.9 per cent, 2.3 per cent and 5.5 per cent, respectively. That means that for every 100 females 15, 16 or 17 years old, 1 or 2 or 5 respectively were ever-married.

![Figure 24: Percentage of ever-married adolescents (15-19 years old) by age and first marriage age, 2009 and 2017](source.png)

Early marriage was higher in rural areas than in urban areas. The percentage of women age 15-19 in rural areas who married for the first time at age of 15, 16 or 17 was 12, 4 and 3 times higher respectively than percentage of women in urban areas. The proportion of ever-married women age 15-17 was highest in the the Northern Midlands and Mountains (3.3 per cent, 7.8 per cent and 15.2 per cent for ages 15, 16 and 17 respectively), followed by the Central Highlands (1.9 per cent, 5.9 per cent and 8.9 per cent for ages 15, 16, 17 respectively) (see Figure 25).
Figure 26 compares the average age at first marriage of women in the whole country and ethnic minority women. The average age of first marriage was 23.2 years for women in the whole country in 1989, and this figure declined slightly and then remained in the range of 22.8-22.9 years old for 15 years (1999-2014), while the average age at first marriage for ethnic minority women in 2015 was 20.1 years old, 1.8 years younger than the national average. This, coupled with the high rate of early marriage among ethnic minority women (27.5 per cent in 2015), helps explain why the percentage of women in rural areas and in the Northern Midlands and Mountains and the Central Highlands who got married when they were 15-19 was high. However, this was not the case for the ethnic minorities in the Mekong River Delta.

According to the 2014 MICS, the percentage of ethnic minority women age 20-49 years old who got married before the age of 18 was 23.1 per cent, 2.5 times higher than percentage of Kinh/Hoa women (9.2 per cent).

According to the MICS (see Figure 27), the percentage of women age 15-49 who married or began living as husband and wife before the age of 15 did not decrease during the 2006-2014 period. This poses a challenge to the implementation of Target 5.3: Reduce and gradually move towards eliminating backward practices/customs such as child marriage, early marriage and forced marriage in Viet Nam.

The only source of early marriage data provided by the MICS suggests a recommendation to the Viet Nam Statistical System to have disaggregations as defined by the SDG.
SECTION 3. ANALYSIS OF SPECIFIC TARGETS FOCUSED ON CHILDREN

2. Policies, laws, programs, organization of implementation and resources

**Gender equality and preventing and combating violence against women and girls**

Viet Nam has a legal framework to promote, implement and monitor gender equality that includes young girls. However, this legal framework needs to be updated both in terms of content and timelines to be in line with the VSDG.

The 2006 Law on Gender Equality guarantees equal treatment and prohibits gender discrimination, including discrimination against girls. The 2014 Law on Marriage and Family requires equal treatment of boys and girls, legitimate and illegitimate children, and it stipulates the conditions for the restriction of parental rights in cases where a parent seriously violates the rights of juvenile children.

The 2012-2020 National Strategy for Gender Equality stipulates the need for specific policies such as scholarship programs that support girls, especially girls in rural and ethnic minority areas. However, some of the legal documents that guide and institutionalize the Law on Gender Equality were promulgated slowly. The implementation of the regulation on the integration of gender equality in the development of legal normative documents and the assessment of the integration of gender equality issues in the development and appraisal of draft legal normative documents has not achieved high results. The 2016-2020 National Action Program on Gender Equality does not address gender equality for girls.


The 2016 Child Law prohibits all forms of violence against children that cause physical or mental harm, all forms of child sexual abuse and the use of children for prostitution or pornographic purposes. The Child Law and a decree that details a number of articles of the Child Law specify the responsibilities of agencies, organizations and individuals in regard to receiving and processing information as well as notifying and denouncing acts of violence against and the abuse of children. They also specify measures and responsibilities in regard to the protection of children and the prevention and minimization of risks as well as the timely intervention and provision of support when children suffer from violence and abuse.

The 2015 Criminal Code, which was revised in 2017, has criminalized many forms of abuse and violence against children, including physical violence, sexual abuse and exploitation, trafficking in children and child labour.

The 2016-2020 Child Protection Program aims to protect children from violence, abuse and...
exploitation; to reintegrate victims of trafficking; and to support the social inclusion of the most disadvantaged children.

Due to the complicated and serious development of violent and child sexual abuse cases that have caused social anxiety in recent times, the Prime Minister issued Directive No. 18 / CT-TTg on May 16, 2017 to enhance measures to prevent violence against children.

The National Child Protection Hotline, 111, was launched in December 2017 to help find and support children suffering from violence and abuse and to deal with the perpetrators of violence and child abuse, especially sexual abuse, in a more timely manner.

The above policies and updated policies in conjunction with the 111 Hotline will help Viet Nam achieve Target 5.2.

*Eliminate harmful practices:*

The 2014 the Law on Marriage and Family prohibits the practice of child marriage and forced marriage. The project Reduce Child and Near-blood Marriages in Ethnic Minority Areas from 2015 to 2025 aims to reduce the average number of child-marriage couples by 2 to 3 per cent per year in ethnic minority localities with high rates of child marriage and to prevent or limit child marriage in ethnic minority areas. Plans for the implementation of this project every year during the 2015-2020 period have been promulgated at the central level and in localities where child marriage is widespread.

However, the practice of early marriage has not declined, as seen in the above data analysis, so if no additional aggressive policies are introduced, the goal of limiting and moving towards abolishing the harmful practices of child marriage and early marriage will be difficult to achieve.

### 3. Recommendations

- Assist girls in obtaining sufficient information and making their own decisions about themselves, and ensure that they have access to healthcare, education and personal care products, and that they understand equality and justice issues; and ensure that women and children (together with men) have an equal say when making decisions at home, in the community, and in the public and private sectors.

- Promote opportunities for children to access early learning environments; help to eliminate old stereotypes about gender; and strengthen the role of the father in the development of children.

- Implement behavior change communication programs to remove the standards, customs and practices of adolescent marriage and gender stereotypes.

- Implement unconditional social protection programs that subsidize children as a means to eliminate poverty, which is an important factor in juvenile delinquency.

- Đẩy mạnh hợp tác với lãnh đạo tôn giáo, với cộng đồng gia đình, nam giới và trẻ em trai nhằm đề cao các chuẩn mực về giới tiên tiến, xóa bỏ những hủ tục trong đó có kết hôn vị thành niên.

- Promote cooperation with religious leaders, family members, men and boys in order to promote advanced gender norms and to abolish bad practices, including juvenile marriage.

- Cooperate with the private sector to promote corporate policies that are in harmony with
family life and enable a healthy balance of work and life outside of work as well as increase the sharing of responsibility within the family.

- Statistics about Viet Nam should have the age disaggregations to reflect the status of early marriage as prescribed by the SDG.

**BOX 5: Key findings of Goal 5**

- The imbalance of sex ratio at birth in Viet Nam has become worse. The sex ratio of newborns in Viet Nam increased continuously between 2005 and 2016, from 105.6 to 112.2.

- In 2010, 32 per cent of the ever-married women reported having experienced physical violence at some point in their lives, and 6 per cent of them said they had experienced physical violence in the 12 months prior to the study. 10 per cent of the ever-married women have experienced sexual violence at some point in their lives, 4 per cent in the last 12 months, and 54 per cent have experienced emotional violence at some point in their lives, 25 per cent in the last 12 months.

- Early marriage is most prevalent in rural areas, in the Northern Midlands and Mountains, the Central Highlands, the Mekong River Delta and among ethnic minorities.

- The percentage of women age 15-19 in rural areas who married for the first time at age of 15, 16 or 17 was 12, 4 and 3 times higher respectively than percentage of women in urban areas. The percentage of ever-married women age 15-17 was highest in the Northern Midlands and Mountains (3.3 per cent, 7.8 per cent and 15.2 per cent for ages 15, 16 and 17 respectively), followed by the Central Highlands (1.9 per cent, 5.9 per cent and 5.9 per cent for ages 15, 16, 17 respectively).

- The average age at first marriage for ethnic minority women in 2015 was 20.1 years old, 1.8 years younger than the national average. This, coupled with the high rate of early marriage among ethnic minority women (27.5 per cent in 2015) helps explain why the percentage of women in rural areas and in the Northern Midlands and Mountains and the Central Highlands who got married when they were 15-19 is high. However, this was not the case for the ethnic minorities in the Mekong River Delta.

**Goal 6: Ensure the availability and sustainable management of water and sanitation for all**

**1. Progress**

**1.1. Clean water**

**Target:** By 2030, ensure full and equitable access to safe and affordable water for all citizens (International target 6.1).

**Current status:**

In the 2002-2016 period, the situation of hygienic water use improved significantly. The percentage of households with a hygienic water source increased from 78.1 per cent in 2002 to 93.4 per cent in 2016 (see Figure 28). This rate increased in both urban and rural areas and in all six regions.
However, in 2016, the percentage of households using a hygienic water source in rural areas was lower than in urban areas (90.8 per cent and 99 per cent respectively), and the lowest percentage was in the Northern Midlands and Mountains (81.3 per cent). Due to the slow growth rate in recent years and the increasing impact of climate change, which has caused more drought and salt marshes and a resulting lack of clean water in Central Vietnam and the Mekong River Delta, the achievement of the target "full and equitable access to safe and affordable water for all citizens" by 2030 is a huge challenge.

**Figure 28: Percentage of households with access to hygienic water source by urban/rural area and region (*)**

![Figure 28: Percentage of households with access to hygienic water source by urban/rural area and region (*)](https://www.gso.gov.vn/default.aspx?tabid=723)

(*) Sources of hygienic drinking water consist of running water, bought water, hand dug/constructed/drilled wells with a pump, filtered spring water and rain water

### 1.2. Sanitation

**Target:** By 2030, ensure access to adequate and equitable sanitation facilities and conditions for all citizens, with particular attention paid to the needs of women, girls, people with disabilities and other vulnerable groups; end open-air defecation practices; and ensure that 100 per cent of all households have a hygienic toilet (International target 6.2).

**Current status:**

In the 2002-2016 period, the use of sanitary latrines increased markedly across the country. The percentage of households using a hygienic toilet increased from 55.1 per cent in 2002 to 83.3 per cent in 2016 (see Figure 29). This rate increased in both urban and rural areas and in all six regions.

However, in 2016 the percentage of households using a hygienic toilet in rural areas was still much lower than in urban areas (77 per cent and 96.2 per cent respectively), and the lowest percentage of households using a hygienic latrine was recorded in the Central Highlands (63.3 per cent), the Mekong River Delta (67.3 per cent) and the Northern Midlands and Mountains (67.6 per cent).

Similar to the target of clean water for all, the growth rate has been slow in recent years, and the practice of using an unhygienic toilet, or no toilet at all in the rural parts of the Northern Mountain and the Mekong River Delta, is impeding the attainment of sanitation for all.
Handwashing with water and soap is the most cost effective health intervention to reduce incidences of diarrhoea and pneumonia in children under 5. So far, the only source of data on handwashing with water and soap is the MICS. In 2014, 97.3 per cent of households had a specific place for handwashing, 86.3 per cent of which had water and soap present at that specific place.

The percentage of households with a specific place for handwashing as well as water and soap differed significantly depending on ethnicity, region, the level of education of the household heads and the wealth index quintile.

Nearly all of the wealthiest households (97.7 per cent) and only two thirds (65.6 per cent) of the poorest households had a place to wash their hands with soap and water. The percentage of households with a specific place for hand washing with soap and water in rural areas was lower than in urban areas (89.7 per cent and 94.8 per cent respectively), and the lowest rates were observed in the Central Highlands (85.3 per cent), the Northern Midlands and Mountains (86.8 per cent) and Mekong River Delta (88.2 per cent).

In contrast to the use of hygienic latrines, open defecation (which is practiced by those who do not have a latrine and do not share a latrine with other households or use a “fish bridge”) has a negative impact on public health.

According to the 2002-2016 Viet Nam Household Living Standards Surveys, the percentage of households practicing open defecation has dropped significantly, from 35.4 per cent in 2002 to 9.4 per cent in 2016 (see Figure 30).

Figure 30: Percentage of households practicing open defecation, 2002-2016

Source: Author’s calculations from GSO VHLSS
In 2016, the highest rate of open defecation was recorded in the Mekong River Delta, where 3 out of 10 households (29.9 per cent) practiced open defecation, followed by Central Highlands (10.5 per cent), the Northern Midlands and Mountains (9 per cent) and the North Central and Central Coastal Areas (7.8 per cent) (see Figure 30). Given the declining rate, the aim of eradicating open defecation can be achieved provided that people in these four regions abandon the practice of open defecation.

Figure 31: Percentage of households practicing open defecation by region, 2010-2016

2. Policies, laws, programs, organization of implementation and resources

The National Rural Clean Water Supply and Sanitation Strategy up to 2020 set three specific objectives:

a. By 2010, 85 per cent of the rural population shall use hygienic water at a rate of 60 liters/person/day, and 70 per cent of rural households and rural residents shall use a hygienic toilet.

b. By 2020, all rural residents will have access to clean water that meets national standards at a rate of at least 60 liters/person/day and use a hygienic latrine.

c. By 2005, all kindergartens, schools and other educational institutions in rural areas shall have access to adequate clean water and adequate sanitation facilities.

The National Target Program for Rural Water Supply and Sanitation, which is a tool for the implementation of the national strategy, was promulgated and implemented during the 2001-2015 period.

In fact, objective (a) has been achieved. According to a report presented at the 4th National Environment Conference at the Ministry of Natural Resources and Environment in Hanoi on September 29, 2015, objective (c) has not been met. This has been proven by many schools, especially in mountainous areas, that do not have hygienic water (or they have an insufficient amount) or a sanitary toilet (or they have one, but it is not available for use).


[83] (Author’s note) Clean water can be defined as a water source, colorless, odorless, tasteless and free of toxins and pathogens. Clean water according to national standards is the water that meets the criteria set by the National Technical Regulations on Drinking Water Quality: QCVN 02: 2009 / BYT issued by the Ministry of Health on June 17, 2009. Hygienic water is colorless, odorless, tasteless, does not contain ingredients that can affect human health, and can be drunk after boiling. Thus, clean water is of higher quality than hygienic water. (Source: http://soyte.namdinh.gov.vn/Home/Hoat-dong-nganh/truyen-thong-gsdk/747/The-nao-la-nuoc-sach-va-nuoc-hop-ve-sinh).


may be higher than targets 6.1 and 6.2 of the VSDG, so based on analysis in Section 6.1.1 of this report, they may not be achieved by 2030. Therefore, the target of ensuring that the entire rural population uses clean water that meets the national standards stipulated in the National Strategy for Rural Clean Water Supply and Sanitation by 2020 is not feasible.

According to the above-mentioned report, the total mobilized capital for implementing the above-said program is estimated at around 37,700 billion VND, of which the budget shall account for 15 per cent and the credit fund shall account for 60 per cent. However, there is a shortage of funds to meet the target of having a clean water supply and good sanitation at schools and healthcare centers. In addition, financial resources have not met the demand for clean water in poor areas and areas where access to an adequate water supply and sanitation conditions is difficult. In contrast, the capital construction debt still exists in some provinces where projects are being implemented to ensure a supply of clean water for people in areas where the water is polluted and in remote areas.

Therefore, it is necessary to continue mobilizing capital and to have effective capital management and control measures in place by 2030 in order to achieve Targets 6.1 and 6.2 by 2030.

3. Recommendations

- Invest in safe sanitation and safe water sources to prevent stunting in children.
- Foster close intersectoral coordination between government agencies as well as coordination between the government and communities to resolve water safety issues.
- Promote access to and the use of improved sanitation and water systems in localities as well as at early childhood education centers, schools and healthcare centers, and promote interventions to improve household awareness of maintaining good hygiene habits.
- Establish innovative public-private partnership programs in the field of water and sanitation to improve the availability and affordability of essential household goods such as water filters, hand cleaners and toilets.
- Strengthen coordination with the Social Policy Bank of Viet Nam to make it easier for people to take out loans to build private latrines and improve clean water systems.

**BOX 6: Key findings of Goal 6**

- In 2016, the proportion of households that had access to hygienic water in rural areas was lower than in urban areas (90.8 per cent and 99 per cent respectively), and this percentage was lowest in the Northern Midlands and Mountains (81.3 per cent).

- In 2016, the proportion of households using hygienic latrines in rural areas was much lower than in urban areas (77 per cent and 96.2 per cent respectively), and the lowest percentages were observed in the Central Highlands (63.3 per cent), the Mekong River Delta (67.3 per cent) and the Northern Midlands and Mountains (67.6 per cent).

[86] Capital structure includes the central budget (9.6 per cent, which is less than the 14.9 per cent in Decision 366 / QD-TTg); local budgets (5.0 per cent, which is less than the 11.2 per cent in Decision 366 / QD-TTg); international aid (17.4 per cent); private companies and individuals (8.2 per cent, which is less than the 11.2 per cent in Decision 366 / QD-TTg); credit loans (59.8 per cent, which is higher than the 33 per cent in Decision 366 / QD-TTg)
BOX 6: Key findings of Goal 6

- In 2016, 9.4 per cent of the households still practiced open defecation, and the percentage was highest in the Mekong River Delta (29.9 per cent), where 3 out of every 10 households practiced open defecation, followed by the Central Highlands and Northern Midlands and Mountains.

- In 2014, 13.7 per cent of the households did not have water or soap in handwashing places, mainly in the rural areas in the Central Highlands, the Northern Midlands and Mountains and the Mekong River Delta.

- The target that to ensure full and equitable access to safe water, sanitation facilities and conditions for all citizens is difficult to achieve by 2030.

Goal 8: Ensure sustainable, inclusive and sustained economic growth; and generate full, productive employment and decent work for all citizens

1. Progress

Target: Abolish child labour - Take timely and effective measures to eradicate forced labor, end modern slavery and human trafficking, and prevent and abolish child labour in all its form (International target 8.7)

Current status:
"Child labour" refers to activities performed by children that are harmful, have negative and unwanted effects on children, and therefore need to be abolished. While "child labour" is a legal concept, the UN Statistics Division guided the use of a statistical definition on “child labour” in the 2008 Resolution on Child labour Statistics by the International labour Organization (ILO) for measuring “child labour”.

In Viet Nam, the MOLISA collects data on child labour through administrative reports from the commune level. However, this data is usually underestimated.[87] There are two official sources of statistical data on child labour in Viet Nam, the GSO's MICS, which were conducted with technical assistance from UNICEF in 2000, 2006, 2011 and 2014, and the National Survey on Child labour in 2012 conducted by MOLISA with technical assistance from the ILO. The two sources identify child labour in two different ways, but both are guided by ILO Resolution 2018 on child labour statistics. The 2014 MICS identifies children involved in child labour based on the general production boundary framework of the ILO, which includes: hazardous work; economic activities exceeding the prescribed threshold; and unpaid household chores that exceeds the prescribed threshold. According to this method, 16.4 per cent of children age 5-17 years old were child labourers in 2014, and 7.8 per cent of the children in this age group were working in dangerous and harmful conditions. The highest rate of child labour was recorded in the Northern Midlands and Mountains, where 36.2 per cent of the children had exceeded the time threshold and 20.8 per cent were working in dangerous and harmful conditions.

The 2012 National Survey on Child Labour (by MOLISA) identifies child labour based on the production framework of the System of National Accounts production boundary, which includes...

People's Committee of Ho Chi Minh City 2017. Situation Analysis of Children in Ho Chi Minh City.  
Provincial People's Committee of Kon Tum. Situation Analysis of Children in Kon Tum
hazardous work and economic activities beyond the prescribed threshold. According to this method, 1.75 million children belonged to the child labour group nationwide in 2012, accounting for 9.6 per cent of the children age 5-17 years old.

2. Policies, laws, programs, organization of implementation and resources

In Vietnamese legal documents, there is not the concept of "child labor" but only the term "minor labourer" stipulated. Viet Nam has a legal framework to prevent children working earlier than the prescribed age, for longer hours than the prescribed threshold of working time, and in a hazardous environment where there exist labour relations. The Labour Code of 1994, revised in 2004 and 2012, stipulates provisions on "minor labourer". These regulations define jobs suitable for each age group: under 13, from 13 to under 15, and from 15 to under 18. Further, the 2012 Labour Code provides special protection for workers under 18 year old. While the Labour Code only applies to cases of labour relations, child labour is often observed in the context of no labour relations such as self-employment (shoe polishing, newspaper selling, etc.), working at home, working in the informal sector such as domestic maids, service in unregistered stores, etc. The legal gap in legal regulations on child labour makes child labour insufficiently monitored, thus not fully reported and not adequate measures devised to squarely abolish child labour.

The Program for the Prevention and Reduction of Child labour (2016-2020) requires the effective implementation of the prevention and reduction of child labour, the detection of children at risk and children working inconsistently with the provisions of the law, and timely support for these children so they can be integrated into the community and have the opportunity to develop.

State management and the organization of monitoring, detecting and handling child labour cases remains limited. The evidence shows that the Government has not yet made a summary or thematic report on child labour. Localities mentioned child labour in the review reports on child protection and care, but in very limited manner and without providing supporting data.

The implementation of the Program for the Prevention and Reduction of Child labour for the 2016-2020 period will be a new evolution. MOLISA should have very specific guidelines stipulating how ministries and localities should implement the program, in particular the simplest and the most economical way to identify child labour cases. It is necessary to calculate and effectively use the central and local budgets allocated to the program, which allocates a reasonable amount for the identification of child labour.

3. Recommendations

It is necessary to legalise the concept of "child labor" as well as make it compatible with the Law on Children and the Labour Code; harmonize the Vietnamese legal system on children issues and labour with the Convention on the Rights of the Child, SDGs and international labour standards; and in harmony with the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP)

Apply the following integrated measures

- Promote preventive measures that minimize negative impacts such as education, vocational training and healthcare; and intervene and provide social support and healthcare to poor families, street children and children in remote areas.
- Inspect and supervise to fully and promptly identify the employers using child labour, paying special attention to the informal sector.
• Strictly deal with violations of the law on children and labour regarding child labour.

• Provide social support and care services to disadvantaged families to prevent and eliminate the use of child labour. Social protection will help reduce the vulnerability of vulnerable families, strengthen the resilience of individuals and families to climate change shocks, natural disasters and sudden unfavorable changes in the process of socio-economic development.

• Encourage businesses to participate in the protection of children from child labour in the supply chain, the value chain and also in the community; provide the necessary skills for adolescents outside of school and arrange suitable work for young workers; and implement the Child Rights and Business Principles.

• Supplement statistical indicators on child labour that are compatible with international definitions into the labour statistics and child protection system to monitor the implementation of the target and eliminate child labour by 2030.

**BOX 7: Key findings of Goal 8**

- In 2014, 16.4 per cent of children age 5-17 years old were child labourers, and 7.8 per cent of the children in this age group were working in dangerous and harmful conditions.

- The highest rate of child labour was recorded in the Northern Midlands and Mountains (36.2 per cent had exceeded the time threshold and 20.8 per cent were working in dangerous and harmful conditions).

- Achieving the goal of eliminating child labour by 2030 requires intensive efforts and resources.

**Goal 16: Promote a peaceful, just and equal society for sustainable development; ensure access to justice for all citizens; and develop effective, accountable and participatory institutions at all levels**

1. **Progress**

1.1. **Protect children and adolescents from all forms of abuse, exploitation, violence and trafficking**

**Target:** Prevent and substantially reduce abuse, exploitation, trafficking and all forms of violence and torture against children and adolescents (International target 16.2).

**Current status:**

**Child abuse:**

In 2016, 1,724 children were abused nationwide, and by 2017, the figure had dropped to 1,642. The highest percentage of children who had been abused was found in the Mekong River Delta, followed by the Southeast and the Northern Midlands and Mountains. The lowest rate was in the Central Highlands (see Figure 32).
Child abuse, especially child sexual abuse, has new and complicated developments. By 2017, the number of violent incidents of child abuse had fallen, but the number of sexually abused children had increased. This indicates that a child may be subjected to violence or abuse repeatedly for a long time, or several children may be abused by one perpetrator. The victims were mostly female, 78.9 per cent in 2016 and 92.4 per cent in 2017. Most of the children who had been abused were abused between the ages of 13 and 15. However, in 2016-2017 younger children were also abused: 7-8 out of 100 children under 6 and 28-35 out of 100 children between the ages of 6 and 12 had been abused. Sexual abuse accounted for a high proportion of offenses: 67 per cent and 85 per cent in 2016 and 2017 respectively (see Figure 33).

These are the statistics of child abuse identified by the police, and they are probably lower than the actual figures. According to the Minister of MOLISA, Dao Ngoc Dung, during the interrogation session on the afternoon of June 5, 2018 at the fifth session of the National Assembly XIV, each year there are more than 2,000 cases of child violence nationwide. Child abuse cases, especially child sexual abuse and child violence, tend to be increasingly complex and serious.

Child discipline:
The SDG set indicators related to child discipline for monitoring the goal of preventing children from facing the serious consequences of the immediate and long-term effects of violent discipline. In Viet Nam, only the MICS, conducted by the GSO and UNICEF, provides the percentage of children who have experienced violent discipline.
The percentage of children age 1-14 years old who were subjected to at least one form of psychological or physical punishment by household members was 93.3 per cent in 2006, and it fell to 73.9 per cent in 2011 and 68.4 per cent in 2014. The most severe forms of physical punishment (hitting the child on the head, bottom, ears or face or hard and repeatedly) were overall less common, and only about 2 per cent of the children were subjected to severe punishment.

1.2. Birth registration

Target: By 2030, provide legal identity for all, including birth registration (International target 16.9).

Current status:
Every child born is entitled to be registered. Viet Nam’s National Action Plan on Vital Registration and Statistics for the period 2017-2024 set a target of registering 97 per cent of the births of children residing in the territory of Viet Nam before the age of 5 by 2020, and 98.5 per cent by 2024.

Since the Ministry of Justice has not yet announced birth registration rates, this report uses data from the MICS. According to the MICS (see Figure 34), the percentage of children under age 5 who were registered for birth increased from 87.6 per cent in 2006 to 95 per cent in 2011 and 96.1 per cent in 2014, an increase of about 1 per cent annually during the 2006-2014 period.

However, the growth rate for 2011-2014 was slower, only 0.38 per cent. In order to reach the target of 97 per cent by 2020, the annual growth rate for 2014-2020 should be 0.16 per cent, and to achieve the target of 98.5 per cent by 2024, the annual growth rate for 2020-2024 should be 0.25 per cent. An annual growth rate of 0.25 per cent for the 2020-2024 period will be a big challenge as this is faster than the growth rate of the previous period (2014-2020). The same is true for the period 2024-2030. In practice, it may be harder to achieve the final target, because the children who are not registered at birth are ethnic minorities and/or live in remote and mountainous areas.

Figure 34: Percentage of children under 5 years of age registered at birth between 2006-2014 and the target for 2020-2030

In 2014, the birth registration rate increased with age and there was no significant difference between boys and girls. Children in the Central Highlands and the Mekong River Delta were less likely to have their births registered compared to children in other regions, and children from the poor households in all regions were less likely to have their births registered. Data shows that 36.1 per cent of the mothers of unregistered children reported not knowing how to register a child’s birth, which points to birth registration barriers.
2. Policies, laws, programs, organization of implementation and resources

The Child Law of 2016 marks a milestone in Viet Nam's legal framework for child protection. The law has a separate chapter on child protection (Chapter IV) that defines three levels of child protection (prevention, support and intervention) and the responsibilities of different parties in the implementation process. It also stipulates the responsibilities of child protection officers at the commune level; provides clear procedures for the reporting and evaluation process; develops appropriate intervention plans for when children need protection; and provides detailed suggestions for alternative care for children that is primarily focused on home care. Article 13 of the Law on Birth Registration and Citizenship supplements Decision No. 1299 / QD-TTg (2014), which approved the intersectoral coordination of 3 administrative procedures for children under 6 years of age: birth registration, residence registration and obtaining a health insurance card. The Child Law also strengthens the legal framework for children by introducing general judicial principles for children related to administrative, criminal and civil procedures.

The Law on the Handling of Administrative Violations promotes a specific approach to the handling of cases involving children and stipulates specific provisions that take into account the specificity of the child, including amendments relating to measures to handle administrative violations and restrict measures that adversely affect the freedom of the child-offenders. Decree No. 111/2013 / ND-CP promotes the management of records related to the management and education of child offenders in a more professional manner, and it provides more detailed guidance on the implementation of education for them in communes, wards and towns.

Criminal laws relating to child victims as well as children in violation of the law were also revised. The revised 2009 and 2015 Criminal Code covers offenses relating to child sexual abuse, trafficking in children and the use of children for the purpose of pornography.

The Criminal Procedure Code of 2015 also includes a separate chapter setting out specific guidelines and measures for dealing with victims, witnesses and defendants under the age of 18. Joint Circular No. 01/2011 / TTLT-VKSTC-TVANDTC-BCA-BTP-BLDTBXH was introduced to provide the police, procurators and courts with more detailed guidance on the handling of sensitive issues concerning children.

The Child Protection Program for the 2016 – 2020 period aims to protect children from violence, abuse and exploitation and to support the rehabilitation and social inclusion of children with special difficulties. This program prioritizes the strengthening of the capacity of relevant agencies to protect children during procedural processes and administrative sanctions as well as the provision of professional child protection services and the development of child protection systems. Under an interagency cooperation agreement on birth registration, residence registration and health insurance cards for children under six, the Ministry of Justice (MOJ), Ministry of Health (MOH) and the Ministry of Public Security have developed guidelines to simplify the document procedure and reduce processing time as well as registration costs. According to the VSDG, Viet Nam must achieve the goal of providing 100 per cent of its people with a legal identity, including birth registration, by 2030. This is a high target. To achieve this goal, innovative policies and measures are needed for the most disadvantaged populations in remote, mountainous and ethnic minority areas.

3. Recommendations

- Reform the legal system for child protection and justice for children age 16 to under 18 to ensure that all children under the age of 18 have access to services and comprehensive

[89] Decision 1299 / QD-TTg, April 8, 2014
• Protection and that they are aware of their rights, especially in cases when they are abused.

• Develop a comprehensive child protection system that can prevent, intervene and respond early to child violence, including the development of child-focused social work.

• Strengthen professional capacity and institutional capacity of security agencies, procurators, the judiciary and judicial assistance where it pertains to child protection so as to strengthen the rule of law and protect all children in the legal system.

• Strengthen life skills education for children, focusing on the prevention of and coping with threats and violence.

• Develop policies and capacity building to provide special child protection services, including alternative care, nursing care and other support services for children with disabilities as well as social psychology, rehabilitation and community reintegration services for children who are victims of violence and abuse.

• Develop positive parenting programs for the purpose of preventing child abuse, contributing to the creation of a stimulating, loving and protected environment for small children, as well as increasing the need for delivery services. Provide quality preschool education for children.

• The National statistical system and child protection statistics need to supplement statistical indicators on children discipline in order to contribute to the monitoring of child protection goal.

**BOX 8: Key findings of Goal 16**

- Trong những năm gần đây, cả nước mỗi năm có hơn 2.000 vụ bạo hành trẻ em. Trẻ em bị xâm hại chủ yếu là nữ, chiếm 78,9% năm 2016 và 92,4% năm 2017. Trong số trẻ em nhỏ dưới 6 tuổi vẫn có 7-8% bị xâm hại. Xâm hại tình dục chiếm tỷ lệ cao trong các tội danh bị xâm hại: 67% và 85% tương ứng trong 2 năm 2016 và 2017;

- Cứ 10 trẻ em 1-14 tuổi thì có 6 trẻ đã từng bị xử phạt về thể xác và/hoặc tâm lý;

- Để đạt được 100% trẻ em dưới 5 tuổi được đăng ký khai sinh vào năm 2030 là một thách thức. Trẻ em ở vùng ĐBSCL và TN có tỷ lệ đăng ký khai sinh thấp hơn các vùng khác. Trẻ em sống trong các hộ nghèo hơn có tỷ lệ đăng ký khai sinh thấp hơn.
SECTION 4
General recommendations and conclusions
SECTION 4

General recommendations and conclusions

1. General Recommendations

Strengthen the national system and multisectoral coordination: The SDGs address the systematic barriers to sustainable development that the MDGs have not addressed such as equity, unsustainable consumption patterns, weak institutional capacity and environmental degradation. These barriers not only limit poverty reduction, but also growth structure and patterns, capacity building, knowledge sharing and technology transfer, and policy development that ensures financing for and the strengthening of the national system. This comprehensive and macroeconomic approach requires both a stronger and more innovative system to ensure financial coherence, result-oriented and sustainably-designed policies and programs, capacity development, and partnership in monitoring and evaluation. Accordingly, the child agenda needs to be integrated into national systems and implemented through national planning frameworks. Under the coordination of the Viet Nam’s National Commission on Children, the MPI should coordinate the implementation of the NPAVSDGs and work closely with MOLISA when implementing the child-related VSDGs. MOLISA, which is a focal point for synthesizing information from the line ministries for the implementation of the UN Convention on the Rights of the Child, needs to cooperate closely with the MPI to monitor and evaluate the results of the implementation of child-related VSDGs by the line ministries and localities.

Consolidate sustainable public financing: In the context of a limited state budget, in addition to recurrent and investment commitments, the budget will also be spent on new tasks such as responding to climate change and repaying debt, and external assistance is expected to be much less than that provided to implement the MDGs. Therefore, it is necessary to classify the child-related VSDGs in order to plan for financial needs; prioritise investment in poor areas such as the Northern Midlands and Mountains, the Central Highlands and the North Central and Central Coastal Areas; and to actively mobilize financial resources outside the state budget, such as domestic borrowing and contributions from the private sector, to carry out social responsibility.

Ensure consistency between the the NPAVSDGs and sectoral and local development plans: Integrate and harmonize the goals, planning targets and statistical reporting indicators. Only by incorporating the VSDGs into sectoral and local development plans and agreeing on the use of the indicators of the POA and VSDGs will sectors and localities be able to allocate funds and prioritize resources for the implementation and consistent monitoring and reporting of implementation results.

Adopt special policies and solutions to reduce inequalities among regions: The most disadvantaged groups are those in the Northern Midlands and Mountains, the Northwest, the North Central and Central Coastal Areas and the Central Highlands and poor households, the
Khmer, the Mong and low-population ethnic minority groups, Mong girls, migrant children and children with disabilities.

**Invest in research and gather evidence related to the effective use of basic services:** In addition to building the capacity to provide essential services, multidisciplinary approaches to complex inequalities requiring evidence-based planning, flexible monitoring, capacity building, monitoring and evaluation are needed. However, the data and qualitative information are still not sufficiently disaggregated to monitor the progress of social equity. Strategic investment in the production of critical information and interdisciplinary cooperation on issues related to climate change, information distribution, communication technologies and the Internet is needed. These are the issues that require international cooperation.

**Ensure access to public healthcare for all, including sexual and reproductive healthcare:** Reduce infant mortality through increased prenatal and postnatal care, assisted delivery by skilled healthcare workers or at healthcare facilities. Enact policies that improve the health of newborns and pregnant women through the assurance of financial, human and technical resources and the coordination of medical staff, especially specialists in emergency obstetric care and pediatricians in disadvantaged areas. Measures should be taken to establish community immunization networks in areas and regions with low immunization coverage. Effective monitoring of legal frameworks can facilitate access to and the timely use of reproductive healthcare and mother and child services, especially for ethnic minority girls and women living in remote areas. A comprehensive study of the impact of health socialization on household economics and the role of privatization in healthcare promotion should be conducted to determine whether policies and regulations about socialization need to be revised or not.

**Ensure quality, comprehensive and fair education for all:** Early childhood development, particularly for ethnic minority children and children with disabilities, plays a critical role in reducing inequality and increasing development outcomes in Viet Nam. Initiatives for bringing out-of-school children into the education system should be explicitly addressed in national education policies to ensure the universalization of primary education. National policies need to support education and public infrastructure to address barriers and obstacles to the school attendance of marginalized groups, including children with disabilities, ethnic minority children and migrant children. Strengthen the resilience of children and young people to climate change by equipping them with knowledge and skills that will help them contribute to mitigating climate change.

**Eliminate all forms of violence, abuse and exploitation, promote gender equality and empower children:** Over the past few years, Viet Nam has undertaken significant and positive policy and legal reforms to ensure the rights and protection of children. Effective implementation of the legal framework for children’s rights requires the clarification of legal regulations through guidelines and decrees as well as flexible capacity building for state and social agencies at all levels. It is also necessary to monitor the implementation process and, in particular, to hold the relevant sectors as well as the leadership of the units and the local authorities accountable for their actions in order to protect all children. The national system must be able to provide comprehensive child protection services and multi-sectoral links, from prevention to rehabilitation and reintegration, for children in need of special protection, and it must cooperate with key partners, including unions, non-governmental organizations and local communities.

**Adopt a comprehensive approach to the development and participation of juvenile groups:** Efforts are needed to address the vulnerability of juveniles age 16-18 as the 2016 Child Law does not include this age group. Children age 16 to 18 years old are excluded from protective measures under the Child Law.
Promote effective approaches to reducing and responding to gender-based violence at schools and agencies: Implementing child protection policies is a mandatory requirement for child care providers, including schools, hospitals and agencies. In addition, resources should be allocated to support the development of a network of school-based social workers and/or counselors and to support teachers in child care and protection so as to reduce child abuse in the school environment.

Institutionalize the participation of children and youth: There are many strategies that can be applied to encourage children to exercise their right to participate. Fixed mechanisms should be established to facilitate the participation of children at different levels of management in accordance with the law. Schools and community-based forums can help children learn independently access information and develop analysis skills to form and express their ideas confidently. Children’s programs at the provincial, district and commune level can facilitate children's participation at the stages of situation analysis, strategic planning, design, implementation, monitoring and evaluation. For disadvantaged and vulnerable children, including children with disabilities, ethnic minorities and migrants, efforts should be made to reach out through appropriate communication so that they can be involved.

Continue to mobilize the support of international organizations to accelerate the implementation of the child-related VSDGs that focus on the health and education sectors, specifically.

- Regarding health: Expand international cooperation to exchange information and experiences and strengthen the coordination of food safety management; carry out commitments and organize the effective implementation of international cooperation to combat HIV/AIDS, tuberculosis, malaria, hepatitis, tropical diseases, waterborne diseases and other infectious diseases; promote international support for the research and production of vaccines and essential drugs for infectious and non-communicable diseases.

- Regarding education: Mobilize the participation of non-governmental organizations and international cooperation in the process of monitoring and evaluating the achievement of VSDG targets 4.5 and 4.6; and mobilize foreign investment and capital for ODA for education and training establishments in Viet Nam that are run under international programs and train high-quality teachers.

2. Conclusion:

The Global Sustainability Agenda and the SDGs have identified key issues pertaining to child rights, and they provide a framework for promoting these rights. To ensure the effectiveness and sustainability of its efforts to implement the sustainable development agenda, Viet Nam should consider equality as one of the guiding principles in the implementation of child rights and the SDGs. Applying a fair approach will assist and enable Viet Nam to reach the most vulnerable and secure the future development and prosperity of the country.

Although the focus of the sustainable development agenda is based on the solid foundation of the achievements that have been made, Viet Nam still faces many challenges in implementing child rights and improving the situation for children. Major challenges include reducing infant mortality; decreasing mortality from diseases related to unhealthy behavior and climate change; decreasing morbidity and malnutrition; increasing the quality of primary and secondary education; ensuring a safe environment for children; and forecasting and responding to emerging issues such as climate change and abuse and exploitation through the Internet. These issues also
appear in the Sustainable Development Goals and can be addressed effectively and harmoniously with SEDPs and the Roadmap to Achieving the Sustainable Development Goals.

All these issues will be addressed simultaneously through the implementation of the SDGs, and they will be fully addressed when integrated into the SEDPs and reflected in the Roadmap to Achieving the SDGs. By agreeing to the SDGs, Viet Nam will continue to advance its achievements; address emerging issues related to sustainable development by 2030; focus on equity; and call on governments to ensure that every child is capable of exercising his/her rights and that no child is left behind. This has been reflected in the Constitution, policies and legal regulations of Viet Nam, the POA and the VSDGs. Viet Nam needs to focus on reducing disparities and improving access to quality basic services in order to speed up the implementation of child rights, including the right to survive, develop and participate, and the right to an education and protection. In line with the view that no one gets left behind, all existing policies related to the VSDGs need to be reviewed and updated in order to make this a reality by 2030. Similarly, this viewpoint should also be reflected consistently in the contents of newly-developed policies. Many of the VSDGs will require more resources during the implementation process than the MDG in order to achieve the overall goal of no one being left behind. However, the financial resources of the country are very limited and they are spread thin, so it is difficult to finance emerging needs that require large expenditures such as responding to climate change and repaying public debt, and external financial sources declined significantly compared to what they were during the MDG period. Consequently, balanced and efficient use of funds plays a key role.

A dual approach should be implemented: appropriate interventions to monitor and respond to the needs of the most vulnerable groups and the strengthening of the child rights system to promote the rights of all children. Focusing on vulnerable and neglected children will ensure that no child is left behind. Priority should be given to the most vulnerable population groups and regions to achieve the goals of child rights development, and greater effort should be made to improve the effectiveness and sustainability of national planning processes. Equity processes require effective processes and innovative approaches to reach out to children, families and communities that fall behind. Viet Nam may apply a geographic focus to ethnically-focused areas and/or focused groups of children in specific circumstances in order to carry out interventions and adjust approaches to suit the actual situation.

The sustainable development goals are interconnected and interdependent. The implementation of the VSDG in Viet Nam depends on the coordination and multisectoral collaboration of government agencies, communities, non-governmental organizations, the private sector and the international community. Implementing child rights in the VSDs is a complex issue that involves many sectors and requires coordination among and within different sectors and stakeholders, including children. What is needed is a multidisciplinary approach that promotes synergies in initiatives and interventions for the protection, care and education of children and focuses on the effective use of financial, human and technical resources to optimize the results for children and ensure a sustainable and prosperous future for Viet Nam.

[90] Decision No. 622 / QD-TTg on May 10, 2017
APPENDIX
TABLE AP1
The VSDG and SDG child-focused targets and the differences between the two systems

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<tr>
<th>SDG</th>
<th>VSDG</th>
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<tbody>
<tr>
<td><strong>Goal 1: End poverty in all its forms everywhere</strong></td>
<td><strong>Goal 1: End poverty in all its forms everywhere</strong></td>
<td>Compatible in terms of targets. However, SDGs want to emphasize the disaggregation by gender and age. When reporting, Viet Nam should specify the results according to the disaggregation</td>
</tr>
<tr>
<td><strong>Target 1.1:</strong> By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day</td>
<td><strong>Target 1.1:</strong> By 2020, eliminate extreme poverty for all citizens everywhere, using the poverty line with per capita income below USD 1.25/day in Purchasing Power Parity (in 2005 constant price); by 2030, reduce poverty at least by a half, using the national multidimensional poverty criteria (<a href="#">International targets 1.1 and 1.2</a>)</td>
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<td><strong>Target 1.2:</strong> By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</td>
<td><strong>Target 1.2:</strong> Implement appropriate social protection systems, measures for all citizens across the country, including floors and, by 2030, achieve substantial coverage for the poor and the vulnerable (<a href="#">International target 1.3</a>)</td>
<td>Compatible in terms of targets. However, SDGs want to emphasize the disaggregation by gender. When reporting, Viet Nam should specify the results according to the disaggregation</td>
</tr>
<tr>
<td><strong>Target 1.3:</strong> Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable</td>
<td><strong>Target 1.3:</strong> By 2030, ensure that all citizens, particularly the poor and the vulnerable, have equal rights to access economic resources and basic services, the right to use land and natural resources, the right to own and control over other forms of property, to access appropriate new technologies and financial services, including microfinance (<a href="#">International target 1.4</a>)</td>
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<tr>
<td><strong>Target 1.4:</strong> By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance</td>
<td><strong>Target 1.4:</strong> By 2030, ensure that all citizens, particularly the poor and the vulnerable, have equal rights to access economic resources and basic services, the right to use land and natural resources, the right to own and control over other forms of property, to access appropriate new technologies and financial services, including microfinance (<a href="#">International target 1.4</a>)</td>
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<td><strong>Target 1.5:</strong> By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters</td>
<td><strong>Target 1.4:</strong> By 2030, improve the resilience of the poor and the vulnerable and, at the same time, reduce their exposure and vulnerability to climate-related extreme weather events and other economic, social, environmental shocks and disasters (International target 1.5)</td>
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<td><strong>Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture</strong></td>
<td><strong>Goal 2: Eliminate hunger, ensure food security, improve nutrition and promote sustainable agricultural development (5)</strong></td>
<td></td>
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<td><strong>Target 2.1:</strong> By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</td>
<td><strong>Target 2.1:</strong> By 2030, eliminate hunger and ensure access by all citizens, particularly the poor and the vulnerable including the elderly and infants, to safe, nutritious and sufficient food throughout the year (International target 2.1)</td>
<td>VSDG want to emphasizes elderly people</td>
</tr>
<tr>
<td><strong>Target 2.2:</strong> By 2030, end 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 the nutritional needs of adolescent girls, pregnant and lactating women and older persons</td>
<td><strong>Target 2.2:</strong> By 2030, reduce all forms of malnutrition and meet the nutritional needs for all target groups who are children, adolescent girls, pregnant women, lactating mothers and elderly people (International target 2.2)</td>
<td>• The SDG sets a goal of ending all forms of malnutrition, while the VSDG sets a lower goal of reducing all forms of malnutrition. • VSDG clearly addresses the nutritional needs of children</td>
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<tr>
<td><strong>Goal 3: Ensure healthy lives and promote well-being for all at all ages</strong></td>
<td><strong>Goal 3: Ensure a healthy life and enhance welfare for all citizens of all age groups (9)</strong></td>
<td></td>
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| **Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births | **Target 3.1:** By 2030, reduce by a half the maternal mortality rate to below 45 per 100,000 live births; reduce the under-one child mortality rate to below 10 per 1,000 live births and the under-five child mortality rate to below 15 per 1,000 live births (International targets 3.1 and 3.2) | • VSDG 1 has a higher target than the SDG (maternal mortality: 45 and 70 respectively; under-5 mortality: 15 and 25 respectively)  
• SDG has an additional “end preventable deaths of newborns and children under 5 years of age”  
• SDG uses neonatal mortality instead of infant mortality |
<p>| <strong>Target 3.2:</strong> By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | <strong>Target 3.2:</strong> By 2030, end the epidemics of AIDS, tuberculosis, malaria epidemics and neglected tropical diseases; and prevent and combat hepatitis, water-borne diseases and other communicable diseases (International target 3.3) | Identical                                                                 |
| <strong>Target 3.6:</strong> By 2020, halve the number of global deaths and injuries from road traffic accidents | <strong>Target 3.5:</strong> By 2030, continue to control and annually reduce traffic accidents based on three criteria: the number of accidents, the number of deaths and the number of injuries (International target 3.6) | SDG aims to reduce by half; while VSDG aims to control and reduced |</p>
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<td><strong>Target 3.7</strong>: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</td>
<td><strong>Target 3.6</strong>: By 2030, ensure universal access to reproductive and sexual healthcare services, including family planning, information and education, and the integration of reproductive health into relevant national strategies, programmes (International target 3.7)</td>
<td>Identical</td>
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<tr>
<td><strong>Target 3.8</strong>: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</td>
<td><strong>Target 3.7</strong>: Achieve universal health coverage, including financial risk protection, access to essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all citizens (International target 3.8)</td>
<td>Identical</td>
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<tr>
<td><strong>Target 3.9</strong>: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td><strong>Target 3.8</strong>: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, soil pollution and contamination (International target 3.9)</td>
<td>Identical</td>
</tr>
<tr>
<td><strong>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</strong></td>
<td><strong>Goal 4: Ensure quality, equitable, comprehensive education and promote life-long learning opportunities for all citizens</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Target 4.1**: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes | **Target 4.1**: By 2030, ensure that all girls and boys complete free, equitable and quality primary education and lower secondary education | • SDG has in addition “leading to relevant and effective learning outcomes”  
• There may be a problem with the concept of "all" of the SDG over “all” in the universalization of the VSDG |
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<tr>
<td><strong>Target 4.2:</strong> By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education</td>
<td><strong>Target 4.2:</strong> By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they become ready for primary education (<strong>International target 4.2</strong>)</td>
<td>There may be a problem with the concept of &quot;all&quot; of the SDG and &quot;all&quot; in the universalization of the VSDG</td>
</tr>
<tr>
<td><strong>Target 4.3:</strong> By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university</td>
<td><strong>Target 4.3:</strong> By 2030, ensure that all men and women have equal access to quality and affordable technical, vocational training and tertiary education, including university education (<strong>International target 4.3</strong>)</td>
<td>Identical</td>
</tr>
<tr>
<td><strong>Target 4.4:</strong> By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship</td>
<td><strong>Target 4.4:</strong> By 2030, substantially increase the number of workers who have relevant skills as required by labour markets, in order for them to have decent jobs and become business owners (<strong>International target 4.4</strong>)</td>
<td>SDG specifically targets youth</td>
</tr>
</tbody>
</table>
| **Target 4.5:** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations | **Target 4.5:** By 2030, ensure equal access to education and training and vocational training for the vulnerable, including persons with disabilities, ethnic minority people and children in vulnerable situations (**International target 4.5**) | • SDG explicitly "eliminate gender disparities"; while VSDG uses the phrase "ensure equal access to"  
• SDG talked about "Indigenous people"; while VSDG talks about "ethnic people" |
<p>| <strong>Target 4.6:</strong> By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy | <strong>Target 4.6:</strong> By 2030, ensure that all youth and a substantial proportion of adults, both male and female, achieve literacy and numeracy (<strong>International target 4.6</strong>) | SDG aims to achieve literacy and numeracy, while VSDG aims to achieve literacy only |</p>
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<th>SDG</th>
<th>VSDG</th>
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<tr>
<td><strong>Target 4.a:</strong> Build and upgrade education facilities that are child-, disability- and gender-sensitive and provide safe, non-violent, inclusive and effective learning environments for all</td>
<td><strong>Target 4.8:</strong> Build and upgrade education facilities that are child-, disability- and gender-sensitive and provide a safe, non-violent, inclusive and effective learning environment for all (International target 4.a)</td>
<td>Identical</td>
</tr>
<tr>
<td><strong>Goal 5. Achieve gender equality and empower all women and girls</strong></td>
<td><strong>Goal 5: Achieve gender equality; empower and create enabling opportunities for women and girls (8)</strong></td>
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</tr>
<tr>
<td><strong>Target 5.1:</strong> End all forms of discrimination against all women and girls everywhere</td>
<td><strong>Target 5.1:</strong> Minimize and gradually move towards ending all forms of discrimination against women and girls in all sectors/fields and everywhere (International target 5.1)</td>
<td>SDG aims to “end”, while VSDG aims to “minimized, and gradually move towards ending”</td>
</tr>
<tr>
<td><strong>Target 5.2:</strong> Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</td>
<td><strong>Target 5.2:</strong> Substantially reduce all forms of violence against women and girls in public and private spheres, including trafficking, sexual exploitation and all other types of exploitation (International target 5.2)</td>
<td>SDG set a target of “eliminating”; while VSDG sets a target “substantially reduced”</td>
</tr>
<tr>
<td><strong>Target 5.3:</strong> Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</td>
<td><strong>Target 5.3:</strong> Reduce and gradually move towards eliminating backward practices/customs such as child marriage, early marriage, forced marriage (International target 5.3)</td>
<td>SDG targets to “eliminate”; while VSDG aims to “reduce and gradually move towards”</td>
</tr>
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| **Target 5.4:** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate | **Target 5.4:** Ensure equality in domestic work and family care; recognize various forms of unpaid care and domestic work; improve the provision of public services, infrastructures, social protection policies, family support services, child care services (International target 5.4) | • VSDG does not have the word "through", so VSDG did not fully reflect SDG’s idea that: the housework and family care is viewed and appreciated by the society through a variety of tools outlined in the SDG.  
• VSDG sets a higher target: "Ensure equality"; While the SDG only targets "shared responsibility" |
<p>| <strong>Target 5.6:</strong> Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences | <strong>Target 5.6:</strong> Ensure universal access to reproductive and sexual health services and reproductive rights as unanimously specified in the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and outcome documents of their review conferences (International target 5.6) | |
| Goal 6. Ensure availability and sustainable management of water and sanitation for all | Goal 6: Ensure the full supply of and sustainably manage water resources and hygienic systems for all citizens (6) | |
| <strong>Target 6.1:</strong> By 2030, achieve universal and equitable access to safe and affordable drinking water for all | <strong>Target 6.1:</strong> By 2030, ensure full and equitable access to safe and affordable water for all citizens (International target 6.1) | Identical |</p>
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<th>SDG</th>
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<tr>
<td><strong>Target 6.2:</strong> By 2030, achieve access to adequate and equitable</td>
<td><strong>Target 6.2:</strong> By 2030, ensure access to adequate and equitable</td>
<td>Identical</td>
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<tr>
<td>sanitation and hygiene for all and end open defecation, paying</td>
<td>sanitation facilities and conditions for all citizens, with</td>
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<tr>
<td>special attention to the needs of women and girls and those in</td>
<td>particular attention paid to the needs of women, girls, persons</td>
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<tr>
<td>vulnerable situations</td>
<td>ople with disabilities and other vulnerable groups; end open-air</td>
<td></td>
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<td></td>
<td>defecation practices; 100% of households have hygienic toilets</td>
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<td></td>
<td>(<strong>International target 6.2</strong>)</td>
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<td>Goal 7. Ensure access to affordable, reliable, sustainable</td>
<td>Goal 7: Ensure access to sustainable, reliable and affordable energy</td>
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<td>and modern energy for all</td>
<td>sources for all citizens (<strong>4</strong>)</td>
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<tr>
<td><strong>Target 7.1:</strong> By 2030, ensure universal access to affordable,</td>
<td><strong>Target 7.1:</strong> By 2030, fundamentally 100% households have access to</td>
<td>• VSDG has a road map: 2020, 2025, 2030</td>
</tr>
<tr>
<td>reliable and modern energy services</td>
<td>electricity; by 2025, fully 100% households have access to</td>
<td>• VSDG concretized what is the concept of</td>
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<td></td>
<td>electricity; by 2030, ensure universal access to affordable,</td>
<td>universal: “fundamentally” or “fully” 100%</td>
</tr>
<tr>
<td></td>
<td>reliable and modern energy services (<strong>International target 7.1</strong>)</td>
<td>households</td>
</tr>
<tr>
<td>Goal 8. Promote sustained, inclusive and sustainable economic</td>
<td>Goal 8: Ensure sustainable, inclusive, and sustained economic</td>
<td></td>
</tr>
<tr>
<td>growth, full and productive employment and decent work for all</td>
<td>growth; and generate full, productive employment and decent work for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>all citizens (<strong>10</strong>)</td>
<td></td>
</tr>
<tr>
<td><strong>Target 8.6:</strong> By 2020, substantially reduce the proportion of youth</td>
<td><strong>Target 8.6:</strong> By 2030, substantially reduce the proportion of young</td>
<td>VSDG has added “make proactive efforts in</td>
</tr>
<tr>
<td>not in employment, education or training</td>
<td>people not in employment, education or training; make proactive</td>
<td>effectively implementing ILO’s Global Jobs Pact</td>
</tr>
</tbody>
</table>
### SDG

**Target 8.7:** Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.

**Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

**Target 16.1:** Significantly reduce all forms of violence and related death rates everywhere.

**Target 16.2:** End abuse, exploitation, trafficking and all forms of violence against and torture of children.

**Target 16.9:** By 2030, provide legal identity for all, including birth registration.

### VSDG

**Target 8.7:** Take timely and effective measures to eradicate forced labour, end modern slavery and human trafficking, and prevent and abolish child labour in all its forms (*International target 8.7)*.

**Goal 16:** Promote a peaceful, just, and equal society for sustainable development; ensure access to justice for all citizens; develop effective, accountable and participatory institutions at all levels (*9)*.

**Target 16.1:** Significantly reduce all forms of violence and violence-related death rates everywhere (*International target 16.1)*.

**Target 16.2:** Prevent and substantially reduce abuse, exploitation, trafficking and all forms of violence and torture against children and adolescents (*International target 16.2)*.

**Target 16.8:** By 2030, provide legal identity for all citizens, including birth registration (*International target 16.9)*.

### DIFFERENCE

The SDG aims to end child labour in all its forms by 2025; while VSDG does not set the time goal.

<table>
<thead>
<tr>
<th>SDG</th>
<th>VSDG</th>
<th>DIFFERENCE</th>
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<tbody>
<tr>
<td><strong>Target 8.7:</strong> Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms</td>
<td><strong>Target 8.7:</strong> Take timely and effective measures to eradicate forced labour, end modern slavery and human trafficking, and prevent and abolish child labour in all its forms (<em>International target 8.7)</em></td>
<td>The SDG aims to end child labour in all its forms by 2025; while VSDG does not set the time goal</td>
</tr>
<tr>
<td><strong>Goal 16.</strong> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
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<td>Identical</td>
</tr>
<tr>
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<td>Identical</td>
</tr>
<tr>
<td><strong>Target 16.9:</strong> By 2030, provide legal identity for all, including birth registration</td>
<td><strong>Target 16.8:</strong> By 2030, provide legal identity for all citizens, including birth registration (<em>International target 16.9)</em></td>
<td>Identical</td>
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</tbody>
</table>
ANNEX AP2

SDG indicators currently not included in the NSIS or Sectoral Statistical Indicator System (as when Viet Nam presented its VNR report, July 2018)

**Indicator 1.2.2**: Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

**Indicator 3.2.2**: Neonatal mortality rate

**Indicator 3.7.2**: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group.

**Indicator 3.8.1**: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

**Indicator 3.9.1**: Mortality rate attributed to household and ambient air pollution.

**Indicator 4.2.1**: Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex.

**Indicator 4.4.1**: Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill.

**Indicator 4.5.1**: Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated.

**Indicator 4.6.1**: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex.

**Indicator 4.a.1**: Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)

**Indicator 16.2.1**: Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month.