National development and institutional context

Viet Nam has achieved rapid economic success and remarkable social progress in just over two decades, reaching lower middle-income status in 2009. It is a leader in the Asia-Pacific region in having achieved almost all of the Millennium Development Goals (MDGs) at the national level well ahead of schedule, and it is on track to achieve the others before 2015. The country was the first in Asia, and the second in the world, to ratify the Convention on the Rights of the Child (CRC) in 1990, and it has continued to demonstrate visible and forward-looking leadership for its approximately 30 million children (around one-third of the total population). By any measure, Viet Nam has made tremendous progress for its children in a remarkably short period of time.

Yet segments of the child and adolescent population in Viet Nam continue to live in conditions of deprivation and exclusion. For example, quality health care, secondary education and clean water are not equally accessible to all children. Social exclusion is caused by several factors including economic disparities, gender inequality, and marked differences between the rural and the more affluent urban areas, as well as between geographic regions. Ethnic minorities continue to be among the poorest and have benefited least from the country’s economic growth. Poverty still causes children to drop out of school, live in the streets, or engage in high-risk behaviour such as sex work in order to survive.

There are important political and economic factors that explain the tremendous socio-economic development witnessed over the recent past. They include the Doi Moi reform process, which was a major paradigm shift that placed the country on an unprecedented track for major economic transformations. More recently, the rapid socio-economic and development changes of the past ten years, and the progress achieved in relation to the MDGs provide the overall country context. Viet Nam has made many important commitments under international human rights
law, and has localised these commitments into major national legislation and policies to improve the lives of children. Budget allocations to the social sectors (health and education especially) and to poverty reduction have been increasing, which indicates a growing commitment on the part of the Government.

The issue of gender inequality manifests itself in a number of challenges. They include the high rate of maternal mortality, particularly in remote and mountainous areas, the trafficking of women, domestic violence, the growing imbalance in the sex ratio at birth, and the high incidence of abortions.

**Child poverty** in Viet Nam today is almost certainly more prevalent and severe than is commonly believed. This is because existing methods and techniques used to measure child poverty in Viet Nam, which focus on children living in households defined as poor according to the national monetary poverty line, have important limitations in practice. It is therefore critical to think about child poverty in a new way, using new measures of child poverty, and new ways of integrating child poverty concerns into the design and implementation of public policies.

Viet Nam recently developed its own multi-dimensional approach to child poverty, based upon several groups of basic needs: education, health, nutrition, shelter, water and sanitation, child work, leisure, social inclusion and protection. Using this approach, almost one-third of all children under the age of 16 are poor. This amounts to approximately seven million children. There are no significant differences between boys and girls, but there is a large urban-rural divide, and great regional discrepancies. The multi-dimensional and monetary poverty measurement methods identify quite different groups of children, implying that they do not draw the same pictures of child poverty.
Figure 1: Monetary and multi-dimensional child poverty, 2008


Figure 2: Monetary and multi-dimensional child poverty by region, 2008

In addition to an extensive legal framework in support of children’s rights, Viet Nam also has put in place a number of important national policies and programmes to promote and protect children’s well-being. These include National Target Programmes, National Programmes of Action on Children, and social welfare and social security policies.

There are a wide range of key duty-bearers for children’s rights. The Communist Party of Viet Nam leads the State and political and social mass organisations through its political programmes, strategies, policies, resolutions and instructions, and by monitoring their implementation. The National Assembly, which exercises oversight on all activities of the State, has several committees whose work is directly relevant to children. These include the Committee on Culture, Education, Youth and Children, the Committee on Social Affairs, the Committee on Economy, and the Budget and Finance Committee.

Within Government, the Ministry for Labour, Invalids and Social Affairs (MOLISA) has overall responsibility for children’s rights, with other relevant line ministries playing key roles in their respective areas: the Ministry of Health for maternal and child health, and the Ministry of Education and Training for pre-primary, primary and secondary education. The judiciary plays an important role, and Viet Nam has made continuous efforts to improve the legal framework for children and clarify the organisational structure and mandates of the courts.

Civil society is slowly emerging, and its important role is increasingly recognised. Mass organisations, affiliated with the Fatherland Front, are very active at the grassroots level. The media participates in improving communications related to children’s rights, including raising awareness of key issues.

The family is the foundation and basic social unit in Viet Nam. There is now a tendency towards nuclear families, a larger number of female-headed households, and an increase in family breakdowns. Gender roles within families remain present.

Another important set of duty-bearers for children are state and
non-state service providers. Over the last decade, the private sector has played an increasingly important role in delivering child-related social services, as a result of the Government’s policy of ‘socialisation’ of basic social services. Under this policy, user fees have been introduced. In 2006, households spent over six per cent of their total monthly consumption on education and the same on health care, a slight increase from 2002 when it was under six per cent each. The current trend shows a growing inequality in the quality and quantity of public services between rural and urban populations, and between rich and poor. Under-developed economic conditions also hamper the provision of child-related public services in poor (mainly rural) provinces.

Planning and budgeting is complex and takes place at many levels. The most important planning framework is the five-year national Socio-Economic Development Plan (SEDP), on the basis of which sectoral plans and annual SEDPs are developed at sub-national levels. Viet Nam is currently reforming its planning and budgeting processes to make them more relevant to the socialist-oriented market economy and to the context of decentralisation. Budget allocations for children’s rights are included within sectoral budget lines such as education and primary health care. State budget spending on social sectors, especially health and education, has been growing slowly, with health care accounting for four per cent and education and training for almost 14 per cent of central government spending in 2007, compared to three per cent and 11 per cent, respectively, in 2000.

The Government has invested in developing and strengthening child rights monitoring systems. There are child-specific indicators and national surveys which routinely collect data on children. And work is under way to coordinate and consolidate all the child rights-related data and indicators in one central system. There is as yet no independent child rights monitoring body, as recommended by the Committee on the Rights of the Child in 2003, although a wide range of actors (for example the National Assembly, MOLISA and the General Statistics Office) monitor the impact of specific child-related laws, policies or initiatives.
Child survival

**Infant and child mortality** halved between 1990 and 2006, but disparities persist, with mortality rates being much higher for ethnic minorities, the very poor, and those living in remote regions. Common child illnesses include acute respiratory infection, diarrhoea, and dengue fever. Immunisation coverage is generally high nationally, with regional variations. Viet Nam has a high rate of stunting (about one in three children under five years of age is stunted), and a very low rate (17 per cent) of exclusive breastfeeding for infants under six months of age. Micronutrient supplementation has wide coverage but is a challenge to maintain.

National family planning programmes until recently targeted married couples only, thereby overlooking sexually active, unmarried young people. Adolescents and youth have inadequate knowledge of **reproductive health**, with more boys (29 per cent) unaware of sexually transmitted infections than girls (17 per cent) in rural areas. Maternal mortality was estimated at 75 per 100,000 in 2008, but remains four times higher among ethnic minorities and in remote rural, mountainous areas. An important emerging issue is the unbalanced sex ratio (112 boys for 100 girls).

About 243,000 people were living with HIV and AIDS in 2009, and this number could be higher due to insufficient HIV testing. It is estimated that one in every ten HIV-positive persons in Viet Nam is under 19 years of age and that more than half of HIV cases are young people aged 20-29. Although HIV prevalence is increasing among pregnant women, few are routinely given information on HIV and AIDS during ante-natal care visits. The HIV and AIDS epidemic is no longer confined to high-risk groups; the children at highest risk of HIV include street children, drug users and child sex workers. Stigma and discrimination towards people affected by HIV and AIDS are still common.

Drinking **water and sanitation** coverage has improved (89 per cent of population had access to clean water in 2006), and most schools have water sources and latrines (80 per cent and 73 per cent, respectively), but less than half meet the national standards.
Disparities in access to water and sanitation are pronounced between regions and ethnic groups. Unsafe water and sanitation is a major challenge in Viet Nam, causing about half of the communicable diseases in the country.

Child injury has become an important cause of death in children one year old and above. In 2007, 7,894 children and young people aged 0-19 years died from injury-related causes. Most fatal injuries are caused by drowning, traffic accidents, cuts by sharp objects and poisoning. There is still an under-developed legal regulatory framework, and a relatively weak enforcement of the laws which do exist. As one of the newer threats to children’s well-being, there is still low awareness of the importance of injury prevention by parents, caregivers and officials, and the best approaches to apply to it.

A comprehensive range of national policies, programmes, strategies, decisions, decrees and standards has been developed to support the child’s right to health and survival. There are potential challenges facing the national response: the need for greater coordination between sectors and ministries in their response to cross-cutting issues such as malnutrition, child injury and HIV and AIDS; the need for greater budget allocations to health care (especially preventive and primary health care); and the need for better routine data collection, monitoring and evaluation processes. The coverage, quality and relevance of health care services throughout the country, especially in remote mountainous areas populated by ethnic minority groups, also needs to be improved.

Each relevant line ministry has specific responsibilities in the area of child survival and health. The Ministry of Health clearly has overall responsibility, but the roles of the Ministry of Agriculture and Rural Development (for example in designing standards, providing services and coordinating rural water supply), the Ministry of Education and Training (applying standard designs for child-safe schools), and MOLISA (in advocacy, mobilising resources, and coordinating cross-sectoral activities to prevent child injury) are also significant.
A consistent theme in the area of child survival is **under-investment** in both financial and human capacity terms. While public spending on health has increased notably over time, under-resourced areas (such as shortage and low capacity of local health staff, data collection, adolescent reproductive health, and sanitation and hygiene) remain. Another important and consistent theme is the **difference in coverage** and use of health services between regions, between rural and urban areas, and between ethnic groups. Health services are sometimes not sufficiently user-friendly (health personnel often lack skills in counselling, testing and maintaining confidentiality), or are not sufficiently equipped to provide services at the level required by national standards. Parents and caregivers often **lack adequate knowledge and capacity** on key health practices, including infant and young child feeding, and basic hygiene.

There are also important **environmental constraints**, such as a shortage of water in some parts of the country, which can affect progress in child survival and health. Adolescent reproductive health care is not fully recognised or implemented, with sexual and reproductive health education in schools still seen as somewhat taboo. Women have limited access to information about reproductive health services, and their behaviour regarding contraceptive use and ante-natal services tends to be largely determined by traditional sexual and domestic relations, educational level and economic conditions.
Child education and development

There have been significant improvements in recent years related to early childhood care and development (ECD), with 79 per cent of children aged 3-5 years attending pre-school in 2008. One emerging issue is the extent of parental care and supervision, with 19 per cent of children aged 0-59 months either left alone or in the presence of other children under ten years of age in 2006. Primary school enrolment exceeds 90 per cent for all major groups except ethnic minorities and the poorest segments of the population. The transition rate to secondary school is 91 per cent. The quality of education is an issue, with lecture-based approaches, non-participatory teaching methods, less than relevant curricula and poor teacher capacity cited as shortcomings.

Ethnic minority students make up about 18 per cent of primary and 15 per cent of lower secondary school students. Primary enrolment rates for ethnic minority children are about 80 per cent, and completion rates hover at around 68 per cent for primary and 45 per cent for secondary. Ethnic minority children live mainly in mountainous areas, often far from a school. If they are able to travel to school, language is then a key obstacle to the attainment of a quality education: Vietnamese is the official language of instruction, and most ethnic minority children do not speak it when they start school. And teachers are not usually able to teach them in their mother tongue. Ethnic minority girls experience the lowest enrolment and attendance rates of any group. They also have the highest repetition and drop out rates, lowest primary school completion and lowest transition rates from primary to lower secondary schools.

About 52 per cent of children with disabilities do not attend school. There are three approaches to education for children with disabilities in Viet Nam: special schools (which accept only children with disabilities); integrated schools (special schools which bring children with disabilities into inclusive education settings); and inclusive schools (regular schools implementing an inclusive education model that can accommodate up to two children with disabilities per class).
Viet Nam has made investments in promoting children’s rights to recreation and leisure. Schools provide an important venue for children to play and engage in recreational activities. Children in parts of rural Viet Nam may begin working as early as six years of age; as children grow older, they are given increasingly responsible jobs. Together with academic responsibilities, this reduces attention and time for recreation. The Government has invested in building entertainment facilities for children and organising various entertainment and recreational services, yet greater investment could be made in remote mountainous areas where children have less access to recreational facilities.

The national response to education has been impressive. In the area of early childhood care and development, for example, the Government has clearly indicated that the goal is to improve children’s well-being in a holistic way, to lay the foundation for their personality and to help them continue to primary school. Key normative standards in education include the 1991 Law on Universalisation of Primary Education (achieved already), the 2005 Education Law and the Education Development Strategic Plan 2001-2010 which strives to maintain universal primary education and achieve universal lower secondary education by 2010. There is a National Action Plan for Education of Children with Disabilities 2001-2010, and a new inclusive education policy is under development. Viet Nam’s legal framework strongly supports the use of a child’s mother tongue in schools, and the Government is testing a number of bilingual models in order to implement the most appropriate policies for ethnic minority children. State budget allocations to education and training are increasing, and already represent a significant share of public expenditure (about 16 per cent in 2007). However, households also spend a growing proportion of their incomes on education, with many families relying on ‘extra classes’ to supplement the normal school programme.

The Ministry of Education and Training is responsible for developing, monitoring, supervising and implementing education (early childhood, primary, secondary, ethnic minority/bilingual, and special needs) throughout the country. It also coordinates and implements extra-curricular activities. Local government is
responsible for providing and coordinating pre-primary, primary and secondary schools. Despite the strong performance of the sector thus far, the Government has recognised that education management systems at all levels (central, provincial, district and school) need further improvement.

The cost of education continues to increase significantly, with the average household expenditure on education an training doubling between 2002 and 2006 (reaching 1,211,000 VND or roughly USD 67 per year in 2006). School fees were the biggest proportion of education expenses (at around 30 per cent) but parents also had to pay for the school fund, uniforms, textbooks, study tools and extra classes. There are too few qualified teachers, especially from ethnic minority groups. Schools often lack toilets, clean water, books and learning materials or safe play spaces. Schools in remote mountainous areas are consistently the most disadvantaged. Ethnic minority students face the additional challenge of not being taught in their mother tongue. And there are few teachers qualified to instruct children with learning or developmental delays, which poses challenges for children with disabilities. While Viet Nam has done well to reduce gender disparities in education, there are still important gaps between girls’ and boys’ achievement, especially in ethnic minority groups. A specific constraint to inclusive education, especially for children with disabilities, is the need for greater coherence and coordination across several line ministries, given the cross-cutting nature of Inclusive education. In terms of recreation, government efforts have been made, but most formal recreational activities are still primarily available in urban areas.
Figure 3: Regional variations in key child-related indicators, 2006

AN ANALYSIS OF THE SITUATION OF CHILDREN IN VIETNAM 2010 - EXECUTIVE SUMMARY
Child protection

Child protection in Viet Nam is generally approached from the perspective of different groups of children in need of special protection. But the systems approach, focusing on building social welfare and legal systems for all vulnerable children, is slowly being introduced. To a certain extent, the difficult circumstances many Vietnamese children face arise from recent socio-economic changes following the rapid shift to a market economy. There is a widening gap between the rich and the poor, urbanisation and migration proceed apace, family breakdown is becoming more common and traditional values are being eroded.

The use of physical force (usually a beating) as punishment or for disciplining children is practiced in Viet Nam, yet there is no specific definition of child physical abuse in current legislation. The sexual abuse of children is a problem in Viet Nam. Both boys and girls under 18 years of age are involved in commercial sexual activity, with female sex workers entering the trade at younger ages. About 15 per cent of female sex workers are under the age of 18. Family poverty, low level of education and family dysfunction are among the primary causes for the commercial sexual exploitation of children. Trafficking of children and women is a problem, including in-country and inter-country trafficking.

According to MOLISA, an estimated 2.5 million children were living in “special circumstances” in 2007, including 168,000 orphans and children without care of their biological parents; 27,000 working children; 13,000 children living in the street; over 14,500 children living in institutions; 3,800 children using drugs; and at least 900 sexually abused children. About 16 per cent of children aged 5-14 were involved in some form of child labour in 2006. There are more children working in rural areas than in urban areas. The worst forms of child labour have been defined by the Government as including child prostitution, working in mines, employment in private gathering places, construction work, and scavenging.
The estimated number of street children varies, and was put at about 13,000 in 2007. Most street children originate from poor provinces and large, poor families; about 37 per cent are orphans. Street children are at higher risks of drug use, HIV infection, sexual exploitation and trafficking and committing crimes. The number of children affected by HIV and AIDS is growing rapidly.

According to 2008 MOLISA reports, the disability prevalence rate is 6.3 per cent of the total population. In the 0-18 years age group, the total number of children with disabilities is reported to be 662,000 (2.4 per cent of that age group). The most common form of disability in children is mobility impairment, which affects one-third of children with disabilities.

The number of juveniles in conflict with the law is rising. Between 2001 and end of June 2006, almost 28,000 juveniles were charged with crimes and prosecuted. The Ministry of Justice reported that there were 15,589 juveniles in conflict with the law in 2009. The most common offences committed by juveniles were theft, snatching, disturbing public order, intentional injury, appropriating assets by deception, drug addiction and robbery.

Among the key legal references in the area of child protection are the Law on Protection, Care and Education of Children, the Penal Code, the Marriage and Family Law, and the Labour Code. One important area for action is the Hague Convention on adoption, which Viet Nam has not yet ratified. There is a need to further strengthen the legal framework, for example by defining key concepts such as child abuse more clearly. A Child Protection Strategy is now under development by MOLISA which should bring greater coherence to the legal and policy documents regulating this diverse area.

The main duty-bearers in the area of child protection include the family, State agencies and other organisations responsible for developing a social welfare system. MOLISA is the lead agency responsible for child care and protection, and has recently established a Bureau for Children.
cross-cutting nature of child protection, there is a need to define roles and responsibilities clearly and to promote cross-sectoral planning, budgeting and implementation. There is also an urgent need for more social workers (a new profession in Viet Nam). Teachers, health workers, police, justice officers and other frontline professionals dealing with children in need of special protection need specific training. It will also be necessary to increase the knowledge of child rights and duties for parents, caregivers, relatives and children if they are to fulfil their obligations to children. Resource allocations to child protection remain inadequate.

The **key challenges** in the area of child protection include the absence of a strong and efficient social protection system and the lack of professional social and protection services with the capacity to respond adequately to vulnerable children. There is no ‘continuum of services’ for child protection that could assure protection and welfare of the child at all times and at all levels. There are only a limited number of specialised services where at-risk children can be referred (for example, support programmes in schools). A clear mechanism or system for prevention, early detection and identification of vulnerable children and families at risk, linked to early intervention and referral to the specialised services, has not yet been developed. Despite Government promotion of community-based care solutions over institutional care, the number of alternative care models for at-risk and disadvantaged children is still limited. Viet Nam does not yet have a specialised agency or separate procedures to investigate child abuse complaints. There is a lack of reliable national data on various child protection issues, including the number of children who are abused, trafficked or sexually exploited.
AN ANALYSIS OF THE SITUATION OF CHILDREN IN VIET NAM 2010 - EXECUTIVE SUMMARY
Child participation

The child’s right to participation is a relatively new concept in Viet Nam. Children participate in many activities in the family, school and community and have proved able to contribute meaningfully in these processes. However, their participation is not institutionalised yet, and tokenism remains common.

Families provide a good protective environment for children. There are certain characteristics of the traditional Vietnamese family which pose challenges to full participation of children, such as the belief that good children are always obedient. In the family, gender and age define a person’s status; girls are traditionally in a weaker position than boys, and the elderly are more respected and considered wiser than young people.

In schools, considerable efforts have been put into developing and implementing more participatory teaching methods but more teacher training and capacity building is still needed. The Young Pioneer Union plays an important role in promoting student activities. Corporal punishment and bullying affect children’s participation in school activities. Language barriers hinder children from ethnic minorities from fully accessing information, and thus from full participation.

In communities, there is often strong emphasis placed on meeting the perceived interests of children (for example organising children’s festivals and supporting children’s education). There is a strong media focus on children’s issues, but with children often depicted passively or in token ways. The child’s right to express opinions is generally not fully or consistently exercised in institutions and proceedings, although the law does provide for this kind of participation.

There are various national laws and normative documents which enshrine the right of children to participation. Among the key ones are the Law on Protection, Care and Education of Children (2004); the Civil Procedural Law (2004); the Marriage and Family Law (2000); the Penal Code (2003); and the Law
on Complaints and Denunciation (2005). The Government has made efforts to include children as participants in various clubs, forums, workshops and consultations to allow their voice to be heard by adult decision-makers. Other key interventions have included building capacity for decision-makers and child facilitators on participation, and promoting participatory teaching methods in schools. Both Government and mass organisations have played important roles in organising children’s activities.

While recognising the significant efforts mentioned above, it must also be recognised that children’s participation initiatives remain generally *ad hoc* and do not fully engage children. There is a **general lack of awareness and skills** among adults and young people on child participatory processes at all levels. In some places, there is also a **lack of favourable conditions for children to participate**, such as lack of familiarity with the language used in legal proceedings, an inappropriate or child-unfriendly physical environment, and inadequate reference materials or other preparatory support for children. Emerging issues in this area include increased access to the Internet as both a risk and an opportunity for greater participation (for example, the risk of exposing children to pornography or internet addiction, yet an opportunity for them to access more information and become more aware of their rights and responsibilities). Other emerging issues include the gradual erosion of long-held traditional values, and changing intra-family dynamics which may lead to a ‘generation gap.’
Conclusion

Tremendous progress has been made in Viet Nam to realise the rights of children. Impressively, Viet Nam has managed to achieve these successes for children in less than 20 years, and with a per capita income below USD 1,000 until 2008.

The Analysis indicates two persistent challenges:

- Progress has been slowest in reducing malnutrition (stunting), increasing breastfeeding and promoting hygiene/sanitation.

- Greater efforts are needed to increase equity in education, especially for ethnic minority children, children with disabilities, children affected by HIV and AIDS, and girls.

The emerging challenges are no less important, although some are under-researched or poorly understood. The Situation Analysis makes the following priority recommendations:

- Reduce inequality: ethnic minority children fare worse on almost every indicator compared to their Kinh or Hoa peers. Similar inequalities are evident for rural versus urban children, and between the lowest and highest income quintiles. Good quality, accessible basic social services are needed to reduce inequalities. There is a need to review the growing role of the private sector in social services, and the essential role of Government regulation, inspection, and oversight.

- Improve the quality, reliability, accuracy, and understanding of data related to children’s rights: routine data systems in the relevant line ministries need to be improved at all levels; and there should be a move towards evidence-based policy.

- Promote integrated and inter-sectoral approaches to implementing children’s rights. This would include
establishing a more coherent **legal and policy framework** for children. Another important element would be adopting a **multi-dimensional approach to child poverty**. A third element of an integrated approach would include a **systems-building approach to child protection**.

- **Strengthen decentralisation**, which needs to be supported by adequate and fully transparent funding flows, as well as trained, equipped and accountable staff.

- Improve the efficiency of **resource utilisation** in the social sector. The Government has increased spending on the health and education sectors, but the efficiency of public investment is also important.