

AN ANALYSIS OF THE SITUATION  
OF CHILDREN IN VIET NAM

2010



## ACKNOWLEDGEMENTS

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The initial research, writing and analysis was done by a team consisting of Dr. Rebeca Rios Kohn (team leader), Ms. Vu Xuan Nguyet Hong, and Mr. Nguyen Tam Giang.

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UNICEF Viet Nam staff revised and updated the draft document, bringing it to its final form.

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## PREFACE

This Situation Analysis represents a critical milestone in an ongoing process of researching, documenting, analysing and understanding the situation of children in Viet Nam. While this publication has been produced by UNICEF, it represents a strong partnership between UNICEF and the Government of Viet Nam around children's rights.

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

The findings confirm Viet Nam's remarkable progress for children. Yet they also show areas where progress is still needed, and urgently so. These include reducing growing disparities, breastfeeding promotion, inclusive education and protecting children in difficult circumstances. While focusing on the important results achieved for children, the Analysis also looks at the unfinished agenda and new issues arising from the unprecedented social and economic transformations shaping Viet Nam.

Viet Nam was the first country in Asia and the second in the world to ratify the Convention on the Rights of the Child. This was a clear and unequivocal statement of its commitment to children, one that was then put into practice over years of investment and priority given to children. This Situation Analysis recognises those achievements, and calls upon Viet Nam to continue its leadership to realise the rights of Viet Nam's children. UNICEF, together with the entire One UN family, remains a steadfast partner in this effort.

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## ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AFAO	Australian Federation of AIDS Organisations
AIDS	Acquired Immuno-Deficiency Syndrome
APEC	Asia-Pacific Economic Cooperation
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti-retroviral Treatment
ARV	Anti-retroviral drug
ASEAN	Association of Southeast Asian Nations
CBR	Community-based Rehabilitation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEM	Committee for Ethnic Minorities
CIEM	Central Institute of Economic Management
CHS	Commune Health Station
CPFC	Committee for Population, Family and Children
CPI	Child Poverty Index
CPR	Child Poverty Rate
CPV	Communist Party of Viet Nam
CRPD	Convention on the Rights of People with Disabilities
CRC	Convention on the Rights of the Child
CWD	Children With Disabilities
DAD	Development Assistance Database
DHC	District Health Centre
DOET	Department of Education and Training
DOF	Department of Finance
DOH	Department of Health
DOLISA	Department of Labour, Invalids and Social Affairs
DPI	Department of Planning and Investment
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education For All
EPI	Expanded Programme on Immunisation
EU	European Union
FDI	Foreign Direct Investment
GACA	Government Aid Coordinating Agencies
GAVI	Global Alliance for Vaccines Initiative
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GNI	Gross National Income
GSO	General Statistics Office
HbV	Hepatitis B Vaccine

HCMC	Ho Chi Minh City
HDI	Human Development Index
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HPG	Health Partnership Group
HPSI	Health Policy Strategy Institute
HRBA	Human Rights-Based Approach
IDD	Iodine Deficiency Disorder
IDEA	Inclusive Development Action
IDU	Injecting Drug User
IEC	Information, Education, Communication
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
IE	Inclusive Education
IMF	International Monetary Fund
IOM	International Organisation for Migration
JICWL	Juveniles in Conflict with the Law
KAP	Knowledge Attitude Practice
M&E	Monitoring and Evaluation
MARD	Ministry of Agriculture and Rural Development
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOCST	Ministry of Culture, Sport and Tourism
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOJ	Ministry of Justice
MOLISA	Ministry of Labour, Invalids and Social Affairs
MONRE	Ministry of Natural Resources and Environment
MPI	Ministry of Planning and Investment
MPS	Ministry of Public Security
NA	National Assembly
NER	Net Enrolment Rate
NGO	Non-governmental Organisation
NIES	National Institute of Education Sciences
NIN	National Institute of Nutrition
NPA	National Plan of Action
NSIS	National Statistics Indicator System
NTP	National Target Programme
NTP-PR	National Target Programme on Poverty Reduction
NTSC	National Traffic Safety Committee

ODA	Official Development Assistance
OHCHR	Office of the High Commissioner for Human Rights
OOG	Office of Government
OP	Optional Protocol
PEPFAR	President's Emergency Plan for AIDS Relief
PFP	Population and Family Planning
P135-II	National Target Programme for the Socio-Economic Development of Extremely Difficult Communes in Ethnic Minority and Mountainous Areas for the period 2006-2010
PMTCT	Prevention of Mother-to-Child Transmission
PPC	Provincial People's Committee
PPP	Purchasing Power Parity
PSPMOs	Political, social, professional and mass organisations
RH	Reproductive Health
RTI	Reproductive Tract Infection
RCSE	Research Centre for Special Education
RHIYA	Reproductive Health Initiative for Youth in Asia
SARS	Severe Acute Respiratory Syndrome
SAVY	Survey Assessment on Vietnamese Youth
SE	Secondary Education
SEDP	Socio-Economic Development Plan
SEDS	Socio-Economic Development Strategy
STD	Sexually Transmitted Disease
SPC	Social Protection Centres
STI	Sexually Transmitted Infection
U5MR	Under Five Mortality Rate
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
UNODC	United Nations Office on Drugs and Crime
USD	United States Dollar
USI	Universal Salt Iodisation
UXO	Unexploded Ordnance
VAAC	Viet Nam Administration for AIDS Control
VAPCR	Viet Nam Association for the Protection of Children's Rights

VASS	Viet Nam Academy of Social Science
VCCT	Voluntary and Confidential Counselling and Testing
VDD	Viet Nam Development Database
VDGs	Viet Nam Development Goals
VHLSS	Viet Nam Household Living Standards Survey
VLSS	Viet Nam Living Standards Survey
VMIS	Viet Nam Multi-Centre Injury Survey
VND	Vietnamese Dong
WES	Water, Environment and Sanitation
WHO	World Health Organisation
WHOSIS	World Health Organisation Statistical Information System
WTO	World Trade Organisation

Note on exchange rate calculations: this Situation Analysis was prepared between January 2008 and June 2010, during which time the exchange rate between the VND and USD fluctuated between about 17,000 VND and 19,500 VND. Also, various sources were used which included their own conversion rates between the two currencies.

## EXECUTIVE SUMMARY

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.

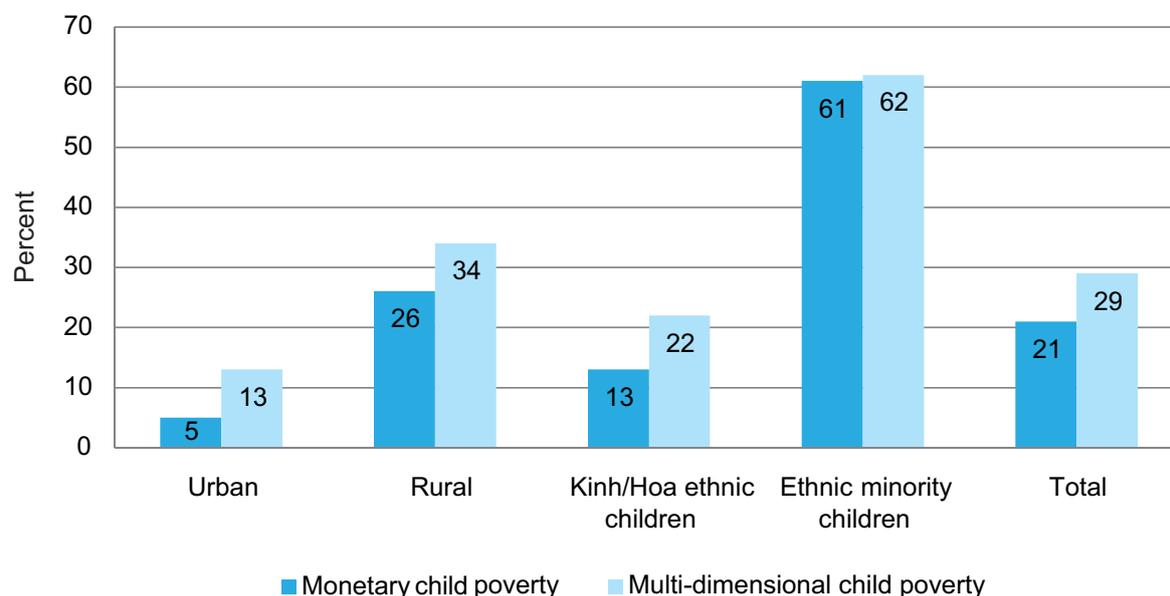
The issue of gender inequality manifests itself in a number of challenges. They include the high rate of maternal mortality, particularly in remote and mountainous areas, the trafficking of women, domestic violence, the growing imbalance in the sex ratio at birth, and the high incidence of abortions.

**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

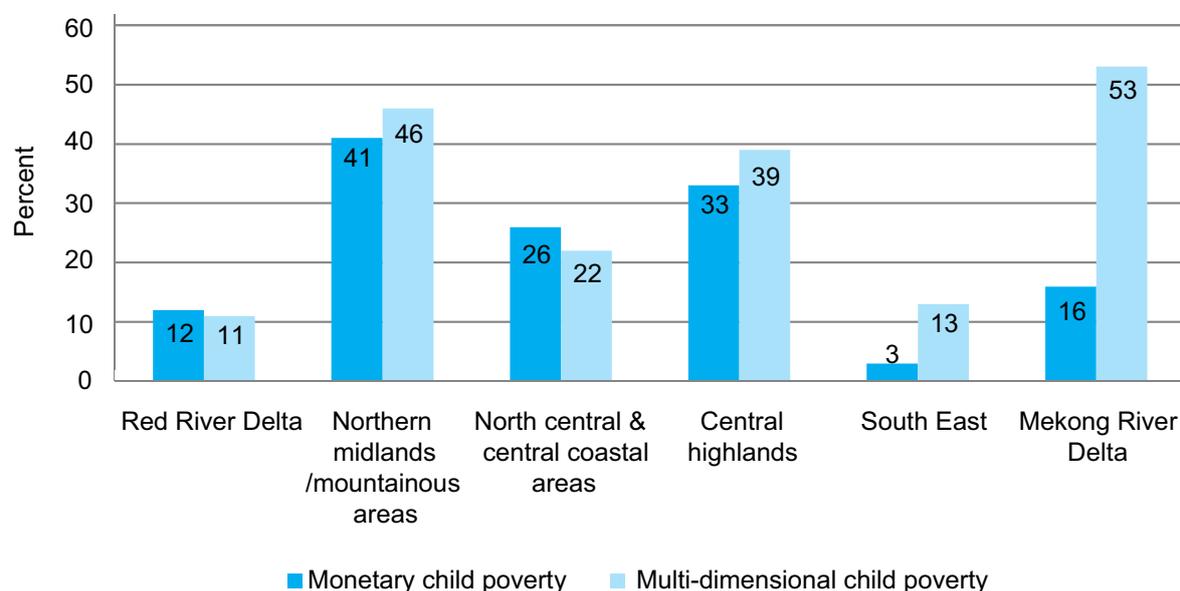
multi-dimensional and monetary poverty measurement methods identify quite different groups of children, implying that they do not draw the same pictures of child poverty.

**Figure 0-1: Monetary and multi-dimensional child poverty, 2008**



Source: GSO (2010) Results of the survey on Household Living Standards 2008

**Figure 0-2: Monetary and multi-dimensional child poverty by region, 2008**



Source: GSO (2010) Results of the survey on Household Living Standards 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.

Political, social and professional organisations are slowly emerging, and their 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. MOET has introduced sexual and reproductive health education in schools. 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. Despite initiatives by the MOET to develop the child-friendly school model, the active students programme, and to improve the curriculum, the use of participatory teaching methods remains a challenge.

**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).

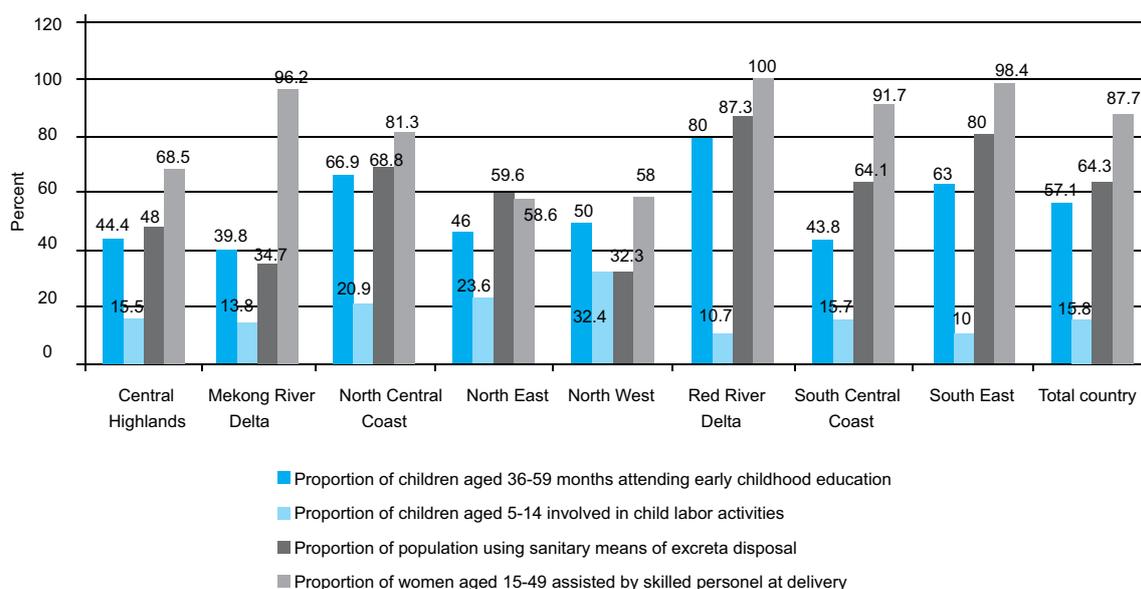
Viet Nam has made investments in promoting children's rights to **recreation and leisure**. Schools provide an important venue for children to play and engage in recreational activities. Children in parts of rural Viet Nam may begin assisting with domestic work as early as six years of age; as children 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 and 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. MOET has started to actively promote bilingual support in order to address the language barrier faced by ethnic minority children. 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 0-3: Regional variations in key child-related indicators, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

## 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. Given the 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.

## 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.

**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.

## INTRODUCTION

The main objectives of this Situation Analysis are to:

1. Collate knowledge, ideas and evidence-based analysis related to children in Viet Nam;
2. Contribute to national research, policy formulation, legislation and budgets in favour of children;
3. Create a reference document on children to use when developing national plans, programmes and in other processes;
4. Assess and analyse the realisation of children's rights in Viet Nam, using quantitative and qualitative data from national statistics and analytical work from a wide range of national and international sources.

## Overall methodology

This Analysis applies a human rights-based approach (HRBA). It therefore examines to what extent all children in Viet Nam are able to enjoy all their rights as established by the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other key international standards, agreements and conventions.

This approach requires a comprehensive analysis of the situation of all children under the age of 18 who live in the country, and focuses as far as possible on those hardest to reach. Special attention is paid to the situation of the most marginalised and disadvantaged groups, such as children belonging to ethnic minorities and who are living in remote rural areas. It also focuses on children in special circumstances including street children, migrant children, children in conflict with the law, and others. Special attention is also paid to behaviour and values related to the Vietnamese family, traditions and culture that affect the realisation of children's rights.

The human rights-based approach uses the CRC and CEDAW as essential references and is guided by key human rights principles (universality, equality and non-discrimination, accountability and participation). It must be based on an analysis of the immediate, underlying and structural or root causes that affect a child's enjoyment of all his or her rights. This 'causality analysis' is regarded as the core of any Situation Analysis. Under this approach it is necessary to identify all the key actors responsible for ensuring that children's rights are respected, protected and fulfilled and to assess to what extent they possess or lack the capacity to meet their obligations.

In order to carry out such a comprehensive analysis, a wide range of reliable sources and research was used. Consultations with Government and development partners were also held. Effort was made to rely primarily on official government data and analysis, supplemented by information from other published sources. The aim was to create a comprehensive and objective picture possible of the situation of children in Viet Nam today.

The Situation Analysis findings and analysis are based on the following:

- A thorough desk review of existing studies, reports, surveys, statistical data (such as the Multiple Indicator Cluster Survey (MICS) and the Viet Nam Household Living Standards Survey (VHLSS)) and other information on legislation, policies and programmes produced by the Government of Viet Nam. A wide range of other national and international sources, including the Committee on the Rights of the Child, was also consulted;
- The findings of three workshops held with senior Government staff, UN staff and representatives of international non-governmental organisations;
- Consultations and interviews with Government officials at central and sub-national level;
- Consultations with key development partners, including UN agencies, research institutes, donor agencies, international and national NGOs, and women's and youth organisations;
- Discussions during the visit by the Analysis team to Dong Thap province;
- A thorough review by line ministries working on children's rights in Viet Nam of the various drafts of the text.

## Limitations and constraints

Some limitations presented themselves during the preparation of the Situation Analysis. First, the available data was sometimes inconsistent, dispersed or out of date. There were also problems obtaining some data and much of it was not sufficiently disaggregated according to sex, age and geographic location.

The second constraint was the lack of time to reach consensus on the immediate, underlying and root causes of the problems identified. Rather than systematically identifying causes at the three levels, this Situation Analysis therefore presents as comprehensive a picture of the range of causes as possible from the available data. A related time constraint was the limited information obtained on the capacity gaps of all the duty-bearers who have responsibilities in the fulfilment of a specific child right. The capacity gaps identified in the Analysis therefore merit further study.

The third constraint was the fact that, because of limited time and resources, it was not possible for children to participate in or contribute to the Analysis. The involvement of children takes time and must use effective methods to ensure their participation is genuine and meaningful. Chapter 6 in particular (focusing on participation) would have greatly benefited from children's contributions. However, the issue of participation was included because it has never been addressed in a Situation Analysis on Viet Nam.

## Conceptual framework: using a rights-based approach to the Situation Analysis<sup>1</sup>

### *Analysing the immediate, underlying and root causes*

Development challenges have immediate, underlying and structural or root causes. These are interconnected and together affect different groups in society. A causality

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<sup>1</sup> This section draws heavily from the UN (2003) *Human Rights Based Approach to Development Cooperation - Towards a Common Understanding Among UN Agencies* Result of the Inter-Agency Workshop on 'Human Rights-based Approach to Development in the Context of UN Reform'. Stamford (USA) 5-7 May 2003.

analysis highlights inter-related factors and helps to understand how their interaction affects communities, children and their families. From this, possible solutions and effective interventions can be formulated. As a general rule:

- Immediate causes determine the current status of the problem.
- Underlying causes often stem from policies, legislation and a lack of resources. They may reveal related complex issues and require interventions that take significant time (at least five years) to obtain results.
- Root or structural causes are conditions that require long-term interventions. They include societal attitudes and behaviour within the family, community and higher decision-making levels.

### *Norms, Institutions, Legislative and Policy Frameworks and Enabling Environment*

A rights-based analysis reveals gaps in **norms, institutions, legal and policy frameworks and the enabling environment**. This requires a thorough understanding of the country context, and the factors that create and perpetuate inequalities and social exclusion. It includes understanding how laws, social norms, traditional practices and institutional responses affect the enjoyment of human rights. Most importantly, the analysis takes into account the implementation of international human rights treaties and the recommendations of relevant human rights bodies. All these aspects were considered in developing the present Situation Analysis.

### *Identifying rights-holders and duty-bearers*

A principal element of the human rights-based approach is the recognition that people are **rights-holders** and key actors in their own development, rather than passive recipients of development benefits. This recognition also applies to the corresponding obligations of the **duty-bearers**, which include both State and non-state actors, to **respect, protect and fulfil** those rights. Using the role and responsibilities analysis, the relationships between rights-holders and duty-bearers can be examined. This step requires listing the rights-holders together with the corresponding duty-bearers (in relation to a specific child right) and comparing the relationships.

### *Identifying the roles and responsibilities of duty-bearers at all levels*

The human rights-based approach requires identifying all duty-bearers at all levels. This step is important to determine effective interventions that take into account the available resources, including the capacity of those responsible to undertake measures.

While the State is the principal duty-bearer within its jurisdiction, the international community also has a responsibility to promote children's rights. Monitoring and accountability procedures should therefore extend to international actors, including the donor community, inter-governmental organisations, international NGOs and the private sector, whose actions may affect the enjoyment of child rights in the country.<sup>2</sup>

### *Understanding relationships between rights-holders and duty-bearers*

There is often a complex web of relationships between rights-holders and duty-bearers. And duty-bearers may be unable to meet their obligations because some of their own

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<sup>2</sup> OHCHR (2006) *Principles and Guidelines for a Human Rights Approach to Poverty Reduction Strategies*

rights are not being met. Relationships between rights-holders and duty-bearers link individuals and communities to each other and to higher levels of society, and they all affect the realisation of children's rights.

### *Identifying the capacity gaps of rights-holders and duty-bearers*

Once all the relevant actors have been identified the next step is to assess their capacity needs. At this stage of the analysis it is important to ask:

1. What capacities are lacking for rights-holders to claim their rights?
2. What capacities are lacking for those institutions or individuals to carry out their duties as duty-bearers?

**Defining capacity:** A broadly agreed definition of capacity in this context is the ability to effectively perform functions for setting and achieving objectives, and identifying and solving problems. In development terms, capacity is the sum of all factors that enable individuals, communities, institutions, organisations or governments to carry out their respective roles and responsibilities. Elements of capacity may include knowledge; skills; motivation, mandate and authority; material and organisational resources; and the availability of a network of supporting values, norms and actors.<sup>3</sup>

Under a human rights-based approach, the following are integral to capacity development:<sup>4</sup>

- **Responsibility/motivation/commitment/leadership** - Duty-bearers need first to recognise their roles in order to carry out their obligations.
- **Authority** - Individuals or groups must then feel or know that they can take action. Laws, formal and informal norms and rules, tradition and culture determine what is or is not permissible.
- **Access to and control over resources** - Finally, there must be the human (skills, knowledge, time, commitment), economic and organisational resources to enable a rights-holder or duty-bearer to actually take action.

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<sup>3</sup> Definition provided by UN Staff College

<sup>4</sup> Jonsson U. (2003) *Human Rights Approach to Development Programming*

CHAPTER 1:  
THE NATIONAL  
DEVELOPMENT CONTEXT



## INTRODUCTION

This chapter contains a brief but wide-ranging country profile, followed by an overview of the *Doi Moi* reform process, socio-economic and development trends, and progress towards the Millennium Development Goals (MDGs). The important issue of emergencies and natural disasters and how the Government of Viet Nam is prepared to manage as well as diminish their impact is also briefly addressed. The chapter ends with a short discussion of child poverty.

### 1.1 Brief country profile: the Socialist Republic of Viet Nam

#### 1.1.1 Geography

Viet Nam occupies a long, thin stretch of land located in Southeast Asia. Its territory includes 331,689 km<sup>2</sup> of mainland and more than 1 million km<sup>2</sup> of territorial waters. It has a long inland border of about 4,550 km, shared with the People's Republic of China in the north, and the Lao People's Democratic Republic and the Kingdom of Cambodia in the west. The coastline is 3,260 km long, bounded by the Gulf of Tonkin, the Eastern Sea and the Gulf of Thailand.<sup>5</sup>

Three-quarters of Viet Nam's land area consists of mountains and hills, most of which are forested. Arable land accounts for only 28 per cent of the total area; 80 per cent of cultivable land is irrigated. Most of the well-irrigated land is lowland, so the most densely populated areas are the Red River Delta in the north and the Mekong River Delta in the south.

Viet Nam consists of eight economic regions: Red River Delta, North East, North West, North Central Coast, South Central Coast, Central Highlands, South East and Mekong River Delta. The country has 2,860 small and large rivers, but the two most important are the Red River and the Mekong River, which account for 75 per cent of the total river flow in the country.

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<sup>5</sup> MOFA (2006) *Basic information and directory of the Socialist Republic of Viet Nam*

Figure 1.1: Viet Nam administrative map



### 1.1.2 Recent historical landmarks

Although Viet Nam declared its independence from France and Japan in 1945, France retained control until 1954, when the Geneva Accords signed by France and Viet Nam divided the country into North and South. The war against the US armed forces began in 1959 and continued until the 1973 Paris Peace Agreement. The victory in April 1975, which united the country, marked the end of the long struggle for national independence. In 1976, the country adopted its new name, the Socialist Republic of Viet Nam. After reunification, Viet Nam faced a deteriorating economic situation and international isolation. Market-economy reforms were introduced in the late 1980s with the *Doi Moi* policy.

Viet Nam joined the Association of South-East Asian Nations (ASEAN) in 1995 and the Asia Pacific Economic Cooperation group (APEC) in 1998. Viet Nam became the 150<sup>th</sup> member of the World Trade Organisation (WTO) in January 2007. In October 2007, it was elected as a non-permanent member of the United Nations Security Council for the 2008-2009 term.

### 1.1.3 Political system

The Communist Party of Viet Nam (CPV) decides the national development directions and all major policy issues, which are then followed by the State. The National Party's Congress is the highest body of the CPV and meets every five years. At present, it has over three million members. The Politburo is the Party's strategic leadership body, which currently has 14 members, all elected by the 160-member Central Committee at the tenth National Party Congress in 2006.

The National Assembly is the main legislative body and it convenes twice per year. Viet Nam's Constitution was first established in 1946; the National Assembly subsequently adopted the Constitutions of 1959, 1980, and 1992. These three Constitutions represent a significant evolution toward a state ruled by law, by the people and for the people. In 2001, an amendment to the 1992 Constitution was adopted, which further strengthens the National Assembly's role as the people's supreme representative body.

The President is the ceremonial Head of State. The President is elected by the National Assembly from amongst its members, and serves a five-year term. The President proposes the Vice President, Prime Minister, Chairman of the Supreme Court and President of the People's Supreme Judiciary, who are then elected by the National Assembly. The Prime Minister proposes the Vice Prime Minister and members of the Government, who are then appointed by the President (subject to ratification by the National Assembly). Currently the Government of Viet Nam includes 18 line ministries, four ministerial organisations and several other agencies (See also Chapter 2).

The administrative structure of the Vietnamese State consists of four levels: national, provincial, district and commune. There are 63 provinces and central cities, with 646 administrative units of districts and towns and 10,438 administrative units of communes and wards.<sup>6</sup> The political system at local levels is similar to the national one, and includes a local Communist Party Bureau, a People's Committee and a People's Council. At local government levels (in provinces, districts and communes), the People's Councils are directly elected by the people with five-year terms. The People's Committees (which are appointed by the People's Councils) are the State's local administrative agencies.

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<sup>6</sup> GSO (2009) *Statistical Year Book 2008*

#### 1.1.4 Demographic trends

According to the most recent Census,<sup>7</sup> the population of Viet Nam in 2009 was 85.8 million. There were reported to be slightly more females than males (50.5 per cent females, 49.5 per cent males). Although a majority of the population lives in rural areas, 29.6 per cent live in towns and cities. The urban population has grown by eight per cent since 2007, and Viet Nam has one of the world's highest population densities.

Although Viet Nam has made significant progress in slowing its population growth (from 1.7 per cent in 1995 to 1.4 per cent in 2001 and 1.2 per cent in 2009), its population is expected to continue to grow rapidly. The country has a young population, with more than half of its people under the age of 25; this in itself poses new challenges for sustainable national development.

Viet Nam's population is unevenly distributed, with density varying according to geographical and economic conditions. Approximately 42 per cent of the population live in the Red River Delta and Mekong River Delta areas (on 16.7 per cent of the country's land), whereas only 8.9 per cent live in North West and Central Highlands regions (which cover 47 per cent of the total land area). The highest population densities are found in the big cities such as Ha Noi and Ho Chi Minh City.

The decline in the total fertility rate (the average number of children a woman would have in her lifetime, given prevailing birth rates) has been one of the most important demographic changes in recent years. The family planning campaigns conducted over the last twenty years, which place strong emphasis on limiting family size to two children, are largely responsible for the total fertility rate declining from 2.3 in 1999 to 2.0 in 2009.

In 2007, children under 16 years of age accounted for 27.7 per cent of the population. Within this age group, the share of males and females was 52 per cent and 48 per cent respectively.<sup>8</sup> At the same time, as a result of improvements in living standards and health care, life expectancy has risen from 67.8 years in 1999 to 73.7 in 2005.<sup>9</sup> These have produced a shift in the population pyramid between 1999 and 2007 as shown in Figure 1.2, with a trend toward a narrowing bottom and widening top.

The gradual rise in the proportion of boys among births is a new trend in population dynamics in Viet Nam. There are two main reasons for this shift: family planning programmes which strongly encourage limiting family size to two children, and the traditional preference for boys. Access to sex determination technology has probably also been a factor. The national sex ratio at birth in 2008 was estimated to be 112. This figure exceeds the expected sex ratio of 105-106, based on purely biological factors.<sup>10</sup> There are important issues related to the disequilibrium of the sex ratio at birth, including gender inequality, son preference, and a future shortage of young women at time of marriage.

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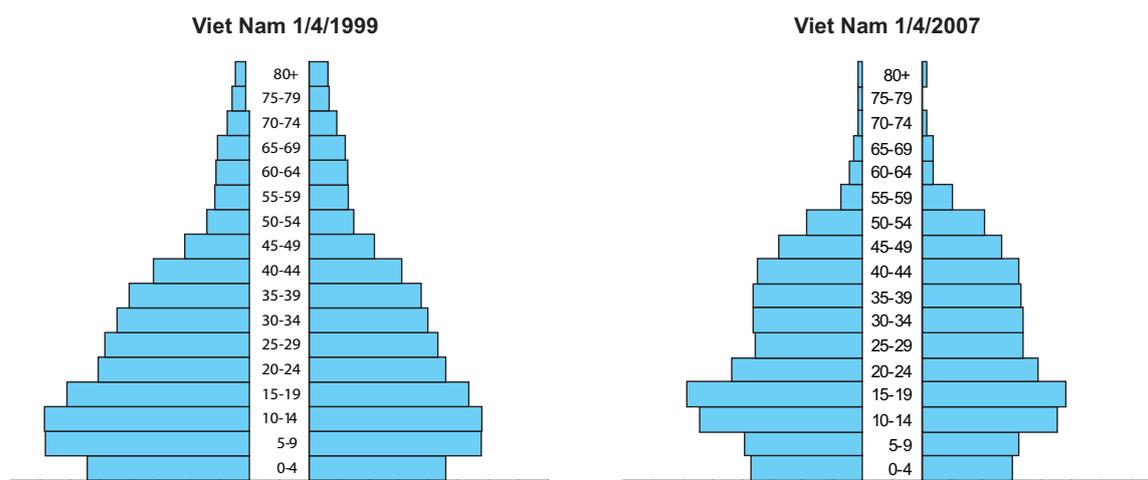
<sup>7</sup> Central Population and Housing Census Steering Committee (2009) *The 2009 Vietnam Population and Housing Census Expanded Sample Results*

<sup>8</sup> GSO (2008) *The 2007 Population Change and Family Planning Survey: Major Findings*

<sup>9</sup> UNDP (2007) *Human Development Report 2007/2008*

<sup>10</sup> UNFPA (2009) *Vietnam Population 2008*

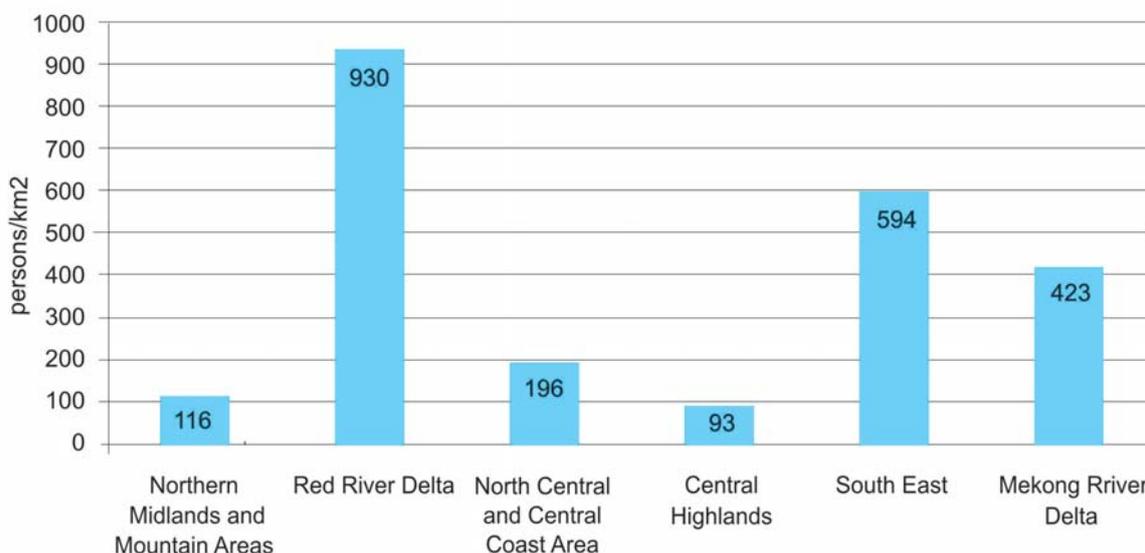
**Figure 1.2: Population pyramid, Viet Nam, 1999 and 2007**



Source: GSO (2007) *Results of the survey of Population Change and Family Planning*

In recent years there has been a reduction in the average Vietnamese household size from 4.4 in 2002 to 4.2 in 2006 with traditional, multi-generation households becoming less prominent.<sup>11</sup> This shift is largely taking place in urban areas and some economically developed rural areas, where more value is being placed on smaller families as wealth increases.

**Figure 1.3: Population density by region, Viet Nam, 2009**



Source: Central Population and Housing Census Steering Committee (2009) *The 2009 Viet Nam Population and Housing Census Expanded Sample Results*

Domestic migration is another recent major demographic transformation. An analysis of the 1999 census data found that rural-to-urban migration was responsible for about one-third of urban population growth from 1994-1999. According to the results of the 2009 census, the urban population has grown to 30 per cent, with an average annual growth

<sup>11</sup> GSO (2007) *VHLSS 2006*

rate of 3.4 per cent between 1999 and 2009. The population is distributed unequally, and there are large differences among regions, with the Red River Delta region being the densest, and the Central Highlands being the most sparsely populated.

Industrial zones and urban areas continue to attract migrants and, as Viet Nam continues to develop, the population distribution is expected to shift from rural to urban where there are new economic opportunities. Binh Duong (341 per cent growth) and Ho Chi Minh City (116 per cent) attracted the largest number of migrants in 2009, and the South East and Central Highlands saw net inward migration rates of 107 and 112 per cent, respectively. It is likely that a significant proportion of migrants are unregistered; their lack of registration may make it difficult for them to access social services (such as health and education) in the destination cities. A significant number of migrants from rural to urban areas are children, who are vulnerable in a number of ways that will be discussed in more detail in Chapter 5.

### 1.1.5 Vietnamese culture and religion

The Vietnamese culture is one of the oldest in the Southeast Asian region. Long periods of Chinese influence brought many East Asian characteristics to the local culture. Despite considerable foreign influence, Vietnamese people have managed to retain many distinct customs which still play a vital role in their daily life.

Viet Nam is the home of 54 official ethnic groups. The Kinh are the predominant ethnic group, constituting 86 per cent of the population.<sup>12</sup> They traditionally inhabited lowland and coastal areas in and around the two deltas (of the Red and Mekong rivers), while the Hoa (who constitute just over one per cent of the population) tend to live in urban areas. With the exception of the Khmer (who are concentrated in the Mekong Delta) and the Châm (who are located along the Southern coast), most other ethnic groups are scattered across Viet Nam's upland areas.<sup>13</sup>

Buddhism is the most popular religion with ten million followers, then Roman Catholicism with six million adherents. Other major faiths include Cao Dai (2.3 million), Hoa Hao (1.2 million), Protestant (1 million), and Muslim (70,000).<sup>14</sup>

### 1.1.6 Gender equality and the empowerment of women

Women's status and gender equality have greatly improved with the country's overall socio-economic achievements. Viet Nam has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which requires the State to remove barriers to women's development and promote equality through positive actions. The rights to equality and non-discrimination are enshrined in the Constitution of Viet Nam and are reflected in domestic laws, including the Law on Gender Equality (2006) and the Law on the Prevention and Control of Domestic Violence (2007).

Another sign of progress is the fact that females have nearly caught up with males in terms of literacy: 90.5 per cent of women can read, compared with 96 per cent of men.<sup>15</sup> Women's participation in the paid labour force is also increasing rapidly, particularly among women in their twenties. Between 1997 and 2007, the percentage of working women aged 15 years and over with their main job in waged and salaried employment

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<sup>12</sup> MOFA (2006) *Basic information and directory of the Socialist Republic of Viet Nam*

<sup>13</sup> Baulch B., Hung T. Pham and B. Reilly (2007) *Ethnic minority and household welfare in Vietnam: Empirical Evidence from 1993 to 2004*

<sup>14</sup> MOFA (2006) *Basic information and directory of the Socialist Republic of Viet Nam*

<sup>15</sup> GSO (2007) *VHLSS 2006*

increased from approximately 15 to 21 per cent.<sup>16</sup> Women are also more active in the political sphere: in the latest election of the National Assembly in 2007, more than a quarter of the 493 new delegates were women.

Despite this significant progress, gender equality within the family and society remains a challenge for most Vietnamese, who are strongly influenced by custom and tradition. Men are still the default head of the family, which in turn determines gender-based labour division and property ownership. Men are nearly five times more likely to hold title to farm or forest land than women. Over 80 per cent of wives still do the bulk of housework and childcare, while this figure was just three per cent for husbands.<sup>17</sup> There are still significant inequalities in women's access to economic opportunities, income and types of occupation. Survey data also show disparities in the work environment, with men's income reported at about 1.5 times that of women.<sup>18</sup> Many other challenges remain, such as the high rate of maternal mortality (particularly in the remote, mountainous areas), trafficking of women, domestic violence and the high incidence of abortions.

### 1.1.7 Environment, natural disasters and climate change

Rapid economic growth, migration, urbanisation and population pressure have caused considerable stress on the environment in Viet Nam and there is concern that they will further threaten the country's environmental sustainability.<sup>19</sup> Environmental experts agree that Viet Nam faces five serious environmental threats: degraded forest coverage and quality; desertification; degraded land resources; clean water shortages and water pollution; and climate change-related threats.

Viet Nam signed the Kyoto Protocol in September 2002, which was followed by the Government's promulgation in April 2007 of the Action Plan for implementing the Protocol for the period 2007-2010. The Action Plan consists of programmes on the use of recycled energy, energy saving, reforestation and forestry protection measures.<sup>20</sup>

Viet Nam is one of the countries assessed as being most prone to natural disasters due to its climate and topography, with the most severe and frequent natural hazards being typhoons and floods. Typhoons affect the long coastal area, and flooding is extensive throughout the rainy season in the large deltas. Between 1994 and 2006, natural disasters caused 7,900 deaths and an estimated economic loss of more than USD 3 billion, or 1.5-2.2 per cent of Gross Domestic Product (GDP) per year.<sup>21</sup> In 2009, two strong typhoons – Ketsana and Mirinae – struck Viet Nam in rapid succession, affecting 18 provinces in the north central, south central and central highlands, killing close to 300 people and causing damage costing some USD 1 billion. There is international consensus that the poor are most vulnerable to the impact of climate change because they live in more exposed areas and depend more on natural resources for their livelihoods.

In the light of recent unforeseen and unpredictable natural disasters, together with rapid and uncontrolled urbanisation, and accelerated environmental degradation, disaster management has become increasingly crucial and poses a number of challenges to the Government. The Government has therefore established the Central Committee for Flood and Storm Control (under the Ministry of Agriculture and Rural Development), as the principal body responsible for coordinating natural disaster mitigation and control. It

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<sup>16</sup> MOLISA Labour Market Information Centre (2009) *Vietnam Employment Trends*

<sup>17</sup> MOCST et al. (2008) *Family Survey 2006*

<sup>18</sup> Population Reference Bureau (2003) *An Overview of Population and Development in Viet Nam*

<sup>19</sup> ASEAN (undated) *Industrial Pollution Prevention Makes Sense in Viet Nam*

<sup>20</sup> CIEM (2008) *Thong tin chuyen de So 3-2008: Bien doi khi hau toan cau: Giai phap cua Viet Nam*

<sup>21</sup> Estimate based on data from the Central Committee for Floods and Storm Control (MARD)

works with other related line ministries, local authorities and various mass organisations. The Government is also implementing the Second Strategy and Action Plan for Disaster Prevention and Mitigation for the period 2001-2010, and recently introduced the National Strategy for Natural Disaster Prevention, Response and Mitigation to 2020. These strategies aim to mobilise all possible resources for effectively preventing, responding to and mitigating the effects of natural disasters.

Apart from the functional bodies in charge of disaster management, the majority of the population, private enterprises, government agencies and institutions are not yet fully aware of potential disaster risks, particularly in the context of their area of activities. The socio-economic development plans and infrastructure development master plans currently do not pay enough attention to potential disaster impacts, resulting in unsustainable investment decisions, poor use of resources and severe damage when disaster occurs. Measures to prevent and mitigate damage are still very administrative and lack due attention to socio-economic analysis. The current disaster management system lacks a comprehensive disaster risk analysis and associated recommendations for disaster prevention and mitigation plans; it also lacks post-disaster rehabilitation and reconstruction measures.

### 1.1.8 The aid environment

Viet Nam is widely seen as a leader in the aid effectiveness dialogue, being one of the few countries in the world to localise the Paris Declaration on Aid Effectiveness. In 2005, the Government and its development partners produced the Ha Noi Core Statement on Aid Effectiveness, whose implementation they have since monitored carefully. Its targets are in many cases more ambitious than those in the Paris Declaration.

In 2009, Viet Nam received USD 3.6 billion in official development assistance (ODA), equivalent to 2.4 per cent of its Gross National Income (GNI).<sup>22</sup> Projects funded through ODA are equivalent to around 16 per cent of total investment in Viet Nam, or 33 per cent of public sector investments. Donor pledges for 2010 hit an all-time high: USD 8 billion was pledged at the annual Consultative Group Donors' meeting held in December 2009. Despite its high volume of ODA, Viet Nam is not aid-dependent.

The Government Aid Coordinating Agencies (GACA), which consist of the Ministry of Planning and Investment (MPI), the Ministry of Finance (MOF), the Ministry of Foreign Affairs (MOFA) and the Office of the Government (OOG), play an important role in managing ODA. A number of decrees and circulars have been issued in this regard, the most important of which is Decree 131, which establishes detailed roles and responsibilities for donors and government implementing partners at all levels. Viet Nam has also established an Aid Effectiveness Forum to provide a regular forum for the Government and development partners to discuss issues related to improving the effectiveness of aid in line with the Paris Declaration and the Ha Noi Core Statement.

Viet Nam is one of eight pilot countries for the Delivering as One initiative of the UN, with 14 agencies having committed themselves to One Plan (programme framework), One Plan Fund, One Set of Business Practices, One House, One Leader, and a One Plan Management Plan.

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<sup>22</sup> MPI (2010) *ODA disbursement hits record high in 2009* [online], accessed at [http://www.mpi.gov.vn/portal/page/portal/mpi\\_en/32343?pers\\_id=417323&item\\_id=8445317&p\\_details=1](http://www.mpi.gov.vn/portal/page/portal/mpi_en/32343?pers_id=417323&item_id=8445317&p_details=1) on 19 July 2010

## 1.2 The *Doi Moi* Reform Process and Recent Socio-Economic Development Trends

### 1.2.1 Overview of the *Doi Moi* reform process

Beginning in the 1980s, the Government of Viet Nam launched a political and economic renewal campaign called *Doi Moi*. It introduced reforms to speed the transition from a centralised planning economy to a 'socialist-oriented market economy'. The programme reformed agricultural collectives, removed price controls from agricultural products, and enabled farmers to sell their goods in the marketplace. It encouraged private business and foreign investment (including foreign-owned enterprises), removed domestic trade barriers, created a more open economy, and promoted export-led industries. As well as stimulating the development of a multi-sectoral economy, the Government also reformed state-owned enterprises by cutting substantial direct subsidies.

Further economic and administrative reforms were undertaken in the late 1990s. After joining ASEAN and APEC, and signing several bilateral trade agreements, Viet Nam became the 150<sup>th</sup> member of the World Trade Organisation (WTO) in 2006. As a result of these important developments, the country is now considered to be fully integrated into the global economy. More recently, with a view to strengthening governance institutions and in accordance with a market economy, two major policy measures have been adopted by the Government: fighting corruption, and decentralisation.

### 1.2.2 Socio-economic development update

During the last two decades, the economy grew at an average annual rate of 7.5 per cent, despite the interruption caused by the East Asian financial crisis of 1997-98. GDP per capita growth was also strong, averaging 6.5 per cent per annum and reaching a level of USD 834 in 2007. By 2008 the figure had risen to USD 1,034, officially bringing the country to lower middle-income status. GDP grew by 5.2 per cent in 2009, despite the global financial crisis that led to a sharp slowdown worldwide.

Despite this high economic growth, the macroeconomic environment remained stable until 2007 with a low inflation rate and an acceptable current account deficit. The external debt was also maintained at a modest level. But in 2007, the economy struggled with an increased inflation rate, which was higher than GDP growth. In 2008, the inflation rate rose to 23 per cent,<sup>23</sup> but by 2009 had fallen to an estimated 6.9 per cent. The Government quickly shifted its priorities from stabilising the economy to sustaining growth, and adopted stimulus measures to halt the decline in economic activities and mitigate social impacts. By late 2009 the Vietnamese economy was among the fastest growing in the world.<sup>24</sup>

**Table 1.1: Macroeconomic development in Viet Nam, 2005 - 2008**

Indicator	2005	2006	2007	2008
Real GDP growth (%)	8.4	8.2	8.5	6.2
GDP per capita (USD) (at current price)	639	723	834	1,034
Inflation rate (%)	8.3	7.5	8.3	23.0

Source: GSO (2008) *Press release on socio-economic development data in 2008*

<sup>23</sup> GSO (2008) *Press release on the socio-economic development data in 2008*

<sup>24</sup> World Bank (2009) *Taking Stock – An Update on Vietnam's Recent Economic Development*

The main sources of Viet Nam's impressive economic performance are the high investment ratio, the rapid growth of the industrial sector, a boom of private sector development and a rapid increase in exports. As a result of opening up the domestic market and accelerating international economic integration, exports increased by about 19 per cent per year. In 2008, exports reached a record of USD 62.7 billion, or approximately 68 per cent of GDP. Viet Nam's status has changed from being a rice importer before 1986 to one of the world's leading exporters of agricultural products, including rice and coffee, and manufactured goods such as garments and footwear.

Economic growth in Viet Nam is considered to be largely pro-poor since high economic growth was accompanied by significant improvement in people's welfare. UNDP Human Development Reports show that Viet Nam's Human Development Index (HDI) has improved continuously and is higher than its economic growth ranking. In 2007, Viet Nam's HDI was 0.725, placing it 116th out of 182 countries, while its GDP index (purchasing power parity-based GDP per capita) ranked 126<sup>th</sup> among the same countries in 2006.<sup>25</sup> In addition, largely as a result of economic growth, recorded poverty has declined sharply over the last decade. The poverty rate in Viet Nam has fallen from nearly 60 per cent in the early 1990s to 16 per cent in 2006<sup>26</sup> and an estimated 14 per cent in 2008, according to the 2008 Viet Nam Household Living Standards Survey (VHLSS).<sup>27</sup> In 2006, the poverty rate was much higher in rural areas (18.1 per cent) than in urban settings (3.1 per cent), and amongst ethnic minority groups (49.8 per cent) than the Kinh/Hoa majority (8.5 per cent).

### 1.2.3 Progress toward the Millennium Development Goals (MDGs)

In its National Socio-Economic Development Strategy 2001-2010, the Government set out Viet Nam's 12 Development Goals (VDGs) with social and poverty reduction targets for 2010. The VDGs fully reflect the MDGs and, at the same time, take into account Viet Nam's particular development features<sup>28</sup>. The country is expected to meet most of the MDGs, with the exception of the goal regarding HIV and AIDS (Annex 1.1). Some goals, such as poverty alleviation and primary schooling completion, have already been reached - well before the 2015 deadline.

Both the MDGs and VDGs include several indicators that relate directly to children. A summary of Viet Nam's progress towards achieving these can be found in Annex 1.1. While impressive progress has been reached over the period 1990-2005, Annex 1.1 shows that although Viet Nam will likely reach the MDG targets by 2015, it will not necessarily complete all the national development goals by the 2010 deadline.

### 1.2.4 Remaining challenges

Despite achieving substantial progress in economic growth and poverty reduction, Viet Nam continues to face several development challenges which need to be considered in the country's development strategies and policies.

#### 1.2.4.1 Poverty reduction disparity by regions and by ethnic groups

Although the reduction of poverty continues, poverty remains concentrated among those living in rural and mountainous areas (people living in these areas account for 90 per

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<sup>25</sup> UNDP (2009) *Human Development Report 2009*

<sup>26</sup> GSO (2007) *VHLSS 2006*

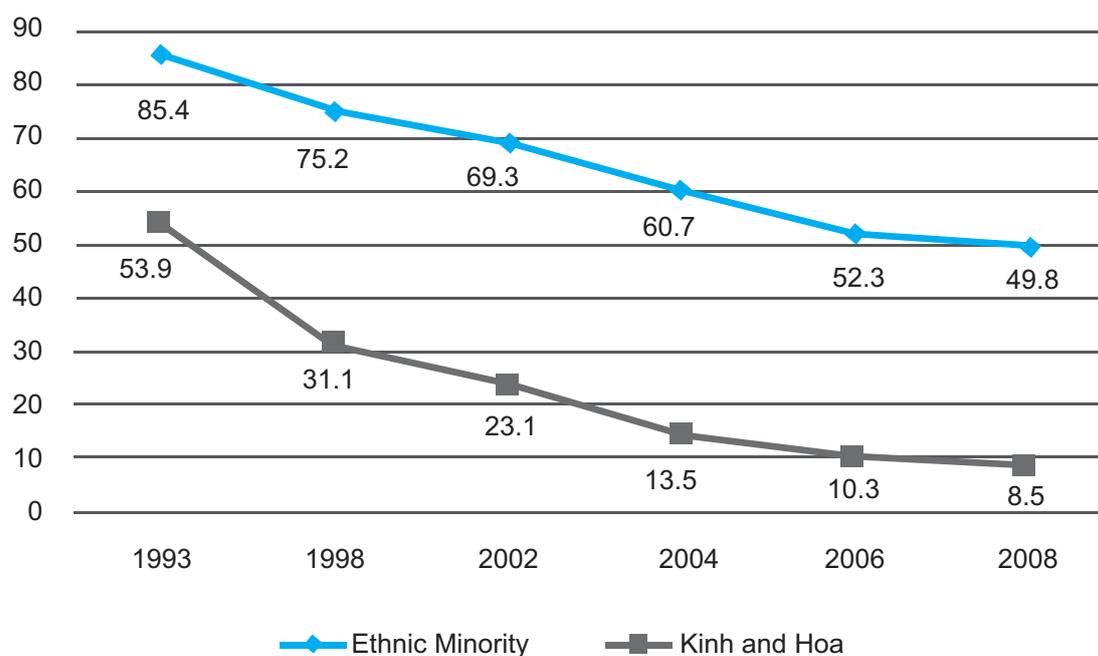
<sup>27</sup> GSO (2010) *Results of the Survey on Household Living Standards 2008*

<sup>28</sup> Socialist Republic of Viet Nam (2005) *Viet Nam Achieving the Millennium Development Goals*.

cent of those living in poverty).<sup>29</sup> Regions with the highest poverty rates include the North West, North Central Coast, and Central Highlands (Table 1.2).

The 2008 VHLSS shows only modest progress in reducing poverty levels among ethnic minority populations, which fell from 52.3 per cent in 2006 to 49.8 per cent in 2008. This is much less than the reduction seen in the poverty rate of the Kinh population (down from 10.3 to 8.5 per cent).

**Figure 1.4: Trends in monetary poverty rate by ethnic group, 1993 - 2008**



Source: World Bank (2007) *Viet Nam Development Report 2008: Social Protection* and World Bank (2009) *Taking Stock – An Update on Vietnam’s Recent Economic Development*

**Table 1.2: Trends in monetary poverty rate by region, 1993 - 2006**

	1993	1998	2002	2004	2006
Northern Mountains	81.5	64.2	43.9	35.4	30.2
North East			38.4	29.4	25.0
North West			68.0	58.6	49.0
Red River Delta	62.7	29.3	22.4	12.1	8.8
North Central Coast	74.5	48.1	43.9	31.9	29.1
South Central Coast	47.2	34.5	25.2	19.0	12.6
Central Highlands	70.0	52.4	51.8	33.1	28.6
South East	37.0	12.2	10.6	5.4	5.8
Mekong Delta	47.1	36.9	23.4	15.9	10.3
Whole country	58.1	37.4	28.9	19.5	16.0

Source: World Bank (2007) *Viet Nam Development Report 2008*

<sup>29</sup> IMF (2006) *Viet Nam Poverty Reduction Strategy Paper*

As illustrated in Table 1.2, the speed of poverty reduction between 1993 and 2006 was not equal across the country. The Red River Delta and Northern Mountains<sup>30</sup> are examples of greatest poverty reduction (54 and 51 percentage points in reduction, respectively) while poverty reduction in the South East and South Central Coast regions was much less than the national average. Nevertheless, the overall rate of poverty reduction witnessed in Viet Nam during this period has been impressive.

Many studies show that ethnic minority groups account for an increasing share of the poor and are in danger of lagging behind national development.<sup>31</sup> There is evidence that ethnic minorities are not only poor in the remote or mountainous regions but also in the lowland regions with high economic growth. This indicates that although geography is an important factor explaining the disadvantaged position of the ethnic minorities in Viet Nam, it is not the only reason for their poverty.<sup>32</sup> To reduce the poverty experienced by most ethnic groups and narrow the gap between groups, the Government has specifically targeted ethnic minority development in many policies and programmes (see Chapter 2).

#### 1.2.4.2 Widening gap between the rich and poor

Survey data of household living standards in Viet Nam during the period 2002-2008 reveal that per capita income and expenditure of the poor have grown, but not as fast as for the wealthier groups. The gap between the rich and poor populations has been widening in terms of their income (Table 1.3). In 2008, the per capita monthly average income of the poorest quintile of the population was 8.9 times less than that of the richest quintile. This represents an increase over the estimate for 2006, which was 8.4 times, consistent with the trend of gradually increasing disparity (in 2002, it was 8.3 times and in 2001, it was 8.1 times). The income-based Gini coefficient, which is a commonly used measure of inequality, increased from 0.42 in 2002 to 0.43 in 2008 (Table 1.3), revealing a slight trend towards a less equal income distribution in Viet Nam.

**Table 1.3: Trends in the gap in monthly average income per capita between richest and poorest household quintiles and GINI coefficient, 2002 - 2008**

	2002	2004	2006	2008
Richest/poorest gap	8.1	8.3	8.4	8.9
GINI coefficient	0.42	0.42	0.42	0.43

Source: GSO (2010) *Results of the Survey on Household Living Standards 2008*

### 1.3 Child poverty<sup>33</sup>

Two decades of rapid economic growth and progressive state policies have contributed to significant declines in poverty among Viet Nam's children. But 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

<sup>30</sup> The Northern Mountains region was split into North East and North West in the year 2000. Figures from before that year cannot be split.

<sup>31</sup> Swinkels R. and C. Turk (2006) *Explaining Ethnic Minority Poverty in Viet Nam: a summary of recent trends and current challenges*

<sup>32</sup> Baulch B., Hung T. Pham and B. Reilly (2007) *Ethnic minority and household welfare in Vietnam: Empirical Evidence from 1993 to 2004*

<sup>33</sup> This section is primarily based on: MOLISA and UNICEF (2008) *Children in Viet Nam – who and where are the poor?*

monetary poverty line) have important limitations. They cannot tell us whether children's basic needs are being satisfied. In fact, they shift attention away from children's basic needs (which are distinct from those of adults) and therefore do not adequately reflect the many ways in which children suffer deprivation.

Based on the Convention on the Rights of the Child, Viet Nam recently developed its own country-specific, child-specific, outcome-focused and multi-dimensional approach to child poverty. This approach is based upon several poverty domains: education, health, nutrition, shelter, water and sanitation, child work, leisure, social inclusion and protection. The multi-dimensional approach allows child poverty to be measured at aggregate levels, by calculating Child Poverty Rates (CPR) and a Child Poverty Index (CPI).

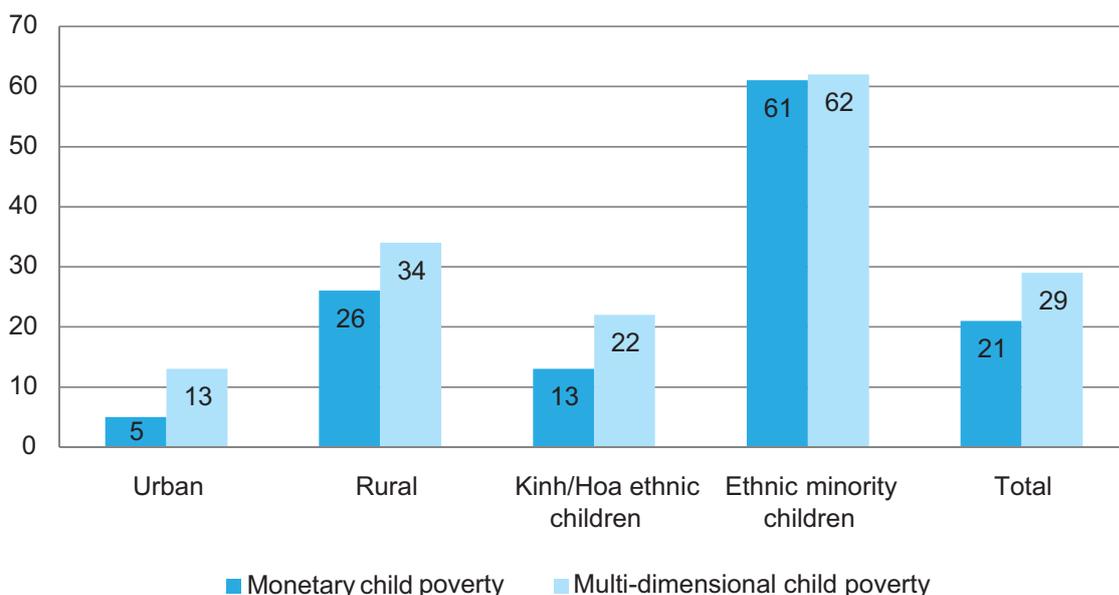
The application of this new approach to the VHLSS and MICS data sets from 2006, showed that about one-third of all children under 16 years could be identified as poor, i.e. a Child Poverty Rate of 30 per cent. This amounted to approximately seven million children. According to these data sets, in 2006, the most striking areas of poverty were nutrition, water and sanitation, leisure, and health. One-third of children under five were stunted. More than one out of every three children was not fully immunised by the age of five. Almost half of all children did not have access to a hygienic sanitation facility in their home and two-thirds of children did not have a children's or picture book to read. In addition, the data sets revealed that there were no significant differences between boys and girls, and there was a large urban-rural divide, with more children living in rural areas experiencing poverty (about 40 per cent) than those living in urban areas (about 10 per cent). Moreover, there were great regional disparities: child poverty rates were highest in the northern mountainous regions, the North West (64-78 per cent) and North East, and in the Mekong River Delta (56-60 per cent). The high degree of child poverty found in the Mekong River Delta was surprising, as the region was among the better performing regions in terms of economic growth and monetary poverty reduction. Ethnic minority children faced a higher poverty risk (about 62-78 per cent) than children of the Kinh or Hoa majorities (24-28 per cent).

The 2008 VHLSS data confirm the above picture of multi-dimensional child poverty in Viet Nam (Figures 1.5 and 1.6). Although the overall multi-dimensional Child Poverty Rate came down to 28.9 per cent, its breakdown continued to be characterised by strong disparities. In fact, high rates of multi-dimensional child poverty were found among children living in rural areas, among children from ethnic minority groups, and among children living in the North West and Mekong River Delta regions. The latter now has the highest Child Poverty Rate (52.8 per cent).<sup>34</sup>

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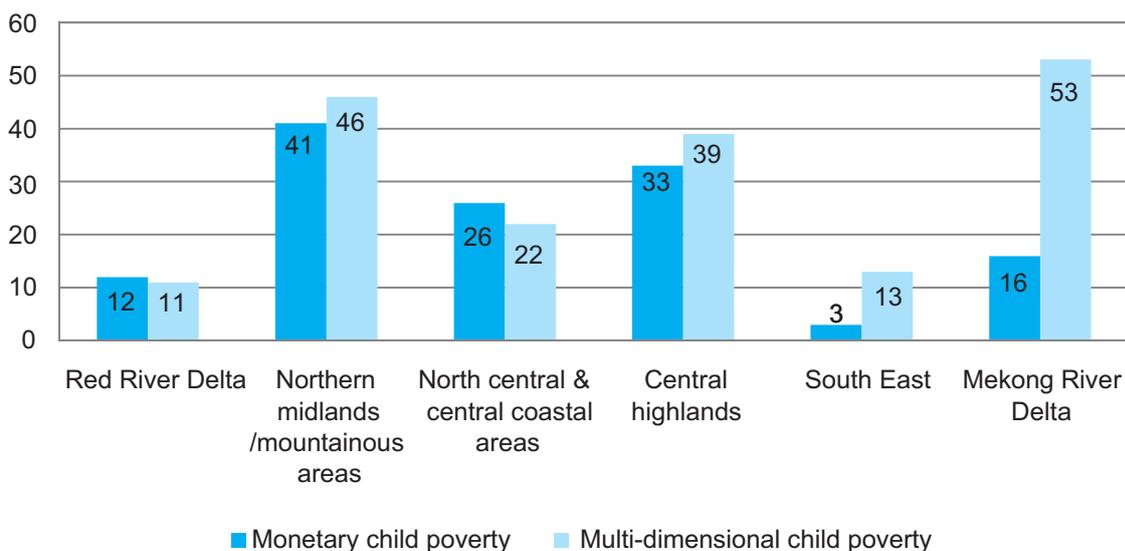
<sup>34</sup> GSO (2010) *Results of the Survey on Household Living Standards 2008*

**Figure 1.5: Monetary and multi-dimensional child poverty, 2008**



Source: GSO (2010) Results of the survey on Household Living Standards 2008

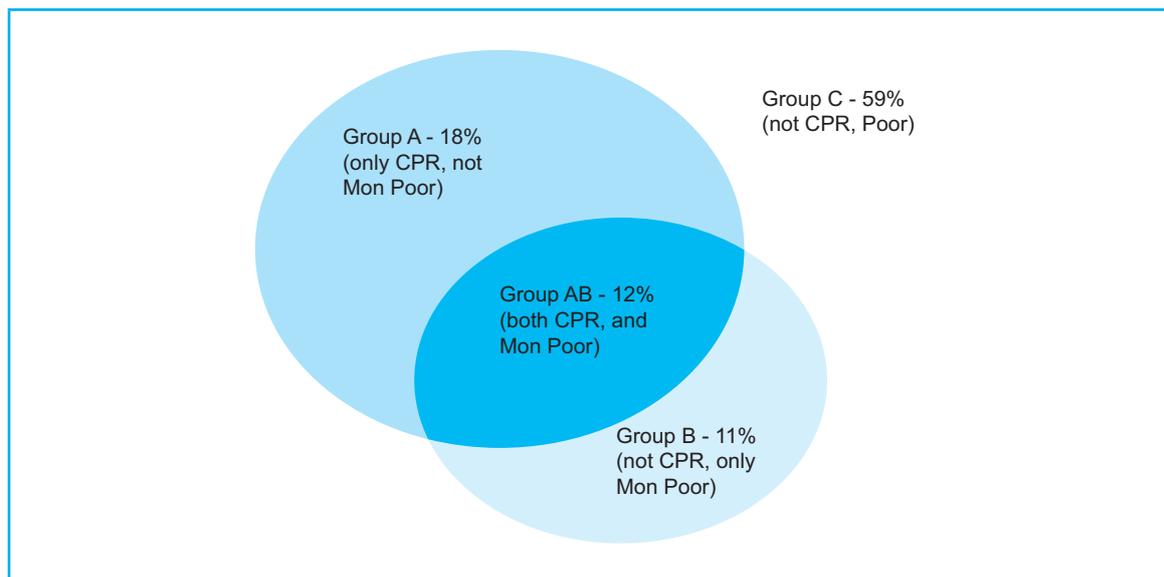
**Figure 1.6: Monetary and multi-dimensional child poverty by region, 2008**



Source: GSO (2010) Results of the survey on Household Living Standards 2008

The analysis of the multi-dimensional and monetary poverty rates calculated on the basis of the 2006 VHLSS and MICS data sets revealed that both measurement methods identify quite different groups of children; they do not draw the same pictures of child poverty although there is some overlap. While 18 per cent of children are identified as poor by the multi-dimensional Child Poverty Rate (group A) and 11 per cent by the monetary poverty rate (group B), 12 per cent of children are considered to suffer from both monetary and multi-dimensional child poverty (group AB).

**Figure 1.7: Overlap between the multi-dimensional approach and the monetary approach to measure child poverty**



Source: MOLISA and UNICEF Viet Nam (2008) *Children in Viet Nam – who and where are the poor? The development and application of a multi-dimensional approach to child poverty*

Basing policy design and targeting measures on one method of child poverty calculation alone would 'leave out' substantial numbers of children. Using the monetary approach alone would exclude the children in group A. Even though the households in which they live have an income above the national poverty line, these children typically suffer poverty in the areas of water and sanitation, health, leisure and shelter.

By the same token, basing poverty policies on the basis of the multidimensional child poverty approach only would exclude children in group B, who are likely to be living in households with income levels just below the poverty line. Such children may have access to services provided especially to the monetary poor, but household resources may not be sufficient to meet the thresholds for other indicators such as education, health, or social inclusion and protection. Thus, policies based on a combination of poverty measurement methods are more likely to target children who are poor, whether this is from a monetary or non-monetary perspective.

## ANNEX 1.1: SUMMARY OF PROGRESS ON MDGs AND VDGs

MDGs target for 2015	VDGs target for 2010	Progress toward development goals <sup>35</sup>
<p>1. Eradicate Extreme Poverty and Hunger:</p> <p>(1) Halve, between 1990 &amp; 2015, proportion of people whose income is less than 1 dollar a day.</p>	<p>1. Reduce % of Poor Households:</p> <p>(1) Reduce by 50% the percentage of people living below an international accepted poverty line between 2001 and 2010</p>	<p>(1) 58% (1993); 14% (2008)</p> <p>Sources: GSO (1993, 2010)</p>
<p>2. Achieve Universal Primary Education:</p> <p>(1) Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.</p>	<p>2. Universalise Education and Improve Education Quality</p> <p>(1) Increase NER in primary education to 97% by 2005 and to 99% by 2010.</p> <p>(2) Increase NER in lower secondary schools to 80% by 2005 and 90% by 2010.</p>	<p>(2) 69% (1994-1995); 96% (2006-2007)</p> <p>(3) 33% (1994-1995); 88% (2006-2007)</p> <p>Source: GSO (2009) Viet Nam Development Database [online]</p>
<p>3. Promote Gender Equality and Empower Women</p> <p>(1) Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.</p>	<p>3. Promote Gender Equality and Women Empowerment</p> <p>(1) Eliminate the gender gap in primary and in junior secondary education by 2010.</p>	<p>(1) Gender parity index: - primary : 1.00 (2006); - secondary: 1.02 (2006)</p> <p>Source: GSO and UNICEF Viet Nam (2007)</p>
<p>4. Reduce Child Mortality</p> <p>(1) Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.</p>	<p>4. Reduce Birth Rate, Child Mortality and Child Malnutrition</p> <p>(1) Reduce the under-five mortality rate to 27 per 1,000 live births by 2010.</p> <p>(2) Reduce the infant mortality rate to 20 per 1,000 live births by 2010.</p> <p>(3) Reduce the under-five malnutrition rate to less than 20% by 2010.</p>	<p>(1) 58 (1990); 26 (2008)</p> <p>(2) 37 (2000); 16 (2007)</p> <p>(3) 45% (1990); 20% (2008)</p> <p>Source: MOH and HPG (2009)</p>
<p>5. Improve Maternal Health</p> <p>(1) Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.</p>	<p>5. Improve Maternal Health</p> <p>(1) Reduce, by 2010, the maternal mortality rate to 70 per 10,000 live births with special attention to disadvantaged areas.</p>	<p>(1) 200-249 (1990); 75 (2008)</p> <p>Source: MOH and HPG (2009)</p>

<sup>35</sup> Figures rounded to whole numbers where possible for ease of comparison

<p>6. Combat HIV and AIDS, Malaria and Other Diseases</p> <p>(1) Halt and reverse by 2015, the spread of HIV/AIDS.</p> <p>(2) Halt and reverse by 2015 the incidence of malaria and other major diseases.</p>	<p>6. Reduce HIV and AIDS Infection and Eradicate Other Major Diseases</p> <p>(1) Slow the increase in the spread of HIV/AIDS by 2005 and halve the rate of increase by 2010.</p>	<p>(1) 0.004 (1991); 0.43 (2009)</p> <p>(2) Malaria prevalence rate per 100,000 population 203.5 (2003); 70.2 (2008)</p> <p><i>Source:</i> MOH and HPG (2009)</p>
<p>7. Ensure Environmental Sustainability</p> <p>(1) Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.</p> <p>(2) Halve the number of people without sustainable access to safe water by 2015.</p>	<p>7. Ensure Environmental Sustainability</p> <p>(1) Ensure that 85% of the rural population and 95% of the urban population have access to clean and safe water by 2010.</p>	<p>(1) Rural: 73% (2002); 89% (2008)</p> <p>Urban: 90% (2002); 97% (2008)</p> <p><i>Source:</i> GSO (2002, 2010)</p>

CHAPTER 2:  
GOVERNANCE AND  
INSTITUTIONAL CONTEXT



## INTRODUCTION

This chapter highlights the key legislative milestones related to children's rights, the main State and non-state actors (duty-bearers), and the governance institutions that play a significant role in implementing the Convention on the Rights of the Child (CRC).

### **Box 2.1: Key articles from the CRC and the Constitution of the Socialist Republic of Viet Nam relevant to this chapter**

#### **CRC**

Article 2: Non-discrimination

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

Article 4: Obligations of the State to implement the CRC

#### **Constitution of Viet Nam**

Article 63: Male and female citizens have equal rights in all fields – political, economic, cultural, social and the family. All acts of discrimination against women and all acts damaging women's dignity are strictly banned.

Article 65: Children enjoy protection, care and education by the family, the State and society.

This chapter is guided by the CRC, particularly Articles 2, 3 and 4, which apply to the implementation of the whole treaty. Article 2 focuses on non-discrimination, calling on States to provide equal access to all children to the rights enshrined in the CRC. Article 3 stipulates that in all actions concerning children undertaken either by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child must be a primary consideration. This principle is particularly useful in resolving conflicts between the international standards and different cultural perspectives, and when there are questions on implementing certain norms at domestic level due to competing interests.

Article 4, known as the 'implementation provision' requires the State to undertake appropriate legislative, administrative, and other measures to implement all the rights enshrined in the CRC. This Article establishes that in regard to economic, social and cultural rights, States will undertake such measures to the maximum extent of their available resources and, where necessary, within the framework of international cooperation.

### **2.1 Viet Nam's commitments on children's rights**

Viet Nam was the first country in Asia and second in the world to ratify the CRC and its Optional Protocols. It submitted the first and second periodic reports to the CRC Committee in 1993 and 2002, respectively, and the combined third and fourth report in May 2009. These State Party reports have provided substantive information on the legislative, administrative, judicial and other measures undertaken to implement the CRC in Viet Nam.

The Concluding Observations and Recommendations from the CRC Committee issued in 2003 and 2006 recognised Viet Nam's progress toward implementing the CRC and its Optional Protocols. However, the CRC Committee also advised Viet Nam to further

improve the legal framework of child rights and its enforcement. Among its many recommendations, the Committee emphasised the need to disseminate Viet Nam's State Party reports, together with the Committee's Concluding Observations, to the general public in order to increase awareness of the CRC and to promote its implementation.<sup>36</sup>

As stated in the latest CRC report, the Government of Viet Nam has continued to take practical measures to assure the rights of children by:

- Strengthening the oversight and leadership by the State and different administrative levels over child protection, care and education while promoting the participation of all social, socio-political, economic, organisations and associations, families and schools;
- Implementing existing Vietnamese laws and policies related to children effectively; continuing to consolidate the legal system and policies to realise and protect child rights in compliance with international law; at the same time focusing on the effective integration of child issues into national and local socio-economic development plans;
- Increasing the resources available for child protection, care and education from the State budget and funds contributed by national and international organisations and individuals;
- Strengthening and consolidating the organisational structure of Government institutions responsible for children, and educating and training staff, collaborators and volunteers;
- Improving databases, collecting and sharing information relating to children; enhancing evaluation, inspection and monitoring the implementation of child rights;
- Paying more attention to scientific research and studies to meet increasingly higher requirements for child protection, care and education.

The report stresses that the Government of Viet Nam is committed to implement children's rights more fully by effective cooperation with governments of other countries, international organisations and NGOs working in the field of child rights.<sup>37</sup>

The CRC Committee, and other human rights treaty bodies, has recommended the establishment of an independent monitoring mechanism on human rights in Viet Nam. They have also highlighted the need to strengthen the judiciary to ensure effective enforcement of ratified international treaties.

## 2.2 National legislative reform and child rights policies

Basic principles of the CRC have been incorporated in the Law on the Protection, Care and Education of Children, approved by the National Assembly of Viet Nam in 2004, and its implementation Decrees. However, the law defines a child as a young person up to the age of 16, whereas the CRC's definition uses 18 as the age of attaining adulthood.

Another notable characteristic of the 2004 Law is that, compared to the CRC, it stipulates the child's obligations. The intention was to promote responsible behaviour from an early age, in keeping with Vietnamese culture.

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<sup>36</sup> See Annex 2.2 for a summary of the main observations and recommendations of the CRC Committee in 2003 and 2006

<sup>37</sup> Socialist Republic of Viet Nam (2008 ) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

The Table 2.1 below summarises the laws that address the rights of children.

**Table 2.1: Summary of selected national laws protecting child rights**

Laws and date of issue	Provisions relating to child rights
Constitution (1992)	Provides basic rights of Vietnamese citizens, including children.
Civil Code (1995, amended in 2005)	Provides principles of equal treatment for Vietnamese citizens without discrimination in regard to ethnicity, sex, social and economic situation, religion; recognises personal rights.
Law on the Protection, Care and Education of Children (2004)	Basic principles for child rights; recognises many child rights and some obligations; responsibilities of different parties; financial sources and international cooperation for child rights protection.
Youth Law (2005)	Includes responsibilities of duty-bearers such as the State, family, and society to protect rights of children aged 16-18.
Penal Code (1999)	States special criminal procedures related to children and juveniles in conflict with the law.
Labour Code (1994, amended in 2002)	Stipulates age for job recruitment and prohibits all kinds of child labour.
Ordinance on Prostitution Prevention and Combat (2003)	Includes provisions to prevent sexwork and measures to deal with child sexwork.
Law on Education (revised in 2004)	In addition to principles relating to children's education, there are provisions dealing with school violence and encouraging the development of child-friendly schools.
Civil Procedure Code (amended in 2004)	Provides procedures in civil appeal; procedures for considering cases relating to the rights of women and children.
Law on Prevention and Control of Domestic Violence (2007)	Recognises domestic violence (including violence against children) as illegal behaviour.
Marriage and Family Law (amended in 2000)	Encourages gender equity within marriage, equal treatment of sons and daughters, and emphasises the equal treatment of children born within and out of wedlock.
Ordinance on the Administrative Sanctions (2002)	Includes specific regulations on sanctions on juveniles in conflict with the law.
Law on Military Service (1981, amended in 2005)	Sets the age for army recruitment at 18 and provides measures to ensure that younger children are not recruited.
Law on Prevention and Control of HIV/AIDS (2006)	Includes measures to prevent and control HIV/AIDS, including care, treatment and support for HIV-infected people in general and children in particular.
Law on Gender Equality (2006)	Provides principles and measures to ensure gender equality within society and the family.
Land Law (amended in 2003)	Stipulates the need to provide land for recreation and playing fields for children.
Cinema Law (2006)	Regulates the proportion of films produced for children by film production companies, and the number of films for children shown at public cinemas.

Source: Summarised by the authors from various laws and legal documents

## 2.2.1 National policies and programmes that promote and protect child rights and ensure children's well-being

The Government of Viet Nam has introduced a series of programmes and policies in recent years to support implementation of the CRC and to protect children's rights. These national programmes aim not only to accelerate the implementation of child rights but also to mitigate disparities between regions, social and ethnic groups, and children in special circumstances. A notable step is that the Government has integrated child rights into the 2006-2010 national Socio-Economic Development Plan (SEDP) for the first time. Among other general development targets, two new social development targets were included in the SEDP, namely "70% of communes recognised to be fit for children" and "90% of children in special circumstances to be cared for and protected."<sup>38</sup> This represents growing recognition of the importance of child rights in the country's socio-economic development.

Between 2001 and 2010, the Government also introduced several National Target Programmes (on poverty reduction; rural water supply and sanitation; prevention of dangerous social diseases, epidemics and HIV/AIDS; education and training; and improvement of cultural and recreation conditions, etc.) which directly or indirectly support the implementation of the CRC and protect children's rights. The relevant programmes on poverty reduction are:

- National Target Programme on Poverty Reduction (NTP-PR) 2006-2010. During this period, approximately USD 4 billion is expected to be invested in the fight against poverty.<sup>39</sup> The programme creates supportive policies for poor people, poor households, poor communes and communes with special difficulties in coastal and island areas. It does this in many ways, for instance by offering preferential credit, productive land and tools for ethnic minority households; infrastructure support for communes with special difficulties in coastal and island areas; improved access to social services (such as health care, education, housing and clean water, and legal support); and poverty reduction capacity building and awareness raising. One of its key objectives is to support children of poor households to continue their schooling through the exemption and reduction of school fees and contributions to school infrastructure for pupils.
- National Target Programme for the Socio-Economic Development of Extremely Difficult Communes in Ethnic Minority and Mountainous Areas (P135-II). Phase I of this programme was established in 1998 by the Prime Minister's Decision 135/1998/QD-TTg. It was first implemented in the 1,000 poorest communes and was gradually expanded to cover 2,410 communes by 2005. In the second phase (2006-2010), the programme was expanded to include villages in remote, mountainous areas as well. Such villages suffer from lack of water, poor roads and infrastructure. The programme aims to reduce the number of poor households in these extremely remote communes, to provide adequate clean water, environmental sanitation and electricity, and to increase the proportion of school-age children attending school. Other aims include improving access to legal support, training poor people in production, controlling dangerous and social diseases, building roads and developing rural markets.

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<sup>38</sup> Socialist Republic of Viet Nam (2006) *Socio-Economic Development Plan of Viet Nam for the period 2006-2010*

<sup>39</sup> Centre for Analysis and Forecasting, VASS, and Institute of Development Studies, University of Sussex (2007) *A review of ethnic minority policies and programmes in Viet Nam*

- The 62 Poorest Districts Programme. In 2008 the Prime Minister issued a directive to strengthen poverty reduction programmes. In order to implement the directive, MOLISA conducted a baseline survey. This identified 62 districts (covering approximately 480,000 households and 2.4 million people) as 'poor'. The programme aims to reduce the poverty rate in these districts to under 40 per cent by 2010; to further reduce it to the average poverty rate of the province in which the districts are situated by 2015; and to bring it down to the regional average poverty rate by 2020. The main components of the programme are: support to roads, community houses, etc.; increasing production; support to housing, health and water; improving access to education and vocational training; and capacity building on poverty reduction.

A 2009 study found 41 different poverty reduction programmes and policies in Viet Nam. These include cross-cutting programmes (e.g. P135-II); sector-specific projects and policies (e.g. housing support for poor households); national projects with an impact on poverty (e.g. concretisation of schools – Decision 20/2008/QD-Ttg dated 1/2/2008); poor or ethnic minority group-based support (e.g. concessional loans to ethnic minorities in extreme difficulty; regionally based support (e.g. support to socio-economic development in border communes along Viet Nam-Lao-Cambodia border); regionally based support with a poverty component (e.g. support socio-economic development in the Central Highlands); and other guidelines or standards for poverty reduction.

Given the high number of programmes and policies, there is overlap in their design but surprisingly little overlap in their implementation. However, there is little coordination between programmes. The poverty reduction architecture is fragmented, which leads to dispersed impact, difficulty in mainstreaming programmes into regular budgets, complicated monitoring and evaluation (M&E), spending inefficiencies, and 'overcrowding' in some sectors.<sup>40</sup>

### 2.2.2 Social programmes and policies directly addressing child rights

Two National Programmes of Action (NPA) for Children (1991- 2000 and 2001-2010) have been developed and implemented. The current NPA aims to create optimum conditions to meet the needs and realise the rights of children; to prevent and diminish the dangers that can harm children; and to build a safe and healthy environment where children are protected, cared for, educated and develop in all fields.

The programme sets specific, time-bound objectives in relation to children's health, nutrition, education, access to clean water and environmental hygiene, and cultural and recreation activities. It includes a stated goal of protecting children from all forms of violence and discrimination, and includes specific targets in relation to the care for orphans, rehabilitation and treatment of children with disabilities, and reductions in the number of childhood injuries and accidents. There are also targets on street children, children engaged in hazardous labour, sexual abuse and trafficking, children addicted to drugs, crimes committed by children, and children affected by HIV and AIDS. However, implementing the NPA is a significant challenge, since budget resources are insufficient for all its activities.

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<sup>40</sup> Jones R., Tran Thi Hanh, Nguyen Anh Phong and Truong Thi Thu Trang (2009) *A Mapping Exercise – Poverty Reduction Programmes and Policies in Viet Nam*

### 2.2.3 Social protection and social welfare policies

Since the early 1990s, Viet Nam has gradually embraced a hybrid system in which the state provides basic services, together with safety nets for certain segments of the population.

Tens of millions of Vietnamese, including unregistered migrants, rely on the informal sector as their primary or secondary source of income, yet the state's policies toward regulating the sector are under-developed. Employment in the informal sector brings with it certain vulnerabilities from a social protection perspective: informal sector workers tend to be less protected from shocks (e.g. sudden loss of income, ill health) than formal sector workers. Informal sector workers are also unlikely to be covered by mandatory social security schemes (e.g. health insurance, employment insurance) and thus are more likely to rely on voluntary schemes which may be less effective, if they even have any coverage at all. Due to high out-of-pocket payments for some basic social services, poor and near-poor households (and particularly women, children, ethnic minorities, and the chronically ill within these poor and near-poor populations) may not be able to access quality social services. This applies particularly to education and health.

Viet Nam's leaders have indicated their desire to develop welfare institutions capable of ensuring that all Vietnamese can access essential social services. However, recent research by UNDP indicates that Viet Nam's social security system is actually regressive, benefiting the wealthier segments of the population rather than the poorest.<sup>41</sup> The Government is now expanding a range of safety nets and insurance schemes which are reaching millions of Vietnamese. These include exempting under-six children from health fees, and providing free health care for the poor, which softens rather than absorbs the high medical and educational costs.

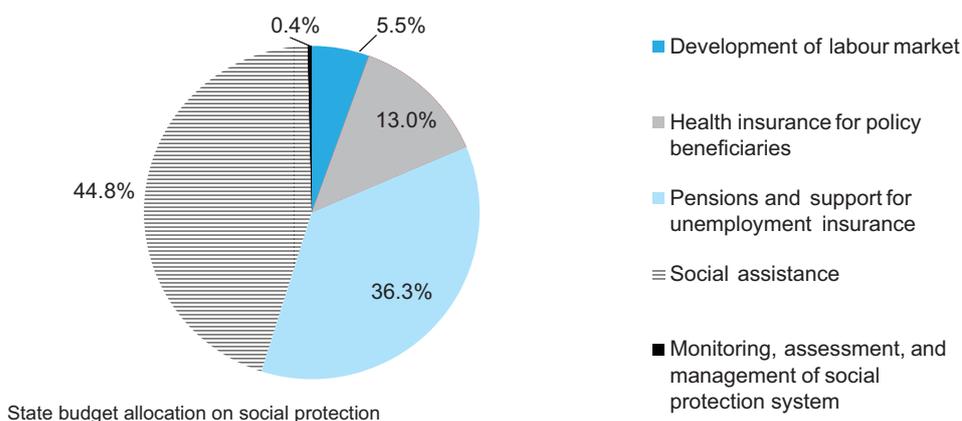
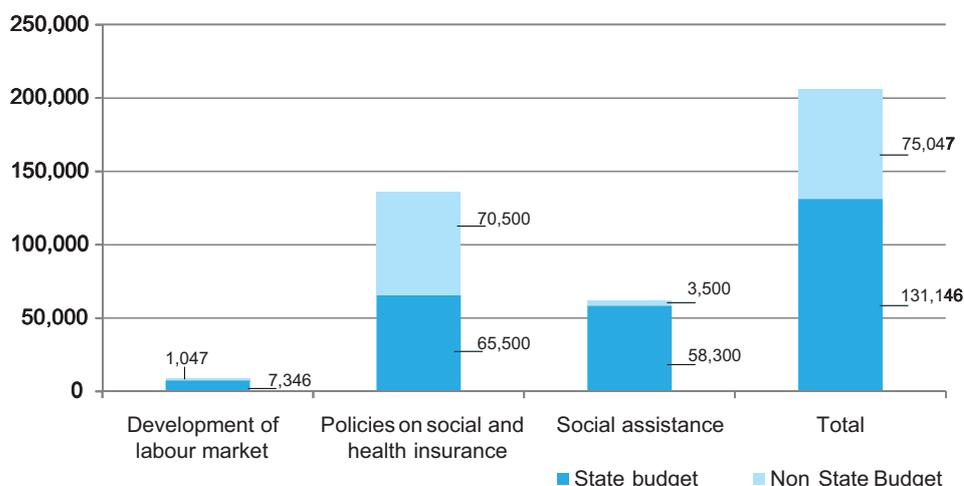
The eighth draft of the National Social Protection Strategy developed by MOLISA indicates that between 2004 and 2008, total budget on social protection was 207,000 billion VND (USD 11.8 billion), of which the state budget contribution was 132,900 billion VND (equal to 8.3 per cent of the state budget and 2.6 per cent of GDP in the same period). The chart below shows the approximate breakdown of spending on labour market support, social and health insurance, social assistance (which includes regular and emergency relief, poverty reduction and social service provision), and monitoring, evaluation and dissemination.<sup>42</sup>

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<sup>41</sup> UNDP (2008) *How Progressive is Social Security in Viet Nam?*

<sup>42</sup> MOLISA (2010) *Social Protection Strategy (8<sup>th</sup> draft)*

**Figure 2.1: Total financial resources for social protection, 2004 - 2008 (in billion VND) and breakdown of State budget allocation to social protection (in percentage)**



Source: MOLISA (2010) *Social Protection Strategy 8<sup>th</sup> draft*

The draft national Social Protection Strategy includes six main objectives:

**Objective 1:** Improving equality in the labour market by supporting poor and vulnerable groups to access training and employment; improving working conditions and living standards; and raising the participation rate in voluntary social insurance.

**Objective 2:** Developing the social insurance system by broadening its coverage as well as targeting specific at-risk groups; securing the financial stability of the social insurance fund so that benefits continue to improve.

**Objective 3:** Enhancing the efficiency of public health care, and achieving universal health insurance by 2014. Improving the quality and efficiency of health care so that all people can access it, especially those in ethnic minority, mountainous and remote areas.

**Objective 4:** Developing a flexible social assistance system, which can deal with risks and events promptly. Expanding social assistance to cover all vulnerable groups. Ensuring access to basic needs such as housing, drinking water, electricity, information and sanitation.

*Objective 5:* Reducing poverty sustainably and preventing inequity increase. Controlling unfairness between population groups and income regions as well as improving access to basic social services. Focusing poverty reduction programmes and development investment to the specific regions and areas most in need. Effectively protecting poor, vulnerable and abused children and women.

*Objective 6:* Ensuring that all people, especially poor and vulnerable groups, are able to access social services (including education, health care, accommodation, drinking water, electricity, information, sanitation and legal advice). Improving the quality and efficiency of social services in remote and ethnic minority areas. Enhancing access to social services in urban areas.<sup>43</sup>

## 2.3 Roles and capacities of duty-bearers

Sound governance institutions are fundamental for human development and for creating an enabling environment for eliminating poverty, promoting equality and protecting the rights of the child.

### 2.3.1 The role of the Communist Party

Article 4 of Viet Nam's Constitution defines the role of Communist Party of Viet Nam (CPV) as "the leading force of the State and the society." The Party implements its leadership through cells in all State and society organisations and agencies, in line with the Constitution and other legislation. At national level, the CPV leads the State and political and social mass organisations through its political programmes, strategies, policies, resolutions and instructions, and by monitoring their implementation. As stated in the CPV Charter, the CPV leads the State and society through its ideological and organisational policies.

Most leaders of State agencies are also members of CPV and are required to follow all CPV directives, resolutions and instructions. Similarly, apart from being bound by laws and regulations, State organisations at local levels also follow the resolutions and directives established by the relevant local CPV Bureau.

In the Central CPV structure, the Central Committee on Popularisation and Education (*Tuyen Giao*), which was established from the merger of the former Committee of Science and Education (*Khoa Giao*) and Committee of Ideology and Culture (*Tu tuong Van hoa*) according to Decision 45-QĐ/TW made by the Politburo in 2007, has some child rights-related functions. For example, this Committee is in charge of preparing CPV policy directives on issues related to child rights which are then approved by the Politburo or the Central Committee.

The CPV has expressed concern for the care, protection and education of children. In June 2000, Directive No. 55/CT-TW on "Accelerating leadership of the Party's Bureau in children's care, education and protection" was introduced. Through this directive, the CPV is expected to create a positive improvement in awareness and actions toward children made by the Party Bureau, local government, social organisations, families and society at grassroots level.

### 2.3.2 The role of the National Assembly and People's Councils

The National Assembly (NA) of Viet Nam is elected to a five-year term by a popular vote based upon universal adult suffrage. It has three main functions: law-making, oversight,

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<sup>43</sup> MOLISA (2010) *Social Protection Strategy (8<sup>th</sup> draft)*

and deciding on issues of national importance. The NA is in charge of adopting and amending the Constitution and laws, as well as deciding on the legislative programme. The NA makes decisions on the country's socio-economic development plans and on key national macroeconomic policies. It also approves the State budget, including allocations to line ministries, central agencies, cities and provinces.

As stated in the Constitution, the National Assembly exercises supreme oversight over all State activities. In 2007, a new NA was elected with 493 deputies, of whom 25 per cent were women. By law, the NA meets twice a year for ordinary sessions and can establish committees to help advise on specific issues. According to the amended Law of 2007 on National Assembly Organisation, the agencies of the NA include the Standing Committee and the Council on Ethnic Minorities. There are also nine Committees, of which five have functions related to child rights:

- The Committee on Culture, Education, Youth and Children plays a key role in reviewing draft bills on these issues. It was responsible for reviewing the Law on the Protection, Care and Education of Children (2004), Youth Law, Education Law, Cinema Law and the Law on Sport. The Committee is also responsible for supervising the implementation of relevant laws, and overseeing Government activities and the implementation of relevant policies. During the period 2002-2008, the Committee reported on central and local government implementation of child-related laws. The Committee has 39 members, 14 of whom are full-time.
- The Committee on Social Affairs is responsible for reviewing draft bills on issues covering labour, health care, religion and other social issues. So far, it has reviewed several child rights-related draft bills pertaining to the Labour Code, Law on Prevention and Control of HIV/AIDS, Law on Gender Equality and Law on the Prevention and Control of Domestic Violence. It also supervises the implementation of laws on social issues as well as related Government policies and activities. The Committee has 40 members, of whom 12 are full-time.
- The Committee on Economy has functions related to child rights. It is responsible for the review and oversight of the State's programs, projects and plans on socio-economic development and the report of the Government on the implementation of the tasks and plans on socio-economic development. It also oversees the implementation of laws and the NA's legal documents in the area of economic and monetary management. The Committee has 36 members, of whom 14 are full-time.
- The Committee on Finance and Budget is responsible for the review of the projection, allocation, monitoring, and settlement of the State budget. It reviews draft laws and ordinances in the area of finance and budget. It also oversees the activities of the Government and line ministries in implementing the State budget. There are 35 members in the Committee, of whom 10 are full-time.
- The Committee on Law is responsible for reviewing all laws, including those related to the protection of child rights. This includes the amendment of the Penal Code, articles of the Criminal Procedural Code and the Law on Prevention of Human Trafficking.

The Council on Ethnic Minorities makes recommendations to the National Assembly on ethnic minority issues; oversees the implementation of ethnic minority policies, including those related to children; suggests programmes and plans for development in the mountainous regions where many ethnic minorities live; and regularly consults the

Government on these matters. Like the Committees listed above, the Council on Ethnic Minorities reports to the National Assembly on its activities.

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

To be able to fulfill their responsibilities, members of the National Assembly and People's Councils need to be informed about relevant issues. They need to be familiar with the international treaties Viet Nam has ratified, the requirement to harmonise domestic laws accordingly and the budgetary implications of these commitments.

Although the 2004 Law on the Protection, Care and Education of Children was an important step forward, it presents only general principles for the implementation of child rights in Viet Nam. More specific guidelines and regulations are needed to support child rights implementation. In recent years, development partners have been working to increase awareness within the National Assembly of the CRC and other human rights instruments, and on the State's duties and responsibilities. However, since members of the National Assembly and People's Councils are elected on a term basis, training must be repeated for newly elected members. And many members serve only part-time as deputies, leaving them little time to build their own capacity on child rights. For the 2007-2012 term, only 29 per cent of NA deputies were full-time, although the number was slightly higher for the Committee of Culture, Education, Youth and Children at 36 per cent.<sup>44</sup>

### 2.3.3 The role of Central Government

The 2001 Law on Government Organisation defines the Government of Viet Nam as an executive agency of the National Assembly and hence the highest State administrative body. The Government reports to and is accountable to both the NA and to the President. The Government has a major role in executing the Constitution and legislation, ensuring implementation of political, economic, social, and foreign relations directives, as well as in the effective management of the State from central to local levels. The Government is also responsible for the complex policy formulation process and guiding Government agencies in the drafting of legal documents. The drafting process relies on advice and consultation with line ministries and local departments.

The Government, under the leadership of the Prime Minister, has the authority to promulgate various legal documents, such as Decrees and Decisions issued by the Prime Minister. Draft Ordinances have to be approved by the Standing Committee of the National Assembly, and Laws have to be submitted to the National Assembly for approval. Line Ministers issue Decisions and Circulars detailing how higher-level legal documents are to be implemented. The lengthy process required to formulate laws, regulations and policies is extended further, since implementation depends upon specific guidelines and regulations being adopted by relevant Government agencies. It is often the case that the real impact of legislation does not lie in the overall or original policy statement, but in the follow-up guidelines and instructions.<sup>45</sup>

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<sup>44</sup> World Bank (2009) *Modern Institutions. Viet Nam Development Report 2010*

<sup>45</sup> Overseas Development Institute (2004) *Understanding the Pro-poor political change policy process in Viet Nam*

### 2.3.4 The role of Line Ministries and Local Government

The main State agencies relevant to child rights are listed below and are referred to throughout subsequent chapters. They are:

- *Ministry of Labour, Invalids and Social Affairs (MOLISA)*: According to Decree 186/2007/ND-CP of 25 December 2007, MOLISA has overall state stewardship of employment, vocational training, labour, salaries and remuneration, social insurance, labour security, social security, child care and protection, gender equality, and fighting social evils nationwide. It is also responsible for managing the public services under its mandate. MOLISA is the State managing agency in terms of the protection and care of Vietnamese children.
- *Ministry of Health (MOH)*: has overall state stewardship of public health, curative and preventive health, and all public services managed by the Ministry. It is responsible for improving the quality of medical services to ensure children are well cared for in health terms from before birth until adulthood, with special attention to children in special circumstances. According to Decree 188/2007/ND-CP of 27 December 2007, MOH now has additional responsibilities regarding population and family planning: these used to be the responsibility of the former Committee for Population, Family and Children (CPFC).
- *Ministry of Education and Training (MOET)*: the prime responsibility of this Ministry is formulating programmes and policies to ensure the child's right to education; adopting policies and measures to support disadvantaged children and integrate them into the education system; and defining reforms in the education programme, school textbooks, curriculum, teacher training, etc.
- *Ministry of Culture, Sports and Tourism (MOCST)*: among other things, this Ministry is responsible for coordinating the formulation of policies and programmes that help prevent violence in the family; building and developing the concept of 'cultural family;' organising the gathering and archiving of information related to the family, and giving guidance on and reviewing practical experience of broadening 'family culture;' and educating the public on lifestyle and how to behave within the traditional Vietnamese family. The family-related issues that were formerly the responsibilities of CPFC are now fully managed by MOCST.<sup>46</sup>
- *Ministry of Public Security (MPS)*: is responsible for the application of measures to prevent acts that infringe upon children's rights, and for educating and reforming juveniles in conflict with the law.
- *Ministry of Justice (MOJ)*: According to Decree No.93/2008/ND-CP, MOJ has overall State management of developing and implementing legal documents; checking legal documents; disseminating and raising awareness of legislation; providing legal assistance to children; managing child adoption (foreign and domestic); and conducting awareness and education on child protection legislation.
- *Ministry of Agriculture and Rural Development (MARD)*: is responsible for formulating and implementing policies on domestic water supply and sanitation in rural areas. The Ministry is also responsible for implementing the National Target Programme on Rural Water Supply and Sanitation.

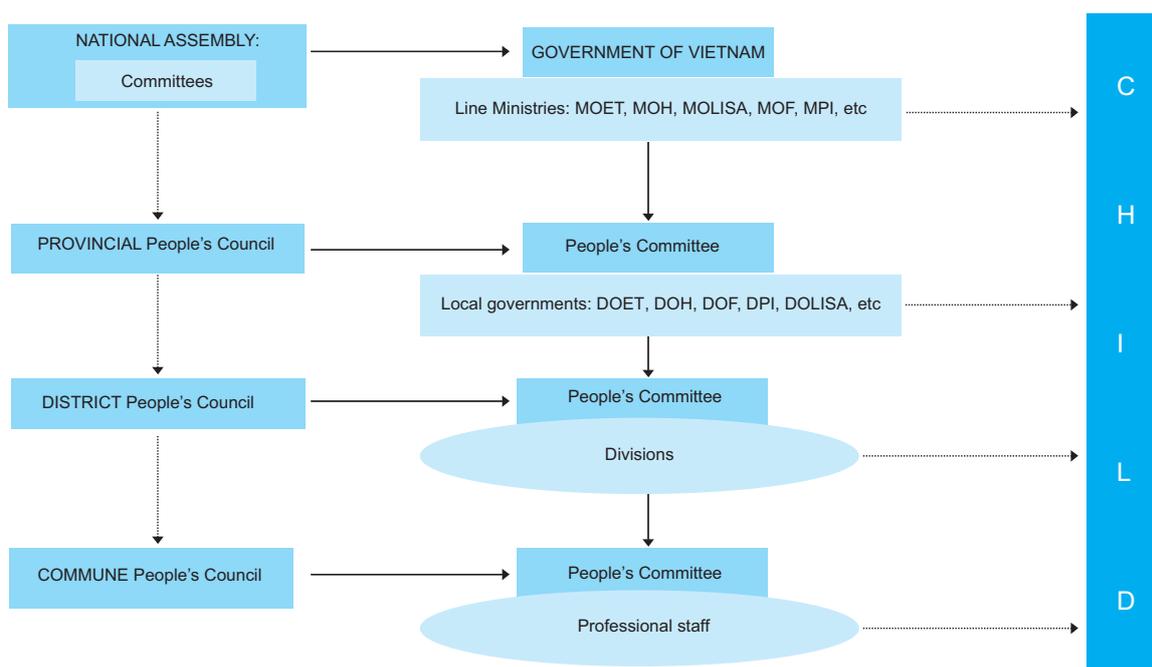
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<sup>46</sup> Health-related former responsibilities of the CPFC are now managed by the MOH.

- *Ministry of Natural Resources and Environment (MONRE)*: According to Decree No. 25 /2008/ND-CP of 4 March 2008, MONRE is responsible for guiding the implementation of water resource management and conservation; supervising the implementation of strategy, programmes and policy on preventing the deterioration of water resources; and collaborating with other ministries to ensure effective use and conservation of water resources.
- *Ministry of Planning and Investment (MPI)*: is charged with managing planning and investment. This includes providing comprehensive advice on socio-economic development strategies, programmes and plans. It is thus responsible for annual and long-term socio-economic development plans; and mobilising domestic and international resources for socio-economic development activities.
- *Ministry of Finance (MOF)*: is responsible for guiding other ministries and People's Committees in making annual and long-term budget estimates, including for child rights; and proposing policies to mobilise funds for child rights activities.
- *Ministry of Foreign Affairs (MOFA)*: coordinates and assists line ministries to participate in discussions in international forums; is involved in the development of laws and policies in accordance with international treaties and obligations; and ensures harmonisation of Viet Nam's legislation with international laws related to children (notably the CRC and its two Optional Protocols).
- *Committee for Ethnic Minorities (CEM)*: provides advice on ethnic minority issues, and coordinates with other ministries and agencies to formulate and implement policies, strategies, action plans and programmes related to ethnic issues. It is also the executive body for implementing the National Target Programme on Extremely Difficult Communes in Ethnic Minority and Mountainous Areas for 2006-2010 (Programme 135 phase II).
- *General Statistics Office (GSO)*: has the function of national statistics and regulates statistical performance of ministries and agencies. In addition to sub-national and ministerial reporting systems, GSO conducts census and surveys like Population and Housing Census (in 1989, 1999 and 2009), key household surveys such as Viet Nam Household Living Standards Survey (VHLSS), Multiple Indicator Cluster Survey (MICS), Demographic and Health Survey (DHS), Family Survey, Survey and Assessment of Vietnamese Youth (SAVY), Population Change and Family Planning Survey, which provide essential data on the situation of Vietnamese children and women.

*People's Committees* at provincial, district and commune levels are responsible for implementing child rights within their locality, as authorised by Central Government. In particular, they are responsible for allocating funds to schools, clinics, sports units, cultural centres, and recreation and play areas for children. All the line ministries mentioned above have departments at local level that function under the management of the People's Committees. These sectoral departments implement policies and regulations on child rights in the locality. Local People's Committees also interact closely with the respective elected People's Councils to formulate and implement local socio-development planning and budgeting.

**Figure 2.2: Relationships between State actors with responsibilities in child rights**



The implementation of child rights by line ministries and local authorities is not straightforward. First, most of the staff responsible for child rights at the grassroots level lack the relevant professional knowledge and skills. This particular shortcoming was singled out in the current State Party Report by Viet Nam to the CRC Committee.<sup>47</sup> Social work has only recently begun to be recognised as a profession in Viet Nam. Social services for vulnerable groups of children are therefore provided largely by voluntary efforts and non-profit organisations, rather than by trained, paid professionals.<sup>48</sup>

Second, although MOLISA is the focal agency in coordinating State-organised activities on child rights, coordination mechanisms at local level need clarifying. Under MOLISA, the Administration for Protection and Care for Children was established at central level in late 2008. This brings greater attention to children’s issues within the Ministry, but the new Administration has not yet established a network of local structures.

Third, the dissolution of local Committees for Population, Family and Children has affected the implementation of State management activities related to children. Former staff of the provincial CPFC have been re-assigned to the Department of Labour, Invalids and Social Affairs (DOLISA) or to the Department of Health (DOH). There are currently no full-time staff responsible for children’s issues at commune level.

Fourth, State officials at central level have had more opportunity to become sensitised to the concept of child rights and their responsibilities in this regard than have local officials. There is a similar disparity between the State legislature and the implementing authorities. The situation may lead to inconsistencies in prioritising local investment or budget allocation, particularly in view of the accelerated decentralisation process taking place in Viet Nam.

<sup>47</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam’s Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>48</sup> UNICEF Viet Nam (2005) *A Study of the Human Resource and Training Needs for the Development of Social Work in Viet Nam*

Fifth, addressing children's issues using a rights-based approach is relatively new in Viet Nam. It will take time for the legislature, executive and judicial systems to see children as holders of their own rights. Despite significant legislative reform, there is still a need for capacity development in such governance institutions to ensure that the rights of all children are respected, protected and fulfilled. It should be noted that assessing capacity needs is necessary at various levels – individual, organisational, enabling environment – and should be addressed accordingly.

Sixth, child rights issues need to be addressed through a multi-sectoral, multi-disciplinary approach. Implementing programmes and policies related to child rights also requires close collaboration between central and local levels. Although inter-sectoral coordination and cooperation between state actors has been strengthened over the past few years, several challenges still exist, particularly in the context of the Government reorganisation and dissolution of the CPFC. Coordination between the line ministries and State agencies still needs to be strengthened. Since the main activities to support children's rights are actually undertaken at the grassroots level, there is some concern that the limited coordination will lead to duplication and the inefficient use of public resources.

### 2.3.5 The role of the judiciary

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

In 2008, the Law on the Promulgation of Legal Normative Documents ('Law on Laws') was passed. This requires the Government to publicise all draft laws 60 days before being passed so that the public can make comments before the law comes into force. This was an important step in Viet Nam's legal reform process.<sup>49</sup>

According to the combined third and fourth periodic report by Viet Nam to the CRC Committee, there have been continuous efforts to strengthen and improve the judicial system. As well as clarifying the organisational structure and mandates of the courts, people's access to justice has been increased to ensure just and impartial judgments and to promote effective protection of human rights.<sup>50</sup> The qualification and capacity of judges, jurors and procurators at all levels have also been improved, as has the quality and number of judicial staff. Lawyers' associations, notary publics, judgment appraisals and pro-poor legal institutions in all provinces and cities have been upgraded.

However, there are still limitations in the capacity of the judiciary to protect the rights of children in general, and the rights of juveniles in conflict with the law in particular. The fact that Viet Nam is considering establishing a special Family/Juvenile Court is a positive development: there is strong support from the Government and the CPV for this.<sup>51</sup>

### 2.3.6 The role of the family

Although under international human rights law, it is the State which is primarily obliged to implement the CRC, the Convention highlights the important role the family, guardians or others who are legally responsible for the child, play in protecting children's rights and ensuring their well-being.

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<sup>49</sup> World Bank (2009) *Modern Institutions. Viet Nam Development Report 2010*

<sup>50</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>51</sup> See also Chapter 5

The family is the basic social unit in Viet Nam and is regarded as the foundation of the country's culture and society. Traditionally, the vast majority of Vietnamese families consisted of three generations living together under one roof. But modernisation, social change and economic forces are changing this family structure. There is a growing tendency for more nuclear families and fewer multi-generational ones. There are more female-headed households and family breakdown is increasing. According to the 2006 Family Survey, the pattern of households with two generations stands at 63 per cent and the proportion of three-generation households is decreasing.<sup>52</sup>

The traditional Vietnamese family gives power to the male head of the family. It is based on a collective identity in which the welfare of the extended family has priority over the interests of the individual. Despite recent changes in the role of women in society, the family remains a patriarchal institution. In its Concluding Observations in response to Viet Nam's combined fifth and sixth periodic report, the CEDAW Committee expressed its concern about *"the persistence of patriarchal attitudes and deep-rooted stereotypes, including the preference for male offspring, regarding the roles and responsibilities of women and men within the family and society at large."* It pointed out that *"these stereotypes present a significant obstacle to the implementation of the Convention, are a root cause of violence against women and put women in a disadvantaged position in a number of areas..."*<sup>53</sup>

In addressing the family environment in Viet Nam, the Committee on the Rights of the Child in 2003 expressed "deep concern" that, as recognised in the State party report submitted by Viet Nam, family disintegration, including divorce, was on the rise and contributed to the increasing number of children in conflict with the law, street children and drug abuse. The Committee expressed concern too at the growing gap between rich and poor families, and noted that poverty was putting children at greater risk of exploitation and abuse. Thus, the Committee recommended that the Government strengthen its efforts to develop a comprehensive family policy and improve social assistance and support to vulnerable families by establishing a professionalised system of social workers to provide counselling and assistance. It further recommended increasing financial support for economically disadvantaged families, particularly within development and poverty reduction plans for rural and remote areas.<sup>54</sup>

The Constitution and recent laws indicate a willingness by the Government to promote the rights of the child and to recognise the duties of parents to protect the rights and interests of their children, and the principle that children's opinions should be respected by their parents. The Constitution of the Republic of Viet Nam 1946 affirmed more than 60 years ago in Article 64: "The family is the cell of society. The State protects marriage and the family." The Constitution of 1992 in Article 56 establishes that "children are provided with protection, care and education by their families, the State and the Society." Article 40 stipulates "the State, the society, families and citizens are responsible for providing protection and care for children and their mothers."<sup>55</sup>

Specific laws have been passed that establish the duties and obligations of married partners, including the responsibilities of parenthood, as shown by the following list:

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<sup>52</sup> MOCST et al. (2008) *Family Survey 2006*

<sup>53</sup> UN (2007) *Concluding Comments of the Committee on the Elimination of Discrimination against Women: Viet Nam - CEDAW/C/VNM/CO/6*.

<sup>54</sup> UN (2003) *Concluding Observations of the Committee on the Rights of the Child to Viet Nam*

<sup>55</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

- The Marriage and Family Law (2000) stipulates that couples are obliged to implement family planning and that in order to protect pregnant women, husbands are prohibited from filing for divorce until one year after the birth of a child. This law revised the previous family code of 1986 to allow a woman to have a child without a husband, and declared wife-beating and child abuse illegal. Article 34 stipulates “parents have obligations and rights to love, raise, feed, take care; protect legitimate rights and interests of their children; respect opinions of their children;...”
- The obligation of the family to protect children and promote their development was reinforced in the Viet Nam Family Strategy 2005-2010 which aims to enhance capacities and strengthen the role of families. It does this by helping develop household income and living standards and services to families (including assistance to needy families) to encourage prosperous, progressive, equal, happy and small families (two children per couple in accordance with Viet Nam’s population policy).<sup>56</sup>
- The Law on the Protection, Care and Education of Children (2004) sets out the principle that the benefit and welfare of children should be the first consideration in all activities implemented by agencies, organisations, families and individuals. The law clarifies the responsibilities of Government agencies, families and the society with regard to children.<sup>57</sup>
- The Youth Law (2005) identifies the responsibilities of the State, families and society to protect and nurture young adults aged 16-18. The law further stipulates that the State shall apply the CRC to all persons under 18 years of age.
- The Law on Gender Equality (2006) provides principles on gender equality in all areas of society including politics, the economy, labour, education, and family life. In education, for example, female government staff with children under three years old will be supported when taking part in training courses. The Law also stipulates the responsibilities of institutions, families and individuals in implementing gender equality.
- The Law on Prevention and Control of Domestic Violence (2007) conveys the message that domestic violence is a violation of the law rather than an internal family affair. It provides measures to prevent and control domestic violence, and to protect and support its victims. The responsibilities of different agencies, families and individuals in preventing domestic violence and measures to handle domestic violence are also stipulated.

### 2.3.7 State and non-State service providers for children

Over the last decade, the private sector has played an increasingly important role in delivering child-related social services. This has resulted from the Government-initiated ‘socialisation’ policy on providing public services, under which user fees were instituted for some public services such as health and education. In 2005, the Government issued Resolution No. 05/2005/NQ-CP to accelerate the ‘socialisation’ policy in education, health, culture and sport service provision. It also introduced Decree No. 53/2006/ND-CP of 25 May 2006 to provide policy incentives for the development of non-state public services establishments.

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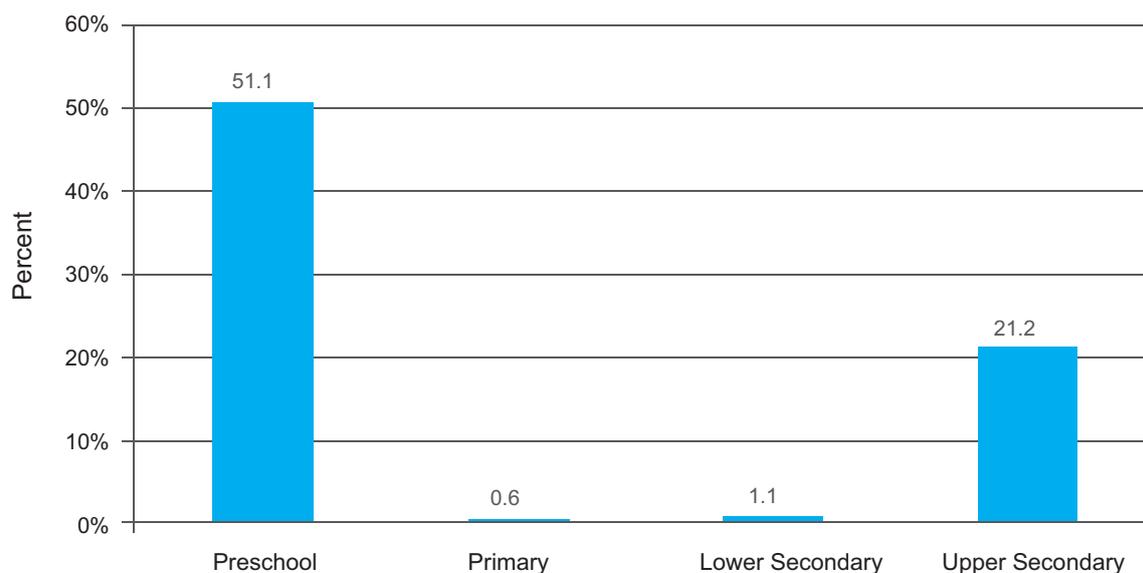
<sup>56</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>57</sup> CPFC and UNICEF Viet Nam (2006) *Ibid.*

These Decrees created a legal framework for private sector participation in social services, so a considerable number of non-state social service providers have been established over the past few years. The trend is expected to continue, especially in light of Viet Nam's membership in the World Trade Organisation whereby foreign investors are allowed to offer education, health and some other child-related services after 2009.

The present role of the private sector in providing education services can be seen in Figure 2.3.

**Figure 2.3: Percentage of students in non-public education institutions, 2008 - 2009**



Source: MOET's statistics of school year 2008 - 2009 [online]. Available at: <http://www.moet.gov.vn/?page=11.11&view=1579> [Accessed 28 May 2010]

The health care system includes both public and private elements: there are 13,500 public facilities<sup>58</sup> and over 35,000 private facilities (mainly clinics).<sup>59</sup> According to a national health sector survey, private health clinics account for approximately 60 per cent of outpatient visits. However, while the private sector plays a considerable role in providing ambulatory services (at 32 per cent of total patient visits), it contributes a very modest share in inpatient treatment (only 2 per cent of total inpatients).<sup>60</sup> In 2007 alone, 22 newly established private hospitals were granted licences by local authorities and the MOH.<sup>61</sup>

In Viet Nam, the State is responsible for providing social services, including public hospitals, health clinics, public schools, kindergartens, public sports centres and local cultural centres. These usually operate under the supervision of Government authorities such as line ministries or the local government sectoral agencies. In principle, these establishments are funded by the State budget and are expected to deliver quality services to children in accordance with timelines set by the State. Public establishments play a key role in education, accounting for almost all primary schools, about half of

<sup>58</sup> MOH (2008) *Health Statistics Year Book 2007*

<sup>59</sup> MOH and Health Partnership Group (2009) *Joint Annual Health Review 2009: Human Resources for Health*

<sup>60</sup> MOH and Health Partnership Group (2009) *Ibid.*

<sup>61</sup> MOF (2008) *Report on the implementation of policy to promote non-state public service provision establishments in Viet Nam*

kindergartens and two-thirds of upper secondary schools. In the health sector, public health care establishments play a major role in providing basic health services to children in both rural and urban areas.

Overall, the availability of public service providers for children has increased notably. For example, the number of pre-school units increased by nearly 30 per cent, while the number of teachers grew by 19 per cent between 2000 and 2006. Similarly, schools grew by 12 per cent in terms of number of units and by about 20 per cent in the number of teachers during the same period.<sup>62</sup> At the same time, in the health sector, the number of health establishments only slightly increased (growing by one per cent), but the number of health care staff showed significant growth (at 15 per cent).<sup>63</sup>

It is important to note that non-State public service providers are currently concentrated in large cities and economically developed regions. And, as in other countries, public service establishments with up-to-date equipment and facilities, and good doctors and teachers are usually concentrated in cities and developed regions. Those in rural and mountainous areas often lack the facilities and human resources needed to provide adequate services for children.

This state of affairs is reflected in the statistics: in 2006, 98 per cent of women in urban areas gave birth with skilled attendants, as opposed to 85 per cent in rural areas. In the remote North East and North West regions, only 58 per cent of women were assisted by skilled personnel during delivery. While 90 per cent of pregnant women in urban areas gave birth in health facilities, only 56 per cent in rural areas did so.<sup>64</sup> The current trend shows a growing inequality in public service provision between rural and urban areas, and between rich and poor.

Under-developed economic conditions hamper the provision of child-related public services in rural and poor provinces. The local budget of these provinces is usually small and the financial resources devoted to public services for children are limited. Often, the local budget only covers recurrent expenditure (administration costs and the salaries of teachers and health staff). To improve or develop public services, these provinces have to rely on central state budget support through various National Target Programmes (see Chapter 1).

### 2.3.8 The role of political, social, professional and mass organisations, international NGOs and the media

Various types of political, social, professional and mass organisations (PSPMOs) are involved in promoting child rights in Viet Nam. They include socio-political and mass organisations, and other community-based, media-related, religious and academic organisations through which people can participate in political and social life. In recent years, PSPMOs have been slowly emerging and their important role is gradually being recognised.

Mass organisations have played an important role in the political system and in the history of the socialist state. It is difficult to categorise them: they are not NGOs as internationally understood; they are affiliated with the Fatherland Front. They include the Women's Union with 13.6 million members and the Youth Union with 6.1 million members, both of which are very active (especially at grassroots level) in rural areas.

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<sup>62</sup> GSO (2007) *Statistical Year Book of Viet Nam 2006*

<sup>63</sup> GSO (2007) *Ibid.*

<sup>64</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

Under the 1999 Law on the Fatherland Front, this mass organisation and its affiliates are authorised to participate in formulating policy, in generating support for official policies, and in presenting citizens' concerns to political leaders. The National Assembly Committee on Law also invites representatives of the mass organisations headed by the Fatherland Front to provide comments and help draft new legislation and state regulations. The mass organisations are therefore well placed to participate with national and local authorities in the planning process and to promote child rights.

However, not all draft laws, programmes and policies are made in active consultation with stakeholders, especially those who will be directly affected by them. It is not always clear to what extent the contributions of PSPMOs are considered in law-making. In addition, PSPMO activities have mainly concentrated on sharing information and providing charitable services for children in partnership with the State and public organisations. The role of PSPMOs in monitoring and evaluating the implementation of child rights laws, programmes and policies remains limited. The 2008 establishment of the Viet Nam Association for the Protection of Child Rights represents an important step towards strengthening PSPMOs capacity for child rights, including the eventual monitoring of child rights implementation.

At present, there are numerous international NGOs operating in Viet Nam, many of them actively promoting child rights (including Save the Children, World Vision, Child Fund, Oxfam and plan International). These organisations have supported the implementation of the CRC in Viet Nam in many ways, such as promoting equal access to services, conducting advocacy activities on child rights and presenting good practices of child participation. In 2009, for the first time, a complementary report to the third and fourth State Party Report on the CRC was drafted by a group of NGOs through a participatory process involving children from various parts of the country: this report is to be submitted to the CRC Committee for consideration alongside the Government report.

Viet Nam Television, Viet Nam Radio, other television and radio stations, national and provincial newspapers, institutional magazines and bulletins all communicate messages on child rights. They also play an important role in raising society's awareness and changing public attitudes towards violations of child rights. The potential contribution of the media is particularly important in providing information to disadvantaged groups on how to access social services and make the most of the available opportunities.

However, the poor in rural areas (especially in remote and ethnic minority areas) do not have as much access to mainstream information. In 2006, 78 per cent of the population as a whole owned a colour television, but only 73 per cent of households in rural areas owned one. Similarly, eight per cent of the total population owned a computer in 2006, but this average hides a large discrepancy between rural households (only three per cent had a computer) and urban households (21 per cent had one).<sup>65</sup> Although progress has been made in communications recently, coverage is still limited, and programme content is not relevant to all areas of the country.

Strengthening the capacity of PSPMOs and the mass media to promote and protect the rights of the child is crucial, given their roles and potential to contribute to this effort. The Government of Viet Nam has been aiming to build sound governance institutions, and this requires the participation of PSPMOs and the private sector.

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<sup>65</sup> GSO (2007) *VHLSS 2006*

### 2.3.9 Official development assistance (ODA) partners

Official development assistance remains an important source of funds to support socio-economic development and poverty reduction in Viet Nam. In recent years, the amount of ODA committed to Viet Nam has risen steadily. However, Viet Nam is not aid-dependent – ‘grants’ constituted only 0.5 per cent of GDP in 2008.<sup>66</sup>

According to the Government’s State Report to the CRC Committee, of the USD 5.4 billion of ODA that was committed in 2007, 17 per cent was spent on education, health, and other social services with some impact on children’s rights.<sup>67</sup>

In the area of child rights, UN agencies play a leading role in assisting Viet Nam to implement its commitments under the CRC, CEDAW and other international human rights instruments. They also support efforts to harmonise the domestic legal framework in accordance with international treaties. More importantly, the support of UN agencies has been concentrated in assisting line ministries and local government to implement child rights-related policies, laws and regulations. UN agencies mainly support this process through capacity building, providing technical assistance and sharing international best practice.

## 2.4 Policy and planning mechanisms

### 2.4.1 Links between policy, planning and budgeting

The planning system in Viet Nam includes long-term plans (strategies and master plans for a period of ten years), medium-term plans (for a period of five years) and annual plans. There are also socio-economic development plans at each administrative level (national, provincial, district or commune). Master plans for the long-term development of specific sectors of the economy are also formulated. The strategic, medium-term and annual plans are inter-related, although they are not always fully coordinated.

Viet Nam is currently implementing the Socio-Economic Development Strategy (SEDS) for the period 2001-2010 and the five-year Socio-Economic Development Plan (SEDP) for 2006-2010. These are overarching planning documents that express the country’s vision, socio-economic development orientations and goals, as well as the policy measures to be pursued. Based on the five-year plan, the annual SEDP is formulated with a set of development goals (through development targets/indicators) to be achieved, measures to be implemented and resources needed during the year in question.

Viet Nam is reforming the planning and budgeting processes to make them more relevant to the socialist-oriented market economy. For example, the elaboration and execution of budgets has become more transparent, with the National Assembly playing an increasingly important oversight and approval role. In 2009, the Prime Minister issued Directive No.751/CT-TTg of 3 June 2009 on developing the five-year SEDP (2011-2015), which reformed the planning approach to make it more strategic. Changes included the adoption of results-based management, moving away from ‘achievement syndrome’ towards more accurately pinpointing constraints to the implementation of plans, using evidence-based planning, and more participatory and inter-sectoral planning approaches.

One important part of annual development planning is estimating accurately the allocation of resources. Each year, the Prime Minister issues an instruction for

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<sup>66</sup> World Bank (2009) *Modern Institutions. Viet Nam Development Report 2010*

<sup>67</sup> Socialist Republic of Viet Nam (2008) *The Third and Fourth Country Report on Viet Nam’s Implementation of the United Nations Convention on the Rights of the Child*

developing the annual SEDP and the State budget plan, on which the Ministry of Planning and Investment (MPI) has to provide guidance to line ministries and local authorities. At national level, the capital investment budget estimates of sectoral and provincial development plans go to MPI and then the Ministry of Finance (MOF) for their consideration in budget allocation. At local level, it goes to the respective provincial departments. The MPI and MOF then work together to produce a unified national budget. This is subsequently approved by the National Assembly. At local level, it is the People's Council which approves the annual budget plan for the province.

At present, the budget for implementing child rights does not have a separate line in the national budget, because it is integrated into sectoral budgets for line ministries. Thus State budget allocations for children go through several channels. At national level, it can be the State budget allocated to line ministries (to the departments/agencies related to child rights) for implementing planned activities related to children within their sector. Line ministries also receive a budget for implementing child-related target programmes and action plans. At local level, besides child-related national programmes implemented by line ministries, the State budget to support child rights may come from the local budget allocation but this depends on the commitment of local leaders to child rights.<sup>68</sup> With the exception of target programmes, the budget allocation mechanism is very sector-focused, whereas activities related to child rights are necessarily multi-sectoral.

The above system of planning and budgeting creates several challenges:

- Not all Government authorities have applied a strategic approach in formulating development plans. Without a clear legal document regulating the use of the relatively new strategic planning approach, planning staff are reluctant to move from the old methods. Many government staff do not yet have sufficient skills and knowledge to use the new approach, particularly for conducting consultation meetings with stakeholders, financial analysis, budgeting, or preparing development plans using a results-based approach.
- Although the national SEDP for 2006-2010 contains sets of economic, social and environmental development indicators (including indicators related to children), there is no specific legal document regulating the integration of children's and social aspects into the planning process at local levels. However, there are some pilot cases in provinces where, with the support of international donors, local government has included some child-related indicators into their SEDP. The approval of a new National Statistical Strategy and revised National Statistics Indicators System (NSIS) in 2010 will help clarify the major indicators relevant to socio-economic planning; the NSIS list of indicators does include certain important children's indicators, such as on child malnutrition and education outcomes.
- Development objectives, policy measures and resource allocations in sectoral and local development plans are not always linked. This can be seen also in several child-related action plans/programmes and the SEDPs at different local levels. The disconnect between plans, programmes and resource allocation can make programmes for child rights difficult to implement. It can also lead to a lack of integration between capital and recurrent expenditures, resulting in inefficiencies in the management of public resources.

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<sup>68</sup> CIEM (2008) *MPI Local Capacity Gap Assessment and SEDP Analysis*

- Although the budget allocated to child-related activities in health and education has increased, it is still not sufficient. Apart from expenditure on education and free health care for children under six (which is tied to population size and can therefore expect a considerable increase in future), the budget allocation for other activities competes with the other spending priorities of line ministries and local governments.

#### 2.4.2 Decentralisation in planning and budgeting

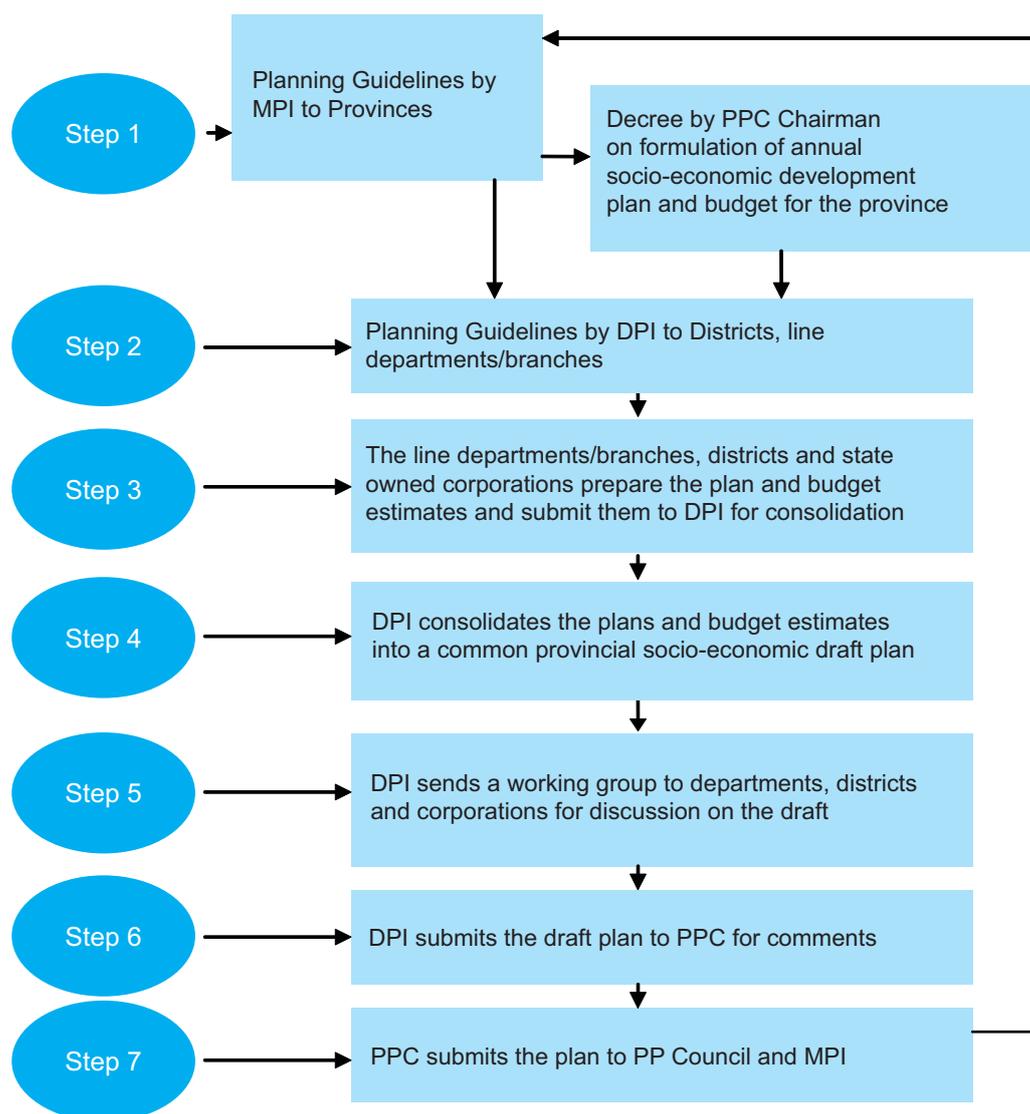
The decentralisation process has made a clear impact on planning, resource mobilisation and budgeting. Local governments now play an increasingly important role in the achievement of national development goals.

The 2002 State Budget Law (implemented since 2004) reflects the move toward decentralisation. It granted new powers to Provincial People's Councils, enabling them to prioritise resources, including the allocations to different sectors and making transfers to the two lower tiers (districts and communes). They were also granted more explicit powers and duties to mobilise resources. Local planning is now conducted through transfers from central level to the provinces for stable periods of three to five years. However, poorer provinces still depend on central government for a larger portion of their annual SEDP budget, which is often given to the provinces earmarked for specific areas, thereby limiting their autonomy.

The Investment Law (2005) and Decree 131 (2006) on ODA management have further strengthened the power of local government authorities to mobilise and utilise domestic and international resources to achieve development goals. According to these documents, line ministries and provincial governments are authorised to mobilise, appraise, implement and evaluate domestic and foreign investment programmes and projects in their sectors or localities, with the exception of those of national importance, which require agreement by the National Assembly. They are also required to strictly follow the sectoral or regional development master plans and legal regulations adopted by the Government.

Presently, approximately half of budget spending is under the control of provinces, districts and communes. However, the transition from old to new planning at local levels has lagged behind the progress in decentralisation. The current planning process consists of seven steps as shown in Figure 2.4.

**Figure 2.4: Steps in the provincial planning process**



Source: MPI and UNDP (2006) *Local Capacity Assessment – Strengthening Local Government Project*

This process, which has been mostly top-down, does not adequately support effective decentralisation, community participation or mainstreaming the National Target Programmes (NTPs) into SEDPs. The time available for local socio-economic development planning is too short (little more than a month) to allow careful analysis of local needs, opportunities and challenges. The new planning reform process aims to address many of these challenges.

The success of decentralisation in Viet Nam and the ability to keep development inclusive will probably depend on the ability of local government to embrace strategic planning. If it does so, it will be able to make sound policy choices, supported by commensurate budget allocations, and monitored through an appropriate set of provincial-level development indicators. There is potentially some tension between the unprecedented spending authority of the provinces and their limited capacity to plan towards development goals. In response to the situation, some development partners are supporting local government

through capacity strengthening in planning and budgeting. It is expected that the process will take time and the actual impact will only be evident after some years.

There has been growing involvement of PSPMOs in local development efforts as a result of the strengthened democratisation process and the adoption of the Government's 2007 Ordinance on Grassroots Democracy. It requires local government to increase participation and accountability; to consult with local people on draft plans and involve them in monitoring expenditures; and to publish information on laws, policies, administrative procedures, budget plans and actual expenditure.

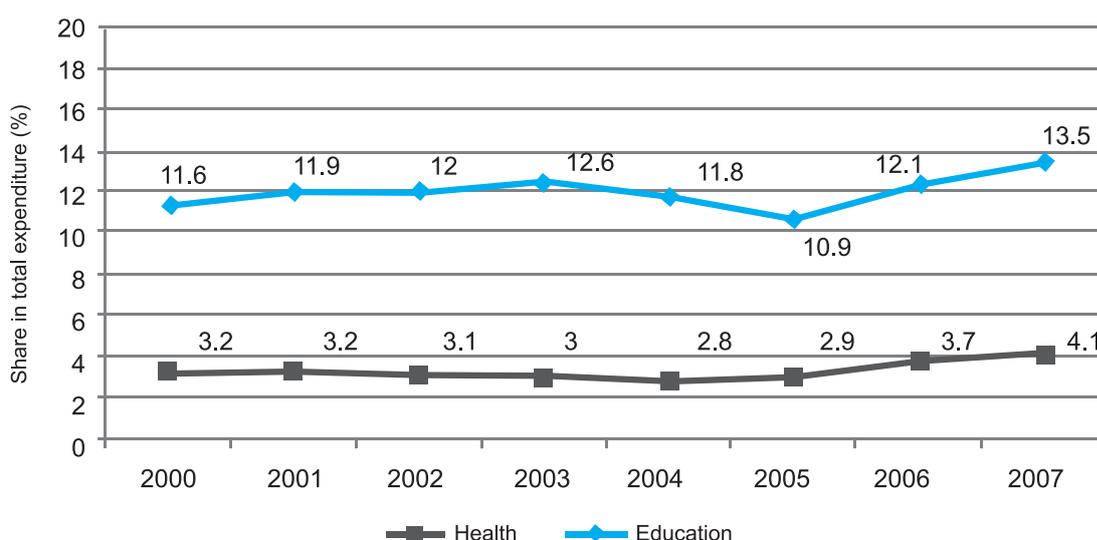
### 2.4.3 Fiscal trends and budget allocations

The State budget is the main source of funds for realising the rights of children in Viet Nam; other sources include families, the private sector and social organisations. Foreign aid is an important source in supporting Viet Nam to implement the CRC effectively.

Decree No. 36/2005/ND-CP (detailing the implementation of the Law on the Protection, Care and Education of Children) assigns responsibility to the Ministry of Finance and the Ministry of Planning and Investment to ensure that child protection, care and education plans are incorporated into the annual and long-term socio-economic development plans. These Ministries are also responsible for ensuring that mechanisms are in place to mobilise funds for relevant activities.

In recent years, State expenditure on the social sector has been increasing gradually, albeit slowly. State spending (both investment and recurrent expenditure) on education has grown from about 11 per cent in 2005 to 14 per cent in 2007, while spending on health has grown by about one percentage point during the same period (Figure 2.5). A major proportion (about 53 per cent) of the State's recurrent expenditure on education and training has been used for primary and secondary education.<sup>69</sup>

**Figure 2.5: Share of education and health sectors in total state budget expenditure between 2000 and 2007 (in percentage)**

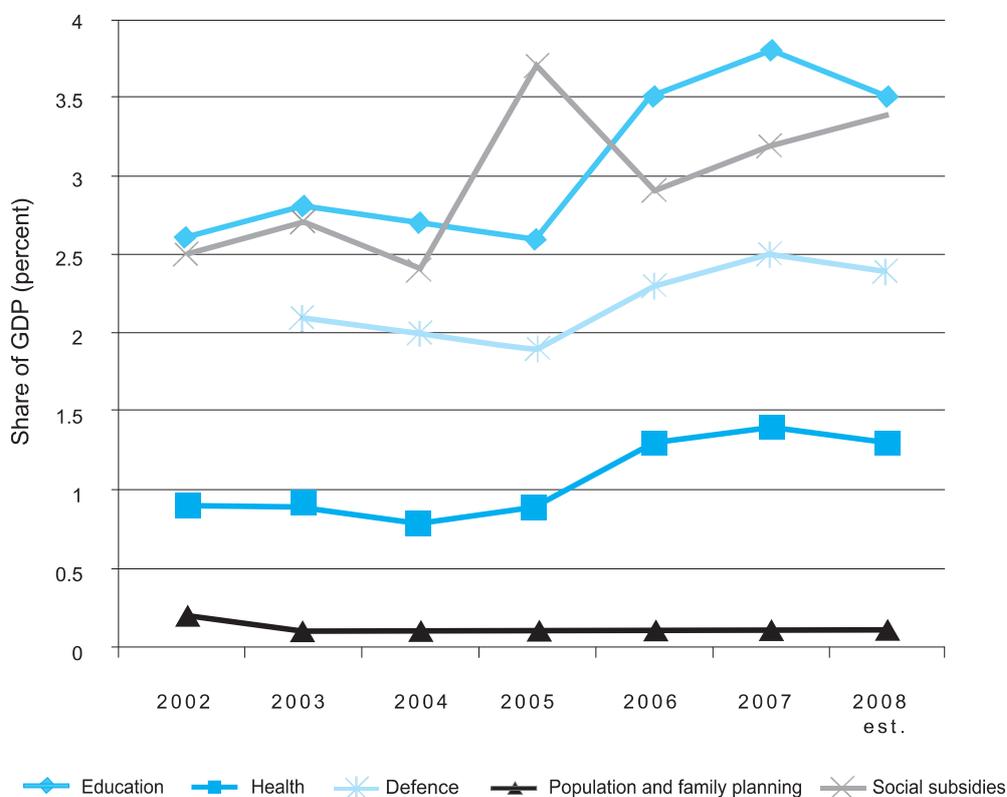


Source: GSO (2009) *Statistical Yearbook 2008*

<sup>69</sup> Nguyen Thi Lan (2008) *Viet Nam's Implementation of International Treaties on Child Rights*

In terms of state spending as a share of GDP, the trend is positive for key sectors related to children, including education, health and social subsidies, as indicated in Figure 2.6.

**Figure 2.6: State budget expenditures as share of GDP between 2002 and 2008 (in percentage)**



Source: World Bank (2009) *Viet Nam Development Report 2010: Modern Institutions*

In addition to a growing State budget devoted to social aspects, which are closely linked to implementing children’s rights in Viet Nam, State spending on national target programmes related to children has also increased. For the period 2006-2010, about 46,311 billion VND (USD 2.57 billion) was budgeted for poverty reduction programmes and policies. Most programmes are funded by both national and sub-national budgets. Of the over 40 poverty reduction programmes in the country, 13 receive the lion’s share of the available state budget resources. These 13 include programmes particularly relevant to children’s rights, such as Programme 135-II (total budget 18,000 billion VND or about USD 1 billion), the National Target Programme on Poverty Reduction (total budget 3,400 billion VND or about USD 180 million), and health care for the poor (total budget 1,300 billion VND or about USD 69 million).<sup>70</sup>

Since the country opened up its economy and strengthened cooperation with development partners, ODA inflows have risen. According to MPI data on ODA projects,<sup>71</sup> about USD 18.3 billion was disbursed between 1993 and 2007, of which 18 per cent was used for social aspects such as education, health care, other social services

<sup>70</sup> Jones R., Tran Thi Hanh, Nguyen Anh Phong and Truong Thi Thu Trang (2009) *A Mapping Exercise – Poverty Reduction Programmes and Policies in Viet Nam*

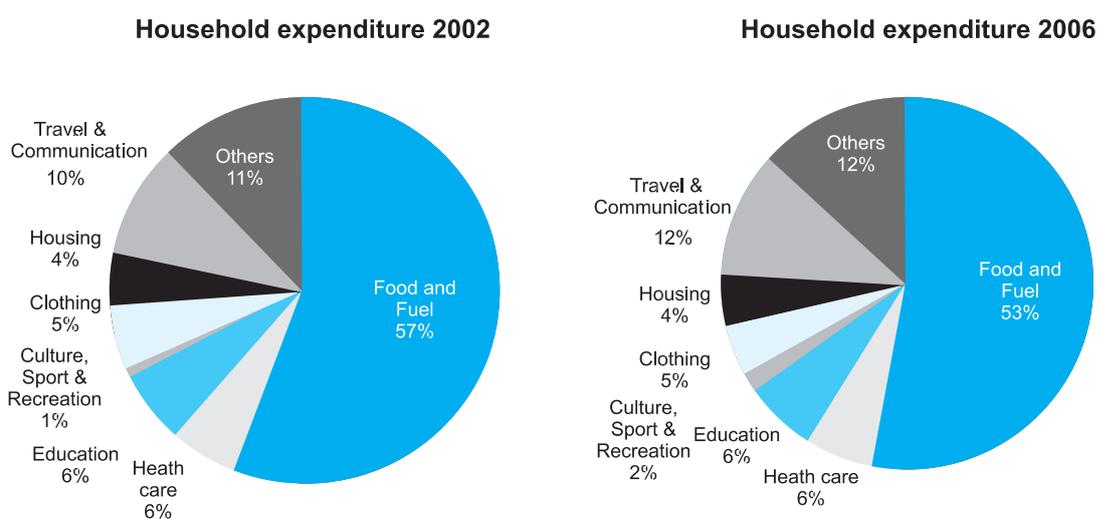
<sup>71</sup> MPI Development Assistance Database (DAD)[online] Available at: <http://dad.mpi.gov.vn/dad/>

and communication. More than USD 650 million of ODA was spent on primary and secondary education. In the health sector, ODA mainly supported the formulation and implementation of legal documents, reproductive health, population and family planning, HIV/AIDS prevention and combating the disease, and strengthening the hospital system, amounting to about USD 500 million during the period 1993-2007.

Another significant source of funding for child rights activities in Viet Nam is the general public, in the form of contributions by families, the private sector, social organisations and individuals. The main idea of the 'socialisation' policy is that as well as the State's major role in funding social services, the Government encourages community contributions by directly or indirectly investing in service provision or through cost sharing.

One of the measures applied was the introduction of user Mfees for public services such as health care and education (except primary education). According to the 2002 Viet Nam Household Living Standards Survey (VHLSS), headcount spending on basic social services as a proportion of total monthly consumption expenditure was: education 6.1 per cent; health care 5.6 per cent; and culture, sport, recreation 1.1 per cent. The figures in 2004 had increased to 6.3 per cent, 7.0 per cent and 1.3 per cent, respectively.<sup>72</sup> And in 2006 they were 6.4 per cent, 6.4 per cent and 1.5 per cent, respectively.<sup>73</sup> Viet Nam has one of the highest out-of-pocket payment levels on health care in the region, estimated at 70 per cent.<sup>74</sup> (Figure 2.7)

**Figure 2.7: Household expenditure by type of expenditures in 2002 and 2006**



Source: GSO (2002) VLSS 2002 and GSO (2007) VHLSS 2006

Another part of the Government's 'socialisation' policy was to mobilise the private sector, including foreign direct investment (FDI), to invest in and provide public services. However, private sector investment in public services for children is still limited.

In recent years, a system of Children Support Funds has been developed throughout the country. The system currently operates in every province, in 80 per cent of districts and 70 per cent of communes. The Funds actively mobilise non-state budget resources

<sup>72</sup> GSO (2005) VHLSS 2004

<sup>73</sup> GSO (2007) VHLSS 2006

<sup>74</sup> UNICEF Viet Nam (2008) *Health Equity Situation Analysis*

amounting to about USD 2 million per year for child protection, education and health care activities.<sup>75</sup>

Various other non-state funds are also available, including the Golden Heart Fund (*Qui Tam Long Vang*), the Fund for Learning Promotion (*Qui Khuyen hoc*), the Fund to Support Young Talents and the Fund for Poor Students. These funds were established and managed by political, social, professional and mass organisations and offer direct support to children.

With all of these funding mechanisms at different levels and benefitting different groups, and the various National Target Programmes and sectoral investment strategies at national level, there is a serious risk of fragmentation, duplication and overlap. There is a clear need to bring them together under an overall social protection framework for the country as a whole.

Recognising this, in 2009-10, MOLISA is leading an effort to establish a more coherent, comprehensive and universal social protection system. This has the potential to have greater impact on protecting the most vulnerable, and ensuring fair and sustainable socio-economic development for all Viet Nam's men, women, girls and boys.

#### 2.4.4 Monitoring, reporting and evaluation mechanisms

In Viet Nam, mandates for oversight, monitoring and evaluation of policy implementation, planning and budgeting are usually assigned to state agencies. For example:

- The National Assembly is responsible for overseeing national policies and programmes, the national plan and budget performance according to the Law on Supervisory Activities of the National Assembly.
- Government (i.e. MPI, MOF and line ministries) is responsible for monitoring and evaluating the performance of sectoral and regional plans, and the allocation and use of budget expenditure.
- People's Councils and People's Committees are responsible for overseeing the performance of local plans, budget allocation and utilisation, etc.

In general, monitoring and evaluation (M&E) of plans, policies and programmes conducted by State agencies is not yet guided by any legal document. The only exception is MPI Decision 555/2007/QD-BKH of 2007, which requires line ministries and local government to develop an M&E framework for their SEDP 2006-2010 plans. However, not all ministries and local governments have been able to do this.

It is not yet clear how State agencies should monitor and evaluate their own plans and policies impartially and critically. Consequently, their reports are usually qualitative evaluations, which lack sufficient quantitative evidence and do not systematically assess the impact of policy. The main causes for this are: i) M&E capacity in line ministries and local government is still weak; ii) although M&E is supposed to be a regular function of state agencies, many have not fully internalised it; iii) resources for M&E are limited and are usually not included as a budget line in the allocation plan of state agencies.

Viet Nam does not yet have an independent M&E mechanism for analysing development policies and plans. Some independent evaluations have been undertaken

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<sup>75</sup> Nguyen Thi Lan (2008) *Viet Nam's Implementation of International Treaties on Child Rights*

in recent years, with the assistance of development partners, to assess the impact of some national target programmes and policies. The involvement of political, social, professional and mass organisations in these activities is still limited.

Viet Nam is gradually developing a comprehensive socio-economic data system at national and local levels. The Law on Statistics was adopted in 2005 and implementation guidelines were developed to create a legal foundation for central and local government to collect information on development indicators for SEDP and the Viet Nam Development Goals. The Law also requires that data should be user-friendly and accessible to interested parties. However, while the data on economic aspects are quite comprehensive, data on social aspects are still limited. Data inconsistency is often seen: different government agencies may report very different figures for a single indicator. National survey data produced by the General Statistics Office (GSO) is generally considered to be highly reliable, whereas administrative data is less so.

#### 2.4.5 Monitoring child rights

In its Concluding Observations of 2003, the CRC Committee advised Viet Nam to expand its system of data collection to include statistics on the economic exploitation of children and child abuse, and to use all data when formulating, monitoring and evaluating policies, programmes and projects aimed at implementing the CRC. The Committee also recommended that Viet Nam establish an independent monitoring mechanism to promote and protect child rights.

Since these recommendations were made, Viet Nam's combined third and fourth periodic report of 2008 to the CRC Committee states that child-related information and data collection has improved and several surveys regularly collect data on children. These now serve as the key sources for monitoring the implementation of the CRC and are also used for developing and implementing child-related policies, plans and programmes.

The following developments were listed in the report as the main Government efforts to upgrade the quality and quantity of indicators and data on children:

- Sets of indicators have been developed to monitor changes in family structure and functions. In the area of child protection, there are indicators on child sexual abuse for commercial exploitation, on juvenile justice, on street children, and other indicators on women and children of ethnic minorities.
- A Multiple Indicator Cluster Survey (MICS) is carried out every five years by the General Statistics Office (GSO). Its main purpose is to assess the situation of children and women in Viet Nam, monitor MDGs and World Fit For Children goals, and the National Plan of Action for Children 2000-2010. Another important aim is to strengthen the technical expertise of the national statistical office to design and implement such surveys, and to analyse the data collected.
- Viet Nam Household Living Standards Surveys (VHLSS) are conducted every two years by the GSO with support from development partners. These surveys contain data related to incomes and consumption, including those directly related to children such as education and health care.

- Data has also been obtained from the general population census and other national surveys on labour and employment, health care, adolescent reproductive health, young people and population change. The first Nationwide Survey on the Family was carried out in 2006 by the former Committee on Population, Family and Children, the GSO, the Institute for Family and Gender Studies and UNICEF.

Although data on children has been collected, it is dispersed between different line ministries and government agencies, making it difficult to obtain a coherent picture of child rights in the country. There are questions on the reliability and consistency of the data, and limitations on data information sharing and disclosure to the public. In 2008, MOLISA began to standardise the various child rights indicator systems across the different line ministries and with GSO.

Within Government, the monitoring of child rights is assigned to line ministries and other national organisations. At local levels, sectoral departments are in charge of carrying out M&E activities within their locality. The capacity of the duty-bearers responsible for M&E remains limited, at both national and local levels. The current planning system is not sufficiently results-based, so it is difficult to assess how development efforts have contributed to different targets. These shortcomings present a major challenge that needs to be met through capacity-building efforts.

The involvement of political, social, professional and mass organisations in monitoring is still limited and there is not yet a clear mechanism for them to become more active. However, there have been promising developments recently, such as the establishment of the Viet Nam Association for the Protection of Children's Rights (VAPCR) and the completion of the NGO complementary report on the CRC.

## KEY FINDINGS – Governance and Institutional Context

- Viet Nam was the first country in Asia and the second in the world to ratify the Convention on the Rights of the Child. Basic principles of the CRC have been incorporated into many national laws, including most importantly the 2004 Law on Protection, Care and Education of Children. This law establishes the age of childhood to be up to 16 years, and also establishes the child's obligations as well as his/her rights.
- In addition to an extensive legal framework supporting children's rights, Viet Nam has put in place a number of 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 many duty-bearers for children's rights. The Communist Party of Viet Nam leads the State and political and social mass organisations. The National Assembly, which has oversight of all State activities, includes several committees whose work is directly relevant to children. Within Government, the Ministry for Labour, Invalids and Social Affairs (MOLISA) has overall responsibility for children's rights, with other line ministries playing key roles in their respective areas. 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.
- Political, social, professional organisations are slowly emerging, and their important role is increasingly recognised. Mass organisations, affiliated with the Fatherland Front, are very active at grassroots level. The media spreads communications related to children's rights, and raises awareness of key issues. Although progress has been made in media coverage, there are still shortfalls, e.g. only 73 per cent of rural households owned a colour television in 2006. International development partners, including the UN, have supported Viet Nam in implementing its international and national commitments in relation to children, such as the Millennium Development Goals.
- 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. The traditional Vietnamese family is based on a collective identity, in which the welfare of the extended family has priority. Gender roles within families remain, with most decision-making power concentrated with the male head. One especially important legal development in relation to the family is the 2007 Law on Prevention and Control of Domestic Violence, which outlaws domestic violence.
- Another important set of actors 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 the provision of basic social services. Private sector service providers tend to be concentrated in large cities and

more economically developed regions. Public sector provision of services has improved significantly, especially in health and education. But there is growing inequality in 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 rural and poor 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 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 not presented separately within the national budget, but are included within sectoral budget lines such as education and primary health care. Challenges related to planning include: inadequate knowledge of strategic planning approaches; inconsistent integration of child-related targets or priorities in SEDPs; inadequate budget allocations for child-related services; and inadequate time for integrated, participatory planning at local levels.
- State spending on the social sectors, especially health and education, has been growing steadily. In 2007, education and training accounted for 13.5 per cent and health accounted for 4.1 per cent of the total state budget expenditure. Under the 'socialisation' policy, user fees were introduced and households are devoting a growing share of their total monthly consumption on out-of-pocket payments for basic social services; in 2006, households spent 6.4 per cent of their total monthly consumption on education, and 6.4 per cent on health care.
- The Government has invested in developing and strengthening child rights monitoring systems. There are child-specific indicators, national surveys which routinely collect data on children, and work is under way by MOLISA to consolidate all child rights-related data and indicators into one central system under its oversight. Monitoring the impact of specific child-related laws, policies or initiatives is undertaken by a wide range of actors, including the National Assembly, line ministries such as MOLISA, and agencies such as GSO.

## ANNEX 2.1: Full text of Articles relevant to this Chapter

### Convention on the Rights of the Child

#### Article 2: Non-discrimination

1. State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. State Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

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

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. State Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. State Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

#### Article 4: Obligations of the State to implement the CRC

State Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognised in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

#### Constitution of Viet Nam

Article 63: Male and female citizens have equal rights in all fields – political, economic, cultural, social and the family. All acts of discrimination against women and all acts damaging women's dignity are strictly banned.

Article 65: Children enjoy protection, care and education by the family, the State and society.

## ANNEX 2.2: Summary of observations and recommendations from CRC Committee to Viet Nam, 2003 and 2006

### A) Concluding Observations of the CRC Committee

- Strengthen its efforts to ensure that its domestic legislation is in full conformity with the principles and provisions of the Convention, in particular in the area of juvenile justice.
- Allocate sufficient resources to the National Committee on Population, Family and Children in order for it to effectively coordinate and monitor all bodies working to implement the Convention and national plans and programmes related to children.
- Establish an independent and effective mechanism to monitor the promotion and protection of children's rights. Initiate a pilot project establishing an Ombudsman for Children.
- Prioritise budgetary allocations to ensure implementation of the economic, social and cultural rights of children. Increase resources allocated to the training of skilled human resources in the areas of social work, child protection and counselling.
- Expand the system of data collection to include statistics on the economic exploitation of children and child abuse. Use all data and indicators for the formulation, monitoring and evaluation of policies, programmes and projects for the effective implementation of the Convention.
- Enhance transparency and facilitate the coordination of activities undertaken together with international NGOs in implementing the Convention.
- Train all professionals working with and for children in the provisions and principles of the Convention, in particular parliamentarians, law enforcement officials, civil servants, municipal workers, personnel working in institutions and places of detention for children, health personnel, including psychologists, and social workers.
- Disseminate of the Convention to members of ethnic minority groups, and ensure, wherever possible, that the full text of the Convention is translated into the local language.
- Amend domestic legislation to ensure that it corresponds fully with all the provisions of Article 2 of the Convention and that, in particular, discrimination against children on the grounds of disability is expressly prohibited by law.
- Strengthen efforts to eliminate disparities in the accessibility and quality of health care and education between regions and ethnic minorities.
- Conduct a study in collaboration with ethnic community leaders to determine the extent to which ethnic minority children suffer from discrimination and develop policies and programmes to address the root causes of any such discrimination.
- Amend its legislation in order to ensure that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

- Conduct a study on the scope and causes of accidental deaths, and strengthen its efforts to reduce accident-related deaths through, inter alia, awareness-raising campaigns and education programmes aimed at parents, children and the public at large.
- Carry out awareness-raising campaigns on children's right to have their views taken into account and to participate in all matters affecting them.
- Guarantee that in all court and administrative proceedings affecting them, children have the right to express their views and have those views taken into account regarding children.
- Promote and facilitate, within the courts and all administrative bodies, respect for the views of children and their participation in all matters affecting them.
- Strengthen its efforts to secure the registration at birth of all children, giving particular attention to children living in rural and mountainous areas.
- Establish a national system for receiving, monitoring, and investigating complaints of child abuse and neglect, and, when necessary, prosecuting cases in a child-sensitive manner.
- Train law enforcement officials, social workers and prosecutors on how to address complaints regarding child abuse in a child-sensitive manner.
- Establish an accessible national system to provide counselling and assistance to child victims of violence as well as child witnesses of crimes.
- Establish a mechanism for collecting data on perpetrators and victims of abuse and neglect.
- Explicitly prohibit corporal punishment in the home, schools and all other institutions.
- Carry out public education campaigns about the negative consequences of ill-treatment of children, and promote positive, non-violent forms of discipline as an alternative to corporal punishment.
- Strengthen its efforts to develop a comprehensive family policy.
- Improve social assistance and support to vulnerable families by establishing a professionalised system of social workers within communities to provide counselling and assistance.
- Increase financial support for economically disadvantaged families, particularly within development and poverty reduction plans for rural and remote areas.
- Strengthen its efforts to enforce domestic laws and regulations on adoption, and ratify the Hague Convention of 1993 on Protection of Children and Cooperation in respect of Inter-country Adoption (No. 33).
- Strengthen the implementation of the National Nutrition Strategy.
- Educate mothers, as well as village health workers and traditional birth attendants, on the benefits of exclusive breastfeeding of infants for the first six months and take measures to limit the distribution of infant formulas.

- Increase the resources available to district health centres and commune health stations.
- Take all appropriate measures to prevent the spread of communicable diseases.
- Prioritise the construction and expansion of water and sanitation infrastructure in rural and mountainous regions and ensure that all vulnerable groups have equal access to safe drinking water and sanitation.
- Combat the damaging effects of environmental pollution on children.
- Undertake a comprehensive survey of the number of children with disabilities.
- Provide financial assistance to economically disadvantaged children with disabilities in order ensure their access to rehabilitation services and devices.
- Expand existing programmes aimed at improving the physical access of children with disabilities to public buildings and areas.
- Integrate respect for the rights of the child into the development and implementation of its HIV and AIDS policies and strategies.
- Take all effective measures to avoid institutionalisation of children infected and affected by HIV and AIDS.
- Take effective measures to prevent stigmatisation and discrimination against children living with HIV and AIDS, in particular through public education campaigns.
- Take all appropriate measures to increase enrolment in pre-primary education, in particular for girls and in rural areas, and ensure the right to quality, free primary education for all children.
- Increase the financial assistance provided to students from economically disadvantaged families at all levels, including pre-primary.
- Recruit and train a greater number of teachers from all ethnic minority groups, and continue to provide incentives to teachers working in remote and mountainous regions.
- Prioritise rural areas and remote and mountainous regions in existing programmes to improve the quality of teaching and the curriculum, and in the construction and development of school infrastructure.
- Continue to strengthen national and sub-regional strategies and programmes on the prevention of sexual exploitation and trafficking.
- Train law enforcement officials, social workers and prosecutors on how to receive, monitor, investigate and prosecute complaints effectively, in a child-sensitive manner.
- Ensure that all victims of trafficking, sexual abuse and exploitation have access to appropriate recovery and reintegration programmes and services that do not stigmatise them.
- Ratify the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organised Crime.

- Ratify and implement ILO Convention No. 138 on the minimum age of employment.
- Develop and implement a comprehensive child labour monitoring system.
- Continue to strengthen the National Plan of Action for Children in Difficult Circumstances (1999-2002) and undertake a study on why children are living and working on the street.
- Ensure the full implementation of juvenile justice standards.
- Adopt a separate legal code for juvenile justice and establishing a system of juvenile courts.
- Improve conditions in juvenile detention centres and ensure that deprivation of liberty is used only as a last resort.
- Develop a system for the provision of appropriate rehabilitation and reintegration services and increase the number of professional social workers providing such services to young offenders.
- Ensure that all children accused of having violated the law have legal counsel or other appropriate assistance.
- Make the report submitted to the CRC Committee widely available to the public, along with the relevant summary records and concluding observations adopted by the Committee.

B) Main concluding Observations of the CRC Committee on Viet Nam's report on the Optional Protocol on the sale of Children, Child prostitution and Child pornography<sup>76</sup>

- Strengthen measures to disseminate the provisions of the Optional Protocol among its population, and continue providing appropriate training on the OPs.
- Undertake research on the nature and extent of sale of children, child prostitution and child pornography.
- Amend the Penal Code and other laws, in order to explicitly criminalise all acts listed in Article 3 of the Optional Protocol when committed against all persons below 18.
- Implement the 2006-2010 inter sectoral programme on the prevention of prostitution. Tackle the rise of sex tourism related crimes.
- Give priority to allocating budgetary resources to services available for child victims and their families.
- Ensure that child victims of any of the offences under the Optional Protocol are as such neither criminalised nor penalised and that all possible measures be taken to avoid the stigmatisation and social marginalisation of these children.
- Take appropriate measures to ensure that all persons involved in the adoption of a child act in conformity with applicable international legal instruments.
- Continue to combat trafficking for the purpose of sexual exploitation.

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<sup>76</sup> United Nations (2003) Concluding Observations of the Committee on the Rights of the Child to Viet Nam, - CRC/C15/Add.200

C) Main concluding Observations of the CRC Committee on Viet Nam's report on the Optional Protocol on the involvement of children in armed conflicts<sup>77</sup>

- Explicitly prohibit by law the recruitment of children under the age of 15 years into armed forces/groups and their direct participation in hostilities.
- Explicitly prohibit by law the violation of the provisions of the Optional Protocol regarding the recruitment and involvement of children in hostilities, and establish extraterritorial jurisdiction for these crimes.
- Ensure training on the provisions of the Convention and this OP.
- Ensure, in case of lack of a birth certificate, that the age of the recruit is determined by other reliable means, including medical examination.
- Set a minimum age for voluntary recruitment of children and prevent the active participation of children in hostilities even in the presence of the exceptional situations.

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<sup>77</sup> United Nations (2003) Concluding Observations of the Committee on the Rights of the Child to Viet Nam, - CRC/C15/Add.200

## ANNEX 2.3: International Conventions and Treaties related to Children and Women

Viet Nam's date of admission to UN: 20 September 1977

Conventions and Treaties	Status	Ratification date	Reporting record
Convention on the Elimination of all forms of Discrimination against Women (CEDAW)	Signed 29 July 1980	Ratified 17 February 1982	2nd & 4th reports (submitted as one document) considered in July 2001 session; 5th & 6th reports (submitted as one document) considered in January 2007.
Convention on the Rights of the Child (CRC)	Signed 26 Jan. 1990	Ratified 28 February 1990 (without reservation)	2nd report considered by CRC Committee (1/2003); 3rd and 4th periodic reports were submitted as one document in 2009.
Optional Protocol: Sale of Children	Signed 8 Sept. 2000	Ratified 20 December 2001 (reservation Article 5)	Initial report submitted in November 2005 and considered by CRC Committee in 2006. The following report will be integrated with periodic State Party report on CRC.
Optional Protocol: Child Soldiers	Signed 8 Sept. 2000	Ratified 20 December 2001	Initial report submitted and considered by CRC Committee in 2005. The following report will be integrated with periodic State Party report on CRC.
International Covenant on Economic, Social and Cultural Rights	Acceded 24 Sept. 1982	Not applicable	Initial report submitted in 1990 and considered by the Committee on Economic, Cultural and Social Rights in May 1993. 2nd & 3rd periodic reports submitted as one document in 2000. The 4th report is currently being prepared.
International Covenant on Civil and Political Rights	Acceded 24 Sept. 1982	Not applicable	2nd periodic report considered by Human Rights Committee in March 2002; 3rd periodic report was due 1 August 2004.
Optional Protocol (International Covenant on Civil and Political Rights)	Not yet signed	No action to date	
Optional Protocol on the Convention on the Elimination of all forms of Discrimination against Women	Not yet signed	No action to date	
Convention against Transnational Organised Crime	Signed 13 Dec. 2000	Not yet ratified	Viet Nam is considering ratifying this Convention

Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children	Not yet signed	Not yet ratified	Viet Nam is considering ratifying this Protocol
International Convention on the Elimination of All Forms of Racial Discrimination	Acceded 9 June 1982	Not applicable	6 <sup>th</sup> -9th periodic reports submitted and considered by Committee (July/August 2001); 10th & 11th reports submitted 9 July 2003.
Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption	Not yet signed	No action to date	Signing is being considered
Convention on Consent to Marriage, Minimum Age for Marriage and Registration for Marriages	Not yet signed	No action to date	
Declaration on the Elimination of Violence against Women	Not yet signed	No action to date	
Convention concerning the Minimum Age for Admission to Employment (ILO 138)	Signed 24 June 2003	Ratified 24 June 2003	Set minimum age at 15
Convention on Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (ILO 182)	Signed 19 Dec. 2000	Ratified 19 December 2000	The first report was submitted according to ILO requirement.
International Convention on the Rights of Persons with Disabilities	Signed Oct. 2007	Not yet ratified	

Source: OHCHR website ([www.ohchr.org](http://www.ohchr.org)); and International Bureau for Children's Rights (2006) *Making Children's Rights Work – Country Profiles on Cambodia, Sri Lanka, Timor Leste and Viet Nam*

A close-up photograph of a woman with dark hair, wearing a black top, breastfeeding her baby. The baby is wearing a white headband with green patterns and a white long-sleeved shirt with yellow patterns. The woman is looking down at the baby with a gentle expression. The background is a plain, light-colored wall.

CHAPTER 3:  
THE RIGHT TO HEALTH  
AND SURVIVAL

### 3.1 Introduction

This chapter is guided by the right to life, a universal human rights principle enshrined in all international human rights instruments including the Convention on the Rights of the Child (CRC). Article 6 recognises that every child has the right to life, survival and development. This provision has been interpreted to mean that the State should adopt all appropriate measures to ensure and respect the right to life. “Such measures may be of a positive nature and thus designed to protect life, including by increasing life expectancy, diminishing infant and child mortality, combating diseases and rehabilitating health, providing adequate nutrition and clean drinking water.” Most importantly, the State should refrain from any action that may intentionally take life away, as well as take steps to safeguard life, and must also ensure “to the maximum extent possible” the survival of the child.<sup>78</sup>

**Box 3:1: Key articles from the CRC and the Constitution of the Socialist Republic of Viet Nam relevant to this chapter**

**CRC**

Article 2: The right to non-discrimination

Article 6: The right of the child to life

Article 7: The right of the child to be registered immediately after birth

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

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

**Constitution of Viet Nam**

Article 61: The citizen is entitled to a regime of health protection.

Article 65: Children enjoy protection, care and education by the family, the State and society.

Every person is entitled to the highest attainable standard of health, which is essential for living in dignity.<sup>79</sup> The right of the child to health is dependent upon other rights, including the rights to life, non-discrimination and equality, food, education, privacy, access to information, clean drinking water and hygiene. The child's right to birth registration, as recognised in Article 7 of the CRC, plays a critical role in the fulfilment of many other rights, including the right to health. The importance of birth registration should not be underestimated.

This chapter analyses the right to health and access to health services as established in Article 24 of the CRC. The State must recognise the right of all children, without discrimination, to “the highest attainable standard of health.” Taking into account available resources, the State must strive to ensure “that no child is deprived of his or her right of access to such health care services.” Thus, all children, wherever they live, should have access to health care facilities, and particular attention should be directed at disadvantaged groups of children such as ethnic minorities, migrants and street children.

Access to a regular supply of safe water is recognised as a basic human right. The CRC (Article 24, 2(c)) establishes it as one of the prerequisites for the enjoyment of the highest

<sup>78</sup> OHCHR (1997) *Manual on Human Rights Reporting*.

<sup>79</sup> Committee on Economic Social and Cultural Rights (2000) *The right to the highest attainable standard of health, General Comment No. 14, E/C.12/2000/4*

attainable standard of health. The United Nations Committee on Economic, Social and Cultural Rights has pointed out the intrinsic value of the right to water by stating that “the right to water clearly falls within the category of guarantees essential for securing an adequate standard of living, particularly since it is one of the most fundamental conditions for survival.”<sup>80</sup>

### 3.1.1 Overview of the health system

The Ministry of Health (MOH) is the Government agency responsible for the care and protection of people’s health. Decree No 49/2003/ND-CP stipulates the role and functions of the MOH as “a Government entity to exercise state management on people’s health care and protection.”

Each province has a Provincial Department of Health (PDOH) under Provincial People’s Committee (PPC). The PDOH of poor provinces depend on the national government for a large part of their funding for the implementation of MOH policies. The PDOH is responsible for assisting the PPC in local health care management. The organisation, staffing and operation of the PDOH is overseen and managed by the PPC, while technical performance is supervised and monitored by the central Ministry of Health.

Each district has a District Health Bureau and a District Health Centre (DHC), which is an integrated hospital and preventive medicine centre. In some places, organisational reforms have split the two functions and created a hospital and separate District Health Centre (the latter focusing on preventive medicine). The DHC is responsible for managing Commune Health Stations (CHS). The District Hospitals (DHC in some areas) remain under the authority of the PDOH, but is expected to continue to be responsible for regular technical supervision and training of commune health staff.

Commune Health Stations are responsible for providing primary health care. This includes maternal and child health services (including very basic emergency obstetric care), family planning, treatment for acute respiratory infections, immunisation and the treatment of common ailments. The head of a Commune Health Station is normally a doctor, but sometimes an assistant doctor. An extensive network of Commune Health Stations has been established over recent decades, based on population and geographical access. At village level, there are networks of village health workers, population collaborators and nutrition collaborators who provide direct outreach services to households in their respective areas.<sup>81</sup>

Private sector health service provision has been expanding rapidly. Many public-sector physicians see patients privately in the afternoons and evenings, typically in their own homes, to supplement their government salaries. Retired physicians can be licensed for full-time private practice. Private health practitioners provide mainly curative services and, like public providers, are expected to operate according to existing laws and regulations. General practitioners constitute the largest proportion of private health practitioners, apart from pharmaceutical services. It is estimated that about 70 per cent of private health facilities are in urban areas.

Since the implementation of the *Doi moi* policy and international integration, the country’s health sector has made notable achievements. Many diseases have been controlled and eliminated. The MDG targets for most basic health indicators have been achieved or exceeded. Over the last 20 years, the Government has strengthened and expanded the

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<sup>80</sup> WHO (2003) *The Right to Water*

<sup>81</sup> The entire preceding section on the structure of the health system is drawn from: MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*; and UNICEF Viet Nam (2009) *Health Equity in Viet Nam: A Situational Analysis Focused on Maternal and Child Mortality*

health system to improve equity, efficiency and development. One of the most significant achievements is the high immunisation coverage, which has helped bring down infant and child mortality. The infant mortality rate has fallen dramatically over the past 30 years, while average life expectancy at birth has risen significantly. Viet Nam now has higher life expectancy than countries with considerably higher income levels, such as the Philippines, China and Thailand.<sup>82</sup>

The Government's commitment to child health is demonstrated by the major efforts and investments to immunise all children, prevent child malnutrition, improve access to clean water and sanitation, and more recently the policy of free health care for all children under six years of age. This chapter will provide detailed information about these efforts and their outcomes.

## 3.2 Child health and survival

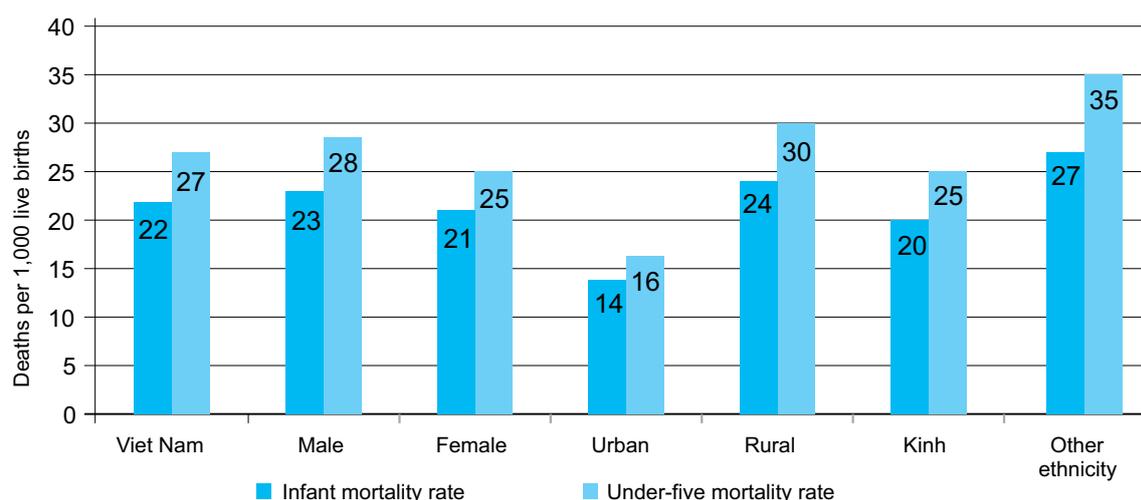
### 3.2.1 Infant and child mortality

Viet Nam has recorded impressive achievements in the reduction of infant and child mortality. The infant mortality rate (IMR) was reduced from 36.7 per 1,000 live births in the year 2000 to 15 in 2008.<sup>83</sup> The under-five mortality rate (U5MR) has also been reduced considerably in recent years, from 58 per 1,000 live births in 1990 to 26 in 2008.<sup>84</sup>

Figure 3.1 presents estimates of the infant and under-five mortality rates by sex, location and ethnicity from the 2006 Multi-Indicator Cluster Survey (MICS) which is the most recent data that allows disaggregation. The largest differences are between urban and rural locations and between ethnic Kinh and other groups. The smallest differences are between males and females, favouring females.

The rate of low birth-weight also declined between 2000 and 2005, from 7.3 to 5.1 per cent. It is thus now below the national target of fewer than 7 per cent.<sup>85</sup>

**Figure 3.1: Infant and under-five mortality rates by sex, location and ethnicity, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>82</sup> MOH (2006) *Viet Nam Health Report*

<sup>83</sup> MOH and HPG (2009) *Joint Annual Health Review 2009*.

<sup>84</sup> MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

<sup>85</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

### 3.2.2 Common childhood illnesses

Over the last decade, child deaths caused by diarrhoea have dropped significantly in Viet Nam following efforts to raise awareness, change people's behaviour and increase the areas with safe water and sanitation. According to the 2006 MICS, 95 per cent of children with diarrhoea received one or more of the recommended home treatments and 65 per cent either received oral rehydration therapy or their fluid intake was increased. Overall, it was found that mothers were able to identify at least one type of adequate fluid (such as breast milk, or water from cooking rice or porridge) to prevent dehydration.<sup>86</sup>

However, according to a recent situation analysis focusing on maternal and child mortality, the data in the 2006 MICS show significant inequality in the incidence of diarrhoea among under-five children compared with other types of common childhood diseases.<sup>87</sup> According to this study, which utilised multivariate analysis, the main contributors to inequality in diarrhoea incidence are the schooling of adult household members (other than the mother) and ethnicity.

The 2006 MICS collected data on the treatment of suspected pneumonia, which indicated that 55 per cent of under-five children surveyed had received antibiotics in such cases. Mothers' knowledge of the two danger signs of pneumonia, namely fast and difficult breathing, varied between the regions surveyed as well as by the mother's level of education and the household's socio-economic status. Knowledge of danger signs of pneumonia was highest in the Red River Delta and lowest in the South East region, the wealthiest region in the country.<sup>88</sup>

Many people in Viet Nam live in malaria-infested areas. These include the northern mountainous areas, the Central Coast, part of the South East and the Central Highlands. Preventive measures, particularly the use of mosquito nets treated with insecticide, have reduced malaria mortality rates significantly among children, and no infant or child deaths from malaria have been reported in recent years.

Results of the 2006 MICS indicate that 95 per cent of under-five children slept under a mosquito net; no significant disparities were found in their use with regard to gender, age, economic conditions or ethnicity. However, the recent health equity situation analysis on maternal and child mortality found a substantial degree of inequality in reported malaria morbidity disfavours people who are poorer. The two main factors contributing to the inequality were income and ethnicity.<sup>89</sup>

### 3.2.3 Immunisation

The Expanded Programme of Immunisation (EPI) is one of the most successful of the country's priority health programmes. Starting with immunisation rates of just 39 per cent in 1986, the goal of Universal Childhood Immunisation was achieved, and national coverage is now over 95 per cent. The country's EPI provides immunisation against six basic diseases (tuberculosis, diphtheria, pertussis, tetanus, polio and measles). Since 1997, vaccines against Japanese encephalitis, cholera and typhoid have been included in the EPI and provided in high-risk areas. In 2003 three doses of Hepatitis B vaccine (HbV) were introduced in all 63 provinces. A National Plan for Measles Elimination was started in 2006; it put in place a school-based second dose of measles vaccine and achieved 97 per cent immunisation coverage by 2008.

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<sup>86</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>87</sup> UNICEF Viet Nam (2009) *Health Equity in Viet Nam: A Situational Analysis Focused on Maternal and Child Mortality*

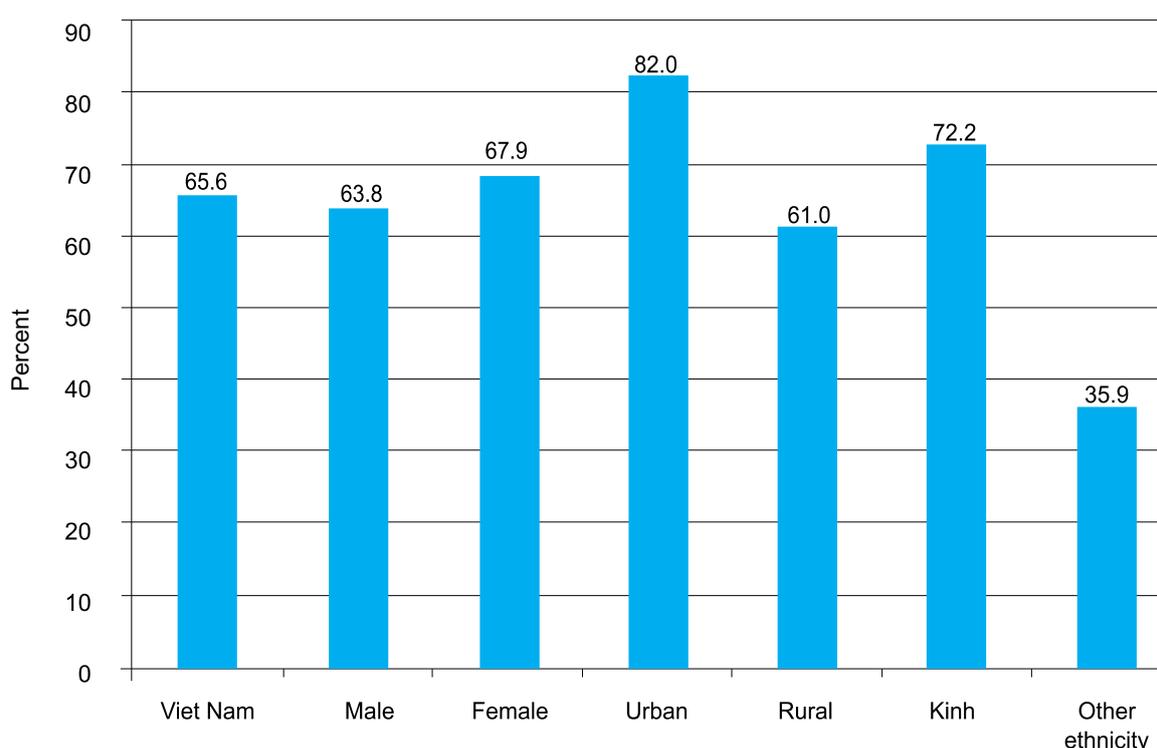
<sup>88</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>89</sup> UNICEF Viet Nam (2009) *Health Equity in Viet Nam: A Situational Analysis Focused on Maternal and Child Mortality*

Since 2005, a Vietnamese child is considered fully immunised after receiving the following vaccines: BCG vaccination against tuberculosis; three doses of DPT to protect against diphtheria, pertussis and tetanus; three doses of polio vaccine; a measles vaccination; and three doses of Hepatitis B. Auto-disposable syringes are used in almost all vaccination sessions. As a result of the success of the immunisation programme, polio was eradicated in 2000 and neonatal tetanus eliminated in 2005. By 2008, the programme reported greater than 95 per cent coverage for six antigens nationally.<sup>90</sup>

According to the 2006 MICS, 66 per cent of all children aged 12-23 months were fully immunised against the six diseases mentioned above.<sup>91</sup> Figure 3.2 shows how immunisation rates varied by sex, location and ethnicity. The differentials between Kinh and other ethnic groups is largest (72 per cent versus 36 per cent), followed by urban and rural location (82 per cent versus 61 per cent). The immunisation rate for girls is a little higher than for boys (68 per cent versus 64 per cent). The North West region stands out with only 38 per cent of children fully vaccinated compared to 78 per cent in the Red River Delta. However, the sample is too small in the North West region to provide a reliable comparison.

**Figure 3.2: Percentage of children aged 12-23 months vaccinated against childhood diseases, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

A review of the Expanded Programme of Immunisation in 2009 in six provinces, representing each of Viet Nam's administrative and ecological regions, revealed that it has been a top priority in health departments at provincial and especially at commune level. The review concluded that high-level commitment was the key to the programme's

<sup>90</sup> UNICEF, WHO and GAVI (2009) *National EPI Review Report*

<sup>91</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

successful implementation. Although implementation of EPI varied widely according to population density and geographic access, the programme was well-established.<sup>92</sup>

Vaccination was available for at least one day per month at almost every Commune Health Station, and several times a year by outreach to remote communities to cover a wider area. The EPI is conducted primarily by Commune Health Workers, and immunisation sessions are held regularly. More recently provincial and district hospitals have begun hospital-based immunisation services at the time of birth for hepatitis B and BCG vaccines. Private-sector vaccination services are expanding in major cities and public health services also offer non-EPI vaccinations on a fee-for-service basis.<sup>93</sup>

In recent years, coverage has been generally high, although there have been specific constraints. For instance, a reported adverse event following hepatitis B immunisation at birth in 2007 resulted in sharp declines in hepatitis B vaccination in the latter half of 2007. While measles and hepatitis B coverage have recovered, hepatitis B vaccination at birth remains at only 25 per cent because of continued concerns about safety.<sup>94</sup>

In accessible areas, there is widespread community demand for immunisation as a result of effective social mobilisation, using existing mass organisations, mass media and to some extent local print media. The extensive network of Village Health Workers helps to ensure high coverage throughout the country. Nevertheless, as indicated in Figure 3.2, some groups are under-served because of difficult access, and special strategies are needed for minority and migrant populations. The recent health equity situation analysis on maternal and child mortality concluded that, despite the considerable achievements in immunisation, there is still substantial inequality in the degree of complete vaccination at recommended ages. Income, ethnicity and level of adult schooling of parents, as well as ease of access to health facilities, are the main factors contributing to the observed inequality in immunisation.<sup>95</sup>

Many operating expenses, particularly for transport at lower levels, continue to be financed out-of-pocket, due to lack of funding. User fees for EPI vaccines were not charged in any of the areas surveyed, but more financial resources were deemed necessary to ensure that transport and other operating costs needed to deliver the service could be met. Capacity development and staffing need to be addressed to achieve Viet Nam's future EPI goals.<sup>96</sup>

### 3.2.4 Nutritional status

Three indicators are normally used to measure the nutritional status of children: weight for age (underweight), height for age (stunting) and weight for height (wasting). Figure 3.3 shows 2006 MICS data on prevalence of severe and moderate underweight in children under 5 years of age by sex, location and ethnicity.<sup>97</sup> The National Institute of Nutrition (NIN) also provides annual estimates and trends of the nutritional status of children through nationwide anthropometric surveys. The estimates indicate that underweight malnutrition (moderate and severe combined) among under-five children decreased from

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<sup>92</sup> UNICEF, WHO and GAVI (2009) *National EPI Review Report (draft 16 April 2009)*

<sup>93</sup> UNICEF, WHO and GAVI (2009) *Ibid.*

<sup>94</sup> UNICEF, WHO and GAVI (2009) *Ibid.*

<sup>95</sup> UNICEF Viet Nam (2008) *Health Equity Situation Analysis*

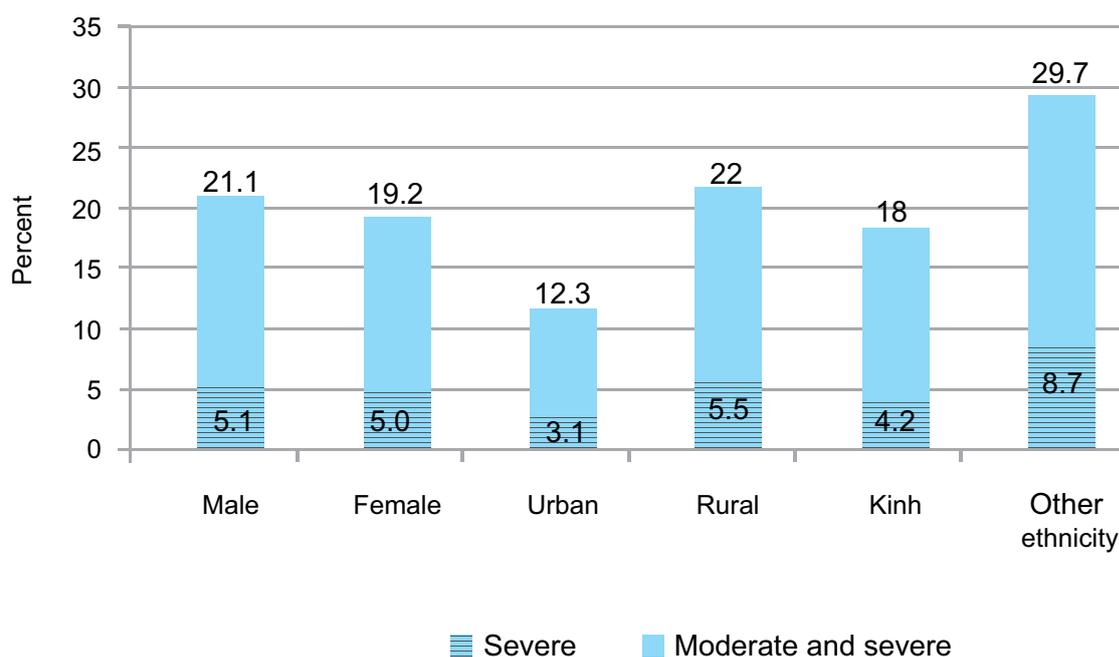
<sup>96</sup> UNICEF, WHO and GAVI (2009) *National EPI Review Report*

<sup>97</sup> Moderately (severely) malnourished children are defined as having weight-for-height more than 2 standard deviations (3 standard deviations) below international standards

34 to 20 per cent between 2000 and 2008.<sup>98</sup> According to the 2006 MICS, the prevalence is highest in the North West Region and lowest in the South East Region (29 per cent versus 11 per cent).

Underweight malnutrition is considerably higher among ethnic minority children compared to Kinh (30 per cent versus 18 per cent ) and among rural children compared to urban (22 per cent versus 12 per cent). Differences in both moderate and severe underweight malnutrition by sex are relatively small, with girls slightly less likely to be underweight than boys.

**Figure 3.3: Prevalence of underweight in children under five years of age by sex, location and ethnicity, 2006**

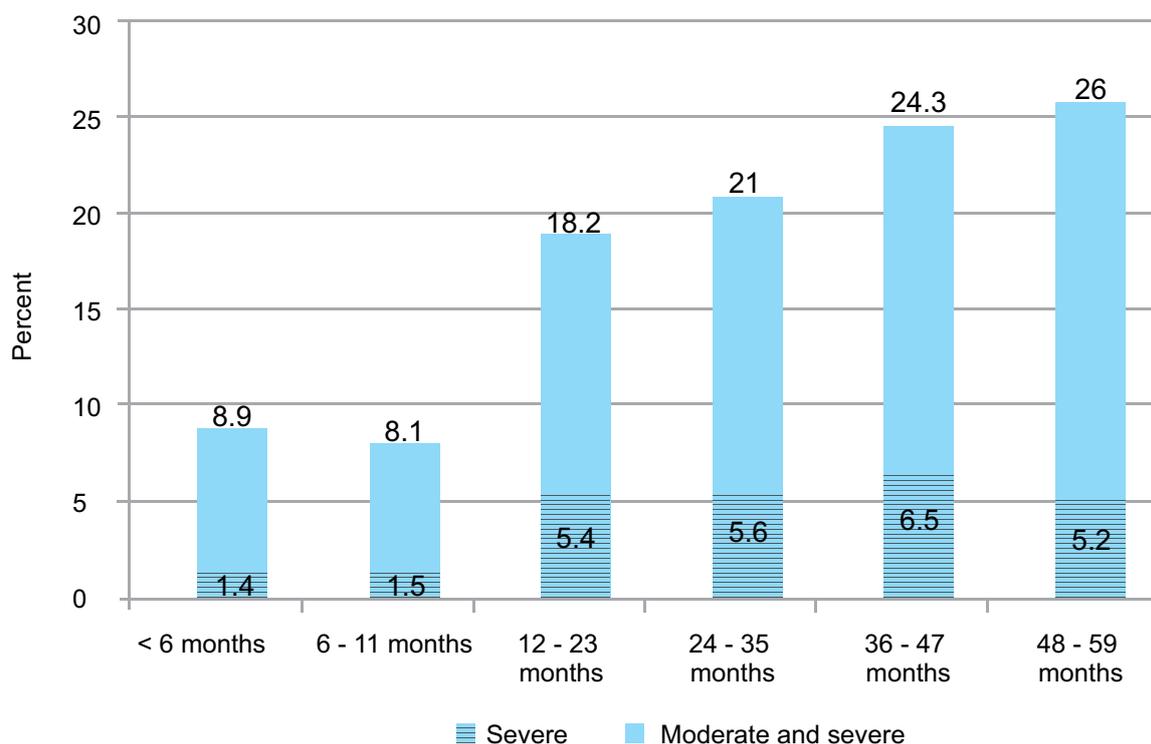


Source: GSO and UNICEF Viet Nam (2007) MICS 2006

Figure 3.4 shows 2006 MICS data on the percentage of underweight children by age. The prevalence of both severe and moderate underweight malnutrition increases sharply between six months and two years of age. This is when nutritional needs are high and it is also the period when children are weaned off breast milk. Children may be given poor-quality complementary food, making them more susceptible to diarrhoea and respiratory diseases. The prevalence of child malnutrition continues to increase up to the age of five, but more slowly compared to the first two years of life.

<sup>98</sup> National Institute of Nutrition (2009) *Statistical data on nutrition situation of children over the years* [online]. Unfortunately, only provincial estimates are provided at this website

**Figure 3.4: Underweight prevalence by age group, 2006**

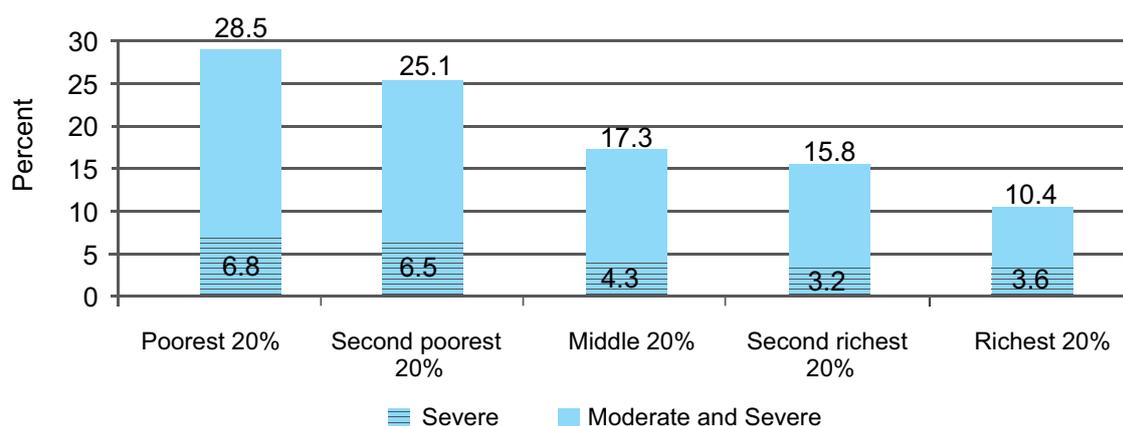


Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

2006 MICS data also indicate that malnutrition in Viet Nam continues to be closely related to household income (Figure 3.5). Because household income, region as well as urban-rural location and ethnicity are closely correlated in Viet Nam, the question arises as to which of these variables accounts for most of the observed variation in children’s nutritional status. The recent health equity study found that household long-term income explained most of the variation in low weight for age and low height for age; and that ethnicity and other factors such as education accounted for relatively little of the observed variation.<sup>99</sup>

<sup>99</sup> UNICEF Viet Nam (2009) *Health Equity in Viet Nam: A Situational Analysis Focused on Maternal and Child Mortality*

**Figure 3.5: Percentage of underweight children by wealth index quintiles, 2006**



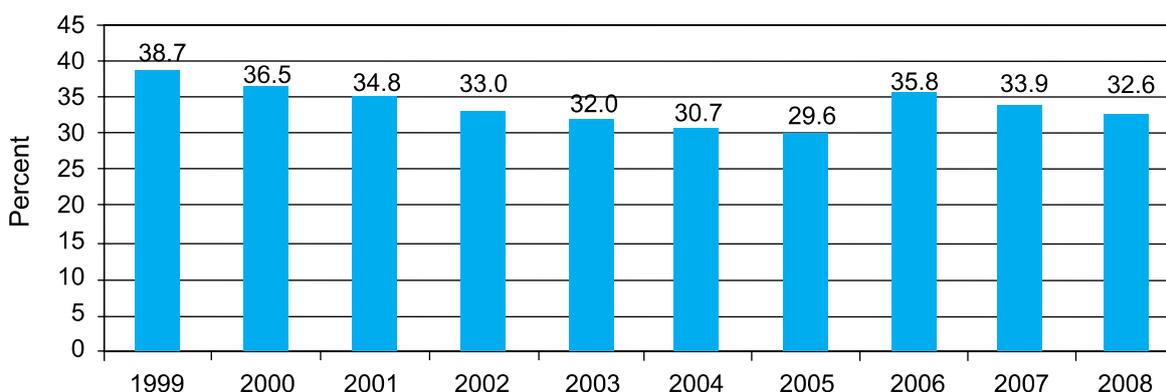
Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Stunting (height-for-age malnutrition) is an important indicator reflecting a child’s quality of life. A close correlation has also been found between stunting and socio-economic development potential for the individual as well as the population as a whole. Since the stunting is already ‘pre-programmed’ in the womb during the first trimester of pregnancy, high rates of stunting also underscore the importance of improving maternal nutrition and ante-natal care.<sup>100</sup>

While Viet Nam has made significant progress in reducing the numbers of underweight children, stunting still affects more than one-third of Vietnamese children. According to NIN survey data from 1999 to 2008, the reduction of stunting has been slower than the reduction in underweight (Figure 3.6). NIN data from 2008 showed that 33 per cent of under-five children were stunted, putting Viet Nam into the 36 countries which accounted for 90 per cent of the world’s stunted children. The rates are highest in the Central Highlands (41 per cent) and other disadvantaged regions where ethnic minority people live (35 per cent in the North East and 36 per cent in the North West).

<sup>100</sup> Victora C.G. et al. (2008) *Maternal and Child under-nutrition: consequences for adult health and human capital*

**Figure 3.6: Trends in stunting prevalence for children under five years of age, 1999 - 2008**



Source: National Nutrition Survey results 1999-2008 [online]. Available at: <http://viendinhduong.vn/news/vi/106/61/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx> [Accessed 14 June 2010]

Note: Increase in 2006 reflects the change of WHO growth standards.

### 3.2.5 Food safety and food-borne diseases

According to the World Health Organisation (WHO), food safety problems affected more than 80 per cent of the population in 2003. Fifty million Vietnamese, including 18 million children, did not have access to latrines that meet Government requirements.<sup>101</sup> This results in the spread of diseases from microbial hazards in food, water and soil. Poor personal hygiene, including unwashed hands, dirty cooking and eating utensils and uncooked food, results in diarrhoeal diseases such as dysentery and cholera<sup>102</sup> and other infections such as parasites or trachoma. Chemical hazards, such as heavy metals like mercury and lead pesticides, antibiotic residues, aflatoxin, ergo toxin and mycotoxin can cause other problems, including disability and malnutrition.

In the same 2003 report, WHO pointed out that Viet Nam had a high prevalence of intestinal parasites with 80 per cent or higher in most provinces. This is due to inadequate sanitation, overcrowding and use of human faeces as fertiliser in agriculture. Intestinal parasites reduce physical and intellectual growth and are estimated to be one of the immediate causes for the high percentage of malnourished Vietnamese children. Many intestinal parasites can easily be controlled with regular and low cost interventions such as deworming (USD 2 is sufficient to buy 100 doses of Albendazole), while distribution could be efficiently implemented in schools or in connection with vitamin A campaigns in the whole country.

The MOH reports that according to Decision No 2027/2001/QD-BYT of the Ministry of Health on “Temporary stipulations on standards of food hygiene and safety,” all organisations and individuals involved in the food business in Viet Nam should declare their food quality, hygiene levels and safety standards. This requires all enterprises to be inspected by inspectors or the health service when complaints are made or when it appears that food quality regulations are being violated. However, there have been difficulties enforcing this decision, due to the absence of adequate monitoring equipment and limited number of trained staff.<sup>103</sup>

<sup>101</sup> WHO (2003) *Report of the WHO informal consultation on the use of praziquantel during pregnancy/lactation and Albendazole/Mebendazole in children under 24 months*

<sup>102</sup> In 2007 in northern Viet Nam, 1,880 cases of acute watery diarrhea were reported, of which 240 were confirmed to be cholera. In 2008, there were 2,490 cases of acute watery diarrhea reported, of which 377 tested positive for cholera. WHO Global Task Force on Cholera Control (2008) *Cholera Country Profile: Viet Nam* [online]

<sup>103</sup> MOH (2006) *Viet Nam Health Report*

The Food Hygiene and Safety Administration of Viet Nam is currently developing a Food Law, which is expected to be submitted to the National Assembly in 2010 for approval.

### 3.2.6 Breastfeeding and complementary feeding

According to the Ministry of Health, 58 per cent of Vietnamese mothers begin breastfeeding their infants within one hour of birth, while 88 per cent begin within 24 hours.<sup>104</sup> The 2006 MICS shows a significant difference between urban and rural areas, with a much higher percentage of exclusive breastfeeding in rural areas. In the country as a whole, only 17 per cent of children aged less than six months are exclusively breastfed. Some 70 per cent of children aged 6-9 months receive breast milk and solid or semi-solid foods. At the age of 12-15 months, 78 per cent of children are still being breastfed to some extent. Boys are more likely to be exclusively breastfed up to six months than girls.

The adequacy of infant feeding of children during their first year of life was also assessed in the 2006 MICS. Adequate feeding is defined as exclusive breastfeeding for six months, breastfeeding with complementary food at least twice daily for infants aged 6-8 months and at least three times daily for infants aged 9-11 months. In Viet Nam, only 42 per cent of children up to 11 months old are adequately fed according to this definition. Male infants are more adequately fed on average than females (45 per cent versus 38 per cent).<sup>105</sup>

Mothers who work outside the home find it hard to feed their infants exclusively on breast milk for the full six months. Working mothers tend to give their children complementary foods by the time they finish maternity leave which is normally four months. The Viet Nam Labour Code includes provisions on maternity leave and breastfeeding, but in practice this only affects women working in the formal sector. Moreover, many working mothers in urban areas can afford infant formula and are influenced by the marketing techniques of infant formula manufacturers.<sup>106</sup> Many mothers are unaware of the benefits of exclusive breastfeeding and are constantly exposed to advertisements for breast milk substitutes. Breast milk substitutes are also available in hospitals, and few health workers are fully aware of the benefits of exclusive breastfeeding. Health workers are also influenced by the infant formula companies, and even with very limited inspection activities, numerous violations of the Government code on marketing of breast milk substitutes were detected in 2007.<sup>107</sup>

### 3.2.7 Iodine deficiency disorder (IDD)

Since the 1970s, Viet Nam has implemented programmes to provide iodised salt to people living in mountainous areas. Nevertheless, a 1993 Census on Goiter Status revealed that 94 per cent of the population was at risk of iodine deficiency with 22 per cent of children at risk. The Government has therefore been providing iodised salt throughout the country since 1994, and in 2000 goals related to IDD were incorporated into the 2001-2010 National Nutrition Strategy. According to a 2005 IDD survey, 93 per cent of households were consuming adequately iodised salt, and only three per cent of children aged 8-10 had goiter.<sup>108</sup> Although Viet Nam has succeeded in eliminating most

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<sup>104</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>105</sup> GSO and UNICEF Viet Nam (2007) *Ibid.* Some of these differences may not be statistically significant, due to the relatively small number of infants aged 0-11 months in the MICS sample.

<sup>106</sup> GSO and UNICEF Viet Nam (2007) *Ibid.*

<sup>107</sup> MOH Inspection Department (2007) *Report on inspection and supervision of implementation of the Code 21/2006 of the Government of Viet Nam on marketing of breast milk substitutes in Viet Nam*

<sup>108</sup> Endocrinology Hospital (2005) *Survey for evaluation of goiter prevalence and urinary iodine level among children cited in GSO and UNICEF Viet Nam (2007) MICS 2006*

cases of IDD and has reached the goal of Universal Salt Iodisation (USI) set for 2005, regions such as the Mekong River Delta, South East and South Central Coast have not yet met this goal.<sup>109</sup>

Based on the positive findings of the 2006 survey, the IDD control programme was removed from the National Target Programme, and management responsibility returned to the National Hospital of Endocrinology under the Ministry of Health. However, during this transition there was inadequate control of activities in the provinces, which reduced overall efforts to control IDD. The legal base for USI was also diminished in 2006, when Government Decree No 163/2005/ND-CP on USI was passed without making iodisation of salt for human consumption mandatory. This decision was perhaps influenced by the feeling that, since Viet Nam had just joined the World Trade Organisation, the salt industry should not be restricted.

By 2009 there was a clear indication that the 2005 achievement has not been sustained. The 2007-2009 sub-national USI monitoring by the Hospital of Endocrinology revealed that consumption of iodised salt had dropped throughout the country, especially in the Mekong and Central Coast regions, thus exposing the next generation to iodine deficiency disorders.<sup>110</sup> To prevent IDD through universal salt iodisation requires national leadership to coordinate the public health sector and the salt industry.

### 3.2.8 Iron deficiency anaemia

Iron deficiency anaemia is a serious micronutrient deficiency, especially among women of child-bearing age. In Viet Nam it is prevalent among pregnant women and under-five children. The 2008 national nutrition surveillance report by NIN confirmed there had been little improvement in iron deficiency anaemia, with a prevalence of 34 per cent among under-five children and 38 per cent among pregnant women.<sup>111</sup>

During early childhood and pregnancy, requirements for iron are higher than normal. Also, the absorption of iron is inhibited by specific foods, and there is excess loss of iron due to intestinal parasite infections or malaria. In many Vietnamese settings, normal dietary intake does not meet the body's demand. Pregnant women and children are the group at most risk of iron deficiency and anaemia. Pre-pregnant and pregnant women should therefore have increased access to quality and timely prenatal care including iron and folic acid tablets, multiple micro-nutrient supplements and iron-enriched foods.

### 3.2.9 Vitamin A deficiency

In 1987 the Government approved the National Programme for Prevention and Control of Vitamin A Deficiency. The programme was piloted in some districts in 1988 and was expanded to cover the whole country in 1993. During the first years of the programme, all children aged 6-59 months were given vitamin A supplements twice a year. As a result, Viet Nam was declared free of xerophthalmia in 1994.

Children aged 6-36 months have continued to benefit from this programme since 1997. In 2000, Vitamin A supplementation was incorporated into the 2001-2010 National Nutrition Strategy and became one of the core health services nationwide. Data from the government reporting system from 2000 to 2008 showed that more than 90 per cent

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<sup>109</sup> UN in Viet Nam (2005) *The Millennium Development Goals and Vietnam's Socio-Economic Development Plan 2006-2010*

<sup>110</sup> Endocrinology Hospital (2007, 2008, 2009) *Surveys on IDD status of different ecological regions in Viet Nam*

<sup>111</sup> National Institute of Nutrition (2008) *National nutrition surveillance report in 63 provinces in Viet Nam*

of children in the target group were covered with Vitamin A supplementation every six months. Data from the MICS 2006 survey confirmed a high coverage of this intervention (89 per cent) in 2006.<sup>112</sup> The 2008 national nutrition surveillance showed that serum retinol was low in 14 per cent of under 5 children.

Since early 2007, Vitamin A distribution has been combined with deworming for children in the 18 provinces where malnutrition is most severe.<sup>113</sup> This integration of the two interventions could reduce worm infection and anaemia and reduce delivery costs based on evidence from other countries such as Nepal.<sup>114</sup>

### 3.2.10 Children with disabilities

Viet Nam signed the UN Convention on the Rights of Persons with Disabilities (UN CRPD) on 22 October 2007. This has led to more attention being focused on children with disabilities. However, obtaining reliable data on children with disabilities has been a major challenge, partly because different government agencies use different definitions for such children. More information will be provided in Chapters 4 and 5.

Families' awareness of the health and nutrition needs of children with disabilities is often limited. Many families do not recognise the need to seek extra health care for the child, or do not know where to go to seek such care, or are unable to access care even where it is available. According to a 2004 report, awareness of local rehabilitation services is very low among families of children with disabilities.<sup>115</sup> About one-third of the families of children with disabilities have never sought treatment for their disability. About one-fifth of children with disabilities were found to be using rehabilitation services and devices such as prosthetics, orthotics, hearing and vision aids, and wheelchairs. However, looking at specific disabilities, less than ten per cent of children with movement disabilities and two per cent of children with hearing disabilities used any kind of rehabilitative aid or device.

Viet Nam has a good community-based rehabilitation (CBR) system available in 46 provinces. It is reported that 74 per cent of people with disabilities living in the communes benefit from this.<sup>116</sup> There are also ten rehabilitation centres located in seven provinces for the care of children with disabilities in the community.

As seen in numerous community-based rehabilitation programmes, early screening and simple community-based interventions by frontline workers have been effective in improving the lives and functioning of people with a disability (such as problems with vision, hearing, and some forms of physical disability). However, the CBR system is not particularly child-friendly. Even when a disability is detected early, this is not linked to the provision of appropriate support to families. Nor is it combined with an intervention plan for more complex problems and for developmental delays, and there are no agreed national standards or tools to assess a child's development and special needs.

Early detection of disabilities and early intervention are under-developed. Children are therefore often brought to the health services for curative rather than preventive care. Without early detection, curative care is also sought later than it should be. Within the primary health care system, limited attention is paid to the prevention of disability,

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<sup>112</sup> National Institute of Nutrition (2008) *Routine Vitamin A coverage survey*

<sup>113</sup> ADB (2006). *Grant Implementation Manual: Viet Nam: Improving Vitamin A Nutrition and De-worming for Poor and Vulnerable Children*

<sup>114</sup> WHO (2004) *How to add deworming to vitamin A distribution*

<sup>115</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis of Children with Disabilities in Viet Nam*

<sup>116</sup> UNICEF Viet Nam (2008) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

especially repeated cases within a family. Specialised medical services, such as newborn screening and medical-genetic counselling, are scarce. Even where early detection and intervention exists, it is not linked to early learning programmes or pre-schools which meet the needs of children with disabilities and help them move smoothly on to school.

Meanwhile, the capacity of health workers and others in the community are limited. They may be unable to provide advice and assistance to parents of disable children; they may also be unable to refer children with more complex disabilities to specialised services. Guidelines and tools for screening, intervention and referral are not available to community health care providers.

### 3.2.11 Emerging issue: obesity

Although child malnutrition remains one of the most pressing health issues, an increasing number of children in the country suffer from obesity. Obesity is most common in children from families with either high incomes or relatively few children. The Ministry of Health has observed that the Vietnamese diet has moved from shortage to abundance following rapid economic growth and consequent improvement in living standards. Another related cause is poor infant and young child feeding practices: international experience shows that bottle-fed children are more likely to be overweight.<sup>117</sup>

Although the problem of overweight children occurs in only just over one per cent of under-five children and is less than one per cent of children aged 5-10, MOH notes that obesity in children usually leads to obesity in adults. It is therefore a problem that requires intervention as it can lead to serious diseases such as diabetes and heart disease.<sup>118</sup>

### 3.2.12 National response to child health

In 2003, in response to the report submitted by Viet Nam to the CRC Committee, the Committee recommended that Viet Nam address a number of issues as presented below. Many are still relevant to the situation of children today and are reflected in this chapter.

#### **Box 3.2: Concluding Observations of the CRC Committee on issues related to Child Health in Viet Nam (2003)**

The Committee recommends that the Government:

- Strengthen efforts to eliminate disparities in the accessibility and quality of health care between regions and ethnic minorities.
- Conduct a study on the scope and causes of accidental deaths and strengthens its efforts to reduce accident-related deaths through, inter alia, awareness raising campaigns and education programmes aimed at parents, children and the public at large.
- Strengthen implementation of the National Nutrition Strategy, particularly in rural areas.
- Take steps to encourage and educate mothers, as well as village health workers and traditional birth attendants on the benefits of exclusive breastfeeding for infants for the first six months and take measures to limit the distribution of infant formula.
- Increase the resources available to district health centres and commune health stations and ensure that they have adequate human and material resources, in particular for maternal health and care of newborns.

<sup>117</sup> Ong K., P. Emmett, S. Noble, A. Ness, the ALSPAC study team, D. Dunger (2006) *Dietary energy intake at age 4-months predicts postnatal weight gain and childhood body mass index*

<sup>118</sup> MOH (2006) *Viet Nam Health Report*

- Take all appropriate measures to prevent the spread of communicable disease, specifically typhoid and cholera.
- Prioritise construction and expansion of water and sanitation infrastructure in rural and mountainous regions and ensure that all vulnerable groups have equal access to safe drinking water and sanitation.
- Undertake a comprehensive survey on the number of children with disabilities, in order to assess their access to rehabilitation and other social services, provide financial assistance to economically disadvantaged children with disabilities in order to ensure their access to rehabilitation services and devices.

*Source: United Nations (2003) Concluding Observations of the Committee on the Rights of the Child to Viet Nam*

In its latest periodic report to the CRC Committee prepared in 2008, the Government of Viet Nam recognises the following primary areas of concern regarding child health:

- Inequalities in opportunities to access health services for children in remote areas, street children, children in fishermen's families, orphans, children with disabilities, children infected/affected by HIV and AIDS, and working migrant children.
- The need for more focused measures on prevention, early detection and interventions to minimise the number of children who become disabled.
- Newborn morbidity and mortality have not seen significant improvements.
- The quality of emergency services and care for child patients in facilities to which they have been transferred and during transfer from local clinics to higher-level hospitals have not met requirements.
- Malnutrition rates among under-five children are still high compared with neighbouring countries.
- There are still constraints to breastfeeding: the four-month maternity leave period, advertising and marketing of alternative milk products, and limited supervision of these activities.
- More than 30 per cent of households do not have access to clean water and live in unhygienic conditions; this increases the risk of diarrhoea and bacterial infections among children.
- New epidemics, such as Severe Acute Respiratory Syndrome (SARS), avian influenza, foot and mouth disease, etc. pose great threats to children.
- The rate of accidents and injuries among children has increased. (The main issues are drowning, traffic accidents, burns, food poisoning and falls).
- The rate of pregnant women with HIV and AIDS has also increased, which in turn gives rise to mother-to-child HIV transmission.
- There are differences in children's health between different geographical areas. Child mortality and malnutrition rates are much higher in mountainous and rural areas than in towns and cities. A large proportion of children in mountainous and rural areas do not have access to basic health services.

- There are limitations in reporting and statistics related to child health, in particular on the number of children born (related to late registration of birth), children suffering from injuries, accidents and HIV and AIDS infection, or affected by HIV and AIDS.
- Insufficient financial investment leads to inadequate, poor quality basic services for children. There is still a lack of facilities and health care equipment for children and mothers at local levels.
- Training for paediatricians has not been fully considered, resulting in a shortage of paediatric staff.<sup>119</sup>

Over the past 20 years, the Government of Viet Nam has issued a number of legal documents that reflect its strong commitment to the health of Viet Nam's children. Among the most important are:

- The 1991 Law on the Protection, Care and Education of Children states that all children under six years of age are to be provided with free health care.
- The 2004 Amended Law on the Protection, Care and Education for Children clearly identified for the first time not only young children's rights to free health care but the detailed responsibilities of the State and health sector in ensuring these rights. Government financing was provided to ensure free health care for children under six.
- Decree No 36/2005/ND-CP (March 2005) further clarified key articles of the Amended Law, including Article 18, which states that all children under six are to be provided health care without payment at public health care facilities. Budgets for free health care were allocated to health facilities and a reimbursement system put in place.
- The Health Insurance Law (November 2008) and Decree No 62/2009/ND-CP on implementing the Health Insurance Law replaced the reimbursement scheme for children under six years with health insurance coverage, starting in July 2009.
- The National Action Plan on Child Survival for the period 2009-2015 (July 2009) aimed to strengthen and expand coverage of essential interventions for child health and survival, and reduce the disparity in child health outcomes between different socio-economic regions.
- Ordinance on People with Disabilities (1998).
- Decree No 67/2007/NDD-CP of 20 September 2004 set out assistance policies for social protection target groups, including children with disabilities, with different allowance levels according to their status and circumstances.
- Decision No 65/2005/QD-TTg of 25 March 2005 approved the 2005-2010 plan on caring for orphans, neglected children, children with serious disabilities, children who are the victims of poisonous chemicals and children with HIV.
- Decision No 239/2006/QD-TTg of 24 October 2006 approved the 2006-2010 support plan for people with disabilities.

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<sup>119</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

- Decision No 139/2002/QD-TTg of 15 October 2002 on the implementation of health care funds for the poor.
- Decision No 950/2007/QD-TTg on investment in construction of commune health stations in the disadvantaged regions.
- Decision No 47/2008/QD-TTg on using government bonds for upgrading district hospitals.
- Decision No 930/2009/QD-TTg on using government bonds for upgrading provincial polyclinic hospitals in disadvantaged regions.

During the period from 1 May 2005 to 30 June 2006, the Government of Viet Nam spent USD 25 million on free health care for children under six years. By June 2006, 8.5 million children under six (representing 96 per cent of that age group nationwide) had been granted free medical cards.<sup>120</sup> Many children from economically disadvantaged families suffering from congenital heart disease, blood diseases, bone and joint malformations and other conditions are now entitled to free treatment and advanced medical services.<sup>121</sup>

In 1996, the Integrated Management of Childhood Illness (IMCI) Strategy was introduced to improve the quality of child health care in the community. In 1999, the Ministry of Health issued a Decision on the expansion of IMCI implementation. It became one of the health sector's strategies to achieve national objectives related to people's health care and protection by 2020.

Teaching IMCI to fourth- and sixth-year medical undergraduates began in January 2000 at the University of Medicine and Pharmacy in Ho Chi Minh City.<sup>122</sup> According to the WHO website on Viet Nam, IMCI is now taught in all medical schools, and thousands of health workers have now received this training. However, implementation challenges remain. These include the cost and difficulty of providing IMCI in remote and mountainous areas, especially where the number and capacity of health workers is inadequate.

The National Nutrition Strategy (2001-2010) focused on improving child and maternal nutrition and care. It also aimed to ensure that all ethnic minorities could access adequate nutrition. It calls for a more integrated and multi-sectoral approach with greater community and family participation. The strategy has seen a substantial decline in child malnutrition, especially in the first half of the decade, but the reduction has been uneven across provinces, leading to increased inequality. The strategy has also fallen short in terms of decreasing stunting, which reflects the fact that maternal nutrition remains a problem not addressed adequately in the strategy.

In response to the substantial out-of-pocket payments and related health care expenditures, the Government has set an ambitious goal of achieving universal coverage of social health insurance by 2014. It has also created a Health Care Fund for the Poor that finances free health services and essential drugs for 14.3 million poor people (under Decision 139). However, it should be noted that these combined efforts only cover about 43 per cent of the population.<sup>123</sup>

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<sup>120</sup> MOH (2007) *Review on the implementation of free health care services for children under six in public health care facilities with regard to child mortality and morbidity patterns and available treatment*

<sup>121</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

<sup>122</sup> Pham Thi Yen, To Anh Toan, Nguyen Thi Hong Diep and Nguyen Thi Minh Huyen (2005) *Review of Integrated Management of Childhood Illness in Viet Nam*

<sup>123</sup> MOH and Health Partnership Group in Viet Nam (2009) *Joint Annual Health Review 2008*

It is expected that the number of beneficiaries under the Health Care Fund for the Poor will increase soon, when a new, higher national poverty line is established, thereby raising the number of people classified as poor. The Health Insurance Law was approved by the National Assembly in December 2008 and came into effect on 1 July 2009.

Five of 13 national health target programmes address problems of child health, including:

- The expanded programme on immunisation;
- Child malnutrition control, including breastfeeding and infant and young child feeding;
- Malaria prevention and control;
- Reproductive health care programme;
- HIV and AIDS prevention, including prevention of mother-to-child transmission (PMTCT).

The former national project on acute respiratory infection has been incorporated into Integrated Management of Childhood Illnesses, and the national programme on control of diarrhoeal diseases is now considered to be a component of routine communicable disease control at provincial and lower levels.

### 3.2.13 Causality analysis: right to child health

As well as those already mentioned above, there are several factors that limit access to health facilities and prevent many children and mothers from fully enjoying their right to the highest attainable standard of health. WHO points out that when health care providers are not paid adequate salaries, a system of double standards is created, with patients who can afford to pay receiving better services than the poor. The causes that prevent the full realisation of the right to health are similar to those in the other social services: access and user fees; quality of services; capacity for local delivery; and funding.<sup>124</sup>

#### 3.2.13.1 Governance of the health sector

During the past five years, the health system has undergone a major reform process that focused on four main areas: institutional reform, administrative system reform, personnel reform and public finance reform. Considerable progress has been reported, although challenges remain.<sup>125</sup>

There is no comprehensive policy framework within which to formulate specific health policies. The policy development process remains top-down with only minor participation of other stakeholders, particularly by citizens and young people. Due to limited reliable information and data, planning is not always evidence-based. Monitoring the implementation of policies and strategies is not always effective: monitoring procedures are unclear and the capacity of staff responsible for carrying them out is not always adequate. There is an urgent need to improve health planning by strengthening both planning capacity and the information systems that support health planning.<sup>126</sup>

A recent study by the Health Policy and Strategy Institute (HPSI) found that lines of accountability were unclear. This is attributed to not having defined task descriptions

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<sup>124</sup> UN in Viet Nam (2004) *United Nations Common Country Assessment for Viet Nam*

<sup>125</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

<sup>126</sup> MOH and Health Partnership Group in Viet Nam (2008) *Ibid.*

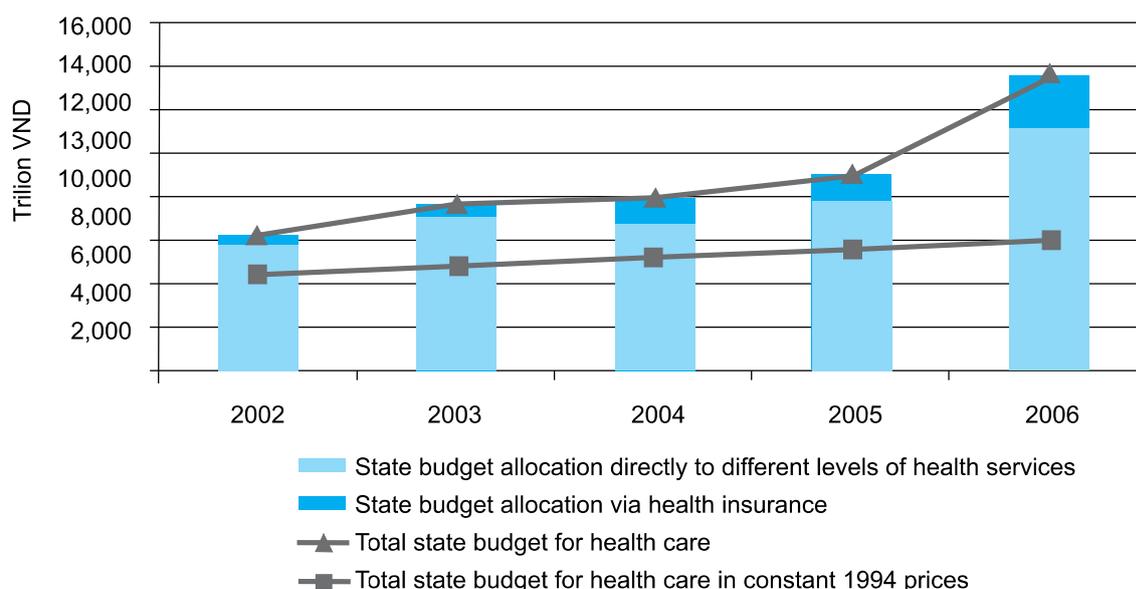
at various levels and for actors involved in the health sector, as well as insufficient coordination between sectors and within the health system.<sup>127</sup>

### 3.2.13.2 Public investment in health

In 2006, Government spending on health care was estimated at approximately USD 10 per head of population, but this accounted for only 27 per cent of total social health spending. This is far less than countries such as Indonesia and the Philippines, where state spending accounts for 47 per cent and 37 per cent of social health spending.<sup>128</sup> Nevertheless, the share of state budget spent on health in Viet Nam is similar to that of other countries, suggesting that the fiscal space in Viet Nam is still somewhat limited.

However, 2006 saw a substantial increase in Government investment in health. There was increased spending on subsidies to facilities, greater investment in infrastructure and more subsidies to expand coverage of health insurance to disadvantaged groups and children (Figure 3.7). In addition, National Assembly Resolution No 18/2008/NQ-QH12 (on promoting the implementation of social mobilisation policies and regulations to improve health care) called for increased state spending on health.

**Figure 3.7: Trends in State budget allocation in the health sector, 2002 - 2006 (in trillion VND)**



Source: MOH (2004) *National Health Accounts, 1998 - 2003*, and calculation results based on Viet Nam Social Security (2006) Report 4461 on revenues, expenditure and health insurance fund assessment

State spending on preventive medicine should reach at least 30 per cent of the total, according to National Assembly Resolution 18. The National Health Accounts show that the proportion of the state budget allocated to preventive medicine in 2005 reached 28 per cent. Much of the preventive medicine spending is through national health programmes managed from central level, which account for 39 per cent of all central health spending. Overall, only 21 per cent of the provincial health budget is spent on preventive medicine.<sup>129</sup>

<sup>127</sup> MOH (2006) *Viet Nam Health Report*

<sup>128</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

<sup>129</sup> MOH and Health Partnership Group in Viet Nam (2008) *Ibid.*

Despite these promising trends, the introduction of user fees in the early 1990s, and wide-ranging autonomy for public health facilities under Decree No 10/2002/CP and, later, Decree No 43/2006/ND-CP, have created strong pressure on health facilities to increase revenues from user fees. This has led out-of-pocket spending (spending by the patient) to account for a high share of social health spending (61 per cent in 2006). In 2007, social health insurance covered only 42 per cent of the population, with an additional 8.5 million children under a free health care programme for children under six. Nevertheless, large out-of-pocket payments impose a burden on poor households, serve as a major obstacle to the utilisation of health services and have led Viet Nam to have among the world's highest rates of catastrophic health spending.<sup>130,131</sup>

Lower-level facilities have also been affected. A 2007 study on health care for children under six found that higher-level facilities with lower caseloads of paediatric patients received a much higher proportion of funds than lower-level facilities with higher caseloads. Free under-six health care spending goes primarily to drugs and medical equipment (testing and imaging), with little spent on improving remuneration. This provides little incentive to improve the quality of care for children.<sup>132</sup>

### 3.2.13.3 Quality of services in the health sector

All analyses point to an urgent need to improve the quality of health services. A recent review of the health system stated: "Difference in health status across regions, areas and income groups remains a big concern that requires the Government and health sector to issue more appropriate policies for budget allocation, human resources development and salary and remuneration regime for health workers alongside the comprehensive strategy for socio-economic and cultural development and social mobilisation for people health care activities."<sup>133</sup>

The Ministry of Health estimates that only 14 per cent of provincial and district hospitals are properly staffed and equipped to manage obstetric conditions. There are inequalities in terms of both the number and qualifications of health workers at commune level and in some communities, there is no permanent doctor.<sup>134</sup>

Indicators repeatedly reveal a significant difference between the health care provided to the Kinh population and that provided to ethnic minorities. The situation of the latter is worsened by their living in remote areas that are hard to reach by health workers, and further hindered by the harsh climate with prolonged flooding that hinders transport. A good example is the high maternal mortality rate in mountainous, remote and isolated areas (central and northern mountainous areas) caused by several factors including insufficient ante-natal visits, childbirth not attended by trained health workers, and obstetric complications in the absence of appropriate emergency care.<sup>135</sup>

There is evidence of a lack of confidence in primary health care services, particularly at commune level. This causes many patients to forego treatment at the local level. If local primary health care services were strengthened, it is likely that fewer patients would try to bypass them. The referral system could then be made more efficient.

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<sup>130</sup> Doorslaer E et al. (2007) *Catastrophic payments for health care in Asia*

<sup>131</sup> GSO (2007) *VHLSS 2006*

<sup>132</sup> MOH and UNICEF Viet Nam (2007) *Study report: Review on the implementation of free health care services for children under six in public health care facilities with regards to child mortality and morbidity patterns and available treatment*

<sup>133</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

<sup>134</sup> MOH and Health Partnership Group in Viet Nam (2008) *Ibid.*

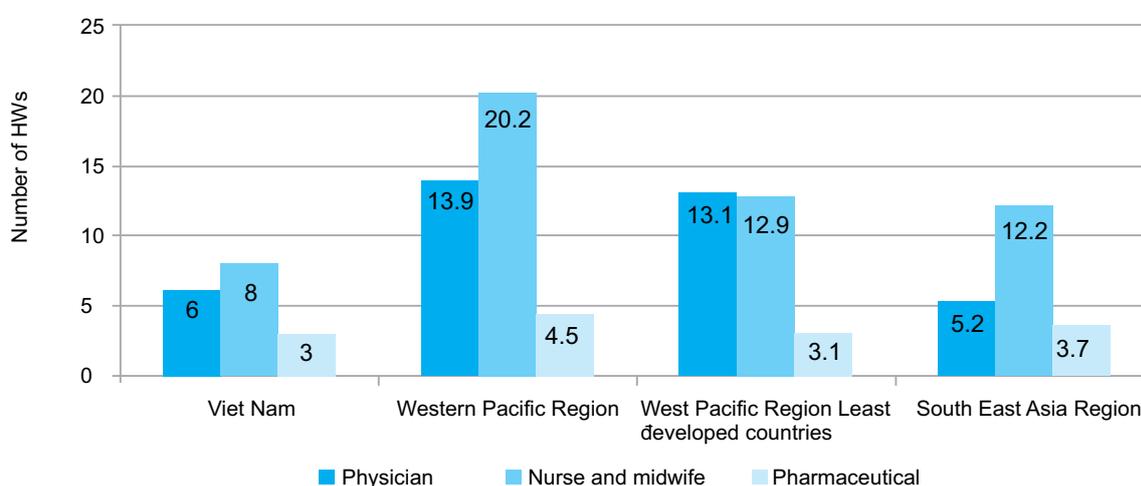
<sup>135</sup> MOH and Health Partnership Group in Viet Nam (2008) *Ibid.*

Inspection and regulation of the large number of private clinics and pharmacies established during the past ten years is considered inadequate. It is therefore not possible to assess the quality of services provided.<sup>136</sup>

### 3.2.13.4 Human resources for health

Human resources for health have increased in both quantity and quality. Currently there are 6.45 physicians per 10,000 people in Viet Nam.<sup>137</sup> This is less than the Western Pacific region ratio, but close to the level in the Southeast Asia region. However, this type of comparison is fraught with issues of incompatible definitions and inconsistent coverage of public and private sectors. The ratio of nurses and midwives per head of population in Viet Nam is lower than both regions. And although the ratio of pharmacists per head of population is on par with other countries of the region (Figure 3.8), 70 per cent of pharmacists have only professional secondary school training or less.

**Figure 3.8: Numbers of health workers per 10,000 persons: comparison between Viet Nam and other countries, 2004**



Source: WHO Statistical Information System [online] Available at: <http://apps.who.int/whosis/data>

Limited skills of health providers is another problem. Capacity development of health workers takes time, and their knowledge needs to be continually updated. Identification and training of talented health staff has also not been given sufficient attention by human resource managers in the Ministry of Health.

In addition, the current staff distribution is not equitable, either between or within regions. Although mountainous and highland areas are allowed proportionately more Commune Health Centres, some remote areas are still underserved. The number of professional health workers per capita is significantly lower in mountainous and remote areas than in the lowland areas.<sup>138</sup> These provinces face difficulties in recruiting doctors and other qualified professional staff to work at commune level, particularly in the more remote regions.

<sup>136</sup> UN in Viet Nam (2004) *United Nations Common Country Assessment for Viet Nam*.

<sup>137</sup> MOH (2007) *Health Statistics Year Book 2006*

<sup>138</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

### 3.2.13.5 Health information system linked to planning

A major challenge to the overall performance of the health sector is information management. The Viet Nam Health Management Information System (HMIS) includes a general information system under the Department of Planning and Finance. It consists of a network that operates at central, provincial, district and commune levels. However, a number of capacity issues have been identified:<sup>139</sup>

- Resource investment has been inadequate: there are also too few reliable staff to collect and process data, particularly at the grassroots level;
- Data management is inadequate because of gaps in infrastructure and human resources (e.g. local data is often entered first on paper and later processed on personal computers);
- Dissemination and use of information is limited, including important information on the results of health activities and health outcomes.

An example of these weaknesses is found in a 2007 study of the health care fund for the poor. Due to weaknesses in the monitoring system, the rising demand for paediatric services resulting from the policy of free health care for children under six was not met by increased numbers of beds and other resources. Areas and population groups experiencing under-coverage of card distribution had also not been clearly identified to ensure children's rights to health care. The assessment also found that boys were accessing health services at twice the rate of girls. This imbalance could have been identified earlier if information systems had been more gender-sensitive.<sup>140</sup>

Another example comes from the report on progress towards MDGs, which identified the need to disaggregate data on reproductive health according to sex, age, ethnicity, and migrant status in order to formulate effective policies.<sup>141</sup>

### 3.2.14 Causality analysis: infant and child mortality

Despite the remarkable progress achieved to date, there are several reasons why infant morbidity and mortality rates have not been reduced further. The largest proportion of under-one mortality is neonatal mortality, which accounts for close to 60 per cent of all deaths in children under one and 40 per cent of all deaths in children under five. The causes of neonatal mortality include haemorrhage, infection, hypothermia and poor nutrition during pregnancy.<sup>142</sup>

The Ministry of Health has identified the main causes of neonatal mortality as preterm and low birth weight, asphyxia at birth, pneumonia and sepsis. These are causes that could be prevented if medical staff were well-trained to monitor the pregnancy, assist at childbirth and provide post-natal care.<sup>143</sup> An underlying cause of neonatal mortality is the fact that many women in rural mountainous areas do not have access to basic health services, including pregnancy checkups, delivery support, post-natal care, vaccinations

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<sup>139</sup> MOH and Health Partnership Group in Viet Nam (2008) *Ibid.* and UNICEF Viet Nam (2008) *Health Equity Situation Analysis*

<sup>140</sup> MOH and UNICEF Viet Nam (2007) *Study report: Review on the implementation of free health care services for children under six in public health care facilities with regards to child mortality and morbidity patterns and available treatment.*

<sup>141</sup> UN in Viet Nam (2005) *The Millennium Development Goals and Viet Nam's Socio-Economic Development Plan 2006-2010.*

<sup>142</sup> WHO (2005) *Maternal mortality in Viet Nam, 2000-2001: an in-depth analysis of causes and determinants*

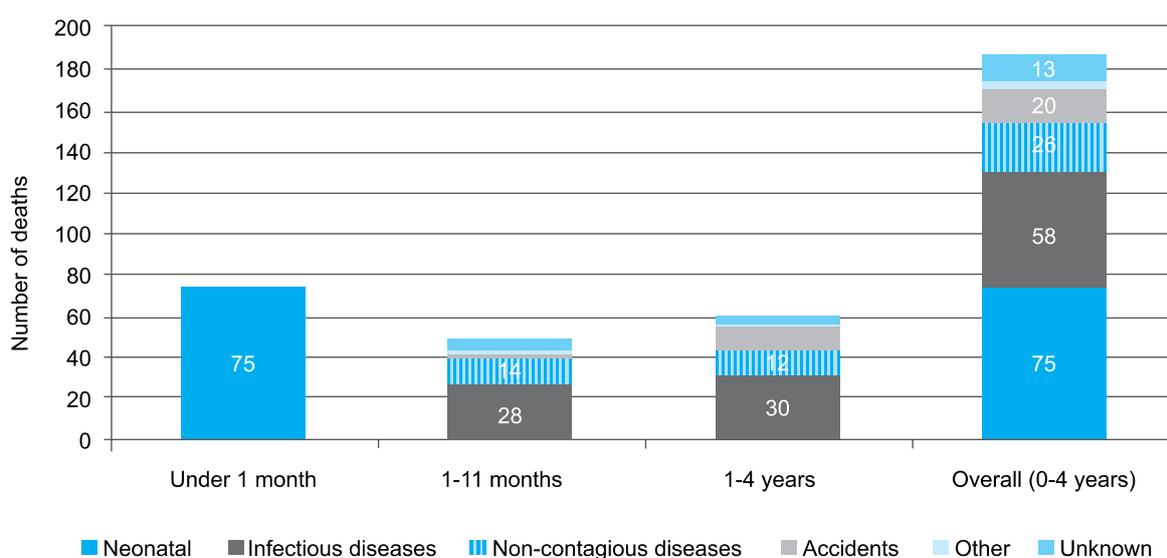
<sup>143</sup> MOH (2006) *Viet Nam Health Report*

and access to routine care and treatment.<sup>144</sup> Although most infant mortality occurs within the first month of life, neonatal mortality is not yet tracked as a national indicator and many health centres do not record the causes of death.

The fact that not all newborns are registered immediately after their birth contributes to the lack of accurate data. More than half of those infants who die before one month of age are unregistered. Their deaths go unrecorded or are recorded as late as six months after birth. A particularly large proportion of late-registered births are females. Viet Nam needs to improve its birth registration system and quality of infant death reporting in order to provide more precise data.<sup>145</sup>

A recent situation analysis concluded “that there is a moderate degree of inequality in child mortality in Viet Nam disavouring poorer women and their children that may have persisted since 1992/93 (reflecting cumulative child mortality over several years) despite substantial reductions in overall infant mortality rates during this period.”<sup>146</sup> The study also found a moderate degree of inequality in infant mortality rates between provinces disavouring poorer provinces. This was mainly linked to province-level differences in household income, ethnicity and malaria incidence. Figure 3.9 shows data from the 2001-2002 Viet Nam National Health Survey on the causes of death among under-five children reported by households during the three years before the survey.

**Figure 3.9: Causes of death among children under five years of age, 2001 - 2002**



Source: MOH and GSO (2003) *National Health Survey 2001 - 2002*

### 3.2.15 Causality analysis: child malnutrition

There are many causes of malnutrition in Viet Nam. Immediate causes include inadequate intake of nutritious foods and common childhood illnesses, including parasitic worm infestation; poor hygiene and sanitation, limited access to safe drinking water,

<sup>144</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

<sup>145</sup> Socialist Republic of Viet Nam (2007) *Ibid.*

<sup>146</sup> UNICEF Viet Nam (2008) *Health equity situation analysis. The finding with respect to the persistence of inequality since 1992/93 is not definitive because it is sensitive to the measure of living standards used (i.e. per capita household income, per capita household consumption, or a wealth index based on housing characteristics and the household's ownership of consumer durables).*

household food insecurity, inadequate access to health care services in some remote areas; and insufficient maternal, infant and young child feeding and caring practices. The very low rate of exclusive breastfeeding is partially attributed to early introduction of water and liquids; formula companies benefitting from the weak enforcement of national regulations on marketing of breast milk substitutes; and formula companies conveying confusing information to mothers and society at large about their products.

Malnutrition is more prevalent in ethnic minority areas and among the rural poor where education levels are lower. Cultural and social factors have been suggested as possible root causes of malnutrition, as even the regions with the highest living standards such as the South East and Red River Delta have unusually high incidences of underweight children and stunting. Although there are many food-poor families, there is no shortage of food in the country as a whole. Viet Nam's agricultural production has grown rapidly and large quantities of basic food products, such as rice, fruit and vegetables, are exported.

The 2007 Joint Annual Health Review indicates that causes of child malnutrition are related to "irrational child raising methods, low weight at birth, diseases and treatment after delivery, worm infections, maternal and paternal malnutrition."<sup>147</sup> It also identifies poor hygiene conditions, hunger and large family size as contributing factors. The lack of appropriate pre-pregnancy health and nutrition care of mothers contributes to their under-nutrition: this leads especially to stunting, which remains a major problem in Viet Nam.

### **3.2.16 Roles and capacities of duty bearers: child health<sup>148</sup>**

#### **3.2.16.1 Service-providers as the primary duty-bearers**

The Ministry of Health, with its established network of health care institutions and facilities, is working to fulfil its key roles and responsibilities and to achieve its targets for reducing maternal and child mortality. However, there are gaps in health care services in terms of both coverage and quality, especially in remote mountainous and ethnic minority areas.

With the changing socio-economic environment, the State also has to invest in more financial, human resource and managerial capacity. This is needed to cope with the changes brought about by market forces (which include rapid migration and urbanisation, and rising income inequality). At the same time, the State has to maintain investment in areas of the health sector that are lagging behind targets, and that face 'unfinished business' in child health (e.g. malnutrition and sanitation).

Capacity in managing information is inadequate, especially at lower management levels. Neither the capacity nor the necessary incentives to collect, analyze and use reliable data for more effective planning at sub-national levels are sufficient.

#### **3.2.16.2 Parents, caregivers and other community-level duty-bearers**

Family members, mainly parents and caregivers such as grandparents, play an important role in primary health care for children. They are the first care-providers for children within the household and community. Their knowledge and practices are very important for child survival and development. In many areas in the country, however, their knowledge of key practices such as exclusive breastfeeding of infants, complementary feeding with nutritious foods and recognition of danger signs of pneumonia is limited.

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<sup>147</sup> MOH and Health Partnership Group in Viet Nam (2008) *Joint Annual Health Review 2007*

<sup>148</sup> Note that much of the following analysis applies to the health system as a whole, not only to child health.

Within the community, duty-bearers also include village/hamlet heads and neighbours, who often provide concrete support for maternal and child health care issues. Local mass organisations (Youth and Women's Unions) are responsible for raising awareness and providing support for immediate duty-bearers, especially when there are cultural or economic constraints.

### 3.3 Adolescent health

There have been many changes to society in Viet Nam in recent years which have presented many challenges for the well-being of adolescents and youth: HIV and AIDS, injuries, substance abuse, and lack of access to quality health services (particularly reproductive health care). Currently, 43 per cent of Viet Nam's population is under the age of 24, with 18 per cent aged 15-24.<sup>149</sup>

The UN defines an "adolescent" as a person aged 10-19, and a "youth" as aged 14-24. The legal age of marriage in Viet Nam is currently 18 years for women and 20 years for men, and most marriages occur in accordance with these limits. According to household survey data, the average age of first time marriage increased between 1999 and 2006 from 25.3 to 26.6 years for men and from 22.7 to 23.2 years for women. The incidence of early marriage has decreased (in terms of percentages of total marriages) from 2.2 to 1.6 for men and from 9.0 to 6.1 for women.<sup>150,151</sup>

Early marriage increases young women's health risks, particularly for those living in remote and mountainous areas since they have less access to health services compared with women in other regions of the country. Compared to many other developing countries, early adolescent pregnancy and birth are not widespread in Viet Nam. The 2005 Survey Assessment of Vietnamese Youth (SAVY) reported that sexual activity is rare among young people aged 14-17 and that only six per cent of young women in the sample gave birth to their first child before the age of 18. Around 30 per cent of the young people who participated in the survey believed that premarital sex is acceptable when both partners consent, when they are about to get married, or if they are able to prevent pregnancy.<sup>152</sup>

National family planning programme in Viet Nam provides contraception and reproductive health information to different population groups, particularly married couples. These services are also offered to adolescents and youths, but access has been limited. However, the 2005 SAVY found that youth have relatively good awareness about reproductive health topics, especially regarding family planning contraceptive practices, although the accuracy of understanding was not as high as desired. Awareness of puberty among girls aged 14-17 was higher than among older females, indicating improved knowledge and greater openness about these issues. According to 2005 SAVY, knowledge and attitudes about condoms among youths are quite high with 98 per cent and 99 per cent of surveyed girls and young men recognising that condoms could prevent pregnancies.<sup>153</sup>

The abortion rate in Viet Nam is high, although figures vary. A literature review on reproductive health in Viet Nam for the period 2001-2005 found reported abortion rates of 1.5-1.7 at reproductive age (from 15-49 years of age). The review highlighted that

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<sup>149</sup> GSO (2008) *The 2007 Population Change and Family Planning Survey: Major Findings*

<sup>150</sup> GSO (2001) *Monograph on marriage, fertility and mortality in Viet Nam: Levels, trends and differentials*

<sup>151</sup> GSO (2007) *Results of the survey of Population Change and Family Planning*

<sup>152</sup> MOH et al. (2005) SAVY

<sup>153</sup> MOH et al. (2005) *Ibid.*

abortion rates among married women seemed to have stabilised but that more abortions were occurring among young unmarried women. The study revealed various reasons for abortion, including incorrect use of contraceptives.<sup>154</sup> Reliable data is scarce, possibly owing to the stigma associated with abortion.<sup>155</sup>

Data on the prevalence and incidence of reproductive tract infections (RTIs) and sexually transmitted infections (STIs) is also scarce and unreliable. Adolescents and young women do not normally undergo gynaecological examinations and are reluctant to discuss intimate issues because of the stigma associated with STIs. According to Ministry of Health statistics, the prevalence of STIs among the general population is low, with the rate of Gonorrhoea at six per 100,000 persons and the rate for Syphilis at three per 100,000 in 2007.<sup>156</sup> According to the 2005 SAVY, there was greater awareness about Hepatitis B, Gonorrhoea and Syphilis among surveyed youth accounting for 62-72 per cent, while the level is lower for other STDs such as Chlamydia and Trichomonas with only 7 - 25 per cent. A 2004 baseline survey on reproductive health in youth and adolescents found that 23 per cent of youths and adolescents did not know about STIs. In rural areas their lack of knowledge was as high as 40 per cent, with more boys than girls unaware of STIs.<sup>157</sup>

Some ten per cent of the reported HIV and AIDS cases in Viet Nam are estimated to be young people under 20 years of age. Half of new HIV cases are among young people under the age of 25.<sup>158</sup> Among adolescents and youth, HIV infections are related to drug use and unsafe sexual behaviour. Many young people still do not use condoms despite having some knowledge of HIV. The 2005 SAVY showed that only 14 per cent of the surveyed subjects used contraception. There was a significant difference in contraception use between married and unmarried groups of 72 per cent and 4 per cent respectively. Condoms were the most reported method used for first time sex in the married group with 42 per cent. Unmarried individuals reported higher rates of condom use for the first time sex with 80 per cent compared to other methods. In 2006, only 46 per cent of women aged 15-19 had comprehensive knowledge about HIV transmission. Another issue with regard to the vulnerability of youth to HIV infection is the number of young women engaged in sex work. According to the Ministry of Labour, Invalids and Social Affairs (MOLISA), female sex workers are getting younger. About 15 per cent of female sex workers were found to be under the age of 18.<sup>159</sup>

Another significant concern is smoking, which has become an important health issue in Viet Nam especially for men.<sup>160</sup> On average, most smokers begin at 17 years of age. Most girls do not smoke, however, because it is considered inappropriate within Vietnamese society. According to the 2006 Viet Nam Household Living Standards Survey (VHLSS), 47 per cent of males aged 15 and over smoke, while less than two per cent of females do so.<sup>161</sup>

Viet Nam ratified the Framework Convention on Tobacco Control in 2004. The Prime Minister approved the plan for its implementation in August 2009. The Ministry of Health

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<sup>154</sup> UNFPA (2007) *Research on reproductive health in Viet Nam: a review for the period 2000 - 2005*

<sup>155</sup> MOH et al. (2005) SAVY

<sup>156</sup> MOH (2007) *Health Statistics Year Book 2006*

<sup>157</sup> UNFPA and EU (2005) *Final report on baseline survey for RHIYA Viet Nam*

<sup>158</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

<sup>159</sup> MOLISA (2009) *Review report of 5-year implementation of the Ordinance on prevention and combating against prostitution (2003 - 2008)*

<sup>160</sup> UN in Viet Nam (2004) *United Nations Common Country Assessment for Viet Nam*

<sup>161</sup> MOH (2006) *Viet Nam Health Report*

is working with other Ministries to draft a Tobacco Control Law, which will provide an even stronger basis for comprehensive action to prevent harm from smoking.

There are growing concerns about mental health problems among children, such as anorexia nervosa, school aversion, games addiction, depression, and suicide. According to the Centre for Child Psychology and Psychiatry, mental disorders affect about 20 per cent of children. One of the challenges facing the health sector is that there are not enough physicians in Viet Nam trained to diagnose and treat such conditions.<sup>162</sup>

### 3.3.1 National response to adolescent health

Although adolescent health is a new area in Viet Nam, it has been identified as a priority in the 2001-2010 National Strategy for Reproductive Health. Based on the key findings from the 2003 Survey Assessment on Vietnamese Youth (SAVY), the National Master Plan on Protection, Care and Strengthening Adolescent and Youth Health Care for 2006-2010 (and Directions to 2020) was developed and began implementation in 2006. The key specific objectives identified in the Master Plan are to:

1. Improve knowledge, skills and behaviour of adolescent and youth in self-protection and health;
2. Develop policies, guidelines and support for programmes strengthening adolescent and youth health care;
3. Create an enabling environment for stronger adolescent and youth health care;
4. Improve access to appropriate and specific services to meet the demand for adolescent and youth health care; and ensure fair access to health care for all adolescents and youth;
5. Provide special support for groups of adolescents and youth with special difficulties and circumstances.

MOH Decision No 4617/2007QD-BYT, Implementing Guideline for implementation of Youth-friendly Reproductive and Sexual Health Services, proposed four main types of services for adolescent reproductive health (RH):

1. Information, education and communication (IEC) on reproductive health and gender, life skills, safe sex; and counselling on violence and sexual abuse;
2. Clinical services, including medical check-ups on gynaecology, family planning (FP), antenatal, delivery and postpartum care, safe abortion and post-abortion care, case management for STIs, and preventing mother-to-child transmission of HIV (PMTCT);
3. Para-medical services, including pregnancy, STI, HIV and other RH tests;
4. Referral care services for all the above.

All these services are to be integrated into the existing system of reproductive health care at various levels, in both public and private facilities.

Viet Nam's National Strategy on Population and the National Strategy on Reproductive Health 2001–2010 include adolescent reproductive health care and the provision of

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<sup>162</sup> MOH (2006) *Viet Nam Health Report*

services to youth and adolescents. For the first time, women of reproductive age, men, youths, and adolescents are all included as audiences for behaviour-change activities. The Strategy emphasises improving the quality of education on population, family planning, reproductive health and gender, both within and beyond school. The quality of reproductive health care services and the delivery system will be improved to reduce the number of unwanted pregnancies and abortions, particularly among adolescents.

Since 2008, RH Care has become a project under National Target Programme (NTPs) on prevention and control of diseases, in which Adolescent Reproductive and Sexual Health (ARSH) is a main component with various kinds of interventions being implemented.

### **3.3.2 Causal analysis: adolescent health**

There are various obstacles preventing adolescents and youth from obtaining reproductive health care. One important issue is the inadequacy of the services and information to cover this large population group. In some cases, policymakers and social groups (including mass organisations, community-based organisations, schools, health care providers and parents) have not addressed this issue aggressively enough. To a large extent, this stems from their concern that sex education will expose young people to inappropriate information and increase their sexual activity.

Another important obstacle is general disapproval of premarital sex and the use of contraceptives by unmarried female adolescents and youths. Young people are generally interested in learning about sexuality and related issues, but there are still cultural obstacles and limited access to information, education and communication on these topics.

#### **3.3.2.1 Limited access to reproductive health services for adolescents and youth**

The services of the National Family Planning programme are still limited for unmarried adolescents and youths. Although there have been some efforts to improve their knowledge of reproductive health, safe sex, and contraceptive methods, the services provided are often limited and insufficient to change behaviour.

#### **3.3.2.2 Barriers to sexual and reproductive health education in schools**

As is frequently the case in many countries, teachers do not feel comfortable talking about sex and reproductive health issues with adolescents and youths. This is due partly to a belief that they need specific training in order to teach these subjects. When reproductive health is discussed in school, it is often done as a unit in a biology course and does not include the emotional aspects of sexuality. HIV and AIDS is still sometimes linked to social evils, so young people who are not sex workers or injecting drug users do not perceive themselves to be at risk. Data from the 2005 SAVY indicated that most Vietnamese youths still do not have a positive view of condoms, which leads to low rates of condom use.

#### **3.3.2.3 Limited capacity of reproductive health system to respond to adolescent health**

Overall, there are no substantial legal obstacles to promote adolescent reproductive health, but the capacity of the existing service delivery system is still inadequate to fully address the needs for adolescent reproductive health. Strengthening the capacity of reproductive health services is required to respond to adolescent reproductive needs as articulated in the national policy agenda. For example, although the 2001-2010 Viet Nam Population Strategy targets adolescents and youths in principle, it focuses primarily on married couples.

### 3.3.2.4 Lack of resources for adolescent reproductive health programmes

Reproductive health services and information for adolescents and youth are under-resourced. Most of the adolescent reproductive health programmes and activities to date have been pilot projects financed primarily by international resources. Few of the pilots have been rolled out to other areas, and sustainability is a concern for many of the existing pilot schemes.

### 3.3.3 Roles and capacities of duty-bearers

Many of the issues noted above on the capacities of duty-bearers in the health care system in general also hold true for adolescent health care. Data remains scarce, many health workers do not have the appropriate skills and knowledge to address adolescent health issues, and families and community workers may not be comfortable with these issues. The result is that adolescents may not feel able to access quality information on reproductive and other health issues, nor to access the services themselves. According to the UN 2004 Country Assessment, “some programmes for youth are planned and developed in a top-down way, and are imbued with a bias toward regulation and compulsion over participation and dialogue. Too much emphasis is given to keeping young people away from problems and ‘social evils’ as opposed to promoting the potential of youth while creating a protective environment. More attention needs to be given to young people’s right to information.”<sup>163</sup>

## 3.4 Maternal and reproductive health

### 3.4.1 Maternal mortality

According to the 2009 Joint Annual Health Review, maternal mortality dropped from 85 per 100,000 live births in 2002 to 75 per 100,000 live births in 2008.<sup>164</sup> The 2009 Census reported a maternal mortality rate of 69 per 100,000 live births.

There are major disparities between rural and urban areas. An in-depth analysis of maternal mortality in Viet Nam pointed out that maternal mortality rates are high in the Northwest and Central Highlands, and suggested the need for further study to determine the main causes and find effective intervention measures. It confirmed major differences in maternal mortality ratio between regions (with rates of 269 per 100,000 live births in mountainous and midland regions compared to 81 per 100,000 live births in the deltas), between the Kinh ethnic majority and ethnic minorities (81 and 316 per 100,000 live births), and between rural and urban areas (145 and 79 per 100,000 live births) (Figure 3.10).<sup>165</sup>

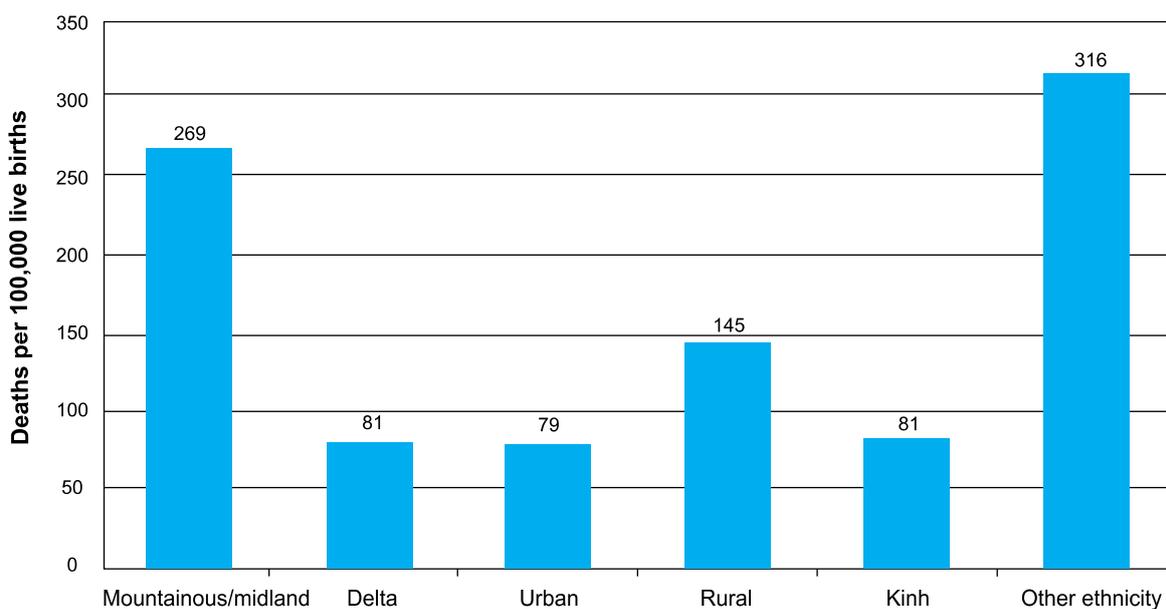
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<sup>163</sup> UN in Viet Nam (2004) *United Nations Common Country Assessment for Viet Nam*

<sup>164</sup> MOH and Health Partnership Group in Viet Nam (2009) *Joint Annual Health Review 2008*

<sup>165</sup> WHO (2005) *Maternal mortality in Viet Nam, 2000-2001: an in-depth analysis of causes and determinants*

**Figure 3.10: Maternal mortality rates by location and ethnicity, 2000 - 2001**



Source: WHO (2005) *Maternal mortality in Viet Nam, 2000-2001*

### 3.4.2 Reproductive health

As specified in the Ordinance No 08/2008/UBTVQH12, Vietnamese couples are to have no more than two children, except for special cases regulated by Government. Viet Nam's rate of population growth has dropped significantly from two per cent to a little over one per cent per annum over the last decade. The total fertility rate has decreased from 2.3 in 1999 to 2.1 in 2008.<sup>166</sup> Nevertheless, disadvantaged regions continue to record higher fertility rates: total fertility rates in the Central Highlands and Northern Highlands are 2.7 and 2.3, respectively, compared to 2.1 in the Red River Delta.

A recent study found a moderate degree of inequality in fertility disfavours the poor in Viet Nam: women who are poor tend to have more children. The main factors to explain this were female education and household income.<sup>167</sup> The same study also concluded that socio-economic factors that formerly contributed to the inequality favouring women who are richer in the use of modern contraceptives has been reduced over time, probably as a result of Viet Nam's effective family planning programme.

### 3.4.3 Emerging issue - unbalanced sex ratio

There is growing concern about the unbalanced sex ratio (the number of males born for every 100 females) at birth. The national sex ratio at birth in 2008 was estimated to be 112, based on the annual population change survey involving 378,000 households. This figure exceeds the expected sex ratio of 105-106, based purely on biological factors. The relatively high figure is attributed to the pressure to adhere to the two-child policy, coupled with a cultural preference for sons and the widespread availability of ultrasounds and abortion services.<sup>168</sup>

<sup>166</sup> UNFPA (2009) *Viet Nam Population 2008*

<sup>167</sup> UNICEF *Viet Nam (2008) Health Equity Situation Analysis*

<sup>168</sup> UNFPA (2009) *Viet Nam Population 2008*

### 3.4.4 National response to maternal and reproductive health

The issue of maternal and reproductive health is directly related to the status of women's rights and gender equality. A review of Viet Nam's policies on gender equality demonstrates a general acceptance and support for the issue. The Constitution of Viet Nam declares that men and women enjoy equal rights in all aspects and states: "The State, society, families and individuals have the responsibility to provide health care and protection to mothers and children; and to carry out the population and family planning (PFP) programme."

In 2007, the National Assembly adopted the Gender Equality Law to institutionalise the structures, systems, and procedures required for gender equality. The law includes provisions on the responsibilities of the Government, State agencies, other agencies and organisations, and of families and citizens to ensure gender equality. It also sets out punishments for violating the gender equality law. This law provides the legal framework for achieving the equal rights guaranteed by the Constitution.

The 1989 Law on the Protection of People's Health, Article 44 states that "women have the right to have abortion if they so desire, to have medical examinations and treatment for gynaecologic diseases, to have ante-natal care, and medical services during delivery at medical institutions," and that the "Ministry of Public Health has the duty to consolidate and expand the network of obstetrics and new-born health care down to the grassroots in order to ensure medical care for women." There is thus strong and clear legal provision for the right to maternal health care.

There are also a number of national plans, programmes and strategies focusing on reproductive health. They include the National Education and Training Programme on Reproductive Health and Population Development, the National Strategy on Reproductive Health (NSRH) for 2001–2010, the Safe Motherhood Master Plan for 2001-2005 and 2007-2010, the 2001–2010 Viet Nam Population Strategy, and the Reproductive Health Care Project under National Target Programme for the period 2006 – 2010 has been approved and implemented since 2008.

### 3.4.5 Causality analysis: maternal mortality

The leading immediate causes of maternal mortality include post-partum haemorrhage, sepsis, eclampsia, complications of unsafe abortion, and prolonged or obstructed labour. Complications from abortions account for 12 per cent of maternal deaths. Most deaths could be prevented through good quality antenatal care, by properly attended births, and by prompt access to emergency obstetric services providing lifesaving drugs, antibiotics, transfusions and surgical interventions as necessary.

A 2005 maternal mortality study listed factors contributing to maternal mortality as: 46 per cent of cases due to delays in the decision to seek health care; 41 per cent due to delay in transferring the pregnant woman to the appropriate referral facility because of long distances, poor roads or lack of transport; and 40 per cent due to delays in providing essential treatment, lack of well-trained health workers, drugs or necessary equipment.<sup>169</sup>

Considering that three-quarters of all maternal deaths occur during delivery and immediately afterwards, the most critical intervention for safe motherhood is to ensure that a skilled birth attendant is present at every delivery, and that transport to an obstetric

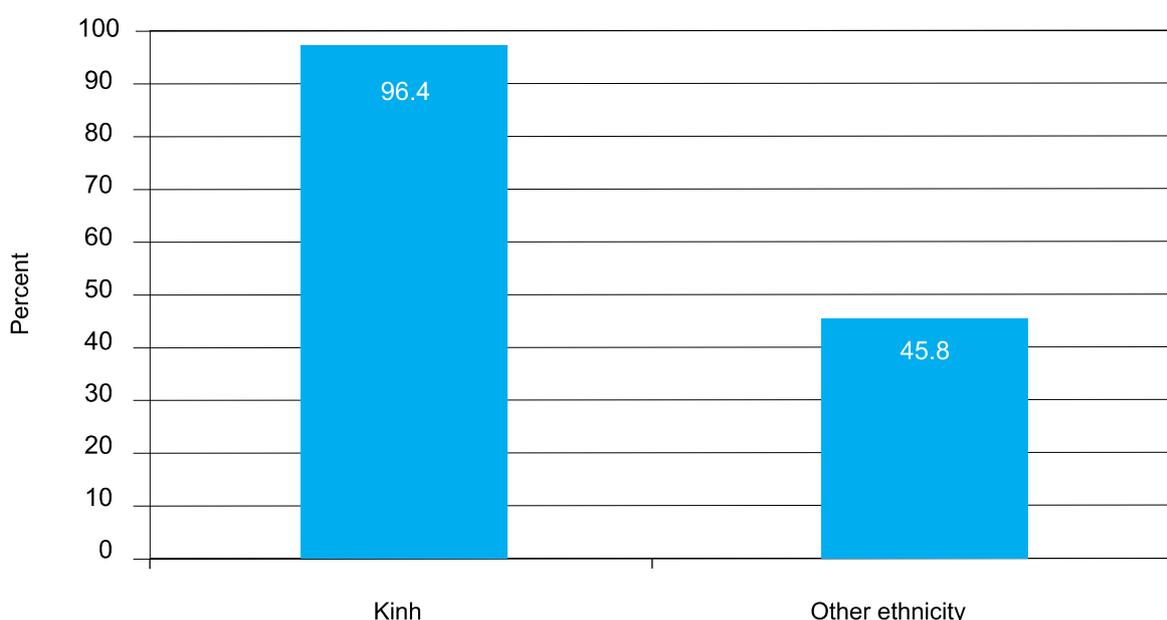
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<sup>169</sup> WHO (2005) *Maternal mortality in Viet Nam, 2000-2001: an in-depth analysis of causes and determinants*

care facility is available in case of an emergency.<sup>170</sup> The availability of referral emergency obstetric care is also vital. According to the 2006 MICS, 88 per cent of births were delivered by skilled personnel, with a majority of women (69 per cent) assisted by medical doctors at the time of delivery, 15 per cent assisted by a nurse/midwife and four per cent assisted by an auxiliary midwife.

Substantial differences between the percentage of professionally assisted births are observed with respect to region, area (urban versus rural), woman's education and the wealth quintile, but ethnicity (96 per cent Kinh versus 46 per cent other ethnic groups) accounts for most of the observed variation (Figure 3.11).<sup>171</sup>

**Figure 3.11: Percentage of obstetric deliveries assisted by skilled personnel by ethnicity, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Coverage of ante-natal care is relatively high in Viet Nam. According to the 2006 MICS, virtually all Kinh women received ante-natal care from skilled personnel. However, only 63 per cent of women from other ethnic groups received ante-natal care from a skilled provider. A low level of education, lower economic status and age of the mother are other factors associated with whether or not a mother received ante-natal care from a skilled provider.<sup>172</sup> The 2006 MICS data also indicated that wealthier pregnant women were much more likely to be fully immunised against tetanus. This suggests that many economically disadvantaged women did not have the recommended number of ante-natal care visits.<sup>173</sup>

<sup>170</sup> It should be noted the term “trained health workers” used in Viet Nam is not equivalent to the WHO term for “skilled birth attendants”. Thus the country data on the proportion of births assisted by “trained health workers” do not reflect the percentage of deliveries assisted by “skilled birth attendants.”

<sup>171</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>172</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>173</sup> GSO and UNICEF Viet Nam (2007) *Ibid.*

### 3.4.6 Causality analysis: reproductive health

Although Viet Nam is striving to achieve gender equality, and is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), women's access to health care services and information, particularly reproductive health care in hard-to-reach remote areas, is still limited, and maternal mortality is higher in these areas. Root causes include cultural attitudes towards sexuality that make it difficult for women to negotiate the use of condoms or to discuss reproductive health issues with their partners, families and others.<sup>174</sup> Greater public awareness is needed to allow women to feel comfortable discussing reproductive health issues with their partners and health care providers. The CEDAW Committee expressed its concern about women's reproductive health and the high rate of abortion among young married women, and the persistence of stereotypical attitudes with respect to reproductive health, "which appears to be regarded as the sole responsibility of women."<sup>175</sup>

As mentioned, maternal health is directly linked to adequate family planning information and services. Although the contraceptive prevalence rate of 76 per cent of currently married women in Viet Nam is regarded as relatively high, the use of traditional methods is also in practice (15 per cent)<sup>176</sup> and there is a need for improved information-education-communication and counselling on modern contraceptives.

A recent study examined reproductive health issues among ethnic minority women in the Central Highlands area.<sup>177</sup> It found low overall awareness of reproductive health among the mostly illiterate (70 per cent) women who were surveyed. Their living conditions were poor, characterised by a lack of safe drinking water and an absence of latrines, making the women vulnerable to infections during pregnancy. The study also revealed a generally low demand for reproductive health care services. The major reason given by women who did not visit an ante-natal clinic was that it was too far for them to walk and that transport was too expensive. The research also highlighted deficiencies in the general hospitals and reproductive health centres: infrastructure tended to be of poor quality, and the capacity and qualifications of personnel, particularly in the area of maternal health care, were low.

### 3.4.7 Roles and capacities of duty-bearers

There are a number of factors related to the capacities of responsible actors in the health system that are relevant across the range of health issues, including maternal mortality and reproductive health. They include inadequate coverage, poor quality of services, and under qualified and trained personnel.

The issue of gender equality is also important, given that issues related to reproductive health (including family planning) are still seen as the responsibility of women, not men. This means that within the family, women shoulder the burden of reproductive health care and men remain relatively disengaged.

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<sup>174</sup> UN in Viet Nam (2005) *The Millennium Development Goals and Viet Nam's Socio-Economic Development Plan 2006-2010*

<sup>175</sup> UN (2007) *Concluding Comments of the Committee on the Elimination of Discrimination against Women: Viet Nam - CEDAW/C/VNM/CO/6*

<sup>176</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>177</sup> MOH and Viet Nam Academy of Social Sciences (2007) *Report, Reproductive Health Care Service Seeking Behaviour and Utilization Among Ethnic Minority Women in Central Highlands of Viet Nam*

### 3.5 HIV and AIDS<sup>178</sup>

As of 2009, 243,000 people in Viet Nam are estimated to be living with HIV and AIDS. Of these, around 60,000 (or 25 per cent) are women, but this proportion is expected to increase as a result of transmission from men to their wives and other female partners, as well as through injecting drug use (IDU).<sup>179</sup> The number of people living with HIV is expected to increase to around 280,000 by 2012, including about 5,700 children (approximately two per cent), however this will occur mainly as a result of the decrease in AIDS-related mortality due to increased access to anti-retrovirals drugs (ARVs). In fact, the rate of new infections has steadily declined from around 67 per 100,000 people in 2000, to 39 per 100,000 people by 2007 with national prevalence estimated to be 0.43 percent in 2009, down from 0.53 percent in 2005.<sup>180</sup>

The Viet Nam HIV epidemic comprises many sub-epidemics across the country. The timing of the sub-epidemics have varied greatly. For example, the epidemic in Ho Chi Minh City and the northeast coast began earlier, while the epidemic in other parts of the country, such as Dien Bien, Son La and Yen Bai, are more recent. According to sentinel surveillance, there is an indication that HIV prevalence among IDUs increased during the period 1996-2002 but thereafter decreased in a number of provinces, dropping from 29 per cent in 2002 to 18.4 per cent in 2009 (aggregated numbers). HIV prevalence from the sentinel surveillance sub-samples taken in the community was about 15 per cent (ranged from 0 per cent to 55 per cent). The highest HIV prevalence among IDUs in 2009 was found in HCMC (55.1 per cent), Can Tho (41 per cent), Dien Bien (43 per cent), Thai Nguyen (34 per cent), Quang Ninh (29 per cent), Gia Lai (33.3 per cent) and Binh Duong (32.4 per cent).<sup>181</sup>

The epidemic has spread to IDUs in new provinces, especially in the Northeast, where there is rapidly rising prevalence (see Figure 3.12).<sup>182</sup> It has also spread to other areas of the population, including men who have sex with men, partners and clients of sex workers, and partners of injecting drug users. Figure 3.13 shows the changing profile of the routes of transmission of HIV in Viet Nam. It should also be kept in mind that the data on which these estimates are made is largely derived from sentinel surveillance carried out in a limited number of sites. Sites where sentinel surveillance is not conducted, for example Son La, are among areas where very high rates of infection among injecting drug users have recently been detected.<sup>183</sup> Geographically, HIV has now been reported nationwide in all provinces and cities, in 96 per cent of 659 districts and more than 66 per cent of 10,732 wards and communes.<sup>184</sup> For all these reasons, the estimated epidemiological picture may not accurately reflect the actual situation, and women and children are especially vulnerable to HIV.

#### 3.5.1 HIV transmission among young people

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 among young people aged 20-29.<sup>185</sup> The

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<sup>178</sup> The issue of HIV/AIDS is also addressed in Chapter 5 from a child protection perspective

<sup>179</sup> MOH (2009) *HIV/AIDS Estimates and Projections 2007-2012*

<sup>180</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*; MOH (2009) *HIV/AIDS Estimates and Projection 2007-2012*

<sup>181</sup> VAAC (2009) *Sentinel Surveillance Survey 2009: community-based samples*

<sup>182</sup> MOH (2009) *HIV/AIDS Estimates and Projection 2007-2012*

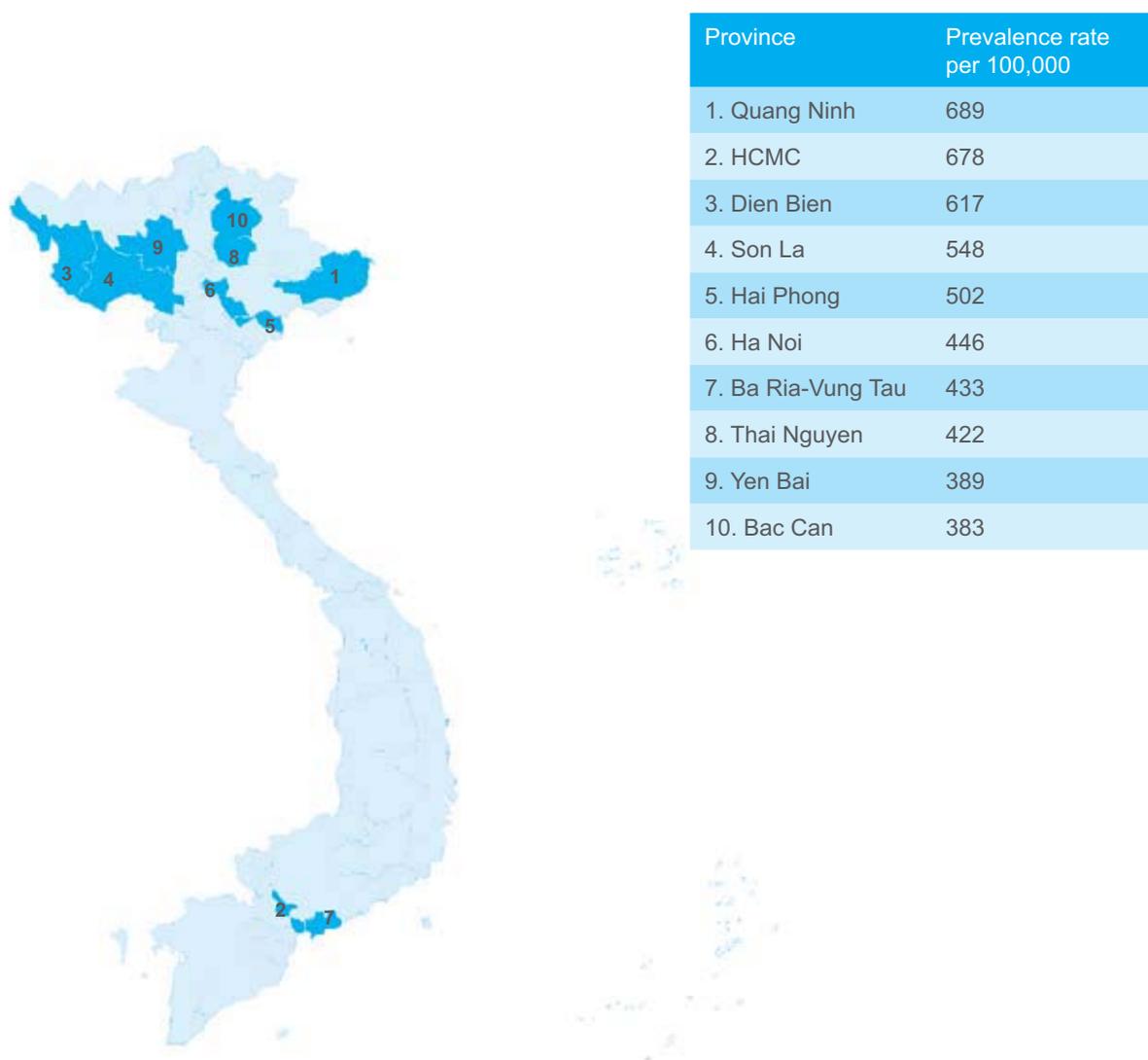
<sup>183</sup> MOH (2009) *Ibid.*

<sup>184</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

<sup>185</sup> Socialist Republic of Viet Nam (2008) *Ibid.*

main causes of HIV transmission among this group are unsafe sexual behaviour and injecting drug use. This is consistent with other countries in the region, but data is lacking on the specific factors related to the vulnerability of adolescents in Viet Nam to HIV.<sup>186</sup> Most young people have relatively good knowledge of HIV and AIDS, but lower levels of knowledge have been reported in some groups, especially young women.<sup>187</sup> In any event, and as in other countries, knowledge of HIV and AIDS is not necessarily translated into preventive behaviour. This is not surprising, as it is recognised that, in order to be effective, knowledge needs to be accompanied by skills (for example life skills) as well as services such as youth-friendly counselling, and access to clean needles and syringes, and condoms.

**Figure 3.12: Top ten provinces with highest HIV prevalence rate per 100,000 population, 2008**



Source: MOH (2009) Report 120/BC-BYT February 2009

<sup>186</sup> Commission on AIDS in Asia (2008) *Redefining AIDS in Asia: Report of the Commission on AIDS in Asia*

<sup>187</sup> MOH et al. (2005) SAVY; MOLISA and UNICEF Viet Nam (2007) *Assessment of HIV/AIDS vulnerability, responses and STI/HIV prevention, care and support needs of institutionalized children aged 14-19 in selected labour and social education institutions and reform schools in Viet Nam*

While the increasing number of girls under 18 years of age engaged in sex work may be a contributing factor, in Viet Nam injecting drug use is arguably more widespread among adolescents.<sup>188</sup> Given the extremely high HIV prevalence among injecting drug users, this is more likely to be the key risk behaviour among this age group.<sup>189</sup> However, data on injecting drug users is not disaggregated by age, and little research has been done on this group.

Studies on adolescents in labour and social education institutions, including 05/06 centres, indicate a high rate of early sexual experience among this group, with as many as 40 per cent reporting sexual activity before the age of 16.<sup>190</sup> This is of some concern, given the high rate of drug-related HIV infection amongst young persons in 05/06 centres.

Two other important factors related to the situation regarding HIV transmission among adolescents are ethnicity and migration. Again, while the importance of ethnicity and migration patterns in regard to access to services for prevention, care and treatment of HIV and AIDS is widely recognised,<sup>191</sup> little information is available on the situation in Viet Nam and how this relates to children and adolescents. These factors are in turn linked to high drop-out rates among lower-secondary school students, especially those who come from economically disadvantaged families and ethnic minority groups (see Chapter 4).

### 3.5.2 Mother-to-child transmission of HIV

The number of pregnant women with HIV was estimated to be about 4,100 in 2008,<sup>192</sup> and is expected to increase to 4,800 by 2012.<sup>193</sup> The current national figure for HIV prevalence among pregnant women is 0.25 per cent.<sup>194</sup> However these figures probably underestimate the real situation. The lack of health infrastructure in many areas for the provision of ante-natal care and HIV testing means that women in remote areas are not included in sentinel surveillance. This is of particular concern in areas where high HIV prevalence has been recorded among IDUs, for example the Northwest provinces of Dien Bien, Son La and Lai Chau.

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<sup>188</sup> MOLISA (2009) *Review report of 5-year implementation of the Ordinance on prevention and combating against prostitution (2003-2008)*

<sup>189</sup> MPS, MOLISA, MOH, Youth Union, UNODC (2005) *Report on survey results, project G22: Reduction of HIV infection rate due to drug abuse in Viet Nam*

<sup>190</sup> MOLISA and UNICEF Viet Nam (2007) *Assessment of HIV/AIDS Vulnerability, response, and STI/HIV prevention, care and support*

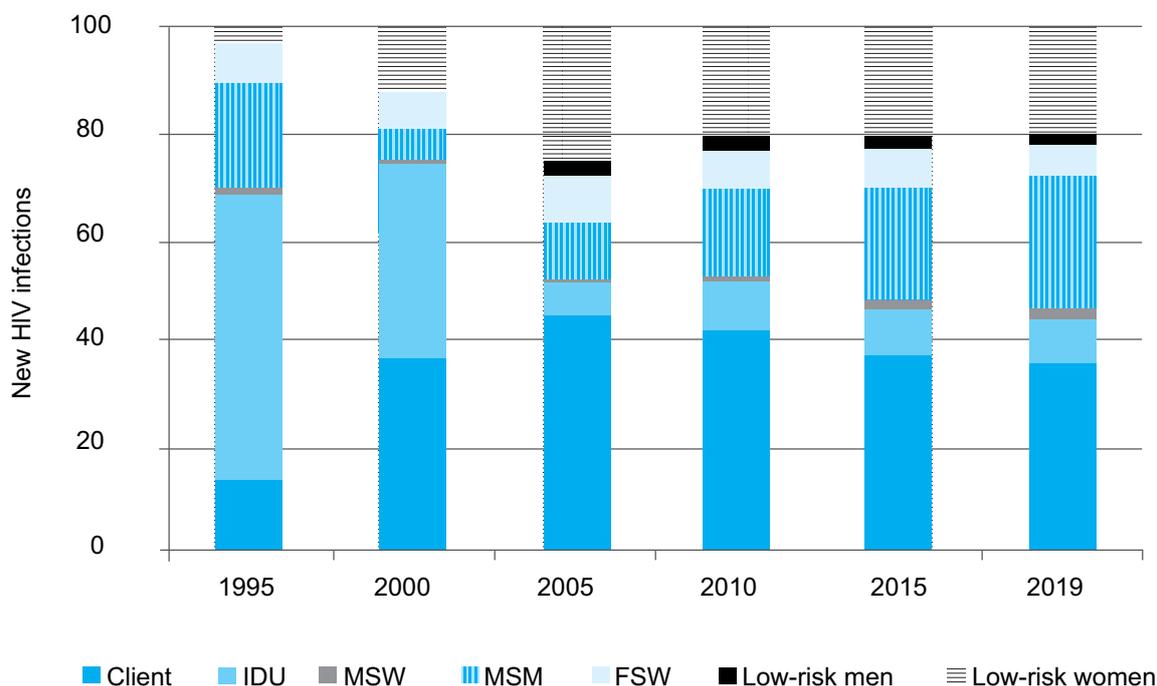
<sup>191</sup> Rivers, K., P. Aggleton (undated) *Adolescent Sexuality, Gender and the HIV Epidemic*

<sup>192</sup> MOH, WHO and UNICEF (2009) *2009 Joint Global Report on Health Sector Response to HIV and AIDS*

<sup>193</sup> MOH (2009) *HIV/AIDS Estimates and Projection 2007-2012*

<sup>194</sup> MOH (2008) *Sentinel Surveillance Report*

**Figure 3.13: Past and projected percentage of new HIV infections by risk group and year, Viet Nam, 1995 - 2019**



Source: Family Health International (2007) *Analysis and Advocacy Project: Asian Epidemic Model Baseline Scenario*

Note: Client= clients of sex workers; IDU= injecting drug users; MSW= male sex workers; MSM= men who have sex with men; FSW= female sex workers.

This situation is reflected in national figures where, of an estimated total of 2,304,700 pregnancies in 2008, only about 249,300 women were tested for HIV and received the results. Of the estimated 4,100 pregnant women with HIV, one-third (1,350) had access to ARVs for prevention of mother-to-child transmission of HIV, but this figure includes those women who were given only a single dose of nevirapine or who began prophylaxis after onset of labour.<sup>195</sup>

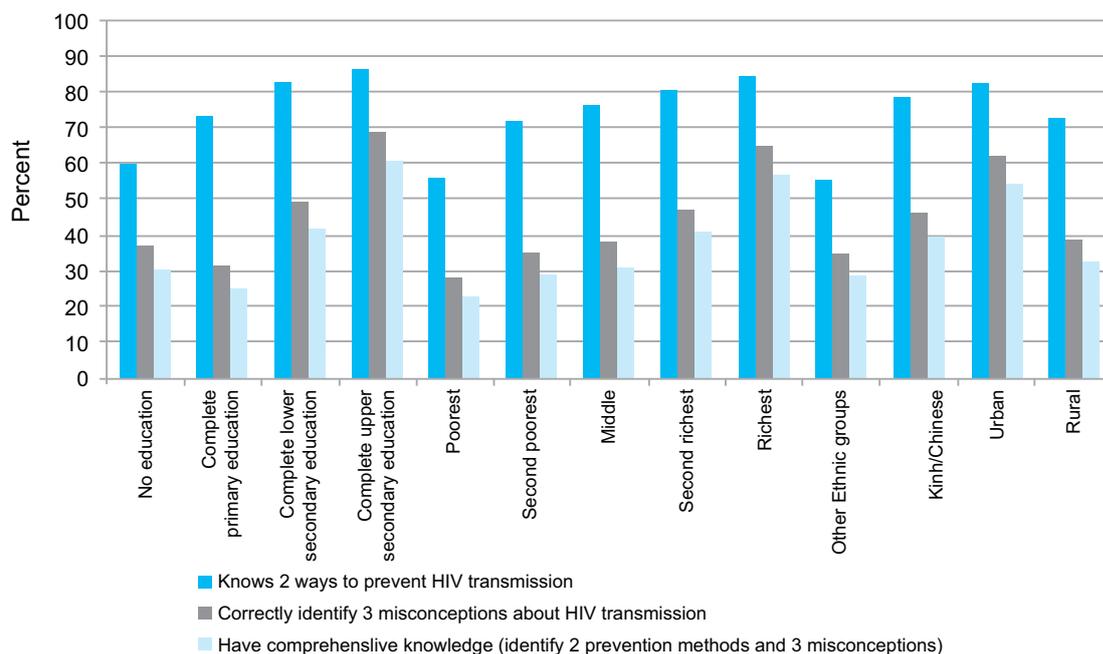
The 2006 MICS indicated that only 28 per cent of women were given information about the disease during ante-natal visits.<sup>196</sup> This is important as women's knowledge of HIV is low: although 93 per cent of women surveyed knew that HIV could be transmitted from mother to child, only 46 per cent knew all three modes of transmission. Crucially, women who had little knowledge of the disease came from rural areas, ethnic minority groups, had lower education levels, and belonged to the poorest households (see Figure 3.14).<sup>197</sup> Without effective interventions the number of pregnant women with HIV is expected to increase to just under 5,000 by 2012 (see Figure 3.15).

<sup>195</sup> MOH, WHO and UNICEF (2009) *2009 Joint Global Report on Health Sector Response to HIV and AIDS*

<sup>196</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>197</sup> GSO and UNICEF Viet Nam (2007) *Ibid.*

**Figure 3.14: Women’s knowledge of HIV/AIDS by area of residence, education, wealth index quintile and ethnicity, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

As outlined in international guidelines, for effective prevention of mother-to-child transmission (PMTCT) of HIV a so-called ‘four-pronged’ approach is necessary. In addition to starting ARV prophylaxis at 28<sup>198</sup> weeks (and other measures during pregnancy and childbirth), it is necessary to prevent HIV infections among women of reproductive age, reduce unplanned pregnancies among women living with HIV, and to provide ongoing care and support for mother and baby after the birth.<sup>199</sup> Involving male partners can significantly increase the effectiveness of PMTCT.<sup>200</sup>

Successful implementation of this strategy requires a strong maternal and child health infrastructure, including voluntary confidential counselling and testing (VCCT) for HIV, good links between sexual and reproductive health services, and an effective monitoring and evaluation system. Viet Nam has good models for such services, especially in Ho Chi Minh City and other provinces where the response to HIV and AIDS has been under way for some years. The Ministry of Health has also completed a successful pilot of a comprehensive PMTCT model based on the ‘four-pronged’ approach in four provinces.<sup>201</sup> However this model has not yet been fully scaled up, and has a target of 40 out of Viet Nam’s 63 provinces by 2010.

Apart from the cost of scaling up, an important challenge is to ensure effective coordination between the various stakeholders. This includes not only different government agencies, such as the Viet Nam Administration for HIV/AIDS Control (VAAC), and the MCH Department and their provincial counterparts, but also mass organisations

<sup>198</sup> Revised WHO guidelines now recommend commencement of ARV prophylaxis at 14 weeks

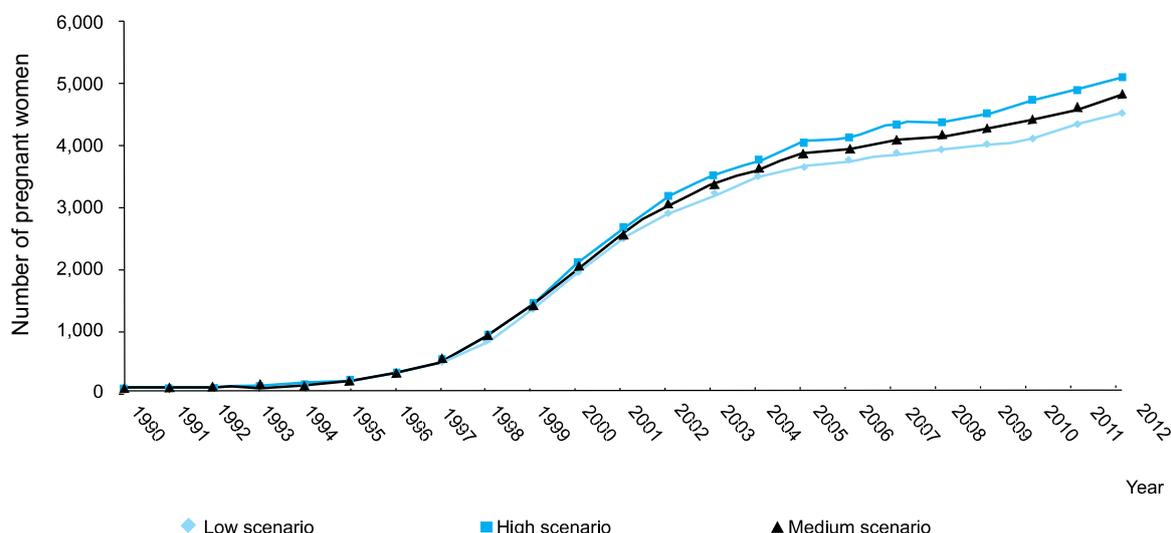
<sup>199</sup> WHO (2006) *Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: towards universal access*

<sup>200</sup> UNICEF (2008) *Male partner involvement in Prevention of Mother-to-Child Transmission in Viet Nam*

<sup>201</sup> UNICEF (2008) *Project Assessment Report on the Prevention of Mother-to-Child transmission of HIV*

such as the Women's Union. The different donor agencies supporting PMTCT also have their own priorities and approaches.

**Figure 3.15: Estimated number of pregnant women living with HIV in Viet Nam, 1990 - 2012**



Source: Ministry of Health (2009) *HIV/AIDS Estimates and Projections 2007-2012*

### 3.5.3 Paediatric HIV and children affected by HIV and AIDS

There is a lack of data on the number of children affected by HIV and AIDS, including AIDS orphans and children living with HIV. According to recent estimates there are currently about 4,700 children under 15 years living with HIV, and this number is predicted to increase to 5,700 in 2012 (see Figure 3.16).<sup>202</sup> Of these children, fewer than 1,500 (31 per cent) are currently receiving ART.<sup>203</sup> However, these figures may be too low, as available data covers only children receiving ART from project-supported clinics (funded mainly by international donors) where data is systematically collected. Also, as data covers only children aged under 15 years old, there are no figures for children up to 18 years of age.

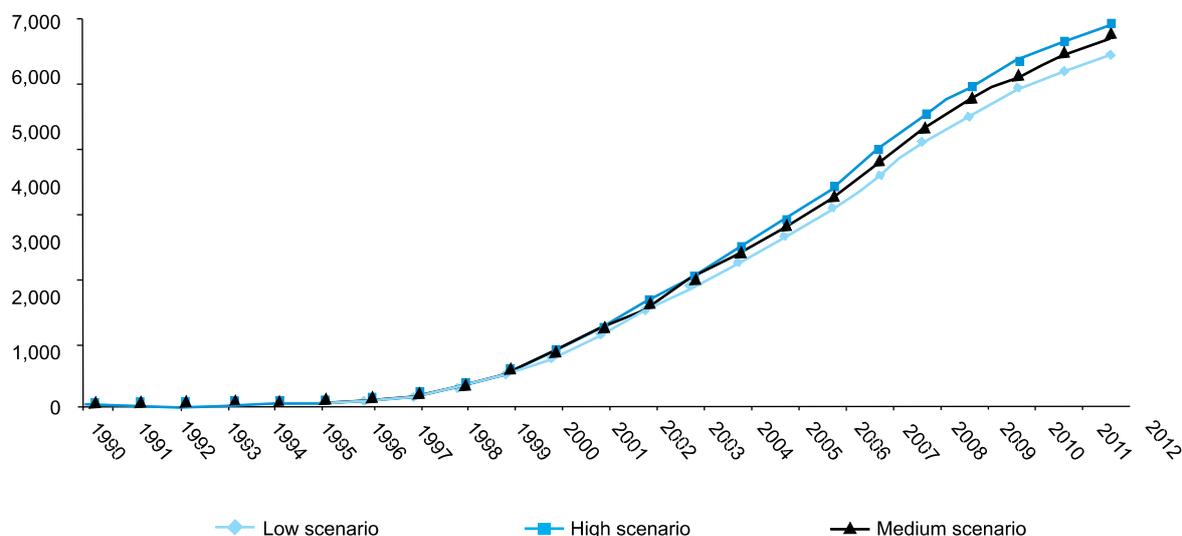
Data is also scarce on the health, educational and psycho-social impact of HIV and AIDS on children. Children living with HIV face many problems, including lack of access to ART and health care, low school attendance through health problems or stigma and discrimination, and difficulties in socialisation. Late presentation at health facilities is a major problem, as children with HIV do not usually seek medical care until they develop symptoms.

Key challenges thus include not only scaling up access to ART, but also strengthening the PMTCT follow-up system. This would include HIV testing to ensure early diagnosis, and developing social support mechanisms to improve adherence to ART and address issues of community stigma and discrimination. The monitoring and evaluation system also needs to be improved to ensure better data collection, reporting and effective use of data collected.

<sup>202</sup> MOH (2009) *HIV/AIDS Estimates and Projection 2007-2012*

<sup>203</sup> MOH, WHO and UNICEF (2009) *2009 Joint Global Report on Health Sector Response to HIV and AIDS*

**Figure 3.16: Estimated number of children between 0 and 14 years of age living with HIV in Viet Nam, 1990 - 2012**



Source: Ministry of Health (2009) *HIV/AIDS Estimates and Projections 2007-2012*

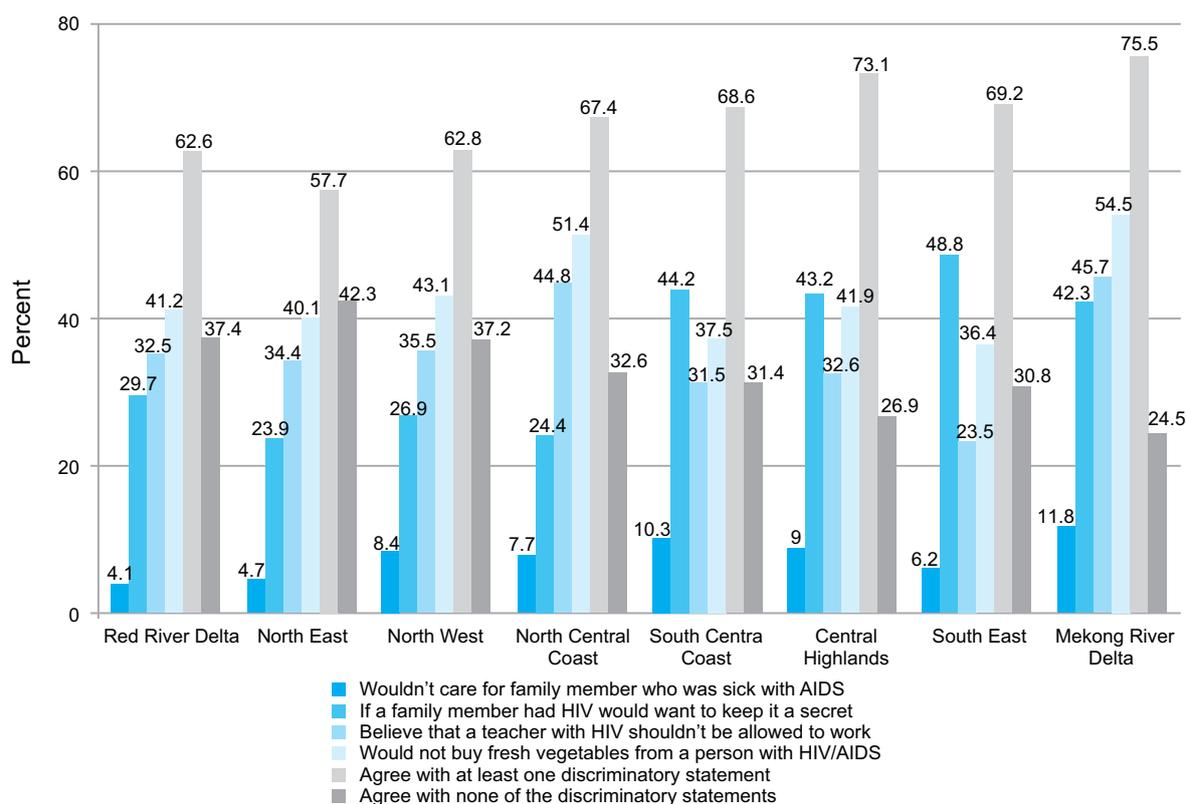
Discrimination and stigmatisation of people living with HIV and AIDS, and their families, still exists in Viet Nam. Reports indicate that most people living with HIV and AIDS are not accepted by their communities and that children with a family member living with HIV have been turned away from schools and health facilities, or have been subjected to bullying.<sup>204</sup> The 2006 MICS found that over one-third of people (36 per cent) would, if a family member had HIV, want to keep it a secret. 44 per cent stated that they would not buy fresh vegetables from a person with HIV.<sup>205</sup>

A comparison by region shows that between half and three-quarters of respondents in all regions held at least one discriminatory belief towards people living with HIV and AIDS. (Figure 3.17). Apart from the psycho-social consequences, stigma and discrimination are major barriers preventing access to health services, including PMTCT. They also make it hard for both children and adults to adhere to ART.

<sup>204</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

<sup>205</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

**Figure 3.17: Attitudes towards people living with HIV and AIDS by region, 2006**



Source: GSO and UNICEF Viet Nam (2007), MICS 2006

### 3.5.4 National response to HIV and AIDS

#### Box 3.3: Concluding Observations of the CRC Committee on issues related to HIV and AIDS in Viet Nam (2003):

The Committee recommends that the State party take into account the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I), and:

- Integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies, with a particular emphasis on the Convention's four general principles of non-discrimination (art. 2), best interests of the child (art. 3), right to life (art. 6) and respect for the views of the child (art. 12);
- Take all effective measures to avoid institutionalisation of children infected and affected by HIV/AIDS;
- Take effective measures to prevent stigmatisation and discrimination against children living with HIV/AIDS, in particular through public education campaigns.

Source: United Nations (2003). Concluding Observations of the Committee on the Rights of the Child to Viet Nam

HIV and AIDS prevention and care is one of the eight international Millennium Development Goals (MDGs) and Viet Nam has pledged to stop the disease and begin to reverse its spread by 2015 (MDG 6). However, the 2008 MDG Report assessed Goal

6 as “unlikely to be achieved.”<sup>206</sup> Until recently in Viet Nam, it was believed that the epidemic was confined largely to two ‘high risk’ populations - injecting drug users and male and female commercial sex workers - and that HIV and AIDS was a problem mainly confined to the country’s two major cities, HCMC and Ha Noi. Government policy and responses were developed to combat an epidemic focused on drug use and sex work, and attempts were made to confine the epidemic to these high risk groups.<sup>207</sup>

The initial approach by Government to raise awareness of HIV and AIDS was to include the disease in the list of ‘social evils.’ This may have generated fear among the population and encouraged behaviour change. However, as has been the experience elsewhere in the region,<sup>208</sup> this approach, although successful in informing people about the disease, undermined efforts to encourage greater use of condoms, voluntary testing and non-discriminatory attitudes towards people living with HIV and AIDS.

The Government has now changed its approach and has largely discarded the social evils concept: recent official communication has not referred to HIV and AIDS in this way. The Government has recognised that although identifying HIV-positive people may be sufficient to contain a very small epidemic, it is ineffective in the long term because it encourages stigma and discrimination.<sup>209</sup> MOLISA has recently shown interest in using community-based rather than institutional care, understanding that this is more effective and affordable in the long term.

For over a decade Viet Nam has shown its commitment to a vigorous response to the HIV and AIDS epidemic, shown by the following list of Government actions:

- In 2003, the Prime Minister signed a directive strengthening HIV and AIDS prevention and control. This included prevention, care and treatment in a multi-sectoral framework.
- Also in 2003, the Government pledged that all mothers and newborns testing HIV-positive would receive treatment, that 70 per cent of all HIV-positive people would have access to medical services, and that all blood for transfusion would be screened.
- In 2004, the Government reaffirmed its strong commitment to fighting HIV and AIDS by approving the National Strategy on HIV/AIDS Prevention and Control to 2010 with a Vision to 2020. The Strategy aims to control the HIV and AIDS prevalence rate among the general population below 0.3 per cent by 2010 and with no further increase thereafter.
- In 2005 the Government established the Viet Nam Administration for HIV/AIDS Control (VAAC). Viet Nam responded to the Global Campaign for Children and AIDS by participating in the drafting and subsequent adoption of the Hanoi Call for Action. This was achieved with a wide range of partners, including UN agencies and international NGOs, which set up a core multi-sectoral coordination group to develop a National Plan of Action on Children Affected by HIV and AIDS until 2010, with a Vision to 2020. This was finalised in 2008 and signed in June 2009.<sup>210</sup>

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<sup>206</sup> MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

<sup>207</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

<sup>208</sup> AFAO (2002) *Positive Living*

<sup>209</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

<sup>210</sup> The National Plan of Action for Children Affected by HIV and AIDS Until 2010, with a Vision to 2020 provides a comprehensive assessment of the current situation in the country and future projections

- In 2006, a new Law on HIV Prevention and Control was passed and became effective in 2007, representing a significant step forward for people living with HIV. It contains a combination of social, technical and medical measures to be implemented. It also provides important legal protection for people living with HIV, and positive tools for fighting stigma and discrimination. Measures include the right to voluntary and confidential HIV testing; the right to access information and health care; the right to work and receive an education; the right to live free of discrimination; and the right to participate fully in society. The Law also allows for the expansion of harm reduction measures as necessary interventions to respond to the HIV epidemic in Viet Nam.
- The National Strategy on HIV/AIDS Prevention and Control in Viet Nam for 2004–2010 with a Vision to 2020 adopts most international best practices on HIV and AIDS prevention, care, support and treatment, including harm reduction for drug users and sex workers. The Strategy states that voluntary counselling and testing services are to be expanded to all provinces and 50 per cent of districts by 2010. It also states that 70 per cent of those needing antiretroviral therapy should have access by 2010.

The State budget allocation for HIV and AIDS for 2008 was approximately USD 7 million. This was a decrease of USD 2.4 million from the 2007 budget (USD 9.4 million.<sup>211,212,213</sup>) As this budget is for programme implementation by 18 ministries and sectors whose sub-departments extend across 63 provinces and cities, the budget for individual programmes and services is limited.

The low level of national funding is highlighted when compared with the amount of HIV and AIDS funding derived from international donors: 60 per cent of funds for the national AIDS response come from international development aid. The major donors are the President's Emergency Plan for AIDS Response (PEPFAR), the Global Fund to fight AIDS, TB and Malaria (GFATM); the UK Department for International Development (DFID), the Asian Development Bank (ADB) and the World Bank.

There have also been significant increases in contributions from international donors. Support for HIV programmes increased from USD 13 million in 2005 to USD 47.15 million in 2006. Under PEPFAR, Viet Nam received more than USD 17.3 million in 2004, rising to USD 65.8 million in 2007 to support comprehensive HIV and AIDS prevention, treatment and care programmes.<sup>214</sup> The allocated PEPFAR budget for the fiscal year 2008-2009 was more than USD 84.7 million.<sup>215</sup> According to the last United Nations General Assembly Special Session (UNGASS) on HIV and AIDS report, about 45 per cent of the total budget for 2007 (Government and donor budgets combined) was allocated to prevention.<sup>216</sup>

While the contribution from international donors has helped Viet Nam to scale up and improve prevention, treatment, care and support activities, this support cannot be expected to continue indefinitely. Consideration needs to be given to the long-term sustainability of such support, and local capacity needs to be developed (in planning,

<sup>211</sup> ADB (2009) *Key Indicators for Asia and the Pacific* [online]

<sup>212</sup> MOH (2009) *Report 120/BC-BYT*

<sup>213</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

<sup>214</sup> PEPFAR (undated) *Partnership to Fight HIV/AIDS in Viet Nam* [online]

<sup>215</sup> PEPFAR (undated) *Viet Nam fiscal year 2008 Country PEPFAR Operational Plan (COP)* [online]

<sup>216</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

budget allocation and delivery of services for children) so that programmes can continue even though the level of donor funding declines.

### 3.5.5 Causality analysis: HIV and AIDS

One of the key factors behind the HIV and AIDS epidemic in Viet Nam is the interplay between demographic factors, economic trends, and population movements.<sup>217</sup> HIV is both a root cause and consequence of poverty in Viet Nam. While injected drug use and sex work have been major factors in spreading the disease, migration has become a more significant factor in the increasing number of infected persons. Migration is increasing among rural adolescents who are drawn into a rapidly growing urban scene that promises jobs and a more attractive lifestyle. When they are unable to find work, a vast majority turn to living on the streets where they are vulnerable to HIV through injecting drug use and from engaging in sex work. In 2006, out of the 20,000 cases of sex workers monitored, 14 per cent were children and adolescents, most of whom were from rural areas and school drop-outs.<sup>218</sup>

#### 3.5.5.1 Lack of knowledge, skills and services related to HIV and AIDS

Lack of knowledge is one of the immediate barriers to greater prevention of HIV transmission. However, knowledge is of only limited value without life skills and services such as distribution of condoms, clean needles and syringes, and voluntary counselling and testing. In general, most Vietnamese women who are given information and tested for HIV live in urban areas, are more educated and have larger economic resources.

While surveys conducted in Viet Nam show that nearly all women had heard of AIDS, the percentage who knew the three main ways of preventing HIV transmission was just over half of those surveyed. Women living in the Central Highlands region had lower levels of knowledge than those in other regions (see Figure 3.18). The percentage of women with comprehensive knowledge is much higher in urban areas and increases with the woman's education level.<sup>219</sup> The majority of the women who had never heard of AIDS belonged to ethnic minority groups, the poorest households, had received little education, and were primarily from the North West and Central Highlands regions. These are also the areas where women have least access to voluntary counselling and testing services, and which have the highest increase in HIV prevalence.

#### 3.5.5.2 Adolescent vulnerability

The 2008 report of the Commission on AIDS in Asia points out that the HIV and AIDS epidemic in the region is being driven by transmission of HIV among groups with high risk behaviour, in particular injecting drug users, sex workers and men who have sex with men.<sup>220</sup> The report takes the donor community to task for directing most of the funds towards programmes for young people who have relatively low-risk behaviour.

However, while it is important to ensure that sex workers and injecting drug users protect their partners to reduce the number of HIV and AIDS cases occurring outside high-risk groups,<sup>221</sup> efforts made at this stage are of limited effectiveness. The challenge in Viet Nam is how, given the high population mobility, to identify vulnerable adolescents and

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<sup>217</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

<sup>218</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam: Final report into the Concept, Nature and Extent of child abuse in Viet Nam*

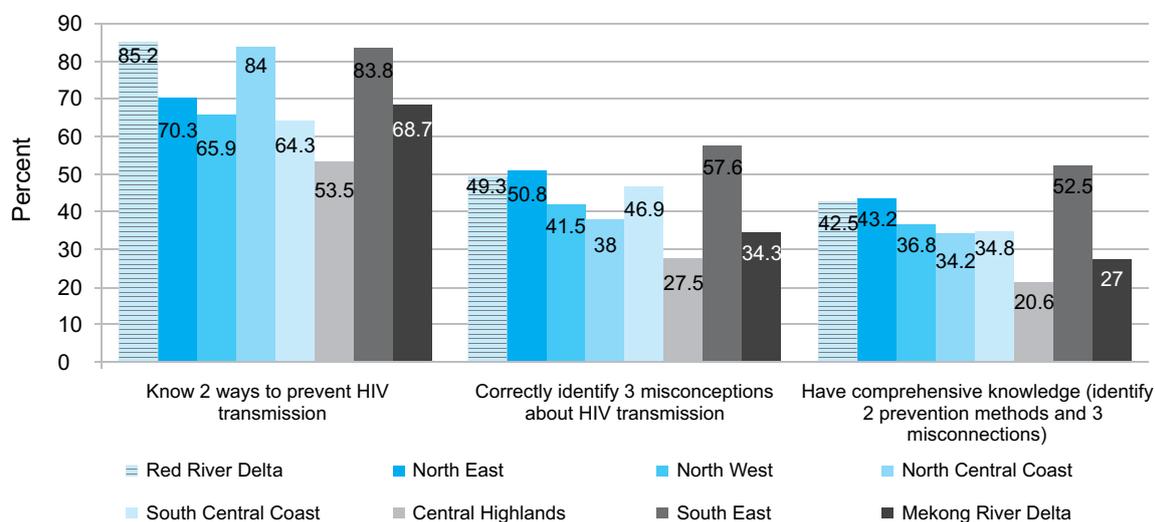
<sup>219</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>220</sup> Commission on AIDS in Asia (2008) *Redefining AIDS in Asia: Report of the Commission on AIDS in Asia*

<sup>221</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

provide them with access to knowledge, skills and services for HIV prevention before they become involved in high-risk behaviour. In this regard links to activities in the education system are critical.

**Figure 3.18: Percentage of women aged 15-49 years who have comprehensive knowledge of HIV transmission by region, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

### 3.4.5.3 Social stigma and discrimination

In Viet Nam, people infected and affected by HIV and AIDS are likely to suffer from the social stigma associated with the disease: it was formerly labelled a social evil by the Government. Many people living with HIV and AIDS avoid testing and seeking proper health care from fear of the social stigma. Although failure to report is illegal and punishable by heavy fines, WHO estimates that 80 per cent of infections go unreported.<sup>222</sup> Thus, HIV- and AIDS-affected children and families cannot be identified easily and many children with HIV present at a late stage when treatment is difficult and expensive.

**Box 3.4: Further actions that need to be taken if the epidemic is to be curbed by 2015, suggested by the 2008 MDG progress report:**

- Further strengthen the management capacity of the National HIV Prevention Committee and reform current implementation activities. Reforms need to be guided by action plans allowing for the implementation of the National Strategy on HIV Prevention within the framework of the so-called Three Ones: one central coordination institution, one action plan and one monitoring and evaluation system.
- Strengthen information, education and communications programmes to raise awareness and change the behaviour of individuals and communities. A special emphasis should be placed on the 20-29 year old age group.
- Improve the counselling skills of HIV local counsellors to help them advice and consult their clients during HIV diagnoses and treatment.

<sup>222</sup> MOLISA, and UNICEF Viet Nam (2005) *Ibid.*

- Reinforce the importance of leadership at all levels; regularly supervise, monitor and review the implementation of the HIV prevention programme; make HIV prevention a priority in socioeconomic development strategies.
- Encourage HIV prevention programmes; mobilise participation of social organisations, communities and individuals in the effort to eliminate the spread of HIV.
- Integrate HIV prevention activities into community activities, sport and art performance events and training workshops and organise forums to draw the issue to society's attention to the prevention and eradication of HIV and AIDS
- Develop HIV-positive health care services based on close coordination with inter-sector agencies and different levels of local health bodies, including having family and community members as key participants in the delivery of quality treatment for people living with HIV.
- Reinforce the national monitoring system on HIV and AIDS by developing a regional and international laboratory of international standards for the detection of HIV in institutes and central hospitals.
- Increase equal access to ARV treatment and further support the treatment system, through improvement of the National Centre for AIDS treatment and other treatment facilities.

### 3.5.6 Roles and capacities of duty-bearers

The International Guidelines on HIV and AIDS and Human Rights, adopted by the UN Commission on Human Rights in 1996, set out the following actions a state should undertake to implement an effective rights-based response to HIV and AIDS: establish appropriate institutional responsibilities; reform relevant legislation and provide support services; and promote a supportive environment for groups vulnerable to HIV and AIDS and for those living with HIV and AIDS.<sup>223</sup>

The Government of Viet Nam is aware of several limitations to effective implementation of programmes to prevent the disease from spreading: inadequate health care network for children and inadequate policies on children living with HIV and persons caring for children living with HIV.<sup>224</sup> There is a need to develop strategies to support these children by working with parents living with HIV and AIDS, providing vocational training or bridging education for orphans, as well as providing emotional support for children affected by AIDS. Studies point to the need for adequate pre- and post-test counselling for HIV-positive pregnant women, proper timing of HIV tests for their newborns, provision of anti-retroviral treatment for mothers and their children, and social support to reduce the number of infants abandoned by their mothers.<sup>225</sup>

A 2008 report submitted by Viet Nam to the UN General Assembly Special Session on HIV and AIDS highlighted the need to improve HIV surveillance systems, and to establish an effective monitoring and evaluation system.<sup>226</sup> Other issues included the establishment and effective implementation of laws, regulations and policies; the need to strengthen the human resource base; and a lack of financial resources.

<sup>223</sup> UN Economic and Social Council (2002) *Report of the Secretary General on the Second International Consultation on HIV/AIDS and Human Rights, 1996, E/CN.4/1997/37*; and United Nations (2003) *International Guidelines on HIV/AIDS and Human Rights, Revised Guideline 6: Access to Prevention, Treatment, Care and Support*

<sup>224</sup> International Bureau for Children's Rights (2006) *Making Children's Rights Work – Country Profiles on Cambodia, Sri Lanka, Timor Leste and Viet Nam*

<sup>225</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

<sup>226</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

The Ministry of Health is a key duty-bearer in the prevention of HIV and AIDS, and in the care and treatment of people living with HIV and AIDS and affected family members. The MOH is responsible for overall coordination and management of the national anti-retroviral therapy programme: this includes the legal and policy framework, determining the costs of scaling up and raising funds, human resource planning and strengthening the health system.

In regard to overall health sector response and capacity, it should be noted that Viet Nam has the advantage of an extensive health care network and community-based organisations. Nevertheless, the capacity of various levels of the government structures administering and leading HIV and AIDS work (including anti-retroviral therapy scale-up) needs to be further strengthened, and health personnel need training on counselling, testing, and confidentiality.<sup>227</sup>

(See Annex 3.1 for CRC and HIV/AIDS, Annex 3.2 on International Human Rights Principles and HIV/AIDS, and Annex 3.3 on Children's Rights and HIV/AIDS: Summary of CRC Committee Comments.)

### 3.6 Water and sanitation

There are various data to measure the same indicators due to the fact that different institutions use different definitions, which has made it difficult to collect reliable data on this subject. For example, the MOH states in its 2006 Health Report: "Clean water defined here only includes water sources having potential to be clean, therefore the proportion of people that had access to clean water of this survey is higher than that of the other information sources with more precise definition of clean water, but the differences in access to clean water between regions, between rural and urban areas have also been seen. The proportion of inhabitants using clean water source is at 81 per cent of the population, but it is lower in the Northwest, Mekong Delta, and Central Highlands regions."<sup>228</sup>

There are also different standards for water quality between WHO (Guidelines for drinking-water quality) and the MOH. It is not clear whether drinking water in Viet Nam meets national standards because existing data is based on the type of water source, not on water quality. Existing laboratory facilities are not adequately equipped to measure water quality. There is thus a need for clear government policy with agreed standards that are acceptable to national and international health and water supply authorities.

#### 3.6.1 Water use in households and schools

According to the 2006 MICS, 89 per cent of the Vietnamese population uses water from an improved source (see Figure 3.19). Such sources include piped water, public tap/standpipe, tube well/borehole, protected well, protected spring, collected rainwater, and bottled water. While improved sources are more likely to be safer than unimproved sources, the water is not necessarily safe according to Ministry of Health standards. More people in urban areas have access to improved water sources (97 per cent) than in rural areas (86 per cent), and there are differences between regions. The North West lags behind other regions with only 73 per cent of the population using an improved source of drinking water followed by the Mekong River Delta with 79 per cent. The richer and more educated populations use more improved sources of drinking water and significant disparities are noted between Kinh (92 per cent) and other ethnic groups (74 per cent).<sup>229</sup>

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<sup>227</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

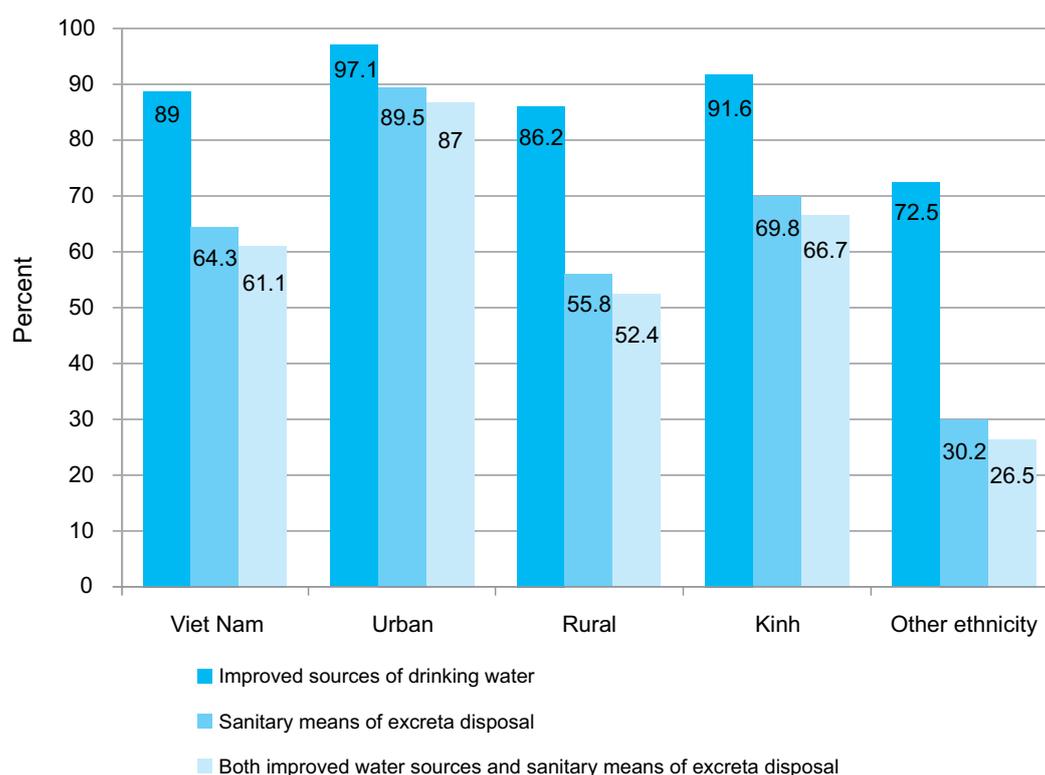
<sup>228</sup> MOH (2006) *Viet Nam Health Report*

<sup>229</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

The MOH states in the 2006 Viet Nam Health Report that the Government has invested in setting up water supply plants to provide clean water for the urban population, but that only 54 per cent of urban inhabitants are reached. The proportion of urban households using well water is still high. The MOH adds that this water supply meets designated hygiene standards for use in households, and waste water drains into the network of sewers and in some cases is treated using industrial methods. However, the MOH also clarifies the situation by stating that, “in reality, water from sources such as dug well, drilled well, rain water collection system have not been treated while environmental pollution of ground, air, surface water is increasing. So, actually it is not clean and safe water. Even piped tap water in cities, sometimes, is not real clean water. In some regions and in some urban areas, including big cities as Ha Noi and HCMC, tap water could be also polluted.”<sup>230</sup>

The 2006 Viet Nam Health Report also states that the total number of rural people using clean water that meets national standards at the end of 2005 was about 40 million. This is 23 million more people than in 1998, representing an average increase of 4.3 per cent per year. It is estimated that the proportion of rural inhabitants with access to clean water was 60 per cent at the end of 2005.<sup>231</sup>

**Figure 3.19: Percentage of households using improved drinking water and sanitary means of excreta disposal by area of residence and ethnicity, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Note: Improved sources of drinking water include piped into dwelling, piped into yard/plot, public tap, tube well/borehole, protected well, protected spring, rainwater collection and bottled water. Unimproved sources are: unprotected well, unprotected spring, tanker truck, cart with small tank/drum, surface water. Sanitary means of excreta disposal include: flush to piped sewer system, flush to septic tank, flush to pit (latrine), ventilated improved pit latrine (VIP), pit latrine with slab, and composting toilet. Unsanitary means of excreta disposal include: flush to somewhere else, flush to unknown place, open pit latrine or pit latrine without slab, bucket, hanging toilet/latrine, no facility, bush or field or other means.

<sup>230</sup> MOH (2006) *Viet Nam Health Report*

<sup>231</sup> MOH (2006) *Ibid.*

According to the 2006 MICS, most households (90 per cent) have a drinking water source on the premises and few households (less than two per cent) spend more than 30 minutes per day collecting water. However, fewer households in the North East and North West regions have a water source on the premises (85 per cent and 70 per cent, respectively). In the majority of households that do not have a water source on the premises, adult women usually collect water (59 per cent), followed by adult men (31 per cent). The percentage of households in which women are collectors of water is higher among non-Kinh ethnic groups (72 per cent, versus 51 per cent of Kinh households).<sup>232</sup>

According to the 2006 National Baseline Survey on Environmental Sanitation and Hygiene, rural households use six main types of drinking and cooking water sources: drilled wells (33 per cent), dug wells (31 per cent), rainwater (two per cent), running water (12 per cent), upstream water (8 per cent), and water from rivers, lakes and ponds (11 per cent). About one-quarter of respondents indicated that they either normally or sometimes drink unboiled water (12 per cent and 14 per cent, respectively). The highest percentage of those surveyed that usually drink unboiled water were the Ba Na ethnic minority group (73 per cent) followed by the Gia Rai (49 per cent).<sup>233</sup>

The 2007 National Baseline Survey also indicates that the main water sources at schools in rural Viet Nam are: running water (33 per cent), dug wells (22 per cent), rainwater (nine per cent), water from rivers, lakes and ponds (five per cent), upstream water (five per cent), and drilled wells (two per cent). This Survey indicates that 20 per cent of schools do not have any water supply and more than half of the schools (53 per cent) do not provide drinking water to pupils during school hours.<sup>234</sup>

The findings of another recent survey (Figure 3.20) show that 20 per cent of schools have no water source, with the proportion lowest among secondary schools (four per cent) and highest among pre-schools (34 per cent). Over 90 per cent of schools in the South East, the Red River Delta and the North Central Coast regions have some sort of water source, while only about two-thirds of schools (ranging from 64 per cent to 71 per cent) in the Central Highlands, South Central Coast, North East and North West regions have a water source.<sup>235</sup>

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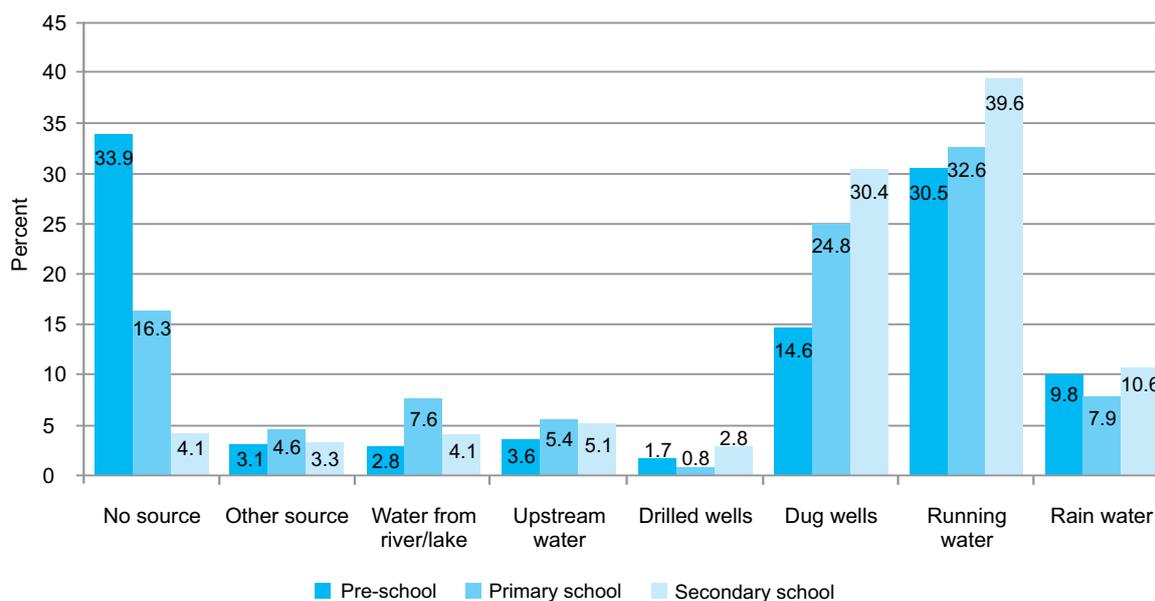
<sup>232</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>233</sup> MOH and UNICEF Viet Nam (2006) *National Baseline Survey on Environmental Sanitation and Hygiene in Rural Viet Nam*

<sup>234</sup> Viet Nam Administration of Preventive Medicine and Environment and UNICEF Viet Nam (2007) *Environmental Sanitation in Schools and Some Public Places in Viet Nam*

<sup>235</sup> MOH and UNICEF Viet Nam (2006) *National Baseline Survey on Environmental Sanitation and Hygiene in Rural Viet Nam*

**Figure 3.20: Sources of drinking water in schools, 2007 (in percentage)**



Source: MOH and UNICEF Viet Nam (2007) *Environmental Sanitation in Schools and Some Public Places in Viet Nam*

### 3.6.2 Household sanitation facilities

Only 18 per cent of Vietnamese know that use of hygienic latrines is related to the prevention of diarrhoea and parasitic diseases.<sup>236</sup> Improved sanitation facilities include flush toilets connected to sewage systems, septic tanks or pit latrines, ventilated improved pit latrines with slabs, and composting toilets. It has been estimated that only 18 per cent of latrines in rural areas meet the Ministry of Health’s hygienic standards issued in 2005 (Decision No 08/2005/QD-BYT).<sup>237</sup> According to the 2006 MICS, 64 per cent of Vietnamese households use sanitary means of excreta disposal (Figure 3.21).<sup>238</sup>

Unlike the use of improved sources of drinking water, there are sharp socio-economic differentials in the use of sanitary means of excreta disposal. There are sharp differentials by the head of household’s education level (from 37 per cent of households headed by a person with no completed schooling to 90 per cent among households headed by a person who has completed upper secondary schooling) and by income (15 per cent in the poorest wealth quintile versus 98 per cent in the richest wealth quintile).

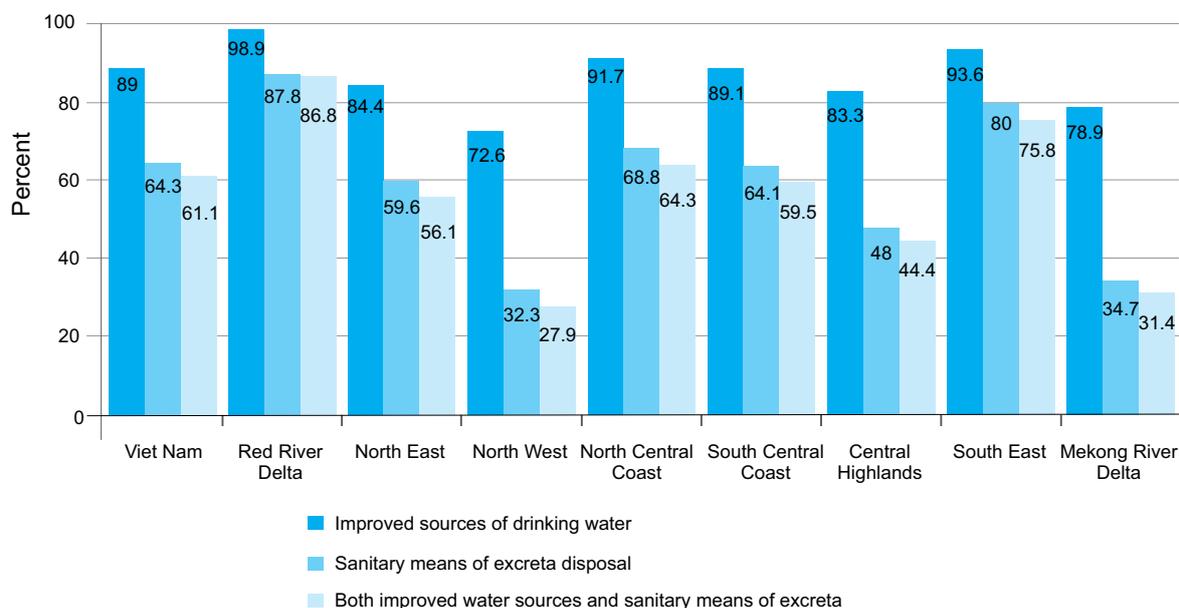
Figure 3.21 shows the percentages of households using sanitary means of excreta disposal by region. The two regions with the lowest use are the North West and Mekong River Delta regions (32 and 35 per cent, respectively), followed by the Central Highlands (48 per cent). However, the regional differentials in the use of improved water sources are considerably smaller.

<sup>236</sup> MOH and UNICEF Viet Nam (2006) *Ibid.*

<sup>237</sup> MOH and UNICEF Viet Nam (2006) *Ibid.*

<sup>238</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

**Figure 3.21: Percentage of households using improved drinking water and sanitary means of excreta disposal by region, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

The 2006 MICS data showed that only about half of children aged 0-2 years surveyed had their excreta disposed safely. Data from the 2006 National Baseline Survey indicated that 30 per cent of rural households use human faeces as fertiliser and that only 21 per cent of these households compost faeces for six months (as required) before using them on the land.<sup>239</sup>

All recent surveys on sanitation in rural Viet Nam concur on the overall poor conditions and lack of hygiene. Only 18 per cent of rural households, 12 per cent of rural schools and 37 per cent of Commune Health Stations have hygienic latrines meeting Ministry of Health standards.<sup>240</sup>

Surveys report that poor rural households cannot afford to build hygienic latrines. Knowledge of hygienic latrines is particularly low among ethnic minority groups, and many people living in mountainous regions and belonging to ethnic minorities do not regard building hygienic latrines as a high priority. Sanitation conditions in rural schools are particularly poor and most of them do not even have hand-washing facilities for students. Privacy, child-friendliness and gender sensitivities were clearly not given much attention when they were constructed.

<sup>239</sup> MOH and UNICEF Viet Nam (2006) *National Baseline Survey on Environmental Sanitation and Hygiene in Rural Viet Nam*

<sup>240</sup> MOH and UNICEF Viet Nam (2006) *Ibid*

### Box 3.5: Findings of survey on sanitary latrines in schools

- 73 per cent of schools had latrines; 5 per cent had latrines that were unusable, mainly because there was too little water for flushing them.
- 55 per cent of schools had sanitary types of latrines that did not meet sanitation standards.
- 23 per cent of schools had latrines that met the construction standards.
- 14 per cent of schools had latrines that met the standards on operation and maintenance.
- 12 per cent of schools had latrines that met the standards on both construction and operation and maintenance.
- 21 per cent of schools had students defecating in forests, gardens, fields, beaches, stream side, and in rivers.
- 70 per cent of schools had urination areas.

Source: MOH and UNICEF Viet Nam (2007) *Environmental Sanitation in Schools and Some Public Places in Viet Nam*

Hygiene knowledge and behaviour is another major concern. For example, only two per cent of the rural population is aware that hand-washing with soap is essential to help prevent infectious diseases. Only 12 per cent of the rural population washes their hands with soap before eating and only 16 per cent after defecation.

Although education was provided as part of the school curriculum regarding hand-washing with soap after defecating and urinating, only 36 per cent of schools had hand-washing areas and only five per cent had soap available for hand-washing. Only five per cent of students were found to practise hand-washing with soap.<sup>241</sup>

### 3.6.3 Arsenic contamination

Boreholes or tube wells were introduced in the late 1990s to improve the rural population's access to safe water and hygienic sanitation facilities. According to the 2006 MICS, 24 per cent of Vietnamese households (including 31 per cent and 29 per cent, respectively, in the Red River Delta and the Mekong River Delta) use borehole water. However, the fairly recent discovery of arsenic in groundwater in Viet Nam has raised concerns about their safety.

Arsenic contamination of groundwater is now a major issue of concern. Rapid urbanisation has caused people to drill for water near industrial zones and factories, which can result in the use of arsenic-contaminated water. Agricultural activities that use large amounts of fertiliser, and pesticides containing arsenic, also contribute to underground water pollution. Levels of arsenic that are harmful to health are therefore found in drinking water and in food in some areas.

Arsenic can be detected only through testing: it cannot be smelled or tasted and health symptoms may not appear for up to 15 years. One study reports that the Red River Delta and Mekong River Delta have many tube wells with arsenic levels that exceed WHO standards.<sup>242</sup>

<sup>241</sup> MOH and UNICEF Viet Nam (2007) *Environmental Sanitation in Schools and Some Public Places in Viet Nam*

<sup>242</sup> UNICEF Viet Nam (2004) *Arsenic Contamination in Viet Nam, A Situation Overview and the Mitigation Measures Required*

To date, there are no officially recorded cases of arsenicosis in Viet Nam, although recent studies found evidence of the disease in some communities and identified several suspected patients. Some studies have identified areas (such as Ha Noi, Ha Nam, Ha Tay, Hung Yen, Nam Dinh, Ninh Binh, Thai Binh and Dong Thap provinces) where arsenic levels exceed the standards for drinking water quality established by Viet Nam and WHO.<sup>243</sup>

### 3.6.4 Water contamination and cholera

Water contamination has been the focus of recent concern. A cholera outbreak began in mid-March 2008 that, according to health officials, expanded to 16 provinces throughout Viet Nam. The cause of the outbreak was contaminated water sources that consequently led to the contamination of food, especially vegetables. Since many people do not have hygienic toilets, they defecate into rivers or in the fields, resulting in the spread of bacteria. The situation is more difficult to contain in rural areas where farmers use human faeces to fertilise vegetables.

### 3.6.5 National response to water and sanitation

#### **Box 3.6: Recommendations of the CRC Committee on issues related to Child Health and Water and Sanitation in Viet Nam (2003)**

The Committee recommends that the State party prioritise the construction and expansion of water and sanitation infrastructure in rural and mountainous regions and ensure that all vulnerable groups have equal access to safe drinking water and sanitation. It also recommends that the State party continue its efforts to prevent and combat the damaging effects of environmental pollution, such as chemical defoliants, on children, including through international cooperation.

*Source: United Nations (2003) Concluding Observations of the CRC Committee*

Access to safe water and sanitary facilities has improved to some extent in rural Viet Nam. Much of this improvement can be attributed to the programmes, projects and assistance of the Government through the National Target Programme on Rural Clean Water and Environmental Sanitation. Nevertheless, the situation in schools, Commune Health Stations, Commune People's Committees and other public areas still requires more attention, not only due to the low coverage rate but also because of the poor maintenance of sanitation facilities.

Since the 1990s, the Government has issued and implemented a number of programmes to improve water and environmental sanitation in rural areas and for ethnic minority communities. The National Rural Clean Water Supply and Sanitation Strategy up to the year 2020 pursuant to Decision No 104/2000/QD-TTG is among the latest of important Government edicts on water and sanitation.

According to the Ministry of Agriculture and Rural Development, these programmes have resulted in improved water usage and environmental sanitation (WES) among the rural population, including ethnic minority groups. The objective of the Strategy is that by 2010, 85 per cent of rural inhabitants will have at least 60 litres per day of clean water and by 2020 all rural inhabitants will be covered. The 2006 Viet Nam Health Report notes that the target of 60 per cent of rural households having access to clean water was achieved during the period 1999-2005.<sup>244</sup>

<sup>243</sup> UNICEF Viet Nam (2004) *Arsenic Contamination in Viet Nam, A Situation Overview and the Mitigation Measures Required*

<sup>244</sup> MOH (2006) *Viet Nam Health Report*

In 2005, the Ministry of Health issued Decision No 08/2005/QD-BYT to establish a health sector standard on various sanitary latrines (including the double-vault latrine, the ventilated improved pit (VIP) latrine, the pour-flush latrine) and septic tanks. According to the MOH, these latrines meet the technical standard when they satisfy the following requirements: (1) they are able to isolate human faeces and avoid direct contact with humans, animals or insects; (2) they are able to kill disease transmission vectors in human faeces (such as viruses, bacteria, worm eggs) and; (3) they do not pollute the environment.

In 2003 a National Arsenic Action Plan was submitted to the Government to address the issue of arsenic in the water supply through research and mitigation activities. The Plan was approved by the Prime Minister in 2006.

### 3.6.6 Causality analysis: water and sanitation

One of the immediate causes hindering further progress is inadequate Government attention and resources, because of other important competing priorities. The lack of awareness among the general public was evident during the recent cholera outbreaks in major cities and rural areas resulting from using untreated, contaminated waste water to irrigate food crops. It was pointed out that the public was not fully aware of the fact that they were consuming contaminated vegetables, although 883 cases of cholera were reported officially in 2008.<sup>245</sup>

The quality of water at schools, Commune Health Stations and public places in rural areas has not been given adequate attention by the authorities. Schools do not have a person in charge of cleaning sanitation facilities, while many students do not know how to use latrines correctly. It is the responsibility of school administration and teachers to provide close supervision and instruct children on how to use the facilities. However, most schools do guide students on correct use of latrines.<sup>246</sup> More training on life skills for teachers would be useful in this regard.

In some areas (especially Ha Giang, Cao Bang and Ninh Thuan provinces), both ground and surface water are scarce. Combined with inadequate resource allocation, lack of capacity/skills on sanitation and hygiene among health care workers, and inadequate implementation mechanisms, this scarcity contributes to relatively poor coverage and use of water supply in these provinces.

### 3.6.7 Roles and capacities of duty-bearers

According to a 2007 joint Government and UNICEF report, the key actors responsible for improving sanitation in schools include various ministries, schools and local authorities such as commune leaders.<sup>247</sup> The report called on them to fulfil their obligations as follows: (1) increase resources; (2) design and build the facilities needed in public areas and schools; (3) cooperate with other State actors accountable for ensuring access to clean water and sanitation facilities; (4) supervise the maintenance of the facilities; and (5) create awareness about sanitation, garbage collection, water source protection and school protection.

The report's specific recommendations to the National Target Programme on Rural Clean Water and Environmental Sanitation were to: (1) provide resources for the construction of

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<sup>245</sup> GSO (2008) *Press release on socio-economic development data*

<sup>246</sup> MOH and UNICEF Viet Nam (2006) *National Baseline Survey on Environmental Sanitation and Hygiene in Rural Viet Nam*

<sup>247</sup> MOH and UNICEF Viet Nam (2007) *Ibid.*

clean water sources; (2) use designs suitable for the geographic and economic conditions of each region, and give priority to remote and difficult regions; (3) supply running water and build septic tanks in public areas and schools; and (4) cooperate and communicate with the education and health sectors to increase the awareness and responsibility of users.

The report's recommendations to the Ministry of Education and Training (MOET) were to: (1) raise funds from various sources to ensure they have clean water and sanitary latrines by 2010, giving special attention to schools in mountainous and poor regions; (2) apply the standard design of water sources and sanitation facilities into all designs for school building and ensure that school leaders and teachers are officially responsible for the maintenance of sanitation facilities; (3) develop detailed guidelines on choosing latrine types, and the operation and maintenance of water sources and latrines in cooperation with MOH and the National Target Programme on Rural Clean Water and Environmental Sanitation; and (4) apply the State budget or other public sources to hire cleaners to maintain the sanitation facilities and to buy soap for hand-washing areas at schools.

Recommendations to the MOH were to continue building, pre-testing, evaluating and completing effective models of environmental sanitation at schools such as hand-washing with soap, improvement of environmental sanitation and personal hygiene at schools, and school health in order to popularise them. These activities should be carried out in cooperation with MOET, the National Target Programme on Rural Clean Water and Environmental Sanitation of the Ministry of Agriculture and Rural Development, and the Ministry of Construction.

Recommendations to schools were to: (1) ensure clean water and sanitation by building standard water sources and sanitation facilities and by supplying enough soap for hand-washing; (2) provide communication skills training for teachers; (3) provide guidance to students on clean water and the correct use of sanitation facilities; and (4) hire workers to clean the latrines in the interest of environmental sanitation and personal hygiene.

In regard to arsenic contamination, it is the duty of the various ministries and local authorities to ensure: (1) screening and testing for arsenic detection, particularly in boreholes; (2) awareness raising among the public and institutional awareness of the health consequences of drinking water contaminated with arsenic; (3) strengthening capacity of preventive medicine and rural water supply and sanitation staff at the provinces/districts in programme/project or even master planning for rural water supply and sanitation; (4) collecting data and exchanging information on arsenic contamination; (5) training of technical staff and social communicators; and (6) developing alternative arsenic-free drinking water resources.<sup>248</sup>

In March 2008, MOET approved Standard Child-Friendly WASH designs, which are now being rolled out for application nationwide. Previously, the only regulation issued by MOET defined the maximum number of students per latrine hole and per square metre of the urination basin but did not outline regulations for hand-washing facilities. Privacy and gender issues were not given enough attention when constructing sanitation facilities at schools, and this caused difficulties for many female students.

Overall, it is evident that sanitation and hygiene issues need to be treated as a major priority in the national agenda. This will require more investment of human and financial

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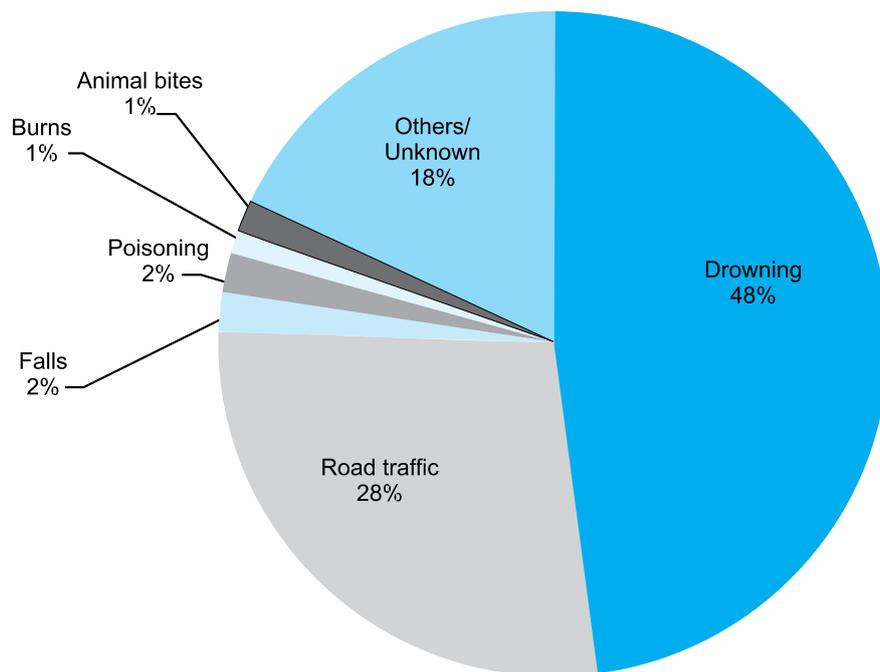
<sup>248</sup> UNICEF Viet Nam (2004) *Arsenic Contamination in Viet Nam, A Situation Overview and the Mitigation Measures Required*, and Institute of Hygiene and Public Health and UNICEF (2005) *Arsenic Random Survey in Four Mekong Delta Provinces*

resources and greater involvement of local authorities and communities to ensure sustainable service delivery. In addition, partnerships with the private sector will need to be strengthened in order to provide low-cost sanitation options to rural households, as well as technical expertise and marketing techniques that promote improved hygiene practices among the public.

### 3.7 Child injuries

Injuries to children are a growing public health concern for policy-makers in Viet Nam. They are a leading cause of morbidity and mortality among children aged 1-18 years. According to the Viet Nam Multi-Centre Injury Survey (VMIS) carried out in 2001, the majority of the child injuries that led to death were drowning, road traffic injuries, cuts by sharp objects and poisoning.<sup>249</sup> In 2007, according to a Ministry of Health report on injury-related mortality, 7,894 children and adolescents 0-19 of age died from injuries.<sup>250</sup> There is some variation in cause of injuries by age, with drowning the most common injury-related cause of death among children in the 1-15 years age group, while road traffic injuries were the most common cause of death among adolescents aged 15-18.<sup>251</sup> Poisoning, burns, falls, and animal bites are equally the third most common causes of death. In areas heavily contaminated by landmines during the war, many serious injuries still occur from unexploded ordnance or landmines.

**Figure 3.22 Causes of child injury deaths among children and adolescents aged 0 - 19 years of age in 2007**



Source: MOLISA (2010) *A Review of Child Injury Prevention in Viet Nam*

<sup>249</sup> Ha Noi School of Public Health (2003) *Viet Nam Multi-Centre Injury Survey*

<sup>250</sup> MOH (2009) *Injury Mortality Statistics in 2007*

<sup>251</sup> Ha Noi School of Public Health (2004) *Baseline survey on injury situation and injury's associated factors in children under 18 years of age in the 6 provinces: Hai Phong, Hai Duong, Quang Tri, Thua Thien Hue, Can Tho and Dong Thap*

Consistent with international patterns, boys are more often victims of injuries than girls, and this is particularly true for road traffic injuries. The causes and age profile of non-fatal injuries are different from those of fatal injuries. According to a baseline survey carried out in 24 communes in 2003, the five most common types of non-fatal injury among children under 18 years of age were (per 100,000): falls (1,559), road traffic injuries (822), animal bites/attacks (816), injuries from a sharp object (419), and burns (324). Burns and falls were the most common causes of non-fatal injuries among children under five years of age, while road traffic accidents and falls were the most common causes of non-fatal injuries among children and adolescents aged 5-18.

Non-fatal injuries vary according to the site of occurrence. The majority occurred at home (52 per cent), while other important sites of non-fatal injuries include inter-commune/inter-village roads (20 per cent) and schools (nine per cent).<sup>252</sup>

The burden of non-fatal injuries is significant not only for the families who have injured victims but also for society as a whole because of the substantial medical and social costs involved, particularly where the injury results in permanent disability. One study has estimated that the total national cost of road traffic accidents in Viet Nam was equivalent to about 1.4 per cent of GDP in 2004.<sup>253</sup>

### 3.7.1 Road traffic injuries

The 2007 Ministry of Health injury-related mortality report indicated that traffic accidents were responsible for 28 per cent of deaths in the 0-19 age group. Over the last decade, the death toll from traffic accidents has climbed steadily as the number of road accidents increased four-fold. Traffic statistics for the first six months of 2006 from the National Traffic Safety Committee (NTSC) showed a nine per cent increase in the number of traffic fatalities compared to the corresponding period in 2005. Furthermore, for every youth that dies from a traffic injury, hundreds more are seriously injured or disabled.<sup>254</sup>

Most road and traffic accidents in Viet Nam involve motorbikes. The number of vehicles in the country has increased rapidly, with motorbikes increasing more than 400 per cent in the decade from 1996. The number of motorbikes has increased from about 4 million in 1996 to nearly 30 million 2009.<sup>255</sup> According to the report on injury-related mortality, 2,186 children and adolescents under the age of 19 died in traffic accidents in 2007.

The 2001 VMIS findings showed that urban youth are almost twice as likely to be involved in a road traffic accident as rural youth. The 2003 Survey Assessment of Vietnamese Youth (SAVY) found a far higher percentage of urban than rural youth, including both males and females in every age group, had been in a traffic accident. This is mostly due to the greater traffic congestion in urban areas. Among urban youth involved in traffic accidents, the 15-19 age group appears to be the most affected. Most urban youth learn to drive a motorbike at around the age of 15 (despite the legal age being 18) and are more likely to own motorbikes than their rural counterparts.<sup>256</sup> Boys have a higher traffic injury-related mortality rate than girls, a global pattern which is also seen in Viet Nam.<sup>257</sup>

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<sup>252</sup> Ha Noi School of Public Health (2004) *Baseline survey on injury situation and injury's associated factors in children under 18 years of age in the 6 provinces: Hai Phong, Hai Duong, Quang Tri, Thua Thien Hue, Can Tho and Dong Thap*

<sup>253</sup> Trinh Thuy Anh, Trinh Tu Anh and Nguyen Xuan Dao (2005) *The cost of road traffic accidents in Viet Nam*

<sup>254</sup> UNICEF Viet Nam (2006) *Riding a fine line – A qualitative analysis of traffic behaviours of Ha Noi youth*

<sup>255</sup> National Traffic Safety Committee (2010) *Strategy to ensure national traffic safety to 2020 and vision for 2030*. Draft dated 9 June 2010 [online]

<sup>256</sup> UNICEF Viet Nam (2006) *Riding a fine line – A qualitative analysis of traffic behaviours of Ha Noi youth*

<sup>257</sup> MOLISA and UNICEF Viet Nam (2010) *A Review of Child Injury Prevention in Viet Nam*

Most head injuries involving youth were the result of traffic accidents.<sup>258</sup> According to data collected from 54 provinces and cities by the Ministry of Health, there were 495,545 head injuries due to traffic accidents in 2008. Of these injuries, victims under 14 years of age comprised about 13 per cent. Nearly 50 per cent of children who suffered brain injuries had not been wearing helmets.<sup>259</sup>

The same source of data also indicated that more than 21 per cent of all hospital admissions for road traffic injuries were children and adolescents aged 0-19. Since the promulgation of Resolution 32 in 2007, all people riding a motorbike must wear a helmet and from 15 December 2007 helmet use has been strictly enforced. Deaths and head injuries are expected to have declined significantly. The injury surveillance in Viet Duc hospital showed that in the six months from March to October 2006 helmets had been used in only five per cent of all traffic injury cases.<sup>260</sup> Unfortunately, the helmet law has only been enforced for children above six years.

In urban areas, there is weak enforcement of traffic laws and regulations (apart from helmet use) for adolescents and youth operating or riding motorbikes. Dangerous driving practices, such as speeding, swerving, recklessly overtaking, stopping quickly, and drunk driving are not consistently punished unless they lead to an accident. Motorbike racing is also common on city streets. Qualitative research among youth suggests that a disregard for traffic laws and regulations, rather than ignorance of their existence, is responsible for their dangerous driving. Nevertheless, a majority of the youth interviewed indicated they would change their behaviour if forced to do so by the police. Unfortunately, the police force in most urban areas is too overworked and underpaid, as well as too overwhelmed by the sheer number of youth riding motorbikes, to be able to respond to the problem more effectively.<sup>261</sup>

### 3.7.2 Childhood drowning

According to the MOH statistics, drowning caused 3,786 deaths among children and adolescents between 0 and 19 years of age in 2007. Among these deaths, about 36 per cent occurred among young children between 0 and 4 years of age, 48 per cent among children between 5 to 14 years of age and 16 per cent among children and adolescents between 15 and 19 years of age.<sup>262</sup> The causes, age patterns and circumstances of child drowning fatalities vary regionally. In the Mekong River Delta region, for example, most children who drowned were under five years of age and drowned after falling into the water, most often from their house, a boat or jetty. In the central provinces of Quang Tri and Hue, most children who drowned were older than six and drowned while playing in or near lakes or deep streams or while grazing livestock. In Hai Phong municipality, drowning of children aged 0-4 occurred throughout the year, while drowning occurred among children aged 6-13 mainly during the summer school holidays when children go to play in ponds and lakes near their houses.

Child drowning is caused by low awareness, inadequate adult supervision, being unable to swim, an unsafe living environment and unsafe means of transportation. In all places studied, most of the child victims of drowning received emergency aid on the spot (83 per cent), while 43 per cent were transferred to medical units for resuscitation or other

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<sup>258</sup> MOH (2007) *Injury Mortality Statistics of 2005-2006*

<sup>259</sup> MOLISA and UNICEF Viet Nam (2010) *A Review of Child Injury Prevention in Viet Nam*

<sup>260</sup> Preliminary results of injury surveillance at Viet Duc hospital

<sup>261</sup> UNICEF Viet Nam (2006) *Riding a fine line – A qualitative analysis of traffic behaviours of Ha Noi youth*

<sup>262</sup> MOH (2009) *Injury Mortality Statistics in 2007*

treatment. It is still very common for people to use traditional methods of rescue that are not always effective and may even contribute to the death of the drowning victim. These methods include being held upside down to shake the water out, or being placed in a jar that is warmed by being rolled over a fire to warm the body.<sup>263</sup>

### 3.7.3 Injuries from poisoning

Poisonings have many causes: chemical products, poisons in food plants, ornamental plants, seafood or from the bites/stings of poisonous animals and insects. Pesticides, pharmaceuticals and drugs are increasingly used in Viet Nam but they are often not locked away in households, and are often responsible for poisoning. In 2007, the mortality rate from poisoning in children aged 0-19 years was 0.4/100,000.<sup>264</sup> The Ministry of Health report on injury-related mortality during 2005-2006 indicated that poisoning was the third leading cause of unintentional injury-related mortality for the 0-10 age group.<sup>265</sup>

According to a 2003 study, poisoning rates were highest in infants. Food poisoning accounted for more than two-fifths of poisoning cases (44 per cent), poisoning from contaminated fruits and vegetables accounted for a quarter, and poisoning from gas or smoke accounted for more than 15 per cent of poisoning among infants. Pharmaceutical overdoses accounted for about 12 per cent, while liquid poisons accounted for four per cent of infant poisoning episodes.<sup>266</sup>

### 3.7.4 Child injuries from falls, burns and sharp objects

According to the 2001 VMIS, falls were the leading cause of non-fatal injury in children and adolescents aged 1-19 (1,322 per 100,000). However, falls were only the sixth leading cause of fatal injuries (five per 100,000). Boys suffered falls more often than girls. The places where falls occurred varied by a child's age. For example, in the case of children under four years of age, most falls occurred in or near the child's home. Falls had significant economic consequences for victims as well as for their families, including the cost of hospitalisation and missed school days.

Burns are another leading cause of injury among children. According to the 2001 VMIS, the overall burn injury rate among children and adolescents aged 1-19 was 201 per 100,000, while the Ministry of Health report on injury-related mortality during the period 2005-2006 indicated that burns were the fourth leading cause of unintentional injury-related mortality for children and adolescents aged 0-19.<sup>267</sup> In 2007, the burn injury mortality rate for children overall in Viet Nam was 0.27/100,000, with the highest rate (0.78/100,000) observed in the 0-4 year age group.<sup>268</sup>

Burns, particularly scalding, are one of the most common causes of non-fatal injuries among under-five children. Hot water, the main scalding agent, is responsible for most burns in each age group. Scalds accounted for 84 per cent of burn injuries, burns from open flames accounted for nine per cent, while large open fires accounted for six per cent of child burns. Even relatively small burns are serious for young children: even if they do not die, their physical and cognitive development may be seriously affected. The resulting scars may be disfiguring and disabling, and may require extensive surgical intervention.

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<sup>263</sup> MOH and UNICEF Viet Nam (2006) *Study of Child Drowning in Selected Communes in Viet Nam and Recommendations on Appropriate Preventive Measures*

<sup>264</sup> MOH (2008) *Report on fatal injuries in Viet Nam*

<sup>265</sup> MOH (2007) *Injury Mortality Statistics of 2005-2006*

<sup>266</sup> Ha Noi School of Public Health (2003) *Viet Nam Multi-Centre Injury Survey*

<sup>267</sup> MOH (2007) *Injury Mortality Statistics of 2005-2006*

<sup>268</sup> MOH (2008) *Report on fatal injuries in Viet Nam*

According to the 2001 VMIS, injury from sharp objects was the third leading cause of fatal injuries among children and adolescents aged 1-19. In this age group, the rate of non-fatal injuries from sharp objects was 720 per 100,000 children, while the fatality rate was six per 100,000 children aged 1-19 years. Again, boys are significantly more likely to be victims than girls. Most injuries from sharp objects (96 per cent) involved knives or knife-like objects and almost half (44 per cent) of cases happened in or near the child's home. Another 28 per cent occurred on farms or in fields.<sup>269</sup>

### 3.7.5 Injury caused by landmines and unexploded ordinance

As a result of many years of armed conflict, Viet Nam is heavily contaminated by explosive remnants of war. According to the Ministry of Defence, it is estimated that up to 800,000 tons of unexploded ordinance (UXO) and mines are scattered across Viet Nam, contaminating 6.6 million hectares.<sup>270</sup>

Children are particularly vulnerable to landmines and unexploded ordinance, because they can appear attractive as objects for play. A 2009 study reports that in the past five years, there have been 437 deaths and 489 injuries related to explosives in the six most heavily contaminated provinces. Some 25 per cent of these casualties were to children aged 14 and younger and among these, only 18 per cent were girls.

There is a need to increase awareness among parents, teachers and community leaders and particularly children, of the dangers of mines and UXO. Awareness is also needed on how such devices should be safely dealt with. It should be noted that Viet Nam is not a party to the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction.<sup>271</sup>

### 3.7.6 National response to child injuries

#### **Box 3.7: Recommendations of the CRC Committee on Child Injuries in Viet Nam (2003)**

While noting the State party's efforts, in particular the National Programme of Action for Accident Control (2000), the Committee recommends that the State party conduct a study on the scope and causes of accidental deaths, and strengthen its efforts to reduce accident-related deaths through, inter alia, awareness-raising campaigns and education programmes aimed at parents, children and the public at large.

*Source: United Nations (2003) Concluding Observations of the Committee on the Rights of the Child to Viet Nam*

In 2001, the Government promulgated a National Policy on Accidents and Injuries, which identified injuries as a priority in a five-year development plan. Reducing the burden of childhood injuries is one of the targets of the National Programme of Action for Children 2001-2010, as well as one objective to be met to achieve the World Fit for Children Goals. Capacity building for designing and implementing plans of action on injury prevention has been carried out, and models for child injury prevention have been developed and implemented in six provinces.

In recent years, there have been several important developments initiated by the Government to improve child safety. In 2006, the Ministry of Health issued a decision for safe community criteria to be applied nationwide; subsequently, by 2009 eight communes

<sup>269</sup> Ha Noi School of Public Health (2003) *Viet Nam Multi-Centre Injury Survey*

<sup>270</sup> Website of Technology Center for Bomb and Mine Disposal [online] Available at: <http://www.bomicen.vn/?lang=en> [Accessed 14 June 2010]

<sup>271</sup> Bomicen and Viet Nam Veterans of America Foundation (2009). *Report on Viet Nam Unexploded Ordinance and Landmine Impact Assessment and Rapid Technical Response: in six provinces of Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien Hue and Quang Ngai*

were internationally assessed and designated as 'safe communities' and 34 communes were designated as 'national safe communes.' In 2008, the Minister of Health approved a Plan of Action on Injury Prevention up to 2010 and vision for 2020. The Ministry of Education and Training issued the Decision on Safe Schools in 2007 to make the school environment safer for children.

In June 2007, the Government issued and enforced Resolution 32/2007/NQ-CP to improve traffic safety, alleviate congestion and, most importantly, to reduce road traffic injuries. It aimed to do this by: (1) promoting traffic safety through schools and newspapers; (2) improving road and waterway transport infrastructure, including public transport; and (3) by stricter enforcement of safety regulations. Since 15 December 2007, helmet use has been compulsory and enforced for everyone (except children) riding motorbikes. Key leaders of the National Assembly, line ministries, mass organisations and some provincial People's Councils addressed child injuries and proposed solutions at a high-level conference chaired by the National Assembly in February 2008.

In 2006, the reduction of childhood injury became a key criterion of the 'Communes Fit for Children' adopted in Viet Nam from the 'World fit for children' concept. This promotes social and family environments that ensure children's full development. Following this, the former Committee for Population, Family and Children (CPFC) issued annual instruction documents requesting Provincial People's Committees and line departments to pay stronger attention to child safety during the annual month of action for children (June). The former CPFC also strongly advocated that the care and treatment for children with injuries should be included in the policy of free health care for children under six.

Since mid 2007, the Ministry of Labour, Invalids and Social Affairs has taken the lead in coordinating child injury prevention efforts. The Ministry developed its 2008-2010 plan of action on childhood injury prevention and introduced a cross-sectoral plan on drowning prevention. Experts from central government units have provided training for key provincial doctors on the prevention and basic treatment of burns (National Institute of Burns) and poisoning (the Poison Control Centre) and on essential trauma care (Viet Duc Hospital). Mass organisations such as the Youth Union, the Women's Union and the Farmers' Association have started to integrate the issue of childhood injury prevention into their own activities.

Despite these efforts, stronger political will and more effective coordination, community education and involvement, as well as additional financial resources, are needed to protect children in Viet Nam from injury and harm.

### 3.7.7 Causality analysis: child injuries

Various surveys suggest a number of immediate, underlying and root causes of childhood injuries:

Children at home alone or with inadequate adult supervision: Many parents work long hours, sometimes leaving younger children at home alone. This is particularly common in rural areas where most parents work in the fields. The traditional extended family with several generations available to take care of younger children is giving way, under the demands of modern life, to nuclear families. Kindergartens and childcare centres are often available and are generally safe places for children, but the percentage of under-five children attending kindergarten in rural areas is significantly lower than that of urban areas, particularly among the economically disadvantaged.<sup>272</sup> The reason is that

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<sup>272</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

these families are not able to afford to send their children to kindergartens or child care centres and there are less nurseries in rural areas.

**Unsafe living environment:** Children in communities near rivers, canals, ponds and ditches, close to the sea or in areas with a high risk of flooding are at risk of drowning. In rural areas in particular, there are many risks of injury for children, due to the limited and poor infrastructure. For example, many bridges in the Mekong River Delta are small, old and without rails. And many commune roads are narrow, rough and unlit at night, so children are at risk of falling. A shortage of safe playgrounds for children is another issue that may contribute to unsafe environments for children. There is also the issue of safety within the home since this is where many children are exposed to pesticides, unsafe electrical systems and unsafe cooking areas. In addition, in some areas of Viet Nam, there remain unexploded ordinance and landmines.

**Parents unaware of risks:** Many parents, sometimes due to ignorance, do little to prevent child injuries. This lack of awareness leads to their ignorance in not doing some simple actions to create a safe environment for their children such as leaving wells, and water containers uncovered, leaving cooking stoves unattended or leaving chemicals or pesticides within children's reach. In addition, some parents bring small children to their workplace, even on boats in the case of families involved in fishing and that also poses the risk of drowning to children.

**Some young children work:** This is an important cause of childhood injury in poor rural areas. Many children received serious injuries at work. For example, many girls suffer burns while helping their parents to cook; many children are injured by sharp objects while helping their parents with farming work.

**Some injuries are not treated:** Many seriously injured people decide not to go to hospital or a health facility because of the high cost involved. Until recently, treatment of injuries was not covered by Viet Nam health insurance.

**Children are not taught to swim:** This is one of the leading causes directly related to child drowning. According to a 2006 study, 76 per cent of people interviewed thought that the inability to swim was the primary cause of drowning. According to the same study, 45 of 46 drowned children did not know how to swim.<sup>273</sup>

**Economic constraints:** Due to ignorance, indolence or economic constraints, many families do not apply safety measures. These might include fencing around ponds, installing safety signs at lakes or other dangerous bodies of water or installing safety covers over water containers. Economic constraints also lead to a shortage of kindergartens and childcare centres and in the number of qualified nursery teachers available.

**Lack of specific laws and regulations:** This is an important gap in regard to child injuries. There is also a need to strengthen implementation of the existing laws protecting children from accident and injury.

**Weak enforcement of traffic rules and regulations:** Traffic rules and regulations are only weakly enforced. However, a good positive example was the recent move to enforce the regulation requiring motorbike riders to wear helmets. The issue of the limited number of police in Viet Nam, as well as their low pay, merits further examination.

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<sup>273</sup> MOH and UNICEF Viet Nam (2006) *Study of Child Drowning in Selected Communes in Viet Nam and Recommendations on Appropriate Preventive Measures*

Low awareness among decision-makers: Low awareness among policy makers and the donor community of the consequences of child injuries, injury mortality and morbidity and the resulting economic burden on the family and society is another reason why the issue of child injury has not been adequately addressed.

Inadequate design and construction standards: Poor standards of design and construction of houses and playgrounds contribute to the lack of safety and to the occurrence of injuries.

### 3.7.8 Roles and capacities of duty-bearers

Parents have primary responsibility for the welfare of their children. However other authorities have common responsibilities in regard to protecting children from injuries. These include the Ministry of Health, the Ministry of Labour, Invalids and Social Affairs, the Ministry of Education and Training, the Ministry of the Police, the Ministry of Justice, the Ministry of Transport and various segments of society, including school administrators and teachers.

MOLISA, the focal ministry in charge of children's issues, is taking the lead in advocacy for protecting children from injuries. The need to design and create safe playgrounds for children should be considered an important priority for local authorities. In addition, it is necessary to improve the capacity of local health care facilities to enable them to provide first aid and primary trauma care services. More attention should be paid to providing basic first aid knowledge to the whole population. In light of the wide range of actors needed to protect children from injuries, increasing the public's awareness through the mass media and other means of communication should be a top priority. Mass organisations such as the Youth Union and the Women's Union can and should play an important role as well in raising awareness.

## KEY FINDINGS – the Right to Health and Survival

- Child survival and health: infant and child mortality halved between 1990 and 2006, but disparities persist. Common childhood illnesses include acute respiratory infection, diarrhoea, dengue fever and malnutrition. Immunisation and Vitamin A coverage is generally high with variations. High stunting rates and low rates of exclusive breastfeeding will make it difficult to achieve malnutrition reduction targets. Micronutrient supplementation has wide coverage but is a challenge to maintain.
- Adolescent health: national family planning programmes targeted different population groups, especially married couples, thereby overlooking sexually active unmarried young people. Adolescents and youth have limited knowledge of reproductive health, but most do not have sex at an early age. More boys (29 per cent) are unaware of STIs than girls (17 per cent). Reproductive tract and sexually transmitted infections are underreported among adolescents and youth, and there is low awareness of the risk of contracting HIV. Emerging issues include smoking and drinking (more boys than girls smoke) high motorbike accident rates and mental health problems.
- Maternal and reproductive health: maternal mortality dropped from 85 to 75 per 100,000 live births between 2002 and 2008, but remains four times higher among ethnic minorities and in remote rural, mountainous areas. An important emerging issue is the unbalanced sex ratio at birth (112 boys per 100 girls in 2008).
- HIV and AIDS: HIV-positive cases increased from 96,000 to 245,000 between 1999 and 2003 (possibly due in part to higher rates of HIV testing). HIV prevalence increased ten-fold among pregnant women between 1995 and 2005, yet few are routinely given HIV and AIDS information during ante-natal visits. The epidemic is no longer confined to high-risk groups. Children at high-risk of HIV include street children, drug users and child sex workers. Discrimination towards people affected by HIV and AIDS is still common.
- Water and sanitation: drinking water and sanitation coverage has improved (reaching 89 per cent of the population and 64 per cent of households, respectively). Most schools have water sources and latrines (80 per cent and 73 per cent, respectively), but few meet the national standards (46 per cent and 12 per cent, respectively). Only 18 per cent of the population is aware of hygienic latrines and only five per cent of students practise hand washing with soap. There are pronounced disparities between regions and ethnic groups. 'Unsafe water and sanitation' causes half of most communicable diseases in the country.
- Child injuries: injury has become a considerable cause of death in children aged 1-19. The most common fatal injuries are drowning, traffic accidents, cuts by sharp objects and poisoning. Most injury morbidity occurs through falls, animal bites, traffic accidents, cuts by sharp objects and burns.
- 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. Potential challenges related to the national response include: (1) the need for greater coordination between sectors and ministries on cross-cutting issues such as malnutrition, child injury or HIV and AIDS; (2) the need for larger budget allocations for health in general, and especially preventive and primary

health care; (3) the need for improved routine data collection, monitoring and evaluation processes; and (4) the need for improved coverage, quality, and relevance of health care services throughout the country, especially in remote mountainous areas populated by ethnic minority groups.

- 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 (e.g. in designing standards, service provision, coordination for rural water supply), the Ministry of Education and Training (e.g. application of standard designs for child-safe schools), and the Ministry of Labour, Invalids and Social Affairs (e.g. in advocacy, resource mobilisation, cross-sectoral coordination of child injury prevention) are also significant, as child survival issues cut across all these areas. Schools have a particular responsibility in promoting school water, sanitation and hygiene, preventing child injuries, and building capacity of teachers on safe health care practices.
- A consistent theme in this sector is under-investment in both financial and human capacity. While public expenditure in health has increased, there are still areas which are under-resourced. Resources are needed to increase the number and capacity of local health staff (especially in remote areas), and for data collection, adolescent reproductive health, and sanitation and hygiene. Another important and consistent theme is the difference in coverage and use of health services between regions, rural and urban locations, and ethnic and income groups. These differences must be substantially reduced if Viet Nam is to fully guarantee the right to health and survival for every child.
- Health services are not always user-friendly: health personnel may lack skills in HIV counselling, testing and maintaining confidentiality, or are not sufficiently equipped or motivated to provide services that meet national standards and guidelines. Parents and caregivers lack adequate knowledge of key health practices, e.g. infant and young child feeding and basic hygiene. There is a need for other key duty-bearers - village heads, neighbours and local mass organisations - to support immediate duty-bearers (families and service providers). There are also important environmental constraints, such as a scarcity of water in some parts of the country, which can affect progress in child survival and health.
- In reproductive health, a complicating factor is traditional gender expectations and roles. Women are still expected to shoulder most of the burden of reproductive health care. Adolescent reproductive health care is not fully recognised or implemented, with sexual and reproductive health education in school still a sensitive issue. Women have limited access to information about relevant services, and their behaviour regarding contraceptive use and ante-natal services tends to be determined by traditional sexual and domestic relations, educational level, and economic conditions. Stigma and discrimination related to HIV and AIDS and sexually transmitted infections remain notable obstacles.
- In child injury, there is still an under-developed legal framework, and relatively weak enforcement of laws that 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 use in preventing injuries. Homes, schools, and play areas all need to be made safer for children, and children themselves need to be equipped with the necessary skills to prevent injuries (e.g. swimming, first aid).

## ANNEX 3.1: Articles of the Convention on the Rights of the Child relevant to Chapter 3

### Article 2: The right of the child to non-discrimination

- a) States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- b) States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

### Article 6: The right of the child to life

1. States Parties recognise that every child has the inherent right to life.

States Parties shall ensure to the maximum extent possible the survival and development of the child.

### Article 7: The right of the child to birth registration

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents.
2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

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

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.
2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

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

1. States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
  - (a) To diminish infant and child mortality;
  - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
  - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
  - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
  - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
  - (f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realisation of the right recognised in the present article. In this regard, particular account shall be taken of the needs of developing countries.

## ANNEX 3.2: International Human Rights Principles and HIV and AIDS

Human Rights Principle	State Responsibility in Relation to HIV and AIDS
The right to non-discrimination, equal protection and equality before the law	HIV status cannot be used to deny treatment or access to education, employment, health care, travel, social security, housing and asylum.
The right to life	Individuals cannot be denied access to testing and treatment; prevention and treatment measures should be equitably administered and available to all groups including those with lower incomes, ethnic minority groups, women and children.
The right to the highest attainable standard of physical and mental health	Access to treatment for HIV and for opportunistic infections related to the disease cannot be denied; all individuals should be empowered to realise their rights to preventive measures (condoms, clean injection equipment); the safety of national blood supply should be guaranteed regardless of ability to pay.
The right to liberty and security of person	HIV-positive individuals should be protected by local authorities from stigma and discrimination; no quarantine, isolation, arbitrary arrest or detention on the basis of HIV status can be applied.
The right to freedom of movement	Individuals are not confined to institutions or quarantined on the basis of their HIV status and all individuals have the right to free choice of residence and non-discrimination in housing.
The right to seek and enjoy asylum	Individuals are not denied political asylum on the basis of HIV status.
The right to privacy	Individuals are not subject to mandatory testing; the results of testing are not shared or published without the individual's consent; the right to sexual orientation among consenting adults without criminalisation is not denied.
The right to freedom of opinion and expression and the right to freely receive and impart information	HIV-positive individuals have the right to protection from discrimination and to the free admission of their status; individuals have the right to information about the disease and to the means to protect themselves from infection (e.g. condoms, needle exchange); media is respectful of HIV-positive individuals, avoiding stereotyping and stigma.
The right to freedom of association	AIDS support groups can freely meet; censorship of their activities based on their HIV status or association with sex work and drug use should not be allowed. HIV-positive individuals have the right to membership of non-HIV/AIDS groups such as labour unions and civic groups.
The right to work	HIV-positive individuals are protected from discriminatory employment practices.
The right to marry and found a family	Mandatory pre-marital testing with refusal of a marriage permit to HIV-positive persons should not be allowed; directive counselling that encourages HIV-positive pregnant women to have abortions without fully explaining the true risk of transmission to their unborn children should not be allowed.

The right to equal access to education	Schools are not allowed to refuse admission on the basis of HIV status and there is no differential treatment of students within schools because of the child's HIV status or that of parents.
The right to an adequate standard of living and social security system	Support and benefits to disabled people living with HIV and AIDS is provided; HIV-positive individuals are protected against unemployment, homelessness and poverty; HIV-positive individuals are given preferential treatment in State benefit systems as disabled persons.
The right to social security, assistance and welfare	HIV-positive adults and children have access to State support, benefits and entitlements.
The right to share in scientific advancement and its benefits	Access to HIV testing, anti-retroviral therapy (ART), and treatment for the opportunistic infections of HIV and AIDS is equally available to all citizens.
The right to participate in public and cultural life	Protection from stigma and discrimination for HIV-positive people is provided; their participation in the design and implementation of HIV and AIDS strategy formulation, policymaking, and programme design is encouraged and guaranteed.
The right to be free from torture and cruel, inhuman or degrading treatment or punishment	Any form of stigma and discrimination, including physical violence, should be strictly prohibited. Severe social exclusion and targeting should not be allowed. Inmates should be provided protection from infection, including condoms and safe injecting equipment, within prisons and other institutions of forced confinement. Prisoners are protected from prison rape and sexual victimisation and are not subject to involuntary participation in trials of drugs or vaccines.
The rights of women and children	Women and children have the right to adequate prevention, information and care for themselves or infected/affected family members. They have the right to protection from the State as widows and orphans and the right to assistance in the care of uninfected family members and friends.

## ANNEX 3.3: Children’s Rights and HIV and AIDS: Summary of CRC Committee Comments

Child Right	Article	CRC Comments on State Responsibilities in Relation to Children Infected and Affected by HIV and AIDS
<p>Non-discrimination</p> <p>States parties shall ensure all the rights set forth in the Convention without discrimination of any kind, “irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”</p>	Art. 2	<p>The Committee interprets “other status” under Article 2 of the Convention to include HIV/AIDS status of the child or his/her parent(s). Laws, policies, strategies and practices should address all forms of discrimination that contribute to increasing the impact of the epidemic. Strategies should also promote education and training programmes explicitly designed to change attitudes of discrimination and stigmatisation associated with HIV/AIDS. The State should:</p> <p>Ensure access to information, health, social services;</p> <p>Discourage abandonment by family, community and society;</p> <p>Ensure that children in remote and rural areas who are more vulnerable to infection because services are less accessible are protected;</p> <p>Reduce gender-based discrimination and discrimination on the basis of sexual orientation.</p>
<p>Best interests of the child are a primary consideration</p> <p>The best interests of the child should always be a primary consideration in actions that concern children. The child’s interests have equal status with the interests of parents, families, communities, and the state.</p>	Art. 3	<p>Policies and programmes for the prevention, care and treatment of HIV/AIDS have generally been designed for adults with scarce attention to the principle of the best interests of the child as a primary consideration. States should place children at the centre of responses to the epidemic; and adapt prevention and care strategies to address the needs of children.</p>
<p>Life, survival, development</p> <p>The right to survival and development includes the ability of children to benefit from governmental policies and actions which will help them progress into adulthood. Survival and development are understood as the pre-conditions of all other rights.</p>	Art. 6	<p>The State should protect children from HIV infection; provide adolescents with appropriate information and life skills, and take action to provide special protection to the most vulnerable or those most in need. The State’s obligation to realise the right to life, survival and development also highlights the need to give careful attention to sexuality as well as to the behaviours and lifestyles of children, even if they do not conform with what society determines to be acceptable under prevailing cultural norms for a particular age group. Effective prevention programmes are only those that acknowledge the realities of the lives of adolescents, while addressing sexuality by ensuring equal access to appropriate information, life skills, and to preventive measures.</p>

<p>Respect for children's views and their right to participation</p> <p>The views of the child are to be heard, respected and taken into account. Children have the right to participate in decision-making processes that affect them.</p>	<p>Art. 12</p>	<p>Children are rights holders and have a right to participate, in accordance with their evolving capacities, in raising awareness by speaking out about the impact of HIV/AIDS on their lives and in the development of HIV/AIDS policies and programmes. Interventions have been found to benefit children most when they are actively involved in assessing needs, devising solutions, shaping strategies and carrying them out rather than being seen as objects for whom decisions are made. The participation of children as peer educators, both within and outside schools, should be actively promoted. States, international agencies and non-governmental organisations must provide children with a supportive and enabling environment to carry out their own initiatives, and to fully participate at both community and national levels in HIV policy and programme conceptualisation, design, implementation, coordination, monitoring and review.</p>
<p>Access to information</p>	<p>Art. 17</p>	<p>Children should have the right to access to HIV/AIDS prevention and care information through formal and informal channels. State parties are reminded that children require relevant, appropriate and timely information that recognises the differences in levels of understanding among them, is tailored appropriately to age level and capacity and enables them to deal positively and responsibly with their sexuality in order to protect themselves from HIV infection. State parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality. States should regularly monitor and evaluate the effectiveness of education in reducing ignorance, stigma and discrimination, and in addressing fear and misconceptions.</p>
<p>Right to health care, sex education and family planning education and services</p>	<p>Art. 24</p>	<p>Child and adolescent sensitive health services. State parties are encouraged to ensure that health services employ trained personnel who fully respect the rights of children to privacy and non-discrimination in offering them access to HIV-related information, voluntary counselling and testing, knowledge of their HIV status, confidential sexual and reproductive health services, and free or low-cost contraceptive, methods and services, as well as HIV-related care and treatment if and when needed.</p> <p>Voluntary Counselling and Treatment: The accessibility of voluntary, confidential HIV counselling and testing services, with due attention to the evolving capacities of the child, is fundamental to the rights and health of children. State parties should ensure access to voluntary, confidential HIV counselling and testing for all children.</p>

State parties must refrain from imposing mandatory HIV/AIDS testing of children in all circumstances and ensure protection against it. While the evolving capacities of the child will determine whether consent is required from him or her directly or from his or her parent or guardian, in all cases State parties must ensure that, prior to any HIV testing, whether by health care providers in relation to children who are accessing health services for another medical condition or otherwise, the risks and benefits of such testing are sufficiently conveyed so that an informed decision can be made.

PMTCT: States should take all possible steps to prevent mother-to child transmission, following international standards for counselling, testing, care and treatment; pregnant women should be given adequate counselling and support to make fully-informed decisions; pregnant women must be given adequate counselling and support concerning breastfeeding and substitute and alternatives.

ARTs and Medical Treatment: See Revised Guideline 6 in International Guidelines on HIV/AIDS and Human Rights; State parties are obligated to ensure that children and adolescents have sustained and equal access to comprehensive treatment and care, including anti-retrovirals, good nutrition, social, spiritual and psychological support, family, community and home-based care. States should negotiate to get low cost pharmaceuticals. States should study barriers to equitable care and address them. Children should never be used as research subjects until an intervention has been proven through adult trials.

Appropriate standard of living

Art. 27

State parties must support and strengthen the capacity of families and communities of children orphaned by AIDS to provide them with a standard of living adequate for their physical, mental, spiritual, moral, economic and social development, including access to psychosocial care, as needed. The State must support and protect inheritance and property rights of children.

Privacy

Art. 16

States parties must protect the confidentiality of HIV test results, consistent with the obligation to protect the right to privacy of children, including within health and social welfare settings, and information on the HIV status of children may not be disclosed to third parties, including parents, without the child's consent.

Not to be separated from parents or family	Art. 9	Assistance must be provided so that, to the maximum extent possible, children can remain within existing family structures. Orphans are best protected and cared for when efforts are made to enable siblings to remain together, and in the care of relatives or family members. If this option is not available, State parties should provide, as far as possible, for family-type alternative care (e.g. foster care). It is the opinion of the Committee that any form of institutionalised care for children should only serve as a measure of last resort. Where children are institutionalised, measures must be fully in place to protect the rights of the child and guard against all forms of abuse and exploitation. Strict measures are needed to ensure that such institutions meet specific standards of care and comply with legal protection safeguards. States should provide support to child-headed households.
Protection from violence	Art. 19	Children living with HIV/AIDS must be protected from violence of any kind, including the psychological damage caused by stigmatisation.
Special protection and assistance by the State	Art. 20	States should provide help to families affected by HIV/AIDS, orphans, and other affected children and families.
Rights of children with disabilities	Art. 23	Services must be accessible, like those provided to children with other disabilities.
Social security and social insurance	Art. 26	Rights of vulnerable members of society must be protected, and States' parties are reminded of their obligation to protect the rights of HIV/AIDS-affected and infected children. Supplying proof of identity to orphaned and abandoned HIV/AIDS affected children is especially important, so the State should have a system for birth registration in place.
Education and leisure	Art. 28, 31	State parties must ensure that primary education is available to all children, whether infected, orphaned or otherwise affected by HIV/AIDS. State parties must make adequate provision to ensure that children affected by HIV/AIDS can stay in school. States should assist AIDS-affected families with measures that help them keep their children in school and ensure that children in AIDS-affected families are protected from discrimination in school and can play with other children. The State must also ensure that schools are safe for children and they are not subject to sexual violence or coercion.

Protection from exploitation, abuse and illicit narcotics use	Art. 32, 33, 34, 36	<p>Sexual and economic exploitation, violence and abuse: State parties are under obligation to protect children from all forms of economic and sexual exploitation, including ensuring they do not fall prey to prostitution networks, and that they are protected from performing any work likely to be prejudicial to their education, health, or physical, mental, spiritual, moral or social development. State parties must take bold action to protect children from sexual and economic exploitation, trafficking and sale and to provide those who have been subjected to such treatment with support and caring services. Mechanisms for early detection of violence and abuse should be in place.</p> <p>Substance Abuse: The State should provide policies and programmes aimed at reducing substance abuse and HIV transmission. Greater understanding of substance abuse behaviours among children is needed, including the impact that neglect and violation of the rights of the child have on these behaviours. Policies and programmes aimed at reducing illicit substance use and HIV transmission must recognise the particular sensitivities and lifestyles of children, including adolescents, in the context of HIV/AIDS prevention. State parties should implement programmes to reduce the factors that expose children to the abuse of substances and to provide treatment and support to child abusers.</p>
Protection from abduction, sale and trafficking, torture or punishment	Art. 35, 37	State protection is especially important so that children affected by HIV/AIDS are not subject to abduction, sale, trafficking, torture or punishment.
Physical and psychological recovery and social reintegration	Art. 39	States should provide the means for child and family counselling so children can recover from the trauma of living in an AIDS-affected family or becoming HIV-infected themselves and can become fully functioning members of society.

## ANNEX 3.4: Policies and Programmes issued by the Government of Viet Nam on Water and Sanitation

Date	Policy No.	Content
29 April 1994	Instruction No 200/TTg	Clean water and environmental sanitation for rural areas
31 July 1998	Decision No 135/1998/QĐ-TTg	Socio-economic development programme for remote and mountainous areas (P135)
3 December 1998	Decision No 237/1998/QĐ-TTg	National target programme for water supply and sanitation for rural areas
25 August 2000	Decision No 104/2000/QĐ-TTg	National campaign for water and sanitation up to 2020 for rural areas (WATSAN week)
19 March 2002	Decision No 42/QĐ-TTg	The management of national programmes
16 April 2004	Decision No 62/2004/QĐ-TTg	Credit policy to implement the national campaign on clean water and environmental sanitation in rural areas
20 July 2004	Decision No 134/2004/QĐ-TTg	Supporting policies on land for production, dwelling land, houses and water for poor ethnic minority groups
11 December 2006	Decision No 277/2006/QĐ-TTg	National target programme on water supply and environmental sanitation for rural areas for the period 2006-2010 (NTP II)

## CHAPTER 4:

# THE RIGHT TO EDUCATION AND DEVELOPMENT



## INTRODUCTION

This chapter examines children's right to education and development in Viet Nam. It is guided by Article 28 of the Convention on the Rights of the Child (CRC), which recognises education as a fundamental right and stresses that its achievement is to be ensured progressively and on the basis of equal opportunity.

### **Box 4.1: Key CRC articles relevant to this chapter**

Article 2: Non- discrimination

Article 23: Rights of children with disabilities

Article 28: Children's right to education

- (a) Make primary education compulsory and free to all
- (b) Encourage the development of different forms of secondary education
- (c) Make higher education accessible to all on the basis of capacity by every appropriate means
- (d) Make educational and vocational information and guidance available and accessible to all children
- (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

Article 29: Children's right to the development of their fullest potential

Article 31: Children's right to cultural, artistic, recreational and leisure activities

Article 29 of the CRC stipulates that education should allow children to achieve their full potential and develop respect for human rights. Article 31 respects children's right to participate in age-appropriate cultural, artistic and recreational activities to enhance their well being.

The right to education is also supported by international commitments, most notably Education for All (EFA) and the Millennium Development Goals (MDGs). Education for All was agreed by 155 countries, including Viet Nam, and by representatives from some 150 governmental and non-governmental organisations at the world conference in Jomtien, Thailand, in 1990. EFA reaffirmed the human right to education, and called specifically for primary education to be made accessible to all children and for massive reductions in illiteracy before the end of the decade.

The Dakar Framework for Action, adopted by 164 governments at the World Education Forum in Dakar, Senegal in 2000, pledged to expand learning opportunities for every child, youth and adult, and to meet targets in six areas by 2015: (i) early childhood care and education; (ii) universal primary education; (iii) learning needs of young people and adults; (iv) adult literacy; (v) gender; and (vi) quality.

Universal Primary Education and gender parity in all levels of education are addressed in the Millennium Development Goals (MDGs), which set out a series of time-bound targets with a deadline of 2015.

Education, particularly of girls, contributes to the realisation of other rights. Girls' education is closely associated with reduced child and maternal mortality, improved child nutrition and health, reduced fertility rates, enhanced domestic roles and political participation for women. It is also associated with improved economic productivity and

growth, and girls being better protected against HIV and AIDS, abuse and exploitation. Education, therefore, is not only a right in itself, but is also a means for the child to attain other rights, such as rights to health, nutrition, protection, and participation.

This chapter gives an overview of the current situation regarding children's education and development in Viet Nam, followed by discussions on early childhood primary, and secondary education,<sup>275</sup> education for children with special needs, and cultural, recreational and sporting activities. A causality analysis looks to wider causes that deprive children of rights in the education system. The roles and capacities of duty-bearers are also examined.

## 4.1 Overview of the Right to Education in Viet Nam

The Constitution of Viet Nam guarantees education as a right (Article 59) and stipulates that the State, society and the family are responsible for the protection, care and education of children (Article 65), as shown in Box 4.2.

### **Box 4.2: Key articles of the Constitution of the Socialist Republic of Viet Nam**

Article 5: Ethnic communities have the right to use their own language and writing.

Article 35: Education development is a primary national policy. Education's objective is to foster and nurture the personality, human qualities and capability of the citizen, to train a body of skilled dynamic and innovative workers imbued with national pride and good virtues and the resolve to strive to build a strong and prosperous nation, so as to meet the needs of nation-building and defence.

Article 36: The State gives priority to investment in education and encourages other sources of investment therein. The State carries out a policy of priority for development of education in the mountainous regions, ethnic minority areas and especially difficult areas.

Article 59: Education is a right and obligation of citizens. Primary education is to be compulsory and free of charge. Citizens have the right to general and vocational education in various forms. The State and society are to provide conditions for children with disabilities and other specially disadvantaged children to enjoy appropriate general and vocational education.

Article 63: Equal rights and no discrimination against women.

Article 65: The State, society and the family are responsible for the protection, care and education of children.

The current Education Law, amended and approved at the seventh session of the National Assembly in June 2005, came into effect on 1 January 2006, replacing the 1998 Education Law. The Law comprises 120 articles covering regulations; the national education system; schools and other educational institutions; teachers; learners; state management of education; awards, handling of violations; and implementing provisions. The Law on Protection, Care and Education of Children (enforced in 1991 and amended in 2004), addresses the responsibilities of the Government, line ministries and organisations on the protection, care and education of children.

The Government of Viet Nam's commitment to education is reflected in the fact that education is a fundamental part of its development strategies and plans, such as the Comprehensive Poverty Reduction and Growth Strategy (CPRGS), the Socio-Economic Development Strategy (SEDS) for 2001-2010 and the Five-year Socio-economic Development Plan for 2006-2010. Strategies and plans specific to education include

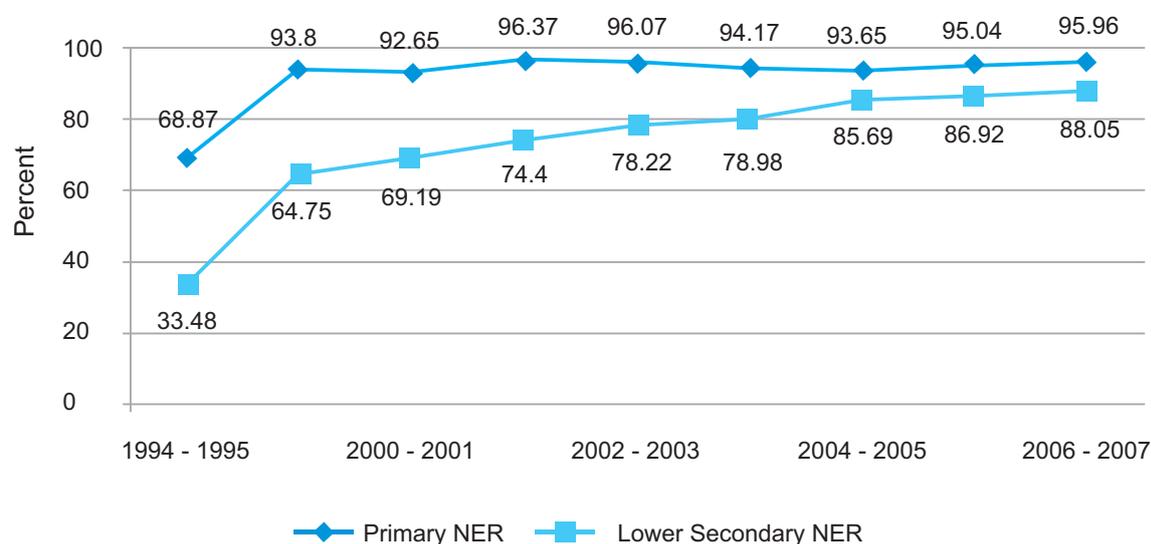
<sup>275</sup> Primary and secondary education are put together under one section, as both fall under the same category of general education in the 2005 Education Law

the Education Development Strategic Plan for 2001 - 2010, and the National Target Programme on Education and Training (2008).

The SEDS for 2001 - 2010 called for radical changes in education to provide the human resources needed during the country's industrialisation and modernisation. The Education Development Strategic Plan for 2001-2010 set three main goals: to modernise education; to produce highly qualified personnel in the fields of science and technology and business management, as well as skilled technical workers; and to be innovative at all levels of education with more and better teachers, improved education management, and a stronger legal framework around education. Seven areas have been identified to reach the goals: (1) renovation of objectives, content and curriculums; (2) development of teaching staff to modernise teaching methods; (3) renovation of education management; (4) improvement of the national education system and development of the school network; (5) increase financial resources and infrastructure for education; (6) strengthen social participation; and (7) strengthen international cooperation.

In 2003, the Government adopted the National Plan of Action on Education for All 2003-2015.<sup>276</sup> This aims to ensure that by 2015 all children (especially girls in need of special protection, the most disadvantaged, and children of ethnic minority groups) will have access to high quality education. Viet Nam's commitment to eliminate gender inequalities in education is articulated in the National Plan of Action on Education for All (EFA) and MDG Goal 3, which endeavour to eliminate gender disparity in primary and secondary education and achieve gender equality in education by 2005 and 2015, respectively.

**Figure 4.1: Trends in primary and lower secondary school net enrolment rates, 1994 - 1995 to 2006 - 2007 (in percentage)**



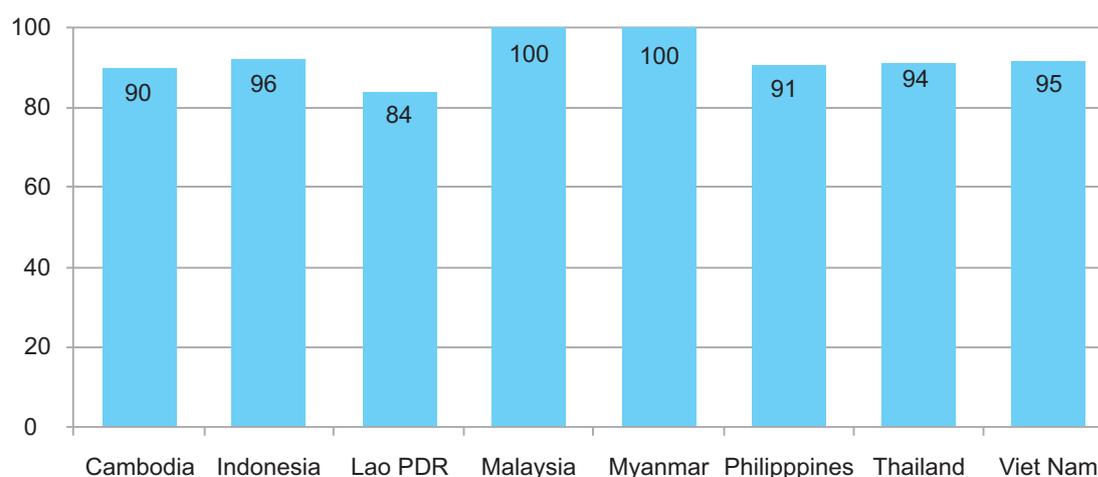
Source: GSO (2009) Viet Nam Development Database [online] Available at: <http://vdd.gso.gov.vn/> [Accessed 14 June 2010]

<sup>276</sup> MOET (2003) National Education for All (EFA) Action Plan 2003 - 2015

The country has made significant progress since 1994. The enrolment rates for primary and secondary school both increased sharply during the period from 1994/95 to 1999/2000 (Figure 4.1); primary school enrolment increased from 69 per cent to 94 per cent, and lower secondary enrolment increased from 34 per cent to 65 per cent. Both primary and lower secondary net enrolment rates have been maintained at high levels.

Viet Nam performs well in comparison with other countries in Southeast Asia. For instance, the country's primary school net enrolment rate (NER) in 2006 was 95 per cent, which is higher than countries that have higher GDPs, such as the Philippines and Thailand (Figure 4.2).

**Figure 4.2: Primary school net enrolment rates in Southeast Asia, 2006 (in percentage)**



Sources: UNESCO (2010) *EFA Global Monitoring Report 2009*, for all countries except Viet Nam. For Viet Nam: GSO (2009) *Viet Nam Development Database - Updated July 2009*.

#### 4.1.1 Duty-bearers in the education system

Viet Nam's education and training system is divided into four levels:

- pre-school, for children from 3 months to 6 years of age;
- general education, consisting of five years of primary (Grades 1-5), four years of lower secondary (Grades 6-9) and three years of upper secondary education (Grades 10-12);
- technical and vocational education (professional education);
- higher education.

Duty-bearers in the education sector include government ministries, political, social, professional and mass organisations and local communities.

#### 4.1.1.1 Government Ministries and Mass Organisations

The Education Law states that the State should manage the national education system; focus on education quality; decentralise education management; and strengthen the autonomy and accountabilities of educational institutions.

The Ministry of Education and Training (MOET) is the government agency charged with nation-wide state management of all levels of education; implementing the function of state management in public services; and acting as the owner of state capital in businesses within the legal management area of the Ministry. The 2005 Education Law states that other ministries and ministerial-level agencies are responsible for cooperating with the Ministry of Education and Training according to their competencies.

According to the 2005 Education Law, the Government submits decisions on major guidelines affecting learning rights and duties of citizens to the National Assembly. It also has to submit any revised curriculum for review and approval, and it reports on the education budget and operations every year.

The Law also states that the People's Committees at various levels are responsible for: ensuring financial conditions, infrastructure, teachers and teaching equipment for public educational institutions under their management; meeting demands for expansion and improving the quality and efficiency of education in their localities. The Provincial People's Councils set tuition and admission fees for public educational institutions in each province according to proposals of the People's Committee at the same level.

Tuition and admission fees for central educational institutions are set by the Ministry of Finance (MOF) in co-ordination with the Minister of Education and Training and heads of the State management agencies for vocational training.

The Law further specifies that State agencies, political and similar organisations, People's armed forces units and all citizens have various responsibilities, such as:

- a) Helping schools to organise educational and research activities;
- b) Helping to create a healthy educational environment and preventing activities which may have negative effects on youth and children;
- c) Supporting learners in healthy recreational, cultural, sporting and athletic activities;
- d) Contributing labour, resources and finance for educational development according to their capacities.

The Law also sets out the responsibilities of the Viet Nam Fatherland Front Committee and its member organisations to mobilise people in the cause of education. The Ho Chi Minh Communist Youth Union is charged with coordinating with schools in the education of youth and children and mobilising its members and young people to set examples in learning, training and participation in education.

#### 4.1.1.2 Political, social, professional, mass organisations and local communities

The presence of political, social, professional and mass organisations is still relatively new. They are usually founded by local people or those who have specific interest in social issues and certain groups of children for example, orphans affected by HIV and AIDS, or children with disabilities.

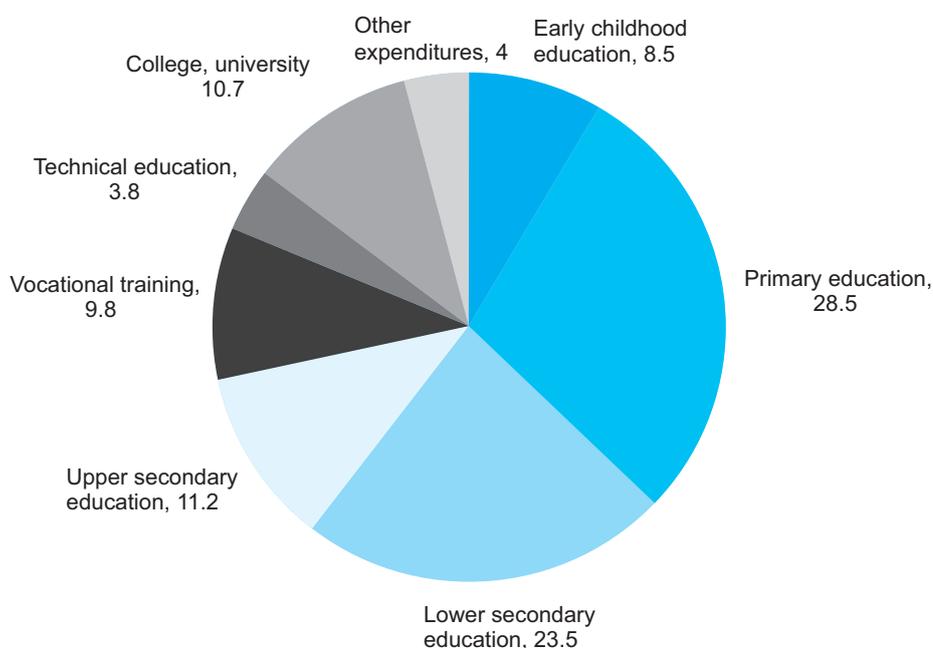
The Education Law states that parents or guardians are responsible for enabling children under their guardianship to learn, train and participate in school activities. It also affirms that all family members are responsible for creating a favourable environment for the holistic (moral, intellectual, physical and aesthetic) development of their children. Adults are responsible for educating, setting examples, and working with schools to improve the quality and efficiency of education. The Law also states that a representative committee of parents should be established, nominated by parents or guardians in each class or school to liaise with schools on educational issues.

#### 4.1.2 Budget allocation and financial management

Viet Nam’s education system relied wholly on the state budget until its transition to the current socialist-oriented market economy. Resources are now also available from tuition, admission and registration fees; charges from consulting work and technology transfer; income from businesses and services of educational activities; domestic and overseas investments in educational institutions; and funding from local and international organisations and individuals (as regulated by law).<sup>277</sup>

The State budget for education and training has increased following the high and stable growth rate of GDP. Education and training spending as a share of GDP was 3.2 per cent in 2001 and increased to 4.7 per cent in 2007. The share of education and training expenditure within the state budget increased from 13 per cent in 2001 to 16 per cent in 2007.<sup>278</sup> The Education Development Strategic Plan 2001-2010 indicates that the Government’s strategy is to increase the percentage of the state budget allocated to education to at least 20 per cent by 2010.<sup>279</sup>

**Figure 4.3: Allocation of State Budget in the education sector by level of education in 2008 (in percentage)**



Source: MOET (2009) *Education Financing Mechanism Innovation Project 2009-2014*

<sup>277</sup> Nguyen Quang Kinh, Nguyen Quoc Chi (2008) *Education in Viet Nam: Development History, Challenges, and Solutions*

<sup>278</sup> World Bank (2008) *Viet Nam Development Report 2009: Capital Matters*

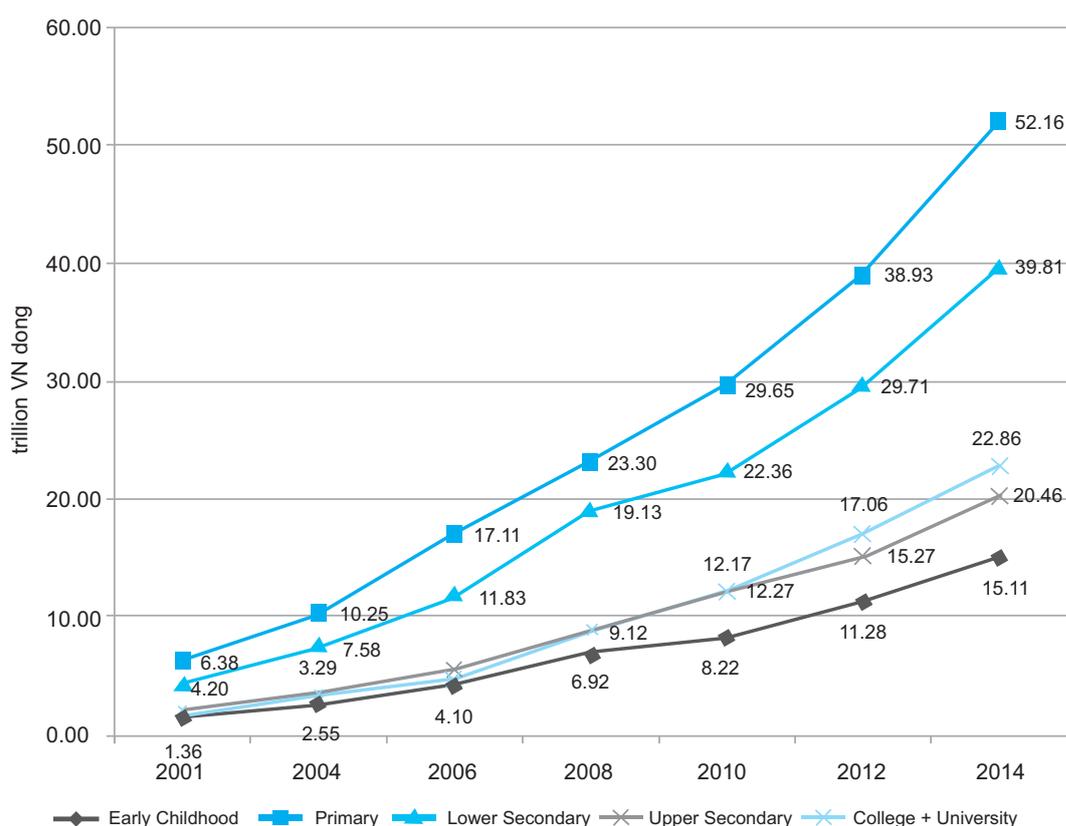
<sup>279</sup> MOET (2009) *Education Financing Mechanism Innovation Project 2009-2014*

Within the education and training sector, primary education has consistently received the largest share of the state budget for education, followed by lower secondary education. In 2008, the total state budget for education was 81,419 billion VND (USD 4,568.71 million<sup>280</sup>), with the share for primary being 23,204 billion VND (USD 1,302.06 million) or 28.5 per cent of the total, as shown in Figure 4.3.<sup>281</sup> Early Childhood Education (ECE) received 8.5 per cent of the total education budget, ranked second lowest. The majority of recurrent spending in the Education sector is on salary and wages.<sup>282</sup>

MOET estimates that the state budget for education will continue to increase and reach 184,311 billion VND (USD 10,342.34 million) by 2014, more than double the amount spent in 2008 (Figure 4.4). Primary education is expected to continue to receive the largest share; but it will be reduced by half a percentage point by 2014, followed by lower secondary with 22 per cent.

While the shares for primary and secondary are projected to stay the same, the share for college and university is expected to increase from 10.7 per cent in 2008 to 12.4 per cent by 2014. This reflects the country's demographic trend, as well as the increasing demands for tertiary education, as the country progressively advances its population's educational attainment.

**Figure 4.4: Breakdown of State education budget by level of education in trillion VND: 2001 - 2008 (actual) and 2010 - 2014 (projected)**



Source: MOET (2009) *Education Financing Mechanism Innovation Project 2009 - 2014*

<sup>280</sup> Amount in USD for this chapter is calculated at UN exchange rate of 17,821 VND = USD 1 on 30 September 2009

<sup>281</sup> MOET (2009) *Education Financing Mechanism Innovation Project 2009 - 2014*

<sup>282</sup> World Bank (2005) *Viet Nam, Managing Public Expenditure for Poverty Reduction and Growth Volume II: Sectoral Issues Public Expenditure Review and Integrated Fiduciary Assessment*

### 4.1.3 Decentralisation and education management

State budget management in education is becoming more decentralised, which provides greater autonomy to local government and educational training institutions.<sup>283</sup> Local authorities are responsible for budget allocations to basic education and locally-managed training institutions. MOET is responsible for the state management of early childhood education and of primary and secondary education, while MOLISA manages vocational education.

District People's Committees are responsible for managing primary and lower-secondary schools, while Provincial People's Committees are responsible for upper-secondary schools. The Provincial Department of Education and Training provides education sector management support to the Provincial People's Committee. The District Bureau of Education and Training provides management support to the District People's Committee.

Recently, increasing attention has been paid to the problem of corruption in the education system, with cases being reported by the national media. There is some evidence of various forms of corruption, including paying bribes to ensure students receive good marks, demanding that parents pay fees for extra classes, and unethical practices in the recruitment and promotion of teachers. Cases of embezzlement and theft of school property by school administrators have also been reported.<sup>284</sup> To eliminate cheating and academic corruption, MOET took the initiative in 2007 to undertake a Two No's campaign "No cheating and No false records".

### 4.1.4 Socialisation of education

The 2005 Education Law states that: (a) it is the responsibility of the State and of the whole population to build a learning society; (b) the State will diversify schooling types and modes of education, and encourage organisations and individuals to develop education; and (c) education is the responsibility of all organisations, families and citizens.

With socialisation, the provision of semi-public and non-public education has expanded considerably. The proportion of non-public pre-schools and kindergartens increased from 30 per cent in 1994 to 58 per cent in 2004.<sup>285</sup> The proportion of pupils in non-public upper secondary schools increased from 20 per cent in 1994 to 21.2 per cent in the 2008-2009. In the 2008-2009 academic year, only 0.6 per cent of primary and 0.3 per cent of lower secondary schools were non-public, while 20.8 per cent of the upper secondary schools were non-public (Table 4.1).

**Table 4.1: Proportion of public and non-public schools and pupils by level of compulsory education, 2008 - 2009 school year (in percentage)**

Type	Primary		Lower Secondary		Upper Secondary	
	Schools	Pupils	Schools	Pupils	Schools	Pupils
Public	99.4	99.4	99.7	98.9	79.2	78.8
Non-public	0.6	0.6	0.3	1.1	20.8	21.2

Source: MOET statistics for school year 2008-2009 [online] Available at: <http://www.moet.gov.vn/?page=11.11&view=1579>

<sup>283</sup> World Bank (2005) *Ibid.*

<sup>284</sup> Nguyen Dinh Cu (2007) *Corruption in General Education in Viet Nam Institute of Population and Social Studies, National Economics University*

<sup>285</sup> Nguyen Quang Kinh, Nguyen Quoc Chi (2008) *Education in Viet Nam: Development History, Challenges, and Solutions*

Although the aim of socialisation is to mobilise society's resources (besides government investments), it is interpreted in most localities as mobilising primarily the resources of service-users to meet funding gaps.

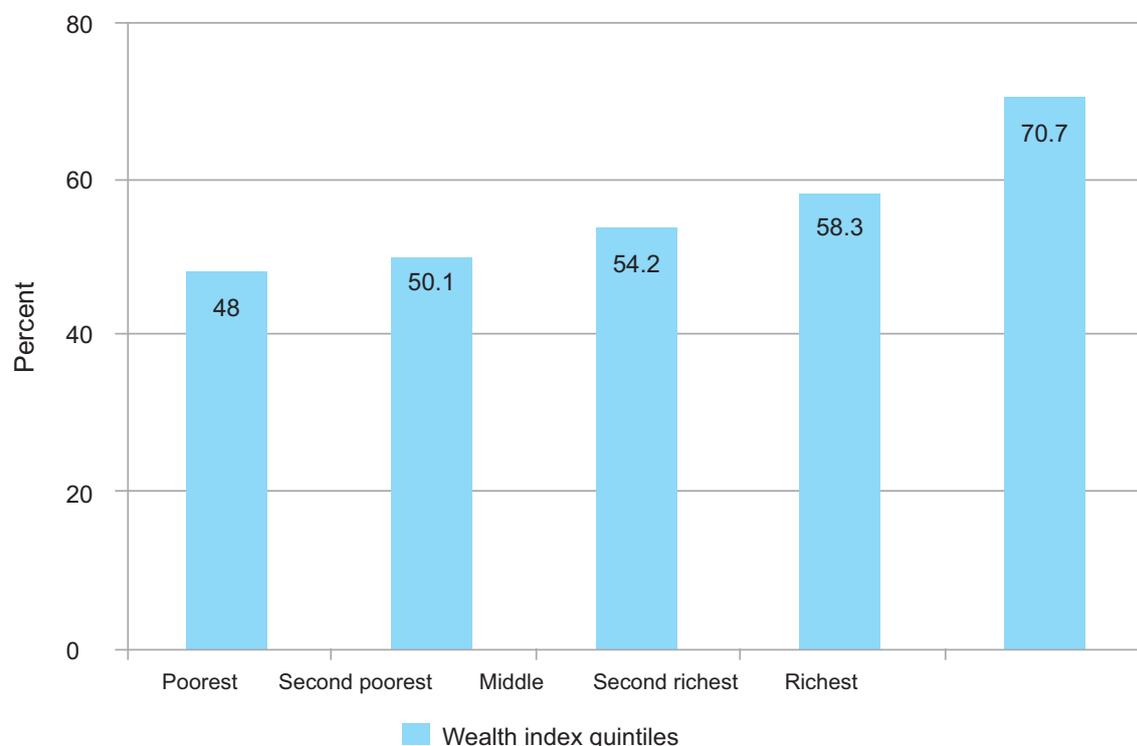
## 4.2 Early childhood development and education

The definition of 'early childhood' varies internationally, but the CRC Committee considers that all young children from birth through infancy, throughout pre-school years and in transition to primary school fall into this category.<sup>286</sup>

The 2006 MICS showed that in the three days prior to the survey being undertaken, about 57 per cent of children under five had engaged in at least four activities with adults that promote learning and school readiness. Such activities include reading or looking at picture books; storytelling; singing songs; trips outside the home etc.

More adults in urban areas were found to be engaged in these activities with children than in rural areas, and strong differentials were noted between regions and socio-economic status of households.<sup>287</sup> Adult involvement in learning activities with younger children was greater in the Red River Delta (64 per cent) and lowest in the North West (45 per cent) and the Mekong River Delta (48 per cent). The richest households had the highest percentage of learning activities (over 70 per cent); the poorest had the lowest (under 50 per cent), as shown in Figure 4.5.

**Figure 4.5: Percentage of children aged 0 - 59 months for whom household members are engaged in activities that promote learning and school readiness by wealth index quintiles, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

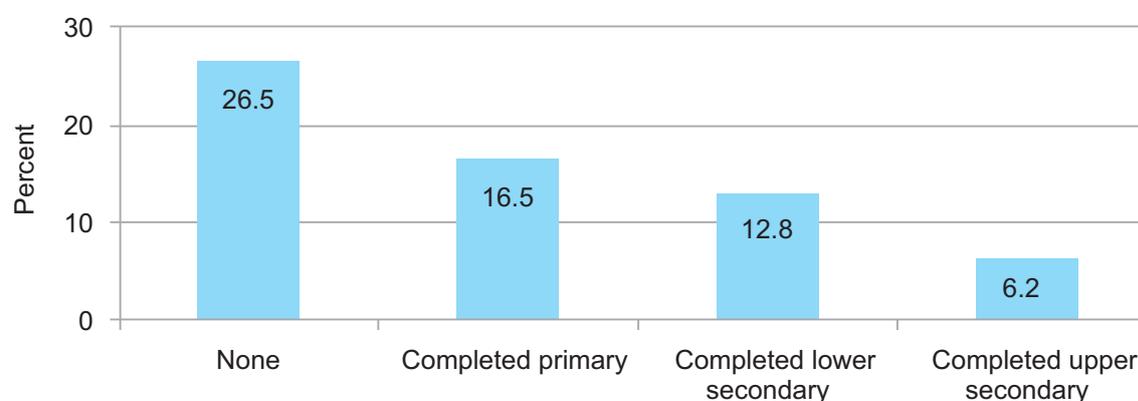
<sup>286</sup> UN Committee on Rights of the Child (2005) *General comment 7, CRC/C/GL/7*

<sup>287</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

Together with parents, older siblings and other family members such as grandparents also provide care for younger children, in both urban and rural areas. Nevertheless, some young children are not properly supervised. The 2006 MICS showed that 19 per cent of children under 5 years of age were left alone or in the care of another child younger than 10 years of age in the week preceding the survey.

More girls (20 per cent) than boys (17 per cent) were found to be left with inadequate care, as were more children in rural areas (22 per cent) than in urban areas (10 per cent). However, the most decisive factor is the mother's level of education (Figure 4.6). Of young children left in the care of children under the age of 10 years, more than a quarter had mothers with no formal education, whereas only six per cent of them had mothers educated to upper secondary level.

**Figure 4.6: Percentage of children aged 0 - 59 months left alone in the care of children under the age of 10 years in the past week, by mother's level of education, 2006**



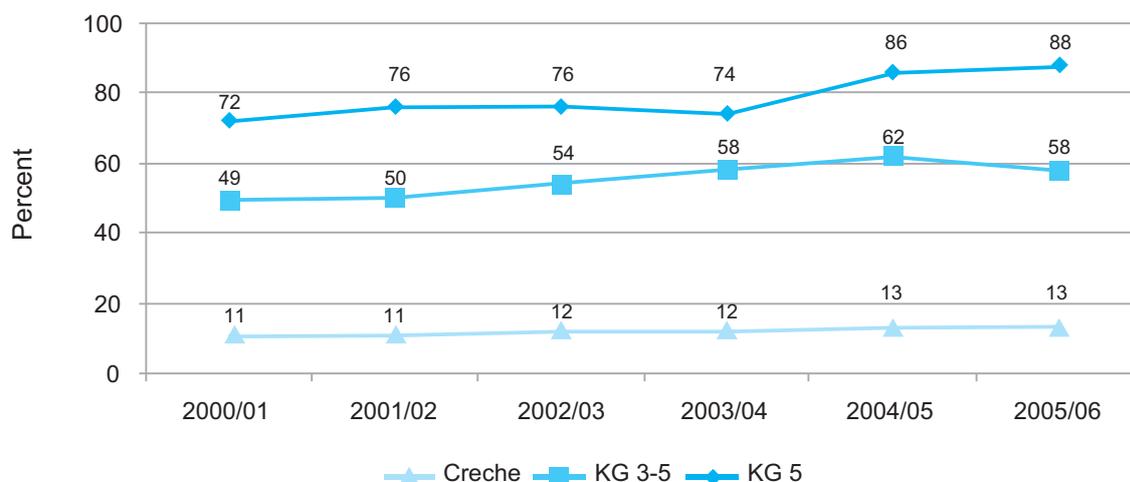
Source: GSO and UNICEF Viet Nam (2007) MICS 2006

#### 4.2.1 Pre-school Enrolment

According to the Early Childhood Education Department School Year Report 2008/09, gross enrolment of children less than 3 years of age is 20 per cent, among 3-5-year-olds it is 79 per cent, and among 5-year-olds it is 99 per cent.

The enrolment rates in Early Childhood Education institutions increased in the five years from 2000/2001 to 2005/2006. The enrolment rate in crèche increased from 11 to 13 per cent; pre-school enrolment among 3-5-year-olds increased from 49 to 58 per cent; and the percentage of five-year-olds in pre-schools increased from 72 to 88 per cent (Figure 4.7).

**Figure 4.7: Trends in gross enrolment rates in Early Childhood Education, 2000 - 2001 to 2005 - 2006**



Source: UNESCO (2008) *Asia and the Pacific Education for All (EFA) Mid-Decade Assessment: Mekong sub-region Synthesis Report*

The 2006 MICS showed that attendance rates differ significantly between urban and rural areas, with 75 per cent of urban children attending pre-school compared to 51 per cent of rural children. There are also gender differentials, with 53 per cent of boys attending compared to 61 per cent of girls.

More than 80 per cent of children from the wealthiest families attend pre-school, while the rate among children from the poorest families is as low as 36 per cent (Figure 4.8).

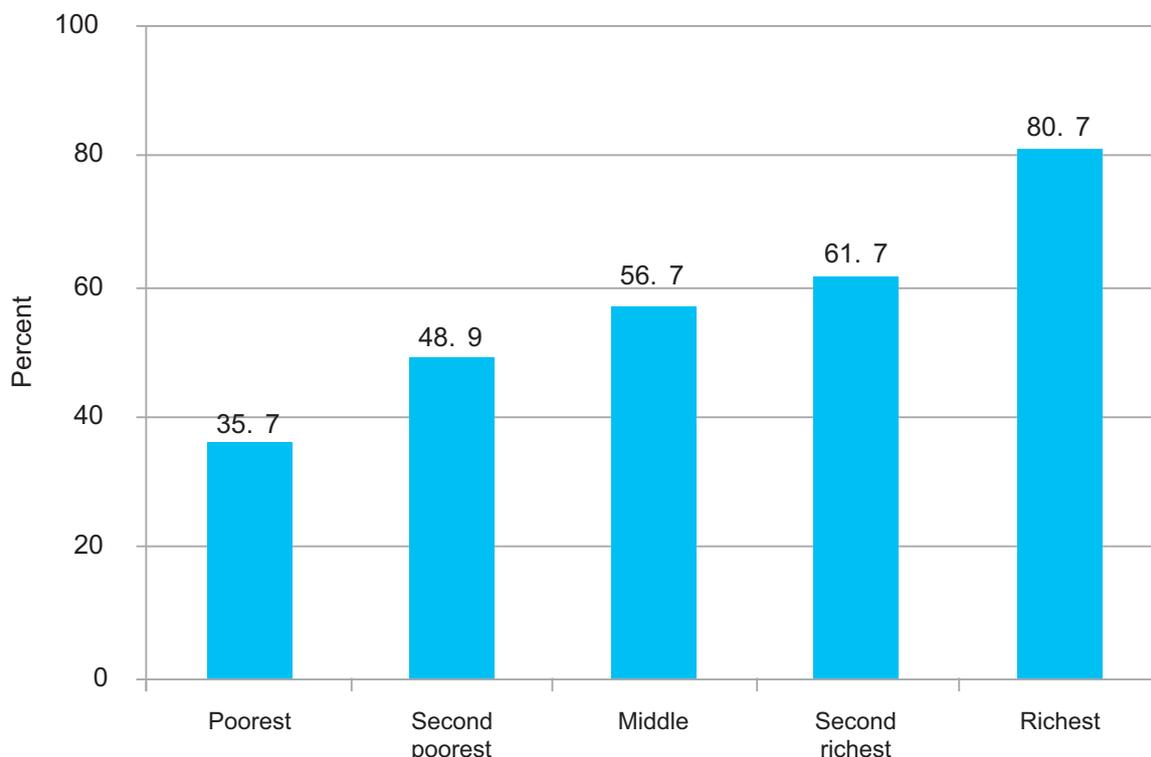
The education level of the mother also plays a critical role in determining pre-school enrolment. The enrolment rates among children whose mothers have no education or only primary schooling were 47 per cent and 52 per cent, respectively, while the rate among children whose mother had lower secondary education was 72 per cent. The rate was even higher (83 per cent) for mothers who had had upper-secondary education.

This correlation between enrolment rates and mother's level of education suggests that educated parents are in a better position to send their children to pre-school than parents with limited education and/or they are more aware of the importance of pre-school education.

The proportion of children in the first grade of primary school who previously attended pre-school is another important determinant for assessing school readiness. Overall, it is estimated that, in 2006, 87 per cent of children attending first grade had attended pre-school the previous year. There were no major differences between rural and urban areas or significant regional differentials, with the exception of the Mekong River Delta where only 69 per cent had attended pre-school.<sup>288</sup>

<sup>288</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

**Figure 4.8: Percentage of children aged 36 - 59 months who are attending some forms of organised Early Childhood Education programme by wealth index quintiles, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

#### 4.2.2 National response to early childhood development and education

The Education Law of 2005, Article 21, states that the purpose of ECE is to nurture, care, and educate children from 3 months to 6 years of age. Its objectives are to help children develop physically, emotionally, intellectually and aesthetically, shaping the initial elements of personality as well as preparing children for primary school. ECE institutions include crèches (for children from three months to three years of age), kindergartens (3-6 years of age); and 'young sprout' schools that combine crèches and kindergartens for the whole pre-school age range.

In 1999, the budget for ECE was only 5.4 per cent of the national budget for education. However, its share grew steadily to 8.5 per cent in 2008.<sup>289</sup>

MOET states that in the future, the goals, tasks and methods of ECE should be:<sup>290</sup>

- The first education level of the national education system, contributing to making Vietnamese people broadly and comprehensively educated.
- Appropriate to ages and regions. Its contents and methods should be consistent and relevant to primary and secondary education.
- Practical and up-to-date.

<sup>289</sup> MOET (2008) *Education Financing Mechanism Innovation Project 2009-2014*

<sup>290</sup> MOET (2006) *Early Childhood Education in Viet Nam [online]*

- Provided equally, with no discrimination against children in remote and disadvantaged areas. Kindergarten education is to be given appropriate priority, particularly for 5-year-olds.
- Improved in terms of facilities and teacher training, under the responsibility of the State.
- The State is to pay more attention to ECE, particularly in poor rural areas

The new Charter of Kindergarten School (Decision no. 14/2008/QĐ-BGDĐT issued on 7 April 2008 by MOET) specifically states that all early childcare services should create the best education environment for young children with disabilities so they can join other children in pre-school and kindergarten classes.

#### 4.2.3 Causality analysis: early childhood development and education

The 2006 MICS revealed a significant number of young children, especially those under 3 years of age, not being sufficiently cared for during their early years. Most of these children were found in rural areas and in the more remote regions, particularly among ethnic minority groups. One reason for this is the poor awareness by parents of the value of early childhood development. In many cases it is further attributed to the parents' (particularly the mothers') low level of education.

Other immediate causes are a lack of access to books and toys and, in poorer households, the fact that adults are preoccupied with earning a living. Although wealthier families may also be burdened with long working hours, they are likely to be able to afford to send their younger children to pre-school, where they will engage with other children and adults, and have access to play equipment.

The 2006 VHLSS showed that approximately 28 per cent of households said that the lack of facilities was the biggest challenge in providing ECE, even though the number of classrooms for pre-school children was increasing at the time. Between 2005 and 2008 the number of concrete classrooms increased by more than 10,000 (although this was accompanied by a corresponding decrease - by 8,000 - in semi-concrete classrooms). However, the number of temporary classrooms went up (the percentage increasing from 11 to 13 per cent as shown in Table 4.2).

**Table 4.2: Number of pre-school classrooms by type of construction, 2005 to 2008**

Construction type	2005	2006	2007	2008
Concrete	34,798	36,598	36,598	44,991
Semi-concrete	60,752	56,570	56,570	52,327
Temporary	11,990	11,370	11,372	14,877
Total	107,540	104,538	104,540	112,195
Proportion of temporary classrooms (rounded %)	11	11	11	13

Source: MOET (2009) *Education Financing Mechanism Innovation Project 2009-2014*

MOET has identified three main challenges facing ECE.<sup>291</sup> The first is the shortage of qualified teachers. The second challenge is the shortage of adequate facilities and materials for play and learning (only a quarter of classrooms have acceptable teaching aids and toys). The third and most significant challenge according to MOET is how to balance the need for increases in both quantity and quality of teachers and facilities.

Another challenge is insufficient data on early childhood. There has been no systematic study to examine the demand for ECE or to identify existing family care practices. In order to ensure evidence-based planning and develop targeted interventions, MOET's leadership in collecting and analysing more information is expected.

MOET has developed mechanisms to monitor the quality of institutions that provide care for young children, but their application has been limited. MOET's Early Learning and Development Standards (ELDS) should respond to this challenge, once finalised and implemented. ELDS is an instrument to assess a child's learning and development, and it allows education authorities to examine the quality of care provided by institutions. Implementation of the new pre-school curriculum issued in 2009 will also help respond to this challenge, as the new curriculum is expected to help managers improve the quality of pre-school institutions.

#### 4.2.4 Roles and capacities of duty-bearers

MOET is the official body responsible for supervising and coordinating early childhood education and for developing programming strategies, guidelines and standards for ECE .

The Government of Viet Nam has identified various responsibilities for each of the relevant stakeholders, as follows:<sup>292</sup>

##### 1) Ministry of Education and Training

- Presiding and coordinating with other related Ministries and agencies to develop detailed project activities and to make the contents of the National ECE development project ready for implementation;
- Coordinating with the Ministry of Planning and Investment to develop an investment programme for ECE development objectives to be implemented in the period 2006-2015; submitting this to the Prime Minister for approval;
- Monitoring and regularly reporting to the Government and Prime Minister on project implementation;
- Coordinating with other Ministries in ECE-related communication
- Overseeing enrolment figures;
- Guiding and fostering care and education skills;
- Controlling the quality of ECE; compiling textbooks for teachers;
- Overseeing educational management;
- Disseminating knowledge about the care of young children.

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<sup>291</sup> MOET (2006) *Early Childhood Education in Viet Nam* [online]

<sup>292</sup> MOET (2006) *Early Childhood Education Project Document*

## 2) Ministry of Planning and Investment

- Presiding and coordinating with MOET to appraise and submit the ECE Target Programme for 2006-2010 to the Prime Minister for approval;
- Coordinating with the Ministry of Finance and MOET to develop an investment programme for ECE at sub-national levels and systematically revise the ECE budget.

## 3) Ministry of Finance

- Ensuring budget is available for ECE implementation; financial monitoring of activities;
- Presiding and coordinating with MOET and related authorities to improve and provide guidelines for local ECE budget forecasts and other financial policies to implement ECE programmes.

## 4) Ministry of the Interior

- Presiding and coordinating with MOET and other related Ministries and sectors to establish new norms for ECE teachers and develop policies to implement the ECE development project.

## 5) Ministry of Health

- Presiding and coordinating with MOET in programmes such as vaccination, disease control; integration of health and nutrition care with ECE teacher programmes;
- Coordinating with MOET to disseminate knowledge and skills, and provide in-family child care and education services.

## 6) Ministry of Labour, Invalids, and Social Affairs

- Presiding and coordinating with MOET to establish, inspect and monitor the performance of social security, health insurance and other social policies for ECE teachers and children in ECE age range;
- Presiding and coordinating with MOET to monitor children's rights in ECE reception (formerly under the Committee for Population, Family and Children).

## 7) People's Committees of provinces and cities under central governance

- Developing programme activities, setting concrete objectives and responsibilities for local implementation;
- Directing the planning and construction of pre-primary schools, devising teacher training plans, encouraging children to attend school;
- Directing investment for infrastructure, play, learning and teaching materials to implement the ECE programme; ensuring the budget is available for ECE following current national regulations;
- Directing the application and implementation of policies for teacher benefits following national regulations.

8) The Vietnamese Fatherland Front, Viet Nam Women's Union, Viet Nam Learning Promotion Association and other social institutions actively encourage children to enrol in pre-school classes; they also promote communication and dissemination of ECE knowledge to families.

The responsibility for proposing policies related to children and families with children up to the age of two years, formerly under the Committee for Population, Family and Children, lies with MOET, MOLISA, MOH and MOCST (the Ministry of Culture, Sport and Tourism), depending on the nature of the policy.

The ECE's administrative system is divided into three levels: (i) the Department of ECE of MOET; (ii) the Bureau of ECE and the provincial Service of Education and Training; and (iii) district ECE units in charge of crèches, kindergartens, pre-schools, home-based day care centres and parental education.

There are a number of other entities responsible for providing and coordinating early childhood care including local governments and private providers. However, the challenge of improving the capacity of the ECE system to meet the early childhood care and education needs of children from poor and vulnerable households remains.

### 4.3 Primary and secondary education

Net enrolment rates of both primary and lower secondary education have been steadily increasing, as shown in Table 4.3. However, there have been concomitant decreases in completion rates at both levels.

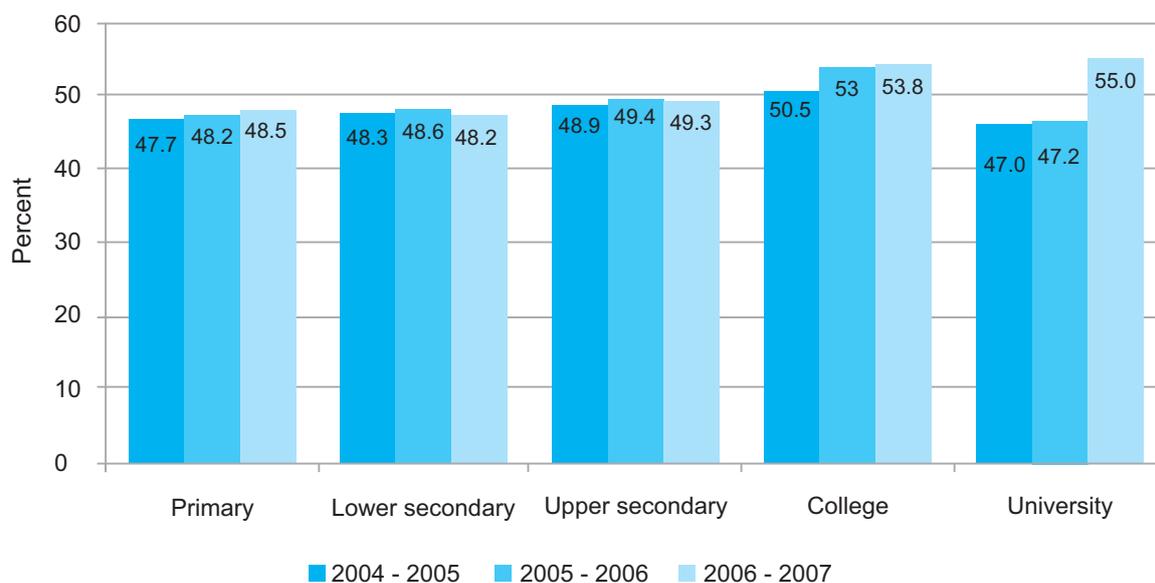
**Table 4.3: Trends in selected indicators of Primary and Lower Secondary Education, 2004 - 2005 to 2006 - 2007 school years**

	2004-2005	2005-2006	2006-2007
Primary NER	94.6	95.0	96.0
Primary completion rate	83.7	92.4	85.6
Lower secondary NER	77.6	76.6	78.3
Lower secondary completion rate	80.6	81.9	76.6

Source: MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

According to the national average, Viet Nam has good gender parity, with almost half the number of students being female in both primary and secondary education. At college and university, there are more female than male students (Figure 4.9).

**Figure 4.9: Proportion of female students at different levels of education, 2004 - 2005 to 2006 - 2007**

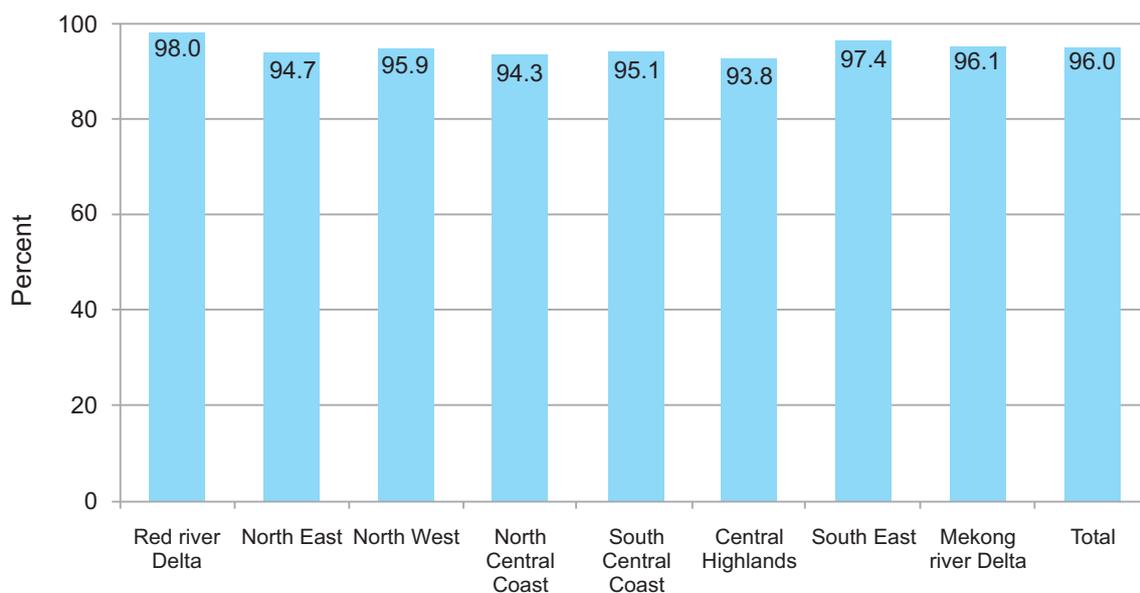


Source: MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

### 4.3.1 Primary education

Children start primary school at six years of age, and remain there for five school grades (years). During the 2006-2007 school year, the primary NER was 96 per cent, of which nearly half (49 per cent) were girls.<sup>293</sup> There was little variation across the country, but the Red river Delta region had the highest rate at 98 per cent, while the Central Highlands region had the lowest of 94 per cent, as shown in Figure 4.10.

**Figure 4.10: Primary net enrolment rates, by region, 2006 - 2007 school year**



Source: MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

<sup>293</sup> MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

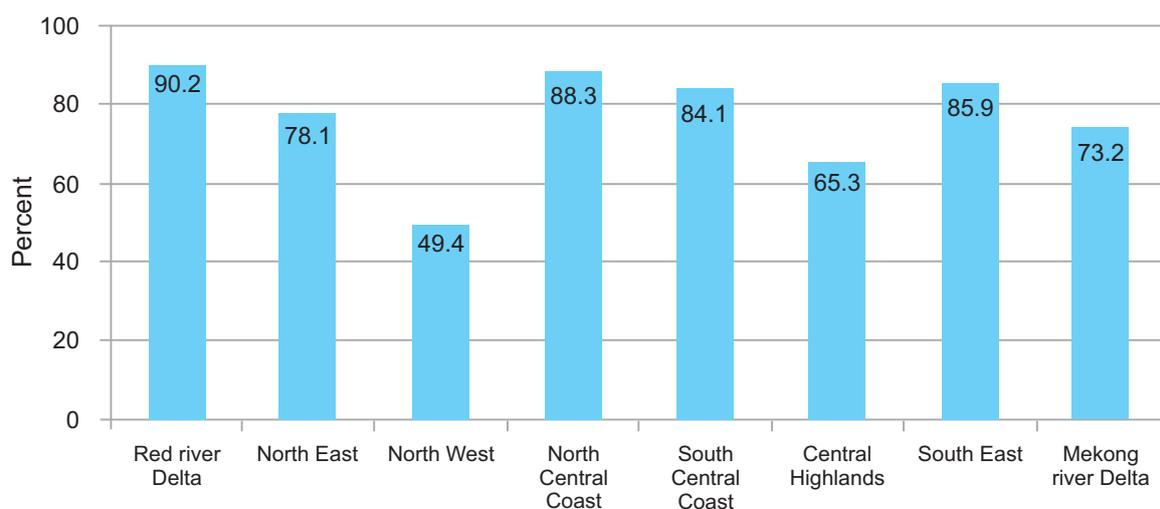
The 2006 MICS showed that during the 2006-2007 school year, 94 per cent of six-year-old children were attending the first grade of primary school, with attendance higher for boys (96 per cent) than for girls (92 per cent).<sup>294</sup> The overall attendance was slightly higher in rural areas (94 per cent) than in urban areas (92 per cent). The survey did not find clear differentials between households of different economic levels.

In the same survey, it was evident that a mother's education level had a positive impact on the child's school attendance in first grade, although it was not of major significance. The Red River Delta region showed the highest percentage of school attendance with 99 per cent, while the two northern mountainous areas had the lowest rates with 87 and 89 per cent, respectively.

The 2006 MICS estimated that most children (98 per cent) starting first grade will reach fifth grade eventually: no significant differentials were found between urban and rural areas. This includes children who have repeated grades in primary school.

However, the 2006 MICS did find significant regional disparity in the completion rate of primary education, as shown in Figure 4.11. The rate was lowest in North West with 50 per cent, followed by Central Highlands with 65 per cent. There was nearly 40 percentage points' difference between the Red river Delta (90 per cent), and North West (49 per cent).

**Figure 4.11: Net primary school completion rates by region, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Almost all children who complete five years of primary school pass on to secondary education - the transition rate is 91 per cent, with no significant differences between regions or between urban and rural areas.<sup>295</sup>

A study on Grade 5 students' performance in Vietnamese and Mathematics, conducted in the 2006-2007 school year, showed great differences between Kinh and ethnic minority students, as shown in Table 4.4.<sup>296</sup> While three-quarters of Kinh students met the standards in Vietnamese, less than half of ethnic minority students could do the

<sup>294</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>295</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>296</sup> MOET (2008) *Study in Grade 5 student achievement in mathematics and Vietnamese language in the 2006-2007 school year*

same. The study also showed that nearly twice as many ethnic minority students (37 per cent) performed below standard in Vietnamese than Kinh students (14 per cent). Similar differences were found in the students' performance in Mathematics.

**Table 4.4: Grade 5 students' learning performance in Vietnamese and Mathematics by ethnicity, 2006 - 2007 school year**

	Vietnamese			Mathematics		
	Score range	Kinh	Ethnic Minority	Score range	Kinh	Ethnic Minority
Reaching standards	From 23 to 40	75.3	47.8	From 25 to 40	78.7	49.9
Near standards	From 19 to <23	10.4	15.0	From 20 to <25	11.9	20.3
Below standards	From 0 to <19	14.3	37.1	From 0 to <20	9.4	29.8

Source: MOET (2008) *Study in Grade 5 student achievement in mathematics and Vietnamese language in the 2006-2007 school year*

### 4.3.2 Secondary education

In Viet Nam secondary education is divided into lower and upper levels; the former including children from 11-14 years old (Grades 6-9) and the latter including children aged 15-17 (Grades 10-12). Since achieving universal primary education, the Government has set the goal of reaching universal lower secondary education by the year 2010.<sup>297</sup>

The 2008 MDG report showed that net enrolment in lower secondary education was 79 per cent during the 2006-2007 school year, with 83 per cent in urban and 78 per cent in rural areas.<sup>298</sup> The Red River Delta had the highest enrolment rate (87 per cent), and the North West had the lowest (61 per cent).

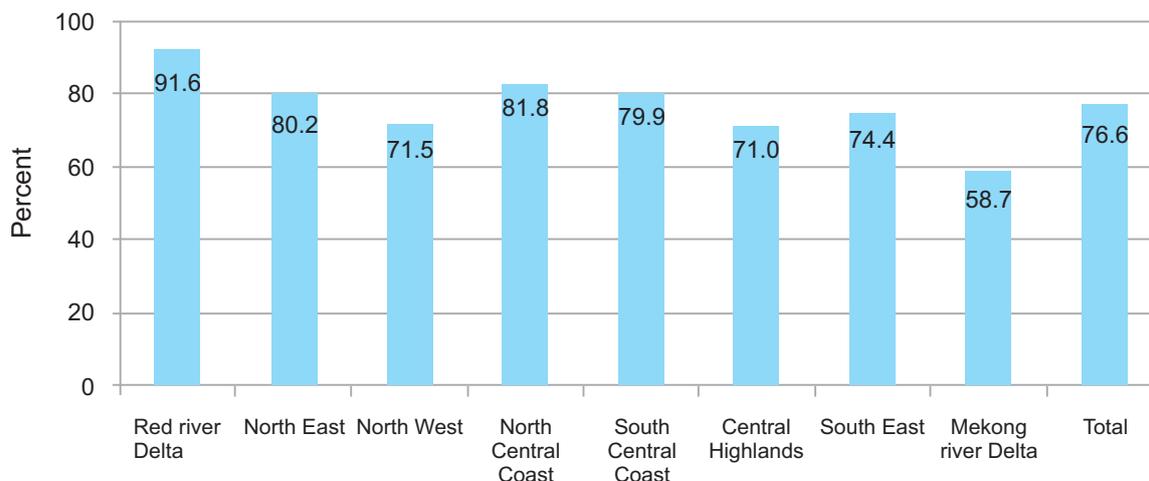
The same report showed that the completion rate of lower secondary education in 2004-2005 was 81 per cent, which increased slightly in 2005-2006) but fell again to 77 per cent in 2006-2007. In the 2006-2007 academic year, the Red River Delta had the highest completion rate (92 per cent) while the Mekong Delta region had the lowest (59 per cent), as shown in Figure 4.12.

The report also indicated that the number of ethnic minority students attending lower secondary schools continued to increase. In 2005-2006, ethnic minority children accounted for 14 per cent of total students, which increased slightly to 15 per cent during the following year. This proportion varied significantly between regions: ethnic minority children accounted for 45 per cent of total students in the North East, 80 per cent in the North West and 30 per cent in the Central Highlands. For the same period, the overall proportion of ethnic minority students attending upper secondary education was ten per cent.

<sup>297</sup> MOET defines 'universal' as, "Mobilising students who complete primary education at 95 per cent for urban communes and towns; and 80 per cent for communes with difficult social economic situations.... Ensuring 90 per cent of lower secondary students at urban communes and towns complete the level and 75 per cent for communes with difficult social economic situation." (MOET (2005) *Universal Lower Secondary Education Manual*)

<sup>298</sup> MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

**Figure 4.12: Lower secondary completion rate, by region, 2006 - 2007 school year**



Source: MPI (2008) Viet Nam continues to achieve Millennium Development Goals

Children not attending lower secondary school may not have abandoned school completely – some are still repeating primary school grades. It was estimated that five per cent of children of lower secondary school age were still attending primary school and that 16 per cent had never attended secondary school or had dropped out.<sup>299</sup>

The 2006 MICS does not show any gender differentials in secondary school attendance in rural areas. However, more girls than boys in urban areas attend lower secondary school (91 and 86 per cent, respectively). In the case of secondary school attendance, attendance rates increased with household economic status and mother’s education level for both boys and girls. Secondary school net attendance rate among children in the poorest households was 60 per cent, while that among wealthiest was 92 per cent. Secondary school net attendance rate among children whose mothers have no education was 66 per cent, compared to 95 per cent of children whose mothers had completed upper secondary education.<sup>300</sup>

#### 4.3.3 National response to primary and secondary education

In 1991, the National Assembly of the Socialist Republic of Viet Nam adopted the Law on Universalisation of Primary Education (UPE), the first Vietnamese education law. Article I stipulates: “The State implements the policy of obligatory UPE from the first to fifth grades to all Vietnamese children from 6-14 years old”.

In 2005, the National Assembly approved the amended Education Law. The Law includes articles and provisions on components of Education for All. Provision 1 of Article 26 stipulates: Primary education is conducted in five years of schooling, from the first to the fifth grade.

Viet Nam’s strong commitment to education has also been demonstrated by the adoption of the National Education for All Strategy in the early 1990s, which established specific national goals and targets for the year 2000. This was followed by the international

<sup>299</sup> GSO and UNICEF Viet Nam (2007) MICS 2006

<sup>300</sup> GSO and UNICEF Viet Nam (2007) MICS 2006

commitment made by the Government of Viet Nam at the World Education Conference in Dakar in 2000 to prepare a long-term plan. The National Education for All Action Plan for 2003-2015 (EFA Plan) specifically states that “the right of all children and adults to education constitutes a central pillar of Viet Nam’s education law and that Viet Nam has devoted considerable efforts and resources to the realisation of this right”. The EFA Plan has four main components: early childhood care and pre-school education, primary education, lower secondary education, and non-formal education.

The EFA Plan assesses in detail the resources required to reach each target and identifies the costs and possible sources of funding. It maintains that the State budget will remain the major funding source for its implementation and that government expenditure on education in relation to GDP is expected to increase from 3.7 per cent in 2002 to 4.2 per cent by 2015. The EFA Plan further anticipates that, given the growth in public revenues, the State budget will be sufficient to finance the education sector to 20 per cent of the Government budget. At the same time, it recognises that an increase in investment may not be sufficient to finance all action programmes fully. Nevertheless, it expects that by modernising the education sector management and through rigorous implementation of the EFA Plan, it may be possible to reach all essential goals by 2015.

In the Education Development Strategic Plan 2001-2010, the Government further strives to shape policies and interventions to maintain UPE, meet the goal of Universal Lower Secondary Education by 2010 and achieve a pre-school enrolment rate of 95 per cent.

One of the sector’s recent priorities was improving the quality of education, which involved reforming the primary and secondary curriculum and establishing national learning benchmarks. In 2008, MOET embarked upon a national emulation campaign, “Child-friendly Schools, Active Students”, with the aim of building a safe and effective education environment suitable to local conditions and meeting social needs. The campaign also promoted pro-activity and creativity of students in learning and in public.<sup>301</sup>

In response to the issue of children who are unable to attend school, alternative education is now being offered through mobile classes, integrated classes, Classrooms of Love (free lessons for poor children) and other means. These models are being made available to children at risk of dropping out, children with disabilities, street children, child labourers, and children of fishermen.<sup>302</sup> However, there was no available data at the time of this situation analysis to assess the number of children these models are serving or to what extent they are succeeding in meeting the children’s learning requirements.

#### 4.3.4 Causality analysis: primary and secondary education

##### 4.3.4.1 School fees and other costs associated with schooling

According to the law, pupils at primary education level in public schools are not required to pay tuition fees. However, there are other costs such as transport, uniforms, and learning materials. Parents are also charged informal fees set by schools or communes at local level, which may include ‘school safety’, ‘school upkeep’ and ‘book rental’. In many poor highland areas, the charge for primary enrolment has been waived for ethnic minority children and children from poor households under the National Target Programme on Poverty Reduction and Programme 135-II.<sup>303</sup> However, school fees

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<sup>301</sup> Directive 40/2008/CT-BGDDT of 22 July, 2008

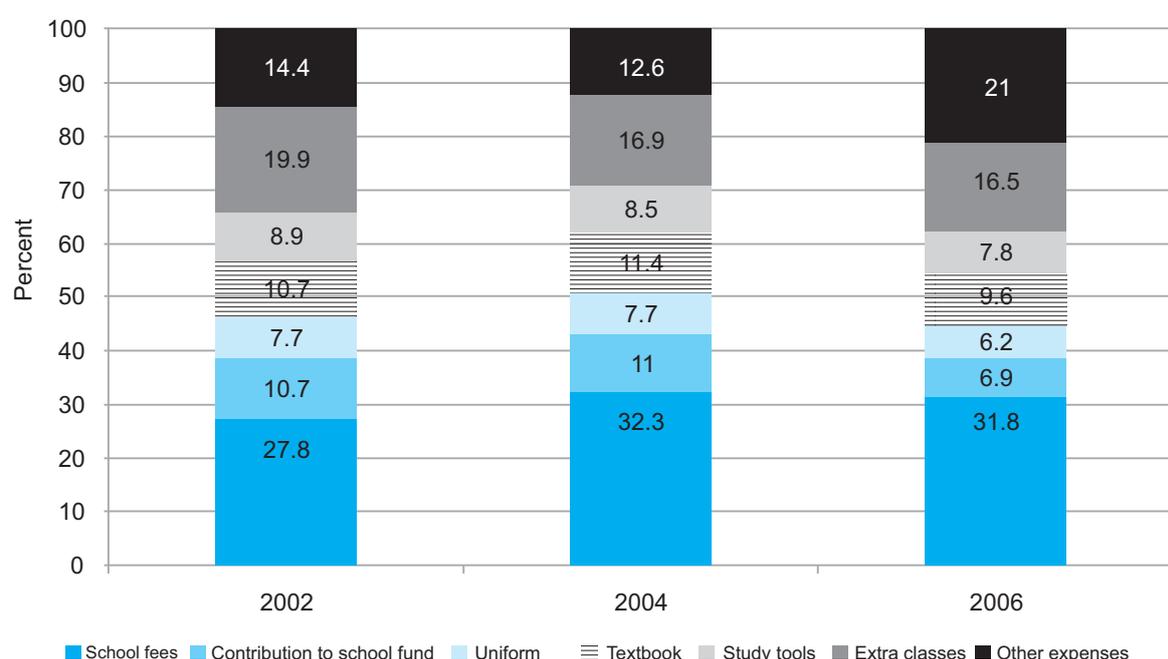
<sup>302</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam’s implementation of document entitled “A World Fit for Children”*

<sup>303</sup> Parents are expected to make both compulsory and voluntary contributions. Compulsory fees include exam fees and construction work at a school – they are considered part of state budget revenues collected and used at school level

remain a challenge for these families. According to research by the World Bank, around 30 per cent of ethnic minority households reported that at least one child had dropped out of school before the completion of a grade, compared to 16 per cent of Kinh.<sup>304</sup> The main reason given for this was the high cost of school fees.

The 2006 VHLSS indicated that the average expense on education and training per household was 1,211,000 VND (about 67 USD) per year: the cost had nearly doubled since 2002. The most expensive item was school fees (in all survey years 2002, 2004 and 2006), amounting to about 30 per cent of total expenditure on education. The share of school fees of the total was 27.8 per cent in 2002, increasing to 32.3 per cent in 2004. It decreased to 31.8 per cent in 2006, but was still higher than the 2002 share (Figure 4.13).

**Figure 4.13: Costs of education: household expenditures on schooling by type of expenditure, 2002 - 2006**



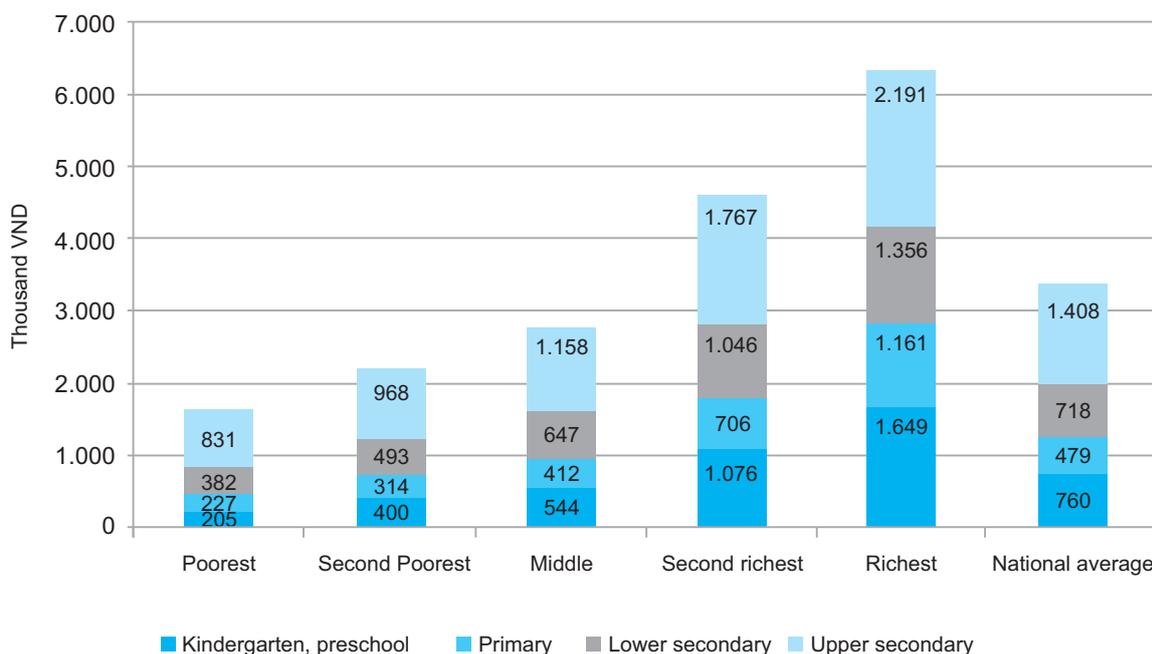
Source: GSO (2007) VHLSS 2006<sup>305</sup>

The 2006 VHLSS also revealed that households were paying significant amounts for primary education, even though tuition is free. Also, as Figure 4.14 shows, the amount spent on primary education varies significantly by household income level: the poorest households spent the equivalent of about 13 USD, while the richest households spent 64 USD, five times more.

<sup>304</sup> World Bank (2009) *Country Social Analysis: Ethnicity and Development in Viet Nam*

<sup>305</sup> According to the table in the 2006 VHLSS, the total average expenditure on education and training per person for 2004 and 2006 is VND 826,000 and 1,211,000, respectively. However, calculation of the sum of the items leads to VND 784,000 and 1,090,000 for 2004 and 2006, respectively. In order to show the proportion of each item, the newly calculated figures are used for this report

**Figure 4.14: Average expense on education per person by income quintiles, 2006 (in thousand VND)**



Source: GSO (2007) VHLSS 2006

Many children simply cannot go to school or complete their primary education due to economic constraints or their need to work to help support their families. How to maintain and increase the enrolment rate of primary school students and ensure that students complete their compulsory primary education, remains a significant challenge.

To achieve universal lower secondary education a number of obstacles have to be overcome; among these are the direct costs to parents. These costs are higher than the costs for primary school and hinder school attendance for children in remote areas and those from lower income families.

#### 4.3.4.2 Limited instruction time

**Table 4.5 Primary school instructional time in Asia, 2009 (in hours per year)**

Country	Hours per year
Australia	884
Indonesia	1,260
Malaysia	776
Philippines	1,182
Republic of Korea	802
Thailand	740
Viet Nam	<700

Sources: For Viet Nam: World Bank (2009) Project Appraisal Document - School Education Quality Assurance Programme. For other countries: UNESCO Institute of Statistics (2009) Global Education Digest 2009: Comparing Education Statistics Across the World

According to the World Bank, the yearly allocated instructional time for primary education in Viet Nam is less than 700 hours, which is a core weakness of the system.<sup>306</sup> About 45 per cent of students were still enrolled in half-day schooling (less than 30 teaching periods a week, or 20 full instructional hours a week). As a result, Viet Nam ranks poorly compared to other countries in the region (Table 4.5). The same document reported a clear positive relationship between schools with a high proportion of students in mixed or full-day schooling (students attending at least 30 periods, or six sessions per week) and schools with low scores in mathematics and Vietnamese. Low instructional time is largely due to inefficient teacher deployment and low teacher workload (low teacher utilisation rate) and lack of school resources.

#### 4.3.4.3 Gender inequality among rural populations and ethnic minorities

The Government recognises there are major obstacles for some segments of the population in regard to education attainment, particularly among ethnic minority groups. There is no gender difference for primary net attendance rate between Kinh and ethnic minority groups. Net attendance rates are lower across the board at secondary level, with some gender differences: slightly more girls than boys attend secondary school among the Kinh group, whereas fewer ethnic minority girls than boys attend. Net attendance rates of ethnic minority students are considerably lower than Kinh students, as shown in Table 4.6.

There is evidence that when poor rural households decide which of their children will attend school, girls are generally excluded. Eventually, this translates into the loss of secondary education attainment and lack of capacity for women. This has resulted in a higher number of female labourers in agriculture, forestry and fishery, and very few women in management and leadership positions.<sup>307</sup>

**Table 4.6 Primary and secondary net attendance rates by ethnicity and gender, 2006**

	Kinh		Ethnic Minority	
	Boys	Girls	Boys	Girls
Primary school net attendance rate	95.7	95.7	93.8	93.8
Secondary school net attendance rate	80.0	82.6	67.8	61.6

Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

In the secondary school sector, gender issues have not been sufficiently mainstreamed in national policy frameworks. One of the obstacles has been the lack of reliable data and analysis on girls' transition from primary to lower secondary level, which has hindered effective policy design.<sup>308</sup> Gender needs to be mainstreamed in policies, strategies and practical activities, and equity needs to be monitored by using disaggregated data.

Gender equity, particularly for ethnic minority girls, has not received sufficient attention. A study by MOET, UNESCO and UNICEF revealed that one of the reasons for ethnic minority girls not continuing to secondary school was that households value education

<sup>306</sup> World Bank (2009) *Project Appraisal Document on a Proposed Credit in the Amount of SDR 85.4 Million (USD 127 Million Equivalent) to the Socialist Republic of Viet Nam for a School Education Quality Assurance Programme*

<sup>307</sup> MOET, UNESCO and UNICEF (2008) *The Transition of Ethnic Minority Girls from Primary to Secondary Education*

<sup>308</sup> MOET, UNESCO and UNICEF (2008) *Ibid.*

less for girls and often reserve educational opportunities for boys.<sup>309</sup> Barriers to girls' continuing education identified by ethnic minorities included economic and financial constraints; the need for girls to work to help the family; a perception by parents and girls that education lacks value; poor quality teaching and learning in schools and inadequate school infrastructure.

#### 4.3.4.4 Shortage of qualified teachers

The shortage of teachers is hindering efforts to achieve universal lower-secondary education by 2010.<sup>310</sup> Primary school teachers are relatively well qualified. However, in remote, mountainous and ethnic minority areas there are still a number of primary school teachers who are under-qualified.<sup>311</sup> The Government has been supporting under-qualified teachers to meet the minimum qualifications through various education projects, including the Primary Teacher Development Project and the Primary Education for Disadvantaged Children Project.

Teachers qualified to teach art, singing, music, physical education and newer skills such as computer training and foreign languages are in short supply. The curriculum, and teaching and assessment methodologies need more consideration too. The current education and training system does not respond adequately to the requirements of the labour market, with most education curricula often seen as 'out of touch' with the demands of Viet Nam's socialist-oriented market economy.

#### 4.3.4.5 Passing children to the next grade who are failing

Interviews conducted for this situation analysis revealed that teachers are under pressure to pass children to the next education level. This has led to some teachers allowing failing students to move to the next grade in order to report a certain pass rate. Such children are often unable to cope with higher-level classes, and their chances of dropping out increase. In order to eliminate this practice, MOET undertook a "Two No's" campaign (No cheating and No false records) in 2007.

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<sup>309</sup> MOET, UNESCO and UNICEF (2008) *The Transition of Ethnic Minority Girls from Primary to Secondary Education*

<sup>310</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

<sup>311</sup> UN in Viet Nam (2005) *The Millennium Development Goals and Vietnam's Socio-Economic Development Plan 2006-2010*

#### Box 4.3: Major challenges for the education sector up to 2015

- The need to develop a labour force capable of handling increasingly complex technologies and forms of economic and public sector organisation, and able to keep up with global progress;
- The critical move from quantity to quality of education, requiring significant improvements of educational content, pedagogical approaches, learning outcomes, exam systems, teaching and learning attitudes, as well as education management systems;
- The need to bring disadvantaged children into school and thereby into the fold of modern society, requiring different, more complex approaches than have been used so far;
- The gradual emergence of a continuous nine-year cycle of basic education for all;
- The demographic change affecting the school-age population, leading to formidable organisational and social tasks of redeployment of teachers and infrastructure;
- The dynamics inherent in decentralisation, entailing profound changes to patterns of responsibility-authority-accountability across all levels of education sector management and increased empowerment of local authorities;
- A new approach to education financing, based on performance and greater autonomy for schools;
- The gradual introduction of profound changes to the way in which the education system is managed, this being the essential condition for meeting all other major challenges

Source: MOET (2003) *National Education for All (EFA) Action Plan 2003-2015*

#### 4.3.5 Roles and capacities of duty-bearers

For primary and secondary education, MOET is responsible for:

- (a) Promulgating regulations for the establishment of general schools, professional programme objectives, contents, education and training methods;
- (b) Previewing and allowing the publishing of textbooks and brochures for education and training;
- (c) Formulating criteria for assessing education and training results;
- (d) Stipulating criteria for providing equipment, usage, infrastructure and facility maintenance in schools; studying and designing school models;
- (e) Cooperating with related agencies to establish criteria and standard numbers of teachers;
- (f) Guiding and reviewing the implementation of targets, programmes, contents, plans and regulations in education and training, and professional regulations for each kind of school and classroom model;
- (g) Organising unified management in training; nurturing and using teaching staff at all levels in accordance with targets, programmes and contents of training for state, semi-public, and private schools;
- (h) Implementing a system of educational inspection nationwide;

- (i) Implementing the above responsibilities through:
- 16 bodies helping the Minister in state management functions;
  - 63 Education and Training Departments at provincial level with more than 500 Education Offices;
  - Two research institutes, and several administration and business agencies under auspices of the MOET;
  - Approximately 100 universities and colleges.

The Government recognises that with regard to primary education, “education management systems at all levels (central, provincial, district, school) are inadequate to implement education reforms and that managers lack capacity and training to effectively take up new responsibilities transferred under decentralisation”.<sup>312</sup> Education data for planning and policy development is still inadequate and insufficient. MOET has been working on the development of an Education Management and Information System to address this.

MOET’s capacity for data management is limited, affecting the availability of updated data and analysis related to rights to education, particularly of certain disadvantaged groups. The tendency to report on the success of the majority leaves unreached groups out of the picture. For instance, universal lower secondary education is considered accomplished if access is guaranteed to 80 per cent of children in the disadvantaged areas. This may inadvertently allow the remaining 20 per cent to stay marginalised and excluded, rather than spurring more targeted interventions to address their specific educational needs and constraints.

It is particularly important to build institutional capacity to address the marginalisation and vulnerability of certain groups of children, including ethnic minority children, children affected by HIV and AIDS, and children with disabilities. Related to this is the need to recruit teachers from ethnic minority groups who speak ethnic languages, and to build their competence as teachers. Gender training of education managers, school leaders, and teachers as well as community leaders is an important strategy to address existing gender inequalities.

#### 4.4 Education for children with special needs

There are many groups of children that are excluded and disadvantaged in regard to their right to education. They include children with disabilities, homeless and street children, children in orphanages, abused children, migrant children, children affected by HIV and AIDS, children in reform schools, children of ethnic minorities, children living in remote areas, children working in fisheries, children who work or have engaged in early marriage and children in conflict with the law. Due to their vulnerability and difficult circumstances, many are not able to receive an education.

At the time of writing this analysis, there was sufficient data on the education situation for only two of these groups: children with disabilities and ethnic minority children (Chapter 5 addresses the situation of other groups of children who are also in need of special protection). This section will therefore focus only on these two groups. However, the lack of data on the other children listed above is a cause for concern – without data and analysis on all marginalised children, it will be difficult to ensure that the system can meet their educational needs and address the underlying issues leading to their marginalisation.

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<sup>312</sup> MOET (2003) *National Education for All (EFA) Action Plan 2003-2015*

## 4.4.1 Education for children with disabilities

### 4.4.1.1 Current situation

Whether children with disabilities live at home or in institutions, the challenge of how to educate them to become socially integrated and financially independent adults remains the same. A study conducted by MOLISA and UNICEF in 2004 found that more than half (52 per cent) of children with disabilities did not have access to education.<sup>313</sup> It also found that only a small number of these children had access to the social assistance to which they were entitled and that the vast majority of children with disabilities in Viet Nam did not finish primary school.

Before 1990, the policy and education strategy for children with disabilities in Viet Nam was to place them in separate schools and separate classrooms either within mainstream schools or in institutions. The situation began to change during the 1990s when the ratification of the CRC served to promote an inclusive society that recognised children with disabilities as subjects of rights; this influenced changes in the education sector in many parts of the world including Viet Nam. There are currently three approaches to education for children with disabilities in Viet Nam:<sup>314</sup>

- **Special Schools:** these are separate schools which accept only children with disabilities.
- **Integrated Schools:** these are Special Schools that have brought children with disabilities into inclusive education (IE) settings and have become a resource centre for IE. Most of these schools continue to include some students with disabilities in a separate special education classroom and have also added students without disabilities.
- **Inclusive Schools:** these are regular schools implementing the IE model, with no more than two children with disabilities in any classroom.

According to MOET, Viet Nam has over 100 specialised schools caring for around 7,000 children with severe disabilities.<sup>315</sup> These schools provide them with an education and offer vocational training, physical training and health care.

Inclusive Education began in Viet Nam in 1990 and is implemented by the Research Centre for Special Education (RCSE) of the Viet Nam National Institute of Education Sciences (NIES), under MOET. The Ministry has set IE as a policy objective to educate all children within a common educational setting.<sup>316</sup> It specifically targets those children who are often excluded from general education for reasons of gender, ethnicity, geographic remoteness, poverty, and disability. IE promotes the idea that with good educational methods and community support, all children can benefit from learning in a mainstream classroom. It is also regarded as an effective method of creating communities, schools and societies free of discrimination. Following the national policy priority of including children with disabilities and other disadvantaged groups in mainstream education, IE has become the preferred means of service delivery.

As described above, children with mild and moderate disabilities are enabled to pursue their schooling in conventional communities with other children. IE has been

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<sup>313</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis on Children with Disabilities in Viet Nam*

<sup>314</sup> USAID and Management Systems International (2005) *Viet Nam Disability Situation Assessment and Program Review*

<sup>315</sup> MOET (2005) *Ten Years of Inclusive Education in Viet Nam*

<sup>316</sup> Seelman K. D. (2002) *Inclusive Education in Viet Nam: A Snapshot* [online]

implemented in 63 provinces involving more than 300,000 children with disabilities. Many classes have a 'Circle of Friends' that consists of classmates willing to support children with disabilities in school.<sup>317</sup>

MOET aims to reach 70 per cent enrolment of children with disabilities in IE for primary level by 2010.<sup>318</sup> This is a significant challenge, as the latest enrolment rate of children with disabilities in IE from the 2005/2006 school year was only 31 per cent, although the rate has increased rapidly within a short period of time, as shown in Table 4.7.

**Table 4.7 Children with disabilities in primary school, 2002 - 2003 to 2005 - 2006 school years**

	2002/03	2003/04	2004/05	2005/06
Number of Primary-school-age children with disabilities	768,000	752,000	736,000	721,000
Number of children with disabilities enrolled in IE	70,000	100,000	120,700	223,700
Percentage of children with disabilities enrolled in IE	9.1%	13.3%	16.4%	31.0%
Number of children with disabilities enrolled in special education	7,000	7,500	12,900	6,900
Percentage of children with disabilities enrolled in special education	0.9%	1.0%	1.8%	1.0%
Percentage of children with disabilities enrolled either in IE or special education	10.0%	14.3%	18.2%	32.0%

Source: UNESCO (2008) *Asia and the Pacific Education for All (EFA) Mid-Decade Assessment, Mekong Sub-Region Synthesis Report*

#### 4.4.1.2 National response to education for children with disabilities

Viet Nam signed the International CRPD on 22 October 2007, making it among the first 20 nations to become a signatory to this new treaty. A list of documents produced over the last ten years in support of disadvantaged children in education includes:

- Ordinance on people with disabilities in 1998;
- Decision No. 161/2002/QD-TTg, issued on 15 November 2002, including some policies on pre-school education development;
- Law on Protection, Care and Education of Children 2004;
- Decision No. 19/2005/QD-TTg, issued on 12 February 2004, approving the prevention and solutions programme for street children, sexually abused children and children working in hazardous environments;
- Education Law 2005;
- Decree No. 36/2005/ND-CP, issued on 17 March 2005, which instructs how to implement the 2004 Law on Protection, Care and Education of Children;

<sup>317</sup> Bergstad J. and J. Granli (2004). *Thinking about Disabilities in a Primary Inclusive Education Class in Viet Nam*

<sup>318</sup> MOET (2001) *Education Development Strategic Plan 2001-2010*

- Joint Circular No.22/2005/BLĐTBXH-BTC-BGD&DT, dated 10 August 2005, guiding the implementation of assistance policies for making secondary education universal, which stipulates that “students with disabilities of poor households are exempted from school fees and contributions for school construction”;
- Decision No. 65/2005/QĐ-TTg, issued on 25 March 2005, approving the 2005-2010 plan on caring for orphans, neglected children, children with serious disabilities, children who are the victims of poisonous chemicals and children with HIV;
- Decree No. 75/2005/ND-CP, issued on 2 August 2005, which provides instructions on how to implement the 2005 Education Law;
- Decision No. 23/2006/QĐ-BGDĐT, issued on 22 May 2006, on IE for people with disabilities;
- Decision No. 239/2006/QĐ-TTg, issued on 24 October 2006, approving the 2006-2010 support plan for people with disabilities;
- Decision No. 14/2007/QĐ-BGDĐT, issued on 4 May 2007, on Primary Teachers Qualification Standards;
- Decree 67/2007/NĐ-CP by the Government, dated 30 May 2007, on assistance policies for social protection target groups, including children with disabilities, with different allowance levels according to their status and circumstances;
- Decision No. 55/2007/QĐ-BGDĐT, issued on 28 September 2007, on Fundamental School Quality Levels (FSQL) for primary schools;

In 2008, the Government began developing a Draft IE Policy,<sup>319</sup> which will be incorporated into the new National Education Development Strategic Plan 2011–2020. There will be a national target programme for disadvantaged children, and a separate National Plan of Action for IE once the Strategic Plan is finalised.

The National Action Plan on Education for Children with Disabilities, which guides provincial officials on how to implement IE, is based on three earlier government documents: the National Action Plan on Children with Disabilities in Viet Nam 2001-2010; the Educational Development Strategy 2001-2010; and the National Plan on Education for All 2003-2015. The Action Plan on Education for Children with Disabilities includes commitments to train teachers in IE; compile books in Braille for the blind; unify sign language and develop IE methodologies.

MOET has also established educational and training institutions for children with disabilities as part of the national education system.

Education for children with disabilities has been incorporated throughout all levels of education, from pre-school to secondary school education. Government efforts are also reported to have improved the competence of teachers through information and communication technology to help them with their class presentations. For example, the Edmark Software was introduced to help teachers to organise more dynamic activities for kindergarten classrooms.<sup>320</sup>

<sup>319</sup> MOET (2008) *Inclusive Education Policy (draft 7) 17 January 2008*

<sup>320</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

#### 4.4.1.3 Causality analysis: education for children with disabilities

Government policy on IE is not yet fully coordinated. Policies and programmes have not been adequately resourced, in terms of budget, human resources and support systems. The many Government documents on IE have not been linked to a consistent and unified system, nor do they make explicit reference to major content areas of IE. Partly because the existing documents on IE and education for disadvantaged children have never been effectively coordinated, they have not been practically implemented. However, the 2009 MOET Circular on inclusive education for disadvantaged children including children with disabilities is expected to address these challenges.<sup>321</sup>

Accurate data on the number of children with disabilities and the precise nature of their disability is limited. Researchers examining statistics in various districts of Viet Nam have pointed out that there are inconsistencies in classification of disabilities, and inaccuracies in the research methods used.<sup>322</sup> (See Chapter 5 for more discussion of data issues related to children in need of special protection, including children with disabilities.)

In 2004, a comprehensive situation analysis on education for children with disabilities in Viet Nam identified a number of barriers preventing further achievements in establishing inclusive schools.<sup>323</sup> These included insufficient resources, inadequately trained teachers, inadequate supply of equipment and other teaching and learning materials; physical inaccessibility; and inappropriate curriculum and planning. The immediate causes identified were lack of government interest in and support for existing policy; lack of resources; lack of technical skills; negative attitudes towards disability issues; lack of proper planning through situational analysis; lack of coordination and mutual cooperation between relevant departments of different ministries and professionals; lack of communication and coordination between professionals and implementers; lack of appropriate information; and inadequate regional and international coordination and cooperation.

#### Misunderstandings about children with disabilities

Although Viet Nam has a deep cultural commitment to education, some people tend to regard disability as the result of a wrongful act by an ancestor, or as a punishment for immoral behaviour in a previous life.<sup>324</sup> Because of this superstition, some families of children with disabilities may feel ashamed and refrain from sending their children to school.

However, a 2005 study identified five features of Vietnamese culture and society that support IE and are in keeping with the rights-based approach of universality and non-discrimination: (1) in rural areas, people have lived together for generations; therefore there is a strong emphasis on collaboration, (2) communist ideology focuses on the building of equality and equity in society for everyone, including children with disabilities; (3) non-discriminatory behaviour is a core curriculum competency expected from all children in schools; (4) Buddhism, the largest religion in Viet Nam, teaches that if one member of a group is hurt, all are hurt; and (5) IE is aligned with the Vietnamese Communist Party's policy of socialised education to make use of available resources in the communities where children live.<sup>325</sup>

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<sup>321</sup> MOET (2008) *Inclusive Education Policy (draft 7)* 17 January 2008

<sup>322</sup> MOET (2008) *Ibid.*

<sup>323</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis on Children with Disabilities in Viet Nam*

<sup>324</sup> Bergstad J. and J. Granli (2004) *Thinking about Disabilities in a Primary Inclusive Education Class in Viet Nam*

<sup>325</sup> Mitchell D. (2005) *Diverse socio-cultural contexts for inclusive education in Asia*

In sum, there is a mix of causes ranging from insufficient political commitment, and socially ingrained biases around disability, to a lack of reliable data on the prevalence of disabilities. Improving the last is, perhaps, the most essential prerequisite for the development of more effective policies and legislation.

#### 4.4.1.4 Roles and capacities of duty-bearers

In Government, MOET has established a Steering Committee for Education of Children with Disabilities. The National Institute for Educational Science is the independent research body of MOET with a special education unit that develops and tests appropriate training materials for teachers and for children with disabilities using an IE framework.<sup>326</sup> The Primary Education Department is the focal point for the IE policy currently being developed.

There are also several relevant organisations that are not part of the Government. These include the Ha Noi Pedagogic University, and various international NGOs that have been working on special education and IE programmes for children with disabilities. However, these programmes are generally funded from private revenues and are able to reach only a small number of children.<sup>327</sup>

In line with MOET Decision 23/2006/QĐ-BGDĐT of 22 May 2006, all education institutions are required to enrol children with disabilities. However, many teachers are not ready or qualified to assume these new responsibilities. Viet Nam lacks specialists trained in the education of mentally and physically challenged children.<sup>328</sup> Despite the Government priority placed on IE, many provinces do not include children with disabilities in mainstream classrooms.

Data collection remains a capacity issue. One comprehensive report noted that without adequate data on children with disabilities, it is very difficult to design a system of IE that is truly responsive to their needs.<sup>329</sup> A similar observation could likely be made for other disadvantaged groups, such as working children or children affected by HIV and AIDS, for whom there is even less data.

#### 4.4.2 Education for ethnic minority children

##### 4.4.2.1 Current situation

**Table 4.8 Selected education indicators by ethnicity (in percentage), 2006**

	Kinh	Ethnic Minority
Percentage of children aged 36-59 months who are attending some form of organised ECE programme	61	40
Primary school net attendance rate	96	94
Secondary school net attendance rate	81	65

Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>326</sup> Seelman K. D. (2002) *Inclusive Education in Viet Nam: A Snapshot* [online]

<sup>327</sup> Seelman, K. D. (2002) *Ibid.*

<sup>328</sup> Ritsumeikan University (2005) *Program for the Education of Vietnamese Children with Special Needs* [online]

<sup>329</sup> USAID and Management Systems International (2005) *Viet Nam Disability Situation Assessment and Program Review*

Although both Kinh and ethnic minority groups have similarly high primary school attendance rates, there are wide differences between attendance rates at pre-school and secondary school levels (Table 4.8).

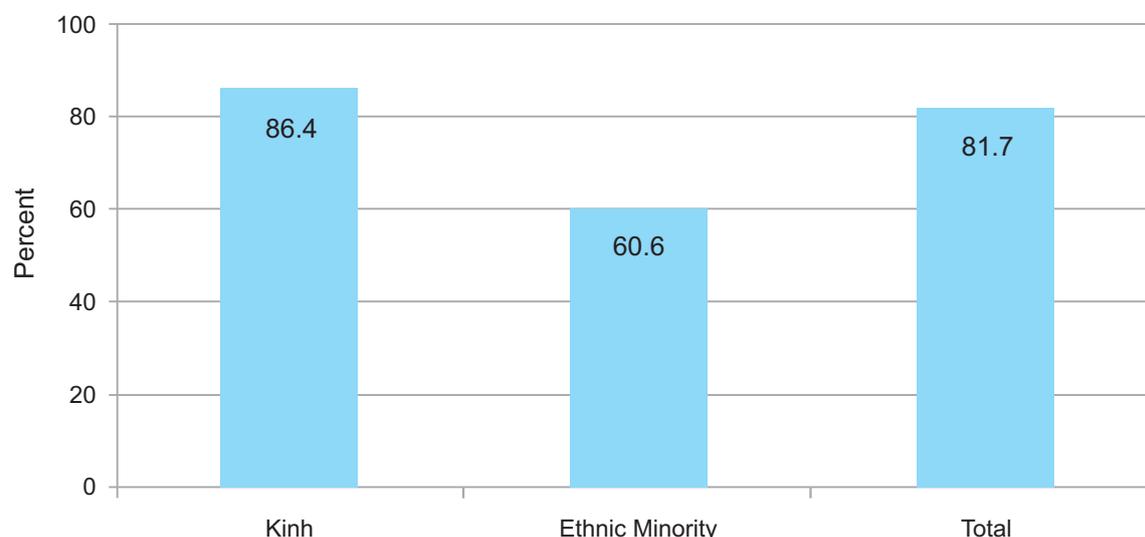
More than 60 per cent of Kinh children aged 3-6 years attended pre-schools in 2006, but less than 40 per cent of ethnic minority children did so. According to the 2008/09 ECE Department Report, the enrolment rate of 3-5-year-old children in 40 provinces with ethnic minority children is only 47 per cent.

Most ethnic minority children cannot access any play and learning materials in their mother tongue language. Attending a pre-school where their own language is not used is stressful for young children, as they cannot understand or be understood in a new and unfamiliar environment.

The 2008 MDG report showed that the primary school NER among ethnic minority children was 94 per cent during the 2005/2006 school year, only slightly lower than that of Kinh children (96 per cent), with no gender variation in either group.<sup>330</sup> However, there are conflicting figures on primary enrolment; in 2009 the World Bank reported a nine percentage points difference between the primary school NER in Kinh (98 per cent) and in ethnic minorities (89 per cent) during the 2005/2006 school year.<sup>331</sup>

The 2006 MICS showed that 86 per cent of Kinh students who entered primary school completed that stage of their education. Completion rates for ethnic minority students were much lower, at only 61 per cent, as shown in Figure 4.15.

**Figure 4.15: Primary school completion rates, by ethnicity, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

The gap in secondary education net attendance was much wider than for primary school. In 2006, net attendance for Kinh children was 81 per cent, compared to only 65 per cent for ethnic minority children. Such a gap poses a challenge to meeting the Government target of universal lower secondary education.

<sup>330</sup> MPI (2008) *Viet Nam continues to achieve Millennium Development Goals*

<sup>331</sup> World Bank (2009) *Country Social Analysis: Ethnicity and Development in Viet Nam*

According to MOET's report at the National Conference on Ethnic Minority Semi-boarding Schools (2 July 2009), in the 2008/2009 school year there were 142,124 students (38,608 primary, 79,746 lower secondary, and 25,770 upper secondary) in 24 provinces enrolled in 1,657 ethnic minority semi-boarding schools (629 primary, 895 lower secondary and 133 upper secondary schools). The report also stated that these ethnic minority semi-boarding schools have made strong contributions to improving education quality, and to making primary and secondary education universal in ethnic minority areas.

#### 4.4.2.2 National response to education for ethnic minority children

The Government has initiated a wide range of programmes and projects to ensure that children of ethnic minorities are receiving an education and to reduce the gaps between regions and between ethnic groups, for example:

- Circular No. 01/GD-DT by MOET, of 3 February 1997, issued guidelines on the teaching and learning (oral and written) of ethnic minority languages.
- The Resolution 37/2004/QH XI by Assembly Congress XI, Session 6 calls for “better implementation of social equality in education”, and states that priority should be given to developing education in the ethnic minority regions and in difficult and extremely difficult socio-economic areas.
- The 2005 Law on Education includes fundamental policies on education for ethnic minority areas by stipulating that: “The State provides funds for ethnic minority students who are nominated to colleges, and students of pre-college schools and boarding schools. The State has policies to support and reduce tuition fees for ethnic students coming from extremely difficult communes (Article 89). The State implements policies to allow nominated students from extremely difficult social economic regions to be enrolled in undergraduate and vocational schools” (Article 90).

Viet Nam's legal framework supports the use of children's mother tongue in schools and in ethnic minority communities. Government policies also call for minority languages to be used in the classroom. The law states that students have the right to be educated in their mother tongue, but this has been interpreted to mean that the mother tongue language is taught as a subject rather than used as the language of instruction.

Since 2006, MOET and partners have been supporting research on mother tongue-based bilingual education, linking it directly to learning achievement. The research project includes designing and developing a curriculum, and teaching and learning materials for pre-primary and primary schools. It also includes teacher training in ethnic minority languages and bilingual education methods, and has been implemented in three provinces (Lao Cai, Gia Lai and Tra Vinh) since September 2008. MOET is also cooperating with other donors to test a number of bilingual approaches. The results will inform policy-making for ethnic minority children at pre-school and primary levels.

The Decree on Teaching and Learning Ethnic Minority Languages in basic and continuing educational institutions has been under development since 2005. This is a sub-law document that will stipulate in more detail the 2005 Education Law's provisions on the use of ethnic minority languages in education. Despite recent positive experiences on mother tongue based bilingual education where mother tongues are used as language of instruction in school, the Decree only allows ethnic minority languages to be taught as a subject.

On 18 April 2008, a National Conference on Ethnic Minority Education was organised by MOET to collectively address challenges and identify key priorities. The conference

participants agreed to recognise ethnic minority semi-boarding schools (supported by community initiatives) for children living far from schools as one potential way of reducing the drop-out rate of ethnic minority children. They also recommended that such schools be surveyed, and that regulations for them be developed. Further studies and research on language issues were also seen as priority issues for ethnic minority education. The need for diversified and culturally appropriate curricula and textbooks was also discussed.

At the conference, MOET presented its nine priorities for Ethnic Minority Education Development 2008-2020:<sup>332</sup>

1. To strengthen and further develop school facilities appropriate to the conditions in ethnic minority areas;
2. To develop appropriate curricula, contents and teaching methods for ethnic minority children;
3. To improve human resource development for ethnic minority areas to meet local socio-economic development demands;
4. To diversify educational methods to preserve and incorporate ethnic minority cultural characteristics;
5. To strengthen and develop teachers and educational managers, and to provide more incentives for teachers in ethnic minority and mountainous areas;
6. To further invest in material, equipment and facilities to meet demand; to increase the education budget in ethnic minority areas;
7. To consolidate and develop more policies;
8. To strengthen leadership, management and scientific research;
9. To mobilise society with regard to education in ethnic minority areas.

The Government provides special support for ethnic minority students and teachers working in the ethnic minority areas. This includes scholarships and social grants for school materials and living expenses, boarding schools at all levels, and a nomination policy for ethnic minority students to enter university.

More economic investment has been directed to ethnic minority areas under National Programmes such as 134 and 135, and some region-specific programmes for the Central Highlands. MOET, together with international partners, is implementing specific projects that target ethnic minority children in both primary and secondary education. These projects are helping to construct and rehabilitate thousands of schools and enhance the capacity of tens of thousands of teachers in disadvantaged areas.

Textbooks have been produced in ethnic minority languages such as Khmer, Chinese, Ede, Cham, J'rai, Bahnar and H'mong. Vietnamese lessons are given to ethnic minority children. There are primary schools in almost every ethnic minority commune and hamlet. Boarding schools for ethnic minority children in primary education are available in all mountainous districts.<sup>333</sup>

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<sup>332</sup> MOET (2009) *Ethnic minority education conference report*

<sup>333</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

There are two types of boarding schools for ethnic minority students. Ethnic minority boarding schools are fully funded by the Government and are usually situated in provincial and district centres. Students at these schools receive free tuition, accommodation and textbooks, and live at school full-time during the school year. The students are generally expected to become Government or party officials once they graduate.<sup>334</sup> The more popular (and more numerous) community-based semi-boarding schools attract a wider range of students, partly because they are well-known within the communities. Although they are recognised by the Education Law (2005), there is little policy support for this type of school, so they often have inadequate infrastructure. Students usually have to live either with local households, who agree to take them in, or in poorly built and crowded dorms during the week.

The Socio-economic Development Programme for Ethnic Minorities and Mountainous Areas Phase II (or P135-II) for 2006-2010 was adopted by Decision No. 7 of January 2006. Funded by Central Government and a number of donors, the Programme targets the poorest communes with a high percentage of ethnic minorities under three projects and a policy: Project for Business and Production Development; Project for Infrastructural development; Project for Training for Capacity Building; and Policy for Livelihood Improvement.

The Committee for Ethnic Minority Affairs (CEMA) is the focal point for P135. Its Programme Office reports to the Steering Committee for the National Target Programme on Poverty Reduction chaired by the Deputy Prime Minister. Policies to support the improvement of cultural and socio-economic life are part of the holistic policy framework of P135 II. The legal foundation is Prime Minister's Decision 112/2007/QĐ-TTg of 20 July 2007 on Policies to support services, improve and increase people's living standard, and provide legal aid under the framework of P135 programme -Phase II. According to Decision 112, the policy to improve people's living standards will be implemented between 2008 and 2010.

The component that supports children from poor households to go to school is to be implemented from September 2007 to May 2010 (following academic cycles). Specific areas of support covered by Decision 112 include:

1. Supporting children from poor households to study in pre-schools and local semi-primary boarding and secondary boarding schools.
2. Supporting poor households to create more hygienic environments. This includes support to upgrade, repair, renovate or move cattle pens and install sanitary toilets.
3. Support to implement cultural- IEC activities such as disseminating Government and party policies, and organise traditional festivals.
4. Support to provide legal aid and improvement of legal awareness of the poor.

#### 4.4.2.3 Causality analysis: education for ethnic minority children

Children living in mountainous areas are most disadvantaged, partly due to the long distances they must travel to school. The mountain roads are frequently in poor condition and even hazardous, particularly during bad weather, so children cannot attend school regularly. Many children in these regions, particularly girls, tend to drop out of school after only a few years of primary education.<sup>335</sup>

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<sup>334</sup> World Bank (2009) *Country Social Analysis: Ethnicity and Development in Viet Nam*

<sup>335</sup> World Bank (2003) *Viet Nam Development Report 2004: Poverty*

Many ethnic minority children do not speak Vietnamese when they start school. According to the Education Law, Vietnamese is the official language of instruction in schools and teachers are not able to instruct ethnic minority students in their first language. The government faces the challenge of how to cope with the needs of many different language groups, and how to fulfil the right to education for all children. There have been initiatives to introduce bilingual education in schools but the efforts have been piecemeal and the results not well documented. However, efforts have been made recently to develop a comprehensive mother tongue based bilingual education programme under the MOET leadership. Though the scale is small, the experience has generated positive results after two years of implementation.

The number of teachers in ethnic minority areas is limited, because of language barriers, distance from major towns, hardship, and other challenges. There is also a shortage of teaching and learning materials for ethnic minority children.

Classrooms in ethnic minority areas are too few, scattered in remote locations, and ill-equipped. Construction of new buildings is costly due to transport difficulties.

While gender inequality has been narrowed throughout the education system, girls in ethnic minority areas are still disadvantaged. The common barriers for ethnic minority girls' education include: families' economic and financial constraints; the need for girls to work to help the family; the perception of parents and girls that education lacks value; poor quality of teaching and learning in schools; and inadequate school infrastructure. More reliable data and analysis regarding ethnic minority girls' education is necessary to address the challenge more systematically.

#### 4.4.2.4 Roles and capacities of duty-bearers: education for ethnic minority children

A notable development was the establishment of the Department for Ethnic Minority Education in July 2007, which brings together all management responsibilities for ethnic minority education. The Department, in collaboration with other departments and research centres, takes the lead in providing ethnic minority children with relevant, quality education. The Research Centre for Ethnic Minority Education (established in 2003 as a subordinate agency of MOET and recently merged into the Viet Nam National Institute of Educational Science) is responsible for research into ethnic minority education to inform policy-making.

Data availability and reliability is a challenge in this field. There is almost no official data disaggregated by ethnic groups. The situation of ethnic minority education is therefore reported in a generalised way, which masks complex issues and challenges for some ethnic minority groups. There has been discussion within the MOET to make statistics disaggregated by ethnic groups available.

### 4.5 Cultural, recreational and sporting activities<sup>336</sup>

Article 31 of the CRC recognises the right of the child to rest and leisure, to recreational activities appropriate to the age of the child, and to participate freely in cultural life and the arts. The CRC Committee has pointed out that rest is as important to children's development as nutrition, healthcare and education.<sup>337</sup> Protecting this right is important for poor children who work and have little time to play, for street children and others who are victims of abuse and exploitation, and for all children who are not able to play freely and

<sup>336</sup> Due to the general lack of information and analysis available in this sector, this section does not cover the national response, causal analysis and roles and responsibilities of key actors in separate sub-sections

<sup>337</sup> UNICEF (1998) *Implementation Handbook for the Convention on the Rights of the Child*

engage in recreational activities appropriate to their age, or do not have access to safe playgrounds.

The 2006 MICS showed differences in access to toys, as shown in Table 4.9. There are clear differences between urban and rural areas, with more children in urban areas having access to shop-bought toys. Rural children are more likely to play with objects found outside the home. In three regions (Red River Delta, Mekong River Delta and South East) more than 70 per cent of children play with toys from a shop. On the other hand, in two regions (North East and North West) less than 40 per cent of children play with shop-bought toys. Around 26 per cent of children in the South Central Coast play with toys that are homemade, while only six per cent of children in North East do so.

**Table 4.9 Percentage of children aged 0 - 59 months with access to various play objects by region and area of residence, 2006**

		Household objects, such as bowls, plates, cups and pots	Objects found outside the home, such as sticks, stones, bricks, shells, leaves and animals	Homemade toys	Toys from a shop	No play-things mentioned
Region	Red River Delta	11.7	21.9	9.5	84.4	8.9
	North East	20.2	42.9	5.9	35.2	20.6
	North West	9.0	24.5	25.8	39.1	27.7
	Northern Central Coast	10.2	19.0	13.0	50.5	30.2
	South Central Coast	6.8	11.8	26.4	65.0	11.4
	Central Highlands	11.0	14.1	13.4	51.2	25.1
	South East	12.8	17.3	8.3	77.1	8.3
	Mekong River Delta	10.8	8.4	8.7	78.6	9.3
Area	Urban	5.4	6.8	9.2	87.8	7.4
	Rural	13.8	23.6	12.0	59.2	17.4
Total		12.1	19.6	11.3	66.0	15.1

Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Due to low family income in rural areas of Viet Nam, especially in disadvantaged and mountainous areas, children have to help out with housework and other work. One study found that children in rural areas of Viet Nam begin working at the age of six years old or even earlier.<sup>338</sup> Children's daily work hours increase as they get older, with children aged 6-15 working an average of six hours each day as well as going to school. Those who do not attend school work eight or more hours. The burden of work, and society's expectation that children will work, hamper the child's right to recreation, play and rest.

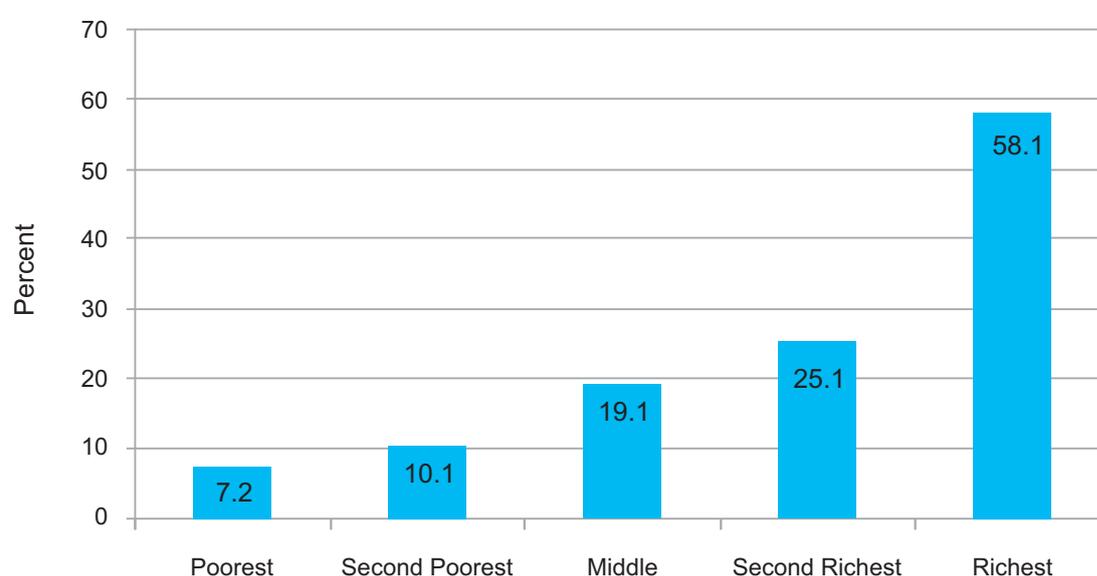
<sup>338</sup> Le Thi Quy (2003) *Children and Development in Viet Nam*

Schools play an important role in ensuring that children engage in child-friendly recreational activities during school hours. Child-friendly primary schools should not only provide quality education, but an environment where they can play, be protected from harm and participate in the learning process.

The 2006 MICS estimated that about a quarter of children under 5 years-of-age live in households that have three or more children's books. There is a difference by gender and ethnic group: more boys than girls live in households with children's books (27 per cent versus 22 per cent of girls); and only nine per cent of ethnic minority children (as opposed to 28 per cent of Kinh children) live in households with children's books.

As shown in Figure 4.16, significant disparity exists by household's economic status: only seven per cent of children in the poorest households have access to children's books, while 58 per cent of children in the richest households do so.

**Figure 4.16: Percentage of children aged 0 - 59 months living in households with three or more children's books, by wealth index quintiles, 2006**



Source: GSO and UNICEF Viet Nam (2007) *MICS 2006*

Another significant factor is the mother's level of education; of children under 5 whose mother's had no education, only six per cent live in households with three or more children's books; 57 per cent of children whose mother completed upper secondary education have books in the house.

The following laws and programmes have been approved to protect children and to enable children to 'play and be entertained':<sup>339</sup>

- The Land Law of 2003: encourages land use for culture, health, education and training, gymnastics and sports;
- The Cinema Law of 2006: regulates the production and showing of films for children in cinemas;

<sup>339</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

- The Law on Sport of 2006: confirms the principle 'Sport for all' and particularly regulates sports and gymnastics in schools;
- Guidelines on the Management of Internet agents (Circular No. 2), and Guidelines on the Management of Online Games (Circular No. 60, June 2006);
- The National Target Programme on Culture to 2010: gives priority to preserving and upholding the country's typical cultural values.

More opportunities have been created for children to enjoy entertainment and recreational services in communities. Priority is given to disadvantaged children and those in remote and mountainous areas, as well as to ethnic minority groups. However, these efforts have had limited impact. The government recognises these limitations: most of these recreational activities are available in urban areas, provinces and cities; and children in remote and disadvantaged areas have little access to them. Another limitation is that the cultural and recreational facilities are sometimes of poor quality and fail to meet the demands for social development. They do not always provide a safe environment for children.<sup>340</sup>

MOET's campaign, 'Child Friendly Schools, Active Students', launched during the 2008/2009 school year, includes a component to integrate traditional games and folksongs into schools to promote traditional values.

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340 Socialist Republic of Viet Nam (2008) *Ibid.*

## KEY FINDINGS: The Right to Education and Development

- Viet Nam has made substantial progress in education, which reflects the country's strong commitment to improving the system. Education is guaranteed as a right in the Constitution, and is a fundamental part of national development strategies, programmes and plans. Viet Nam performs better than countries in the region with higher GDPs, such as Philippines and Thailand, measured by primary school net enrolment rate.
- The State budget for education and training has increased following the high and stable growth rate of GDP. Education and training spending as a share of GDP was 3.2 per cent in 2001 and increased to 4.7 per cent in 2007. The share of education and training expenditure within the state budget increased from 13 per cent in 2001 to 16 per cent in 2007. State budget management in education is increasingly decentralised, providing greater autonomy to local government as well as educational and training institutions.
- Enrolment rates in ECE institutions increased in crèches from 11 to 13 per cent; in pre-schools (children aged 3-5) from 49 to 58 per cent; and in five-year-olds at pre-schools from 72 to 88 per cent from 2000 - 2001 to 2005 - 2006. Factors determining pre-school enrolment include: household economic status; mother's level of education; geographical location (urban versus rural); and gender (boys versus girls). While the total number of pre-school classrooms increased between 2005 and 2008, the proportion of temporary classrooms also increased. Access to children's books is more limited among girls, ethnic minority children, poorest households, and children whose mothers have low levels of education.
- Primary school NER has reached 96 per cent, primary school completion rate is 86 per cent. Lower secondary school net enrolment is 88 per cent, with a 77 per cent completion rate in 2006-2007. The transition rate from primary to secondary school was 91 per cent in 2005-2006.
- Despite progress in primary and secondary education, gender parity remains a challenge. While 96 per cent of 6-year-old boys attend the first grade of primary school, only 92 per cent of 6-year-old girls do so.
- Other types of disparity include region, rural-urban, mother's level of education, and household economic status. In terms of regional disparity, the primary completion rate was 90 per cent in the Red River Delta but only 49 per cent in the North West. Rural-urban disparity is shown in the lower secondary school net enrolment rate; 83 per cent in urban areas compared to 78 per cent in rural areas. Mother's levels of education and household economic status significantly influence enrolment in secondary school. The secondary school net attendance rate among children whose mothers had no education was only 66 per cent, while among children whose mothers had completed upper secondary education the rate was 95 per cent. Similarly, only 60 per cent of children from the poorest households attended secondary school at the correct age, while the rate was 92 per cent among children from the richest households.
- Although tuition in primary education is free, there are other costs of schooling, such as transport, uniforms and learning materials. According to research by the World Bank, around 30 per cent of ethnic minority households reported that

at least one child had dropped out of school before the completion of a grade, compared to 16 per cent of Kinh.<sup>341</sup> The main reason given for this was the high cost of school fees. VHLSS 2002, 2004 and 2006 all show that households spent approximately 30 per cent of their total education expenditure on school fees. About 45 per cent of students are still enrolled in half-day schooling. Students in full-day school scored higher in mathematics and Vietnamese examinations than their peers in half-day schooling.

- There are currently three approaches to education for children with disabilities: special schools; integrated schools and inclusive schools. Approximately 31 per cent of primary school-age children with disabilities are enrolled either in an inclusive primary school or specialised primary school. Vietnamese culture is supportive to IE and to key principles of the rights-based approach of non-discrimination. Despite Government efforts a number of challenges still remain including: uncoordinated policy; insufficient resources; limited data on the number of children with disabilities and the nature of their disabilities; inadequately trained teachers; a lack of equipment; physical inaccessibility; inappropriate curriculum and planning; and limited understanding of disabilities.
- Ethnic minority children are more disadvantaged than Kinh children in education attainment, as measured by rates of pre-school enrolment, primary school completion, lower secondary school net enrolment, and lower secondary school net attendance. Long distances to schools are a challenge for ethnic minority children living in mountainous areas. Language is another barrier, as many ethnic minority children do not speak Vietnamese and there is a shortage of teachers in ethnic minority areas. Teaching and learning materials culturally relevant to ethnic minority children are also limited. Girls in ethnic minority areas are still disadvantaged. The most common barriers for ethnic minority girls' education include family financial constraints; the need for girls to work to help support the family; perceptions by parents and girls that education lacks value; poor quality teaching in schools and inadequate school infrastructure. More reliable data and analysis is needed to address these challenges more systematically.
- The right to cultural, recreational and sporting activities is often limited among children in disadvantaged, rural and mountainous areas. Children in rural Viet Nam often work from the age of six or earlier, their working hours increasing with age. School children work an average of six hours each day; those not in school work eight or more hours. The Government has invested in entertainment facilities for children and is organising recreational services, but most are only available in urban areas. There are national initiatives to promote traditional cultural values, such as bringing traditional games and folksongs into schools.

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<sup>341</sup> World Bank (2009) *Country Social Analysis: Ethnicity and Development in Viet Nam*



CHAPTER 5:

THE RIGHT OF THE CHILD  
TO BE RESPECTED AND  
PROTECTED



## INTRODUCTION

All children have the right to be protected from violence, abuse and exploitation. While the direct impact of a society's failure to adequately protect its children is difficult to quantify and the impact on poverty is not directly documented, it is recognised that abuse, violence and exploitation of children are fundamental social problems that have implications not only for the well-being and rights of children, but for the long term well-being and stability of society. The causes of abuse, violence and exploitation of children are complex, and successful solutions must address the underlying as well as immediate causes.

### **Box 5.1: Key articles from the Convention on the Rights of the Child (CRC) and the Constitution of the Socialist Republic of Viet Nam relevant to this chapter**

#### **CRC:**

Article 2 – Non-discrimination

Article 3 – Best interests of the child

Article 19 – The right to protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation

Article 23 – The rights and special needs of the physically and mentally disabled child

Article 32 – The right to protection from economic exploitation

Article 33 – The right to protection from illicit use of narcotic drugs and psychotropic substances

Article 34 – The right to protection from all forms of sexual exploitation and sexual abuse

Article 35 – The right to protection from the abduction, sale and traffic in children

Article 36 – The right to protection from all other forms of exploitation

Article 37 – The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty

Article 39 – The right to physical and psychological recovery and social integration

Article 40 – The rights of the child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity

Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography

Optional Protocol to the CRC on the Involvement of Children in Armed Conflict

#### **Constitution of Viet Nam:**

Article 65: Children enjoy protection, care and education by the family, the State and society

Article 66: The family, the State and society shall create favourable conditions for young people to study, work, relax, develop their bodies and minds, and shall educate them in morality, national tradition, civic consciousness and the socialist ideal, for them to be in the vanguard of creative labour and national defence

Since the ratification of the CRC, the Government of Viet Nam has taken significant steps to implement the right of children to protection. The recommendations of the Committee on the Rights of the Child (CRC Committee) in 2003 have been taken into account when

formulating new policies and legal instruments for the protection of children and to ensure that children have access to basic essential services.<sup>342</sup>

This chapter examines the situation of children who are living in circumstances that require special protection by the Government. These children are often unable to exercise fully their rights to education, health and protection from abuse, violence and exploitation. Neither are they able to fully exercise their right to participation.

Child protection in Viet Nam is generally approached from the perspective of different groups of children in need of special protection. However, the systems approach, which focuses on building social welfare and legal systems for all vulnerable children, is slowly being introduced.

The Ministry of Labour, Invalids and Social Affairs (MOLISA) reported that over 2.5 million children (under 16 years old) in Viet Nam were living in special circumstances in 2007, representing about nine percent of the total child population.<sup>343</sup> According to MOLISA, in 2007, the following approximate numbers of children were in need of special protection:<sup>344</sup>

- 1.2 million children living with disabilities;
- 168,000 orphans and abandoned children;
- 27,000 working children;
- 13,000 children living in the street;
- 3,800 children who use narcotic drugs;
- 800 sexually abused children.

In addition to these children, a situation analysis in 2005 found 14,574 children living in institutions.<sup>345</sup>

In 2009, the Ministry of Health (MOH) estimated that 4,720 children were living with HIV<sup>346</sup> and the Ministry of Justice (MOJ) reported 15,589 juveniles in conflict with the law. Other vulnerable children include unregistered children, child victims of all forms of violence (such as commercial sexual exploitation and trafficking), maltreated and migrant children.

There has been no recent comprehensive survey of children in special circumstances, and there is a lack of reliable national data on various child protection issues, especially on the number of children who are abused, trafficked, sexually exploited or working. To a large extent, the difficult circumstances many Vietnamese children face are caused by recent socio-economic changes and new pressures in the country following the shift to a market economy. These changes have resulted in a widening gap between rich and poor, rapid urbanisation, migration, increasing divorce and family breakdowns, as well as the erosion of traditional values and support networks.

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<sup>342</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

<sup>343</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

<sup>344</sup> MOLISA (2008) *Report on the situation of children in special circumstances from MOLISA to Culture and Education Committee for Children and Young People*, October 2008

<sup>345</sup> MOLISA, Canadian International Development Agency and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>346</sup> MOH (2009) *HIV/AIDS Estimates and Projections 2007-2012*

In recent years, Viet Nam has made significant progress in promoting greater community-based care for children in special circumstances, including orphans and abandoned children. National policies have been enacted to encourage and support families. The Prime Minister approved Decision No. 65/2005/QĐ-TTg of 25 March 2005 on Community-Based Care for Children in Especially Difficult Circumstances. This introduced the shift away from institutional care towards the development of family and community-based alternatives.

In 2007, the Government approved Decree No. 67/2007/ND-CP to provide monthly financial support to over a million social protection beneficiaries, including families and individuals caring for orphans and abandoned children (there is no formal fostering system in Viet Nam). In 2008, the Government reviewed Decree No. 25/2001/ND-CP, which regulates state-run social institutions known as Social Protection Centres (SPCs), introducing new care functions to avoid children spending long periods in institutional care.

Despite this recent progress, Viet Nam does not yet have an efficient social protection system. There is no 'continuum of services' that would provide a comprehensive safety net for all children, including the most vulnerable. Instead, the institutional framework for child protection is fragmented and poorly regulated, and there is an absence of a planned approach. There are no clear mechanisms for the early detection and identification of vulnerable children and at-risk families, and systems for early intervention and referral to specialised services have not yet been developed. Specialised services, to which children identified as at risk, or those subjected to violence or sexual exploitation might be referred, are lacking. There are few support programmes for disadvantaged children in schools and communities.

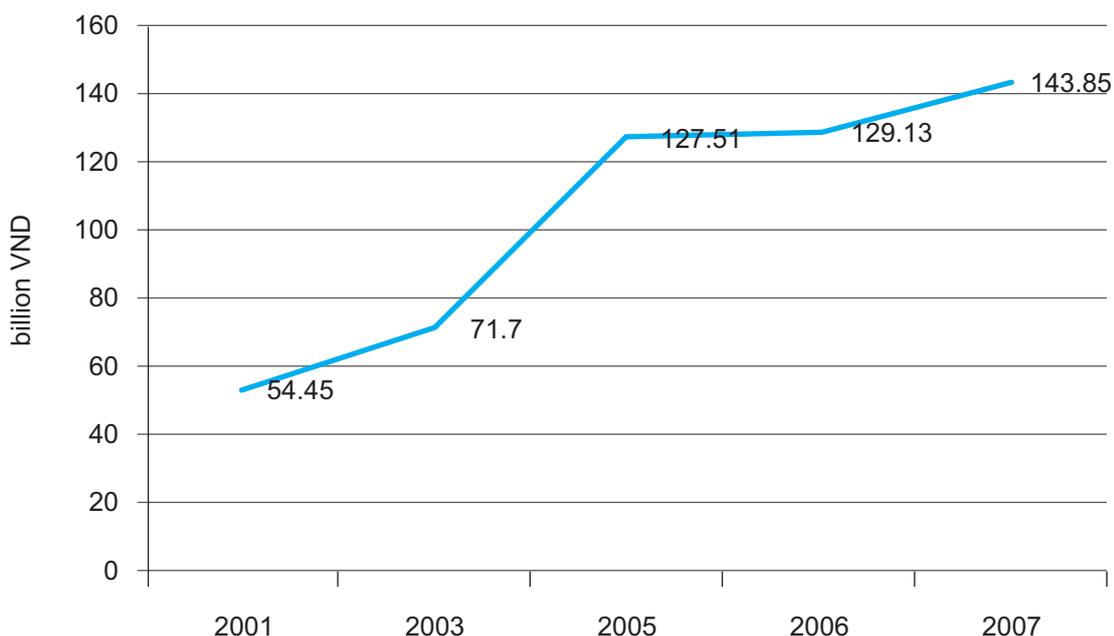
Institutional care is still one of the main forms of substitute care for children in need of special protection, although this approach is shifting toward alternative solutions. There are many reasons why children are placed in institutional care: poverty, the death of parents, abandonment by parents who cannot cope with a child's severe disabilities, being affected by HIV or AIDS, and as a result of conflict with the law. For many policy-makers, institutional care has been a viable (though costly) solution: family and community-based care is cheaper but more complex. The latter option requires behaviour change within families, communities and service-providers, and the introduction of community-based child protection systems.<sup>347</sup>

The resources available for children in need of special protection have been increased over the past decade, although the rate of increase has slowed recently.

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<sup>347</sup> MOLISA, Canadian International Development Agency and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

**Figure 5.1: Trends in State expenditure for children in need of special protection between 2001 and 2007 (in billion VND)**



Source: MOLISA (2008) *Children indicators in Viet Nam 2006-2007*

Creating a truly ‘protective system’ for children is a major task. Key challenges include strengthening Government commitment and capacity; promoting the establishment and enforcement of adequate legislation; addressing harmful attitudes, customs and practices; encouraging open discussion of child protection issues within the media and with political, social, professional and mass organisations; developing children’s life skills, knowledge and participation; building the capacity of families and communities; providing essential services for prevention, recovery and reintegration for children in special circumstances and those at risk; and establishing and implementing an effective system for monitoring, reporting and oversight.<sup>348</sup>

This Chapter contains four sections: the first looks at the many categories of child protection issues. The second section looks at the national response, reviewing the legal framework, policies and programmes developed for child protection. The third is the causality analysis, which examines the factors that contribute to the current complex situation. The last section addresses the roles and the capacities of the duty-bearers.

## 5.1 Child protection issues in Viet Nam

### 5.1.1 Birth registration

The right of every child to be registered immediately after birth is explicitly stated in the Convention on the Rights of the Child (Article 7). This fundamental right has significant implications for the realisation of all other rights, both during childhood and adulthood: for instance it is the first step to ensure access to basic services such as health care and enrolment in school at the right age. As proof of a child’s nationality and age, birth registration also has important consequences from a child protection perspective. If a child comes in conflict with the law, criminal responsibility will be determined according to

<sup>348</sup> UNICEF Viet Nam (2006) *Child Protection Information Sheets*

the date of birth shown on the registration document. In cases of trafficking, a registration document represents the first legal basis to allow a child to be repatriated and reunited with his or her family.<sup>349</sup>

According to the 2006 Multiple Indicator Cluster Survey (MICS), 88 per cent of Vietnamese children under 5 years have been registered at birth, which is a significant increase compared to 2000, when the figure was 72 per cent.<sup>350</sup> On the other hand, geographical factors are significant: children are less likely to be registered in the two poorest regions (the North West and the Central Highlands have birth registration rates of 75 and 78 percent, respectively). Children are more likely to be registered at birth if they live in an urban area, belong to the Kinh ethnic majority or come from a wealthier household. And the more education a mother has, the more likely she is to register the birth of a child. Parents who did not register births gave cost and ignorance of the current legislation as reasons.<sup>351</sup>

The right to birth registration and nationality has been recognised in the 2004 Law on Child Protection, Care and Education (Article 11). Decree No. 36/2005/ND-CP of 17 March 2005 stipulates the responsibilities of birth registration and determining the parents of a child, and Decree No. 57/2002/ND-CP of 13 June 2002 introduces regulation on the exemption from paying the birth registration fee for children living in poor households.

Since the introduction of administrative decentralisation through Decree No. 158/2005/ND-CP of 27 December 2005, local authorities have prioritised the implementation of birth registration, and more births have since been registered, particularly in remote areas and ethnic minority communities. The births of children of migrant workers without residential registration papers have also been registered.

A newborn has his or her birth registered where the mother is living. If the mother's residence cannot be determined, the People's Committee of the father's domicile will register the birth. Where the residence of neither parent can be identified, the communal People's Committee where the child is living will proceed with his or her birth registration.

One of the main reasons given to explain the lack of universal birth registration is that parents (and society at large) are not properly aware of its importance. To correct this lack of awareness, the Government intends to launch a national campaign on birth registration, together with the dissemination of policies. It also plans mobile registration systems, especially in remote and coastal areas and amongst temporary migrants.<sup>352</sup>

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<sup>349</sup> UNICEF Viet Nam (2006) *Ibid.*

<sup>350</sup> GSO and CPFC (2000) *Analysis of Results of the MICS II*

<sup>351</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>352</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

## 5.1.2 Children without parental care

### **Box 5.2: Concluding Observations of the Committee on the Rights of the Child on issues related to Child Protection in Viet Nam (2003)**

Family environment and alternative care

The Committee recommends that the State party:

- (a) Strengthen its efforts to develop a comprehensive family policy;
- (b) Improve social assistance and support to vulnerable families by establishing a professionalised system of social workers within communities to provide counselling and assistance;
- (c) Consider increasing financial support for economically disadvantaged families, particularly within development and poverty reduction plans for rural and remote areas.

Adoption

The Committee recommends that the State party continue and strengthen its efforts to enforce domestic laws and regulations on adoption, and ratify the Hague Convention of 1993 on Protection of Children and Cooperation in respect of Intercountry Adoption.

### 5.1.2.1 Alternative care

Under Vietnamese legislation, an orphan is a person under the age of 16 whose parents are deceased or have abandoned him/her, or who has one parent deceased and the other is either missing or incapable of raising the child.<sup>353</sup> In 2005 it was estimated that more than 25 per cent of the 130,000 children who were officially classified as orphans had lost both parents, although they might still have siblings, grandparents or uncles and aunts. Roughly 43 per cent were estimated to have lost their mother and 34 per cent to have lost their father. Around 30 per cent (about 39,000) were receiving some care and support from the Government, in the form of institutional care or social subsidies.<sup>354</sup> The most up-to-date Government data on orphans and abandoned children in Viet Nam gave a figure of 168,000 in 2007.<sup>355</sup> Some children who have lost their parents but are cared for by relatives may not be counted as orphans in Government statistics, and therefore the actual number of orphans is expected to be higher. Moreover, this group is expected to increase due to unwanted births among young women<sup>356</sup> and due to the impact of AIDS, with an estimated 263,400 children living with HIV-positive parents in 2005.<sup>357</sup>

Within the Viet Nam legal framework, there are the following care options:

a) *Family-based care*: the Government provides financial support to families and individuals who agree to care for orphans and abandoned children (see Prime Minister's Decision No. 38/2004/QD-TTg) as well as to poor families (see Decree 67 on the Policy

<sup>353</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

<sup>354</sup> MOLISA, Canadian International Development Agency and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>355</sup> MOLISA (2008) *Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly*.

<sup>356</sup> MOLISA et al. (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>357</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

for supporting the beneficiaries of social protection). In 2006, more than 63,900 children were given subsidies as means of keeping them within the community.<sup>358</sup>

*b) Informal care and assistance solutions:* formal fostering as recognised and supported by the State does not exist yet, with the exception of programmes set up by international NGOs. Private and religious organisations also provide various forms of care such as shelters and other temporary accommodation. Some informal fostering among family members occurs. Therefore, most families that volunteer to care for children are operating on an informal basis.<sup>359</sup>

In contrast, Thailand can claim to have a good model for foster care. A foster-care service has been operating for almost 20 years, implemented by government and non-government agencies. There is a process of familiarisation for foster families and children before placement as well as follow-up or home visits and evaluations. In 2001, Thailand's Department of Social Welfare was supervising more than 1,100 foster families. Most of these families foster children who are related and have been orphaned. The Department also supervises and subsidises some foster families who receive cash allowances with basic necessities for unrelated children. These families are visited regularly by a social worker.<sup>360</sup>

*c) Residential facilities:* currently, the main form of care for orphans and abandoned children in Viet Nam is institutional care, although the Government approach seems to be shifting toward alternative solutions as advocated by UNICEF and child-focused NGOs.

In 2005 there were 372 SPCs in Viet Nam. They fall under the responsibility of MOLISA or MOH. Some SPCs are dedicated to young children and those with special needs, but 20 per cent of the centres accommodate children alongside vulnerable adults, including elderly people, persons with disabilities and/or those suffering from psychiatric health conditions.<sup>361</sup>

MOLISA estimates that there are 20,000 children in public or private institutions, with approximately 15,000 children in the former.<sup>362</sup> In 2008, of the children living in institutions, more than 10,000 children were abandoned, more than 5,000 were orphans and more than 2,000 had disabilities. An analysis of the numbers of children living in these facilities in terms of age, sex, ethnicity, special needs and the reasons for being in the institution is currently not available.<sup>363</sup>

However, the data available does reveal issues of concern regarding institutional care in Viet Nam. Staff capacity is seriously limited; only a minority of institutions adhere to CRC principles; and children tend to be institutionalised for long periods, in some cases from infancy until they reach legal maturity. Recent studies have reported maltreatment of certain groups, such as children with mental disabilities and those previously exploited as commercial sex workers.<sup>364</sup>

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<sup>358</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>359</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

<sup>360</sup> UNICEF East Asia and Pacific Regional Office (2006) *Alternative Care for Children without parental caregivers in Tsunami-affected countries*

<sup>361</sup> MOLISA et al. (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>362</sup> MOLISA (2008) *Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly*.

<sup>363</sup> Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam - Final Report*

<sup>364</sup> MOLISA et al. (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

### 5.1.2.2 Adoption

Viet Nam has for a long time ranked among the most popular countries of origin for adopted children, with at least 10,000 children being adopted worldwide in the last decade. Statistics collected from various central authorities (Table 5.1) show that adoptions from Viet Nam are significant and have increased in recent years. Particular increases are closely related to when a country signed its bilateral adoption agreement with Viet Nam.

In its Concluding Observations, the CRC Committee reiterated its concern about domestic and inter-country adoption legislation in Viet Nam. The main issue was the high number of inter-country adoptions, which should be considered as an option of last resort. The Committee also pointed out the lack of clear provisions enabling the prosecution of persons acting as illegal intermediaries in the adoption of a child.<sup>365</sup>

There is no provision in the Penal Code on ‘trade of children’ as defined in the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol), supplementing the UN Convention against Transnational Organised Crime, but only on ‘sale of children’ which is not fully in line with the Optional Protocol to the CRC. It is therefore difficult for police and prosecutors to bring charges against those who are trafficking children for adoption.<sup>366</sup>

**Table 5.1: Adoptions from Viet Nam to the main receiving countries, 2002 - 2008**

	2002	2003	2004	2005	2006	2007	2008	Total
Canada	84	45	6	5	34	54	45	189
Denmark	75	19	13	72	44	51	39	313
France	61	234	363	790	742	268	284	2,742
Ireland	81	39	16	92	68	130	180	606
Italy	90	59	6	140	238	263	313	1,109
Sweden	86	32	6	80	67	54	45	370
Switzerland	24	47	31	4	3	5	5	119
USA	766	382	21	7	163	828	751	2,918
<b>Total</b>	<b>1,183</b>	<b>857</b>	<b>462</b>	<b>1,190</b>	<b>1,359</b>	<b>1,648</b>	<b>1,657</b>	<b>8,356</b>

Source: Boéchat H. Et al. (2009) *Assessment of the Adoption System in Viet Nam - Final Report*

On average, at least 1,000 Vietnamese children have been adopted to other countries each year, with over 1,600 children in 2007 and 2008. It is expected that this number will decline for 2009, given the non-renewal of bilateral agreements by several foreign authorities.

For the years 2000-2005,<sup>367</sup> some statistics on domestic child adoption were available in the Vietnamese Government reports to the CRC Committee. The MOJ also revealed that

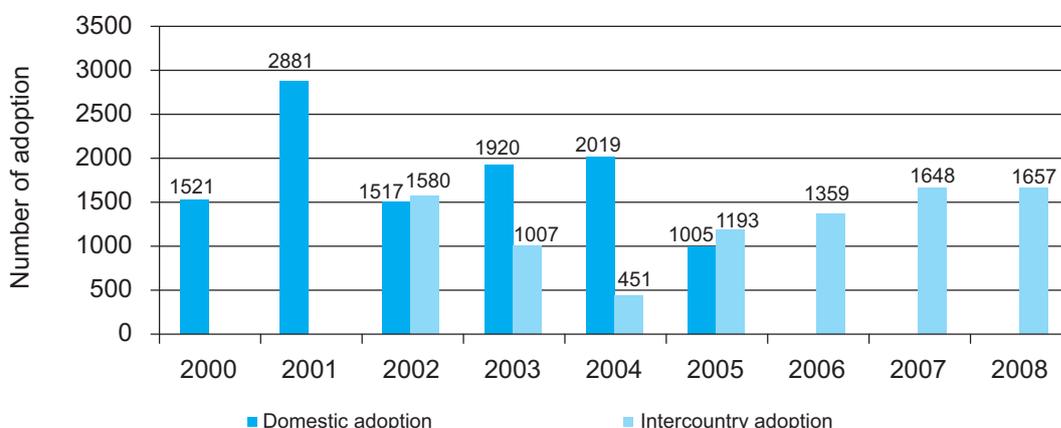
<sup>365</sup> UN (2006) *Concluding Observations of the Committee on the Rights of the Child to Viet Nam's First Report to the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography*

<sup>366</sup> MOLISA et al. (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>367</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

17,000 domestic adoptions were registered at People’s Committee level between 2003 and 2008.<sup>368</sup>

**Figure 5.2: Number of domestic and inter-country adoption between 2000 and 2008**



Source: Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam - Final Report*

According to the Law on Marriage and Family (2000), orphans and abandoned children may be adopted if they are under the age of 15. Certain criteria must be met by prospective adoptive parents: they must be at least 20 years older than the child and have sufficient economic resources to ensure the child’s care, protection and education. In 2003, the Government amended its adoption regulations, setting up a central Department of International Adoptions within MOJ to approve adoptions. It also instituted a requirement for receiving countries to enter into bilateral agreements with Viet Nam (Decree No. 62/2003/ND-CP).

A bilateral agreement had already been signed with France before 2003. Since then Viet Nam has signed agreements with nine European and North American countries and with the Province of Quebec in Canada. By mid 2008, a total of 68 agencies had been authorised to work on inter-country adoption in Viet Nam. In recent years, a number of countries have tried to examine the adoption system in Viet Nam, through missions in the country and the growing involvement of their diplomatic staff. The adoption situation is now complex: several countries are asking for more adoptions to be processed, while others are raising concerns about the adoption system as a whole.<sup>369</sup>

An assessment of the intercountry adoptions from Viet Nam conducted in 2009 indicated several concerns. First, it noted that intercountry adoptions were essentially influenced by foreign demand. Second, it highlighted the need to reform the relationship that can exist between agencies and specific residential facilities. Third, it noted that not all Governments and Central Authorities of “receiving countries” had fully adhered to applying the basic principles of the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption, or the recommendations of the Special Commission on the treaty’s practical operation, in their dealings with intercountry adoptions from Viet Nam. Since 2008, the Government has engaged in a reform of its adoption system, which resulted in June 2010 with the adoption by the National Assembly of a new national law on adoption that addresses many of the concerns raised regarding intercountry adoptions. Viet Nam’s strong desire for rapid accession to the Hague Convention constitutes a highly positive perspective.

<sup>368</sup> Boéchat et al. (2009). *Assessment of the Adoption System in Viet Nam*

<sup>369</sup> Boéchat et al. (2009) *Ibid.*

### 5.1.3 Forms of violence against children

The available information raises concerns over the incidence of domestic violence, sexual abuse and commercial sexual exploitation of children.

#### **Box 5.3: Concluding Observations of the CRC Committee on issues related to Child Protection in Viet Nam (2003)**

The Committee recommends that the State party:

- (a) Take all appropriate measures, including legislative reform, to establish a national system for receiving, monitoring, and investigating complaints of child abuse and neglect, and, when necessary, prosecuting cases in a child-sensitive manner;
- (b) Provide training for law enforcement officials, social workers and prosecutors on how to address complaints regarding child abuse in a child-sensitive manner;
- (c) Establish an accessible national system, with appropriate human and financial resources, to provide counselling and assistance to child victims of violence as well as child witnesses of crimes;
- (d) Establish a mechanism for collecting data on perpetrators and victims of abuse and neglect, disaggregated by gender and age, in order to properly assess the extent of the problem and design policies and programmes to address it;
- (e) Explicitly prohibit corporal punishment in the home, schools and all other institutions;
- (f) Carry out public education campaigns about the negative consequences of ill-treatment of children, and promote positive, non-violent forms of discipline as an alternative to corporal punishment.

In Viet Nam, there has been much publicity encouraging children, family members and the community to be on the look-out for child abuse. People are exhorted to report any violence against children to the police, relevant officials in the ministries, the Women's Union, the Youth Union, or to use the Child Helpline telephone line.

#### **Box 5.4: Child Helpline**

After three years of operation, the project for a free Child Helpline (jointly implemented by the Centre for Communications Consulting and Services under MOLISA and Plan International in Viet Nam) has received over 130,300 calls. Calls were made from all provinces and cities, and 17,600 cases received timely intervention and support.

Although it is a new service, the Child Helpline is trusted by children, their families and the community. As well as providing a free telephone consulting service, the Child Helpline has coordinated with provincial authorities to conduct community-based support activities to help hundreds of disadvantaged, injured and abused children. An analysis of the issues discovered through the Child Helpline has been submitted to MOLISA and National Assembly bodies such as the Committee for People's Aspiration, the Culture, Education, Youth, and Children Committee, and the Committee for Social Affairs.

*Source: Socialist Republic of Viet Nam (2008) Third and Fourth Country report on Viet Nam's implementation of the International Convention on the Rights of the Child in the period 2002-2007*

Vietnamese law strictly prohibits all forms of violence against children. This includes physical, psychological and sexual violence, as well as neglect and exploitation for commercial purposes. The 2004 Law on Child Protection, Care and Education bans all forms of violence against children. Clause 2 of Article 6 states that “any behaviour that violates the rights of the child causing harm to the child's normal development is strictly

*punished by the law*". Article 7 stipulates clearly forbidden behaviour such as child torture and ill-treatment (Clause 6); corporal punishment for children in conflict with the law (Clause 9), etc. The 2001-2010 National Programme of Action for Vietnamese Children<sup>370</sup> sets out "the goals of protecting children from social evils, preventing violence against children; fighting against discrimination; protecting children from accidents".

#### 5.1.4 Child abuse (physical, emotional and sexual abuse) and neglect

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition:

*"Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."*<sup>371</sup>

In Vietnamese law, all forms of child abuse are strictly prohibited. However, there is no general definition of child abuse or violence against children as defined in Article 19 of the CRC and other international conventions. At present, Viet Nam has only the term of 'child offence' which is understood widely as *"any acts that adversely affect or cause harm to the long-term physical, intellectual, mental and social development of the child."*<sup>372</sup>

##### 5.1.4.1 Physical abuse

The use of physical force as punishment or for disciplining children is practiced in Viet Nam. It usually takes the form of beatings with a hand, cane, rod, or other instrument. Other methods used are knocking the child's head, hitting the buttocks, slapping the thighs, or the child being deprived of food. Physical punishment takes place both within the family and school. Its prevalence may be decreasing as a result of the professional community promoting alternative and more effective ways of educating and disciplining children.<sup>373</sup>

There is no specific definition of child physical abuse, although the professional community uses the legal definition of physical assault provided by the Penal Code, Article 104. Under current legislation, neither the police nor other persons are allowed to remove a child from the family without parental consent. Although only the court has the authority to remove a child from the care of the parents without parental consent,<sup>374</sup> the police have authority to arrest for temporary custody persons whose acts cause injury to children.

Preventing the perpetrator from contact with the victim is a new intervention introduced by the Law on Prevention and Control of Domestic Violence. It can be used to protect child victims of domestic violence.

##### 5.1.4.2 Emotional abuse and neglect

This takes various forms, including shouting, humiliating and publicly blaming children. It occurs in the family and in schools. Family violence is becoming a serious social issue that puts considerable pressure on children.

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<sup>370</sup> Ratified under Prime Minister's Decision No. 23/2001/QĐ-TTg

<sup>371</sup> WHO (2002) *World report on violence and health*

<sup>372</sup> Permanent Mission of the Socialist Republic of Viet Nam to the UNO in Geneva (2006) *Viet Nam's responses to the questionnaire as requested by UN Secretary's General study on violence against Children*

<sup>373</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>374</sup> UNICEF Viet Nam (2006) *Ibid.*

Parental neglect is another form of child abuse. The Survey on the Family in Viet Nam 2006 states that, due to the shortage of nurseries and kindergartens, many parents face difficulties caring for their children, particularly those under the age of two. Mothers in rural areas spent less time taking care of children than did urban mothers: the proportion of mothers in urban areas taking care of children for more than three hours a day was 38 per cent, compared to 25 per cent of mothers in rural areas. This may be a cause of child neglect and may warrant a more in-depth study.<sup>375</sup>

### 5.1.4.3 Sexual abuse

The World Health Organisation defines child sexual abuse as follows:

*“Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”<sup>376</sup>*

Where the perpetrator is a member of the child’s immediate or extended family, sexual abuse is referred to as incest. Child sexual abuse may also be perpetrated in the form of exploitation through pornography or prostitution.

Article 56 of the 2004 Law on Protection, Care and Education of Children provides that sexually abused children should be supported by their family, the community and the State through counselling services, psychological and health recovery, and in conditions conducive to family and community re-integration.

The State has launched programmes to re-integrate children who have been sexually abused into society. It has included the issue in other programmes covering vocational training, employment creation, hunger eradication and poverty reduction. Policies on medical examination, and the treatment and care for child victims of dignity violations and sexual abuse have also been supplemented. Socio-psychological counselling and other assistance for child victims are also provided. Offenders are strictly punished.<sup>377</sup> However, studies suggest that sexual abuse, in particular within the family context, is a significant concern.<sup>378</sup>

It is difficult to obtain accurate figures and data on the prevalence of child sexual abuse in Viet Nam. It may be that sexual abuse is under-reported and that there are more cases than are recorded. However, in accordance with international and local surveys, offenders are likely to be someone close to the victim such as family members or neighbours. The average age of the victim of sexual abuse is 12 years, although the range is from 2-17 years of age.<sup>379</sup>

The term child sexual abuse used in Viet Nam refers to instances where a person by virtue of their age, experience, physical strength or social standing uses their authority to engage a child in sexual activities.<sup>380</sup> According to the Penal Code (Article 112), all cases

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<sup>375</sup> MOCST et al. (2008) *Family Survey 2006*

<sup>376</sup> WHO (1999) *Report of the Consultation on Child Abuse Prevention*

<sup>377</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth country report on Viet Nam’s implementation of the UNCRC in the period 2002-2007*

<sup>378</sup> CPFC and UNICEF (2006) *Legal review on child abuse*

<sup>379</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>380</sup> UNICEF Viet Nam (2006) *Ibid.*

where a person has sexual intercourse with children under 13 years old are considered to be child rape. However, there is no official legal definition of the term 'child sexual abuse' and it is used inconsistently in the legislation and regulations.<sup>381</sup>

As in many countries, street children in Viet Nam are extremely vulnerable to sexual abuse. It is often assumed that the child has consented to the sexual activity, which makes it virtually impossible for the child to count on the police to take appropriate action or regard it as a crime. As a counter-measure, the Government identified child sexual abuse, including child prostitution, as a priority issue under Decision No. 19/2004/Q-TTg, approving the Programme on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy, Harmful or Hazardous Conditions 2004-2010.

Under Viet Nam's current legislation, there are no separate complaints procedures for reporting child abuse. There are no special means of denunciation or child-friendly procedures that would enable children to file a complaint on their own.<sup>382</sup> The law does not make it compulsory to report child abuse cases, except for cases containing criminal elements. Viet Nam has no specialised agency or separate procedures for investigating and assessing child abuse complaints. Reported or suspected cases of child abuse are therefore resolved in accordance with the standard procedures under the Ordinance on Handling Administrative Violations or the Penal Procedure Code. The only interventions stipulated are either to separate the child from the abuser or to detain the abuser temporarily. In reality, children are rarely separated from their parents.<sup>383</sup>

In 2003, a study was conducted on all forms of child abuse in Viet Nam. It collected data from 2,800 participants, including a range of adults and children to reflect the social and cultural diversity of the population. The study concluded that childhood abuse and violence was more commonly suffered in reform schools and other institutions than in any other location.<sup>384</sup>

Of children who run away from home, most are escaping from domestic violence. The Results of the Survey on the Family in Viet Nam 2006 show that although violence occurs to both wife and husband, the latter is usually the one committing more serious kinds of physical violence. It was also noted that the prevalence of violence was higher among households with low income and with low educational levels.<sup>385</sup>

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<sup>381</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

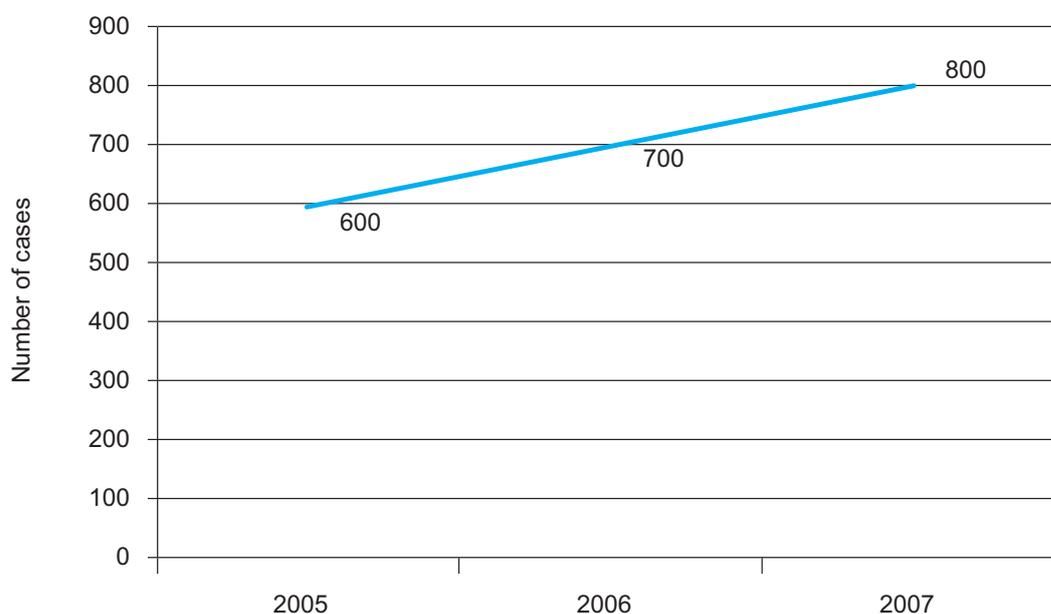
<sup>382</sup> MOLISA and UNICEF Viet Nam (2009) *Ibid.*

<sup>383</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>384</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>385</sup> MOCST et al. (2008) *Family Survey 2006*

**Figure 5.3: Number of reported cases of sexually abused children between 2005 and 2007**



Source: MOLISA (2008) *Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly*

The increase in reported cases does not necessarily point to an increase in sexual abuse cases. Evidence globally suggests that with increased awareness and improved reporting systems the number of reported cases initially increases before it stabilises or decreases. This graph therefore suggests that the reporting system is better in 2007 than in 2005. As mentioned earlier, it does not reflect the real data on child sexual abuses cases in Viet Nam, which are believed to be under-reported.

### 5.1.5 Commercial sexual exploitation and trafficking of children

#### **Box 5.5: Concluding Observations of the CRC Committee on issues related to Child Protection in Viet Nam (2003)**

Special protection measures

Sexual exploitation and trafficking

The Committee recommends that the State party:

- (a) Continue to strengthen national and sub-regional strategies and programmes on the prevention of sexual exploitation and trafficking, and ensure that they take into account the commitments made at the First and Second World Congresses Against Commercial Sexual Exploitation of Children, held in 1996 and 2001, respectively;
- (b) Train law enforcement officials, social workers and prosecutors on how to receive, monitor, investigate and prosecute complaints effectively, in a child-sensitive manner;
- (c) Ensure that all victims of trafficking, sexual abuse and exploitation have access to appropriate recovery and reintegration programmes and services that do not stigmatise them;
- (d) Ratify the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organised Crime.

## Economic exploitation

The Committee recommends that the State party:

- (a) Ratify and implement ILO Convention No. 138 on the minimum age of employment;
- (b) Develop and implement a comprehensive child labour monitoring system for both rural and urban areas in collaboration with NGOs, community-based organisations, law enforcement personnel, labour inspectors and ILO International Programme on the Elimination of Child Labour;
- (c) Continue to strengthen the National Plan of Action for Children in Difficult Circumstances (1999-2002) and, as previously recommended, undertake a study on why children are living and working on the street, in order to develop strategies to effectively address the root causes of this phenomenon.

Commercial sexual exploitation and trafficking of children are issues that have been the subject of numerous laws, policies and programmes in recent years. Although illegal and subject to strict penalties, the phenomenon continues to pervade the lives of the most vulnerable children in Viet Nam. Family poverty, low family education and family dysfunction are among the primary causes of commercial sexual exploitation, and trafficking (both within and between countries) is a growing problem.

In Viet Nam, the law prohibits prostitution. This covers the selling and buying of sex, regardless of the sex and age of the offender. Prostitution in general and child prostitution in particular have been on a constant rise in parallel with the rapid development of hotels and restaurants. These cater for the growing number of tourists and reflect the trading ties and exchanges between Viet Nam and neighbouring countries. Both boys and girls under 18 years of age are involved in commercial sexual activity, with female workers entering the trade at a younger age. About 15 per cent of female sex workers were found to be under the age of 18.<sup>386</sup> It is believed that child prostitution is becoming more common, but it is difficult to determine the actual number of children involved, due to its covert nature.<sup>387</sup>

While there are no precise statistics on the commercial sexual exploitation of children in Viet Nam, there is evidence that trafficking in children, child prostitution and child pornography are widespread. In 2004, it was reported that emerging areas of commercial sexual exploitation of children were concentrated in large cities and provinces near Viet Nam's borders i.e. Ho Chi Minh City, An Giang, Dong Thap, Khanh Hoa, Nghe An, Ha Noi, Quang Ninh, Lang Son. Official reports from offices of Social Evil Prevention in Ha Noi, Ho Chi Minh City, Can Tho, and Tien Giang showed that female prostitution at a younger age was increasing and that two per cent of prostitutes were adolescents. In Ho Chi Minh City, 16 per cent of prostitutes were aged 14-17. In Bac Lieu province, ten per cent of 327 victims trafficked to Cambodia were children (investigation result in 2001).<sup>388</sup> Sexually exploited children were found working in a wide variety of locations such as brothels, hotels, guest houses, tea houses, beer bars, karaoke lounges, night clubs, traditional massage parlours, restaurants and coffee shops. Many of these children were recruited into jobs under false pretences.

The available research reveals that many sexually exploited children in Viet Nam come from large families, some were sold into brothels and a high percentage had been sexually abused prior to becoming sexually exploited. Although some children

<sup>386</sup> MOLISA (2009) *Review report of 5-year implementation of the Ordinance on prevention and combating against prostitution (2003 - 2008)*

<sup>387</sup> International Programme on the Elimination of Child Labour (2003) *Facts on commercial sexual exploitation of children*

<sup>388</sup> MOLISA (2004) *Viet Nam Country Progress Report Post-Yokohama Mid-Term Review [online]*

are forced and kidnapped and even drugged into the commercial sex industry, research findings also suggest that an increasing number of children and adolescents enter the commercial sex industry to escape poverty.<sup>389</sup>

The phenomenon of trafficked children and women has also become a significant problem in Viet Nam, which has been classified to be both a sending and receiving country in this multi-million dollar worldwide industry.<sup>390</sup> Although the main purpose of trafficking is to supply the sex industry, it is also conducted for illegal adoption, forced marriage and begging. According to the 2007 review report of MPS on the implementation of the National Plan of Action against Trafficking in Women and Children (2004-2010), 1,518 women and children were victim of 568 trafficking cases. From 1998 to 2006, 5,746 women and children were reportedly trafficked overseas and 7,940 women and children left communities without any reason and were likely trafficked to China or Cambodia.<sup>391</sup>

Child trafficking usually occurs in the following forms:

- Children moved within the country to work in local brothels; usually recruited with false promises of well-paid jobs at restaurants, hotels, massage salons or karaoke bars.
- Children, especially girls, trafficked across the border to work mostly as sex workers in entertainment centres in another country (mainly China, Cambodia, Malaysia, Thailand and Laos).
- Children sold to foreigners through the channel of inter-country adoption.<sup>392</sup>

The National Plan of Action against Trafficking in Women and Children aims to create great changes in awareness and actions of all branches, authorities and society in order to control, prevent and reduce trafficking of women and children by 2010.<sup>393</sup>

### 5.1.6 Child labour

Internationally, a distinction is made between child work and child labour. Child work includes helping parents around the home, assisting in a family business or earning pocket money outside school hours and during school holidays. Such activities contribute to children's development and to the welfare of their families; they provide children with skills and experience, and help to prepare them to be productive members of society as adults. Child labour, on the other hand, is defined in the CRC as economic exploitation. It includes any work likely to be hazardous, or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. It deprives children of their childhood, their potential and their dignity.

Whether or not particular forms of work can be called 'child labour' depends on the child's age, the type and hours of work performed, the conditions under which it is performed and the objectives pursued by individual countries. The answer varies from country to country, as well as among sectors within countries.

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<sup>389</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>390</sup> UNICEF Viet Nam (2006) *Ibid.*

<sup>391</sup> MPS (2007) *Review report of the Steering Committee 130/CP on the implementation of the National Plan of Action against Trafficking in Women and Children (2004 - 2006)*

<sup>392</sup> MPS and UNICEF (2007) *Commercial Sexual Exploitation of Children, Police Training Manual and Training for Police Trainers*

<sup>393</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

The most recent figures estimate that about 27,000 children work in harmful and hazardous conditions in Viet Nam.<sup>394</sup> The MICS of 2006 provides information on the extent of child labour in Viet Nam, although the definition applied is not entirely consistent with those used by ILO and MOLISA.

According to the MICS definition, a child is engaged in child labour if, during the week preceding the survey, the child (aged 5-11) took part in at least one hour of economic work or 28 hours of domestic work per week; or (aged 12-14) had undertaken at least 14 hours of economic work or 28 hours of domestic work per week.

The most recent data from the 2006 MICS indicates that an estimated 16 per cent of children aged 5-14 years old were economically active. The 5-9 year age group represents the main target of concern: being younger, they are more vulnerable to abuse and work-related injuries, and their education is being seriously jeopardised. The analysis of data disaggregated by age, region and sex suggests the following:

- Child labour is predominantly linked to agricultural activity (83 per cent of working children) while eight per cent are employed in manufacturing and eight per cent in services. Children living in rural areas are more likely than their urban counterparts to be involved in economic activity. In urban settings, children are employed in a wide range of activities such as selling lottery tickets, cigarettes, newspapers, flowers and shoe-shining.
- Boys and girls are involved in economic activity in almost equal numbers<sup>395</sup> and there is no particular gender bias in the type of work done. However, children in rural areas, older children, ethnic minority children and children who are not attending school are more likely to be working than other groups.
- Child labour increases with the age of the child. However, the number of very young children (under 10 years) working is still considerable, particularly in rural areas.
- There are important regional differences: over 16 per cent of children are found to work in the North West, while only four per cent in the South Central Coast region work.
- Both mothers' and fathers' education seems to be correlated with the involvement of children in labour. Almost one-fifth of children whose mothers have not completed primary education are involved in child labour, while the proportion decreases to 12 per cent for children whose mothers completed their upper secondary school diploma. As far as fathers' education is concerned, the proportions are 17 and 12 per cent, respectively.<sup>396</sup>

The involvement in economic activities of children aged 10-14 has declined from over 45 per cent in 1993 to under ten per cent in 2006. Trends are again strongly differentiated by age rather than by sex. Child labour amongst children aged 5-9 declined more rapidly than among older age groups. The reduction was almost identical across the sexes. The reduction was largely concentrated in the agricultural sector, falling from over 90 per cent in 1998 to slightly over 80 per cent in 2006. This declining trend has been recognised in all income groups, although it was larger in absolute terms for the poorest households.<sup>397</sup>

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<sup>394</sup> MOLISA and UNICEF (2008) *Creating a protective environment for children in Viet Nam: an assessment of child laws and policies*

<sup>395</sup> ILO et al. (2009) *Understanding Children's Work in Viet Nam*

<sup>396</sup> GSO and UNICEF Viet Nam (2007) *MICS 2006*

<sup>397</sup> ILO et al. (2009) *Understanding Children's work in Viet Nam*

According to the ILO criteria applied in its most recent study by the Understanding Children's Work project, almost 151,000 children below the absolute minimum working age of 12 years are involved in economic activity; roughly 503,400 children under 15 years are employed in heavy economic activity and 633,400 children work excessive hours.

**Table 5.2: Estimate of child labour involvement, children aged 5 - 17 years, Viet Nam, 2006, by sex and residence (low estimate)**

Sex and Residence	Children aged 6-14 years in economic activity (excluding 12-14 years old in 'light' economic activity) (A)		Children aged 15-17 years in hazardous work (B)		Total child labour, children aged 6-17 years old (A) +(B)	
	% of total age group	No.	% of total age group	No.	% of total age group	No.
Male	4.8	333,819	11.2	377,128	6.9	710,947
Female	4.6	320,503	9.7	292,099	6.1	612,601
Rural	5.7	615,373	11.3	556,949	7.4	1,172,322
Urban	1.3	38,948	7.7	112,278	3.3	151,226
<b>Total</b>	<b>4.7</b>	<b>654,322</b>	<b>10.5</b>	<b>669,227</b>	<b>6.5</b>	<b>1,323,548</b>

Notes: (a) The lower bound of six years rather than five years is employed because VHLSS (Viet Nam Household Living Standard Survey) 2006 did not collect information on five year-olds. (b) Light economic activity is defined as work for less than 14 hours per week or in hazardous industry regardless of working hours. (c) Due to data limitation, hazardous work consists only of the mining and construction industries and of children working excessive hours (43 or more hours per week). VHLSS 2006 collected no information on children's exposure to the hazardous conditions contained in Inter-Ministerial Order, and information on occupation collected by the survey was too general to match to the national list.

Source: ILO et al. (2009) *Understanding Children's Work in Viet Nam*

Involvement in work that is not considered to be economic activity could also be detrimental to children's development. However, in Viet Nam, household chores appear to be lower intensity activities for children. Out of the 37 per cent of children aged 6-14 involved in household chores, 93 per cent spend not more than two hours per day.<sup>398</sup>

On the other hand, children are particularly vulnerable to exploitation when they are engaged in certain 'invisible' forms of employment such as domestic service and illegal activities. In its 2009 study, ILO estimated that more than 2,160 children were employed for domestic work in Ho Chi Minh City.<sup>399</sup> Out of these, 70 per cent were female and 30 per cent male. These children were reported to work 13 hours per day, seven days a week. Interviews conducted with the children revealed that most of those coming from outside Ho Chi Minh City were often not registered for temporary residence with the local authorities, which put them in a vulnerable situation.<sup>400</sup>

According to these figures, about 16 per cent of children aged 5-14 appear to be involved in child labour. Most of them work in family business (about 13 per cent), and two per cent are involved in household chores for at least 28 hours per week. The level of participation in child labour is similar among males and females.

<sup>398</sup> ILO et al. (2009) *Ibid.*

<sup>399</sup> ILO et al. (2009) *Ibid.*

<sup>400</sup> ILO (2006) *Child Domestic Workers in Ho Chi Minh City*

### 5.1.7 Children living and working on the street

'Street children' in Viet Nam includes the following groups:

- Children from migrant families living and working on the street in public areas, with one or both parents or guardians;
- Children working on the street who live at home with their parents or guardians;
- Children who have left home for economic reasons and live and work on the street, in public areas such as parks, under bridges in cities without their parents or guardians.<sup>401</sup>

The CRC does not explicitly define street children. However, the CRC Committee has commented on States that deal with children living and working on the street through vagrancy laws or rounds-up by the police.<sup>402</sup> While some are homeless with their families, or return home at night after working on the street, many others have neither parental care nor a home.

A precise figure for the number of children living and working in the street is not available, but estimates by the former Committee for Population, Family and Children (CPFC) suggested that the number increased steadily from 16,000 in 1997 to nearly 21,000 in 2003. Approximately 10,000 children living and working in the street were found living in Ho Chi Minh City alone.<sup>403</sup> More recent figures provided by MOLISA estimated that the number of children living and working in the street in the whole of Viet Nam has decreased from 16,000 in 2005 to about 13,000 children in 2007.<sup>404</sup>

The 'invisibility' of these children is undoubtedly one of the major obstacles to an improved understanding of the extent and nature of this issue. Children who are involved in selling drugs, in commercial sexual exploitation, or working at night are more likely to be omitted by a survey conducted during the daytime. Their mobility in response to new earning opportunities and the seasonality of many activities in which they are involved pose additional difficulties to estimating the true numbers.<sup>405</sup>

Many children live around markets, bus stations, railway stations, restaurants, pagodas, tourist attractions and commercial centres.<sup>406</sup> They are involved in a wide range of activities including street vending, selling newspapers and lottery tickets, shoe-shining and scavenging. Street vending and selling lottery tickets were found to be the major occupational areas for children in Ho Chi Minh City, while children in Ha Noi mostly engage in shoe-shining and street vending.

There are fewer children sleeping on the street than those who share rented rooms. Those living with relatives or in a drop-in centre or other charitable organisation represent a minority.<sup>407</sup> The majority of street children dropped out of primary school. Thirty-two

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<sup>401</sup> MOLISA and UNICEF Viet Nam (2008) *Creating a Protective Environment for Children in Viet Nam*

<sup>402</sup> MOLISA and UNICEF Viet Nam (2008) *Ibid.*

<sup>403</sup> CPFC of Ho Chi Minh City (2003) *Report of the Study on Home Return of Street Children in Ho Chi Minh City and in Provinces*

<sup>404</sup> MOLISA (2008) *Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly*

<sup>405</sup> Hong D.K. et al. (2005) *Street Children in Viet Nam*

<sup>406</sup> CPFC of Ho Chi Minh City (2003) *Report of the Study on Home Return of Street Children in Ho Chi Minh City and in Provinces*

<sup>407</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

per cent of street children are single orphans (without one parent) and five per cent are double orphans (without both parents).<sup>408</sup>

Children living and working in the street in main urban centres tend to come from rural areas and those who have left home for economic reasons and are without parents or guardians are the most vulnerable group. They are at high risk of drug abuse, commercial sexual exploitation, trafficking, and juvenile delinquency. Migrant children who live on the street are also particularly vulnerable because they generally do not possess any registration documents and consequently cannot access health care and other social services.<sup>409</sup>

### 5.1.8 Migrant children

The issue of children who migrate from rural to urban areas is closely related to street and working children, although the two groups are not always the same. There is a lack of comprehensive data on child migrants as opposed to street and working children. Unregistered child migrants are often 'invisible' residents in urban areas, as they do not appear in statistics or administrative records. Moreover, when caregivers, especially mothers, move to urban areas, it disrupts not only disrupts families but also the protective mechanisms for children as well.

Migrants often do not fully understand the importance of birth registration. Some localities have not given appropriate attention to the activity, neither assigning staff with capacity and professional skills at the grassroots level, nor actively attempting to ensure that every child is registered at birth. Information on laws and policies has not yet fully reached disadvantaged areas and people in difficult situations.

#### **Box 5.6: Birth registration** <sup>411</sup>

In many ethnic minority areas in the mountainous province of Lai Chau, in order to facilitate birth registration and record related documents for ethnic minority people, some communal People's Committees now file birth certificates in the communal People's Committee office. When citizens need registration certificates, they can go to the Committee to receive their document. This process is convenient for both the people and Committee management.

Child migrants face marginalisation as a result of their unregistered status in the city or town to which they have migrated. Lacking formal registration papers, they are often unable to access basic public services such as health and education, and are often more vulnerable to exploitation and abuse. Even in cases where migrant families are registered with KT3 or KT4<sup>411</sup> status, they may be given lower priority than those with permanent residency or born in the cities (KT1 and KT2) in terms of accessing education or health services. In some cases, migrants may have to pay additional 'voluntary' fees to register their children in schools or to use public health services. As a result, migrants may turn to private services, which are less regulated and often more expensive.

<sup>408</sup> International Bureau for Children's Rights (2006) *Making Children's Rights Work: Country Profiles on Cambodia, Indonesia, Sri Lanka, Timor Leste, and Viet Nam*

<sup>409</sup> International Bureau for Children's Rights (2006) *Ibid.*

<sup>410</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

<sup>411</sup> Some cities, such as Ha Noi and Ho Chi Minh City, classify their residents into four categories, namely KT1, KT2, KT3 and KT4. KT1 refers to local residents in a particular area, KT2 to local residents from a different area within the city, KT3 to long-term city-ward migrants who have obtained permanent residence permits, and KT4 to other migrants

In some cases, employment agents negotiate transactions and deliver unsuspecting rural children to urban industries. Since unregistered children do not officially exist in their workplaces, it is difficult to see how they can acquire any protection by the state in the case of abuse. Child migrants are often more vulnerable to commercial sexual exploitation too because it is easier to entice and control them: they are less likely to have anyone to rely on for support and advice; they desperately need money; and they are unfamiliar with their surroundings. In response to tensions in their relationships with urban dwellers and institutions, some child migrants choose to join groups or gangs, in some cases as a way of creating a family in the isolation of the streets.<sup>412</sup>

Despite the enforcement of Decree 158/2005/ND-CP, some migrants remain unaware of the necessity of birth registration and the entitlements of civil registration. Without temporary residential registration, migrant parents are unable to get birth certificates for their children at their temporary place of residence. The lack of birth certificates means that children do not have a legal identity, leading to problems accessing education, health, and later, employment, marriage and other opportunities.

### 5.1.9 Juveniles in conflict with the law

#### **Box 5.7: Concluding Observations of the CRC Committee on issues related to Child Protection in Viet Nam (2003)**

##### Juvenile justice

- (a) The Committee recommends that the State party:(a) Ensure the full implementation of juvenile justice standards, in particular Articles 37, 39 and 40 of the Convention, as well the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) and the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), in the light of the Committee's 1995 day of general discussion on the administration of juvenile justice;
- (b) Consider adopting a separate legal code for juvenile justice and establishing a system of juvenile courts;
- (c) Improve conditions in juvenile detention centres and ensure that deprivation of liberty is used only as a last resort;
- (d) Expedite the development of a system for the provision of appropriate rehabilitation and reintegration services and increase the number of professional social workers providing such services to young offenders;
- (e) Ensure that all children accused of having violated the law have legal counsel or other appropriate assistance;
- (f) Request technical assistance in this regard from, inter alia, the Office of the United Nations High Commissioner for Human Rights and other members of the UN Coordination Panel on Technical Advice and Assistance on Juvenile Justice.

#### 5.1.9.1 The situation of children in conflict with the law

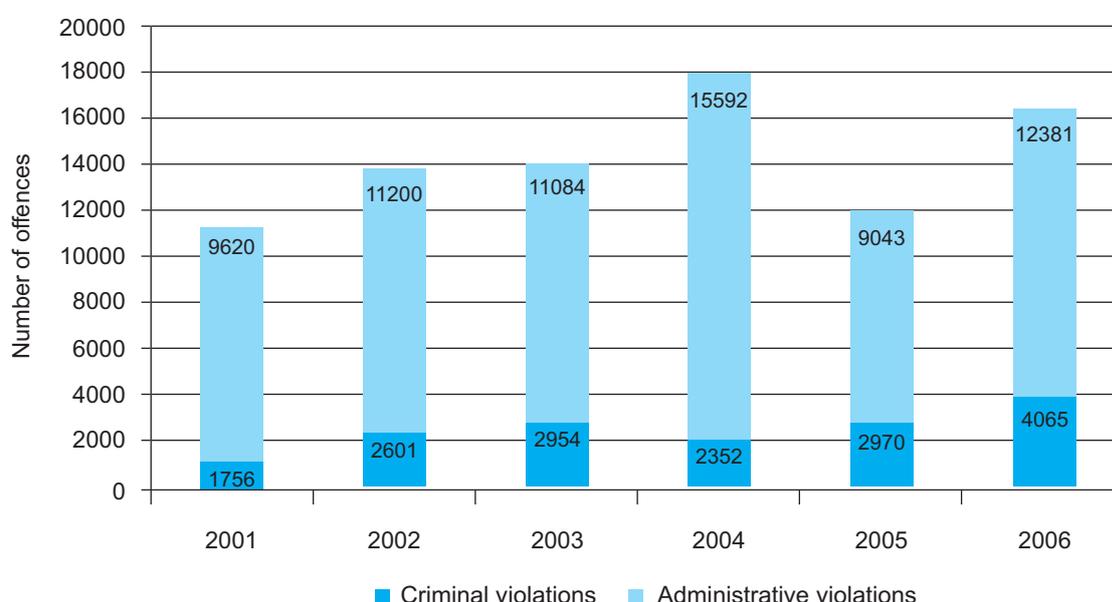
According to Vietnamese law, juveniles in conflict with the law include all persons aged 12-18 who are alleged or accused of having committed a law violation, either administrative or criminal.

<sup>412</sup> Save the Children UK (2006) *A Rapid Assessment of the Situation of Migrant Children in Viet Nam*

Viet Nam has two distinct systems for dealing with juveniles in conflict with the law: the administrative system, governed by the Ordinance on Handling of Administrative Violations, 2002; and the criminal system, which addresses more serious law violations that fall under the Penal Code.

The administrative system is used for less serious offences such as violations of State regulations and minor public order offences. It is mainly governed by the Ordinance on Handling of Administrative Violations and various circulars and directives which have limited provisions to guarantee the legal protection of children in conflict with the law.<sup>413</sup> Under this system, children aged 14-16 have administrative sanctions imposed for intentional administrative violations, whereas juveniles from 16 years old upwards have administrative sanctions imposed for any administrative violations, whether intentional or not. Children aged 12-14 who commit law violations that are considered as dangerous to society are subject to administrative sanctions.

**Figure 5.4: Number of administrative and criminal offences committed by children under 18 years of age between 2001 and 2006**



Source: MPS data, quoted in: Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's implementation of the CRC in the period 2002 - 2007*

As shown in Figure 5.4, most offences committed by juveniles are administrative or less serious offences. Nevertheless, these juveniles are in conflict with the law under the Ordinance on Handling of Administrative Violations. The most common offences committed by juveniles were theft, snatching, disturbing public order, intentional injury, appropriating assets by deception, drug addiction and robbery. The incidence of robbery was found to commonly involve juveniles acting alone or in groups using a knife or other weapon.

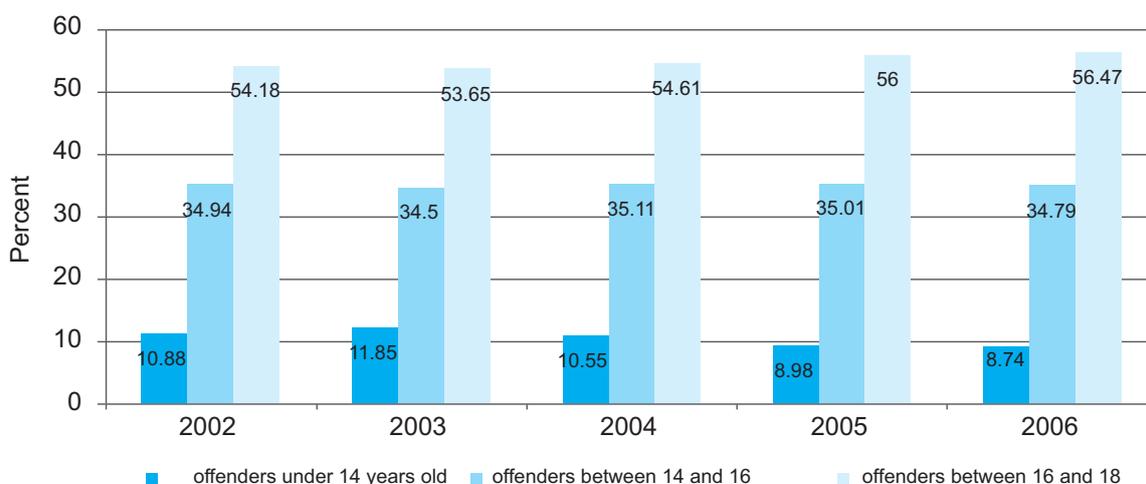
<sup>413</sup> Law Research Institute and UNICEF Viet Nam (2005) *A Report on the Situation Analysis of Juvenile Justice in Viet Nam and Evaluation of the Contemporary Juvenile Justice System*

Under the criminal system, juveniles aged 14-16 are only liable for very serious crimes committed intentionally or partially serious crimes. Juveniles aged 16 years or older are liable for all crimes. However, most of the law violations committed by children (about 80 per cent) are dealt with by the administrative system. The provisions of the Penal Procedure Code are currently being revised: this might result in the amendment of provisions related to juveniles in conflict with the law.

Apart from guidance on juvenile justice defined in the Penal Code and the Penal Procedure Code, there is a lack of subordinate legal documents as guidance. There is also no child-friendly process to implement the two Codes. Diversion and restorative justice<sup>414</sup> have not yet been implemented effectively or extensively.

In Viet Nam, there is little reliable and systematic information on the situation of juveniles in conflict with the law, so it is difficult to analyse the data. The current data collection system is inadequate. Since 2005, the former CPFC has cooperated with the Ministry of Public Security (MPS), Supreme People's Procuracy and Supreme People's Court to develop a set of 41 juvenile justice indicators, divided into nine groups of issues, to monitor the situation of juveniles in conflict with the law. Through sectoral reports on the pilot of data collection from Police, Courts and Procuracy, the findings revealed that the juvenile justice indicators need to be integrated into the existing databases of line ministries.<sup>415</sup>

**Figure 5.5: Percentage of child offenders by age group between 2002 and 2006**

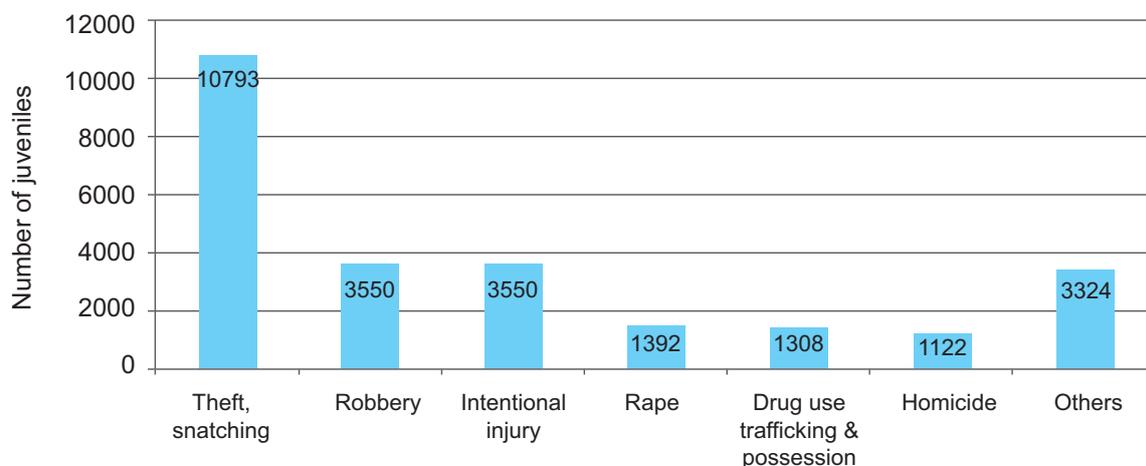


Source: MPS data, quoted in Socialist Republic of Viet Nam (2008), *Third and Fourth Country Report on Viet Nam's implementation of the CRC in the period 2002 - 2007*

<sup>414</sup> Diversion is an alternative process for dealing with children in conflict with the law in an informal way, giving juveniles the chance to reassess their behaviour and take responsibility for their actions without having a criminal record and without being subjected to deprivation of liberty. Restorative justice aims to balance the needs of the community, the victims and the offenders. It involves the active participation of victims, offenders and the community in identifying the underlying causes of the offender's misconduct and designing a plan to remedy the wrong. This may take the form of a victim-offender mediation or Family Group Conference.

<sup>415</sup> Law Research Institute and UNICEF Viet Nam (2005) *A Report on the Situation Analysis of Juvenile Justice in Viet Nam and Evaluation of the Contemporary Juvenile Justice System*

**Figure 5.6: Cumulative number of juveniles in conflict with the law by type of crime (2001 to June 2006)**



Source: UNICEF Viet Nam and Supreme People's Procuracy (2007) *Workshop on the importance of inter-agency Circular on child friendly investigation, prosecution and trial*

### 5.1.9.2 Children in conflict with the law and reintegration

Under the administrative system, a child may be subject to a non-custodial sanction such as a warning, fine or commune-level education. However, more serious sanctions include placement in a rehabilitation or medical detoxification centre, or in a reform school for a period of time, depending on the nature of the violation, the child's age, and any special circumstances.

Under the criminal system, the Penal Code stipulates that juveniles may be subject to judicial measures of an educative and preventive nature (education at commune-level or placement in reform school) or sanctions (warning, fine, non-custodial reform or a prison term).

Reform schools for juveniles are under the management of MPS, governed in accordance with Decree No. 142/2003/ND-CP. However, tentative discussions have started to shift the responsibility for reform schools (which are closed centres) from MPS to MOLISA in a move towards a less punitive approach which also gives the opportunity to implement a restorative system approach to juvenile justice.

While many measures used to rehabilitate juvenile offenders are primarily educational, there is a risk that juveniles may be stigmatised by their educational records. These label them as an offender, even if children placed in community education and reformatory schools are not officially considered to have a criminal record.<sup>416</sup>

The Law on Protection, Care and Education of Children (2004) stipulates that the Government should create favourable conditions for disadvantaged children to enjoy their rights, including the right to education, and integration in special education centres (Article 41.3). Children in conflict with the law may be sent to reform schools. After they are released to their families, they are supposed to receive support from People's Committees at the communal/ward level, to continue their general education, vocational training or to find jobs (Article 58). The Ordinance of the Implementation of Detention

<sup>416</sup> Law Research Institute and UNICEF Viet Nam (2005) *A Report on the Situation Analysis of Juvenile Justice in Viet Nam and Evaluation of the Contemporary Juvenile Justice System*

Punishment in 1993 and the revised version in 2007, and Decree 142, provide a mechanism for study, daily routine and for families to meet children and adolescents in detention.<sup>417</sup>

#### **Box 5.8: Child-friendly investigation**

Five child- and juvenile-friendly investigation departments have been established in Hai Phong, Dong Thap, Ha Noi, Ho Chi Minh City and Lao Cai since 2006 in collaboration with UNICEF. A child-friendly investigation method has been used for 13 cases of child abuse in Dong Thap and with 80 child victims in Hai Phong. Pilot support services in some localities have provided education on life skills, psychological assistance and vocational skills for children in conflict with the law or those at risk of violating the law. Training courses on laws and policies, and legal counselling for parents are also provided. There is some coordination with reform schools to provide psychological assistance to their students.<sup>419</sup>

Compared with systems adopted elsewhere in the region, Viet Nam's system of dealing with young offenders remains mainly punitive. The Philippines, for instance, has set up community-based prevention and diversion programmes. There is no specialised court dealing with family and children issues in Viet Nam. Viet Nam can learn from examples in the region, where community-based prevention and diversion programmes have replaced punitive sentences and specialised courts deal with children through child-sensitive procedures for offenders, victims and witnesses alike. Procedures include using video-linked television systems, and the mandatory presence of child counsels, psychologists or social workers during court proceedings involving children.

#### **5.1.10 Children affected by the abuse of illicit narcotic drugs and psychotropic substances**

According to the United Nations Office on Drugs and Crime (UNODC), illicit narcotic drug consumption is rising throughout the world, including in most countries in East Asia. Viet Nam is an important Southeast Asian transit route for trafficking illicit drugs – mainly heroin, opium, amphetamine-type stimulants (ATS) and cannabis.<sup>419</sup>

The Government of Viet Nam has, in recent years, taken vigorous action against the sale and use of illegal drugs. It recognises that drug abuse is directly related to other issues such as homelessness, sexual and economic exploitation, trafficking and violence. Drug abuse is most apparent among socially and economically disadvantaged groups, including ethnic minorities, unemployed young people, street children, homeless people, prisoners, fishermen, migrant and itinerant workers, and commercial sex workers. Drug use by injection, primarily of heroin, has been a major factor contributing to the spread of HIV and AIDS in many countries in Asia, including Viet Nam.

The 2005 Survey Assessment of Vietnamese Youth suggests that under-reporting of illicit drug use is common, because young people are reluctant to admit to illegal behaviour. Access to alcohol is easy in Viet Nam and peer pressure encourages many young men to drink, although fewer young women do so due to social constraints.<sup>420</sup> A survey conducted by UNODC and MOLISA estimated that 80 per cent of drug abusers were below the age

<sup>417</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

<sup>418</sup> Socialist Republic of Viet Nam (2008) *Ibid*

<sup>419</sup> UNODC (2005) *Viet Nam Country Profile*

<sup>420</sup> MOH et al. (2005) SAVY

of 35, and 52 per cent were below the age of 25.<sup>421</sup> Another estimate suggested that of the country's 122,000 registered drug addicts, about ten per cent were children. The most common drug used among young users is heroin, particularly in urban areas.<sup>422</sup>

To reduce drug abuse, the Government has increased efforts to provide treatment to existing drug users. Data from MOLISA indicate there are as many as 71 rehabilitation centres operated by Provincial Departments and run by MOLISA and the Youth Union for treating drug addiction. Treatment facilities are also available at district and commune levels.

### 5.1.11 Children affected by HIV and AIDS

This section addresses the vulnerability of children affected by HIV and AIDS in Viet Nam from a rights-based perspective focusing on protection, care and support. This complements the information already provided in Chapter 3 (which addressed the first three of the so-called 'Four Ps', i.e. Prevention, PMTCT, and Paediatric HIV).

Viet Nam's HIV epidemic is still in a concentrated phase, with the highest sero-prevalence among key higher risk populations. These include injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM). Prevalence in the general population is estimated at 0.43 per cent in 2009.

As of 2009, 243,000 people in Viet Nam are estimated to be living with HIV and AIDS, including 4,720 children.<sup>423</sup> The initial Government response to the epidemic was to try and confine the epidemic to the two high-risk groups who were said to engage in 'social evils'. More recently, it became evident to the Government that this was an inadequate response and that other strategies were needed to prevent the further spread of HIV and AIDS.

The number of children affected by HIV and AIDS is growing rapidly. A 2005 report estimated that about 283,700 children were affected by HIV and AIDS, 263,400 children were living with HIV-positive parents, family members, or guardians, and 20,000 children were orphaned by AIDS, not to mention the many children at risk of infection.<sup>424</sup> In view of the available data, prevention education for children and young people must be among the Government's priorities.

In 2005, MOLISA and UNICEF produced a report on the situation of families and children affected by HIV and AIDS in Viet Nam, which found that as of 2001, almost ten per cent of all new HIV cases in the country involved children and adolescents aged 13-19. HIV cases have been reported in all provinces and a number of places are considered 'hot spots' with particularly high numbers of reported cases (these include Ho Chi Minh City, Hai Phong, Quang Ninh, and Can Tho). The same study concluded that orphans and children living with HIV-positive relatives represent more than 98 per cent of affected children and that as the HIV and AIDS epidemic increases, so do the number of vulnerable children. The largest number of highly vulnerable children includes very young orphans, orphans with disabilities, orphans with elderly guardians, and children in female-headed and very poor households.<sup>425</sup>

Migration is a major force in the spread of the disease in Viet Nam. The number of infections was found to be eight times higher in urban than in rural areas. It is known that areas with rapid HIV transmission are those with highly mobile populations and many

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<sup>421</sup> UNODC (2005) *Viet Nam Country Profile*

<sup>422</sup> MOLISA et al. (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

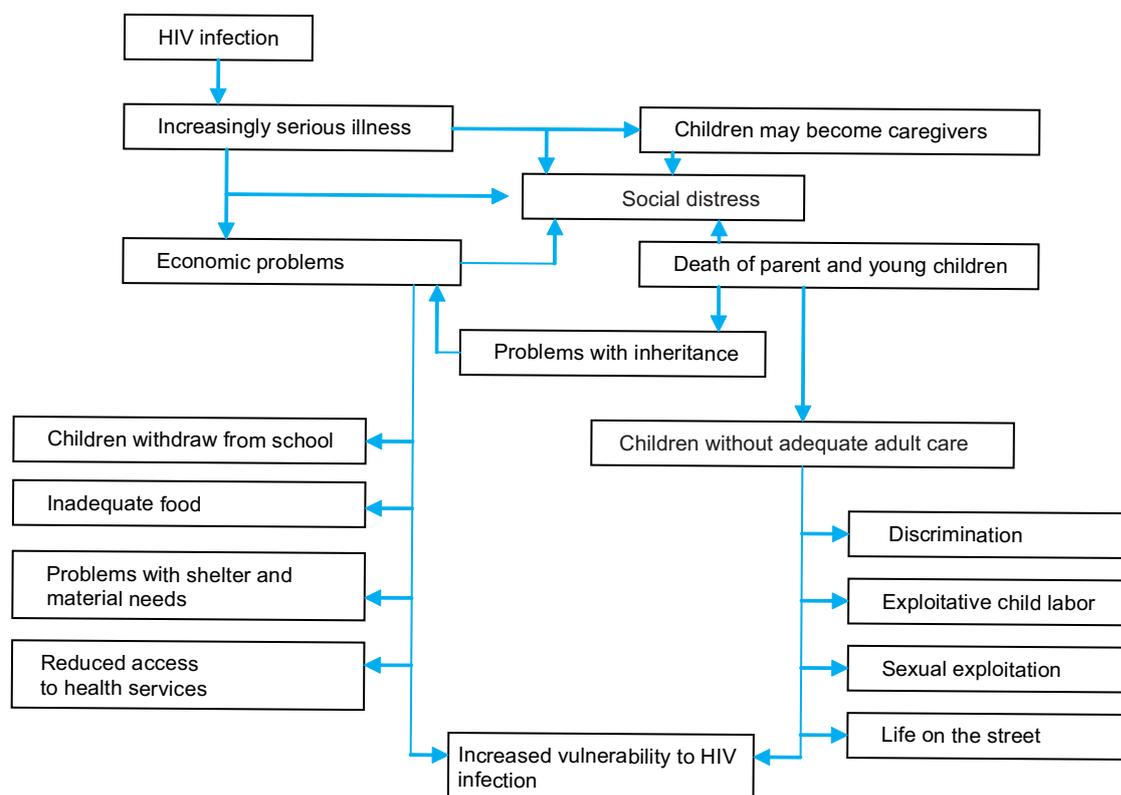
<sup>423</sup> MOH (2009) *HIV/AIDS Estimates and Projections 2007 - 2012*

<sup>424</sup> MOLISA and UNICEF Viet Nam (2005) *The situation of Families and Children affected by HIV/AIDS in Viet Nam*

<sup>425</sup> MOLISA and UNICEF Viet Nam (2005) *Ibid.*

migrant workers, including children. Many young migrants are especially vulnerable to economic and sexual exploitation, and drug abuse, which are high-risk activities that can lead them to becoming infected with HIV.<sup>426</sup> Street children, many of whom are migrants, are another group especially vulnerable to HIV infection since they are more likely to become drug users and sex workers as well. Children make up about 10 to 12 per cent of the country's 122,000 registered drug addicts and estimated 55,000 sex workers.<sup>427</sup>

**Figure 5.7: Problems among children affected by HIV and AIDS**



Source: MOLISA (2008) *NPA on Children affected by HIV and AIDS until 2010, with a vision to 2020*

Discrimination against people living with HIV and AIDS exists, particularly in connection with employment and health services. There is evidence that children from families with a member with HIV or AIDS have been sent away from schools as well as health facilities, although the actual number of children denied schooling has not been recorded.<sup>428</sup> Caregivers of HIV-positive children have experienced discrimination by health facility staff and find it hard to access ARV medicines. In addition, some children living with HIV and AIDS have been ridiculed by their peers, with some being physically attacked and beaten.<sup>429</sup>

Despite existing legislation - particularly the 2006 Law on HIV Prevention and Control - access to essential services is still difficult for children affected by HIV and AIDS. For instance, although Decree 67 deals with the provision of social benefits to several categories of children in need of special protection (amongst them children infected by HIV and with AIDS), *affected* children are not yet included amongst the beneficiaries.

<sup>426</sup> MOLISA and UNICEF Viet Nam (2005) *The situation of Families and Children affected by HIV/AIDS in Viet Nam*

<sup>427</sup> MOLISA and UNICEF Viet Nam (2007) *Assessment of HIV/AIDS vulnerability, responses and STI/HIV prevention, care and support needs of institutionalised children*

<sup>428</sup> UN in Viet Nam (2004) *United Nations Common Country Assessment for Viet Nam*

<sup>429</sup> MOLISA and UNICEF Viet Nam (2005) *Children affected by HIV/AIDS in Viet Nam – A Legal Review*

Education is another field where discrimination against children affected by HIV and AIDS is evident, particularly in pre-primary schools and vocational training. Several barriers to access have been identified: 1) limited knowledge of existing legislation amongst providers and eligible beneficiaries; 2) decision-making about social spending made at local level often does not meet the needs identified at central level; 3) social spending coverage is still limited and does not take into account additional costs such as transport for children and families; 4) lack of confidentiality is still a problem, with many potential beneficiaries afraid to declare their status and therefore excluded from benefits. This last barrier appears to be particularly relevant for young people: the fear of results being revealed stops them from getting HIV testing and counselling, even when these services are available.

### 5.1.12 Children with disabilities

#### **Box 5.8: Concluding Observations of the CRC Committee on issues related to Children with Disabilities in Viet Nam (2003)**

The Committee recommends that the State party, in accordance with the recommendations arising from the Committee's 1997 day of general discussion on children with disabilities, and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96):

1. Undertake a comprehensive survey of the number of children with disabilities, including those currently not attending school, in order to assess their educational and vocational training needs, and their access to rehabilitation and other social services;
2. Provide financial assistance to economically disadvantaged children with disabilities in order ensure their access to rehabilitation services and devices;
3. Expand existing programmes aimed at improving the physical access of children with disabilities to public buildings and areas, including schools and recreational facilities, and increase the number of integrated education programmes at pre-primary, primary, secondary and tertiary levels.

Having ratified the CRC, Viet Nam has committed itself to guaranteeing the rights of all children, including those with disabilities. Under the CRC, Viet Nam has agreed to ensure that every child with a disability has *“effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development”* (Article 23.3).

The Convention on the Rights of People with Disabilities (CRPD) - the first treaty adopted by the UN General Assembly focusing exclusively on disability rights - provides important additional direction to a State Party’s responsibilities regarding boys and girls with disabilities. The Convention highlights the particular vulnerabilities children with disabilities face by virtue of their age and condition. Indeed, Article 7 is dedicated specifically to children. On 22 October 2007, Viet Nam signed the CRPD, thus stating its intention to bring national law and practice into conformity with this Convention. Ratification by the National Assembly is scheduled for 2010. A National Law on People with Disabilities was adopted by the National Assembly in June 2010.

#### 5.1.12.1 Data and research

The availability of data on children with disabilities is critically important to make these boys and girls visible and put them on the national policy agenda. Viet Nam is not yet using the disability measurement based on the definition put forward in the new WHO

International Classification Function (ICF),<sup>430</sup> and has thus not yet started recording prevalence rates in line with international standards. Instead different Government agencies use different definitions, resulting in the use of medically oriented criteria. Arguably, this approach potentially underestimates the number of children and adults with disabilities. According to the National Statistical Data Collection, 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 as 662,000, representing 2.4 per cent of that age group.<sup>431</sup> Another key challenge concerning data collection and analysis is the weak coordination and information-sharing between the various ministries responsible for different aspects of disability.

However, in the past few years progress has been made and disability issues are included in some of the most commonly used national survey instruments, such as the 2006 Viet Nam Household Living Standard Survey (VHLSS) and the 2009 National Census. The VHLSS 2006 included some high quality disability questions in line with the new international recommendations (ICF) along with data on consumption and other socio-economic indicators. Unfortunately, the VHLSS questionnaire was not very sensitive to issues related to children with disabilities. Therefore to date the only reliable source of disaggregated data on *children* with disabilities remains the 2003 National Statistical Data Collection (NSDC).

The 2004 Situation Analysis of Children with Disabilities by MOLISA and UNICEF found that the prevalence of children with disabilities is higher in rural than in urban areas - 2.6 per cent compared to 1.4 per cent in urban areas. According to the same situation analysis, children under 16 account for about 40 per cent of the total population affected by dioxin (Agent Orange). Health effects associated with dioxin exposure include serious diseases and disabilities such as visual, hearing and speech impairment and intellectual disability. About 41 per cent of these children are unable to take care of themselves.

**Table 5.3: Percentage of children with disabilities by sex and urban-rural residence, Viet Nam, 2003**

	Male	Female	Total
Whole country	2.42	2.31	2.37
Urban	1.75	1.12	1.42
Rural	2.56	2.58	2.57

Source: MOLISA and UNICEF Viet Nam (2004) *Situation Analysis on Children with Disabilities in Viet Nam*

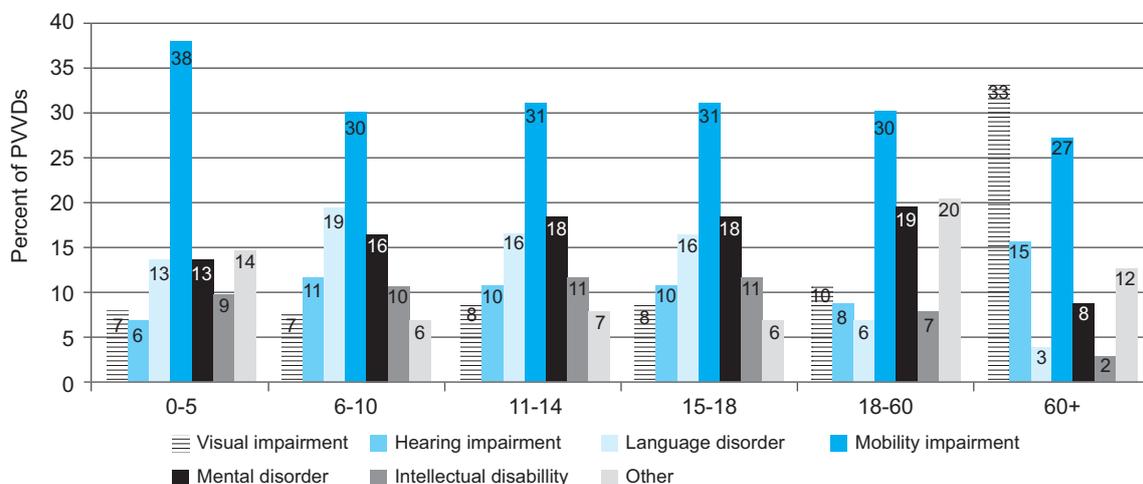
In the NSDC, mobility impairment is reported to be the main type of disability, making up 29 per cent of all disabilities, as illustrated in Figure 5.8. In the 0-5 years age group, three per cent of children are reported to have impaired mobility. Mobility impairment is followed by mental/behavioural disorders (17 per cent) while the lowest reported disabilities are those related to intellectual capacity (seven per cent). The two most prevalent causes of disabilities are congenital birth defects and diseases, respectively contributing to 36 and

<sup>430</sup> The ICF replaces the WHO's 1980 International Classification of Impairments, Disabilities and Handicaps. It is structured around the following components: (a) body functions and structure; (b) activities (related to tasks and actions by an individual) and participation (involvement in a life situation); (c) additional information on severity and environmental factors. Functioning and disability are viewed as a complex interaction between the health condition of the individual and the contextual factors of the environment as well as personal factors. Statistical uses of ICF are still largely under development internationally, although there have been national applications of ICF for population censuses and surveys and disability services statistics. WHO (1998) *International Classification of Impairments, Disabilities and Handicaps*

<sup>431</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis of Children with Disabilities in Viet Nam*

32 per cent of the disabilities. In the 0-5 years age group, 76 per cent of the disabilities are caused by congenital birth defects and 21 per cent are caused by a disease.

**Figure 5.8: Type of disability by age group, 2003 (in percentage)**



Source: MOLISA and UNICEF Viet Nam (2004) *Situation Analysis of Children with Disabilities in Viet Nam*

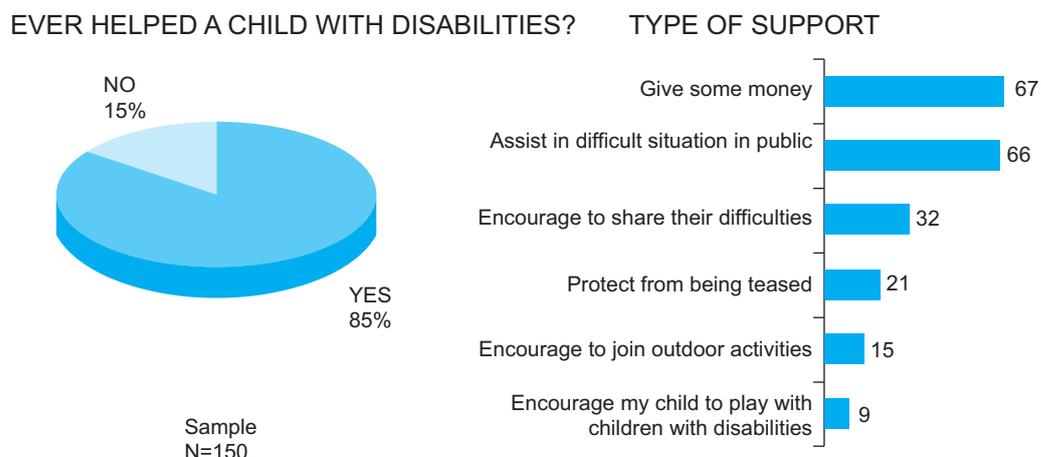
### 5.1.12.2 Child protection and social inclusion

In Viet Nam, public awareness on the so-called ‘social model of disability’ implied in the CRPD is limited. The majority of Vietnamese are more familiar with the traditional medical model of disability. The latter pays more attention to rehabilitation than social inclusion and removing barriers that limit the environment for adults and children with disabilities. However, the obstacles most often faced by children with disabilities are not their bodily impairments but rather the attitudes and prejudices of their communities. Inclusion is therefore not about inserting children with disabilities into existing structures, but transforming the systems themselves to be inclusive of both children with and without disabilities.<sup>432</sup>

A 2009 Knowledge, Attitude and Practices (KAP) study on children with disabilities conducted in Da Nang, reported that most people had a positive attitude toward children with disabilities. Over 90 per cent of respondents said that they respected children with disabilities and their families, and believed that disability could happen to anyone. Eighty-five per cent of them believed that children with disabilities depended on others most of the time and 73 per cent thought that children with disabilities were treated well by Vietnamese society. However, 60 per cent considered children with disabilities to be a burden on their families and/or society and thought that the majority of these children lived in poor families. At the same time, financial constraints and lack of knowledge about the needs of children with disabilities were claimed to be the key obstacles hindering community support for children with disabilities.

<sup>432</sup> UNICEF (2007) *Programme Guidance on Children with Disabilities*

**Figure 5.9: Support given by the public to children with disabilities, Da Nang, 2009 (in percentage)**



Source: UNICEF Viet Nam and TNS (2009) *Perception, Knowledge, Attitude and Practices Study on Children with Disabilities*

On the other hand, the KAP survey reported that the most common difficulties faced by children with disabilities and their families were for the children: a) limited access to public transport and public places, b) difficulties in communicating with their peers, c) limited access to education and health care. And for their families: a) financial constraints for access to quality health care, b) psychological problems to cope with the stress of having a child with disabilities, c) limited knowledge on disability and stigmatisation.<sup>433</sup>

Children with disabilities are uniquely vulnerable to violence, abuse, exploitation and neglect, not only because of their specific physical or intellectual differences but also because of the same misperceptions involved in other forms of discrimination. Unfortunately reliable data on child abuse and neglect is scarce in Viet Nam; disaggregated data on children with disabilities is not being collected. This may be due to the fact that these children have more difficulty in defending themselves or in reporting abuse. Even when they are able to report abuse, their claims may be dismissed as unreliable.

Generally speaking, children with disabilities and their families are more likely to be poor than the non-disabled.<sup>434</sup> In 2006, the poverty rate for disabled people in Viet Nam was estimated to be 16 per cent as opposed to 14 per cent for non-disabled people.<sup>435</sup> Disability is also significantly linked to poverty in the findings of the 2006 Viet Nam Household Living Standards Survey (VHLSS). However, when the effect of disability on education is taken into account, the correlation between disability and poverty is substantially reduced, which suggests that lack of access to education may be a primary factor underlying the relation between disability and poverty. Access to education is a challenge for children with disabilities, perpetuating the cycle of poverty.

MOLISA estimates that out of the 20,000 children living in institutions, over 10,000 children are abandoned, more than 5,000 are orphans and more than 2,000 are

<sup>433</sup> UNICEF Viet Nam and TNS (2009) *Perception, Knowledge, Attitude and Practices Study on Children with Disabilities*

<sup>434</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis of Children with Disabilities in Viet Nam*

<sup>435</sup> Mont D. (2004) *Disability Employment Policy*

children with disabilities.<sup>436</sup> Children with different needs are often placed together in the same institution, without programmes adapted to their individual circumstances. And the absence of stimulation and individual attention often causes worsening of children's intellectual capacities and lowered self-esteem.<sup>437</sup> In order to encourage the de-institutionalisation of children with disabilities, the Government has issued Decision 65 on Community-Based Care for Children in Especially Difficult Circumstances and Decision 19 on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy, Harmful or Hazardous Conditions 2004-2010. Families caring for children with disabilities are entitled to social assistance according to Decree 67.<sup>438</sup>

Children with disabilities may be more dependent on different forms of social assistance, since they do not have equal access to employment or vocational training.<sup>439</sup> According to 2003 data, 30 per cent of children with disabilities received some type of social assistance, such as exemption from school fees, free health insurance and a monthly allowance.<sup>440</sup> Although in theory the majority of children with disabilities are entitled to social assistance, it is arguable whether the established amount can provide for their needs. Consequently, income poverty and limited access to community services might lead families to consider placing children in residential care institutions, particularly when they are affected by multiple disabilities.<sup>441</sup> The rate of institutionalisation among children with disabilities is higher than among their non-disabled peers.

### 5.1.12.3 Access to health care

Knowledge on prevention and early detection of disability among families, communities and sometimes even health service providers is limited. Children with disabilities do not always receive prompt or adequate health care. Increased awareness of local rehabilitation services could help remedy this situation, particularly as Viet Nam has a good network of Community-Based Rehabilitation Centres (CBRCs). For more information on children with disabilities and health, see Chapter 3.

### 5.1.12.4 Access to education

Most children with disabilities would be able to participate in mainstream schools with their peers, if schools were child-friendly and accessible, and if the education system encouraged more curriculum flexibility and adequate training for teachers in inclusive approaches. But there will always remain a number of children who require a level of support that mainstream schools cannot offer and where specialised education services are needed.

The education level of children with disabilities in Viet Nam is reportedly very low. Indeed, according to the 2004 Situation Analysis, 52 per cent of children with disabilities do not have access to education. Almost half of the school-aged children (aged 6-17) with

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<sup>436</sup> MOLISA (2008) *Report on the situation of children in special circumstances to the Committee for Culture, Education, Youth and Children of the National Assembly*; Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam*

<sup>437</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Vietnam*

<sup>438</sup> MOLISA and UNICEF Viet Nam (2009) *Ibid.*

<sup>439</sup> MOLISA and UNICEF Viet Nam (2004) *Situation Analysis of Children with Disabilities in Viet Nam*

<sup>440</sup> This allowance is equivalent to VND 480,000 Vietnamese Dong (about US\$27) Decree No. 67/2007/ND-CP of April 13, 2007, on Support Policies for Social Protection Beneficiaries

<sup>441</sup> MOLISA, Canadian International Development Agency and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*; MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam*

disabilities are illiterate (46 per cent), with the illiteracy rate among girls with disabilities higher (49 per cent) than boys (23 per cent). For further details on inclusive education for children with disabilities, refer to Chapter 4.

### 5.1.12.5 Water and environmental sanitation (WES)

Data on the suitability/accessibility of water and sanitary facilities for children with disabilities in Viet Nam is still limited. The specific needs of children with disabilities with regard to access and proper use of these facilities are often not recognised. As a result, many schools, including special and inclusive ones, have limited access to water and sanitation for children with disabilities, especially for those with impaired mobility. The 2008 Assessment of Water and Environmental Sanitation facilities for children with disabilities conducted in four inclusive schools and 12 SPCs in eight provinces reported that 56 per cent of these institutions lacked a safe water supply; sanitation facilities were accessible to children with disabilities in only three SPCs. The recommendations on cost-effective, feasible and innovative water and sanitation solutions for children with disabilities contributed to the development of child-friendly water and environmental sanitation standards and designs for these schools.<sup>442</sup>

## 5.2 National response to child protection

In recent years, Viet Nam has been developing a child protection system from the central to the local level. A number of laws, policies and programmes and other initiatives have been developed and adopted, and important international instruments on children's rights have been signed and ratified. Most importantly, there is strong political will to continue toward full implementation of the CRC and its two Optional Protocols, as well as other pertinent international laws such as the ILO Convention No. 138 on the Minimum Age for Admission to Employment, and No. 182 on the Elimination of the Worst Forms of Child Labour.

Viet Nam has signed but not yet ratified the UN Convention against Combating Transnational Organisational Crime and the CRPD. Presently, Viet Nam is considering ratifying the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption and the Palermo Protocol.

### 5.2.1 Legal framework for child protection in Viet Nam

The Government of Viet Nam promotes positive behaviour and attitudes toward children's rights through the country's legal framework. Both the 2004 Law on Family and Marriage and the Law on Protection, Care and Education of Children set out in detail the obligations of parents with regard to their children and clearly prohibit the abandonment of children. The latter piece of legislation is an important milestone toward incorporating the CRC and harmonising its principles and standards within national laws. It includes a separate chapter on children in need of special protection; it emphasises and creates a legal foundation for child protection covering health, development and spiritual recovery. It also aims to ensure, through ethics education, a child's reintegration into the family and community in cases where families have become separated.

As well as establishing the basic rights and responsibilities of the child, the Law stipulates the responsibilities of the State, family and society in the exercise of those rights, recognising in particular the primary role of the family (Article 5).<sup>443</sup> It also

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<sup>442</sup> NCERWASS and UNICEF (2008) *Assessment of water supply equipment and sanitation for children with disability in social protection centres and schools for inclusive education*

<sup>443</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

recognises that parents and guardians may need assistance from State agencies and other organisations to fulfil their obligations. Article 33 of the Law states that such agencies and organisations are responsible for developing a social welfare system that provides child care and other support services. Article 40 defines children in need of special protection to mean destitute and abandoned children, children with disabilities, child victims of toxic substances, children infected with HIV, children doing hard and hazardous jobs or coming into contact with noxious substances, children working far from their families, street children, sexually abused children, children addicted to narcotics, and juveniles in conflict with the law. However, this definition excludes some categories of children who nevertheless need protection (e.g. children suffering physical and emotional abuse, neglected children, migrant children, child victims of trafficking, children affected by HIV and AIDS, children living in poverty). Article 11 establishes the right of the child to birth registration and nationality while Article 23 exempts poor families from the birth certificate fee.

The right to name and nationality is also recognised by several provisions of the Civil Code. Decree 158, promoting administrative decentralisation, has contributed to the increase in the number of children registered at birth. The Government intends to further enhance efforts towards universal birth registration by continuing dissemination and education on the related legal provisions at sub-national level. In 2008, the National Assembly approved a new Nationality Law, thus creating a legal basis for child birth registration.<sup>444</sup>

Article 51 of the Law on the Protection, Care and Education of Children stipulates that People's Committees should facilitate the placement of orphans and abandoned children with alternative families, or in public or private child support establishments. The State is further required to adopt policies that support families, individuals and non-public establishments caring for orphans and abandoned children.

Decree 67 recognises several categories of children in need of protection as beneficiaries of social subsidies. They include orphans who have lost both parents, abandoned children with no primary caregiver, children deprived of one parent and missing the other, children having both or one parent serving imprisonment sentence, adolescents aged 16-18 in school or vocational training living under the same circumstances, and families or individuals caring for orphans. Specific allowances are stipulated for foster families to encourage them to care for orphans and abandoned children and reduce the numbers of such children in institutions. The Decree specifies the minimum rate of subsidies for each group, according to the institutional or family setting in which the beneficiaries are living (e.g. community, SPC). In 2006, more than 63,900 children, mostly cared for by relatives and sponsors in their communes, were recorded as beneficiaries of social subsidies.<sup>445</sup> The payment ranges from 120,000 VND (about USD 6.50) to 480,000 VND (USD 26.50) per month:

- In communities: orphans and other vulnerable children (OVC) receive 120,000 VND per month. People adopting children 18 months or over receive 240,000 VND, while those adopting a child younger than 18 months, or over 18 months with a disability or HIV or AIDS receive 300,000 VND per month. People adopting a child younger than 18 months who has a disability or HIV or AIDS receive 360,000 VND.

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<sup>444</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>445</sup> Socialist Republic of Viet Nam (2008) *Ibid.*

- People living in community-based social houses:<sup>446</sup> OVC over 18 months will receive 240,000 VND per month, while those under 18 months, or 18 months or older with a disability or HIV or AIDS will receive 300,000 VND.
- People living in SPCs: are entitled to an allowance to buy personal effects and medicines (those with HIV or AIDS are entitled to 150,000 VND per year to support opportunistic infection treatment).<sup>447</sup>

Viet Nam has made significant efforts to promote community-based care for children without parental care and avoid their institutionalisation. Decision 65, approving community-based care for orphans without source of assistance, children with severe disabilities, children victims of toxic chemicals and children affected by HIV and AIDS in the period 2005-2010, demonstrates the Government's plan to reform institutional care and promote community-based protective strategies. The broad goal is to help all children in especially difficult circumstances to integrate into the community, have stable lives and have opportunities to fulfil their rights as stipulated by law. It is hoped to gradually narrow the disparity in living standards between children in especially difficult circumstances and other children.

Domestic and inter-country adoption is regulated by the Law on Marriage and Family, which defines child adoption as the establishment of a parent-child relationship between an adopter and an adoptee. The aim is to ensure that the adoptee will be looked after and brought up according to the principles of social morality. Procedures for domestic adoption are governed mainly by Decree 158, which sets out regulations on birth, death and marriage registration.

International adoption is governed mainly by Decree No. 68/2002/ND-CP. Inter-country adoption must be based on two fundamental principles: a) the best interests of the child and the respect of the child's rights; and b) adopters must be citizens of countries that are co-signatories of an International Pact on Adoption with Viet Nam.

The Department of Adoption, under the MOJ, has a mandate to govern international and domestic adoption. The supervision of domestic adoption has been undertaken by childcare centres, departments of justice at sub-national level and the police, but the capacities of these bodies in this field are still limited.<sup>448</sup> Viet Nam intends to bring the Hague Convention on Intercountry Adoption into force in 2010 and the new Law on Adoption in early 2011. However, experience in other countries shows that ratifying the Hague Convention before having a new national legal framework in place may cause practical difficulties. Ad hoc arrangements might need to be put in place in the interim to allow officers to receive preparation and training on the requirements of the Convention, and for pending adoption cases to be completed under the existing law.<sup>449</sup>

Violence against children, particularly sexual abuse and commercial sexual exploitation, has been given special attention in the law reform process. Viet Nam has enacted various pieces of legislation on the sexual abuse of children, including:

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<sup>446</sup> A community-based social house is a small-scale family-style living environment with a maximum of 12 children, generally aged 8-16. The target group is children without parental care, such as orphans and abandoned children. There are currently 14 social houses nationwide which have been piloted since 2005. The only financial support for social houses from Government is through Decree No. 67, which provides a monthly allowance per child of 240,000 VND which is given directly to the (at this stage volunteer) caregiver of the social house, responsible for management of the funds.

<sup>447</sup> Decree No. 67/2007/ND-CP of April 2007 on support policies for social protection beneficiaries

<sup>448</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam*

<sup>449</sup> Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam*

- The Supreme People's Court Letter of 2 March 1995, which provides guidelines for sentencing individuals who have committed acts of rape, have had sexual intercourse with children under 16 years of age, or harboured or procured under-age sex workers.
- Decree No. 87/CP of 12 December 1995, which states that "all acts of sex abuse against children, procurement and deception to lure children into the path of prostitution... shall be severely punished."
- Decree No. 14/2006/ND-CP of 3 October 2006, which stipulates that the administrative sanction for letting a child access pornography, touching a child's private parts or having a child touch the offender's private parts, inducing a child to be involved in sexual activities, is a fine.
- The 1999 Penal Code, which stipulates seven offences relating to child sexual abuse, including rape of children, forcible sexual intercourse with children, sexual intercourse with children, obscenity against children, harbouring sex workers, procuring sex workers and sexual intercourse with juveniles.<sup>450</sup>

It should be noted that the 1999 Penal Code does not specifically state an age of consent for sexual activity. However, under this Code, having sexual intercourse with a child under the age of 13 in any circumstance will be considered as rape and the perpetrator will be sentenced to a minimum of 12 years' imprisonment (the maximum penalty is life imprisonment or the death penalty). If an adult commits an obscene act against children, he or she may be sentenced to six months to three years' imprisonment. The Penal Code further states that individuals who have paid for sexual intercourse with young persons under the age of 18 shall be examined for penal liability, regardless of whether he or she consented to the act. Under the law, children engaged in sex work are not treated as criminals but they may be subject to administrative sanction, such as a fine, being educated at the community or being placed in a Centre for Education, Labour and Social Rehabilitation (05 Centre). One study found that such institutions provided poor quality education, health treatment, rehabilitation and reintegration services, and children had limited opportunities for vocational training or employment.<sup>451</sup>

**Box 5.9: Key national laws and policies on preventing and combating trafficking and sexual exploitation of children in Viet Nam include:**

1. Penal Code (1999), amended and supplemented in 2009 under the Law No. 37/2009/QH12 dated 19 June 2009;
2. Law on Marriage and Family (2000);
3. Ordinance on Preventing and Combating Prostitution (2003);
4. Decree No. 68/2002/ND-CP of 10 July 2002 on the implementation of several articles of the Law on Marriage and Family regarding marriage and family relations involving foreign elements;
5. National Programme of Action for Preventing and Combating Prostitution for 2001-2010, enacted by Decision No. 151/2000/QD-TTg of the Prime Minister dated 28 December 2000;
6. National Programme of Action for Vietnamese Children for 2001-2010, enacted by Decision No. 23/2001/QD-TTg of the Prime Minister dated 26 February 2001;

<sup>450</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>451</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam*

7. National Programme on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy, Harmful or Hazardous Conditions 2004-2010 enacted by Decision No. 19/2004/QĐ-TTg of the Prime Minister dated 12 February 2004;
8. Directive No. 766/TTg of the Prime Minister dated 19 July 1997 on the Assignment of Responsibilities for Taking Measures against the Illegal Sending Women and Children Abroad (1999);
9. Cross-Border Agreements – joint activities on trafficking between Viet Nam, China and Cambodia;
10. National Programmes of Action against Prostitution, 2001-2005 and 2006-2010;
11. National Plan of Action against Trafficking in Women and Children 2004-2010;
12. Decision No. 17/2007/QĐ-TTg Promulgating the Regulation on reception of, and community reintegration support for, trafficked women and children returning home from foreign countries.

In Viet Nam, the issue of child labour is regulated by several provisions, including the Penal Code and the Labour Code of 2002. Under the latter, the employment of children under 15 years old is illegal, except for jobs listed by MOLISA as allowable (Article 120). The employment of children under 15 is subject to strict requirements. And no child younger than 12 years old should be in employment, with the notable exception of artistic performers, who must be at least 8 years old.

Among the conditions of employment for children under 15, the Government has included the non-interference between work and study time and a maximum threshold of four working hours per day (Circular No. 21/1999/TT-BLĐTBXH, 1999).<sup>452</sup> In addition, MOLISA has defined the worst forms of child labour: child prostitution, mining work, employment in private gathering places, construction work and scavenging. However, children are still engaged in metal welding which can also be considered hazardous work.<sup>453</sup> The law also regulates the employment of juvenile labourers, defined as aged 15-18 (Art. 119). Working hours for juveniles must not exceed seven hours per day or 42 hours per week. The Inter-Ministerial Circular No. 09/TT-LB of 1995 stipulates 13 conditions under which juvenile labour is prohibited.<sup>454</sup> The Labour Code states that violations of its provisions may lead to either administrative or criminal penalties.

According to the Law on Protection, Care and Education of Children, street children without families or guardians should be placed in alternative families or child-support facilities. However, the main policy followed so far by the State has been to return street children to their own families (either voluntarily or by compulsion). According to the most recent report of the Vietnamese Government to the CRC Committee, 84 per cent of identified street children have been returned home and reunited with their families. Children whose families cannot be traced or who are multiple returnees are admitted to an SPC or other type of charitable institution for longer-term care.

To address the situation of migrant children not being registered, the Government adopted Decree No. 158/2005/NĐ-CP of 1 April 2006. MOJ later issued the guiding

<sup>452</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam*

<sup>453</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>454</sup> Hard Physical Labour (a precise definition is provided in the circular): uncomfortable working positions; lack of fresh air; direct exposure to dangerous chemical substances; exposure to factors causing infectious diseases; exposure to radioactive substances; elevated exposure to electromagnetic fields; exposure to noise pollution levels which exceed the allowable standards; working environment exceeding certain temperature or air pressure; underground working places; working environment not suitable to juvenile labourers' nervous and psychological system or affecting negatively the development of a child's personality

Circular No. 01/2008/TT-BTP of 2 June 2008, which allows parents, including migrants, to register the birth of a child at their current place of domicile.

Some children enter prisons with their parents and have no birth registration certificate; other children are born in prison. Under Article 8, section 2 of the Prison Regulation (promulgated by Decree No. 113/2008/ND-CP of 28 October 2008), the prison warden is responsible for conducting birth registration for them.

Parents were not allowed to register their child's birth at the municipal registry if they were KT3 and KT4 residents, although they could register near their place of origin. In most cases this was such a distance away that most families could not easily register. The 2007 Residence Law was an important development towards realising some fundamental rights of children who migrate from rural to urban areas, because it relaxes the previously strict requirements for migrants to obtain permanent household registration certificates. For instance, a migrant citizen who remains in the city for one year continuously is now eligible for such a certificate. This allows the migrant to register the birth of a child at the municipal registry. The law has only recently been enforced, so its impact remains to be seen.

The Law on HIV/AIDS Prevention and Control, passed by the National Assembly in 2006, is regarded as the most important legislation on HIV prevention and control. It protects people living with HIV and AIDS from stigma and discrimination, and sets out the responsibility of Government and society in the national response to HIV. Decree No. 108/2007 ND-CP of 26 June 2007 provides detailed instructions for the implementation of the Law in regard to HIV and AIDS prevention, treatment, care and support.

The Law on Prevention and Fight against Narcotics provides that drug users aged 12-18 may be subject to compulsory institutional drug treatment. Decree No. 56/2002/ND-CP of 15 May 2002 focuses on home- and community-based drug rehabilitation. The implementation of this decree has been guided by an Inter-Ministerial Circular No. 01/2006/TTLT-BLDTBXH-BGD&DT-BYT of 18 January 2006, which guides the teaching, behaviour change and dignity recovery for drug addicts, commercial sex workers and people who have finished drug rehabilitation, including adolescents.

Juvenile justice has been the focus of great attention by the Communist Party, the Government and Vietnamese society as a whole. Juvenile justice provisions are included in the Constitution of Viet Nam of 1992, the Penal Code and the Penal Procedure Code. These documents clearly recognise the importance of human rights, including the rights of children; they also set out the process of investigation, prosecution and adjudication for young offenders.

The Law on Protection, Care and Education for Children stipulates that "the examination of administrative, civil, and criminal responsibilities of juveniles in conflict with the law must be in conformity with the legislation on juveniles." The Government has also established the minimum age of administrative and criminal responsibility and formulated special procedures applicable to juveniles in conflict with the law. Among them is the Ordinance on Handling Administrative Violations. Viet Nam is also developing a draft National Programme of Action regarding juvenile delinquency.<sup>455</sup>

A positive opening to engage political, social, professional and mass organisations in justice was the new Law on Legal Aid, issued in 2009. It covers issues such as persons eligible for legal aid, organisations providing legal aid services, legal aid activities, and

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<sup>455</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

the State management of legal aid. It encourages the Viet Nam Fatherland Front and member organisations, law firms and other organisations and individuals to take part in providing legal aid services. Decree No. 07/2007/NĐ-CP of 12 January 2007, which guides implementation of some provisions of the Law on Legal Aid specifies that “children entitled to legal aid service are those who are under 16 years of age and destitute” (Art. 2.5).

In 2008, a draft bill on handling administrative offences came under consideration. It will include a chapter on provisions for juveniles committing administrative violations. It seeks to enhance key aspects of the protection of children in conflict with the law, and to be more in line with the CRC and international standards. It will therefore focus on diversion measures and restorative justice. Viet Nam does not have a formal diversion system, but informal measures may be used to address minor law violations committed by children without using administrative or criminal sanctions.<sup>456</sup> The Supreme People’s Procuracy, together with MOJ, the Supreme People’s Court and MPS are currently developing an inter-agency circular to guide the investigation, prosecution and adjudication of juvenile offenders, victims and witnesses in an appropriate manner consistent with the rules stated in the Penal Procedure Code.

### 5.2.2 National plans, policies and programmes and other measures for child protection

Since the early 1990s, Viet Nam has created several national programmes to address child rights issues. They include two National Programmes of Action for Vietnamese Children (for the periods 1991-2000 and 2001-2010). However, neither has succeeded in providing adequate child protection. Even programmes intended to focus on children in need of special protection have not yet established a comprehensive policy framework. The Government is now developing a strategic framework for child protection for the next decade (2011-2020).

The 1999-2002 National Programme of Action on the Protection of Children in Special Circumstances focused on street children, children in heavy or harmful work, children whose health, dignity and honour had been infringed, and juveniles in conflict with the law. The 2004-2010 National Programme on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy, Harmful or Hazardous Conditions 2004-2010 aimed to increase awareness throughout society of child protection. It also aimed to prevent and gradually reduce the number of such children by the year 2010, and to facilitate these children’s access to protection, care, education, comprehensive development and a better life.

More recently, the Government has taken additional steps to strengthen the child protection system and there has been a shift toward major social welfare schemes and creating legal and policy frameworks for social welfare. An important development is that MOLISA has developed a framework for the establishment of professional social work in Viet Nam. Furthermore, the proposed shift in responsibility for reform schools to MOLISA (from the MPS) is another positive development, indicating the Government’s recognition of this issue as requiring an approach aimed at rehabilitation rather than punishment.

The 2005-2010 Viet Nam Family Strategy recognises the need for greater focus on parenting skills and parenting education, and outlines the obligations of the Government, mass organisations, communities and families to help achieve this objective. This is in keeping with the view stated in the preamble of the CRC that the family, “as the

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<sup>456</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam*

fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community". Viet Nam has strong family and community values that provide a solid foundation for creating a protective environment for all children.

The Government of Viet Nam has developed a number of important national plans, policies and programmes for child protection:

1. National Programme on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy, Harmful or Hazardous Conditions 2004-2010. The Government identified child sexual abuse and child prostitution as a priority issue under this programme. It also calls for a 90 per cent reduction in the number of street children, of whom 70 per cent will be supported to reintegrate with their families.
2. National Plan of Action against Trafficking in Women and Children 2004-2010. This calls for greater focus on preventing cross-border trafficking; communication in communities to make them aware of the issue; combating trafficking crimes; reception and reintegration support for trafficking victims; strengthening laws related to human trafficking; and the identification, investigation and sanctioning of individuals involved in trafficking children and women, particularly cross-border trafficking and internationally organised crimes.
3. The National Plan of Action on Community-Based Care for Children in Especially Difficult Circumstances in the period 2005-2010 (Decision 65)<sup>457</sup> recognises the urgency of developing alternative forms of care for children. The Plan has nine key areas and four specific objectives, including increasing the number of children that benefit from social assistance, increasing the number of children with disabilities who have access to rehabilitation, reintegrating 1,000 orphans from institutional care into their communities through alternative models and piloting ten model small group homes within the SPCs.
4. Decision No. 38/2004/QD-TTg<sup>458</sup> and Decree 67<sup>459</sup> (currently under revision) increase financial subsidies for children without primary care and are important steps towards family support and to enable children to be looked after by extended family members. However, national and local authorities may not yet be fully familiar with alternative forms of care and the complexity of these formalised systems, thus making their application scattered around the country.
5. A National Programme of Action against Domestic Violence for the period 2010-2020 has not yet been approved.

The country has made major progress in responding to HIV since the 2004 launch of the National Strategy on HIV and AIDS Prevention and Control in Viet Nam (until 2010 with a vision to 2020). Seven of the nine National Programmes of Action have been developed and approved in 2006 and 2007, with assistance from international partners. These documents lay out specific objectives and directions for the national response to HIV. The Programmes of Action focus on the following:

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<sup>457</sup> Guidance to the implementation of Decision No.65/2005/QD-TTg approved by the Prime Minister, on the National Plan of Action on Community-Based Care for Children in Especially Difficult Circumstances in the period 2006-2010

<sup>458</sup> Decision No. 38/2004/QD-TTg on the policy to provide funding as support for families and individuals that nurture orphans and abandoned children

<sup>459</sup> Decree No. 67/2007/ND-CP of 13 April 2007 on Government social assistance policy was approved and immediately became effective in January 2007

#### HIV Prevention:

- HIV prevention through information, education and communication and behaviour change communication – approved in 2006;
- Harm reduction prevention targeting high risk populations – approved in 2007;
- Prevention of mother-to-child transmission – approved in 2006;
- Management and treatment of sexually transmitted infections (STIs) – approved in 2006.

#### HIV treatment, care and support:

- Care and support for people living with HIV and AIDS (merged with Programme 4, which covers STI management) and access to HIV treatment including ARVs – approved in 2006.

#### HIV governance:

- HIV surveillance and monitoring and evaluation - approved in 2007;
- Capacity building and international cooperation enhancement – approved in 2007.

The National Plan of Action on Children Affected by HIV and AIDS until 2010 with a vision to 2020 has been approved by the Prime Minister under Decision No. 84/2009/Qđ-TTg. It represents a significant step forward in the protection and care of children affected by HIV and AIDS. In the new document, HIV-negative children living with infected parents and children most at risk of infection are also taken into consideration (together with children living with HIV and AIDS). The general objective of the new Plan of Action is to increase awareness and actions on protecting children affected by HIV and AIDS throughout society, and to ensure that the needs of most children affected by HIV are met by 2020.

The Plan of Action established specific objectives and targets for 2010 in terms of policy reform; service improvement; improved mechanisms of information, education, and the care and treatment of children; creating a supportive social environment; and improving monitoring and evaluation systems. The Plan also articulates solutions for implementation, estimates budget and resource needs for 2009-2010, establishes a monitoring and coordination framework and guides implementation, detailing specific activities for each line ministry involved.<sup>460</sup>

The Government has made other important commitments to combat HIV and AIDS in terms of budget allocations and assigning duties to various ministries. The budget allocation for 2007 was USD 9.4 million, representing an increase of USD 4 million compared to 2006. However, because this budget is for programme implementation by 18 ministries and sectors whose sub-departments extend across all provinces and cities, the resources available for individual programmes and services are still limited.

A considerable proportion (60 per cent) of funding for the national AIDS response comes from international development aid. The major donors are the President's Emergency Plan for AIDS Response (PEPFAR), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM); the UK Department for International Development

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<sup>460</sup> MOLISA (2008) *National Plan of Action for Children affected by HIV and AIDS until 2010, with a vision to 2020*; MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

(DFID), the Asian Development Bank (ADB) and the World Bank. Their contributions have helped scale up and improve Viet Nam's prevention, treatment, care and support activities. In terms of total funding for the national HIV programme, financial contributions from international donors have significantly increased, from USD 13 million in 2005 to USD 47.15 million in 2006. Of the total budget, about 45 per cent is allocated to prevention.<sup>461</sup>

According to the recent National Plan of Action, 59 per cent of children affected by HIV and AIDS live with one or both of their biological parents, while 27 per cent live with their grandparents. There are currently few alternatives for children who do not have a relative who can care for them. Most of them end up living on the streets, thus increasing their exposure to violence and high risk behaviour, or in SPCs or other institutions. While in residential care, children might still be denied access to schooling and health care, and they have little contact with relatives or friends. Adolescents put into rehabilitation centres for commercial sex workers and drug users, reformatory schools or prisons are not usually separated from adults, thus increasing their exposure to violence and abuse. Harm reduction education tools are not provided so that their exposure to HIV and AIDS is also increased.

Religious groups (including Buddhists, Catholics, Protestants and Cao Dai) have been an active part of the national response, especially in reducing stigma and discrimination and in providing treatment and care (both in health facilities and at home). Some of these groups provide shelter for children living with HIV. Some provide palliative care and burial support to people living with HIV and AIDS and their families. The Council of Catholic Bishops of Viet Nam has provided life skills and sex education for young people.<sup>462</sup> Since 2002, the Buddhist Leadership Initiative has existed in Viet Nam through which Buddhist clergy are trained to raise awareness, tackle stigma and discrimination, and deliver community-based prevention, care and support services for children affected by AIDS.

MOLISA is currently finalising the National Minimum Standards of Care, applicable to all residential centres in Viet Nam, including those offering care and protection to children affected by HIV and AIDS. The standards will be used to assess existing care; as a framework to develop care provision; as a means to promote staff development; and as a framework against which to measure services provided. Moreover, the UN Guidelines for the Alternative Care of Children, adopted by the Human Rights Council in June 2009, will further guide the improvement of current provisions regarding alternative care for children.

A growing network of NGOs and faith- and community-based organisations in Viet Nam and the region work on preventing the spread of HIV – particularly but not exclusively among high-risk populations - and providing care and support to children and adults affected by HIV and AIDS. Models have been piloted and are ready to be reviewed and scaled up. There is currently a drive from institutional care towards family and community-based care for children in need of special protection, in particular those affected by HIV and AIDS.

Family-centred HIV and AIDS care has many benefits, but most importantly it provides an entry point to assess and respond to the needs of all family members (infected, undiagnosed and affected). It increases the number of children and adolescents diagnosed, and facilitates a proactive response to nutritional, educational,

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<sup>461</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS*

<sup>462</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

socio-economic, and psychological needs. It reduces the family's costs (time and financial resources) spent on transport and makes services more accessible. Ongoing community-based initiatives also include children's clubs, which provide peer-to-peer support on matters related to psycho-social support, re-integration and assistance.<sup>463</sup>

In relation to the prevention of child abuse, work has been done by a range of national actors.<sup>464</sup> MOLISA, in combination with relevant agencies, developed the Project on Prevention and Resolution of Child Victims of Sexual Abuse. The People's Committees of provinces and central cities have improved the monitoring of individuals and agencies which employ child labourers and aim to provide prompt interventions for victims of child abuse. Competent agencies and organisations (such as the Women's Union) have increased society's awareness of and responsibility to prevent child abuse. A central police unit was created in 2008 to deal with child abuse cases, following efforts made to improve the skills of investigators working on child abuse and with child victims of commercial sexual exploitation. The National Programme on Prevention and Fight against Crimes (approved under Decision No. 138/1998/QĐ-TTg by the Prime Minister of 31 July 1998) includes various initiatives, one of which is to fight child abuse and crimes against juveniles. For such issues, MPS is the focal point.

The Government of Viet Nam is currently implementing a pilot project to monitor the situation of children working in hazardous occupations in nine provinces and cities. This project will also provide medical treatment and rehabilitation for child victims of work-related accidents and occupational diseases in the provinces of Yen Bai, Thai Nguyen, Thanh Hoa, Long An and Can Tho. Despite these positive initiatives and the intentions of improving inspection and creating educational and vocational opportunities for child workers, the Government recognises that so far the situation is not yet sufficiently controlled. The system of information, data processing and reporting is inadequate, and monitoring has been irregular. Only a few convictions have been made in cases where children have been working in dangerous situations, and the sanctions have not been severe enough to deter others employing children in similar circumstances.<sup>465</sup>

Although the main response to the issue of street children has so far entailed their voluntary or compulsory return to families, experience has indicated that without support from their families or the desire to stay at home, most children return to street life. The most successful re-integration programmes have been those providing livelihood support to the families of returnees and unofficial catch-up education to help them reintegrate into schools. In other successful cases, local businesses have provided vocational training and jobs to children (such as in Kien Giang, Ha Nam, Hung Yen and Dong Thap). Programmes and services have increasingly been established to provide care and support to children living on the street. NGOs and charitable groups have established drop-in centres or shelters which provide temporary safe accommodation and services such as education, vocational training and leisure activities.<sup>466</sup>

The Government of Viet Nam has been actively fighting the sale and use of illegal drugs. The National Committee on Drug Control was established in 2000 and a number of legal documents, programmes and activities have been put in place since then to combat illegal drugs. They include the Master Plan for Prevention and

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<sup>463</sup> MOLISA (2008) *National Plan of Action for Children affected by HIV and AIDS until 2010, with a vision to 2020*

<sup>464</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>465</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

<sup>466</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

Fight against Narcotics 1996-2000, the Programme of Action against Narcotics for 1998-2000 and 2001-2005, and the Master Plan for Prevention and Fight against Narcotics to 2010.

These plans have paid special attention to the prevention of drug use among children and adolescents. Under the Penal Code, Viet Nam has very strict sanctions against the sale of drugs to children or where children are involved in the sale or delivery of drugs. One of the main strategies to prevent drug use is through education and awareness, as stated in Directive No. 06/CT-TW of 30 November 1996 issued by the Central Committee of the Communist Party. It emphasised the importance of communicating to all social levels, particularly young people, students, teachers and parents, the severe consequences of drug abuse, and called for the integration of anti-narcotics education into the school curriculum. MOET has since incorporated drug abuse prevention into the curriculum at all levels of education.

The National Coordinating Committee on Disability of Viet Nam (NCCD), which was established in 2001, includes 28 members from 17 ministries and agencies, and several organisations of/for people with disabilities. The NCCD aims to:

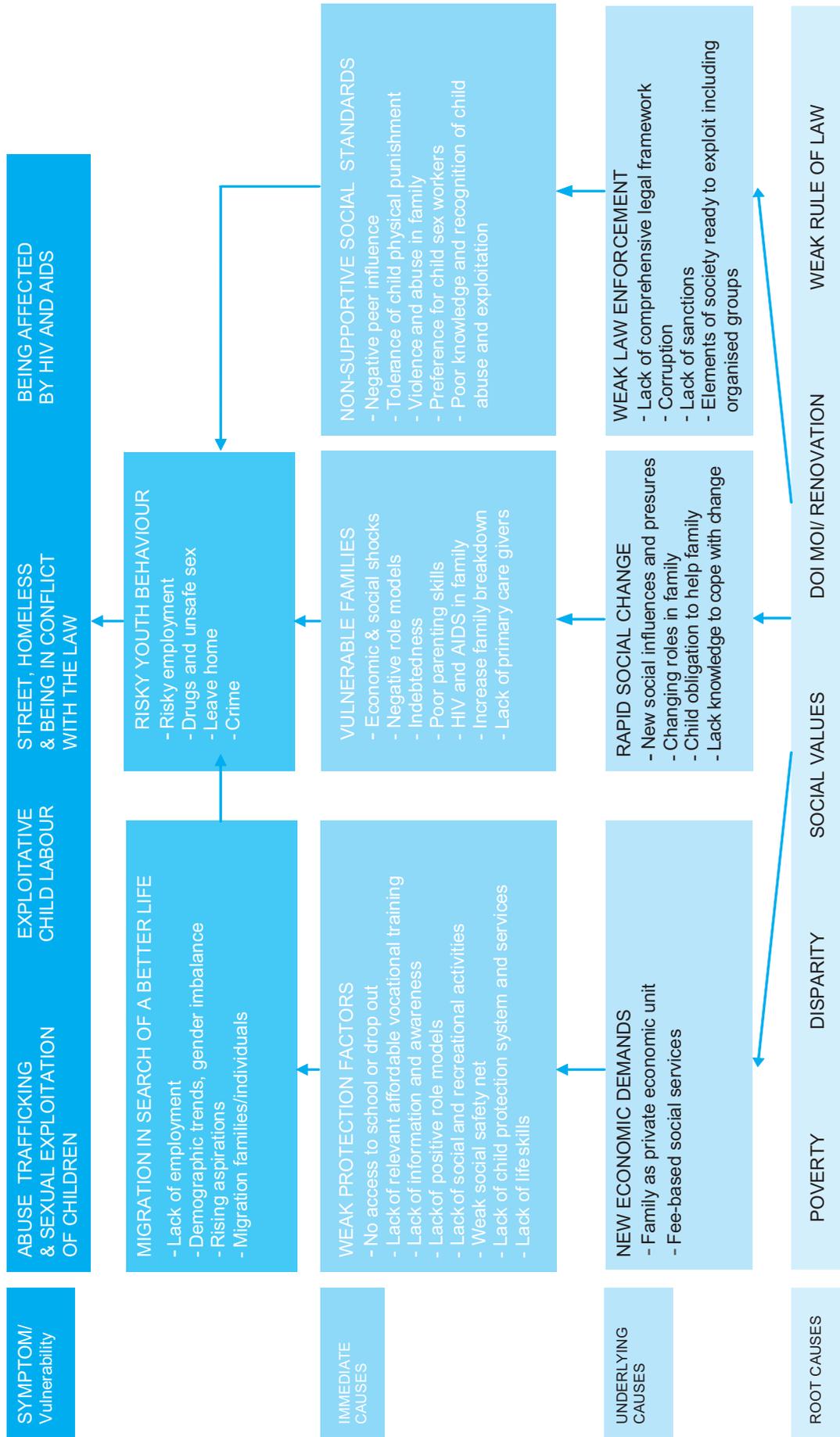
1. Coordinate, promote, and monitor ministries, relevant agencies and organisations of/for people with disabilities to effectively implement the Ordinance on Disabled Persons and the Biwako Millennium Framework (BMF) for Action towards an Inclusive, Barrier-free and Rights-based Society for people with disabilities;
2. Coordinate or participate in coordination of programmes, projects and resources to provide financial, material and technical support for persons with disabilities;
3. Collaborate with relevant local and international agencies and organisations to promote international cooperation on disability issues;
4. Participate in developing policies and legislation on people with disabilities.

Viet Nam is paying increasing attention to improving the awareness and capacity of those who work with juveniles in contact with the law. The country does not currently have specialised prosecutors and courts to deal with child victims/witnesses and juveniles in conflict with the law. The Government is therefore developing guidance documents and supporting training on child-friendly investigation and trial procedures, including integrating such training into the Police Academy curriculum. Some child-friendly investigation rooms for child victims and offenders, and women victims of trafficking have already been set up.

### 5.3 Causality analysis

The diagram overleaf shows the complexity of the situation faced by the most vulnerable and disadvantaged children. The first line shows the symptoms of vulnerability which reflect where child rights are not being adequately fulfilled. Immediate causes (such as migration, risky behaviour, weak protection measures and vulnerable dysfunctional families) contributing to the current situation of children in need of special protection are shown below. Some of the underlying causes, including social and economic factors, and weak laws and law enforcement appear in the third line. The last line identifies some of the root causes of the violation of children's rights (such as poverty and social disparities, gender discrimination, erosion of social values, and the weak rule of law). Tackling root causes is a long-term process that may take decades, whereas immediate and underlying causes can be mitigated in shorter time periods.

**Figure 5.10: Child Protection Causal Analysis Framework**



Analysis of the causes points to the following factors that affect all children in need of special protection. They are:

1. Lack of a comprehensive legal, regulatory and policy framework;
2. A weak child protection system and inadequate social welfare policies and services;
3. Social and economic factors;
4. A lack of awareness of children's rights by society, families and children.

Each of these is considered in turn in the sections below.

### 5.3.1 Lack of a comprehensive legal, regulatory and policy framework

There are many laws and regulations addressing the problem of child abuse, and efforts have been made to align the legal framework with international instruments ratified by Viet Nam. However, the response to child protection has not yet produced a comprehensive approach, and existing laws and policies do not effectively protect all children. Laws, policies and programmes have been formulated on a piecemeal basis, and are dispersed and scattered.

One of the major obstacles is the lack of a comprehensive legal and regulatory framework regarding child abuse, neglect and exploitation. There is no system for reporting, assessing and investigating cases of child abuse, neglect and exploitation, nor for the referral and provision of services to its victims and those at risk of becoming a victim.

The legal documents addressing the issue of child abuse are dispersed among various legal provisions that define it in different ways. The lack of a specific legal definition is another important impediment that allows ambiguity and misinterpretation of the problem, and may lead to under-reporting of child abuse cases.

In 2005, the former CPFC conducted a review of the relevant policies and laws and compared them with the international instruments (including the CRC) with a view to strengthening the legal environment protecting children from all forms of abuse. The review recommended developing a comprehensive legal and policy framework and underscored shortcomings in the existing child protection legal framework.<sup>467</sup>

For example, although the Law on Protection, Care and Education prohibits certain activities, they are not compiled under headings such as physical abuse, sexual abuse, emotional abuse, etc. This makes it difficult to obtain a clear picture of what is considered abuse in Viet Nam. Some forms of child abuse, such as neglect and emotional abuse, are only vaguely defined, and emotional abuse has not been given adequate attention. The boundary between obscenity against children (stipulated in Article 116 of the Penal Code) and sexual incitation against children (under Article 15 of Decree No. 11/2006/ND-CP) is not clear.

Vietnamese law has provided a legal basis for dealing with acts of violence in the home. Nevertheless, the relevant legal provisions are dispersed in various laws and regulations, and lack coherence, feasibility and many necessary counteractive measures. Preventing domestic violence by recourse to the law is therefore difficult.<sup>468</sup>

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<sup>467</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>468</sup> CPFC and UNICEF Viet Nam (2006) *Ibid.*

Article 13 of the Law on the Care, Protection and Education of Children recognises that no one has the right to force a child to live separately from his or her parents, unless such separation is deemed to be in the child's best interest. The Law does not recognise cases where children might be separated from their parents in cases of abuse. However, other laws (the Law on Marriage and Family, Civil Procedural Code and the recent Law on Prevention of Domestic Violence) do have regulations on separating children from their parents due to abuse, and on prohibiting contact with children because of violence against children in the family context.

Child prostitution constitutes a form of exploitation requiring clear denunciation. However Vietnamese law lacks a clear definition of child prostitution. The Penal Code includes a number of offences relating to prostitution, including "harbouring sex workers" (Article 254), and "procuring sex workers" (Article 255), which provide for higher penalties when committed against a child. The Code also includes a specific provision against having paid sexual intercourse with juveniles aged 13-18 (Article 256). However, these articles do not fully encompass all prostitution-related acts as required by the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography.

Vietnamese law does not clearly stipulate that child sex workers (under the age of 18) should be treated as victims, and should not be subjected to any form of sanction for their actions. Administrative and criminal laws need to be amended to ensure that children and juveniles who have been victims of sexual exploitation through prostitution are not subjected to any form of sanction, involuntary rehabilitation, or deprivation of liberty and that their rights are respected and protected. It is absolutely necessary for the laws to clearly distinguish between offenders and victims of child trafficking, child pornography and commercial sexual exploitation. The present criteria for distinguishing illegal acts, such as harbouring sex workers, procuring sex workers and having sexual intercourse with children, which are subject to either penal or administrative liability, are considered too general and unclear to be effective.

Although Vietnamese law provides penal and administrative sanctions against acts of disseminating depraved materials, the provisions of the law are considered too general to be effective. Existing laws also do not establish a separate and distinct offence for child pornography, and do not provide a clear definition of what constitutes 'depraved material' and 'child pornography' as required by the Optional Protocol.

Overall, Viet Nam has adopted important legislation that is in accordance with international standards on child labour. However, according to ILO, several challenges remain, such as the lack of a legal framework to prevent child labour in the informal economy and to protect children working within the family environment. There is also a need to establish laws that protect children who are self-employed. Another notable gap is the absence of child sex work from the Labour Code under the categories of dangerous and hazardous labour.<sup>469</sup>

Other important gaps in the legal child protection framework concern national and inter-country adoption. However, Viet Nam has a Law on Adoption as of 2010 and plans to ratify the Hague Convention on Inter-country Adoption soon.

Concerning children with disabilities, Viet Nam has established a comprehensive legal framework that ensures their equal access to education, health services and job opportunities. However, the full implementation of existing laws remains a challenge. In

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<sup>469</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

addition, there is a need for a comprehensive strategic framework to promote the rights of children with disabilities.<sup>470</sup>

The current legal framework does not adequately protect migrant children, beginning with the current registration system. Children marked with KT3 or KT4 status often face difficulties in attending state schools, due to limited resources and the policy which favours KT1 and KT2 status.<sup>471</sup> Because some migrants are not registered under the household registration system, they are not eligible for certain social services and subsidies. Due to their irregular status, migrants are more vulnerable to arrest, pre-trial detention and being placed in reform schools or sentenced to prison.

A number of protective features are missing under existing law in Viet Nam. There is no separate complaints procedure for reporting incidents of child abuse, except for serious cases where criminal suspicion exists, and child-friendly procedures for children themselves to denounce cases of abuse are lacking.<sup>472</sup>

Implementation is another challenge. Despite the enactment of various laws, many of the existing legal provisions that offer some protection are simply not implemented. There are loopholes in the laws and lack of strong enforcement mechanisms.<sup>473</sup> Adopting new laws and amendments, and making additions to existing laws is not sufficient to create a protective environment for children. Administrative measures, such as the development of standards, regulations, and guidelines should be taken for effective enforcement of existing legislation. Institutions, systems and processes related to child protection need to be revised and made more child rights-based.

### 5.3.2 Weak child protection system and inadequate social welfare policies and services

A major obstacle to the development of a comprehensive child protection system is the lack of reliable data. Information on children in need of special protection begins with their registration at birth, but the Government has reported that several localities do not have enough capable staff to manage birth registration, and have not actively sought to ensure universal registration in their areas of responsibility. Dissemination of laws and policies related to birth registration has not yet reached the most remote and disadvantaged areas.<sup>474</sup>

Some issues, such as child abuse, have so far only been investigated by surveys that have been narrow in scope. Existing child protection systems are not designed nor equipped systematically to prevent, detect, refer and treat cases of abuse, exploitation and neglect of children. There is thus a vicious circle – only a few cases of children in need of protection are found, so the problem is hardly recognised and the policy response is weak.

The existing child protection system lacks strong and efficient welfare policies and services. One of the key issues is insufficient financial and human resources to establish a comprehensive and more effective system. Since social work is not yet fully recognised

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<sup>470</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

<sup>471</sup> Save the Children UK (2006) *A Rapid Assessment of the Situation of Migrant Children in Viet Nam*

<sup>472</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>473</sup> International Bureau for Children's Rights (2006) *Making Children's Rights Work: Country Profiles on Cambodia, Indonesia, Sri Lanka, Timor Leste, and Viet Nam*

<sup>474</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002-2007*

as a profession in Viet Nam, there are few qualified professionals to deal with child protection cases. There is also no monitoring and supervision system at central and provincial levels to provide guidance and training on child protection.

One of the specific drawbacks of the current system is that Viet Nam does not have a national comprehensive programme and services to protect children from abuse and to help them recover and reintegrate into the community. The National Programme of Action for Vietnamese Children for 2001-2010 refers to social services for families and children but only provides a general policy. Furthermore, it is limited since it focuses on preventing and protecting street children and sexually abused children rather than covering all abused children.<sup>475</sup>

The shortcomings of the child protection system in Viet Nam are also evident in the area of children living in institutions. As mentioned before, certain groups, particularly children with mental disabilities and those previously exploited as commercial sex workers, have been subject to discrimination and maltreatment. This shows limited application of important principles of the CRC, such as 'the best interests of the child' and 'the child's right to grow up with his or her family and in a family environment.'

There is a high degree of confidence in the competence of the State and institutions to provide basic care services for children. Yet there is a lack of a systematic, professional assessment of orphans and abandoned children to determine the best form of placement, and a general lack of capacity and resources to provide a high level of individual care.<sup>476</sup> The lack of adequate prevention policies means that children are often separated from their families. There is very little support available (for instance post-natal counselling) to parents who intend to abandon or relinquish the care of their children, either in the community or in hospitals at the moment of birth.<sup>477</sup> Statistics show that relinquished children are particularly likely to be adopted internationally: domestic adoptive parents are less likely to adopt this category of children for fear of the biological parents changing their mind.<sup>478</sup>

The absence of confidentiality for HIV and AIDS testing is one of the underlying causes of discrimination and stigma against affected children. Lack of confidentiality contributes to discrimination against children in institutions and reformatory schools, who are usually at higher risk of STIs and HIV and AIDS. Children identified as 'at risk' are usually subject to compulsory testing without receiving any form of counselling. Although officially the results are supposed to be kept private, local authorities in the child's home community are normally informed about a child's HIV status, making it impossible to keep the matter private and at times posing difficulties for their reintegration into the community. The children themselves are often not given the results of the tests until they leave the institution.

There is a pressing need to include HIV preventive education systematically into reproductive health education within the core curriculum. In some areas, there is considerable resistance by parents and some religious authorities in this regard. The Government reports that HIV education has been strengthened, with reproductive health and HIV education now included in school textbooks and taught from primary school. Nevertheless, one of the findings of the 2006 Reproductive Health and HIV

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<sup>475</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

<sup>476</sup> MOLISA, Canadian International Development Agency and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>477</sup> Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam*

<sup>478</sup> Boechat et al. (2009) *Ibid.*

Curriculum Review by MOET is the selective nature of the information on these subjects in school textbooks. Additional interventions need to be developed for the most at-risk adolescents.<sup>479</sup>

Another shortcoming of the current child protection system is the lack of a mechanism to identify and track children with disabilities. The CRC Committee has recommended that an effective mechanism be put in place to evaluate the situation of children with disabilities, measure their progress and note difficulties encountered.

Shortcomings in the current child protection system are particularly evident in relation to juveniles in conflict with the law. There is an urgent need to create a comprehensive juvenile justice system with the pertinent laws, policies, institutional capacity and services in place. One key challenge is the need for a focal agency responsible for supervising non-custodial sanctions and sentences pronounced against juveniles, and to prepare them to return to the community upon release. Due to the lack of professional social workers in Viet Nam, and since juveniles are not yet considered a 'priority group' by MOLISA, they often lack referral and support services and do not have access to social subsidies such as vocational training and job employment. In addition, they do not meet the criteria for social subsidies.

Another related issue of concern is the pre-trial detention of juveniles, which is not fully in keeping with the comment of the CRC Committee on this matter. Although diversion and restorative justice approaches are being studied by Viet Nam, they are not yet fully incorporated into national law and practice. It has been recommended that drug abuse problems should not be solved simply by criminal justice initiatives. Where appropriate, drug abuse treatment should be offered, as an alternative to punishment. HIV prevention and drug abuse treatment programmes within criminal justice institutions are also important components in preventing the transmission of HIV.

Generally, insufficient attention is paid to preventing children from coming into conflict with the law, or to reducing the numbers placed in institutions, including reform schools. There is no specific strategy to prevent juvenile offences, and current interventions to address crime prevention do not integrate the principles included in the international Riyadh Guidelines.<sup>480</sup> For example, insufficient attention is paid to helping children who drop out of school return to education. This is particularly important, as national statistics show that the majority of children and young people who committed crimes, or repeated their crimes, had dropped out of school, or had a low education level. The sanction of placing children in reform schools for up to two years is over-used. This is mainly because of the weak family and community-based support services available.

Some localities place juveniles, in particular repeat offenders, in institutions. There is no designated agency to refer juveniles in conflict with the law to appropriate services necessary for supervising such individuals. Reports show that the relapse rate of juveniles in conflict with the law sanctioned to receive community-based education and who are returning to the community is high, and that an adequate supervision mechanism to deal with them would significantly reduce further crimes.<sup>481</sup> Law enforcement officers and judicial officers are still not familiar with child-friendly procedures and tend to use a more punitive approach towards juveniles in conflict with the law.

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<sup>479</sup> MOH (2008) *The Third Country Report on Following Up the Implementation to the Declaration of Commitment on HIV and AIDS, Reporting Period January 2006 - December 2007*

<sup>480</sup> The United Nations guidelines for the prevention of juvenile delinquency

<sup>481</sup> A preliminary report on the implementation of the pilot project on juvenile justice in Hai Phong (UNICEF Viet Nam and CPFC Hai Phong, 2007) showed that only 2.2 per cent (5 out of 233) of juveniles who were provided with supervision and support services committed crimes again.

Social protection programmes for juveniles in conflict with the law are under-developed, as is the investment to prevent and respond to juvenile crimes. For example, juveniles in conflict with the law and their families are generally not eligible for government social security schemes, subsidies, and social protection programmes (e.g. vocational training) unless they fall under another specific category (e.g. disabled). There are limited programmes to help these children to reintegrate into their community (e.g. transition centres), and for those who cannot return home because of the risk of abuse and neglect (e.g. daycare centres).

The lack of regulations regarding child sexual abuse, violence, maltreatment and child trafficking represents an important gap in the legal and social system. There are no criteria to identify such abuse, nor formal means of processing, preventing or addressing this type of abuse.

There is a need to strengthen collaboration among the ministries in order to address child protection in a more holistic fashion using a multidisciplinary approach. This entails increasing awareness about the interdependence of child rights and how, for example, fulfilling the rights to health and education is an essential aspect of a comprehensive child protection system. MOLISA has initiated a ten-year Strategic Framework for Child Protection for 2011-2020, and a five-year MOLISA sectoral plan (2011-2015). There are seven strategies/sub-strategies that MOLISA is developing under the five-year plan which include vocational training, labour and employment, poverty reduction, social protection, social security, child protection and care, and gender equality.<sup>482</sup>

The Government is also developing a Social Protection Strategy and programmes, which can effectively increase the nutrition, health and education status of children and reduce their risk of abuse and exploitation, with long-term development benefits.

### 5.3.3 Social and economic factors

Important social and economic factors underlie the situation of children in need of special protection. These include poverty and economic hardships affecting families, increasing income disparity, unemployment, family breakdown, and low education levels. There are also persistent societal attitudes and behaviour that hinder the realisation of children's rights.

A recent report referred to the main areas of concern in relation to alternative care in Viet Nam, and mentioned several causes for the institutionalisation of children, the overriding one being poverty. The study indicated that most children in institutional care had at least one parent: less than 30 per cent of the children in the study did not know their parents. The risk of separation is higher amongst single mothers due to relative lack of financial resources in comparison to traditional families and discrimination by the community.<sup>483</sup> And when children become infected with HIV or have other special needs, there is a greater risk of abandonment or relinquishment. Parents are often ill-prepared for the birth of children with disabilities, as pre-birth screening for the identification of serious health conditions is limited in Viet Nam.<sup>484</sup>

One of the immediate causes of child labour is inadequate access to education by poor children (primary and particularly secondary education). According to the most recent analysis, boys appear to suffer from a double disadvantage as they face a greater risk of

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<sup>482</sup> MOLISA, Decision No. 452/QĐ-LĐTBXH on the establishment of the editorial team and sub-groups for the development of the 5-year plan (2011-2015) in the field of labour, credited people and social affairs

<sup>483</sup> Boéchat et al. (2009) *Assessment of the Adoption System in Viet Nam*

<sup>484</sup> Boéchat et al. (2009) *Ibid.*

being involved in work and being denied schooling. However, as previously mentioned gender does not appear to be a significantly strong variable in the Vietnamese context. Better parental education has a positive influence on the reduction of child labour. The most obvious explanation is that educated parents have a better understanding of the advantages of education.

Empirical evidence suggests that economic factors are another immediate cause of child labour in Viet Nam. Children's earnings are increasingly important in low-income families, particularly with Viet Nam's progress from a centrally planned economy to a market-based one. Water access also affects the likelihood that children have to work. Easy access to water gives adults more time for productive activities, and makes them less reliant on their children's work. Child labour is also strongly influenced by place of residence. Children living in the rural South East and North West regions face a higher risk of economic exploitation and being unable to attend school than their counterparts living in other regions of the country.<sup>485</sup>

The fact that many children migrate to cities to earn money to support their families is another phenomenon linked to recent social change. Many children and families may also be compelled to migrate to the city because of natural disasters such as flooding, storms and droughts.

Statistics reveal that many children with disabilities are living in poverty, have low literacy and education levels, have limited vocational training and employment opportunities and limited access to rehabilitation and health care services. Although there is a legal framework that promotes accessibility to public transport and public places for people with disabilities, children with disabilities in particular have difficulty in using them.

The majority of juveniles in conflict with the law come from families living in difficult circumstances such as divorce, parents in prison, drug abuse, unemployment, negative peer influence and poverty. One of the main underlying causes for children to commit violations of the law is the lack of care and support from their parents and the wider community. It is also recommended that child rights and civic education be included in the school curriculum.<sup>486</sup>

There are limited options for children who fall through the cracks of the formal school system. If they do not have the appropriate school certificates or diplomas, it is difficult for children to find vocational training. Their low level of education and lack of other opportunities, combined with a lack of awareness of the legal consequences of breaking the law, are additional immediate factors contributing to juvenile delinquency. For many children, their difficult situation is worsened by their lack of coping mechanisms and negative peer group pressure.

A mix of economic and social factors makes children more vulnerable to sexual exploitation. They include a previous history of sexual abuse, low education levels, family dysfunction and breakdown, and a lack of awareness of children's rights. Information, education and communication materials designed for and by children to raise their awareness about their rights are also missing. There are additional community factors such as the presence of child traffickers and sex establishments, a demand for virgins and the high price paid for sexual intercourse with them, poor and unstable working conditions, and the lack of enforcement of existing laws. Root causes such as

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<sup>485</sup> ILO, UNICEF and World Bank (2009) *Understanding Children's Work in Viet Nam*

<sup>486</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

poverty and the underdevelopment of rural areas that encourage children to migrate to urban areas have been identified. The financial profit for the traffickers and brothels are considered particularly important factors contributing to the commercial sexual exploitation of children.<sup>487</sup> Greater accessibility to explicit sexual material in films, the Internet and publications is deemed to be another causal factor.

A recent study showed that children end up on the street for a variety of reasons, including to escape broken families or domestic violence. Many blame the breakdown of traditional family values and community structure. As in other countries, a mix of causes contributes to the existence of street children, but primarily it is the result of the poor economic conditions many Vietnamese families face, combined with an increase in the rate of family breakdown.<sup>488</sup> The increasing number of divorces has become a pressing social issue in Viet Nam and children are particularly vulnerable to severe emotional shock due to the separation, especially if it entails abandonment by one of the parents. Domestic violence is an additional cause which drives children out of their families. Many children refuse to return to their home villages and many migrant children play a role in economic growth and rural poverty reduction, becoming bread winners for their families.

Drug abuse has been increasing in Viet Nam because of the continuing influx of illicit drugs smuggled into the country from neighbouring countries. Other contributing factors include unemployment, and changes in lifestyle and social norms, particularly of young people. Unemployed, out of school youth, migrant workers, ethnic minorities and street children are at higher risk of abusing and being involved in the trafficking of illicit drugs. Moreover, needles are often shared between many drug users, which increases the risk of contracting HIV.<sup>489</sup>

The immediate causes leading a child to abuse drugs are complex and related to a number of social problems, including the increase of broken families and violence. Many children are forced to leave their homes and communities, making them vulnerable to sexual and economic exploitation. For many young girls who turn to sex work and for others living on the street, drug use is one way to cope with their difficult circumstances.

#### 5.3.4 Lack of awareness of children's rights by society, families and children

The notion of children having rights is not yet fully accepted in Vietnamese society, despite the ratification of the CRC and the enactment of complementary national laws. Consequently, attitudes and behaviour toward children are not always in accordance with the principles and standards of the CRC.

A typical example of the implication of the lack of awareness or adequate information is birth registration. Families living in remote mountainous or coastal areas, and unregistered migrants, are often not aware of the important consequences of not registering births.<sup>490</sup>

The CRC clearly prohibits corporal punishment of children and forbids any form of physical or mental violence, injury and abuse. By contrast, physical punishment is practiced in Vietnamese society as a form of discipline. There is clearly a need to promote the use of alternative, non-violent, discipline and education strategies.

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<sup>487</sup> UNICEF Viet Nam (2006) *Child abuse in Viet Nam*

<sup>488</sup> Viet Nam Development Forum and National Graduate Institute for Policy Studies (2005) *Street Children in Viet Nam, Interactions of old and new causes in a growing economy*

<sup>489</sup> UNODC (2004) Strategic Programme Framework for Viet Nam, 2005-2007

<sup>490</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

The embarrassment and secrecy associated with child sexual abuse which persists in many Vietnamese communities is one reason for the low reporting rates. Most families believe that the public knowledge of their child having been sexually abused will prevent them being considered for marriage. This means that the offenders of child sexual abuse are de facto being protected whereas the child victim is not always able to access justice. Another factor is gender stereotypes: there is little awareness that sexual abuse can be perpetrated against boys.

Information about services for children in need of special protection is hard to access, and families who have children with disabilities cannot improve their situation unless they know what services are available. Awareness of local rehabilitation services is very low in some areas. Support for children with disabilities is frequently considered to be a humanitarian and charitable issue rather than simply fulfilling the legal rights of such children.

Children and families are not fully aware of the dangers which might affect children who start to work too early or work in hazardous occupations. Some private enterprises have poor knowledge of labour laws and of children's rights in the workplace. This lack of awareness leads to the economic exploitation of children.<sup>491</sup> Therefore, increasing efforts should be made both at national and local level to expand communication and education on the negative effects of child labour and the benefits of schooling.<sup>492</sup>

Migrant children may be unaware of their rights and lack the capacity to claim them, because of their often low level of education and social isolation. It is relatively easy to impose minimal pay and bad working conditions on migrant children, because they have nobody to rely on in an unfamiliar environment. Few child migrants know that they have the right to be protected from exploitation and abuse. They have limited power over the social processes that govern their lives and limited ability to protect themselves from abuse. Dissemination of information on child rights to migrant children is inadequate. Many employers do not see themselves as bound by any labour regulations, although some may be aware of their existence, because of their limited enforcement.

## 5.4 Roles and capacities of duty-bearers

Assessing the capacity of key duty-bearers for children in need of special protection requires examining the following elements. All are considered essential for adequately performing duties and functions, which include setting and achieving goals and objectives, and solving problems:

- The authority to act, and sound knowledge of mandate, duties and responsibilities;
- Professional and other necessary capacities (e.g. parenting, communication, coordination skills);
- A knowledge of rights and duties, and motivation to perform duties accordingly;
- Adequate facilities to perform duties, and access and control over available financial and human resources.

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<sup>491</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

<sup>492</sup> ILO, UNICEF and World Bank (2009) *Understanding Children's Work in Viet Nam*

### 5.4.1 Authority to act and knowledge of mandate, duties and responsibilities

Improving and sustaining the protection offered to children requires both commitment and capacity on the part of Government. The main obligations of Government and its agents are: to strengthen the legislative and policy framework to be consistent with the CRC and other international child protection standards; to create the necessary monitoring reporting mechanisms to oversee the CRC's implementation; to allocate adequate resources to provide essential basic and targeted services; and to disseminate the CRC to promote children's rights widely.

For specific guidance on the mandate of duty-bearers, it is necessary to turn to national laws and implementation guidelines, and to national policies and programmes. For example, Decree 36 on the implementation of the Law on Protection, Care and Education of Children outlines the responsibilities of MOH (Article 28), Ministry of Education and Training (Article 29), MOLISA (Article 32), MPS (Article 33), MOJ (Article 34), and other bodies involved in the protection, care and education of children.

However, specific roles and responsibilities need to be clarified. The legal provisions and guidelines often do not fully specify responsibilities on particular child protection issues, or they are too vague to be effectively applied. Some Government agencies and organisations have not effectively implemented their roles. Consequently, child victims of abuse find it difficult to access adequate, appropriate support and services for their protection and treatment.<sup>493</sup>

As noted under the causality analysis of child protection, there is no commonly agreed concept of child abuse or any holistic strategy for preventing it. There are inconsistent perceptions by leaders at all levels of the importance of preventing child abuse. Given these circumstances and the lack of special programmes to prevent child abuse, it is not surprising that the State budget allocated to child protection is insufficient.

In some cases State agencies and mass organisations have the authority to act but do not take the initiative. For example, under the Law on Marriage and Family, the Penal Procedure Code and the Civil Procedure Code, several agencies (such as the former CPFC, Fatherland Front and Women's Union) have the right to initiate a lawsuit in the People's Court, but data shows that very few child abuse cases are presented.<sup>494</sup>

The need to strengthen the legal framework must be addressed by lawmakers and the legal community. The international community has developed a body of instruments that provide significant protection to children from illegal acts, but there is a need to harmonise domestic laws accordingly.

Gaps in the domestic legal framework mean that duty-bearers may not have the authority to fulfil their responsibilities in accordance with the international principles and standards established in the CRC and its Optional Protocols. For example, there are legal issues that need to be considered in connection with protecting the rights of orphans and abandoned children, particularly in regard to national and inter-country adoption.

Even where domestic law clearly stipulates duty-bearers and their responsibilities, duty-bearers sometimes claim not to understand their roles and functions. For example, many employers claim ignorance of children's rights and of their own responsibilities

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<sup>493</sup> MOLISA and UNICEF Viet Nam (2005) *The Sexual Exploitation of Children in Viet Nam*

<sup>494</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

when employing children and young people. This situation highlights the need to strictly enforce the Labour Code and the necessity to work closely with local authorities and the private sector, particularly where children work in harmful or dangerous conditions.

Combating drug abuse by children is one area where there has been significant progress. This is largely because a wide range of duty-bearers has taken effective action. Another area of progress is juvenile justice, where the police, prosecutors and judges work together to develop child-friendly procedures.

#### 5.4.2 Professional and other necessary capacities (e.g. parenting, communication, coordination skills)

Effective child protection services require specialised and professional responses. Those who come into institutional contact with children need specific training. They also need the skills, knowledge, authority and motivation to identify and respond to actual or potential child protection problems. This involves training social workers, teachers, health care professionals, police, prosecutors, lawyers, judges, local authorities and others. Police are needed to investigate violations committed against children. Professional social workers are needed to focus on the victim's needs, to decide appropriate measures to protect the child from further harm, and to evaluate the family environment. They can also help prevent children becoming victims of abuse, exploitation and neglect.

Supporting the rehabilitation and reintegration of children in need of special protection also requires long-term specialised services and inter-disciplinary cooperation. Child protection services need to be made more professional by the creation of a Child Protection Department and the appointment of child protection officer(s) at all levels. These officers should be provided basic social work training, and should be primarily responsible for identifying, assessing and supporting children in special circumstances.<sup>495</sup>

The lack of professional competence and of other capacities such as parenting, communication and coordination skills are major impediments preventing duty-bearers from fulfilling their duties and obligations. Child protection is enhanced by a social environment that is caring, supportive and offers good role models: it is ideally provided by the family. The low education level of some parents often leads to poor parenting skills. For example, parents and caregivers may be ignorant of the commercial sex trade and the vulnerability of children to recruiters. Strengthening the protection capacity of families and communities means reinforcing positive parenting practices and encouraging the abandonment of harmful ones. Education and capacity-building efforts should also address attitudes and negative behaviour which directly affect the way duty-bearers perceive their roles and responsibilities.

Coordination mechanisms are also lacking among some duty-bearers. Collaboration between key ministries<sup>496</sup> needs to be improved.<sup>497</sup> There is also a lack of coordination between ministries and international support organisations resulting in fragmented support. There are reports of dispersed information, and programme planning and implementation needs to be better coordinated.

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<sup>495</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

<sup>496</sup> MOET, MOH, MOCST, MPS, MOJ and MOLISA

<sup>497</sup> CPFC and UNICEF Viet Nam (2006) *Legal review on child abuse*

Another capacity issue related to children with disabilities concerns the early intervention activities which are so important if such children are to develop to their full potential. A comprehensive legal and administrative framework is necessary for prevention, early detection and early intervention in childhood disabilities. This framework would need an inter-disciplinary approach, bringing together the education, health and child protection sectors. Besides building the capacity of professionals (including village health workers, village community workers, health centre staff, pre-school teachers and the staff of the child care institutions), parents, community leaders and NGOs should be empowered to advocate for the rights of children with disabilities. Meanwhile, the capacity of national authorities to promote and implement the social inclusion model of disability needs further strengthening.

There is a need to better understand why and to what extent HIV-positive mothers in Viet Nam abandon their children. This would allow the relevant authorities to design better policies and programmes to encourage mothers to keep children in the family environment. This might be achieved through counselling, parenting skills, financial support, vocational training, and access to comprehensive medical services.

A number of capacity gaps are evident in regard to duty-bearers for children in institutions. First, there is no systematic, professional assessment of orphans and abandoned children to determine the best form of placement using the principle of the best interests of the child. Admission criteria to institutions should be revised, and there should be a periodic review of each placement to determine whether other alternatives are available and how long a child should stay in an institution (since this should be a measure of last resort). Second, there is a need to reform existing institutions for orphans, basing them on home-like models, and for greater investment in alternative options for care. There is a need to strengthen the limited capacity of direct caregivers and the Government to devise and enforce monitoring and inspection regulations. Better monitoring and a regular review of orphans in all forms of alternative care are needed too. In order to protect children from institutional violence, a complaints mechanism for children placed in institutions should be developed.

There are many actors responsible for safeguarding the rights of children and juveniles who come into conflict with the law. This includes members of the legal, law-enforcement and social work profession. In the light of their wide-ranging roles and responsibilities, there is a need for a strong coordinating body at national, provincial and district levels to develop common policies, principles and goals for the whole justice system.

Although the Penal Procedure Code stipulates that those dealing with criminal procedures involving juveniles must take into account the psychology and education of juveniles, there are no guidelines and manuals promoting child-friendly approaches. Neither are there directives on the conduct of juvenile court proceedings. However, as mentioned above, the Procuracy, the Court and the Police are working together to develop an inter-agency circular on child friendly procedures that takes into account the rights of child victims, witnesses and juveniles in conflict with the law. They are also developing a training manual for its implementation.

With a view to promoting restorative justice and the informal resolution of juvenile violations, the police, prosecutors and judges need greater discretion to refer juvenile cases to mediation or other informal alternatives. There is also a need for better support and advice for juveniles being managed by the community. Local authorities and mass organisations that provide support often lack the specialised skills needed in such cases.

In keeping with the principles and standards of the CRC and the CRC Committee's recommendations, a comprehensive case management system should be introduced to improve the recovery and reintegration of juveniles into the community. This will require a clear coordinating mechanism, defined responsibilities at local level, and capacity building for local authorities and others working with juveniles.

The role and capacity of the police to deal more effectively (while fully respecting their rights) with street children, migrant children, commercial sex workers, child drug abusers and juveniles in conflict with the law, considering their regular if not daily contact with them, needs further in-depth analysis. Their capacity in child interviewing and witness protection should be strengthened to ensure better protection of those in conflict and in contact with the law.

#### 5.4.3 Knowledge of rights and duties and motivation to perform duties accordingly

The specific duties and responsibilities of families and other direct duty-bearers may not be stated in the law but are nevertheless expected by societal norms and customs. However, it is evident that many parents and caregivers working directly with children (for example in child care institutions) lack basic knowledge on child growth and development, developmental delays, and on positive child rearing practices (including non-violent methods of discipline).

As mentioned above, strengthening the protection capacity of families and communities includes reinforcing positive parenting practices and encouraging the abandonment of harmful ones. A range of caregivers needs to be able to recognise, prevent, and respond to indications of child abuse and neglect. Children deprived of parental care have a right to special protection and assistance, but too often this translates to placement in institutions, which are not, as a rule, beneficial to children's development, and which are, in fact, a place where children face significant risk of abuse.

#### 5.4.4 Adequate facilities and services to perform duties, and access and control over available financial and human resources

Although there have been significant investments in child protection, care and education from the Government budget and other sources (including international ones), there is no separate national budget for child protection within the Socio-Economic Development Plan.<sup>498</sup> Decree 36 assigns responsibility to the Ministry of Finance and the Ministry of Planning and Investment to ensure that child protection, care and education plans are incorporated into annual and long-term socio-economic development plans, and that mechanisms are created to mobilise funding for child protection. Provisions had previously been made for the establishment and management of child support funds to be applied from central to district level under the former CPFC.

Mechanisms have been established to provide financial and other support to poor families, and a system of consultation centres has been set up in major cities to provide advice, counselling and family dispute mediation. The Women's Union and other mass organisations have set up support clubs and compassion groups for wives and mothers to provide similar support. However, there is no system to identify vulnerable families and prevent their children from falling into special circumstances. The Family Strategy which was launched with the issuance of Decision No. 106/2005/QD-TTg of 16 May 2005 calls for the creation of family and community services, including developing and improving the

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<sup>498</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

quality of counselling centres and other family support services.<sup>499</sup> To what extent these services are being provided has not been examined.

The lack of financial and human resources is a major impediment to creating a strong and effective child protection system. This is true of services for all children in need of special protection. There is also a need for training to improve the professional human resources available.

The lack of essential services and facilities is clearly a major obstacle for duty-bearers. For example, one of the issues regarding children and adolescent drug users is that, according to law, they are subject to mandatory institutional detoxification and are to be placed in special institutions established for them, or in a separate section from adult drug users. However, in practice this is not always the case due to the lack of detoxification facilities. Children and adolescents are often placed with adults in O5/O6 centres. Due to financial constraints, the centres also lack trained staff and counsellors in accordance with international standards and do not have the resources to invest in HIV prevention, care and support.

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<sup>499</sup> MOLISA and UNICEF Viet Nam (2009) *Creating a Protective Environment for Children in Viet Nam: An Assessment of Child Protection Laws and Policies*

## KEY FINDINGS – The Right to be Respected and Protected

- Child protection in Viet Nam has so far been approached from the perspective of different groups of children in need of special protection. The systems approach, which focuses on building social welfare and legal systems for all vulnerable children, is slowly being introduced.
- Birth Registration: Vietnamese law identifies parents as being responsible for registering the birth of their children. People's Committees have the authority to issue birth certificates. Birth registration has increased significantly in recent years, but the country has not yet reached universal registration. MICS 2006 reported lack of time by parents as the main reason for failed registration. However, the Government considers lack of awareness as the main cause, particularly in remote areas.
- Children without parental care: Data on the number of orphans varies significantly from agency to agency. Reports on the situation of orphans and abandoned children and statistics of these children are not systematically updated. The actual number of abandoned children is not known and many are counted as orphans. The number of abandoned children is expected to increase due to increasing unwanted births among young women, and as a result of AIDS. Orphaned or abandoned children under the age of 15 are eligible for adoption, although this, particularly international adoption, should be regarded as a measure of last resort. The responsibility for domestic adoption has been taken by the local People's Committees; inter-country adoption is the responsibility of MOJ. Inter-country adoption is high in Viet Nam and the country has a new Law on Adoption as of 2010.
- Violence against children: The use of physical force for disciplining children is practiced in Viet Nam, yet there is no specific definition of child physical abuse in the current legislation. Neglect of children or improper parental supervision is perceived to be more common in rural areas due to lack of nurseries and day-care centres. For many families, the circumstances of modern life and economic pressures prevent them from providing adequate care and attention to their children. Sexual abuse of children is a growing problem. Both boys and girls under 18 are involved in commercial sexual activity, with female sex workers engaging in these activities at younger ages. About 15 per cent of female sex workers were found to be under the age of 18. It is believed that the incidence of child prostitution is rising steadily but it is difficult to determine the actual number due to its covert nature. Family poverty, low education and family dysfunction were found to be primary causes for commercial sexual exploitation of children. Trafficking of children and women is a significant problem and most cases are inter-country.
- Children subject to harmful or hazardous labour: About 16 per cent of children aged 5-14 were engaged in some form of child labour in 2006. Although the number of working children has decreased, children are working longer hours. Children in rural and remote areas and children from poor families are more prominent in child labour statistics. The worst forms of child labour have been defined by MOLISA as including child sex work, children working in mines, and children working in private gathering places, in the construction business and scavenging.

- Children living and working in the street: Data on the number of children living and working in the street are not always accurate due to its changing nature. However, according to 2007 statistics, the number of street children in Viet Nam was estimated at about 13,000. Most street children are attracted to the cities for economic reasons or because they have been abandoned by their families. Other causes for children to leave their communities include family breakdown and domestic violence. The analysis of each individual case is crucial for a successful reintegration of the child in its family of origin.
- Juveniles in conflict with the law: Viet Nam has two systems for dealing with juveniles in conflict with the law: the administrative system and the criminal system (the latter for more serious offences). The number of juveniles in conflict with the law in 2007 was estimated at nearly 15,600. It is important to note that the data system is being improved to better monitor the situation. While many measures used to rehabilitate juvenile offenders are primarily educational in nature, there is a risk that juveniles may be stigmatised by their educational records (showing they have been placed in community education or reformatory schools), which label them as an offender. In order to avert possible negative consequences, it is recommended that the justice system should develop and apply diversion programmes that remove young offenders from formal channels of justice.
- Children affected by HIV and AIDS: The number of children affected by HIV and AIDS is growing rapidly. About 283,700 children are estimated to be affected (this figure includes HIV-positive children, children living with HIV-positive parents, family members or guardians, and children orphaned by AIDS). In 2001, almost ten per cent of all new HIV cases in the country involved children and adolescents aged 13-19, and the 'hot spots' were Ho Chi Minh City, Hai Phong, Quang Ninh, and Can Tho.
- Children with disabilities: MOLISA estimates that there are 1.2 million children with disabilities in the country. Congenital defects cause most disabilities. The most common are mobility impairments (29 per cent) and mental disorders (17 per cent). The prevalence rate for disabilities is 1.4 per cent in urban areas and 2.6 per cent in rural areas.
- Viet Nam has ratified most of the key international treaties in the area of child protection, and has made concerted efforts to strengthen its national legal framework for children in need of special protection. Among the key legal references 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 Inter-country Adoption, which Viet Nam has not yet ratified. Similarly, there is a need to further strengthen the legal framework by defining key concepts such as child abuse more clearly in the relevant laws. A Child Protection Strategy is now under development by MOLISA, which should bring greater coherence and coordination to the various legal and policy documents which regulate this diverse area.
- The main duty-bearers in the area of child protection include the family as well as 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 an Administration for the Protection and

Care of Children. This is a promising indication of the seriousness with which the Government regards this issue. The main obligation of the State and its agencies is to strengthen the legal and policy framework, create monitoring mechanisms, and allocate sufficient financial and human resources to child protection. Given the cross-cutting nature of child protection, there is a need to clearly define the roles and responsibilities of all agencies involved and to promote cross-sectoral planning, budgeting and implementation. There is also an urgent need for social workers (a new profession in the process of being recognised in Viet Nam) and training on child protection for teachers, health workers, police, justice officers and others who constitute the 'first line' contact with children. Increasing knowledge of child rights and duties for parents, caregivers, relatives and children is also necessary to ensure that they can fulfil their obligations to children. Resources allocated to child protection remain inadequate, while the needs are growing.

- The key challenges 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' to assure protection and welfare of the child at all times and at all levels. The current Government approach to child protection, which categorises vulnerable children into different groups, leads to fragmented responses and to some children not receiving adequate protection. There are only a few specialised services where at-risk children can be referred to (e.g. support programmes in school). A clear mechanism for prevention, early detection and identification of vulnerable children and at-risk families has not yet been developed. Early intervention and referral to existing specialised services is not common. Despite the fact that the Government has promoted 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 for investigating child abuse complaints. There is little reliable national data on various child protection issues, so the number of children who are abused, trafficked or sexually exploited is not known.
- To a certain extent, the difficult circumstances many Vietnamese children face are caused by the recent socio-economic changes and new pressures in the country following the shift to a market economy. Rapid economic growth has widened the gap between rich and poor. It has also caused rapid urbanisation and encouraged migration. Indirectly, it may have increased the levels of divorce and family breakdown, and eroded some traditional values.

## ANNEX 5.1: Key articles of the CRC relevant to Chapter 5

### Article 2: Non-discrimination

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

### Article 3: Best interests of the child

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

### Article 19: The right to protection from all forms of violence

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

### Article 23: The rights and special needs of the disabled child

1. States Parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. States Parties recognise the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognising the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development
4. State Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of children with disabilities, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling State Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

#### Article 32: The right to protection from economic exploitation

1. States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.
2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other international instruments, States Parties shall in particular:
  - (a) Provide for a minimum age or minimum ages for admission to employment;
  - (b) Provide for appropriate regulation of the hours and conditions of employment;
  - (c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article.

#### Article 33: The right to protection from illicit use of narcotic drugs

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

#### Article 34: The right to protection from all forms of sexual exploitation and sexual abuse

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity;
- (b) The exploitative use of children in prostitution or other unlawful sexual practices;
- (c) The exploitative use of children in pornographic performances and materials.

Article 35: The right to protection from the abduction, sale and traffic in children

States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

Article 36: The right to protection from all other forms of exploitation

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 37: The right to protection from torture, cruel or inhuman treatment, capital punishment, and unlawful deprivation of liberty

States Parties shall ensure that:

1. No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;
2. No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;
3. Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;
4. Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 39: The rights of the child victim to physical and psychological recovery and social reintegration

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Article 40: The rights of the child accused of infringing the penal law

1. States Parties recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:
  - (a) No child shall be alleged as, be accused of, or recognised as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;
  - (b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:
    - (i) To be presumed innocent until proven guilty according to law;
    - (ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;
    - (iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;
    - (iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;
    - (v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;
    - (vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;
    - (vii) To have his or her privacy fully respected at all stages of the proceedings.
3. States Parties shall seek to promote the establishment of laws, procedures, or recognised as having infringed the penal law, and, in particular:
  - (a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;
  - (b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.
4. A variety of dispositions, such as care, guidance and supervision orders; counseling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

## ANNEX 5.2: Recommendations by the CRC Committee for the Implementation of the Optional Protocol to the CRC:<sup>500</sup>

In its Concluding Observations to Viet Nam of 2006, the CRC Committee expressed its appreciation of the measures taken by the State to implement the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography and thereby strengthening the national legal framework on child protection. It also presented the principal areas of concern followed by a number of recommendations as follows:

**Dissemination and training** – Despite the activities undertaken by the State, the measures to raise awareness among the public and State officials regarding the areas covered by the Optional Protocol were deemed insufficient and staff working with victims of such offences found to lack adequate skills, particularly with respect to recovery and reintegration of child victims. The Committee recommended that Viet Nam continue to strengthen measures to disseminate the provisions of the Optional Protocol among its population, especially children and parents - including through school curricula and appropriate material – and continue providing appropriate training to all professional groups, in particular those working with and for child victims of sale, trafficking, child prostitution and child pornography.

**Data collection** – This function was considered by the Committee as inadequate, not systematic and lacking sufficient resources. Although information on trafficking was available, further research is needed to assess the extent and scope of sale of children, child prostitution and child pornography. The Committee therefore recommended for the State to undertake research on the areas covered in the Optional Protocol and to ensure that such data is disaggregated for example, by age, sex, and minority group in order to provide essential tools for measuring policy implementation.

**Existing criminal or penal laws and regulations** – The Committee welcomed the amendment to the Vietnamese *Penal Code* (of 1997 and 1999) which introduced new offences and more severe penalties for crimes related to the commercial sexual exploitation of children and other steps taken to harmonise existing domestic laws with the Optional Protocol. It recommended including legal provisions explicitly defining and sufficiently criminalising child pornography in line with the Optional Protocol and to further amend the Penal Code and other relevant laws in order to explicitly criminalise all acts recognised in article 3 of the treaty. It further recommended reconsidering article 46 of the Penal Code to establish a clear distinction between the sanction imposed on the perpetrator and the reparation which can be claimed by the victim.

The Committee welcomed the withdrawal of the reservation to Article 5 of the Optional Protocol on the issue of extradition. It also welcomed the establishment of reception points at the border gates of Viet Nam with China and Cambodia.

The Committee expressed concern at the increase of child prostitution and sex tourism taking place in Viet Nam noting that some 10 percent of the sex workers in the country are believed to be children. It therefore recommended the following:

1. Need to increase efforts to combat child prostitution through the adequate implementation of the 2006-2010 intersectoral programme on the prevention of prostitution.
2. Need to provide adequate financial resources to those official institutions including MOLISA, the Women's Union, the Youth Union, and others in order to carry out the programs aimed at victims' protection.

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<sup>500</sup> UN (2006) *Concluding Observations to Viet Nam issued by the Committee on the Rights of the Child CRC/C/OPSC/VNM/CO1 of 17 October 2006*

3. Increase recovery and reintegration services which are limited in coverage and lack adequately trained professionals.
4. Establish measures to assist families in the process of reunification with child victims.
5. Reconsider how victims of prostitution aged between 6-18 are treated under the law since they are not always treated as victims and can be administratively sanctioned.
6. Need to establish specialised teams of police, prosecutors or judges to deal with criminal activities covered by the Optional Protocol.

The CRC Committee further recommended for the State of Viet Nam to:

1. Give priority to allocating budgetary resources so that adequate services are available for child victims and their families, including physical and psychological recovery, social reintegration and repatriation where appropriate.
2. Ensure that child victims of any offences under the Optional Protocol are neither criminalised nor penalised and to avoid the stigmatisation and social marginalisation of these children.
3. Use the Guidelines on Justice Matters involving Child Victims and Witnesses of Crime (Economic and Social Council resolution 2005/20) which call for: allowing the views and concerns of child victims be presented in proceedings using child-sensitive procedures; ensuring trials take place as soon as practical and guided by the best interests of the child; setting up special teams to investigate crimes covered by the Optional Protocol; and, training systematically police, prosecutors, judges and other relevant professionals.

In regard to the prevention of the sale of children, child prostitution and child pornography, the Committee urged the State to continue giving adequate attention to poverty reduction strategies and to enhance the support to disadvantaged and vulnerable families including with income generation projects. It also recommended expanding the child helpline to function 24 hours per day and in addition, to further undertake preventive measures as well as to continue liaising with NGOs in the implementation of awareness-raising campaigns.

While noting measures taken to prevent and control illegal inter-country adoption, including the establishment of the Department of International Adoption within MOJ and the Decree No. 69/2006/ND-CP of 2006, the treaty body also recommended that the State take all appropriate measures including through amendments to its legislation to ensure that all persons involved in child adoption act in conformity with international legal instruments.

The Committee recommended the State to ratify the 1993 Hague Convention on the Protection of Children and Cooperation with respect to Intercountry Adoption and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children supplementing the United Nations Convention against Transnational Organised Crime of 2000; and, to implement the National Plan of Action against Trafficking in Women and Children.

In addition the Committee recommended for the State of Viet Nam to continue to strengthen its international judicial and police cooperation activities for the prevention, detection, investigation, prosecution and punishment of those responsible for acts involving the sale of children, child prostitution, child pornography and child sex tourism.





CHAPTER 6:  
THE RIGHT OF THE CHILD  
TO PARTICIPATION

## INTRODUCTION

This chapter discusses Vietnamese children’s participation in all spheres of life. This includes an examination of how they currently participate within the family, at school, and within the community and public institutions. It also analyses major challenges in realising the child’s rights to participation, and puts forward some relevant emerging issues.

### **Box 6.1: Key articles from the CRC relevant to this chapter**

Article 2 – Non-discrimination

Article 3 – Best interests of the child

Article 5 – The right to participation in accordance with evolving capacities

Article 9 (2) – The rights of the child in proceedings regarding separation from parents

Article 12 (1) – The right to express views and have these views heard

Article 13 (1) – The right to freedom of expression, including the right to seek, receive and impart information and ideas of all kinds

Article 14 – (1) The right to freedom of thought, conscience, and religion; (2) The rights and duties of the parents, etc., to provide direction to the child in the exercise of his or her right consistent with the evolving capacities of the child

Article 15 (1) – The right to freedom of association and assembly

Article 16 (1) – The right to privacy and freedom from unlawful attacks on honour; (2) The right of the child to protection by law against such interference with privacy or attacks

Article 17 – The role of the media and access to information

Article 23 (1) – The right of the child with disability to active participation

Article 29 (1 a-e) – The right to education (preparation of the child for responsible life in a free society etc.)

### 6.1 The meaning of ‘child participation’

Although the Convention on the Rights of the Child (CRC) does not explicitly state the ‘right to participate’, there is a cluster of articles (known as ‘participation articles’) of which Article 12 is the backbone. The rights commonly included in this cluster are:

- the right to express views and have these views heard (Article 12);
- the right to seek information, and freedom of expression (Article 13);
- the right to freedom of belief and religion (Article 14);
- the right to freedom of association and assembly (Article 15); and
- the right to privacy (Article 16).

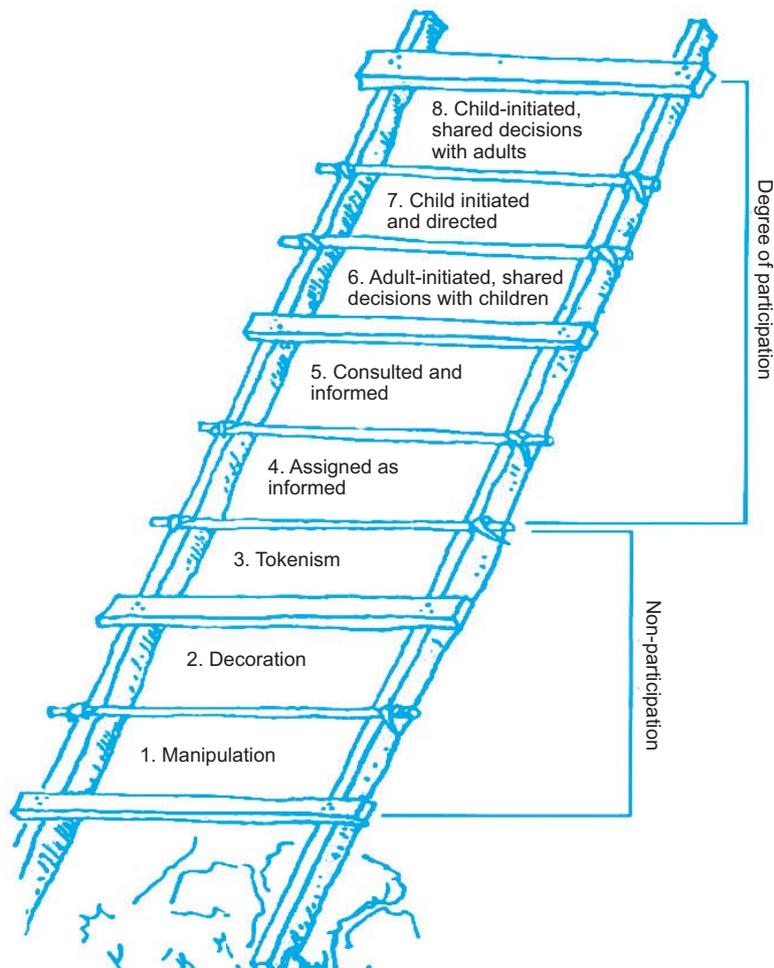
The CRC brings together a new vision of children as active participants in their own lives. Although it recognises that a child is “a vulnerable human being that requires protection and assistance from the family, the society and the State,” it also states that a child is able “to form and express opinions, to participate in decision-making processes and

influence solutions, to intervene as a partner in the process of social change and in the building up of democracy.”<sup>501</sup> However, adults, especially parents, guardians, caregivers and teachers, should ensure that such participation is promoted in a way that is not detrimental to the interests and development of the child.

There are many reasons why child participation is important. Involving children in making decisions helps organisations and governments to respond to the actual needs and concerns of children, rather than needs assumed by adults. Since children universally have generally less social power than adults,<sup>502</sup> they may not be able to influence decisions unless specific efforts are made to allow them to do so. Participation can bring about concrete benefits for groups of poor and neglected children (who are often excluded from the social, cultural, political and economic life of their community and society), because encouraging participation involves an altered perspective: children are seen less as beneficiaries of adult interventions and more as rights-holders themselves.

Roger Hart’s ‘Ladder of Participation’ describes different scenarios of adult-child power relations in terms of a ladder.

**Figure 6.1: Participation ladder**



Source: Hart R. (1992) *Children’s participation: from tokenism to citizenship*

<sup>501</sup> Santos Pais M. (2000) *Child participation and the Convention on the Rights of the Child*

<sup>502</sup> Boyden J. (1997) *Childhood and the policy makers: a perspective on the globalization of childhood*

## 6.2 Overview of child participation in the social, political, cultural and economic context of Viet Nam

The first Law on the Protection, Care and Education of Children (1991) introduced the child's right to participation. Other laws have also been promulgated and amended to help create an environment that encourages children's participation in various aspects of life.

Many duty-bearers (government officials, education administrators, teachers, parents, caregivers, and other adults) have concerns about how the child's right to participate fits within the Vietnamese cultural context, which values children's obedience and respect for parental authority.

*"Child participation is important because we know our parents and teachers as we live with them and we meet them every day and they might think they know us...but we know ourselves and our experiences better and we know what we want for the future."*

Child Club members and street children, Central Provinces, aged 14-15 (NGO Working Group on child rights, 2009)

Socio-economic modernisation often places a greater value on self-expression, which in turn leads to growing public demands for effective democracy. This encompasses the right to participation for all citizens, including children. Political, social, professional and mass organisations in Viet Nam are changing and developing, and children's rights have become more prominent with the establishment of a new association (the Viet Nam Association for the Protection of Children's Rights) in 2008. It is important to help the non-governmental sector to harness everyone's voice (including children), so that they can participate freely and fully in decisions that affect their lives.

The child's right to participation is a new and somewhat radical way of seeing the relationship between adults and children in Viet Nam, as in many other countries. There are many culturally entrenched and familial attitudes and practices that inhibit the genuine participation of children. For example there is a common saying in Viet Nam: *"Trung sao khon hon vit,"* which translates as, "How can the egg be wiser than the duck?" illustrating the value placed on experience and maturity.

The 'natural' relationship based on the higher power, status, age and kinship-based hierarchy of adults compared with children continues throughout life, though it takes different forms. For example, unlike cultures where dialogue partners simply address each other as 'I', 'we' and 'you', the Vietnamese language has dozens of personal pronouns demonstrating a complex hierarchy. Respectful language and behaviour during conversations are expected, and the pronouns used will depend on the relationship between the speakers. Hierarchy in dialogue depends on age and sex, as well as other factors. Partly as a consequence of this customary linguistic etiquette, many children are reluctant to express views openly, especially when their views differ from those expressed earlier by their elder dialogue partners.

## 6.3 Children's participation within the family

Children are considered the 'fortune' of families in Viet Nam. Confucianism expects parents to give extensive care to children and to be responsible for their development. The head of household role still defaults to the man, who is the main decision-maker: this has resulted in a paternalistic power structure, especially in rural areas.<sup>503</sup>

<sup>503</sup> MOCST et al. (2008) *Family Survey 2006*

*“When the family discusses some issues, they (children) are too young to make any decisions. They just follow our decisions.”*

In-depth interview, woman household representative, Tra Vinh; MOCST et al. (2008) *Family Survey 2006*

Cultural values and norms place girls in a weaker position in the family than boys. The Confucian values for girls and women are based on the three teachings *‘tam tong’* (in a family, a girl must follow her father; after marriage, she must follow her husband; and after her husband’s death, she must follow her son), and the four virtues *‘tu duc’* (good housework skills, good looks, good language, and good behaviour).

*“Mother and daughter are often closer because she can share all the sadness and happiness with me, as my mother. My mother is experienced so she knows about many things. I can talk to my mother about everything.”*

In-depth interview, adolescent girl, HCMC, MOCST et al. (2008), *Family Survey 2006*

The three teachings indicate the girl’s lifetime dependence on her family, especially on men. According to the four virtues, girls are supposed to demonstrate obedient behaviour and gentle character. Those who like to express their views are considered to have a ‘rebellious’ or ‘boyish’ personality, which is not normally appreciated. These gender biases, which begin in childhood, discourage girls from joining actively in family affairs or decision-making.

The right of parents to decide marriage in traditional Vietnamese society has significantly reduced with social change.<sup>504</sup> Nonetheless, the collective interests of the family or the community still can supersede certain individual choices of the children. Extreme examples can be seen in the custom of ‘seizing a wife’ in the patriarchal H’mong ethnic minority, and of ‘seizing a husband’ in the matriarchal Bahnar and J’rai ethnic minorities.<sup>505</sup> In such cases, the interests of maintaining filial piety and community cohesion are considered to be more important than consulting and respecting children’s views about early marriage and choice of partner.

The 2006 Family Survey indicates that although the traditional norm of respect for elders is still present in Viet Nam, families are becoming more democratic, with more dialogue between young people and their parents. This may indicate that parents are becoming more willing to and capable of listening to young people; it may also be caused by smaller family size, within which there is a greater potential role for each member of the family, especially in urban areas. Nonetheless, the Family Survey indicates that some children would not “dare to say directly” if they thought their parents were unfair.<sup>506</sup>

There have been some initiatives to encourage families to take more notice of their children’s views. For example, to improve early childhood care and development, Save the

<sup>504</sup> MOCST et al. (2008) *Family Survey 2006*

<sup>505</sup> The custom of ‘seizing a wife’ happens after the New Year ‘Tet’ holiday, particularly affecting poor families. If a boy likes a girl, he may ‘seize’ her and take her home whether she likes him or not. If the girl’s parents accept gifts from the boy’s family, the girl has to marry him. In contrast to the H’mong, in the Bahnar and J’rai groups, girls have the customary right of ‘seizing husbands’. A girl piles a large amount of wood on the floor to show her personal diligence, and after ‘seizing’ her husband, she has to stay home to head her family. She does not need to go to school, but works hard in the fields (MOET, UNICEF and UNESCO (2008) *The Transition of Ethnic Minority Girls from Primary to Secondary Education*)

<sup>506</sup> MOCST et al. (2008) *Family Survey 2006*

Children UK provided training on parenting skills and the CRC. This helped parents change their attitudes and behaviour, for instance by letting children choose their own clothes before going out, or asking children for their food preferences before preparing meals.

Life-skills education piloted by the Ministry of Education and Training (MOET) and mass organisations in schools and community-based youth clubs has helped adolescents to develop confidence and capacity to communicate more effectively with parents.<sup>507</sup> As a result, children feel much more respected and confident. In places where both children and parents have been trained on the CRC, children are consulted much more.<sup>508</sup>

According to the 2005 Survey Assessment of Vietnamese Youth, 64 per cent of young people aged 14-17 felt that they were listened to by their family.<sup>509</sup> It should be noted that children from the upper-middle class, as elsewhere, tend to have more opportunities (in terms of channels, facilities and accessibility to seek information) to participate in more activities (including leisure, education and community ones) and in a more confident manner, than children from lower social groups.

## 6.4 Children's participation in school

MOET has adopted a child-centred methodology nation-wide and made notable efforts to make sure that participatory teaching methods are used. Despite these efforts, interactive teaching and learning opportunities remain limited. There are many reasons for this, including a generally didactic curriculum, a lack of adequately trained staff and appropriate teaching resources, lecture-based approaches, large class sizes and inappropriate class infrastructure. Most students expect to come to school to listen to and copy down teachers' lectures; such teaching processes constrain students' freedom of expression and active participation.<sup>510</sup>

Teaching children about their right to participate in the learning process remains largely piecemeal and theoretical. Schools focus on knowledge transfer rather than the development of skills such as communication, critical thinking and making choices (all of which are essential to the exercise of genuine choices in life). Some students have witnessed or experienced instances of their rights being violated through various forms of corporal punishment<sup>511</sup>, pointing out to the fact that the child's rights to participation cannot be exercised in an unsafe and unfriendly school environment.

The current educational assessment system encourages students to reproduce lecture notes and strive for marks, rather than to analyse an issue using freedom of thought or creativity. Coaching, which has become a controversial issue, encourages students simply to follow sample answers provided by their tutors.<sup>512</sup>

The achievement of universal primary education in Viet Nam has brought more children into school, where they are more likely to join in public activities outside their family environment. Schools may enable children who do not have families or who lack participatory family environments to engage in activities that allow them to contribute and become properly involved.

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<sup>507</sup> MOCST et al. (2008) *Family Survey 2006*

<sup>508</sup> Save the Children UK (2007) *Evaluation report on Early Childhood Care and Development project*

<sup>509</sup> MOH et al. (2005) SAVY

<sup>510</sup> See Chapter 4 on the right to education and development for further discussion of the school environment.

<sup>511</sup> Save the Children US, Plan Viet Nam and UNICEF Viet Nam (2006) *Educating or abusing: Physical and Emotional Punishment of Children in Viet Nam*

<sup>512</sup> Teachers' salaries are low, prompting teachers to often require students to attend their coaching sessions to improve their income

Young Pioneer Organisations (for children aged 9-15) exist in schools throughout the country, and are affiliated with the Youth Union. Students with good academic performance are chosen for leadership roles, for example as chief of the school's Young Pioneer Organisation, class leader or as speaker/facilitator for a school-wide activity. However, these children are not necessarily trained or supported to fulfil these roles or to represent their peers effectively.

*"Teachers should upgrade their methods and skills, think carefully about the schedule at schools and use simple words in their speech"*

School children in Yen Bai, aged 12-14. (NGO Working Group on Child Rights, 2009)

While in-school organisations are intended to support students' participation, there is a tendency for them to focus on activities that pay little more than lip-service to the idea. But in schools where teachers are well sensitised about the CRC and child participation, and are provided with appropriate skills, children can participate in a truly meaningful way. Experience from many development programmes shows that children can be good at developing communications tools. For instance, they can write bulletins on special occasions (e.g. Teachers' Day), or diversify Information, Education and Communication (IEC) activities which were formerly considered the responsibility of teachers.

Young Pioneer Organisations can therefore play an important catalytic role to involve children in collective actions, perhaps even bringing children together with policy makers. In Ben Tre province, for example, under the leadership of the Young Pioneer Organisation and with some support from the Save the Children Young Lives project,<sup>513</sup> children discussed education with local policymakers. One of the major problems children raised was study overload, which left no time for children to relax. Hearing this, the provincial authorities decided to prohibit all extra classes on Sundays. Children were very happy with this decision, and they saw their role in shaping local policies: *"Now I can go to visit grandparents on Sunday or go out with parents without any worry of missing lessons."*<sup>514</sup> Several thousand children in the province have benefited from that decision.

A number of children who have left school are supported to re-enter general education, or to attend non-formal 'compassion classes'. These classes can provide a few hours of instruction, but no extra-curricular or other activities, so they do not provide an effective environment for children's participation. Also, school children who have to work to supplement the family's livelihood have less chance to join in school activities than those who do not. Therefore, children's participation through non-formal education classes remains limited.

Cultural differences, including language barriers, are major constraints preventing ethnic minority children from participating more fully in schools. Many ethnic minority children who know little or no Vietnamese when they start school find it hard to access basic information and express their views in classrooms and public meetings. Since 2005, MOET has conducted a programme to teach some optional ethnic minority languages (such as Ede, Khmer or Cham), depending on demand.<sup>515</sup>

<sup>513</sup> Young Lives project is an international policy research project that aims to address childhood poverty in four countries including Vietnam, India, Peru and Ethiopia.

<sup>514</sup> Save the Children UK (2006) *Summary report on Children's dialogue with local policy makers on education Young Lives Project*

<sup>515</sup> Interview with an official of the Ethnic Minorities Affairs Department, MOET, 24 March 2008

Many teachers are from different ethnic minority groups than their students, so they may not have relevant cultural knowledge or sensitivity. And there may be few curricular or extra-curricular activities to promote positive interactions between boys and girls, or to promote their self-esteem and confidence.<sup>516</sup> A further complicating factor is that different ethnic minority groups may have different perceptions and attitudes towards communication and child participation, especially between boys and girls.

## 6.5 Children's participation in the community, institutions and legal proceedings

### 6.5.1 Community

Vietnamese society puts strong emphasis on the interests of children. Many events and festivals are dedicated to children, such as the Mid-Autumn Festival or Children's Day. Many communities and big families (*dong ho*) establish their own funds to promote further education and provide schooling for poor children.

Children already 'participate' in many community activities, but their roles (perhaps singing a song or painting a picture) rarely engage them fully. Participatory activities tend to be ad hoc and short-lived, so do not affect policies or programmes. There are, however, traditional campaigns throughout the country on special occasions, such as Action Month for the Child and Viet Nam's Family Day, and various methods have been used to promote children's participation in the community.

The mass media regularly reports on children's rights issues. Children in many places (within and outside schools) are both the subject of publicity and direct participants in activities such as those related to HIV prevention or child protection. These experiences usually take place through forums for children such as Small Kid Star, Child Communication Teams, Child Rights Clubs and Little Reporters' Clubs.<sup>517</sup>

Although such media reporting is commendable, it should always bear in mind the 'best interests of the child' principle as articulated in the CRC. This would mean, for example, ensuring a child's anonymity, consent and confidentiality in any media reports, to protect children and their families from scrutiny.

Parallel to the activities of communication and education, the Government has also promoted movements for building 'healthy' villages and districts. A number of children have been taught life-skills, covering HIV and AIDS, safe sexual behaviour and substance abuse. Such information allows children to take steps to protect themselves. Children are also shown how to participate in issues concerning their lives, and ways to help other children.

The 2005 Survey Assessment of Vietnamese Youth (SAVY) asked young people aged 14-25 for suggestions on actions that the Government could take to improve their lives. Almost one-third of young people suggested to "allow greater involvement and participation in the community" as their highest or second-highest priority, indicating a strong interest in community activity. The overall highest priority was to "increase access to opportunities for employment/work," which can be seen as another form of participation (in the labour force) and contribution to one's community.<sup>518</sup>

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<sup>516</sup> Save the Children UK (2006) *Summary report on Children's dialogue with local policy makers on education Young Lives Project*

<sup>517</sup> Socialist Republic of Viet Nam (2005) *National Report on the Implementation of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography and the Optional Protocol on the Involvement of Children in Armed Conflict*

<sup>518</sup> MOH et al. (2005) SAVY

## 6.5.2 Institutions

Children in institutional care in Viet Nam have few opportunities to influence the decisions that affect them. At Social Protection Centres (SPCs), for instance, only 14 per cent of the children interviewed for a study<sup>519</sup> said that they were involved in decisions or activities that concerned them. In a more recent study on HIV vulnerability of children and young people placed in institutions,<sup>520</sup> some children reported that they had to undergo compulsory HIV tests, but were not told the results. Many also said that extracurricular activities and lessons in reproductive health were not tailored to their needs, interests or age group. Considering the power differences between staff and the institutionalised children, it is understandable that such children may be reluctant to ask to participate in decisions which affect them, or give their views on specific issues.

In representative institutions, such as the National Assembly or Provincial People's Councils, there have been many opportunities for children to make their opinions known. Vietnamese agencies, working with international organisations, have held several forums with children at provincial and central levels, some of which attracted large numbers of children. Issues discussed have included HIV and AIDS, life skills, child participation, children's views of the future of Viet Nam and education. Children also gave their opinions on the implementation of their rights as inputs to the 2009 report by the Government to the CRC Committee, and on amendments to the 2004 Law on Protection, Care and Education of Children.<sup>521</sup> However, although children had the opportunity to pose questions and receive answers from adults, it was adults who made the final decisions.

## 6.5.3 Legal proceedings

As stipulated in the Penal Code 1999 (Article 105), some criminal acts (such as causing intentional injury, forcible sexual intercourse and rape) are only prosecuted at the request of the victims (or of victims' legal representatives if the victims are juveniles or are physically or mentally disabled).

Vietnamese law gives children (both victims and offenders) the right to participate in criminal proceedings and to have their views and opinions taken into consideration. However, in some cases, the proceedings have not been sufficiently adapted to allow children to exercise this right effectively. For example, due to lack or weakness of special safeguards and protection, many child victims (or their guardians) choose not to attend court hearings. And because the investigative and court proceedings may be conducted in an environment that is intimidating to child victims and offenders, children may not feel comfortable and confident enough to express themselves. As a result, some police, prosecutors and judges may have the mistaken impression that children are not capable of understanding the proceedings or of contributing meaningfully to the process.

There is no specific provision in the administrative legislation to promote the participation of child offenders in the decision-making process, including most appropriate sanctions and interventions to be imposed. Under the law, there is no obligation for police to inform juveniles who commit an administrative violation about the consequences of their unlawful acts. Not providing children with access to information limits their ability to participate.

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<sup>519</sup> MOLISA, Canadian International Development Agency, and UNICEF Viet Nam (2005) *Situation Analysis of Institutional and Alternative Care Programmes in Viet Nam*

<sup>520</sup> MOLISA and UNICEF Viet Nam (2007) *Assessment of HIV/AIDS vulnerability, responses and STI/HIV prevention, care and support needs of institutionalized children aged 14 - 19 in selected labour and social education institutions and reform schools in Vietnam*

<sup>521</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

Viet Nam has no mandatory provisions stating that the police, procurators, and courts must appoint lawyers for victims; it does so only in cases of child offenders. However, while child victims have the right to have a lawyer to protect their rights and interests at all stages of the criminal proceedings, state-funded free legal support is available only to juvenile defendants. In practice, some cities (e.g. Ho Chi Minh City) have a free legal advice centre for both child victims and juvenile defendants.

Vulnerable children (both victims and offenders) such as the poor, children with disabilities or those without primary caregivers are eligible for free legal aid. The child can also seek free legal advice from legal consultative centres established by various social organisations such as the Youth Union and Women's Union which provide such services to members.

## 6.6 National response

### **Box 6.2: Concluding Observations of the Committee on the Rights of the Child on issues related to Child Participation in Viet Nam (2003)**

The Committee is concerned that traditional attitudes towards children in society still limit the respect for their views, within the family, schools and society at large. In addition, administrative and judicial proceedings are not always required to take the views of the child into account, for instance in the case of divorce hearings.

30. The Committee recommends that the State party:

- (a) Carry out awareness-raising campaigns aimed at, inter alia, parents, teachers, government administrative officials, the judiciary and society at large on children's right to have their views taken into account and to participate in all matters affecting them;
- (b) Take legislative measures to guarantee that in all court and administrative proceedings affecting them, children have the right to express their views and have those views taken into account regarding children;
- (c) Promote and facilitate, within the courts and all administrative bodies, respect for the views of children and their participation in all matters affecting them, in accordance with article 12 of the Convention.

Over the past five years, the value of child participation has been increasingly recognised in more parts of Viet Nam. Aiming at genuine participation and the highest level of participation (as per Hart's ladder), children have been supported by adults to establish their own clubs and forums, and organise workshops by themselves. The initiatives vary in content and comprehensiveness, from children's participation in physical activities, to the expression of their views and choice in matters that affect their lives and those of their families or communities. Examples of activities include establishing children's clubs, forums and contests as venues for children to develop skills to lead and facilitate participation; conducting research that involves children and is about children's issues; building the capacity of teachers and children; and consulting children on important development issues.

One of the most important recent initiatives was undertaken in 2007-2008, when the NGO Working Group on Child Rights held wide-ranging discussions with 339 girls and boys aged 10-16, from all over the country. The consultations covered issues related to migration and trafficking, HIV and AIDS, education, child participation and violence. Children made recommendations on reducing stigma against children with HIV and AIDS; setting up a child-friendly mechanism for children to report abuse; making teachers listen to the views of their students; improving hygiene and sanitation in schools; and

establishing mobile health units to provide access to health care for migrant children.<sup>522</sup> These were included in the final NGO Complementary Report which will be expected to be submitted to the Committee on the Rights of the Child.

Training courses on child participation in key provinces have been organised by the Viet Nam Youth Union and partners. There are 17,000 child rights clubs across the country, and 44 Junior Reporters clubs in 22 cities and provinces with an official membership of 2,500.<sup>523</sup> However, many children still lack the skills to run their clubs. Also, many clubs set admission criteria and quotas for their membership, which limits who can join.

A number of laws have been promulgated and amended to give children a legal voice in many issues affecting their lives. The child's right to participation is stipulated in the Civil Procedural Code (2004). This covers a child's right to express views in making decisions on the family's common properties (Article 109), changing his or her name (Article 27), in the determination of his or her nationality (Articles 28 and 30), and in regard to images or photos (Article 31) and privacy (Article 38). The child's right to express his or her views in proceedings is also mentioned in Article 57 of the Penal Procedural Code (2003), which devotes Chapter XXXII on special procedures to juveniles in conflict with the law. Vietnamese children also have the right to be consulted regarding adoption, according to Articles 92 and 93 of the Law on Marriage and Family (2000). The Ordinance on the Disabled (1998) particularly highlights the need to help people with disabilities (including children) to join in social activities, cultural events, sports and recreation, and social organisations (Articles 5 and 24).

The Law on Complaints and Denunciation (2005) states that all citizens, including children, have the right to submit complaints about illegal behaviour. And the Ordinance on Handling of Administrative Violations, 2002, gives juvenile offenders the right to appeal against their sentences.

An important impetus to support the realisation of child rights in general and child participation in the family, schools, and communities was a decision issued on 1 June 2004<sup>524</sup>, by the former Viet Nam Committee for Population, Family and Children (CPFC), regarding standards for the establishment of child-friendly communities across the country (Communes Fit for Children). Some of these standards relate directly to children's participation such as criteria III (23) "children have access to information, the right to express their views and partake in suitable social activities".<sup>525</sup>

Taken overall, the laws relating to children's participation rights are somewhat scattered, and do not always provide sufficient guidance to be well-enforced. For instance, stipulations on juvenile participation in civil and criminal proceedings and the procedures for complaints and denunciation lack specific instructions for implementation<sup>526</sup>. Legal provisions guaranteeing children's participation in civil proceedings affecting their rights and well-being, such as in the case of inheritance or divorce hearings, are found in several related laws and sub-laws, such as the Civil Code (2005), the Law on Marriage and Family (2000), and various other ordinances and decrees. It is a challenge for lawyers, judges, parents and guardians to link these provisions effectively to ensure

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<sup>522</sup> NGO Working Group on Child Rights (2009) *Complementary Report to the Third and Fourth Periodical Country Report on Viet Nam's Implementation of the UN Convention on the Rights of the Child, 2002 - 2007*

<sup>523</sup> NGO Working Group on Child Rights (2009) *Ibid.*

<sup>524</sup> Decision 03/2004/DSGDTE

<sup>525</sup> Socialist Republic of Viet Nam (2007) *National Report - Midterm review on Viet Nam's implementation of document entitled "A World Fit for Children"*

<sup>526</sup> Socialist Republic of Viet Nam (2008) *Third and Fourth Country Report on Viet Nam's Implementation of the International Convention on the Rights of the Child in the period 2002 - 2007*

the child's rights to participation in legal proceedings. The Law on Protection, Care and Education of Children (2004) mandates that the State "has the responsibility to listen to and resolve those legitimate wishes of the child," without stipulating that children be consulted in protective proceedings or clarifying which wishes qualify as 'legitimate.'

Thus, although there has been considerable success in establishing a strong legal framework and implementing many valuable activities on children's participation in Viet Nam, there are still challenges in realising the right to participation for all children. Existing initiatives, models, and activities on child participation have generally been conducted on an ad hoc basis without an overarching national framework. There is no specific national policy or law dedicated to children's participation. There is no mechanism to institutionalise child participation in matters affecting them or for systematic follow up. There is still a tendency towards tokenism or symbolic participation, in which only a small group of children actually have the chance to participate. While draft standards and guidelines on child participation, including guidelines on selection of children and youth from different social settings and obtaining informed consent for participation, have been developed, these are not yet systematically used and applied.

## 6.7 Causality analysis

The awareness and understanding of child participation needs strengthening throughout society. As well as the lack of a policy framework mentioned above, there are too few trainers, teachers, researchers, campaigners and policy-makers skilled in child participation methods. Most adults still have a poor awareness of what child participation means, and have little idea of how to encourage it. Professional people working with children need child-sensitive expertise and experiences, as well as the ability to work with children from various backgrounds in different settings.

*"I rarely talk to my grandmother because she always talks about the old days....she always reminds me to study, she reminds me every time I go out...she does not understand, I explained but she did not understand so I give up."*

Adolescent boy, three-generation family, Hai Phong; MOCST et al. (2008), *Family Survey 2006*

There is a shortage of participatory activities for children. Lack of access to information technology facilities and an inability to use English prevent many Vietnamese children participating in global venues, such the Voice of Youth by UNICEF. On the other hand, the scarcity of IT facilities outside major towns has widened the digital gap between urban children and their rural peers, especially those from ethnic minority groups. Technology nonetheless plays a potentially important role in promoting children's participation in development and political spheres.

The environment (e.g. language used, physical environment) needs to be conducive for children to express their thoughts and statements. For instance, court proceedings may be very intimidating to children, unless they are explained to them before they are asked to testify. Staff may not know how to make facilities or proceedings more sensitive to children, and there is no official guideline or practice in the area. There is no consistent or institutionalised official channel for children to express their views to policymakers or to ensure that their ideas are adequately considered in policy decisions and programme planning for children and young people.

Adequate reference materials on child participation, which should be short, illustrative, culturally sensitive and in different (ethnic minority) languages, are not available.

The didactic teaching approach, achievement-oriented pressures and practice of corporal punishment in schools are important constraints to promoting children's active participation in schools.

## 6.8 Roles and capacities of duty-bearers

Amongst the four pillars of child rights, that of participation is the least understood and appreciated by many responsible actors and rights-holders in Viet Nam. There is a knowledge and capacity gap on children's participation among the entire range of duty-bearers (including lawyers, parents or guardians, welfare agencies and mass organisations) who are responsible for ensuring that children are consulted properly during civil, administrative and criminal proceedings.

*"I do not impose the way old people used to educate children. Now it is more difficult to educate children than before, as now their condition is different, we have to get to know well to talk to them and given them instruction gradually."*

In-depth interview, man, household representative, HCMC; MOCST et al. (2008), *Family Survey 2006*

In schools, the main responsible actors are MOET, teachers, administrators, and the staff in charge of youth and Young Pioneers' affairs. Many teachers are still not adequately trained in interactive and participatory methods. Apart from schools, the Women's and Youth Unions at various levels play an important role in raising public awareness of participation as part of the promotion of children's rights.

In the community and political spheres, responsible actors include the State, People's Committees and People's Councils at various levels, mass organisations, and adults who share the community with children. Village/hamlet heads and neighbourhood wardens also play an important role in organising participatory activities at grassroots levels. The lack of documentation and impact evaluation on child participation initiatives raises questions about the advocacy, planning, monitoring, follow-up, and sustainability of such programmes/activities. The commonly cited reasons for these institutional obstacles are a lack of human resources and expertise, despite willingness and commitments at various levels.

## 6.9 Emerging issues

The growing access to the Internet in urban areas creates both advantages and disadvantages regarding the child's right to participation. On one hand, online blogs and other such forums constitute a channel for children to express their views. However, some children lack adequate parental supervision and spend long hours on the Internet at home and in cafes, risking exposure to various abuses, including online sexual exploitation. Internet addiction is also a potential cause for concern for these children.

As the country's economy grows, and with increasing global integration, family size is becoming smaller. The family environment is changing,<sup>527</sup> with differences of opinion between adolescents, parents, and grandparents becoming more pronounced (the so-called 'generation gap'). Long-held cultural values may disappear, and new ones emerge. This means that the conditions within which children's participation in the family takes place are changing, creating new opportunities for children to express themselves, and perhaps leading to new differences of opinion between parents and children.

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<sup>527</sup> MOCST et al. (2008) *Family Survey 2006*

According to SAVY, the majority (68 per cent) of adolescents and youths aged 14-25 surveyed felt that their voice is heard and their ideas were respected within the family. But only 22 per cent of young people suggested that the Government has a role to play in increasing opportunities for them to participate.<sup>528</sup>

While SAVY has shown that young Vietnamese people are resilient, hard working, strongly connected to family and have high expectations and strong self-esteem, the results also indicate that some young people feel lonely and worry about the future, with as many as one in five having at some point felt helpless and hopeless about their future. Tensions between children's aspirations and abilities, and parents' expectations of high academic performance will probably intensify as Viet Nam grows wealthier and parents demand more from their children in terms of academic achievement. Mounting pressures on children may result in depression and despondency, escapism, drugs and alcohol consumption, and other self-destructive behaviour.

*"Now I only worry about my studies. I can't study very well. I just want to study better in order not to hear complaints from my parents."*

In-depth interview, adolescent girl, HCMC; MOCST et al. (2008), *Family Survey 2006*

Young women generally tended to be less optimistic than young men, especially those from ethnic minorities. In terms of future aspirations, employment, income and financial success are the major priority of most young people, with family and happiness taking second place.

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<sup>528</sup> MOH et al. (2005) SAVY

## KEY FINDINGS – The Right to Participation

- Children already join in many activities (in the family, school and community) and have proved capable of contributing meaningfully to these processes. Children's meaningful and sustained participation requires radical changes in adult-child relationships.
- Families can 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 obedient. In the family, sex and age define a person's status: girls are traditionally in a weaker position than boys; 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 Organisation plays an important role in promoting student activities. Language barriers hinder children from ethnic minorities from fully accessing information and therefore can prevent full participation.
- In communities, there is often strong emphasis on meeting the perceived interests of children (e.g. organising children's festivals, supporting children's education). There is a strong media focus on children's issues. The right of children to express opinions is provided for in national law.
- There are various national laws and normative documents which enshrine the right of children to participate. The Government has made efforts to include children as participants in various clubs, forums, workshops, consultations to allow their voice to be heard by adult decision-makers. Other key interventions have included building capacity for decision makers (e.g. parliament, leaders) and child facilitators on participation, and promotion of participatory teaching in schools. Both Government and mass organisations have played important roles in organising children's activities at different levels.
- Despite these good efforts, child participation is generally ad hoc, scattered and tokenistic. There is a general lack of awareness and skills among adults and young people and no clear mechanism to systematically mainstream child participation or to facilitate child participatory processes at all levels. In some places, children's participation is hindered by unfavourable conditions. These include unfamiliarity with the language, an unsuitable physical environment, lack of adult awareness or skills concerning children's participation, and inadequate reference materials for children.
- Emerging issues in this area include increased access to the Internet as both risk and opportunity for greater participation, a gradual erosion of long-held traditional values, and changing intra-family dynamics. This last phenomenon may lead to a 'generation gap' and difficulties in inter-generational communication, including the expression of children's views in interactions with adult family members.



# CHAPTER 7: RECOMMENDATIONS



## 7.1 Recommendations

Viet Nam has achieved unprecedented improvements in the lives of its children in the past two decades. Maternal, infant and child mortality rates have declined significantly, while education enrolment and access to water and hygiene have increased across the board. Perhaps even more impressively, Viet Nam has managed to achieve these successes for children in a short time (less than 20 years), and with a relatively low per capita GDP (below USD 1,000).

Yet there remain important lingering and emerging challenges for children in Viet Nam. With Viet Nam establishing itself as a lower middle-income country in 2010 and striving for industrialised country status by 2020, these challenges will only become more urgent. As recognised in the Convention on the Rights of the Child, State Parties have an obligation to guarantee to each child the “highest attainable” standards of health, education, protection, and participation. The CRC Committee has recommended several specific actions for Viet Nam to take, so it is important that the Government’s investments in children’s well-being reach the “highest attainable” levels; they should be at least commensurate with the rapid and sustained economic growth that characterises Viet Nam.

In terms of ‘lingering’ challenges, the analysis indicates two main areas where these are most urgent:

- **Child survival and development:** while progress has been made in all areas for children, the three areas where progress has been slowest have been reducing malnutrition (stunting), increasing rates of breastfeeding, and promoting hygiene and sanitation. There is an urgent need to invest more in infrastructure and human resources development in these areas at all levels, and especially in the north of the country and Central Highlands. The increasing role of the private sector in health service provision, and its possible impact on inequity in health access and outcomes, requires attention as well.
- **Education:** In order for all children to exercise their right to quality education, the modality of delivering education needs to be more diversified and responsive to the different needs of different groups of children as a way to place the child at the heart of learning. As Viet Nam is becoming a middle-income country, the education system also needs to offer a type of education not only to teach children basic knowledge and skills, but also to equip them with competencies that prepare them for the changing world. Adequacy and balance of roles, responsibilities, resource allocation, and other conditions necessary for the implementation of decentralisation of education need to be reviewed regularly. Education planning should be more informed and supported by updated, reliable and disaggregated data, for which the development and application of an education information management system is critical. A sector wide approach should be applied in addressing issues that are relevant to the entire education sector, such as emergencies and HIV/AIDS, in order to avoid duplication and rather increase efficiency of resource utilisation in the sector.

The emerging challenges for children are no less important. In some cases, the Situation Analysis has not been able to present even initial evidence of emerging challenges because the issues are as yet too new, under-researched, or poorly understood. This is the case for example with children’s mental illness, and climate change. Both are important emerging issues with insufficient data and understanding in Viet Nam.

On climate change specifically, the repercussions for children could be unalterable and life-long. Yet advances in research and analysis are needed to fully understand the situation and its impact on children. With respect to other emerging but perhaps better understood issues, the Situation Analysis makes the following five priority recommendations:

- **Reduce inequality and disparity in outcomes for children:** as the Situation Analysis has shown, ethnic minority children fare worse on almost every indicator compared to their Kinh/Hoa peers. Similar inequalities are evident for children in rural areas, compared to their urban peers, and between the lowest and highest income quintiles. Social protection strategies and universal approaches to the provision of quality, accessible basic social services are needed in order to reduce current inequalities, and to prevent them from becoming more severe as the country continues to experience rapid yet unevenly distributed economic growth. With the transition to middle-income status, and major improvements in accessibility of social services, Viet Nam has recognised the increasing importance of the quality of its social services, particularly in the areas of health and education. With greater attention to quality issues, there is a need to review the growing role of the private sector in social services, and the correspondingly essential role of Government regulation, inspection, and oversight.
- **Improve the quality, reliability, accuracy, and understanding of data, evidence and indicators related to children's rights:** data remains a challenge in Viet Nam in many sectors. There is a need to significantly improve routine data management systems in the relevant line ministries, from local up to national level, and to support the use of data and evidence in policy-making. This was also a major recommendation from the CRC Committee.
- **Promote integrated and inter-sectoral approaches to children's rights implementation:** This would include establishing a more coherent legal and policy framework for children (e.g. revising and updating the 2004 Law on Protection, Care and Education of Children, and making the new NPA on Children 2011-2020 more comprehensive). Another important element would be adopting a multi-dimensional approach to poverty, including child poverty: child poverty should no longer be seen as children living in monetary-poor households, but as a deprivation in several areas such as health, education, recreation, water and shelter. Such a shift in approach would have important consequences for the Government's entire poverty reduction efforts. A third element of an integrated approach would include implementing a systems-building approach to child protection. Such an approach entails moving away from a category-based approach, whereby children are classified depending on their special needs or deprivations (e.g. children with disabilities, children affected by AIDS), towards a more systemic one, which emphasises a continuum of services and support for all children who are at risk or vulnerable to abuse, exploitation, neglect and violence.
- **Support and strengthen more effective decentralisation:** Viet Nam has moved progressively to an increasingly decentralised system of administration, including the provision of basic social services and their financing. Such a shift can often improve the accessibility, quality and local relevance of such services, and increase the ownership and engagement of local communities in their provision. Greater attention is needed to ensure that decentralisation in Viet Nam is supported by adequate and fully transparent funding, as well as trained, equipped, and accountable staff at different levels of Government.

- **Improve the efficiency of resource utilisation in the social sectors:** The Government has increased its budget allocation to the health and education sectors over the past few years. With the transition to middle-income status, however, the efficiency of public investment becomes at least as important as the volume of such investment. There is thus a need to utilise tools such as Public Expenditure Tracking Surveys more systematically. This would allow better tracking of public funds and material resources as they flow from central government through the administrative hierarchy, and out to frontline service providers, and should improve the quality of local service delivery.

In concluding this Situation Analysis of Children in Viet Nam, it is clear that Viet Nam's girls and boys today are far better off than their peers from a few decades ago. While challenges remain, these are being recognised and addressed by the Government, communities, parents and families, and children themselves. It is in this spirit that the title of the Situation Analysis was chosen. The well-known Vietnamese saying, "*Trẻ em hôm nay, Thế giới ngày mai*" (Children today, the World tomorrow), represents at once the ambitious hopes, inspiring vision, and strong commitment of the country to its children.

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