



SITUATION ANALYSIS OF CHILDREN IN HO CHI MINH CITY VIET NAM 2017

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IN HO CHI MINH CITY - VIET NAM 2017

ACKNOWLEDGEMENTS

The 2017 Situation Analysis (SitAn) on Children in Ho Chi Minh City was prepared as a first step of the Ho Chi Minh City People's Committee's commitment to pursue the establishment of Child Friendly City (CFC) to guarantee the rights of every child and to implement the Convention on the Rights of the Child (CRC). This report is part of the Programme of Cooperation between Ho Chi Minh City People's Committee/Department of Planning and Investment (DPI) and UNICEF/Social Policy and Governance Programme.

The research, writing and analysis was conducted by Sharmila Kurukulasuriya, Nguyen Phong, Phan Huong and Tran Minh Gioi. A Ho Chi Minh City SitAn committee comprised of city government officials and technical experts chaired by the DPI guided the process.

In 2015, the Asia Society for Social Improvement and Sustainable Transformation (ASSIST), an international non-government organization focused on capacity building and research, drafted an initial report on a series of consultations with key stakeholders as well as children. This report drew on this research work. Under the leadership of the City People's Committee and UNICEF Viet Nam, inputs were received from experts at the DPI, Department of Labour, Invalids and Social Affairs (DOLISA), Department of Education and Training (DOET), Department of Health (DOH), Department of Water Supply and Sanitation, City Statistics Office, Department of Finance (DOF), Department of Justice (DOJ), Department of Public Security (DPS), Office of Sustainable Poverty Reduction, Institute for Development Studies, Youth Union and the People's Court.

The Ho Chi Minh City People's Committee and UNICEF Viet Nam would like to sincerely thank all those who contributed to this publication.

PREFACE

This Situation Analysis of Children report is part of a series of analyses UNICEF has initiated to support the Government of Viet Nam at national and sub-national levels during the past decade, through provision of evidence and information for planning and budgeting. This includes working on including Socio-Economic Development Plans (SEDPs) and sectoral plans to make them more child-sensitive and evidence-based. This is the first time a Situation Analysis of Children has been conducted in Ho Chi Minh City.

The 2017 Situation Analysis of Children in Ho Chi Minh City is a rights-based and equity-focused analysis that provides evidence on the status and trends in the realization of children's rights. The report also provides a causality analysis of identified shortfalls and disparities, the roles, responsibilities and capacity gaps of duty-bearers and recommendations and priorities to accelerate progress towards the Sustainable Development Goals (SDGs) and achieve child well-being. This report's analytical framework draws on the Convention on the Rights of the Child, with a focus on its four key pillars: "Every Child Survives and Thrives", "Every Child Learns", "Every Child is Protected" and "Every Child Participates".

Throughout this report, the voices of children, adolescents, government, academia, businesses, non-government organizations (NGOs) and civil society partners have been integrated to illustrate what children in Ho Chi Minh City face today. The report's findings confirm the city's progress in child rights implementation, in line with its socio-economic development achievements of recent years. However, there are areas where disparities still exist and more progress is needed. This is particularly the case for disadvantaged population groups, such as children with disabilities, poor children and those impacted by migration, but also in areas such as child nutrition, water and sanitation, juveniles in conflict with the law, violence against children, transitions from primary to secondary education and child protection.

Overall, this Situation Analysis provides a comprehensive overview, allowing us to understand the overarching situation of children and adolescents in Ho Chi Minh City, indicating the areas where closer collaboration can increase efficiency and effectiveness as well as highlighting challenges in prioritizing our actions and resources for children. Hence, we truly hope that many different stakeholders and partners – from government at national and city levels, to international and national NGO partners and practitioners, the academic and research community, UN agencies, media, private sector and others – will find this situation analysis relevant and useful, inspiring them to greater and enhanced investment in and with the children of Ho Chi Minh City.



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LIST OF ABBREVIATIONS

ADB	Asian Development Bank
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
ASSIST	Asia Society for Social Improvement and Sustainable Transformation
BMI	Body Mass Index
CDC	Centres for Disease Control and Prevention
CFC	Child Friendly City
CFCI	Child Friendly City Initiative
CHS	Commune Health Stations
CM	Child Malnutrition
CGFED	Research Centre for Gender, Family and Environment in Development
CRC	Convention on the Rights of Children
CSEC	Commercial Sexual Exploitation of Children
CSO	Civil Society Organizations
Doi Moi	Economic renovation process where by Viet Nam transformed its centrally-planned economy to a socialist-oriented market one
DOET	Department of Education and Training
DOF	Department of Finance
DOH	Department of Health
DOJ	Department of Justice
DOLISA	Department of Labour, Invalids and Social Affairs
DPI	Department of Planning and Investment
DRR	Disaster Risk Reduction
DPS	Department of Public Security
DUA	Developed Urban Areas
EENC	Early Essential New-born Care
EPI	Expanded Programme on Immunization
EUA	Existing Urban Areas
FGD	Focus Group Discussion
GSO	General Statistics Office
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
Ho Khau	Viet Nam's systems for household registration. It involves a book containing information of household members and household's residence issued to each household.

ICT	Information and Communications Technology
ILO	International Labour Organization
ILSSA	Institute of Labour Science and Social Affairs
IOM	International Organization for Migration
IQ	Intelligent Quotient
LGBT	Lesbian, Gay, Bisexual, Transgender
MCP	Monetary Child Poverty Rate
MDCP	Multi-Dimensional Child Poverty
MDGs	Millennium Development Goals
MIC	Middle-Income Country
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MOCST	Ministry of Culture, Sports and Tourism
MOET	Ministry of Education and Training
MOHA	Ministry of Home Affairs
MOJ	Ministry of Justice
MOLISA	Ministry of Labour, Invalids and Social Affairs
MORE	Monitoring Results for Equity System
MPI	Ministry of Planning and Investment
MPS	Ministry of Public Affairs
NPAC	National Plan of Action for Children
NFVC	National Fund for Vietnamese Children
NGO	Non-Government Organization
ODA	Official Development Assistance
SA	Suburban Area
SEDP	Socio-Economic Development Plan
SitAn	Situational Analysis
STI	Sexually Transmitted Infection
OOSC	Out-Of-School Children
PAC	Programme of Action for Children
PEPFAR	President's Emergency Plan For AIDS Relief
PO	People's Organization
PMTCT	Prevention of Mother-to-Child-Transmission of HIV
PS	Primary School
RTM	Real-Time Monitoring
SDGs	Sustainable Development Goals

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAAC	Viet Nam Administration of HIV/AIDS Control
VN	Viet Nam
VND	Viet Nam Dong
VN SitAn	Viet Nam Situational Analysis
VHLSS	Viet Nam Household Living Standards Survey
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WTO	World Trade Organization

LIST OF LAWS AND DECREES

Law on Children (2016)

Law on Child Protection, Care and Education No. 25/2004/QH11 (2004)

Law on Persons with Disabilities (2010)

Law on Associations (pending)

Revised Law on Residence (2013)

Law on State Budget (2015)

Education Law (2005)

Law on Gender Equality (2006)

Law on Domestic Violence Prevention and Control (2007)

Labour Code (1994 and amended in 2004 and in 2012)

Law on the Prevention of and Combat against Human Trafficking (No. 66/2011/QH12).

Law on Adoption (2010)

Law on Marriage and Family (2014), replaced Law on Family and Marriage

Civil Code (2015), replacing Civil Code (2005)

Law on Handling of Administrative Violations (2012), replaced Ordinance on Handling of Administrative Violations (1992)

Law on Organisation of People's Court (2014), replaced Law on People's Court Organization (2002)

Penal Procedure Code (2015), replaced Penal Procedure Code (2003)

Penal Code (2015), amended in 2017, replaced Penal Code (1999)

Law on Legal Aid (2017), replaced Law on Legal Aid (2006)

Law Natural Disaster Prevention and Control (2013)

Decree No. 85/2015/ND-CP detailing a number of articles the Labor Code in terms of policies for female employees (including lactation room in factories)

Decree No.130/2005/ NDD-CP (providing for autonomy and self-responsibility for use of administrative management payrolls and funds by State agencies)

Decree No.43/2006/NDD-CP (providing a mechanism for autonomy and self-responsibility for task performance, organizational apparatus, payroll and finance, applicable to public non-business units)

Decree (56/2017/ND-CP) under the Law on Children

Decree No.49/ND-CP (14 May 2010) on reduction and exemption of tuition fees, support for learning cost, collection and use of tuition applicable to educational institutions belonging to national education system from school year 2010-2011 to 2014-2015

Decree No.74/2013/ND-CP (15 July 2013) on amending and supplementing a number of articles of the Government's Decree No.49/2010/ND-CP of May 14, 2010, stipulating on reduction and exemption of tuition fees, support for learning cost, collection and use of tuition applicable to educational institutions belonging to national education system from the 2010-2011 school year to the 2014-2015 school year.

Decree No.86/2015/ND-CP (2 October 2015) on mechanisms for collection and management of tuition fees applicable to educational institutions in the national education system and policies on tuition fee exemption and reduction and financial support from the academic year 2015-2016 to 2020-2021

EXECUTIVE SUMMARY

In September 2015, the Ho Chi Minh City People's Committee in collaboration with UNICEF committed to creating Viet Nam's first 'Child Friendly City'. Ho Chi Minh City, one of Asia's fastest growing cities, would serve as a model in the region, where every child is given a fair start to life and opportunities to live and thrive in a safe environment.

Producing a comprehensive Ho Chi Minh City Situation Analysis is a critical element of this process. The 2017 Situation Analysis of Children in Ho Chi Minh City is a rights-based analysis that provides evidence on the status and trends in the realization of children's rights, a causality analysis of identified shortfalls and disparities along with the roles, responsibilities and capacity gaps of duty-bearers and recommendations and priorities to accelerate progress towards the SDGs and achieve child well-being. This analysis has integrated children's voices and opinions into the analysis and promoted broad engagement with multiple levels and branches of government, community-based and youth organizations, academia, civil society and the business community.

The global Child Friendly City initiative was launched in 1996, creating a movement across every region to guide cities and other local governance system pathways to ensure inclusion of children's rights - a central component of their policies, programmes and structures. Over the last 20 years, this movement has inspired a wide range of stakeholders supported by UNICEF in more than 50 countries to ensure their cities embody the Convention on the Rights of Children (CRC) at local level, ensuring children's rights are reflected in policies, laws, programmes and budgets, with children active agents influencing decision-making processes¹.

Contextual factors influencing the realization of children's rights in Ho Chi Minh City

This report's analytical framework draws on the CRC, with a focus on "every" child in Ho Chi Minh City. More specifically the following four pillars of the CRC, also linked to UNICEF's upcoming global Strategic Plan, guided the SitAn: "Every Child Survives and Thrives", "Every Child Learns", "Every Child is Protected" and "Every Child Participates".

Geography and Demography: Ho Chi Minh City is located in southeastern Viet Nam, with access to the Saigon River, towards the northern part of the Mekong Delta. The city consists of 19 urban and five rural districts. Of its population of 13 million people (80% live in urban areas), 1,514,734 are children aged 0-16 years, of whom 16,054 are children living in special circumstances, 35,097 children (including 32,378 from poor households) are at risk of falling into special circumstances, 25,030 are from near-poor families and 350,000 are from migrant families with temporary household registrations² (2017). A key reason for Ho Chi Minh City's recent population growth is related to rapid urbanization over the last few decades. In 2015, Ho Chi Minh City had the highest population density in Viet Nam of 3,809 people per square kilometre. Approximately 93.5% of the population are ethnic Vietnamese (Kinh), 5.8% are Chinese (Hoa), and the other minorities include Khmer (0.34%) and Cham (0.1%)³.

Socio-Economic Context: Over the last three decades economic reforms linked to the Doi Moi process transformed Viet Nam from a centrally-planned economy to a socialist-oriented market one that led to significant socio-economic development and growth. Ho Chi Minh City is among Asia's largest and fastest growing cities as well as the financial and technology centre of Viet Nam. By the end of 2014, the city's GDP had grown to 9.5%, with GDP per capita reaching USD5,428 by the end of 2016 to achieve middle-income status⁴. Despite achievements in developing child-sensitive policies and programmes, there is indicative evidence this progress is uneven across the country.

¹ UNICEF/CFC Initiative - <http://childfriendlycities.org/building-a-cfc/examples-of-cfc-initiatives/>

² Department of Labour, Invalids and Social Affairs statistics 2017

³ <http://Pso.hochiminhcity.gov.vn>

⁴ <http://Hanoimoi.com.vn>

Governance and the Law: Viet Nam has a history of protecting and promoting child rights, as illustrated in its ratification of the CRC in 1990 as well as the design and implementation of a legal framework on child rights, specifically the Law on Protection, Care and Education of Children (2004) further developed in 2016 and now known as the Law on Children.

Migration, Urbanization and Climate Change: With a growing population of migrants in Ho Chi Minh City, government city officials are conscientious of the additional demands on existing services available to families and children in Ho Chi Minh City. Furthermore, urbanization is more significant in the inner city than suburban and rural areas. With a growing migrant population comes a larger work force and an expanding economy, with challenges such as ensuring the 'ho khau'⁵ system is modified to meet the needs of migrant families and their children and ensure they have equitable access to quality social services. In addition, Ho Chi Minh City ranks among the top 10 cities in the world with populations most likely to be severely affected by climate change⁶. In recent years, there has been increased incidences of regular and extreme climatic events such as floods, droughts and tropical storms predicted to worsen over the next decade, with detrimental impacts on the lives of the most deprived and vulnerable children.

Private Sector: The private sector's role in Ho Chi Minh City could be strengthened in protecting of children's rights, whether it is to ensure children are not exploited during production of goods and services or in the Information and Communications Technology (ICT), travel, and tourism sectors on issues related to child labour and commercial sexual exploitation of children. Furthermore, the private sector can play a critical role in investment of resources to ensure children have the opportunities to fulfill their potential.

Every Child Survives and Thrives

Child Nutrition - the 'double burden': Ho Chi Minh City's children face over and under-nutrition, coined as the 'double burden' of childhood malnutrition, highlighted in a recent joint UNICEF/WHO ASEAN regional report⁷. Although Ho Chi Minh City has a low malnutrition rate, the actual number of children who suffer from malnutrition is relatively high (75,000 in 2015⁸). In parallel with child malnutrition, children under-five in Ho Chi Minh City face high rates of overweight and obesity, which increased from an estimated 9.6% in 2011 to 11.0% in 2015 (Department of Health statistics 2016).

Breastfeeding Practices: Although the rate of children aged 0-5 months ever breastfed is 94.6% in Ho Chi Minh City, only 40.4% of mothers continued breastfeeding after one year⁹. According to the Ho Chi Minh City Nutrition profile 2014¹⁰, 91.6% of children (aged 6-23 months) consumed iron-rich or iron fortified foods and 91.1% of children (aged 6-23 months) received minimum dietary diversity. Research indicates that returning to work is a major factor preventing women in Viet Nam's manufacturing industries from exclusive breastfeeding¹¹. Despite factories providing lactation rooms as required by Decree 85, utilization rates are low due to a lack of knowledge on expressing and storage of breast milk¹².

Micronutrient Deficiency, Prevalence of Anaemia, Iodine Deficiency Disorders: The findings of a survey of 644 children under-five in Ho Chi Minh City indicated that Vitamin A deficiency in children is a public health problem, ranking as a mild level of public health significance¹³. Nutritional anaemia reduced from 15.2% in 2004 to 8% in 2014¹⁴ among upper

5 'Ho khau' has been Viet Nam's household registration/legal proof of residence system over the last 50 years

6 ADB. (2010). *Ho Chi Minh City Adaptation to Climate Change: Summary Report*. Available at: <https://www.adb.org/publications/ho-chi-minh-city-adaptation-climate-change-summary-report> [Accessed 12th April 2017]

7 ASEAN, European Union, UNICEF and WHO, *Regional Report on Nutrition Security in ASEAN, volume 2*

8 UNICEF Viet Nam, *Ho Chi Minh city and UNICEF organized high-level roundtable conference on "Child friendly city"*; https://www.unicef.org/vietnam/vi/media_24678.html

9 National Institute of Nutrition and UNICEF, *Alive and Thrive project, Ho Chi Minh City Nutrition profile 2014*.

10 *ibid*

11 Research by Alive & Thrive indicates that a large proportion of female workers stated that returning to work was a major factor preventing them from exclusive breastfeeding. Available at <http://aliveandthrive.org/wp-content/uploads/2014/11/Work-place-Support-Summary-Report-2012-English.pdf>

12 UNICEF (2016), *The apparel and footwear sector and Children in Vietnam*, p 3.

13 Tran Thi Minh Hanh et al. *Vitamin A deficiency in children in Ho Chi Minh City and risk factors*. *Journal of Food and Nutrition Sciences*, Vol.7 - No1 - May 2011

14 DOH report, 2017

secondary school students. A survey in 2010 revealed that two-thirds of surveyed pregnant women in Ho Chi Minh City suffered from iodine deficiency (on average - urinary iodine <10 µg/dl). Pregnant women living in rural or suburban areas had an increased risk of iodine deficiency 1.4 times higher than those living in urban areas¹⁵.

Child Mortality: The child mortality rate decreased from 8.2 in 2011 to 6.3 in 2012 and stabilized at 7.14 per 1,000 live births in 2015, much lower than the national figure of 22.1 per 1,000 live births¹⁶. The leading cause of mortality reported from the community among children aged under five years was drowning.

HIV/AIDS: According to DOH annual statistics, the number of children detected with HIV infection sharply decreased from 57 new cases in 2011 to four new cases in 2014. However, it increased to 32 new cases in 2015. This data suggests HIV infection among children is on the rise and effective interventions should take place.

Water, Sanitation and Hygiene: According to the Viet Nam Multiple Indicator Cluster Survey (MICS) (2014), 52% of the 805 respondents used tap water, 11% used drilled wells and up to 36.1% used bottled water for drinking. The analysis underlines the gap in terms of clean water between families and young children in different areas of urban, developing urban and suburban districts, while children in peripheral regions enjoy less benefits than those in central areas. Hygiene and sanitation in schools is regularly monitored and inspected by the health sector, mainly by district health centres. Most inspected schools in Ho Chi Minh City met hygiene and sanitation standards.

Causality analyses, undertaken in this report related to increasing rates of childhood malnutrition, identified immediate causes (physical inactivity, imbalance in calories, excessive intake of micronutrients), underlying causes (nutritional practices, access/affordability of unhealthy foods) and structural causes (lifestyle, school health programmes, socio-economic status). The analysis on teenage pregnancy and abortions revealed factors including lifestyle, social norms and values, gaps in youth-related policies, family background, culture, school, community environment and poverty. Key factors that hinder the realization of child rights on Ho Chi Minh City are related to rapid urbanization and migration placing increased pressure on the health care system, large groups of children living in poverty, climate change and pollution as well as the ability to achieve coverage and quality of health services.

To address these challenges, priority should be given to strengthen measures to tackle child malnutrition and adolescent reproductive health awareness, including HIV/AIDS, to ensure migrant children can access basic health services, strengthen the EPI programme and mitigation of environmental pollution and climate change impacts and improve health data collection, management and reporting.

Every Child Learns

Early Childhood Education: The attendance rate of children three-to-five years old in Ho Chi Minh City increased between 2006-2011 and peaked in 2011-2012 due to the provision of universal education for five-year-old children. From 2011-2015, the number of public pre-school teachers in Ho Chi Minh City only met approximately half the number of children enrolled in pre-schools in the city with this trend decreasing relative to the non-public sector. The pre-school ratio of boys to girls is 54 versus 46, higher than the ratio of boys to girls at birth in Ho Chi Minh City, suggesting girls may be more disadvantaged in accessing pre-school education.

Out-Of-School Children (OOSC): DOET compiled data on OOSC for the first time in Ho Chi Minh City in 2014-2015 and migrant children made up the majority of OOSC aged five years and in primary schools (92% and 86.4%, respectively), suggesting migrant children are unable to access and attend primary school. According to the 2009 Census, the number of five-year-old OOSC with disabilities¹⁷ in Ho Chi Minh City was high (77%), while the OOSC rate is nearly six times higher than that of children without disabilities (six times higher for five-year-old OOSC, eight times higher for

¹⁵ Tran Thi Minh Hanh et al. Iodine deficiency in pregnant women in Ho Chi Minh City. *Journal of Food and Nutrition Sciences*, Vol.6 - No.3+4 - October 2010

¹⁶ General Statistics Office, Child Mortality Rate, http://www.gso.gov.vn/default_en.aspx?tabid=774

¹⁷ "Disabilities" here is equivalent to the level of "exceptionally serious disabilities", "partial", "partial disability" is equivalent to "serious disabilities" and "mild disabilities" in the Law on Persons with Disabilities (2010).

primary-school-age OOSC and lower secondary-school-age OOSC).

Quality of Education: The student-teacher ratio and average number of pupils per class in primary and lower secondary schools in Ho Chi Minh City are higher than the national average. It is worth noting that although the school dropout rates are small, the absolute number of children is quite large with 1,483 and 1,115 children in lower and upper secondary levels, respectively.

A causality analysis undertaken in this report on particular negative child outcomes, such as OOSC, revealed that immediate and underlying causes included inadequate awareness of education's long-term value, lack of parental attention, migrant children lacking access and structural causes are linked to families living in poverty. There is little difference (4.7%–4.9%) in school attendance rates of children living in rural and urban areas, but higher variations across urban areas are evident. Barriers and bottlenecks identified included increased migrant children in Ho Chi Minh City, a shortage of skilled teachers, discrimination, bullying and violence in schools and a lack of data on disadvantaged children.

City authorities, the education sector and relevant departments have devoted considerable resources to this goal of ensuring all of Ho Chi Minh City's children are educated and have achieved remarkable results. However, numerous children are yet to attend school or are studying at low-quality institutions. Furthermore certain policies, such as the “no fee” policy for vocational centres, do not cover migrant children whether they migrate independently or follow parent(s) migrating for work.

Given the policy of universal education for five-year old children, the quality of education in the non-public sector is a concern as the human resources and facilities do not meet the expected standards. This concern applies to the quality of continuing education as well. In addition, while “love classes” and “universal classes” have created educational opportunities for disadvantaged children, there is no concrete evidence that these classes meet the expected educational outcomes.

Every Child is Protected

Children living in Special circumstances: In 2017, Department of Labour, Invalids and Social Affairs (DOLISA) reported that among the city 1.5 million child population (children under 16 years of age), approximately 16,054 children are living in special circumstances. The city's new Program for Child Protection approved for the 2016–2020 period aims at protection of children from violence, abuse and exploitation and the rehabilitation of victims, and social inclusion of the most disadvantaged children through strengthening of child protection system¹⁸.

Violence against children: Corporal punishment as a way of disciplining children has traditionally been considered a private, family matter and officials are still not able to interfere effectively. There are structural causes, such as poverty, migration and unemployment that increase the risks of children experiencing violence by family members. In addition, cases of violence in schools have recently received attention in the media, and not only between students but also between teachers and students. In a recent survey on school violence, more than 50% of interviewed students (297 students), have been victims of school bullying and more than 80% of students have witnessed school bullying¹⁹. Sexual abuse was the most common type of violence against children in Ho Chi Minh City reported to the police, accounting for 59%²⁰. There is also evidence that girls and women are abused or harassed in public places, such as bus stations, parks, and streets.

Child Exploitation: The National Child Labour Survey in 2012 reported 44,053 child labourers in Ho Chi Minh City, most of them belonging to the 15–17 year age bracket (83%). For every five child labourers, four worked for more than 42

18 Ho Chi Minh City People's Committee, Decision No. 3682/QĐ-UBND dated Jul 19, 2016 on Approval of Ho Chi Minh City Child Protection Program 2016 – 2020

19 <http://www.ier.edu.vn/upload/product/ky-yeu-hoi-thao-thuc-trang-va-giai-phap-ngan-chan-bao-luc-hoc-duong-o-truong-pho-thong-405429389066.pdf> trang 185, 191.

20 MOLISA, Children indicators in Viet Nam, 2013–2014

hours per week²¹. The city government has strengthened its focus on tackling child labour, although it is still difficult for the city to detect as children often work for private, small companies or households, in addition to the challenge of an increased number of migrant children in Ho Chi Minh City²². As big factories have strict policies on employment of children under 18 years of age, the young workers aged 15-17 often turn to the informal sector and small factories where they are at risk of exploitation.

Research indicates that child prostitution among 12 -17 year olds is evident in Ho Chi Minh City. Both boys and girls were found to be victims of sexual exploitation, although girls' involvement in sex work was more visible. It is also hard to ascertain the nature and extent of the problem of child trafficking in Ho Chi Minh City due to lack of data, Ho Chi Minh City was found to be source locations, place of transition, and destination of child trafficking. Although there is limited data available, the entire country including Ho Chi Minh City is considered an increasingly popular destination for child sex tourism, especially where children work as street vendors and tour guides.²³

Juveniles in Conflict with the Law: Ho Chi Minh City has constantly reported the highest number of juveniles in conflict with the law in Viet Nam²⁴. Although the majority of juvenile offenders were boys (89%), more than 10% of juvenile offending was committed by girls, almost three-fold the national average²⁵. One-in-five alleged juvenile offenders could neither read nor write, or only had elementary education. The most common offences committed by juveniles were property-related ones (approximately 75%), with snatching particularly common among juvenile offenders in Ho Chi Minh City (26.5%). More than half of alleged juvenile offenders were charged with a criminal offence while the rest were handled through the administrative system for minor violations²⁶. Ho Chi Minh City is the first city in Viet Nam to establish the Family and Juvenile Court in April 2016. The City also has been piloting a model of "community-based support for persons under 18 years old in conflict with the law".

There are a number of immediate, underlying and structural factors contributing to violence against children in Ho Chi Minh City. These include emerged and increased risk factors due to the fast growing urbanization accompanied by the immense migration, emerging online child protection risks and LGBT children facing higher risks. Social norms that are pro-violent discipline, lack of effective coordination mechanisms, and ineffective monitoring and reporting systems for protecting children are often mentioned as key underlying factors. Deeply-rooted structural factors, including gender norms and a culture of masculinity, inadequate and insufficient laws that protect children against violence and exploitation, economic hardship, poverty, migration and unemployment, and the lack of quality data on violence against children, continuously challenge efforts to address neglect, abuse, and exploitation of children.

Ho Chi Minh City ranked second nationwide in 2012 and 2013 according to rankings from the Ministry of Labour, Invalids and Social Affairs for progress in implementation of policies and programs on child protection²⁷. However, the complex situation of violence against children is profoundly influenced by a number of risk factors at different levels that requires stronger commitments and more concerted efforts from local authorities, line agencies and departments, civil organizations, businesses, families, communities, and even the children themselves in order to end this serious violation of children's rights. In the coming years, top priority should go to building a comprehensive local child protection system through strengthening inter-sectoral coordination and cooperation, development of a social work profession with respect to child protection, enhancement of specialised preventative and protection services to address child protection needs, and promoting effectiveness of monitoring and reviewing child protection programmes. Efforts should also be made to strengthen justice for children, particularly to enforce the current child justice reforms at national level. Strengthening the abilities of children and their families to protect themselves is also crucial in prevention of violence

21 ILO, MOLISA, GSO, Viet Nam: *National Child Labour Survey 2012*

22 "Child labour in the process of industrialization and modernization in Ho Chi Minh", <http://khxhvnv.tdt.edu.vn/en/attachments/article/191>, accessed 15 May 2017

23 MOLISA-UNICEF, *An analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam (2011)*

24 MOLISA, *Child Protection and Care Administration, Children Indicators in Viet Nam 2009, 2012-2013, 2013-2014*

25 *Ibid.* The rate of offending among girls were highest in Ye4n Bai province (15.15%), following by Hung Yen province (11.11%).

26 *Ibid.*

27 Hanoi, *Ho Chi Minh City top Viet Nam childcare rankings* <http://www.thanhniennews.com/education-youth/hanoi-Ho-Chi-Minh-City-top-vietnam-childcare-rankings-27335.html>, accessed 18 May 2017

against children and help them claim their rights. And finally, all these would require increased budget allocation, especially for development of a network of qualified, professional child protection workers at commune level.

Every Child Participates

Child Participation in Families: In-depth interviews with families, undertaken in preparation of this report, revealed that parents in traditional Vietnamese culture often do not allow children to participate in day-to-day decisions related to their daily lives, due to children being viewed as too immature. Furthermore, when life-altering decisions are made within the family, such as migration or divorce, parents often do not seek children's opinions. In addition, the survey indicated that from children's perspectives, many did not share personal problems with parents in case they were punished or parents were unable to grasp such problems.

Child Participation at Schools: According to a survey of students, less than half (21/45) stated they had opportunities to express their opinions to teachers at schools, during class discussions or to teachers in charge of the Youth Union. Dominant teaching methods which have been applied for a long period, especially in public schools, stops children from freely expressing their thinking. In other words, critical thinking is not encouraged. Ho Chi Minh City has launched "education reforming methods" such as the model "Get learner – centred", which encourages children to be confident in the school environment, yet enhancing meaningful child participation in schools will be a gradual process.

Child Participation in the Community: Within the community children, including adolescents, participate through (1) child fora, (2) clubs and social organizations and (3) programmes or activities initiated and implemented by children. A DOLISA report on the implementation of childcare and protection (2009-2014), suggested child participation in Ho Chi Minh City remained limited, due to limited governmental mechanisms to encourage children to participate in community-level processes. While certain mechanisms and opportunities to participate exist, when assessed through surveys children claim to have limited awareness and further beefing-up of these mechanisms should occur to ensure children take advantage of opportunities to participate in key decisions that affect their lives.

Another factor explaining why children do not participate at family, school and community levels is the lack of capacity and confidence to express their opinions, in addition to limitations set out in the Law on Associations. Moreover, there is a lack of understanding among family members, teachers and community members on children's actual needs and the importance of involving children in all decision-making. In terms of structural causes, family culture, traditional teaching methods and non-committed local officials are prominent. Barriers and bottlenecks result from ineffective models of child participation and that there is a lack of awareness on meaningful child participation. The Capacity Gap Analysis presented in this report, reveals that duty-bearers, from parents/primary-caregivers and teachers to youth organizations, the business community and local officials must strengthen their capacity to promote effective child participation mechanisms.

Building a Child Friendly City requires city policies and programmes to respond to children's needs. Such policies and programmes must start with children to ensure they can unlock opportunities to raise their voices and contribute opinions in decision-making processes. Policies and programmes for children should be based on children's views and respond to their needs. Recommended policies target 1) children: strengthening interventions that focus on developing their capacity, such as increasing their self-esteem, self-confidence and beliefs in their ability to create change, 2) families: awareness on children's rights to participate, skills training on communication and availability of family support groups, 3) schools: programmes that encourage participation in school governance, leadership and decision-making processes which are systematic, consistent and sustained, programmes for teachers' skills training and awareness are essential and 4) community and Youth Unions (YU): programmes should be designed based on the socio-economic and cultural context, the business community and especially the ICT sector could play roles through their online platforms and innovative solutions and local government could integrate child fora within its own processes. A strategy for effective child participation in Ho Chi Minh City will set the way for the Ho Chi Minh City government to move towards a "Child Friendly City CFC", a commitment central to the SDGs, particularly SDG11 to build efficient, safe, integrated and sustainable cities and communities.



CHAPTER 1
INTRODUCTION
ANALYTICAL FRAMEWORK

INTRODUCTION

- ANALYTICAL FRAMEWORK

1.1 Overview

In September 2015, a high-level roundtable conference kicked-off a commitment by the Ho Chi Minh City People's Committee and UNICEF to create the first 'Child Friendly City' (CFC) in Viet Nam, in which every child is given a fair start to life and opportunities to live and thrive in a safe and clean environment. Achievement of such a city requires implementation of the Convention on the Rights of Children (CRC) at local level. In practice, this means children's rights are reflected in city-level policies, laws, programmes and budgets. In a CFC, children are active agents as their voices and opinions are taken into consideration and influence decision-making processes. Viet Nam was an early signatory to the CRC and also committed to the Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and other key international standards, agreements and conventions to articulate the principles of universality, equality and non-discrimination, accountability and participation. It is envisaged this CFC model, could then inspire similar initiatives across the country.

A critical element of building CFC pathways is to engage in a comprehensive Situation Analysis (SitAn) of Children in the city. As a rights-based analysis, is a comprehensive assessment of the status and trends in the realization of children's rights with updated, rigorous evidence on children to inform policy-making, an analysis of disparities highlighting immediate, underlying and structural causes of identified shortfalls and programmatic and policy recommendations to address these shortfalls and inequities to accelerate progress towards the SDGs and address multiple child deprivations. The process integrates children's voices into the analysis and involves broad engagement with government, community-based and youth organizations, academia, civil society and the business community.

This SitAn recognizes children as 'rights-holders' and the importance of identifying 'duty-bearers' to address underlying issues that result in the violation of children's rights. From a rights-based perspective, rights-holders are considered key actors in their own development rather than passive recipients of development benefits. Duty-bearers, on the other hand, have obligations to respect, protect and fulfil those rights.

1.2 Every Child – Analytical Framework

The purpose of a rights-based, equity-focused SitAn for Ho Chi Minh City²⁸ is to improve key stakeholders' understanding of the current status of child rights in Ho Chi Minh City and the causes of shortfalls and inequities, as the basis for recommending actions, especially those directly related to the city's vision to become a CFC, its socio-economic development planning, budgeting, implementation, monitoring and evaluation in favour of child rights realization. It would also support the city's planning and development process, including reflections on national laws, budgets, strategies, policies and programmes that contribute towards



"We come together in a joint commitment to ensure that all children in Ho Chi Minh City benefit from basic services and social protection systems that guarantee a healthy, safe and secure environment for them to grow to their full potential, so that they can contribute to building Viet Nam's prosperous future."

Youssef Abdel-Jelil
Representative, UNICEF Viet Nam

28 UNICEF (2012). Guidance on Conducting a Situation Analysis of Children's and Women's Rights. UNICEF Division of Policy and Strategy.

an enabling environment for children in adherence to principles of universality, non-discrimination, participation and accountability. Furthermore, it would strengthen local capacities to monitor the situation of children, including monitoring the impact of the city's SEDP particularly the most vulnerable and excluded and ensure policies and programmes address multiple deprivations children face, by promoting inter-sectorial coordination for effective and efficient delivery of basic social quality services across sectors, especially for children in special circumstances. The upcoming national SitAn for Viet Nam, was used as a key reference, to ensure respective structures and frameworks were aligned for consistency across the national and sub-national SitAns in Viet Nam.

The compilation of this Ho Chi Minh City SitAn was guided by the following research questions:

Situation:

- What are the major national, regional and province-wide socio-economic trends that have had impacts on child and maternal outcomes in Ho Chi Minh City?
- How do child outcomes and trends differ across population groups and regions? Which are the most deprived groups of children? Where are they located? What forms of deprivation and exclusion do these groups face? What are the determining factors that give rise to and perpetuate their exclusion?
- What are the major issues and challenges facing children and families in Ho Chi Minh City today as well as in the next three-five years? What are the underlying causes of inequalities, including gender across population groups and regions?
- What are the immediate, underlying and structural causes of deprivations among children as well as accessing and utilizing basic social services and other critical resources?
- How is the situation in Ho Chi Minh City different from the region and country as a whole? Can good models/practices or lessons learnt on children's care and social protection in Ho Chi Minh City be shared or replicated with other provinces in Viet Nam?
- What emerging issues and risks (climate change, street children, children living with HIV/AIDS, orphan children, migration, social protection) are likely to affect the patterns of deprivation and exclusion?

Roles, Responsibilities and Capacities:

- What existing social, institutional and political factors (e.g. social norms, institutional capacities at all levels of local government, private sector, accountability and coordination mechanisms, policy and legal frameworks) impede or could potentially support the creation of an enabling environment for the realization of children's rights?
- Who are the duty-bearers in identified issues and what challenges and disparities are apparent at different levels?
- What are the main 'drivers' of inequity?
- Does the policy environment proactively address disparities and deprivations through legislation, policies and budgets? What gaps are apparent in policy responses and implementation? How are budgets mobilized, planned, allocated and used, especially for children Ho Chi Minh City?
- What are the existing capacities and capacity gaps of rights-holders in Ho Chi Minh City to claim their rights?
- What are the existing capacities, capacity gaps duty-bearers in Ho Chi Minh City to fulfil these claims?
- What are the key issues and solutions recommended for key stakeholders at national and local levels, particularly local policy-makers to take into account when developing, planning, implementing, monitoring and evaluation of

provincial policies, annual and five-five year SEDPs and sectoral plans to address specific dimensions of inequity and pervasive vulnerabilities?

This SitAn emphasizes fundamental principles in its analysis, including child participation especially among vulnerable children. UNICEF and Ho Chi Minh City authorities developed, defined and implemented a detailed plan to promote of child participation. In addition, gender equality analysis was mainstreamed in the SitAn. Furthermore, cross-cutting issues of climate change, migration, urbanization and issues related to the most deprived and excluded children were incorporated throughout the analysis. With guidance from the CRC and through use of a human rights-based approach, the Ho Chi Minh City Situation Analysis emphasised utilization of the following tools for analysis:

- Causality Analysis involves developing a conceptual framework that highlights current patterns, scopes and trends regarding inequities, their causes and structural gaps that perpetuate disparities, exclusions and deprivations for children. It further identifies bottlenecks and barriers. The Causality Analysis represents the starting point in establishing relationships between likely causes and observed outcomes among children.
- Role-Pattern Analysis follows development of a conceptual framework, a role-pattern analysis undertaken to understand the roles of relevant stakeholders. The analysis identifies rights-holders and duty-bearers as well as their obligations and responsibilities. Duty-bearers should be examined for each development issue and sub-divided (including community, regional and national levels).
- Capacity-Gap Analysis: building on the role-pattern analysis, a capacity-gap analysis seeks to understand capacity constraints. The analysis looks to identify the strengths, weaknesses and capability gaps of rights-holders and duty-bearers in fulfilling their roles.
- Analysis of the Enabling Environment permits an in-depth examination of the strengths and weaknesses of national institutions, social policies and legislative and budgetary systems that influence realization of children's rights.
- Bottleneck-Barrier Analysis in relation to improved outcomes for children through pre-defined determinant analyses on key barriers and bottlenecks to realization of all children's rights.

Each thematic analysis focused on the following elements:

- *Status and Trends*: The analysis starts with a comprehensive review of existing data, evidence and research on children. The assessment reviews the status and trends in child outcomes in health, nutrition, education, HIV/AIDS, water and sanitation, environment, child protection and participation in relation to local and national targets, SDGs and CRC. The analysis draws on primary and secondary data, identifies data gaps in analysing the situation of children and disaggregates data where possible across various characteristics of children.
- *Causality Analysis*: This part of the report includes a causality analysis that identifies the shortfalls and inequities of issues concerning children, with a focus on identifying not only the immediate causes, but also the underlying and structural ones. The analysis highlights factors that children face in fulfilling their rights. The analysis further attempts to understand the key determinants of inequity in child outcomes and issues that perpetuate disparities, exclusions and deprivations for children. These findings are fundamental when establishing a process to design and prioritise appropriate policies and programmes for children.
- *Policy Environment*: The analysis then presents the legal and policy framework, known as an analysis of the enabling environment which is an in-depth examination of the strengths and weaknesses of national institutions, social policies, legislative and budgetary systems that influence realization of child rights. A role-pattern analysis addresses the roles and relationships between duty-bearers and rights-holders, at family, community and city levels, related to fulfilment of children's rights in Ho Chi Minh City. Finally, the capacity-gap analysis builds on the role-pattern analysis, with a focus on capacity constraints that identify the strengths, weaknesses and capacity gaps of rights-holders and duty-bearers in fulfilling their roles.

- *What will it take? Programmatic, Policy and Budgetary Priorities:* This part of the analysis reflects the vision of stakeholders to prioritise fulfilment of child rights. Ensuring national ownership of report findings and analysis is a pre-requisite of this process, particularly through involvement of government, civil society, children and other key stakeholders for acceptance in policy and strategy formulation, budget allocation, programme implementation, monitoring and evaluation. The programmatic, policy and budgetary priorities are enveloped in Ho Chi Minh City's vision to build a child-friendly city, with particular reference to the 'building blocks' needed to get there.

1.3 Methodology

This Situation Analysis provides an overview and analysis of the situation of children in Ho Chi Minh City and draws on key secondary and primary data sources.

Secondary Data Collection

Existing studies, reports, surveys, statistical data including, but not limited to, Viet Nam Household Living Standards Survey (VHLSS) 2014, Viet Nam Population Censuses 2009 and 2015, Ho Chi Minh City Socio-Economic Report 2015, 2012 Urban Poverty Survey in Ho Chi Minh City, Inter-census Population Survey 2014, Migration Survey 2015, Population Change and Family Planning Survey 2015 and Household Registration Survey 2015. Other SitAns from provinces in Viet Nam, the SitAn 2010 for Viet Nam and the upcoming draft SitAn for Viet Nam were also reviewed. Documents and publications from other organizations and agencies were drawn on, including UNICEF, UNDP and World Bank.

Primary Data Collection

In consultation with the Ho Chi Minh City-SitAn Committee²⁹, three districts of Ho Chi Minh City were used for primary data collection (Binh Thanh, Binh Tan and Nha Be). Based on the categorization of districts in Ho Chi Minh City, Binh Thanh is representative of urban districts, Binh Tan is representative of new-emerging urban districts and Nha Be of rural districts. The selection of these three districts ensured diversity in data collected. Interviews were conducted with stakeholders, during the first phase (ASSIST-led discussions) and second phase (research team-led discussions), including representatives from the People's Committee, People's Council, DOET, DPI, DOH, DOLISA, DOJ, district leaders, representatives from district-level social organizations, children and parents (in areas of high migrant population) and children and parents (in areas of low migrant population).

Utilizing UNICEF's revised children's participation assessment tool, six focus group discussions were conducted by three moderators, with eight children in each discussion. The list of children participating in the interviews was prepared based on survey-criteria and local authority recommendations. Individual interviews were also conducted with stakeholders. To assess basic social services, 16 observations of facilities that provide services to children in Ho Chi Minh City were conducted. These included kindergartens, primary and secondary schools, cultural, recreation and health centres.

The Situation Analysis of Children in Ho Chi Minh City is comprised of the following structure. First, the methodology and analytical framework is outlined in Chapter 1, followed by a contextual analysis of Ho Chi Minh City in Chapter 2. The next four chapters, provide an assessment of child rights, mirroring critical focus areas identified in the UN's CRC and UNICEF's draft Strategic Plan (2018-2021), namely: Every Child Survives and Thrives (Chapter 3), Every Child Learns (Chapter 4), Every Child is Protected (Chapter 5) and Every Child Participates (Chapter 6). Finally, in Chapter 7 the report provides programmatic, policy and budgetary priorities to support the People's Committee's commitment, along with UNICEF's support to transform Ho Chi Minh City into a CFC.

²⁹ This was conducted for the draft SitAn for Ho Chi Minh City in 2016.

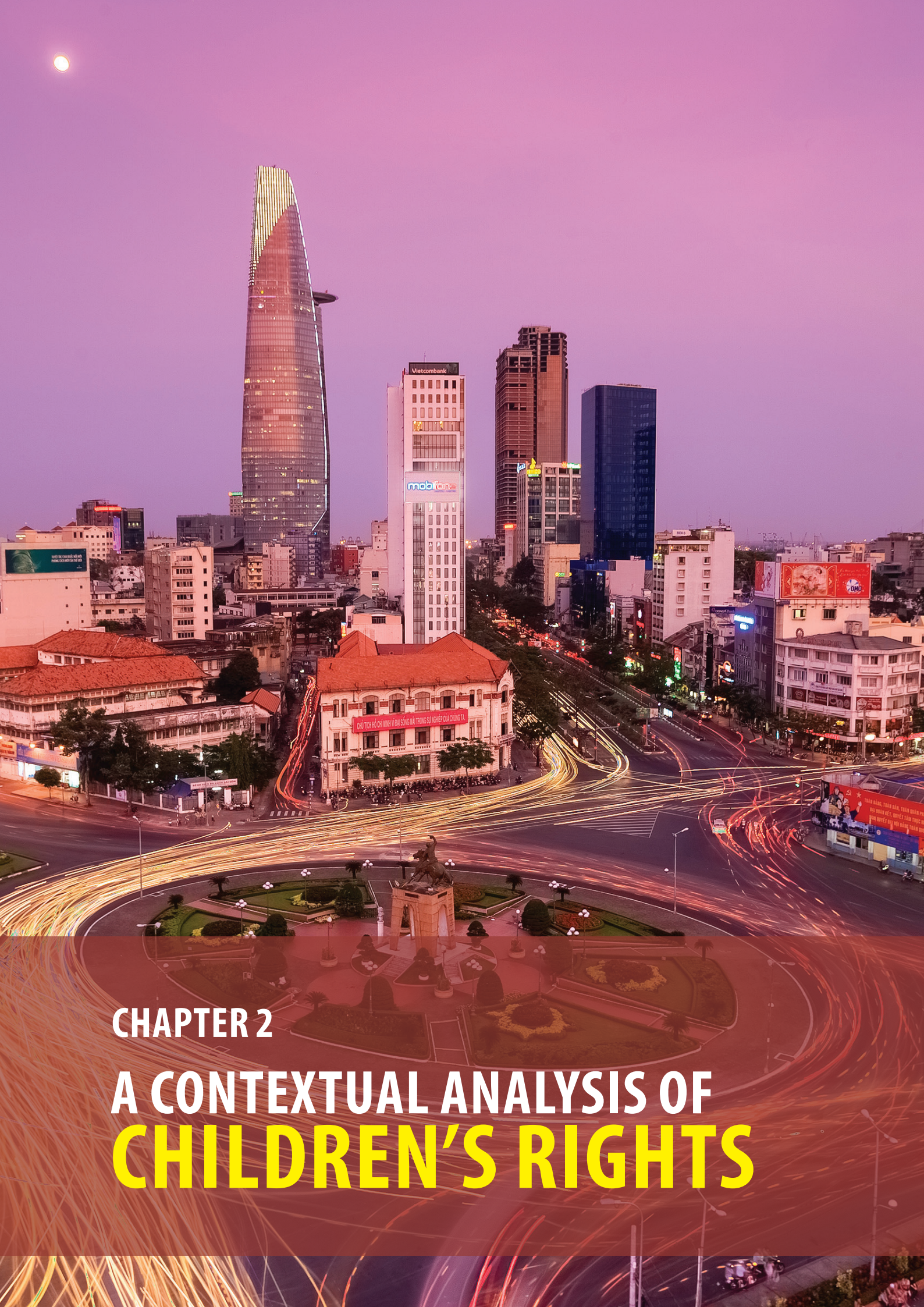
1.4 Limitations

Given the report focused at the sub-national level, the lack of disaggregated data and information was a key issue in preparation of the Ho Chi Minh City SitAn. This data would have allowed the analysis to highlight inequities across districts in Ho Chi Minh City and provide a comparison between Ho Chi Minh City and other regions. Furthermore, there is limited data on government allocations and expenditures, particularly across sectors and specific child-related interventions.

The identification and selection of respondents in primary data collection efforts were done in consultation with local authorities at ward/commune level. The ASSIST team used information provided by district-appointed guides, leading to the following limitations in sampling and data collection:

- (i) Children who were sampled for in-depth interviews did not necessarily represent the spectrum of characteristics prevalent in communities. A larger sample size of children interviewed would have allowed for more representative perspectives to be shared. However, the views shared provided an indication of children's perspectives.
- (ii) The presence of district officers during in-depth interviews may have impacted on the frankness of discussions and at times guidance on how to respond to questions was provided by officers.
- (iii) The research team did not have access to information on specific groups of children, such as those abused, child labourers, children or parents with HIV/AIDS.

While efforts were made to engage children in the process, additional mechanisms to allow for participation of children would have strengthened findings of the analysis. In addition, the report was prepared in two phases. Phase I (in 2015), led by ASSIST, consisted of a desk review of existing data on child rights in Ho Chi Minh City and the management of primary data collection efforts. Phase II, led by a research team of experts (three national and one international) undertook the analysis and formulated this SitAn based on the initial analysis undertaken by ASSIST and a series of consultations with the Ho Chi Minh City technical SitAn committee as well as a wider workshop with the research community in Ho Chi Minh City. UNICEF and Ho Chi Minh City government departments provided additional support to ensure a smooth transition between the two phases of preparation.



CHAPTER 2

A CONTEXTUAL ANALYSIS OF CHILDREN'S RIGHTS

A CONTEXTUAL ANALYSIS OF CHILDREN'S RIGHTS

Contextual factors in Ho Chi Minh City have had critical impacts on the challenges and opportunities for achieving child rights and for children to fulfil their potential. The following analysis provides the geographical, demographic, socio-economic, environmental, institutional and legal setting in Ho Chi Minh City.

2.1 Geography and Demography

Ho Chi Minh City is located in southern Viet Nam, approximately 1,725km south of the capital Ha Noi and 50km west of the East Sea³⁰. The city has access to the Saigon River, towards the northern part of the Mekong River Delta. Ho Chi Minh City borders Binh Duong and Tay Ninh provinces to the north, Ba Ria-Vung Tau and Dong Nai provinces to the east, Long An province to the west and the East Sea to the south with a 15km coast. The city is situated 19 metres above sea level.

Ho Chi Minh City covers 2,095 square kilometres³¹ and takes up less than 1% of the country's land area, yet it makes up 8.3% of its population. In 2015, Ho Chi Minh City had the highest population density in Viet Nam with 3,809 persons per square kilometre. The city consists of 19 urban and five rural districts. Urban districts are numbered 1 to 12, together with seven other districts (Binh Thanh, Binh Tan, Go Vap, Phu Nhuan, Tan Binh, Thu Duc and Tan Phu)³². The five rural districts are Binh Chanh, Can Gio, Cu Chi, Hoc Mon and Nha Be. There are 259 communes in urban districts and 63 communes in rural districts.

Ho Chi Minh City is among Asia's largest and fastest growing cities, with its population having grown from five million in 1999 to 13 million people (80% live in urban areas), 1,514,734 are children aged 0-16 years, of whom 16,054 are children living in special circumstances, 35,097 children (including 32,378 from poor households) are at risk of falling into special circumstances, 25,030 are from near-poor families and 350,000 are from migrant families with temporary household registrations³³. Some 93.5% of the population is ethnic Vietnamese (Kinh), 5.8% is Chinese (Hoa) another minorities include Khmer (0.34%) and Cham (0.1%). Mahayana Buddhism, Taoism and Confucianism are the most prominent religions, with about 10% of the population Roman Catholics³⁴.

As presented in Figure 2.2, Ho Chi Minh City is followed by Ha Noi as one of the most populous cities in Viet Nam. As the population projection reveals, both cities are expected to grow over the next two decades, with significant pressure on essential social services to adapt to escalating demands. A large reason for this expected population growth, particularly in Ho Chi Minh City, is related to rapid urbanization over the last few decades.

30 Source: Shanks et al (2012)

31 Ho Chi Minh City People's Committee. Available at <http://www.hochiminhcity.gov.vn/thongtinthanhpho/gioithieu/Lists/Posts/AllPosts.aspx?CategoryId=9>

32 Ho Chi Minh City Statistical Yearbook 2015

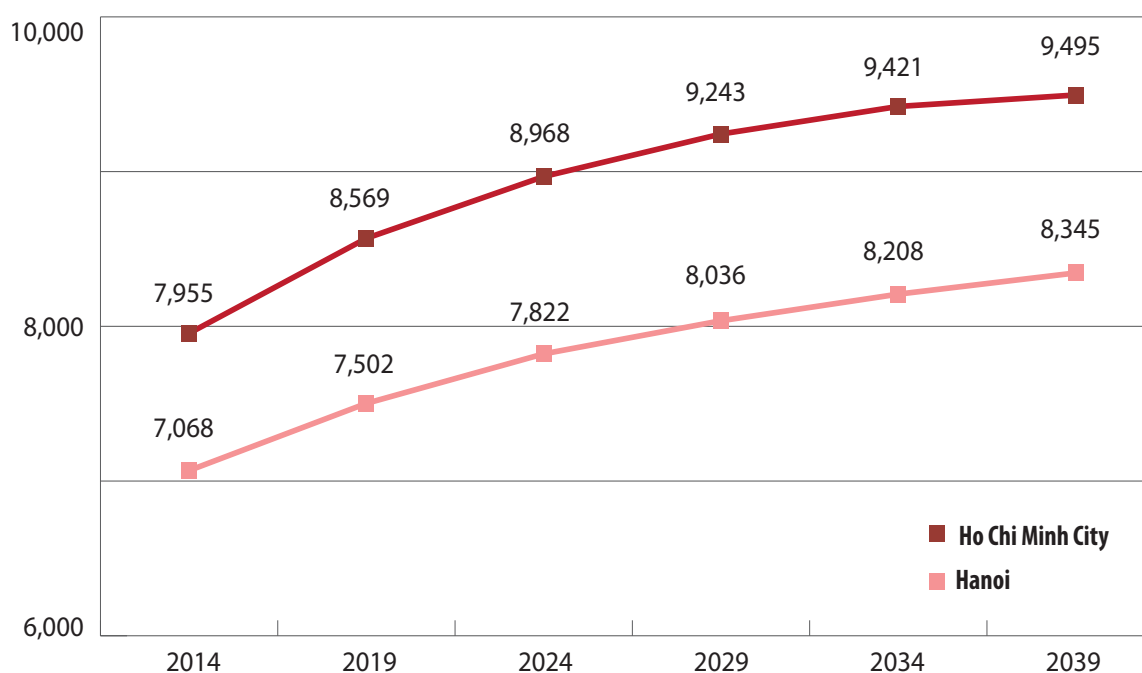
33 DOLISA Statistics (2017)

34 Psa.hochiminhcity.gov.vn

Figure 2.1. Map of Viet Nam with Ho Chi Minh City located in the south



Source: Shanks et al (2012)

Figure 2.2. Population projection by medium fertility variant (2014-2039)³⁵

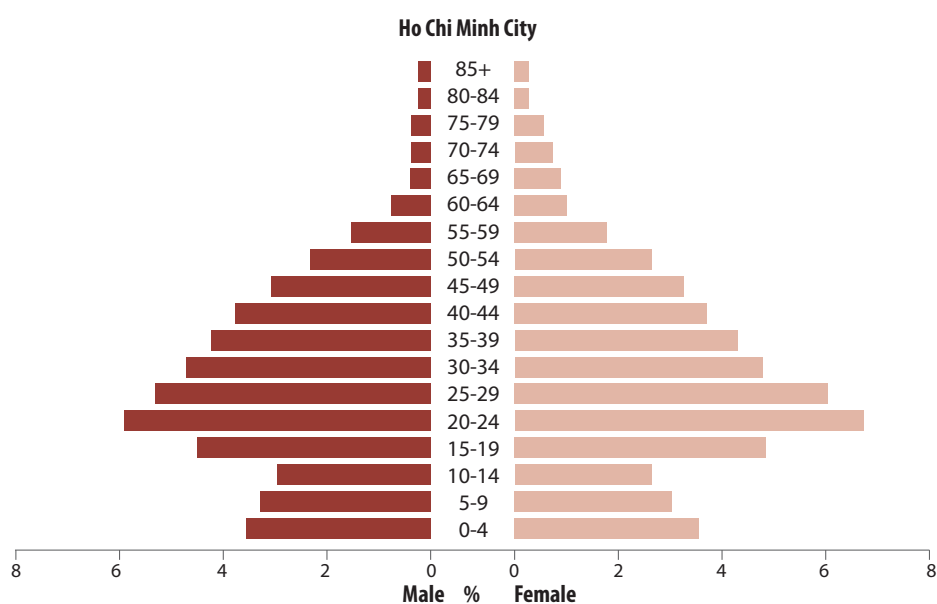
While the demographic structure of Ho Chi Minh City reflects the country's transition from high to low fertility and mortality, Ho Chi Minh City's age structure has distinctive features (see Figure 2.3). The age pyramid has a narrow base, which suggests the impact of inward migration into the city with a net migration rate of 135.7% and low fertility (total fertility rate of 1.45)³⁶. The city has an aging index of 48.3% and a total dependency ratio of 36%³⁷. The bulge in the age categories (20 to 40 years), illustrates that people migrating into Ho Chi Minh City are commonly within this age category.

35 Viet Nam General Statistics Office and UNFPA (2016). Viet Nam Population Projection http://vietnam.unfpa.org/sites/default/files/pub-pdf/PD_English_Monograph_Viet%20Nam%20Population%20projection_2016.pdf

36 Viet Nam General Statistics Office (2011). Age-sex structure and marital status of the population of Viet Nam. http://vietnam.unfpa.org/sites/default/files/pub-pdf/6_Monograph-Age-Sex-Structure.pdf

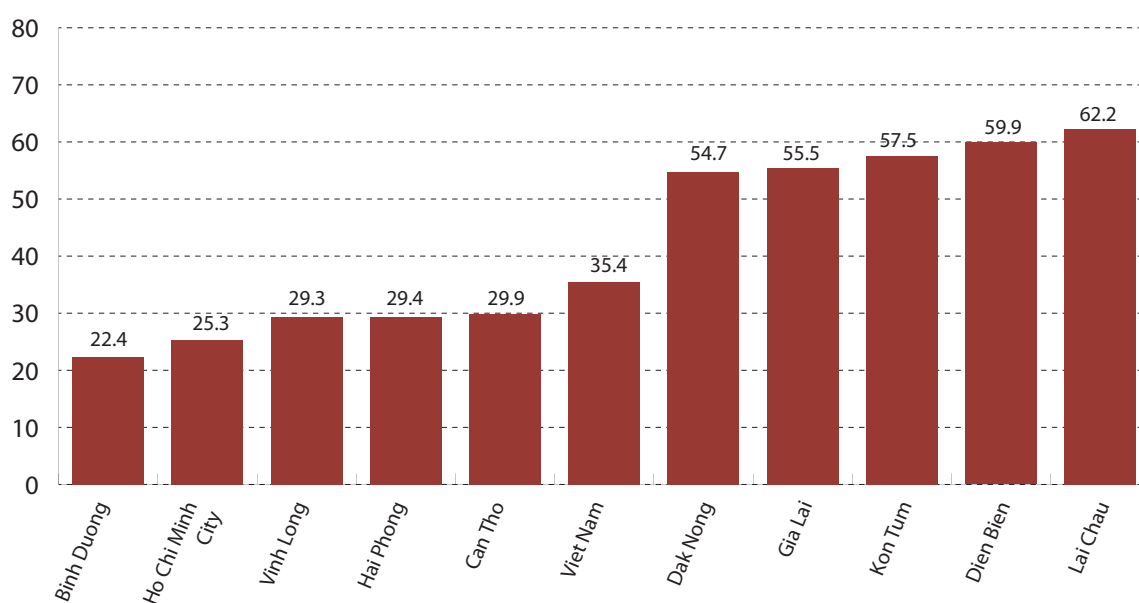
37 Viet Nam General Statistics Office (2015). The 1/4/2015 Time-Point Population Change and Family Planning Survey. Major Findings.

Figure 2.3. Age pyramid of population in Ho Chi Minh City³⁸



Furthermore, as a result of varying fertility, net migration rates, mortality and child dependency ratios vary across provinces as presented in Figure 2.4

Figure 2.4. Comparison of child dependency ratios in select provinces³⁹



³⁸ Viet Nam General Statistics Office (2011) Age-sex structure and marital status of the population of Viet Nam. http://vietnam.unfpa.org/sites/default/files/pub-pdf/6_Monograph-Age-Sex-Structure.pdf

³⁹ *Ibid*

The child dependency ratio presents the ratio of population below working age (15 years of age) to the working age population (15-64 years). Hence, it is informative to assess the burden of non-working segments of the population on its socio-economic development. It is also evident that Ho Chi Minh City has a relatively high ratio of divorces/separations to marriages, found to be geographically clustered in the south of the country.

2.2 Socio-Economic Update

Viet Nam's economic reforms associated with the Doi Moi process, implemented in 1986, were initiated to transform from a centrally-planned economy to a socialist-oriented market one, creating one of Southeast Asia's most dynamic economies. Agricultural land was transformed into industrial and residential land, with previous rural lifestyles switching to urban ones. A more open economy was created by expanding the private sector, implementing decentralization measures, including increased fiscal autonomy at local level, attracting foreign investment, removing domestic trade barriers, downsizing state-owned enterprises and promoting export-led industries⁴⁰. In 2007, Viet Nam became the 150th member of the World Trade Organization (WTO) after joining ASEAN and APEC, and signing bilateral trade agreements with a number of countries.

Furthermore, Viet Nam's 2011-2020 Socio-Economic Development Strategy (SEDS) emphasizes the need for structural reforms, macroeconomic stability, environmental sustainability and social equity. The key priorities are skills development including innovation, improving market institutions and infrastructure development. Viet Nam's SEDP 2016-2020, focuses on acceleration of these reforms.

Table 2.1. Economic Growth Rates in Viet Nam (2010-2014)⁴¹

(Unit – %)	2010	2011	2012	2013	2014
Total	6.42	6.24	5.25	5.42	5.98
Agriculture, Forestry, Fisheries	3.39	4.23	2.92	2.63	3.44
Industry and Construction	7.17	7.60	7.39	5.08	6.42
Services	7.19	7.47	6.71	6.42	6.16

Since 1990, Viet Nam's GDP per capita growth has been among the fastest globally. This rapid pace, in turn, contributed significantly to Viet Nam achieving lower MIC status in 2010, reaching a GDP per capita of USD2,185.7 in 2016⁴². The composition of Viet Nam's economic growth rates illustrates the smaller composition of agriculture, forestry and fisheries and the relatively larger grouping of the industrial construction and services sectors. However, as a result of the global economic downturn, there was a decrease in growth from that prior to 2010.

Ho Chi Minh City is Viet Nam's financial and technological centre comprising 20.2% of its GDP and 27.9% of industrial output in 2005⁴³. In 2009, Ho Chi Minh City's GDP per capita was USD 2,800 and reached USD5,428 by 2016⁴⁴. Overall, the city is rapidly approaching official "Mega City" status⁴⁵. The Greater Metropolitan Area/Southern Economic Region

40 UNICEF. (2010). *An analysis of the situation of children in Viet Nam*. Available from: https://www.unicef.org/sitan/files/SitAn-Viet_Nam_2010_Eng.pdf [Accessed 12th April 2017]

41 MPI, Government of Viet Nam. *Country Report: Achieving the Viet Nam MDGs 2015*. September 2015.

42 <http://data.worldbank.org> (based on Viet Nam's GSO data)

43 <http://www.hochiminhcity.gov.vn>

44 Ho Chi Minh City People's Committee (2015) *Socio-economic Development Plan for 2016-2020*

45 PWC. (2009). *Which are the largest city economies in the world and how might this change by 2025?? Blogs*. Available at: <http://pwc.blogs.com/files/global-city-gdp-rankings-2008-2025.pdf> [Accessed 13th April 2017]

(Ho Chi Minh City, Binh Duong, Ba Ria-Vung Tau, Binh Phuoc, Dong Nai, Long An, Tay Ninh and Tien Giang) with Ho Chi Minh City as its hub, is expected to reach 20 million in population by 2020. Together with neighbouring provinces in the Southern Economic Region, Ho Chi Minh City accounts for nearly 40% of Viet Nam's GDP. It is also an important gateway to the greater Mekong Delta region. Furthermore, Ho Chi Minh City's Socio-Economic Development Plan (2016-2020) states that post 2015, some 5,827 foreign investment projects were operational in Ho Chi Minh City, amounting to an estimated VND39.26 billion. Disbursement of ODA projects has increased significantly in Ho Chi Minh City, with the total value of projects in 2011-2015 estimated at VND26,88 billion, despite a decrease at national level.

Poverty Assessment⁴⁶

Aside from promotion of economic growth, the Government of Viet Nam has made significant efforts to tackle income poverty. The rapid expansion of the private sector, combined with inflows of foreign investment, has led to the creation of jobs for millions of workers. Some 43 million people nationally were lifted out of poverty during 1993-2008. The poverty headcount witnessed an impressive drop from 58.1% in 1993, to 28.9% in 2002 and 17.2% in 2012. With reference to the national poverty line, the poverty rate⁴⁷ in 2014 was 8.4%, a decrease from 14.2% in 2010 and in Ho Chi Minh City the poverty rate was 2.79% in urban areas and 10.34% in rural areas⁴⁸. The government allocated significant resources to poverty reduction and social protection policies particularly during 2011-2020 to deliver results in health, education, nutrition, housing, sanitation, legal services, culture and information. In 2014 alone, VND34.7 trillion (USD1.65 billion) was allocated to poverty reduction initiatives.

"Sometimes, I see the discrimination in my class. For example, these two students are both wrong, but they have a different family backgrounds and the teacher supports the wealthy-family student than over the other."

(Source: Minutes from FCG discussion with students of from Phuoc Kien commune, Nha Be district)

While disparities in poverty have reduced, particularly between rural and urban areas, they remain significant. Urban areas experienced strong economic growth and improvements in human development, while rural areas also gained through increased agricultural production, improved infrastructure and better access to essential social services. However, other segments of the population, including families working in the informal sector experienced increased deprivations. Disparities between ethnic groups increased, as the average poverty rate of the Kinh population in comparison to non-Kinh ethnic minorities was 49.3% lower. In 2012, some 59.2% of ethnic minorities were living in poverty.

Ho Chi Minh City, similar to the entire southeast region, eradicated poverty as defined by the national poverty line in 2013. However, on-going and new challenges are emerging due to Ho Chi Minh City's rapid and uneven urbanization that have adverse impacts on the city's sustainable development. In 2014, the poverty rate was low in Ho Chi Minh City (2.79% in urban and 10.34% in rural areas), but the income gap between quintiles was significant with a 6.5-fold difference between the highest and lowest⁴⁹. This reveals inequitable access of opportunities to quality education and healthcare for children from low-income households.

Reducing multidimensional child poverty is a priority in Viet Nam for government and international organizations. Income poor children can be identified as those who live in income poor households (households living below the poverty line). These income poor children are presented in Figure 2.5 with the number of children in (income) poor households highest in Binh Chanh, Can Gio and Cu Chi districts⁵⁰.

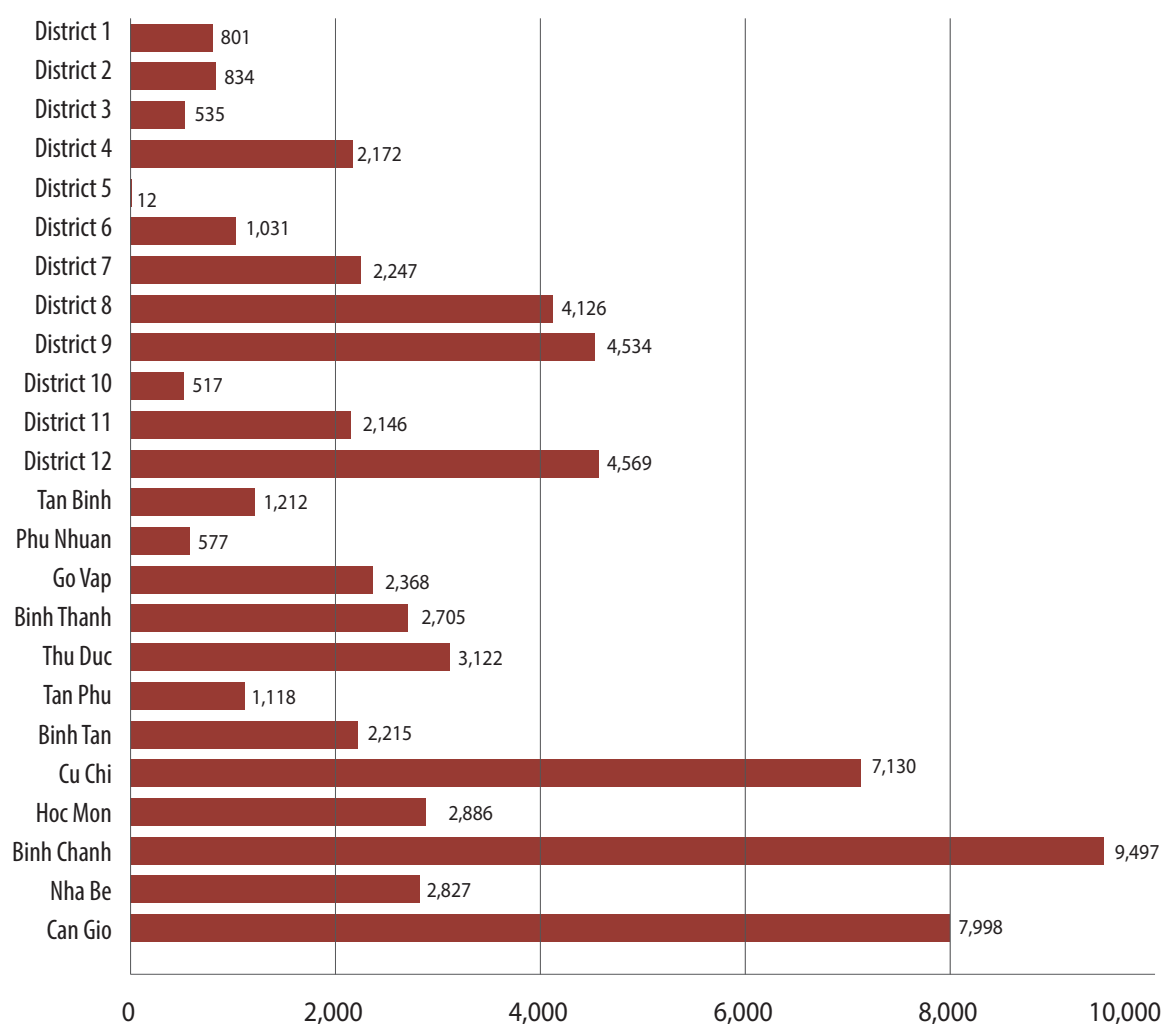
⁴⁶ MPIMPI, Government of Viet Nam. Country Report: Achieving the Viet Nam MDGs 2015. September 2015.

⁴⁷ The poverty rate is calculated from data on monthly average income per capita from the VHLSS 2014 and the new poverty lines for 2011-2015.

⁴⁸ Steering Committee Office for Sustainable Poverty Reduction (2017) statistics

⁴⁹ Ho Chi Minh City (2015) Yearly Statistic Book

⁵⁰ Ho Chi Minh City DOLISA (2017) Sector Statistics

Figure 2.5. Number of children living in poor households in Ho Chi Minh City districts (2016)

In addition to income-poor children, multi-dimensional child poverty takes account of the CRC and identifies children's rights that are denied to them. This approach identifies multiple dimensions of child poverty to be addressed through appropriate and comprehensive policies. For children, poverty means being deprived in critical aspects of their lives including nutrition, health, education, water, sanitation or shelter. Global estimates⁵¹ of multi-dimensional child poverty reveal that children are more likely to live in poverty than adults.

2.3 Urbanization, Migration and Climate Change

Industrial and export-processing zones as well as new residential areas have been established in recent years that have accelerated the urbanization, economic transformation and development of Ho Chi Minh City⁵². The speed of urbanization and industrialization as a result of economic and political reforms have led to pressure on Ho Chi Minh City's infrastructure and overloading of its essential social services. Furthermore, a dense migrant population has led to emerging issues related to employment, income, education, housing, healthcare and an uptake of services -- particularly for children of migrant workers. Ho Chi Minh City saw a significant influx of migrants from rural and remote areas, with 36% of the population having temporary registrations in 2015⁵³.

51 Oxford Poverty and Human Development Initiative. *Global MPI 2017. A Piercing Light on Child Poverty*

52 *Economic Development, Urbanization and Environment Changes in Ho Chi Minh City: Relations and Policies in three districts (Go Vap, Binh Tan and District 2)*

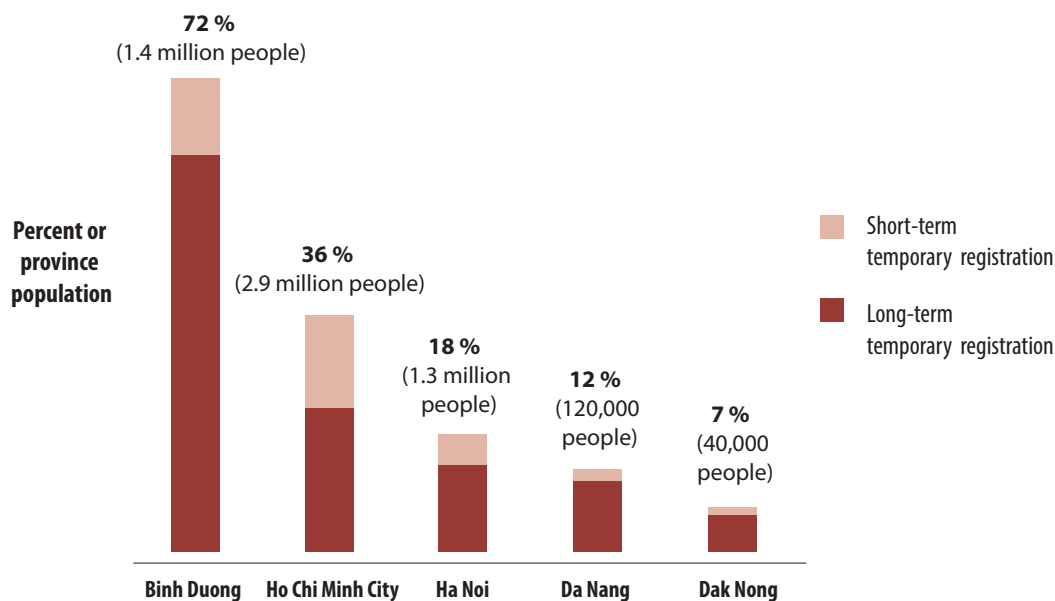
53 *Viet Nam's Academy of Social Sciences and the World Bank. (2016).*

The 'ho khau'⁵⁴ household registration system has undergone multiple modifications, but continues to cause significant challenges for migrants in Ho Chi Minh City. The system was first introduced in 1964 "to enhance public security, to serve the interests of the people and to help in collecting population statistics." In 2014, the government implemented regulations to "prohibit the limitation of citizen's rights". For someone to register as a permanent resident they must have lived in the city for one year (when migrating into a suburban district) and two years (when migrating into an urban district), based on a temporary resident record. However, Ho Chi Minh City introduced stricter requirements allowed by the 2013 Revised Law on Residence in an attempt to further control rapid urbanization due to increased pressure on the city's infrastructure and social services.

"I sent my son to live with my parents in my hometown in Nghe An province [in the north] when he was 14 months because I don't have a house here and I don't have permanent registration. I see him once a year for 15 days during the New Year holiday. I will probably send my second born to my hometown when he is 14 months old. I have a job and no one here to help me, so I can't care for him, that's why. I worry about my child living in the countryside, because people there are still living in difficulty. He misses his parents and I miss him too. If I could register him here, I would bring him here."

(Source: Interview with 27-year-old apparel worker with two children, conducted as part of the UNICEF assessment with footwear and apparel factories, 2016)

Figure 2.6. Percentage of population lacking permanent registration in province of residence



A Household Registration Survey (sample size of 5,000)⁵⁵ was conducted in 2015 by the Mekong Development Research Institute (MDRI) in collaboration with the World Bank in five provinces selected due to their high rates of in-migration (Ho Chi Minh City, Binh Duong, Da Nang, Dak Nong and Ha Noi). The survey revealed the largest absolute number of people without permanent registration was in Ho Chi Minh City, an estimated 2.9 million. Ho Chi Minh City also had the largest percentage of short-term registration status (14%). While the analysis found no gender differences related to registration status, the data showed that 4.1% and 3.4% of short- and long-term registration registrants were ethnic minorities. In comparison to migrants of Kinh ethnicity, those from minority ethnic groups were found to have lower educational attainment, lower economic status and higher fertility rates. In addition, although Kinh people were found

⁵⁴ 'Ho khau' is Viet Nam's household registration/legal proof of residence system over the last 50 years.

⁵⁵ *ibid*

to have a higher probability to migrate, ethnic minority groups were more likely to have temporary residency status and migrate with their families⁵⁶.

According to the Asian Development Bank (ADB), Ho Chi Minh City ranks among the top 10 cities globally with populations most likely to be severely affected by climate change⁵⁷. Recent years have been characterized by increasingly regular and extreme climatic events such as floods, droughts and tropical storms predicted to worsen over the next decade. The majority of Ho Chi Minh City's land is located on more than two metres above sea level, leaving the city vulnerable to climate change. The dynamic economy and growing population additionally increases vulnerabilities, with decreasing infiltration, increasing air pollution and localized flooding. In Ho Chi Minh City, the climate and hydrodynamics are already extreme and are expected to intensify resulting in severe storms, storm surges and tidal flooding⁵⁸.

ADB (2010) predicted extreme storm events already affected 26% of Ho Chi Minh City's population and this could reach 62% by 2050⁵⁹. Geographic location is central to determining vulnerability of the poor and also dependence on natural resources. Poverty implies limited resources for dealing with negative economic shocks such as flooding events and vulnerability to climate change. Urbanization in Ho Chi Minh City, coupled with an acute shortage of adequate low-income housing, is likely to increase the number of vulnerable households. Drainage systems are likely to be affected, resulting in overflows of polluted water in open drainage systems as well as damage caused by saline floodwaters. Solid waste disposal sites are vulnerable to regular and extreme floods and may lead to dispersal of serious pollutants and pose a threat to public health and economic production.

As a result of urbanization, migration and climate change, children's well-being in Ho Chi Minh City has been adversely affected by disparities in economic development and a widening gap in living conditions between different regions and communities. In addition, the changing roles and values in traditional families and in certain social perceptions and norms have also impacted children. Meanwhile, the number of children in special circumstances, including street children, those with disabilities, orphans and abandoned children, HIV/AIDS-affected children and sexually abused ones have risen⁶⁰.

2.4 Integrating the 2030 Sustainable Development Agenda into City Planning

Viet Nam achieved several Millennium Development Goals (MDGs) prior to the 2015 deadline, including reduction in poverty, reducing maternal and child mortality ratios, controlling malaria and tuberculosis and combating HIV/AIDS. According to the upcoming National Situation Analysis on Viet Nam progress towards other targets on reproductive health services, maternal health, environmental sustainability and global partnership for development is also promising with an understanding of the new development agenda, the SDGs. The Agenda for Sustainable Development was adopted at the UN Sustainable Development Summit in 2015 with 17 SDGs and a vision to 2030. Progress for children as well as differences among groups will also be better reflected by the SDGs⁶¹.

Viet Nam, led by the Ministry of Planning and Investment (MPI), has made progress in integrating the SDG 2030 Agenda into the National Assembly's resolutions and the Government's policy documents. A consultative process of formulating a National Action Plan, a guidance framework to prioritize the most vulnerable and excluded groups, has led to a proposed list of Viet Nam's Sustainable Development Goals (VSDGs), along with approaches, suggested steps for implementation and actions to reach the goals by 2030⁶².

56 World Bank. (2016). *Viet Nam's Household Registration System*. World Bank and Academy of Social Sciences.

57 ADB. (2010). *Ho Chi Minh City Adaptation to Climate Change: Summary Report*. Available at: <https://www.adb.org/publications/ho-chi-minh-city-adaptation-climate-change-summary-report> [Accessed 12th April 2017]

58 *ibid*

59 *ibid*

60 *Viet Nam National Survey 2012*.

61 UNICEF (2015b). *A Post-2015 World Fit For Children*. Available at: https://www.unicef.org/agenda2030/files/Post_2015_OWG_review_CR_FINAL.pdf [Accessed 22nd April 2017]

62 UNDP website (November, 2016). *Viet Nam integrates SDGs in national policy*. <http://www.vn.undp.org/content/vietnam/en/home/presscenter/pressreleases/2016/11/10/viet-nam-integrates-sustainable-development-goals-in-national-policy.html>

2.5 Governance and Institutional Framework for Children's Rights

This section provides an introduction to some of the overarching legal frameworks, The array of sectoral laws and policies supporting children's rights such as in the health, education and social protection sectors.

Legal and policy framework for children's rights

Law on Children 2016 (in effect June 1, 2017)

Guarantees children's rights and outlines the roles and responsibilities of duty-bearers in fulfilling those rights. It incorporates CRC guiding principles of non-discrimination, child participation and best interests of the child, while stipulating mechanisms for planning and budgeting for children at all levels and monitoring child rights implementation. It also includes detailed chapters on child participation and the child protection system. The law consists of seven chapters and 106 articles and was amended to improve the content and scope of child protection, care and education, adding 46 articles.

National Action Plan for Children 2001-2010 and 2011-2020

This programme's overall objective is to build a safe, friendly and healthy living environment for children to better realize their rights, incrementally narrow living conditions gaps between different groups of children, including children living in different regions, improve the quality of life and create equal development opportunities for all children.

Specific targets include:

- Reducing the number of malnourished children under the age of five years and improving their health
- Implementing universal pre-school education for five-year-old children by 2015, by 2020 at least 30% of kindergarten age children and 80% of pre-school age children will be cared for and educated in educational institutions. By 2020, 99% of children of school age will attend primary school and 95% will attend lower secondary school.
- Reducing the rate of disadvantaged children to below 5.5% by 2015 and 5% by 2020
- Increasing the proportion of communes and wards having standard playgrounds for children by 50% by 2015 and 55% by 2020.
- Increasing the number of children participating in child fora at all levels to 20 per 100,000 by 2015 and 25 per 100,000 by 2020.
- Increasing the number of communes and wards suitable for children to live in to 70% by 2015 and 80% by 2020.

Ho Chi Minh City Programme of Action for Children (2013-2020)

At local level, Ho Chi Minh City People's Committee approved the "Programme of Action for Children" (PAC) for 2013-2020 with specific interventions and plans for children, especially those in special circumstances and economically disadvantaged conditions. This PAC sets general strategic directions on childcare, protection and development and realization of child rights, including public awareness raising and behavioural change, implementation of programmes on childcare, protection and development approved at national level, revision of legal systems, policies and plans on childcare, protection and development and child rights, social mobilization and system strengthening for government staff working for children.

Prime Ministerial Decision No.535 (following-up CRC Committee recommendations) and Ho Chi Minh City Decision No.953

This is the newest policy nationwide address the concluding observations of the Committee on the Rights of the Child on the combined third and fourth periodic report of Viet Nam for 2014-2020. The plan aims to clearly define the responsibilities of relevant ministries/agencies in implementation of child rights in a consistent, comprehensive and effective manner as well as implement CRC recommendations to ensure the best interests of children. In pursuit of Prime Minister's Decision No.535, the Ho Chi Minh City People's Committee issued Decision No.953 reinforcing the Plan on Implementation of Recommendations of CRC Committee for 2016-2020. It defines the objectives and requirements of the plan as well as the scope of implementation throughout Ho Chi Minh City with priority given to localities with children in or at risk of falling into special circumstance migrant children, child labourers and areas with difficult socio-economic conditions.

Duty-bearers accountable for child rights implementation

Detailed information on the specific list of duty-bearers responsible for protecting the rights of children in Ho Chi Minh City is as follows. Those responsible for upholding the rights of children are specified in specific government decisions:

1. Ministry of Labour, Invalids and Social Affairs (MOLISA) takes the lead in the overall coordination of the city-wide child rights programme:
 - a) Lead in managing and implementing assigned child rights projects under current regulations
 - b) Lead in coordinating with other ministries and sectors to organize monitoring and evaluation on implementation of programmes and reports to the Prime Minister. Organize reviews of programme implementation to the end of 2015 and developed new programmes for 2016-2020.
 - c) Lead in coordinating with other ministries and sectors to develop plans for implementation of National Programme for Child Protection for 2011-2015 and coordinating programme activities. Takes lead and cooperates with the Ministry of Home Affairs (MOHA) in researching and developing personnel standards for childcare and protection implementation, develops the allowance policy for village collaborators, guides consolidation of provincial, district and commune staff, manages village collaborator staff, directs activities to develop network providing child protection and care services, provides capacity building for staff at all levels and collaborators at village level in charge of child protection and care, builds a database on child protection and care, builds and replicates models that support orphans, children with disabilities, children with HIV/AIDS, street children, child engaged in labour, sexually abused children, trafficked and kidnapped children and those addicted to illegal drugs.
2. Ministries and agencies involved in the programme are responsible for development and implementation of five-year and annual plans for implementation of assigned tasks in accordance with current regulations. They take responsibility before the Government and Prime Minister for results, submit periodic reports to MOLISA on implementation results and report to the Prime Minister.
 - a) The Ministry of Justice (MOJ) is responsible for the systematic review of the law relating to children, to propose amendments, supplement regulations relating to child protection and care with a child-friendly orientation, regularly instruct and check on organizations and legal aid activities for children, birth registration for children in prescribed times and strengthen implementation of state management of adoption.
 - b) The MPS is responsible for researching, building and expanding support models for convicted minors, coordinating with MOJ, MOLISA, and relevant ministries to build and apply a convicted-minor-friendly investigation process, directing the police to build and conduct plans to fight crimes against children, juvenile criminals, strengthening verification of records of children with unclear origins introduced for overseas

adoption, strictly handling acts of falsifying records about the origin of children, bribery, accepting bribes related to settlement of children for overseas adoption or taking advantage of introduction and settlement, registration of children for overseas adoption to gain illegal profits.

- c) The Ministry of Education and Training (MOET) creates healthy environments in schools to eliminate school violence, continues campaigns on “child friendly school – active students”, focuses on educating students with life, self-protection and communication skills, increases education and communication on childcare and protection at schools.
- d) The Ministry of Culture, Sports and Tourism (MOCST) enhances inspection and monitoring of distribution of cultural materials and recreational services for children, cooperates with MOLISA in proposing development of a family-based child protection system to better protect children.
- e) The MOHA cooperates with MOLISA and agencies to guide line ministries, organizations and provincial authorities in developing personnel plans for childcare and protection, cooperates with MOLISA in directing local authorities in building Centres for Social work for Children and providing social work services.
- f) The Ministry of Information and Communication works with MOLISA in monitoring media outlets and reforming communication and dissemination of laws and policies on childcare and protection, increases inspection and monitoring of publications, media and internet relating to children and addresses the publishing and distribution of unsound materials with violence.
- g) The Ministry of Finance cooperates with the MPI, depending on capacity of the State Bank, to allocate budget for implementation of the programme through sectoral and local budget plans under the Law on State Budget provides guidance, monitoring and inspection on budget expenditure for programme implementation.

Relevant ministries, sectors and the Supreme People’s Court are responsible for coordinating with MOLISA and ministries to lead local integration of the sector’s activities with implementation of programme objectives.

3. Provincial/central-run city people’s committees take responsibility for:

- a) Building programmes and plans, defining goals and assigning specific tasks to relevant departments to concretize the child protection programme in local socio-economic development plans. Guiding implementation of the programme in respective provinces or cities.
- b) Allocating budget and human resources to implement the programme (0.5% of the local budget annually). Guiding ward and commune level authorities in allocating human resources and budget to develop and implement the programme to meet context-specific needs.

Public Financial Management

Based on available data, it is evident the city’s budget income has increased in recent years, which also indicates increased public expenditure.

Table 2.2. Budget expenditures Ho Chi Minh City (unit: billion VND)

Local budget expenditures	2011	2012	2013	2014	Estimated 2015
Development and investment	20,128	18,569	17,019	26,006	27,619
Education, training and vocational education	5,018	6,871	7,533	8,117	8,317
Science and technology	132	202	205	460	350
Environment protection	1,829	2,101	2,128	2,425	3,004
Economy	2,470	3,962	3,611	3,813	3,709
Other target programmes and missions	671	1,340	984	153	2,871
Healthcare, population and family planning	2,522	2,711	3,239	3,373	3,317

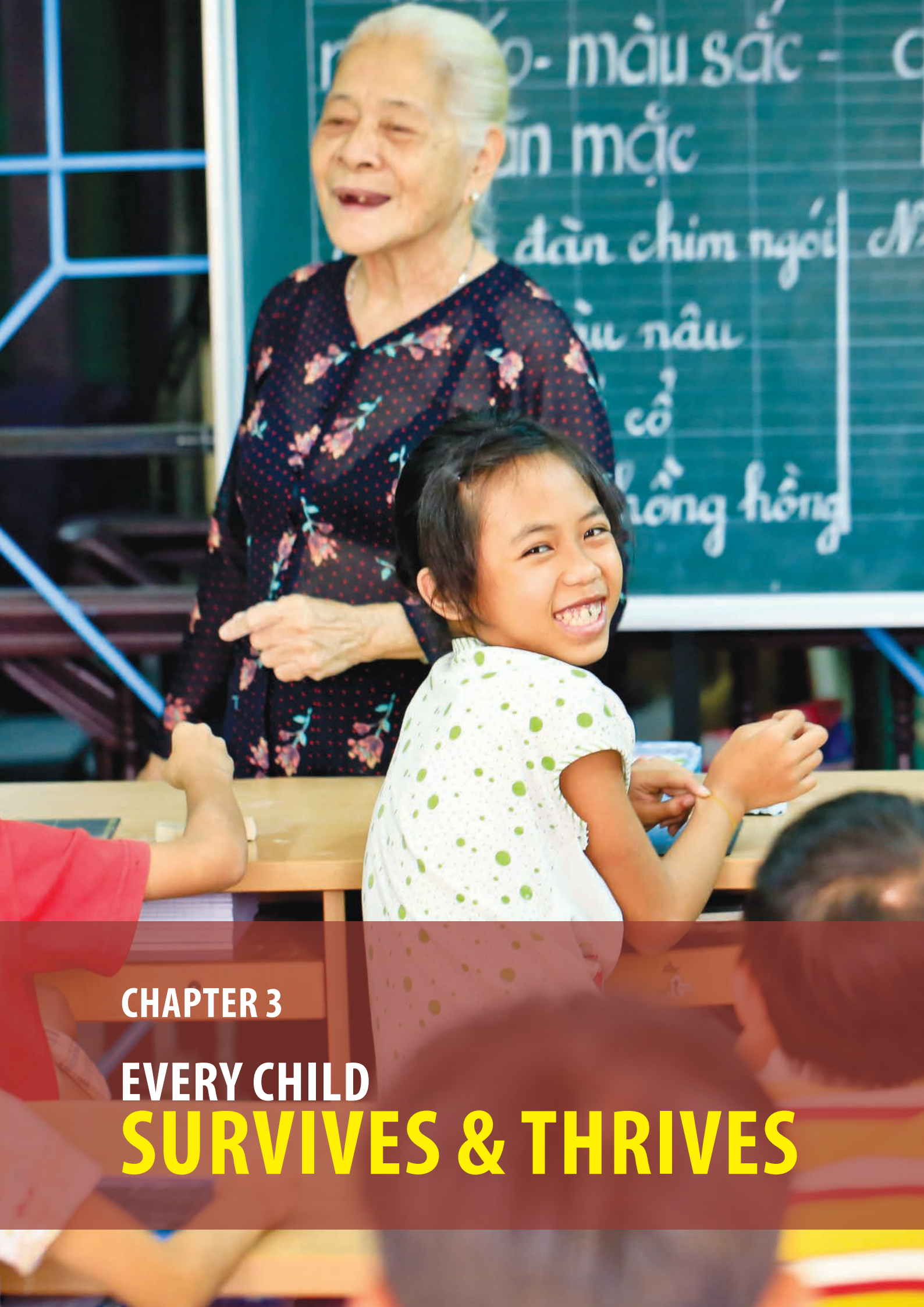
(Source: GSO, 2015)

Table 2.3. Budget allocations Ho Chi Minh City (unit: %)

Items	2011	2012	2013	2014	Estimated 2015
Development and investment	31.1	24.8	24.6	36.3	44.7
Education, training and vocational education	7.8	9.2	10.9	11.3	13.6
Science and technology	0.2	0.3	0.3	0.6	0.6
Environment protection	2.8	2.8	3.1	3.4	4.9
Economy	4.2	5.3	5.3	5.3	6.0
Other target programmes and missions	1.0	1.8	1.4	0.2	4.6
Healthcare, population and family planning	3.9	3.6	4.7	4.7	5.4

(Source: GSO, 2015)

It is critical to analyse budget allocations and expenditures (capital and recurrent) of various government bodies in Ho Chi Minh City. This analysis would assess to what extent programmes and policies are adequately financed, identify critical gaps in public financial management for children and types of sources and adjustments made to increase critical investments for children. However, based on available budgetary data, limited analysis can only be undertaken on child-sensitive policies. The thematic chapters explore financial opportunities and challenges to every extent possible, based on the availability of data.



CHAPTER 3

EVERY CHILD

SURVIVES & THRIVES

EVERY CHILD SURVIVES AND THRIVES

The following chapter explores the extent to which children in Ho Chi Minh City have fulfilled their rights to health, nutrition, water, sanitation and hygiene against the government's commitments set out in Article 24 of the Convention on the Rights of the Child. More specifically, this chapter outlines the status and trends in child health and nutrition outcomes, assesses the roles and capacities of duty-bearers, bottlenecks and identifies priority programmatic and policy recommendations.

3.1 Status and Trends

Child nutrition: the 'double burden'

The situation of children in Ho Chi Minh City reveals they face over and under-nutrition, presented as the 'double burden' of childhood malnutrition in a recent joint UNICEF/WHO ASEAN regional report⁶³. Ho Chi Minh City children face this crisis with some considered overweight, while others experience stunting and wasting.

Childhood Under-nutrition

The status of maternal and childhood under-nutrition in Ho Chi Minh City has improved in recent years. The proportion of children underweight, stunted or wasted has reduced with a low prevalence during 2011-2015, in comparison to the national average (Figure 3.1). These low rates (stunting 7%, underweight 4.9% and wasting 2% in 2015) reflect effective measures undertaken by the city to reduce malnutrition and substantially contribute to a reduction in national malnutrition rates. Although Ho Chi Minh City has a low malnutrition rate, the number of children who suffer from malnutrition is relatively high at 75,000 in 2015⁶⁴.



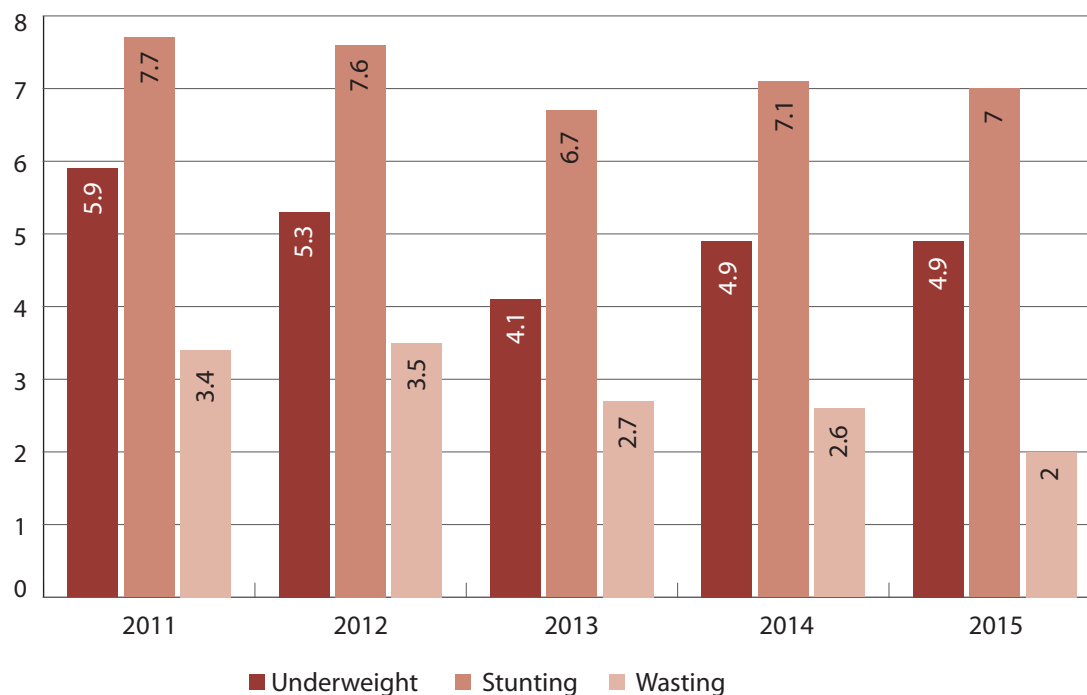
Article 24 (Health and health services): "Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy."

CONVENTION ON THE RIGHTS OF
THE CHILD

63 ASEAN, European Union, UNICEF and WHO, *Regional Report on Nutrition Security in ASEAN, volume 2* [https://www.unicef.org/eapro/Regional_Report_on_Nutrition_Security_in_ASEAN_\(Volume_2\).pdf](https://www.unicef.org/eapro/Regional_Report_on_Nutrition_Security_in_ASEAN_(Volume_2).pdf)

64 UNICEF Viet Nam, *Ho Chi Minh City and UNICEF organized high-level roundtable conference on "Child friendly city"*, https://www.unicef.org/vietnam/vi/media_24678.html

Figure 3.1. Prevalence of malnutrition 2011-2015 among children under-five years (percentage of children)⁶⁵

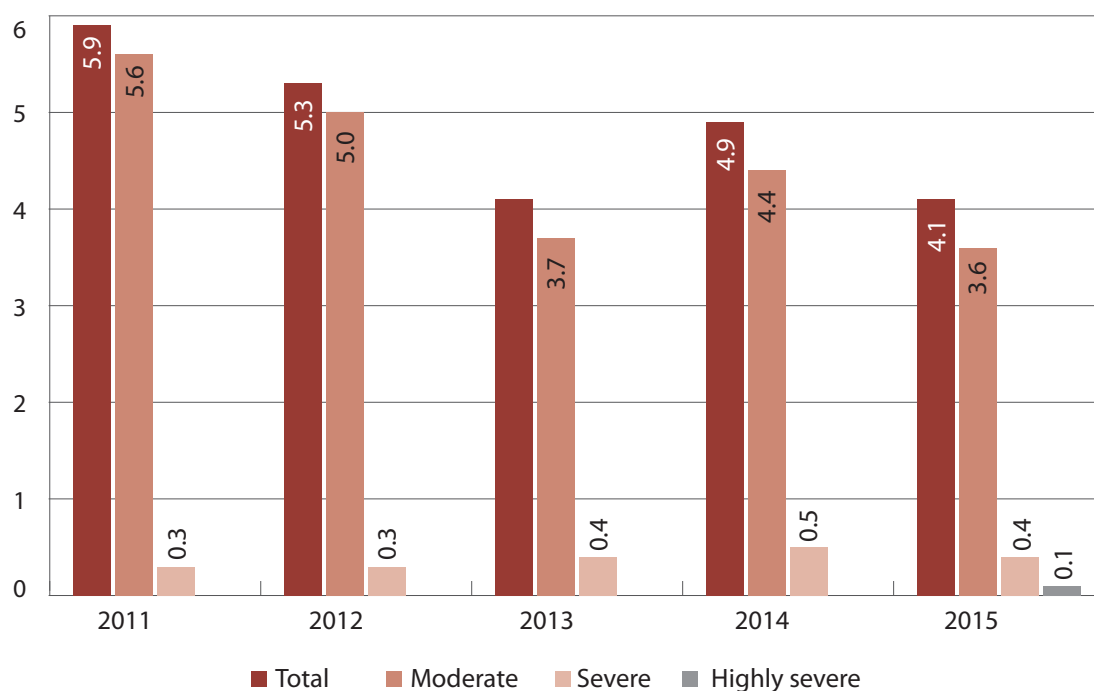


There are inequities in child nutrition outcomes across Ho Chi Minh City districts. A recent survey in Binh Thanh and Binh Tan⁶⁶ showed the prevalence of stunting was 10% higher than that of Ho Chi Minh City overall. The survey revealed that vitamin and mineral intake among children 6-24 months was higher than required, while the energy intake of children aged 6-24 months breastfeeding met the Recommended Dietary Allowance. A well-known cause of malnutrition among Vietnamese children includes poor infant breastfeeding practices, the disease burden, lack of access to nutritious food⁶⁷, lack of adequate feeding knowledge and skills as well as maternal under-nutrition. The breakdown of malnutrition in the survey showed that about 90% of malnourished children fell into moderate malnutrition and less than 10% suffered from severe malnutrition.

⁶⁵ National Institute of Nutrition, Viet Nam Ministry of Health. Annual Nutrition Profile

⁶⁶ Tran Thi Minh Hanh, Vu Quynh Hoa, Pham Thi Kim Thoa, Do Thi Ngoc Diep, Nutritional status and dietary intake of children 6-24 months in urban and sub-urban districts of Ho Chi Minh City, *Journal of Food and Nutrition Sciences*, Vol.10.No.2 - July 2014

⁶⁷ <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1271963823772/Vietnam.pdf>

Figure 3.2. Prevalence of underweight children under-five in Ho Chi Minh City⁶⁸

In parallel with child malnutrition, overweight and obesity is common in children under-five in Ho Chi Minh City, with rates having increased from 9.6% in 2011 to 11.6% in 2012 and gradually declined to 11% in 2015 (DOH statistics 2016). This rate was lower than the city's target of 12%⁶⁹, but higher than the nation's target of less than 10% by 2015.

It is worth noting the overweight rate among school children in Ho Chi Minh City dramatically increased from 14.6% in 2009 to 22.4% in 2014, while the obesity rate leaped from 4% in 2009 to 19% in 2014⁷⁰. Furthermore, hypertension rates among school children were revealed to be 15.4% in 2014⁷¹.

Breastfeeding practices

Post-partum breastfeeding

Breastfeeding after giving birth is recommended by the health sector for all women in Ho Chi Minh City. Although its rate of children aged 0-5 months ever breastfed is 94.6%, only 24.9% of mothers practised early initiation of breastfeeding and 40.4% of mothers continued breastfeeding at one year⁷². Another survey in Ho Chi Minh City showed that 37.1% of mothers breastfed after a few hours and 38.6% of mothers breastfed a day after giving birth⁷³. However, an Early Essential New-born Care report by Ho Chi Minh City Reproductive Health Centre showed the breastfeeding rates within one hour of natural birth new-borns were more than 90%⁷⁴. Research indicates that returning to work is a major factor preventing women in Viet Nam's manufacturing industries from exclusive breastfeeding⁷⁵. Despite factories providing lactation rooms as required by Decree No.85, utilization rates are low due to a lack of knowledge on expressing and storage of breastmilk.

⁶⁸ Ho Chi Minh City Statistical Yearbook 2015

⁶⁹ National Institute of Nutrition and UNICEF, *Alive and Thrive project, Nutrition Profile of Ho Chi Minh City 2014*

⁷⁰ *ibid*

⁷¹ *ibid*

⁷² National Institute of Nutrition and UNICEF, *Alive and Thrive project, Ho Chi Minh City Nutrition Profile 2014*.

⁷³ MICS 2014, retrieved data of Ho Chi Minh City

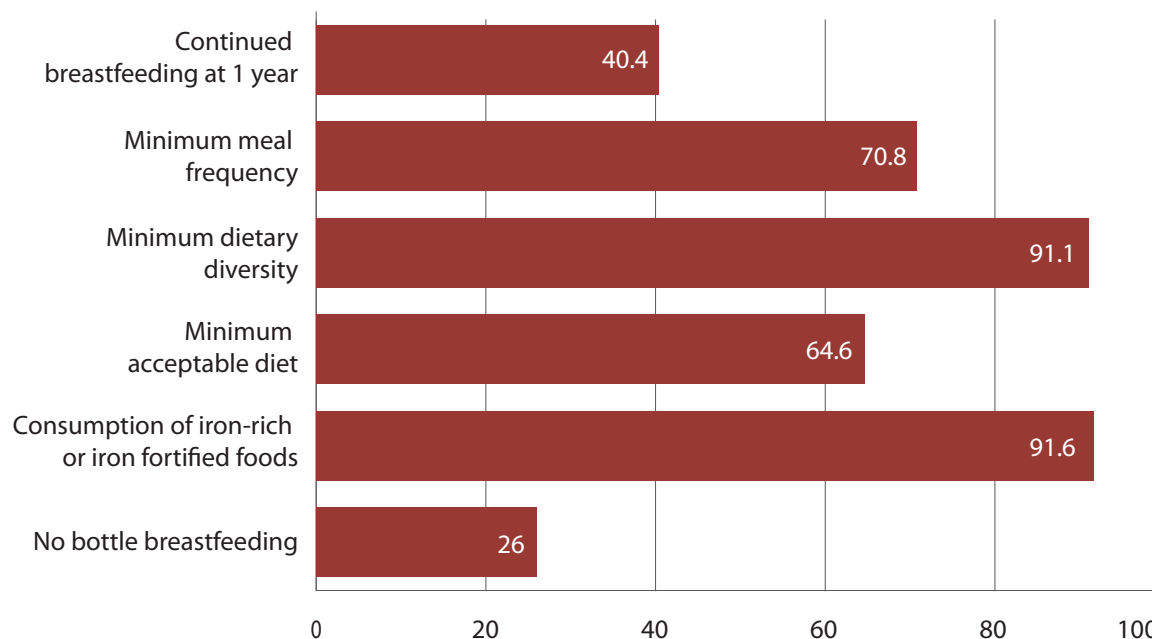
⁷⁴ *Report on child health for nine months of 2016 by Reproductive Health Centre, Ho Chi Minh City*

⁷⁵ Research by Alive & Thrive indicates that a large proportion of female workers stated that returning to work was a major factor preventing them from exclusive breastfeeding. Available at <http://aliveandthrive.org/wp-content/uploads/2014/11/Work-place-Support-Summary-Report-2012-English.pdf>

Complementary feedings

According to the Ho Chi Minh City Nutrition Profile 2014⁷⁶, 91.6% of children (aged 6-23 months) consumed iron-rich or iron-fortified foods and 91.1% of children (aged 6-23 months) received minimum dietary diversity. However, less than two-thirds of children received a minimum acceptable diet and such dietary practices must be improved to minimize worsening of child nutrition outcomes.

Figure 3.3. Complementary feedings for Ho Chi Minh City children aged 6-23 months (%) in 2014⁷⁷



Vitamin A deficiency

A survey conducted among 644 children aged under five years in Ho Chi Minh City found that Vitamin A deficiency in children is a public health problem in Ho Chi Minh City, ranking as mild level of public health significance⁷⁸. The programme to prevent Vitamin A deficiency focuses on supplementing Vitamin A for children aged 6-35 months, children not breastfed, malnourished children under five years, children suffering from acute diarrhoea, measles, acute pneumonia and mothers within one month after birth. Prevention of Vitamin A deficiency among postpartum mothers and 6-36 month children was successfully implemented during recent years with remarkable higher coverage than the city target of more than 90% of postpartum mothers and 98% of children 6-36 months taking Vitamin A.

⁷⁶ National Institute of Nutrition and UNICEF, *Alive and Thrive project, Nutrition Profile of Ho Chi Minh City 2014*

⁷⁷ National Institute of Nutrition, Ministry of Health. *Ho Chi Minh City Nutrition Profile 2014*

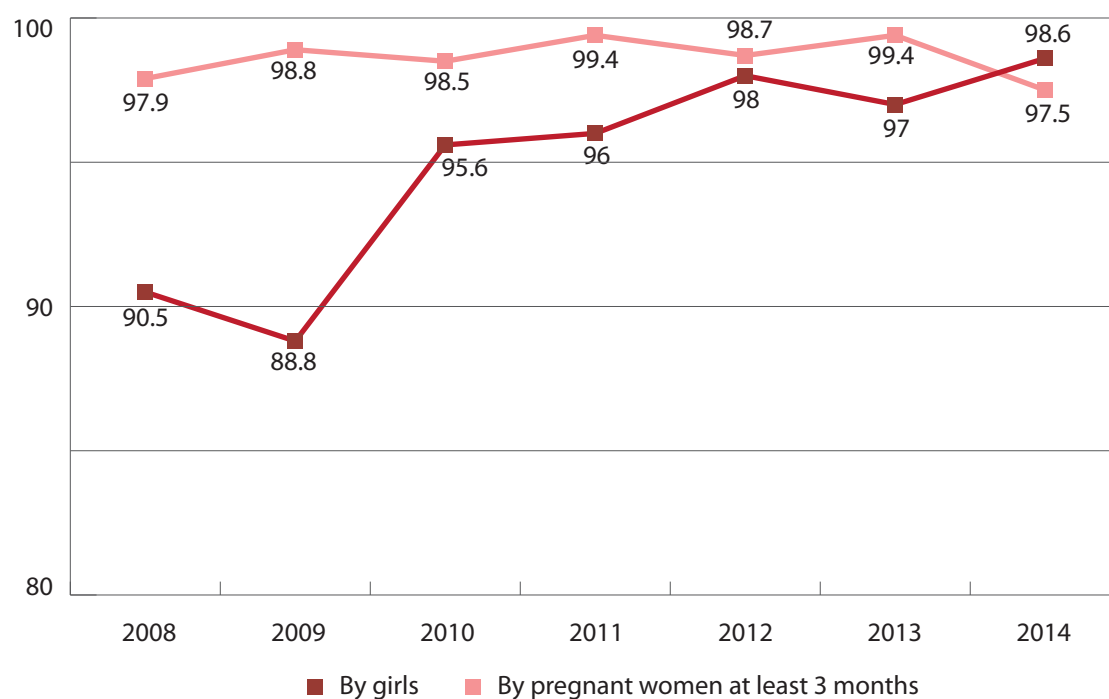
⁷⁸ Tran Thi Minh Hanh et al. *Vitamin A deficiency in children in Ho Chi Minh City and risk factors. Journal of Food and Nutrition Sciences, Vol.7 - No1 - May 2011*

Table 3.1. Rate of Vitamin A intake by year⁷⁹

	Target	2011	2012	2013	2014	2015
Rate of postpartum mothers taking Vitamin A	> 90%	98.7	98.8	99.4	96.9	97.5
Rate of 6-36 month children taking Vitamin A	> 98%	98.8	98.8	98.9	98.9	98.8

Prevalence of iron deficiency anaemia

Nutritional anaemia reduced from 15.2% in 2004 to 8% in 2014⁸⁰ among upper secondary school students in Ho Chi Minh City. A study on anaemia prevalence among pregnant women in Cu Chi district discovered that hyper-hemoglobinuria levels during pregnancy averaged 18.5%, with 98.4% suffering from iron deficiency anaemia⁸¹. Since 2005, programmes to prevent nutritional anaemia have been implemented across all 24 districts of the city, with main activities including communicating anaemia prevention knowledge combined with free supplements of iron for pregnant women, women of child-bearing age, upper secondary school girls (aged 15-18) and female workers of industrial and processing zones. The rate of pregnant women and girls taking an iron-folic supplement remained high in the last 10 years and much higher than the targeted 80% and 90%, respectively. Starting from the school year 2007-2008, all secondary school girls in the city were given iron tablets from the State budget.

Figure 3.4. Rate of iron implementation coverage among girls and pregnant women and year⁸²

79 City Nutrition Centre, March 2017

80 DOH report of 2017

81 Phan Van An and Cao Ngoc Thanh, Anemia among pregnant women in Cu Chi district in 2008, *Journal of Practical Medicine*, 728 – 7/2010. <http://yhth.vn/upload/news/thuctrangthieumuaphunumangthai.pdf>

82 DOLISA report on 10 years implementing childcare and protection of Ho Chi Minh City.

Iodine deficiency disorders

A survey in 2010 revealed two-thirds of surveyed pregnant women in Ho Chi Minh City suffered from iodine deficiency (on average - urinary iodine <10 µg/dl). Pregnant women living in rural or suburban areas had an increased risk of iodine deficiency 1.4 times higher than those living in urban areas⁸³. This survey also revealed only 56.8% of pregnant women used iodized salt (with iodine between 15-50 ppm - parts per million).

Prevention of iodine deficiency disorders in Ho Chi Minh City have mainly focused on encouraging people to use adequate iodised salt as well as monitoring manufacturing and retailing facilities of iodized salt. Iodine deficiency prevention and control programme achieved two of three targets (Table 3.2), the rate of family using adequate iodised salt and the median urinary iodine level. The rate of families using iodized salt gradually increased from 76.2% in 2011 and approached the target of 90% in 2015.

Table 3.2. Rate of consumption of iodized salt by percentage of families

Indicator	Target	2011	2012	2013	2014	2015
% of family using iodized salt	> 90%	76.2	77.7	82.8	83.5	89.3
% of family using adequate iodized salt (above 15ppm)	> 75%	73.8	75.4	80.1	79.9	86.6
Median urinary iodine amount (mcg/dl)	≥ 7.5	9.1	8.9	8.4	8.5	9.5

Source: Ho Chi Minh City Nutrition Centre, Nutrition Plan related to children for 2016-2020, March 2017

Disease burden among school students

The prevalence of diseases among school students varies and is significantly high for vision impairment (more than 30% among lower secondary and upper secondary school students), mouth and teeth diseases (35% among primary school students), and obesity (23.6% among primary school students).

Table 3.3. Disease burden among school students

Diseases	Kindergarten		Primary school		Lower secondary school		Upper secondary school	
	#	%	#	%	#	%	#	%
1 Vision impairment	1,512	0.61	77,724	13.34	111,140	30.66	84,299	38.43
2 Mouth-teeth	43,344	17.41	204,700	35.14	63,826	17.61	30,737	14.01
3 Kyphoscoliosis	340	0.14	16,195	2.78	14,715	4.06	9,177	4.18
4 Obesity	17,449	7.01	137,445	23.59	43,195	11.92	15,024	6.85
5 Skin	3,014	1.21	3,463	0.59	5,490	1.51	6,355	2.90
6 ENT	19,132	7.69	56,543	9.71	24,170	6.67	12,732	5.80
7 Circulatory system	203	0.08	443	0.08	300	0.08	253	0.12
8 Malnutrition	1,340	0.54	2,184	0.37	1,765	0.49	1,730	0.79
9 Respiratory system	321	0.13	468	0.08	445	0.12	1,037	0.47
10 Digestive system	0		29	< 0.01	51	0.01	38	0.02
11 Genitourinary system	68	0.03	331	0.06	180	0.05	143	0.07
12 Mental disorders	142	0.06	577	0.10	41	0.01	91	0.04

Source: School Health Report 2016, Ho Chi Minh City Preventive Medicine Centre (2542/BC-YTDP-SKMT & SKTH)

Food safety and hygiene

Food safety and hygiene has been a public health issue of concern in recent years that has also generated considerable news media coverage. A DOH report⁸⁴ revealed that inspections of 48,515 food processing, retailing facilities and restaurants, resulted in a violation rate of 5.74% in 2016. These results are most likely due to a lack of compliance by food producers and an absence of a legal framework for controlling the use of chemicals and food additives in the food industry. Ho Chi Minh City has set targets by 2020 to improve food safety and hygiene.

84 Ho Chi Minh City DOH's Report to DPIDPI on provision of secondary data for SitAn Ho Chi Minh City, dated 4 April 2017.

Table 3.4. Targets for food safety and hygiene by 2020

Items	2015	2020
Total major food and agriculture products managed by key chain management	50%	80%
Origin of food and agriculture products sold in supermarkets, convenience stores and three sale open markets are managed	100%	100%
Food producers, traders and controllers have a correct understanding and practice of food safety and hygiene	90%	100%
Food consumers have correct understanding and practice of food safety and hygiene	80%	100%
Collective kitchens, canteens of schools, industrial and processing zones, food pax providers (for industrial zones) are managed and provided with food safety and hygiene certification	100%	100%
Food pax providers for industrial zones meet best practice standards (GMP, HACCP)	50%	100%
Mass food poisoning (more than 30 people) in comparison with five years (2006-2010)	Reduced by 70%	Reduced by 90%
Rate of acute food poisoning less than seven cases/100,000	7/100,000	6/100,000

Source: Decision No.1865/QĐ-UBND (16 April 2014) on approval of health sector development plan of Ho Chi Minh City to 2020 with a vision to 2025.

Prioritization of food safety and hygiene in schools is important to ensure improvements in child health outcomes. In 2016, 97.4% of pre-schools, 99.2% of primary schools, 97% of lower secondary schools and 95.5% of upper secondary schools were inspected in Ho Chi Minh City. The inspection showed that key indicators of food safety and hygiene were achieved by most schools.

Table 3.5. Results of canteen and food delivery inspection

Content	Pre-school		Primary school		Lower Secondary school		Upper secondary school	
	#	%	#	%	#	%	#	%
With canteen	825	99.16	402	80.56	171	65.77	123	65.08
Kitchen and dining room meet food safety and hygiene standards	801	97.09	391	97.26	169	98.83	120	97.56
Good cleaning of dining room, kitchen and utensils	805	97.58	389	96.77	164	95.91	113	91.87
100% staff trained on food safety and hygiene	803	97.33	394	98.01	167	97.66	113	91.87
100% staff received periodical health-check and tested for asymptomatic carriers	810	98.18	399	99.25	168	98.25	117	95.12
Verified origin of food	802	97.21	394	98.01	162	94.74	117	95.12

Source: Ho Chi Minh City DOH's Report to DPI on provision of secondary data for SitAn Ho Chi Minh City, dated 4 April 2017

Mass food poisoning is regularly reported across many districts of Ho Chi Minh City, yet the number of cases and people suffering from food poisoning was on a downward trend during 2010 (734 people) to 2015 (268 people). However, it is likely all reported cases were the result of collective food poisoning with a large number of victims in each case ranging from 56 to 137 people. This means the reported figures did not reflect the actual picture of food poisoning in Ho Chi Minh City, which may occur among individuals or within families. According to the 2016 DOH annual report, food poisoning was reported in two schools, one in Binh Thanh district with five students and another in District 1 with 72 students. Although food poisoning is not fully recorded and reported, it is essential to ensure that food quality is regularly inspected and assured to eliminate mass food poisoning, especially in school settings.

Table 3.6. Reported food poisoning cases and victims 2010-2015

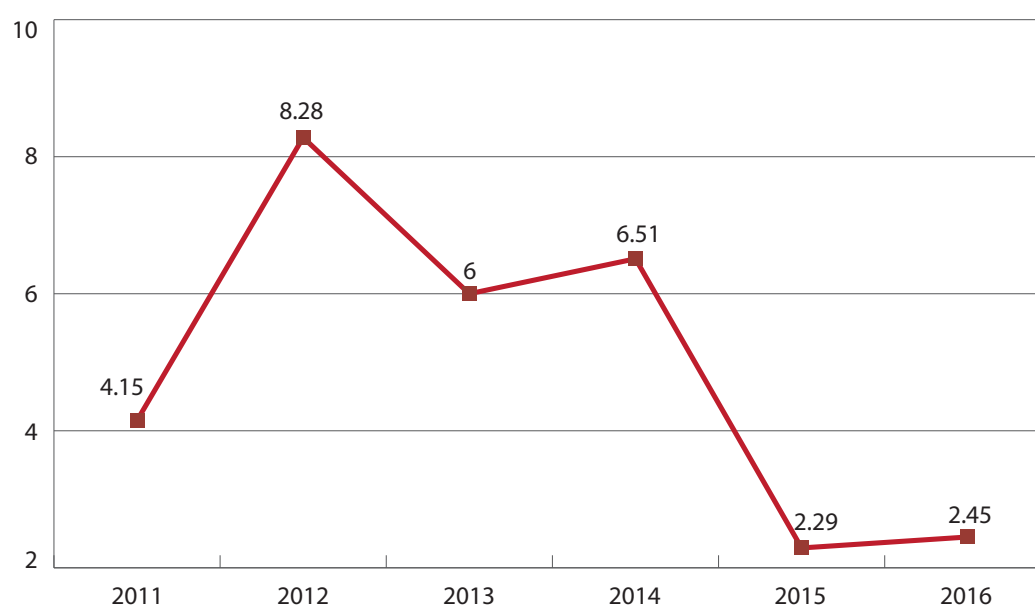
Year	Rural		Urban		Total	Average # of people per case
	Cases	People	Cases	People		
2010	3	47	10	687	734	56
2011	1	62	7	788	850	106
2012	1	105	5	510	615	103
2013	1	26	2	158	184	61
2014	1	71	2	341	412	137
2015	-	0	6	268	268	47

Source: Ho Chi Minh City statistical yearbook 2015

Maternal health outcomes

Maternal mortality rate

Figure 3.5. MMR by year 2011-2016



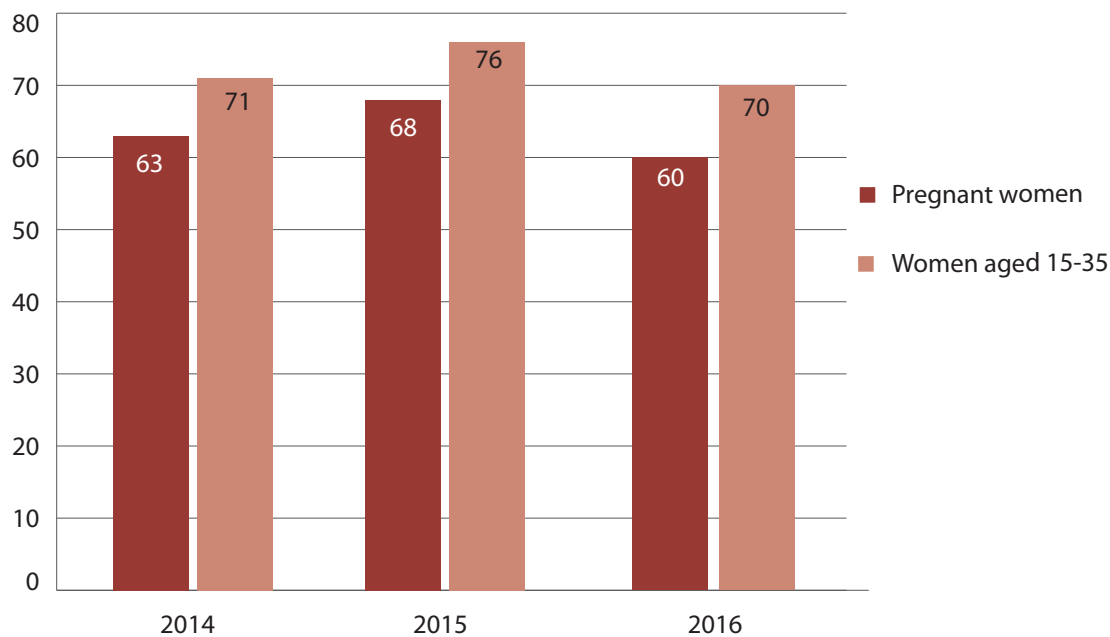
Source: DOH Report (2017)

The maternal mortality rate (MMR) (per 100,000 live births) for Ho Chi Minh City increased from 4.15 to 8.28 in 2012, but then dropped significantly to 2.45 per 100,000 in 2016, much lower than the city's target of less than 10 per 100,000. The successful reduction of MMR could be explained by health sector efforts to improve the quality of health services and accessibility of maternal and child health facilities in all districts. The effective prevention of obstetric accidents in recent years is considered a direct cause of the MMR reduction.

The DOH's Ho Chi Minh City Nutrition Profile 2014 showed that chronic energy deficiency among women aged 15-49 had reduced in urban districts, but increased in rural districts of Ho Chi Minh City. These rates; however, were much lower than the national rate of 15.1% in 2013.

Immunization for pregnant and child-bearing aged women

Figure 3. 6. Tetanus vaccinations for pregnant women and women aged 15-35 (%)



Despite programmes implemented to improve immunization rates, DOH annual reports showed that vaccination rates were still low for pregnant and child-bearing aged women. Data points to the fact that Ho Chi Minh City needs to invest more effort to support pregnant women and women in child bearing age.

Antenatal and postnatal care

The 2014 MICS survey interviewed 936 women with surviving children within two years of giving birth in Ho Chi Minh City and revealed most received antenatal health check ups. However, only 50.2% of these mothers attended the first antenatal health check in the first month (first trimester), 40.2% in the second trimester and 7.6% in the third trimester.

According to DOH statistics, the rate of pregnant women receiving at least three health checks during pregnancy remained high at more than 90%, while the rate of pregnant women receiving postpartum care dramatically increased, from 39.7% in 2012 to 92.8% in 2016.

The DOH report in 2016 showed good antenatal and postnatal care results for pregnant women. Some 98.2% of births were managed by the health sector, 90.7% of pregnant women received three health check ups during pregnancy, 100% of births were delivered at health facilities and attended by skilled health staff (compared with the national rate of 93.8%, MICS 2014) and 92.8% received postpartum care. However, only 73.1% of mothers received postpartum care in the first week after birth.

Child Health and Survival

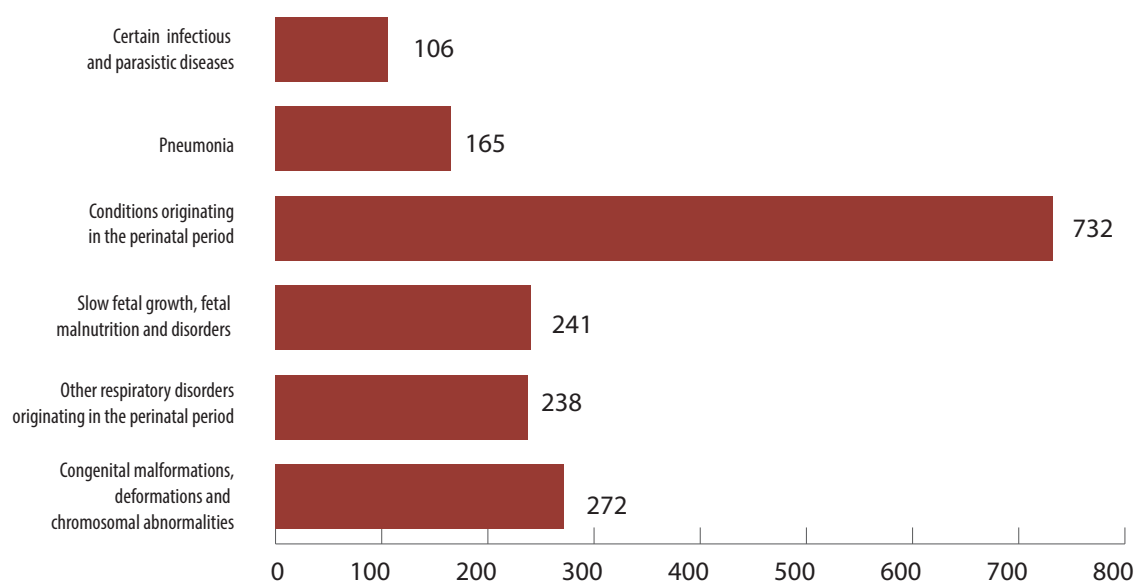
Child Mortality

The child mortality rate in Ho Chi Minh City sharply decreased from 8.21 in 2011 to 6.28 in 2012 and stabilized at 7.14 per 1,000 live births in 2015, much lower than the national figure of 22.1 per 1,000 live births⁸⁵. The infant mortality rate accounted for the majority (84 per 1,000 live births) of the under-five year child mortality rate in the last five years.

Morbidity-mortality causes among under-five year children

According to a DOH Ho Chi Minh City report in 2016, the leading causes for morbidity in hospitals in the city among children under five years were infectious, parasitic, prenatal period and digestive system diseases, pneumonia, neoplasm, congenital malformations, deformations and chromosomal abnormalities, injuries and poisoning. The leading causes of mortality reported by communities among children under-five were drowning, pneumonia, cancer and traffic accidents. Infectious and communicable diseases are the leading contributors to morbidity. Many causes of morbidity and mortality are preventable, such as infectious, communicable and parasitic diseases as well as causes generated during perinatal periods. Effective interventions to address these diseases could significantly reduce morbidity and mortality among children under-five.

Figure 3. 7. Total mortality of children under-five at hospitals by causes in Ho Chi Minh City in 2016

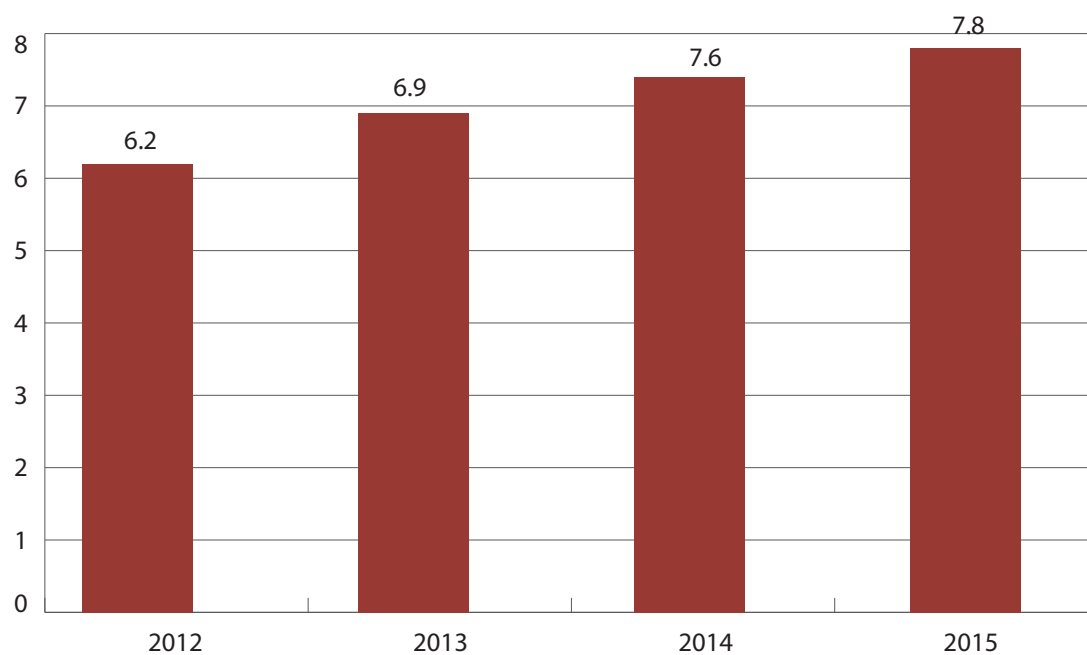


Source: DOH report 2016

85 GSO, Child Mortality Rate, http://www.gso.gov.vn/default_en.aspx?tabid=774

Birth weights

Figure 3.8. Percentage of newborns below 2,500 grams

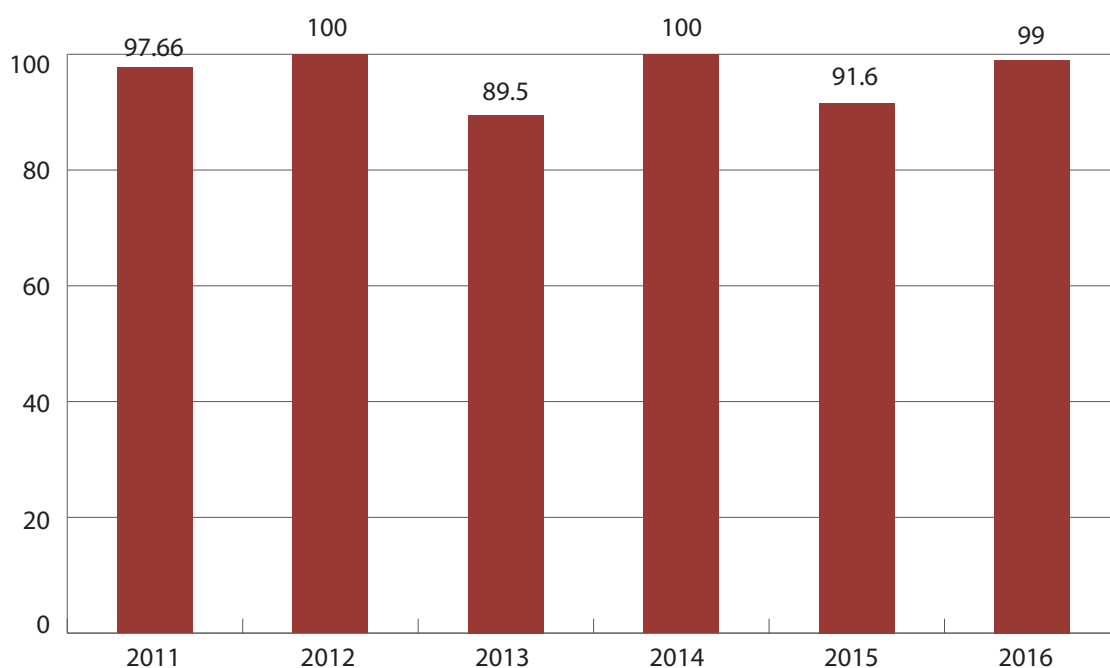


(Source: Ho Chi Minh City Statistics, 2015)

The Ho Chi Minh City Statistical Yearbook 2015 showed the proportion of underweight new-borns gradually increased from 6.2% in 2012 to 7.8% in 2015 (Figure 3.8. Percentage of new-borns below 2,500 grams).

Immunizations

Figure 3.9. Percentage of fully vaccinated children under one year



According to the Ho Chi Minh City statistical year-book 2015 and 2016 Ho Chi Minh City DOH annual report, the rate of fully immunized children under one-year-old was consistently high in recent years, except in 2013 (89.5%) and 2015 (91.6%). Although Ho Chi Minh City achieved high immunization rates, many children still suffered from 8 vaccinated diseases, especially measles. The number of reported cases increased and peaked at 1,119 in 2013, before gradually decreasing through 2015. From 2013–2015 there were no reported deaths due to vaccinated diseases.

Child injury prevention

The Child injury (unintentional) prevention programme was officially regulated by Decision No.3731 of the Ho Chi Minh City's People Committee (21 July 2016). It aims to control the rate of child injuries, especially traffic accidents and drowning⁸⁶ and reduce the child injury rate from four (2015) to two per 1,000 children by 2020 through a wide range of activities, including building safe schools and communities for children.

DOET reported the number of child injuries at primary school age had increased from 2010 to 2016, in nine districts (see Annex – Table 2.1. – Child injury figures by year from nine reported districts).

DOLISA data on child injuries in 2016 showed falls (75.5%) and traffic accidents (10%) were most common. Child injuries when aged 6–10 years accounted for 47.4% of injuries and the 11–13 years age bracket accounted for 22.93% of injuries. Also, the rate of injuries at schools, at home and in the community was 46%, 34% and 20%, respectively. DOLISA also reported 33,191 children attended thematic talks on injury prevention in 2016.

Table 3.7. Common child injuries by age group and place of injury, Jan-Sept 2016

Type of injury	Age group				Total	Place of injury			Death
	0-5	6-10	11-13	14-16		Home	School	Com-munity	
Falls	115	572	245	135	1,067	402	570	95	1
Fire and burns	3	3	1	1	8	4	2	2	1
Traffic accidents	25	33	40	45	143	2	6	135	0
Poisonings	0	0	0		0				0
Suffocation/choking	2	0			2			2	2
Animal bites	3	7	2	1	13	9	1	3	0
Drowning	0	0	1	1	2	0		1	2
Assault	0	2	4	4	10	2	7	1	0
Electricity shocks	1	1	1	1	4	3	1	0	0
Others	46	52	30	36	164	59	63	43	0
Total	195	670	324	224	1,413	481	650	282	

Source: DOLISA 2017, data prepared for SitAn

⁸⁶ This decision noted that only 27.88% children could swim in 2015.

HIV and AIDS

According to DOH annual statistics, the number of children detected with HIV infection sharply decreased from 57 new cases in 2011 to four new cases in 2014. However, it increased to 32 new cases in 2015. This data suggests HIV infection among children is on the rise and effective interventions should take place.

Table 3.8. Number of children 0-14 infected with HIV, at AIDS stage and death due to AIDS by year

Number of children 0-14 affected HIV/AIDS	2011	2012	2013	2014	2015
Children 0-14 infected with HIV	57	29	2	4	32
AIDS patients aged 0-14	88	42	21	26	14
Death due to AIDS among children 0-14	9	6	1	2	2

Source: Ho Chi Minh City annual statistics 2015

By 2014, 10 medical establishments⁸⁷ provided care and treatment services for 1,342 children, in which 1,281 received antiretroviral (ARV) treatment. Ho Chi Minh City AIDS Centre⁸⁸, with support from the Department of AIDS Prevention, has provided health insurance for 678 children affected with HIV.

According to DOLISA, by the end of 2016, no HIV-infected children under four years old were from poor or near-poor households while only 16 poor households and four near-poor ones have HIV-infected children aged between four and 16 years old.

Pregnant women with HIV

Statistics on the number of pregnant women among the city's districts showed that in 2013 there were 374 women, in 2014 (270 women) and in 2015 (278 women) with HIV (Annex – Table 2.2.: Number of HIV-infected pregnant women by district).

From 2011-2015, the city detected 3,024 HIV-infected pregnant women and provided ARV prophylaxis for 2,448. In 2016, 119,792 pregnant women were tested for HIV and 200 women were HIV seropositive (Table 3.9: HIV testing and treatment among pregnant women in 2016), in which 195 women were treated for HIV, mainly at city hospitals. There are no separate statistics for adolescents tested for HIV or treated with ARV.

⁸⁷ Paediatrics Hospital 1, 2, Tropical Diseases Hospital, Department of Community Counselling and Support of District 4, District 6, Binh Chanh, Thu Duc and Cu Chi, Linh Xuan and Mai Hoa centre

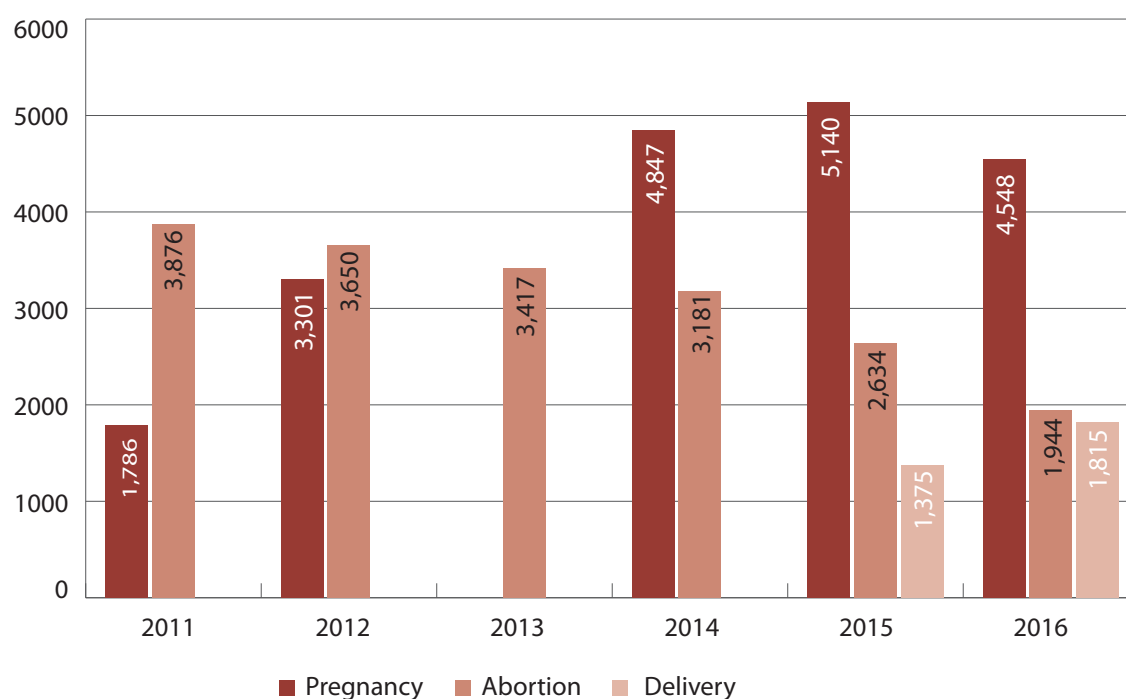
⁸⁸ At a conference to review five years implementing the action plan on HIV/AIDS (2011-2015) and deploying the plan 2016-2020, Ho Chi Minh City People's Committee announced the decision to disband the Committee on HIV/AIDS and establish the City HIV/AIDS Centre.

Table 3.9. HIV testing and treatment among pregnant women in 2016

Type of health establishment	Pregnant women		Pregnant women tested for HIV		HIV-infected pregnant women received ARV
	Total	Adolescent	Total	Confirmed HIV (+)	
Total	366,015	4,548	119,792	200	195
Public	306,578	4,398	78,051	193	193
City level	246,594	3,372	43,235	141	113
District and commune level	59,984	1,026	34,816	52	80
Private	59,437	150	41,741	7	2
Private hospital	59,437	150	41,741	7	2

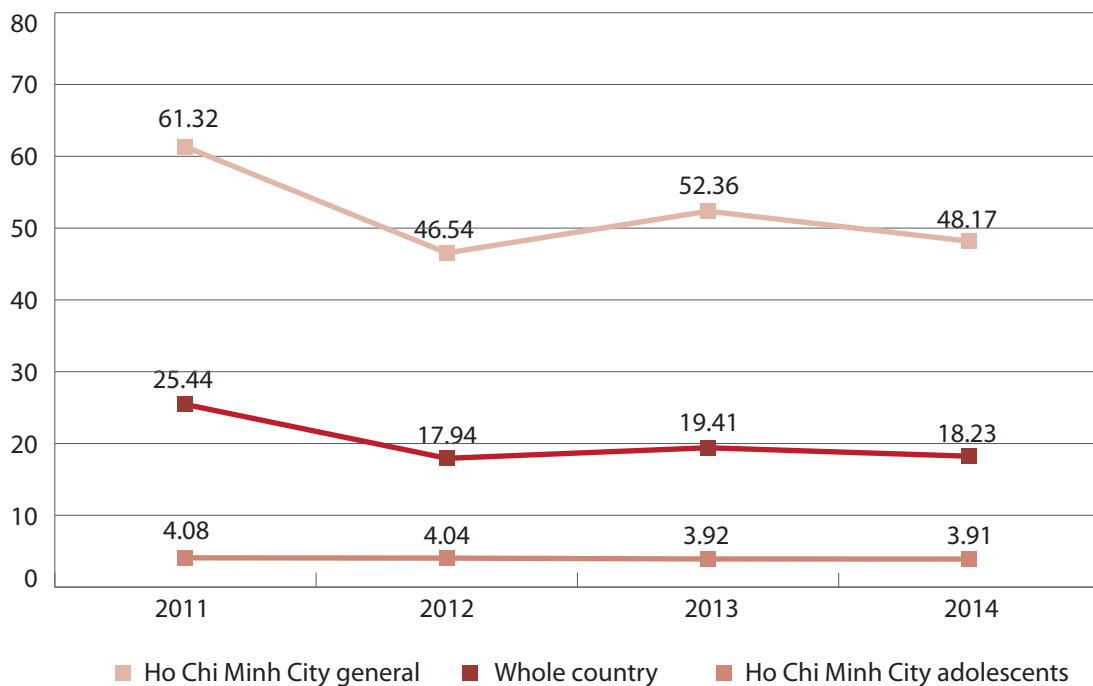
Source: DOH report 2016

Adolescent reproductive health

Figure 3.10. Number of teenage pregnancies and abortions by year

Source: DOH annual statistics

According to annual DOH statistics, reported cases of teenage pregnancies increased during 2011-2015 and slightly reduced in 2016. In contrast, reported cases of teenage abortions substantially decreased from 2011-2016. It is worth noting that data on teenage abortions is reported only by State health facilities, not private facilities. The number of reported abortions was higher than the number of reported pregnancies in 2011-2012.

Figure 3.11. Comparison of teenage and general abortions in Ho Chi Minh City and national rates by year (%)

Ho Chi Minh City has recorded the highest abortion rates over years, more than double the national rate during 2011-2014. The national adolescent abortion rate accounted for less than 10% of the Ho Chi Minh City abortion rates. It is also probable that the number of teenage abortions executed in private clinics would exceed the number of cases in public health establishments, mainly due to issues related to privacy and confidentiality.

Water, Sanitation and Hygiene

Domestic water is supplied to Ho Chi Minh City by Saigon Water Corporation through six zonal networks. Besides weather and saline intrusion, increasing industrial and urban effluents into the Dong Nai and Saigon rivers, which supply 95% of Ho Chi Minh City's domestic water, negatively affect the quality of water source⁸⁹.

The 2014 MICS survey showed that of households in Ho Chi Minh City, tap water was used by 52.4%, drilled wells (11.4%) and bottled water (36.1%) for drinking water. Of 291 families who used bottled water for drinking, the percentage utilizing tap water for daily activities was still higher than drilled well water (52.9% compared to 47.1%). The percentage of households in urban areas with tap water was higher than in developing urban groups and suburban groups (69.7%, 46.6% and 11.5%, respectively) (see Table 3.10), underlining the latter two groups' need for enhanced drinking and domestic water supplies.

⁸⁹ Tran Ngoc et al. *Ho Chi Minh City growing with water-related challenges, water, megacities and global change.*

Table 3.10. Main sources of drinking water according to living standard groups and urban areas

	Main sources of drinking water (%)		
	Tap water	Well water	Bottled water
Living standard groups			
Poorest *		50.0	50.0
Below average	23.8	19.0	57.1
Average	20.0	20.8	59.2
Above average	40.3	15.3	44.4
Rich	71.4	5.6	23.0
Urban areas			
EUA	69.7	3.1	27.1
DUA	46.6	8.7	44.7
SA	11.5	41.0	47.5
General total	52.4	11.4	36.1

Source: MICS, 2014 (EUA=Existing Urban Area, DUA=Developing Urban Area, SA=Suburban Area)

The survey “The quality of life of Ho Chi Minh City people in 2013” revealed that most households (93.1%) confirmed their water sources were safe, while the remaining 6.9% stated it was unsafe, of which these households were located in Binh Tan (19%), Tan Binh (15.8%), Go Vap (10%) and Thu Duc (6.5%) districts. It should be noted that people’s water quality assessments were mainly based on observations and smelling, not by biochemical standards.

WASH in schools

WASH in Ho Chi Minh City schools is implemented under the preventive medicine system from city to ward/commune levels. By the end of 2016, a health unit had been established in 88.1% of schools. Almost all schools had health officers, of which 90.6% had fulltime school health staff. Hygiene and sanitation in schools is regularly monitored and inspected by the health sector, mainly by district health centres. Most inspected schools met hygiene and sanitation standards.

Table 3.11. Result of hygiene and sanitation inspections by type of school

Item inspected	Pre-school		Primary school		Lower secondary school		Upper secondary school	
	#	%	#	%	#	%	#	%
Satisfactory domestic water source	828	99.52	488	99.59	262	100	192	98.97
Satisfactory drinking water	826	99.28	486	99.18	258	98.47	192	98.97
Satisfactory toilets	824	99.04	475	96.94	245	93.51	190	97.94
Satisfactory waste collection and treatment system	821	98.68	475	96.94	253	96.56	189	97.42
Satisfactory drainage	832	100	490	100	258	98.47	193	99.48

Source: Ho Chi Minh City Preventive Medicine Centre, Report on school health 2016

Environmental pollution

In recent years, rapid urbanization has led to a fast-growing population over burdening the city's infrastructure. Many studies indicate that pollution in Ho Chi Minh City is on the rise⁹⁰. Air quality has deteriorated considerably, affecting the health of millions of people due to high emission levels, resulting in more than 90% of children under the age of five years suffering from different respiratory illnesses in the city⁹¹.

Rainwater and wastewater in Ho Chi Minh City commonly share one sewer/drainage system. Moreover, many households directly discharge wastewater to underground infiltration chambers, leading to contamination of underground water sources and pollution of the city's environment. A recent survey on the quality of life of Ho Chi Minh City residents⁹² discovered the majority of households treated sewage by soak chambers, before discharging into sewers (850 cases-47.2%), while the second most common method was discharging into sewers (726 cases-40.3%) followed by discharging into rivers, channels, ponds and lakes (5.4%) and roads (4.2%).

90 Nguyen Dinh Tuan, Pham Thi and Thach Truc, Air pollution in Ho Chi Minh City, Viet Nam, Better Air Quality in Asian and Pacific Rim Cities (BAQ 2002) 16-18 Dec 2002, Hong Kong SAR

91 Bang Quoc Ho, Alain Clappier, and Golay François. Air pollution forecast for Ho Chi Minh City, Viet Nam in 2015 and 2020. Air Qual Atmos Health (2011) 4:145-158

92 Nguyen Thi Hau, survey on quality of life of Ho Chi Minh City people in 2013

Table 3.12. Method of domestic sewage treatment of households, classified by urban, developing urban, and suburban groups

Method of domestic sewage treatment	Existing urban	Developing urban	Suburban	Total
Discharge to soak chamber/then sewers	39.4%	58.7%	52.0%	47.2%
Discharge to sewers	48.6%	37.2%	8.5%	40.3%
Discharge to rivers, channels, ponds and lakes	6.1%	4.0%	6.0%	5.4%
Discharge to roads	4.3%	0.2%	16.0%	4.2%
Discharge to gardens	1.6%		17.5%	2.8%
Total	1,000 100%	600 100%	200 100%	1,800 100%

Source: Survey of Ho Chi Minh City citizens' life quality in 2013

In addition to air pollution, water and soil are seriously contaminated, mainly due to human activities, poor management and treatment of industrial and domestic waste. Only 10% of wastewater in Ho Chi Minh City was treated before being discharged into the environment⁹³.

3.2 Causality Analysis

Based on these findings, this section identifies factors hampering Ho Chi Minh City children's ability to fulfill their rights to survive and thrive.

(i) Immediate Causes

- *Imbalance in calories consumed versus expended/physical inactivity*

According to the National Institute for Nutrition of Viet Nam⁹⁴, nutrition disorders are mainly due to unbalanced and nutritionally inadequate diets. The fundamental cause of childhood overweight and obesity is an energy imbalance between calories consumed and expended. WHO and UNICEF argue that childhood obesity is one of the most serious global public health challenges of the 21st century, particularly in urban settings. Overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases at a younger age such as cardiovascular ones (mainly heart disease and strokes), diabetes, musculoskeletal disorders - especially osteoarthritis and certain types of cancer (endometrial, breast and colon).

- *Sexual abuse and limited access to contraceptives*

Teenage pregnancy is considered a consequence of unsafe sex, which can result from peer pressure, sexual abuse, drugs and alcohol use and exposure to pornographic materials. Lack of parental guidance and entertainment opportunities, ineffective reproductive health education and limited access to contraceptives further fuel teenage pregnancy and abortion. Since early sexual activity during childhood carries significant risks including sexually transmitted infections,

93 Tran Ngoc Thinh et al. Ho Chi Minh City growing with water-related challenges. Water, megacities and climate change

94 National Institute of Nutrition, actual nutrition problems and development approaches of the institute.

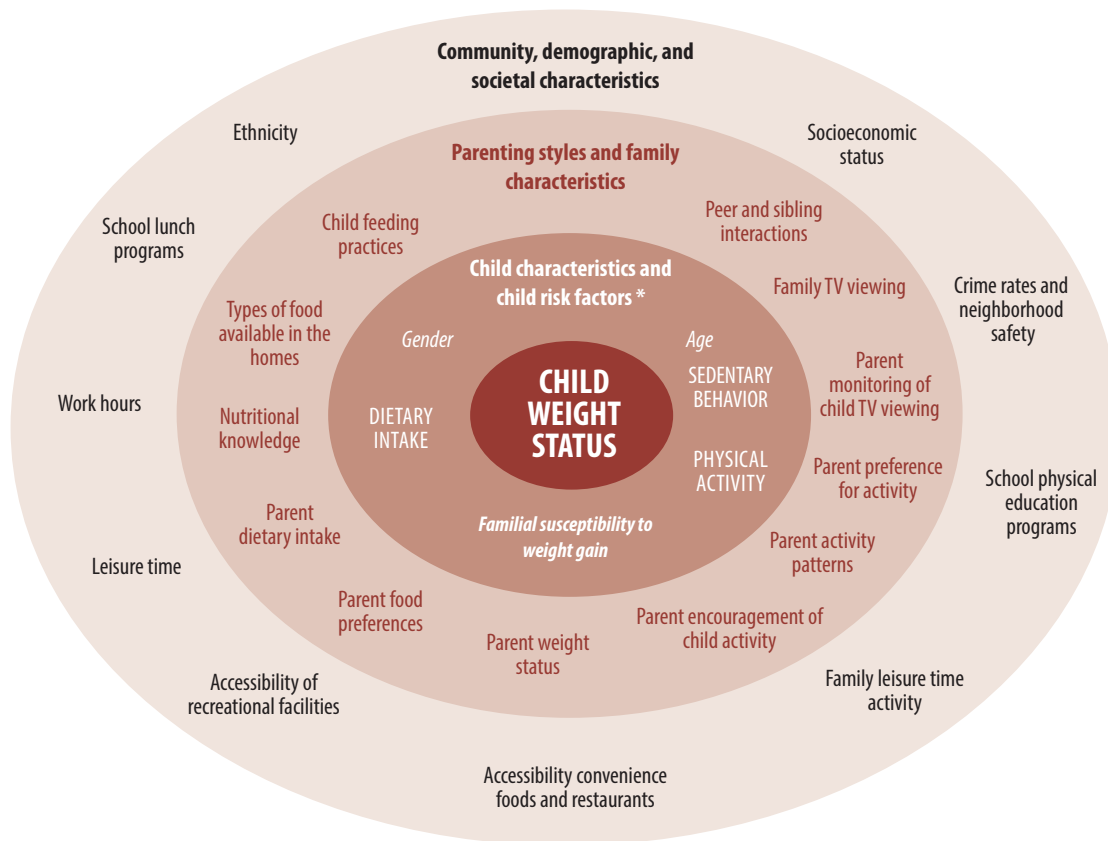
pregnancy and several health consequences for mother and baby, it is essential to ensure children's reproductive rights are met and they know how to protect themselves from early and unprotected sex. The teenage pregnancy and abortion situation should be closely reviewed to support design of proper reproductive health interventions, which are comprehensive, friendly, confidential and accessible.

(ii) Underlying Causes

- *Nutritional knowledge, parental supports and maternal education levels*

The main reasons for families not effectively accessing or utilizing health services are linked to misunderstanding and perceptions about the necessity of health services. The Urban Poverty Surveys in Ho Chi Minh City in 2012 showed that two-thirds (67%) of people did not buy health insurance due to a lack of awareness ("don't care" 38.72%, "don't need" 25.61%, "don't know about health insurance" 1.2% and "don't know where to buy health insurance" 1.58%). A Survey on Health Insurance undertaken by UNICEF in 2012 showed that many people did not use health insurance cards due to long queues in facilities they registered as primary providers in Ho Chi Minh City.

Figure 3.12. Conceptual model of causes of child weight status



Source: Davison and Birch 2001

Another survey in Ho Chi Minh City showed that factors increasing the risk of overweight children, included children with overweight mothers and children whose mothers have lower education levels (other factors included children living in urban districts, children over 12 months and being the only child in the family)⁹⁵. The survey also concluded that malnutrition risk factors were children from families with lower maternal education levels (in addition to underweight mothers and children of low birth weights). More comprehensive causes and associated factors of child weight status are presented in Davison and Birch's conceptual model of causes of child weight status.

In Vietnamese families, men often play the leading role in family-marriage relationships. While men generally make key decisions on household income and assets, women make decision on household management. However, more women than men make decisions on health care and medical treatment for family members. Women are responsible for caring for ill patients regardless of the patient's sex and are also responsible for deploying birth control methods⁹⁶. A study on gender roles in Vietnamese families⁹⁷ revealed that women take on a major share of chores and child-rearing (2-5 years old) tasks. This finding was confirmed and further clarified by Meejung Chin's study⁹⁸, which showed the rate of men and women doing chores (buying food, cooking, washing dishes, cleaning, doing laundry) was about 2% and 86%, respectively. This study also showed that men took little responsibility in caring for children, with 72% of women looking after children 2-5 years old, while only 0.75% of men did so. Only 6.75% of couples were found to have equal responsibilities in looking after their children.

- *Stigma and discrimination*

Stigma and discrimination is another cause of deprivation in health outcomes, mostly associated with household registration policies, social exclusion and discrimination against disadvantaged children, including those with HIV/AIDS, children whose parents are addicted to illicit drugs and children with disabilities.

Table 3.13. Number of children living in special circumstances, living in poverty and migrant status in Ho Chi Minh City (2014)

Total children in special circumstances	13,473
<i>Orphaned and abandoned children</i>	7,193
<i>Children with disabilities</i>	5,595
<i>Children infected with HIV</i>	3,400
<i>Illegal drug addicted children</i>	36
Children in poor households	35,142
Migrant children	74,571

Source: DOLISA report on 10 years of implementation of Childcare, Education and Protection Law

95 Vu Quynh Hoa, Pham Ngoc Oanh, Tran Thi Minh Hanh, Do Thi Ngoc Diep. Nutritional status of children under 5-years-old in two urban and suburban districts in Ho Chi Minh City in 2010. *Journal of Food and Nutrition Sciences*. Vol 8. No.3, July 2012

96 UN Women and MOLISA, *Facts and figures on women and men in Viet Nam 2010-2015*.

97 John Knode, Vu Manh Loi, Rukmalie Jayakody and Vu Tuan Huy, *Gender role in the family: change and stability in Viet Nam*. PSC report, PSC publication, Population Studies Center, University of Michigan, May 2004

98 Meejung Chin, *Family attitude and gender role division of married women in contemporary Viet Nam and Korea*, *International Journal of Human Ecology* 12(2) December 2011.

- *Lack of adequately trained health personnel to support increasing number of facilities*

To cope with increasing health care needs of inhabitants and migrants, Ho Chi Minh City has been implementing comprehensive and ambitious programmes to develop health sector infrastructure. Programmes cover a wide range of activities, including building new hospitals (District 6, Binh Tan, Cu Chi, Tan Phu), upgrading and expanding district hospitals and polyclinics (Districts 4, 8, 12, Can Gio, Go Vap, Nha Be, Tan Binh), establishing obstetric and paediatric departments at district hospitals, training health staff, expanding family doctors' clinics and strengthening the capacity of grassroots health establishments. The city's health network has dramatically expanded and requires capacity development of health personnel, while improving the quality of health services. Gaps still remain in providing incentives for health personnel to work in rural districts and providing comprehensive training for family doctors.

- *Imbalance in workloads across health facilities*

Although Ho Chi Minh City has implemented comprehensive solutions to reduce increasing workloads at city hospitals, there is a tendency for city hospitals to be burdened, while burdened district hospitals and regional polyclinics are under utilized. Improved quality of health services and capacity of district hospitals, and commune health stations (CHS) is considered a key measure. However, capacity building and changing people's perceptions about using health establishments at their localities requires time. It is also essential to encourage more people to register their primary health care provider at CHS instead of district and city hospitals.

(iii) Structural Causes

- *Poverty and its impact on health care*

Economic hardship and income poverty, are key barriers for people to access adequate health services. Rural and less urbanized areas in Ho Chi Minh City face challenges in accessing employment, education, health, clean water and waste treatment services and this tendency will remain in coming years. Poor and migrant families have fewer choices of health services, clean water and living in less polluted or safe environments. It is clear that children in poor and migrant families are more vulnerable due to being deprived of health, housing, clean water and safe environments.

The Urban Poverty Surveys conducted in Ho Chi Minh City and Ha Noi⁹⁹ revealed that only 13% of visits to health care providers were made by the poor for health checkups, while it was 41% in the richest quintile. The poor have fewer options to access health care, spend less when they are ill and often use health services for treatment, while the rich are more likely to access preventive services. Rising costs of health care continue and children from poor families, as a consequence, have less access to health care services.

- *Rapid urbanization and migration increases pressure on the health care system*

During the last 10 years, the city's population has annually increased by approximately 200,000 people, equal to the population of Districts 1 or 3. The population grew mainly in new urbanized districts, while most health establishments are concentrated in urban districts, causing unequal distribution of health facilities in the city. Low income, rising costs of medication and residence-based policies for health insurance are major barriers for migrants to access affordable health services, excluding them from protection by the formal health system. When ill, two-thirds of migrants paid medication costs out-of-pocket, while only one-third of them were covered by health insurance¹⁰⁰.

- *Climate change and environment pollution*

Ho Chi Minh City is located in the lowlands, with 65% of the city just 1.5m above sea level. The location makes Ho Chi

99 *Analysis of urban poverty surveys in Ha Noi and Ho Chi Minh City, 2009 and 2012*

100 *Ngo Thi Khanh et. KAP study (Knowledge, Attitude, Practices) on the obtainment and use of health insurance cards for children under 6 years old in Dien Bien, Kon Tum, Ho Chi Minh City and Ninh Thuan, May 2012.*

Minh City prone to floods and climate change impacts. Foreseen rising sea levels, increasing rainfall and frequent storms have serious health consequences, due to water and soil pollution as a result of poor waste management, combined with upstream flooding and downstream tidal flows. Significant migration into the city, alongside mass construction in lowlands not only diminishes room for water storage, but also places pressure on an old and undersized sewer and drainage system making the city more vulnerable to flooding and environment pollution. As a consequence, the city must cope with increases in the prevalence of water-borne diseases, including diarrhoea, skin diseases, respiratory diseases and drowning.

- *Inability to cope with increasing medical costs*

To implement the Health Sector Development Plan¹⁰¹, Ho Chi Minh City has accelerated the socialization of health services to call for more investment in the health system. Socialization of health services and implementation of Decree No.130/2005/ND-CP (providing for autonomy and self-responsibility for use of administrative management payrolls and funds by State agencies) and Decree No.43/2006/NDD-CP (providing a mechanism for autonomy and self-responsibility for task performance, organizational apparatus, payroll and finance, applicable to public non-business units) would result in a reduction or removal of State subsidies on infrastructure, medical equipment and personnel costs and lead to substantial increases in medical costs. Consequently, socialized health services are less accessible and affordable for the poor.

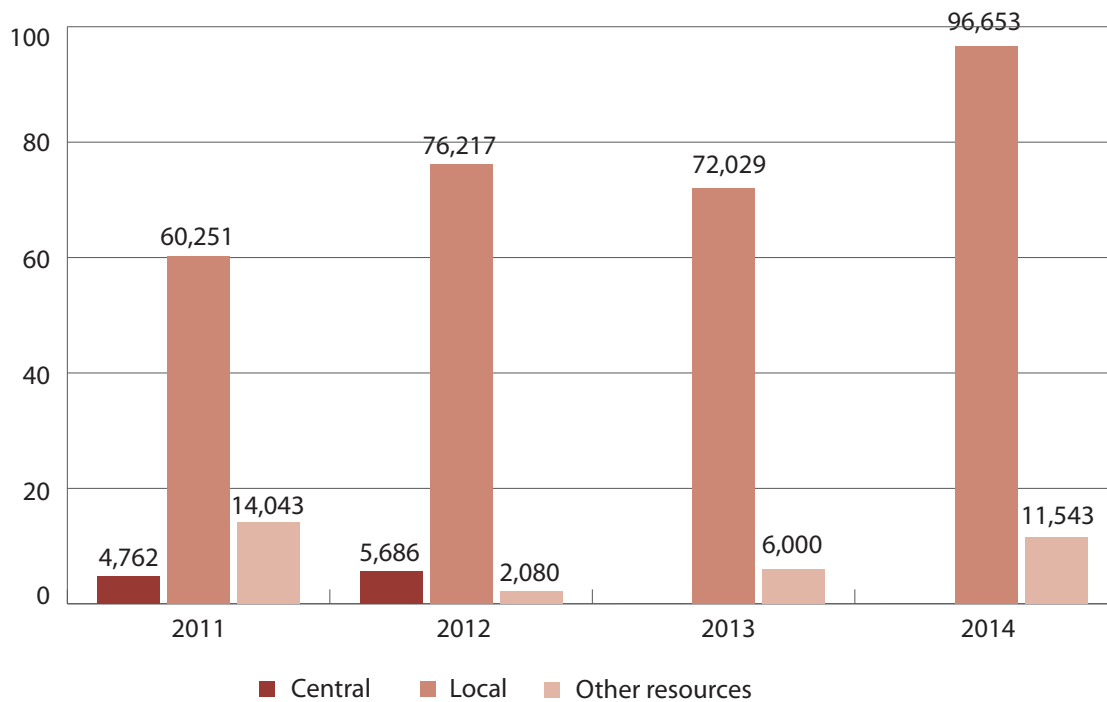
Table 3.14. Ho Chi Minh City Health Sector Development Plan to 2020 with a vision to 2025

Health services quality indicators	2015	2020	Result by 2016	National targets
Number of doctors per 10,000 people	15	20	16.07	9
Number of hospital beds per 10,000 people	42	42	46.09	26
Ward/commune has health stations	100%	100%	100%	
Commune health stations has doctors	100%	100%		90%
Reduction of overloading at children's, obstetrics and oncology hospitals	70%	80%		
Rate of malnutrition in children under 5 years old (%)	<8	<8	4.1	12.5
Mortality rate of children under 5 years old per 1,000 live births	<10	<10	8.3	10
Mother mortality rate (p 100,000)	<10	<10	3.5	52
Commune/ward has fulltime staff on population and family planning	100%	100%		
Annual population growth rate	<1.1%	<1.1%	0.817 (2015)	1
Health establishments have electric health information and communication system		100%		
Health establishments meet quality management standards		100%		

- *Lack of funding for health care in Ho Chi Minh City*

Annual health budgets dramatically increased from 2011 and almost doubled to VND15,240 billion in 2015. With ambitious plans for the health sector to become the top medical hub in southern Viet Nam and compete with regional medical centres, financial demands on the health sector are significant. According to the Health Sector Development Plan, investment in health establishments during 2013-2020 would require VND25,000 billion. Meeting the financial requirements for investment in health will be a serious challenge for Ho Chi Minh City in coming years.

101 Decision No.1865/QĐ-UBND 16 April 2016 on approval of Health Sector Development Plan to 2020 with a vision to 2025.

Figure 3.13. Funding for childcare and protection from different sources by year (VND million)

Source: Ho Chi Minh City DOLISA, 2015

To implement activities of child protection programmes, Ho Chi Minh City has spent a considerable amount of funds annually and total funding has increased over time. While the city spent VND79,056,035,000 in 2011 and VND83,982,885,000 in 2012, an increase of VND85,026,049,000 in 2013 saw it reach VND108,195,373,000. In 2014, this figure soared to VND356,260,342,000.

3.3 Policy Environment

Legal and Policy Framework

Convention on the Rights of the Child

The CRC sets out children's rights to health and development as well as other rights globally. Article 6 clearly states that all children have inherent rights to life and that child survival and development should be prioritized by states. Article 24 further focuses on child rights to health care services and states' obligations to ensure accessible health services for children, including prenatal and postnatal care for mothers.

Constitution Viet Nam (adopted by National Assembly on 28 November 2013)

The Constitution provides the highest legal framework for health care of children identified as rights holders and are protected by specific articles, including Articles 37 and 58. The Constitution is also the foundation for development of law, lower policy and legal documents concerning childcare, protection and education in Viet Nam.

Law on Child Protection, Care and Education (No.25/2004/QH11 on 15 June 2004)

The Law on Child Protection, Care and Education is the most important legal document on regulating policy frameworks for health survival and development of children in Viet Nam. The law regulates child's rights to survival, health care, development and defines duties of State and relevant sectors in fulfilling child rights in these areas.

Other policies and legal documents

There are numerous policy and legal documents concerning maternal and child health and development, shaped by central government and Ho Chi Minh City.

Table 3.15. Summary of key policies and legislation

Documents	Contents
Health	<p>Decision No.122/QD-TTg (10 January 2013) on approval of national action plan on protection, care and improvement of people's health during 2011-2020 with a vision to 2030. The decision confirms the government's policy on health care for children, especially for those under six years and disadvantaged children. A range of health indicators are provided on child mortality, immunization and malnutrition.</p> <p>Decision No.1865/QD-UBND (16 April 2014) on approval of health sector development plan by 2020 with a vision to 2025, providing strategic targets for development of Ho Chi Minh City's health sector. The decision sets out the rates for child under-five mortality malnutrition and maternal mortality less than 8%, no more than 10 per 1,000 and no more than 10 per 100,000, respectively (by 2015 and 2020).</p> <p>Decision No.5002/QD-SYT (28 October 2015) on approval of a project to improve health examination and treatment quality at CHSs by 2020. This decision provides detailed targets, activities and budget to standardize facilities, personnel and health services provided at ward/commune stations.</p>
HIV/AIDS	<p>Decision No.84/2009/QD-TTg (4 June 2009) on approval of a national action plan for children affected by HIV/AIDS by 2010 with a vision to 2020.</p> <p>Decision No.3961/QD-UBND of Ho Chi Minh City (12 August 2015) on deployment of a national action plan for children affected by HIV/AIDS in Ho Chi Minh City. Key activities include: 1) improving management on children affected by HIV/AIDS, 2) providing information and knowledge on care and protection of children affected by HIV/AIDS, 3) supporting children affected by HIV/AIDS to access to childcare and protection services, 4) building capacity for workers of relevant sectors and organizations and peer education groups on care, education and protection without discrimination towards children affected by HIV/AIDS.</p>
Population and reproductive health	<p>Decision No.2013/QD-TTg (14 November 2011) on approval of national strategy on population and reproductive health during 2011-2020. The strategy details objectives, targets and solutions for controlling population growth and improving mother, child and reproductive health.</p>
Nutrition	<p>Decision No.226/QD-TTg (22 February 2012) on approval of a national strategy on nutrition during 2011-2020 with a vision to 2030.</p> <p>Programme of City Nutrition Centre (23 March 2017) on nutrition related to children of Ho Chi Minh City for 2016-2020. This programme addresses nutrition needs of Ho Chi Minh City and details objectives and activities to improve the nutrition status of local children.</p>
Water and sanitation	<p>Decision No.104/2000/QD-TTg on approval of a national strategy on clean water and rural sanitation to 2020.</p>

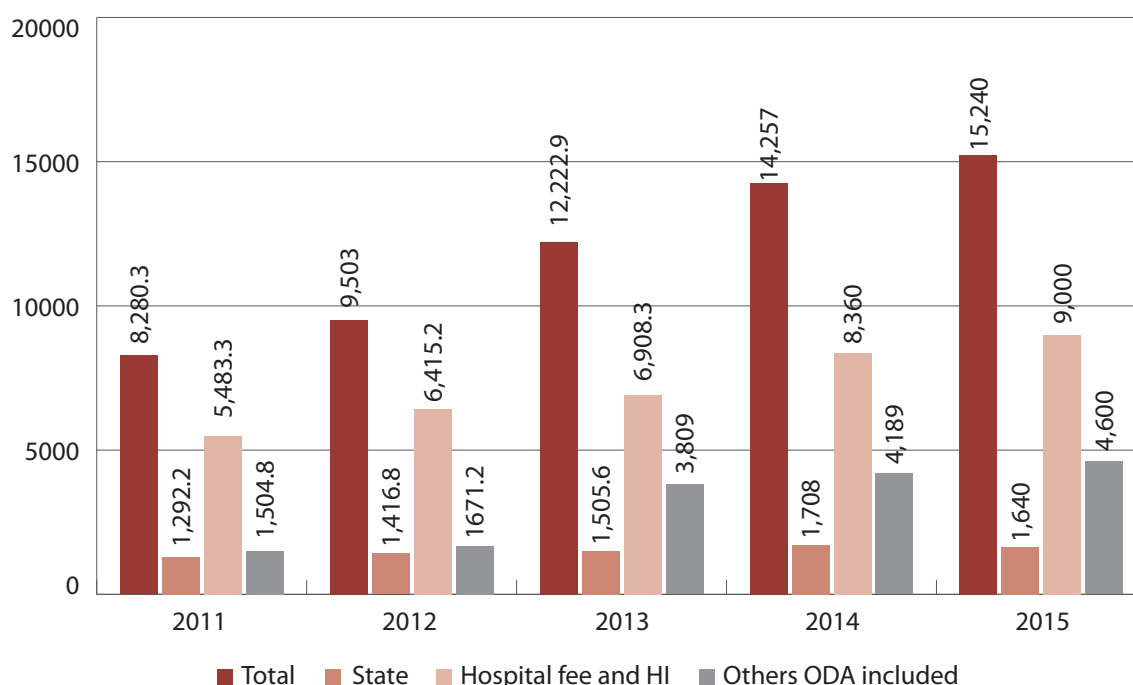
Health sector planning in Ho Chi Minh City until 2020

Development planning of the health sector in Ho Chi Minh City till 2020, with a vision to 2025, was approved on 16 April 2014 with a set of indicators to improve the quality of medical services in the city (number of doctors per 10,000 people in 2015 to reach 15-20 doctors in 2020 and 20-25 in 2025). The aim to 2015 is that all communes have CHS and doctors, the malnutrition rate of children aged under five years is less than 8% and the mortality rate of children under five years declines to 10% or less. In a report on the economic, cultural, social and security of Ho Chi Minh City in the first six months of 2016, data showed the city had basically already achieved these targets.

Public financial management

The annual health sector budget of Ho Chi Minh City has gradually increased in recent years, with major contributions from rising hospital fees, health insurance and other sources such as ODA. The State budget accounted for a small percentage and remained almost unchanged during 2011-2015.

Figure 3.14. Health budget composition by year (VND billion)



Health insurance coverage for children under six years of age

According to DOLISA¹⁰², the provision of health insurance cards for children under six years reached 99.7% in Ho Chi Minh City in 2016. The city stipulates that all children under six years are entitled to health insurance. All children born in Ho Chi Minh City or whose residential status had been registered with a local committee (not temporary migrants) are entitled to the health insurance programme regardless of migration status. By the end of 2016, some 554,000 children under-six had health insurance cards. However, a survey¹⁰³ conducted by UNICEF in 2012 showed that 22% of children under-six had not been granted health insurance cards. The main reason for children not having health insurance cards was a lack of awareness among mothers. For migrant children, in Thu Duc district and District 3 where many migrants reside, about one-third of children under-six did not have health insurance cards. Available literature confirms children of migrants face difficulties in either getting free or buying health insurance. No insurance data was available for children aged six

¹⁰² Annual report on childcare and protection 2016

¹⁰³ Ngo Thi Khanh et. al. KAP study (Knowledge, Attitude, Practices) on the obtainment and use of health insurance cards for children under 6-years-old in Dien Bien, Kon Tum, Ninh Thuan and Ho Chi Minh City, May 2012.

years and above. According to current regulations, children attending schools are covered by student health insurance to ensure most school children are health insured. The city aims to cover all school children by the end of 2017.

Health insurance utility

In general, there are few cases of children having difficulties using or accessing health services with health cards. DOH reported that in 2016, some 108,389 children used health insurance cards for out-patient health examinations and treatment (average cost of VND79,000 per visit) and 99,118 children used health insurance cards for in-patient services (average cost of VND774,000 per visit). The UNICEF KAP survey on health insurance for children under six years in Ho Chi Minh City in 2012 showed the majority of children used health insurance cards at district and city-level hospitals, while only 6% used health insurance for medical services in CHS. The major reason for this practice was most had registered health insurance and were primarily covered in district and city hospitals.

Capacity Gap Analysis

Capacity of health system of Ho Chi Minh City

The health system in Ho Chi Minh City is structured into three structured to three levels. City level includes general and specialized hospitals, medical centres perform professional duties, branches (population, family planning and food safety) and subordinate units (management board for construction work under the DOH and centre for procurement of health sector goods and property). At district level, each has one hospital (except Hoc Mon) and one centre of preventive medicine. Health centres are responsible for managing 319 ward or commune health stations in districts. CHS provides primary health care services to people in respective wards¹⁰⁴. These include medical activities related to prevention, treatment, maternal care and child health, family planning and a number of other professional activities under technical distribution. Ho Chi Minh City developed the Health Sector Development Plan to 2020 with a vision in 2025 to set out key targets for health development.

According to 2015 statistics, the city had 109 hospitals (concentrated in Districts 1, 3, 5 and 10), including 67 State hospitals, 38 private hospitals (accounting for 29.5% of all hospitals in the city), and four hospitals with foreign capital (3.8%). The lower level is a network of 25 preventive medicine centres and 319 CHS (Annex – Table 2.3: Type of health establishments by geographical area).

Table 3.16. Number of health establishments and beds by ownership

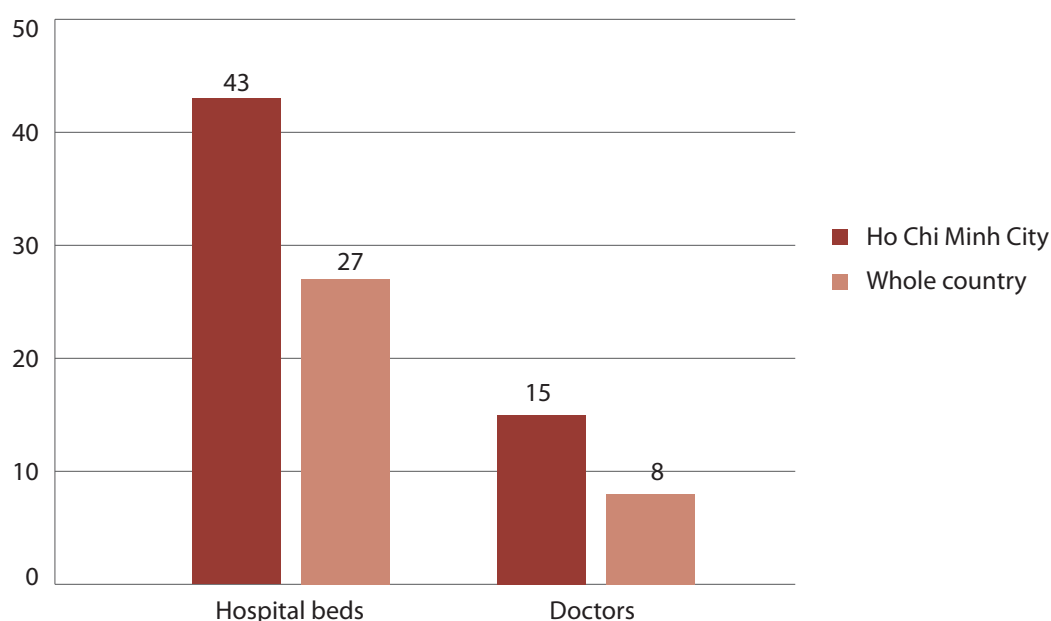
	Total	State	Non-State	Foreign investment
Health establishments	456	414	38	4
Hospital	109	67	38	4
Regional polyclinic	3	3		
Preventive medicine centre	25	25		
Communes/wards health station	319	319		
Bed	35,981	31,834	3,656	491
Hospital	35,230	31,083	3,656	491
Regional polyclinic	55	55		
Preventive medicine centre	264	264		
Communes/wards health station	432	432		

Source: Ho Chi Minh City statistics from DOH 2015

¹⁰⁴ Circular No.33/2015/TT-BYT guiding the functions and duties of the health stations of communes, wards and towns.

Ho Chi Minh City has more than 10,000 private health establishments, with 4,290 clinics, 323 traditional medical clinics, 42 non-State hospitals and 6,520 medical and pharmaceutical establishments.

Figure 3.15. Number of hospital beds and doctors per 10,000 people



Source: Ho Chi Minh City statistics 2015 and Viet Nam statistics 2015

Ho Chi Minh City has a large number of doctors (almost double the national ratio) and hospital beds (60% higher) in comparison to national figures. Together with other health indicators, these key indicators show health care capacity in Ho Chi Minh City is much higher than at national level.

Besides health personnel staffed at CHSs, Ho Chi Minh City maintains a network of village health workers scattered in rural and urban areas in seven districts, mainly Binh Tan, Binh Chanh, Cu Chi, Hoc Mon and Thu Duc. This force is considered an extension of the health sector expected to work in hard-to-reach areas (Annex– Table 2.4: Health personnel at ward/commune level).

Health organization for maternal and child health

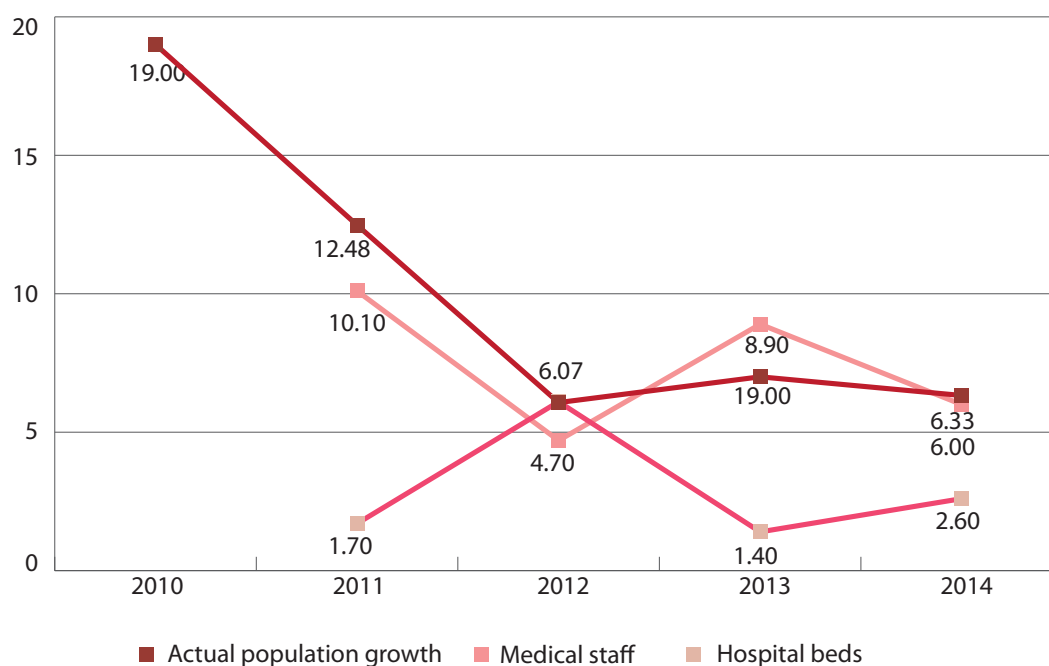
The health sector is structured with commune/ward levels serviced by local health clinics, district level by health centres and general hospitals and city level by health centres, general and specialized hospitals. Specialized maternal and child health care services mainly consist of obstetrics and gynaecology departments and paediatric departments of general hospitals, obstetrics and gynaecology hospitals and children's hospitals. Additional services provided by the city consist of the Centre for Protection of Health for Mothers, Children and Family Planning, Reproductive Health Centres, Children's Nutrition Centres and Preventive Health Centres. At the end of 2014, the maternal and child health sector was staffed by 502 general medical, 512 obstetric and 449 paediatric doctors as well as 2,823 nurses and assistant doctors (specialized in obstetrics and paediatrics). At grassroots level, CHSs play a decisive role in caring for mothers and children through implementation of health care and prevention programmes including immunization, school health, water and sanitation, nutrition, prevention of HIV, prevention of communicable diseases and domestic injury, reproductive, maternal and child health¹⁰⁵.

¹⁰⁵ Circular No.33/2015/TT-BYT guiding the functions and duties of health stations in communes, wards and towns

Population growth in Ho Chi Minh City vs. development of health care system

The development of new industrial zones nationwide has led to a gradual reduction of migrants in Ho Chi Minh City since 2010 and the net migration rate decreased from 18.4% in 2010 to 5.5% in 2014 from 11.5% in 2011. The actual population growth in Ho Chi Minh City in 2014 was 6.3% in 2015¹⁰⁶. These annual decreases in population growth have reduced pressure on the health care system.

Figure 3.16. Growth of population, hospital beds and medical staff by year



There have been significant developments in Ho Chi Minh City's health system from 2011-2015 in terms of health establishments, beds (13%), medical (36.7%) and pharmaceutical staff (21.9%). This substantial development has increased the health sector's capacity to care for people's health. The number of healthcare establishments in Ho Chi Minh City has increased rapidly, corresponding to population growth, including migration and the demand for healthcare from people from other southern provinces. Within five years, the number of health establishments increased by seven, from 449 with 31,839 beds in 2011 to 456 with 35,981 beds in 2015. Rapid health system development, in the context of a reduction in actual population growth (Figure 3. 16. Growth of population, hospital beds and medical staff by year), will gradually close the gap, if any, between health system capacity (supply) and health care needs (demand) in Ho Chi Minh City.

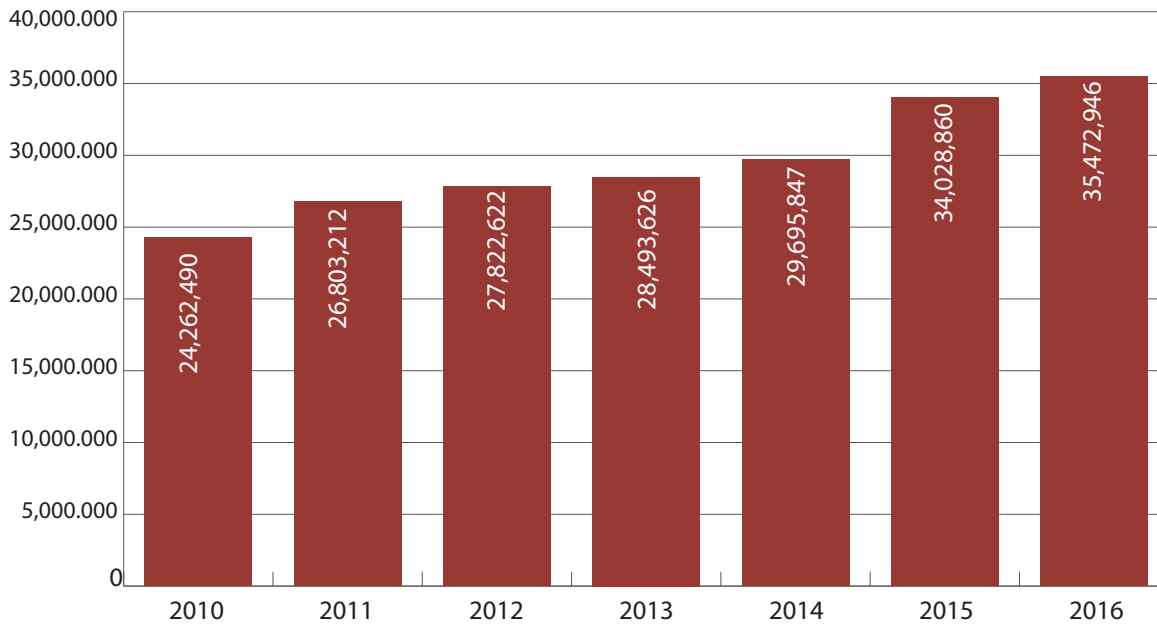
Utilization of health system and hospital bed occupancy rate

To improve efficiency of hospitals and quality of services, Ho Chi Minh City has implemented a project to reduce the workload of hospitals through upgrading and building health establishments, rotating health staff and expanding family doctor clinics. The project has contributed to a significant reduction in hospital workloads, while increasing the occupancy rate of district hospitals in the context of examination and treatment services.

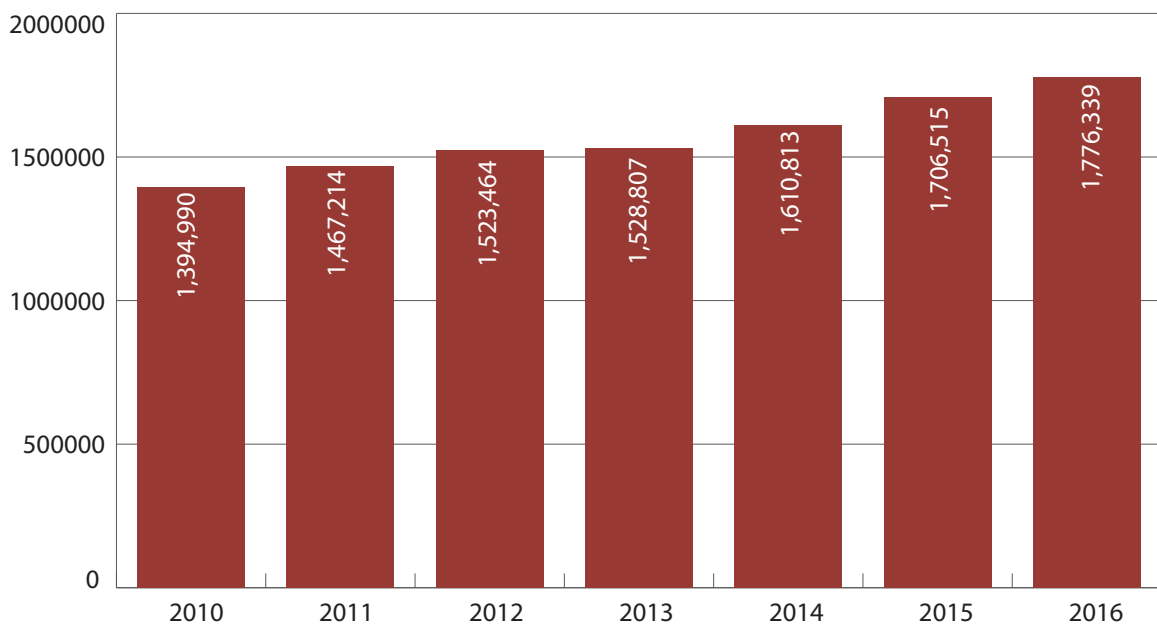
The total number of outpatient examinations and treatment provided reached 35,472,946 patient-time in 2016, a 46.2% rise in comparison with 2010, of which 30-40% of patients were from other provinces. The total number of inpatient examinations and treatment provided was equivalent to 1,776,339 patient-time in 2016, an increase of 27.3% in comparison with 2010, with 50% of patients from other provinces (Figure 3.17: Total inpatient examination and treatment in DOH-run hospitals by year).

Figure 3.17. Total outpatient and inpatient examinations and treatment in DOH-run hospitals by year

(i) Total outpatient examinations and treatment in DOH-run hospitals by year



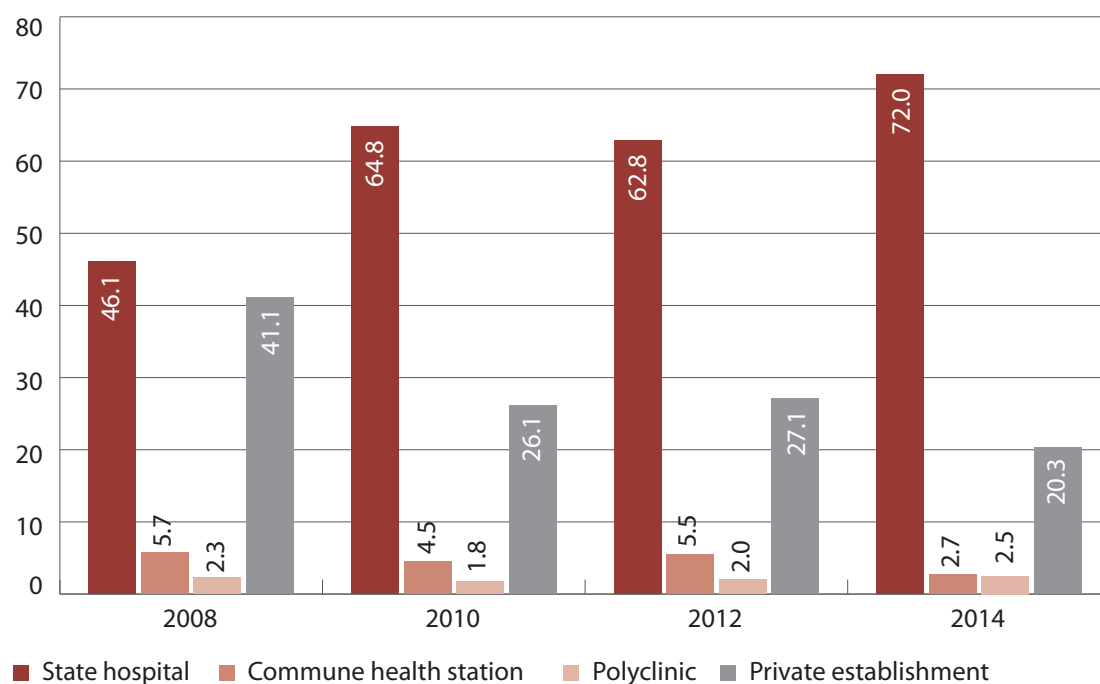
(ii) Total inpatient examinations and treatment in DOH-run hospitals by year



Source: DOH report 2016

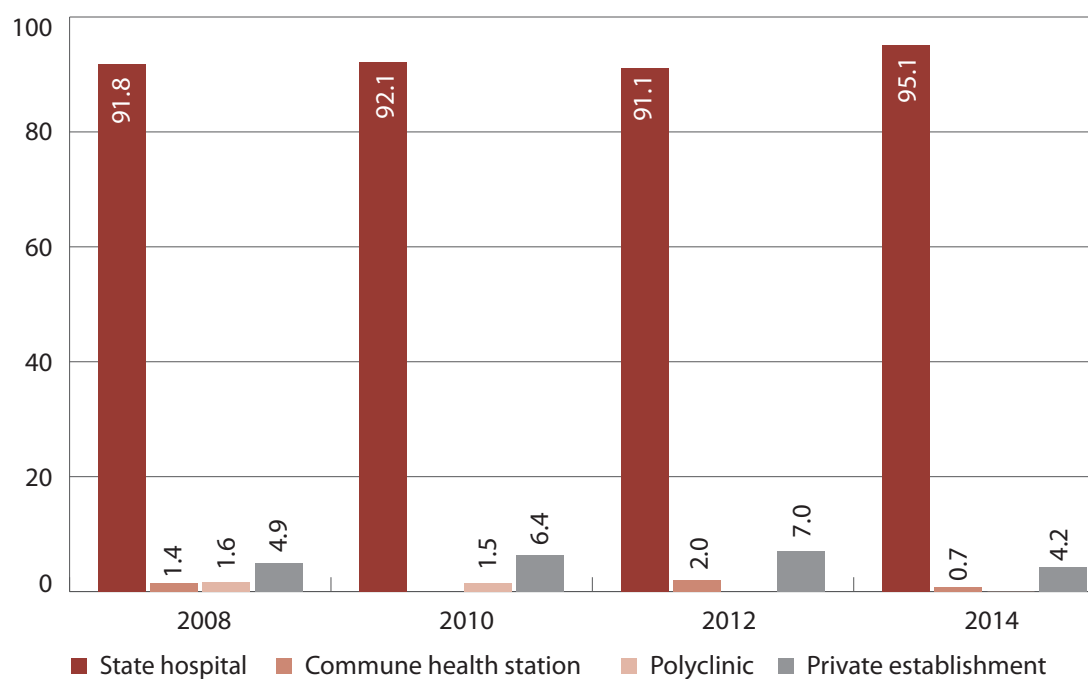
The VHLSS 2014 shows use of out-patient and in-patient services in public health facilities (especially State hospitals) increased over time, while it decreased in private health facilities (Figures 3.18 and 3.19) in Ho Chi Minh City.

Figure 3.18. % of Out-patients by year



Source: VHLSS 2014

Figure 3.19. % of In-patients



Source: VHLSS 2014

3.4 What will it take? Programmatic, Policy and Budgetary Priorities

To address the key health care challenges for children in Ho Chi Minh City, priority should be given to development of the health care system, strengthening measures to tackle child malnutrition, adolescent reproductive health (including HIV/AIDS), the EPI programme and mitigation of environmental pollution and climate change impacts.

- **Health system capacity development**

Certain measures to reduce heavy workloads on hospitals have been effective. However, further efforts are needed to strengthen the capacity of health workers at grassroots level, especially in sub-urban districts of Binh Chanh, Can Gio, Cu Chi and Hoc Mon. Health workers in factories with large numbers of workers should be included in capacity building programmes. The use of Integrated Early Childhood Development should be considered for community obstetrics along with use of technology to enhance community knowledge to improve health outcomes. In addition, communication should be conducted to change people's perception on the quality of health services provided at district and ward levels to reduce burdens on city-level hospitals. It is also essential to evaluate new and upgraded obstetric and paediatric departments of district hospitals to improve operations and efficiency. This will help improve the accessibility and utilization of hospitals at all levels.

There is a need to further develop community-based child health care systems with accessible, affordable and child-friendly services. The Integrated Early Childhood Development approach should be consistently employed to provide health care for children to reduce gender imbalances, address poverty and improve social cohesion as well as reduce mortalities of mother and child and stunting.

- **Strengthen awareness and interventions to tackle child malnutrition: overweight, obesity and under-nutrition**

Increasing trends of overweight and obesity among school children are a major threat to their health and development. It is essential to conduct evidence-based research and interventions to inform policy development to manage this trend. Awareness of adequate nutrition needs must be enhanced to ensure families know and practice healthy eating habits and avoid harmful foods to improve child nutrition outcomes. Marketing and advertising of unhealthy and harmful foods to children by companies should be monitored and regulated.

- **Strengthen awareness and interventions to increase exclusive breastfeeding among factory workers and promote better health and nutrition of pregnant and nursing working mothers**

Raise awareness of factory workers and management on six- months exclusive breastfeeding, expressing and storing breastmilk during working hours and build capacity of businesses to create enabling environments.

- **Strengthen adolescent reproductive health programme**

A relatively high rate of teenage pregnancies and abortions shows it is critical to strengthen the adolescent reproductive health programme. Currently, there is almost no data on teenage abortions, especially on cases in private clinics. Better monitoring and reporting on abortions in the private sector will ensure safe abortions and better care for maternal and child health. A field survey should be conducted to enhance policy-makers' understanding of factors leading to teenage pregnancy and abortions in Ho Chi Minh City in public and private health facilities. Moreover, new approaches should be encouraged to improve programme efficiency and effectiveness in school and community settings to ensure children can protect themselves from risks of early sex, unprotected sex and sexual abuse to avoid unwanted pregnancies and any possible consequences including STIs (and HIV), infertility, mental health, suicide, school dropouts and the vicious cycle of poverty.

- **Review social support policies for pro-poor and migrant children**

Almost 100% of children under six years are covered by health insurance, which enables them access basic affordable health services. Social policy should be reviewed to assure all pro-poor and migrant children can access health insurance. Currently, temporary migrants are not eligible for health insurance as their household registration status prevents them from buying and using health insurance.

- **Strengthen communication with children and women on immunizations**

EPI results have fluctuated in past years, likely affected by widely shared news on immunization complications in recent years. Communication to promote EPI and mobile vaccination campaigns should be regularly conducted to assure a high and stable rate of vaccinations for children and women. Successful EPI will minimize morbidity and mortality among children. In addition, more staff time should be allocated to EPI whenever deploying new vaccines to communities.

- **Prevent, mitigate impacts and strengthen care and protection for children affected by HIV/AIDS**

As the majority of children infected and affected by HIV/AIDS live in poverty or disadvantaged circumstances, it increases their vulnerability to harmful behaviours (drug abuse, sexual abuse, sex work, unsafe sex). Improving the quality of ARV services paired with improved access to ARV for HIV-infected children should be prioritized in the HIV/AIDS programme. Prevention of mother-to-child transmission (PMTCT) should be strengthened to reduce the number of children infected with HIV from their mothers.

- **Mitigate climate change impacts on people's health, including children**

Together with economic development, improved urban planning and improved infrastructure, raising families' and children's awareness and supporting programmes to strengthen coping mechanisms to respond to climate change is essential to safeguarding their health. This includes measures to cope with rising sea levels, respond to floods caused by torrential rain or tides that affect housing conditions, protect their environment and reduce the spread of diseases associated with climate change, such as dengue fever and water-borne ones.

- **Mitigate the impact of environment pollution on vulnerable families' health**

Given that pollution is an increasingly serious problem in Ho Chi Minh City¹⁰⁷, interventions are needed to improve environmental conditions, especially the quality of water sources, soil and air. Better management and treatment of industrial and domestic waste is key to protecting the environment. WASH in schools should be reviewed and strengthened to improve school hygiene and sanitation and minimize risks of contacting contaminated air, soil and water. WASH in schools should be considered as an optimal model to educate children about good hygiene and sanitation practices.

- **Improved data collection, management and reporting**

Undertaking this analysis revealed that data needed for effective health programme management is not available nor consistent. More investment on data collection, management and reporting is critical to improving programme management to ensure relevance, efficiency and effectiveness of interventions to improve maternal and child health. Quality assurance should be accelerated, at least for data to measure and monitor key health indicators.

¹⁰⁷ Da Phuoc dumping site is an example.



CHAPTER 4

EVERY CHILD

LEARNS

EVERY CHILD LEARNS

Article 28 of the CRC stipulates that States Parties recognize the right of the child to education on the basis of equal opportunity.

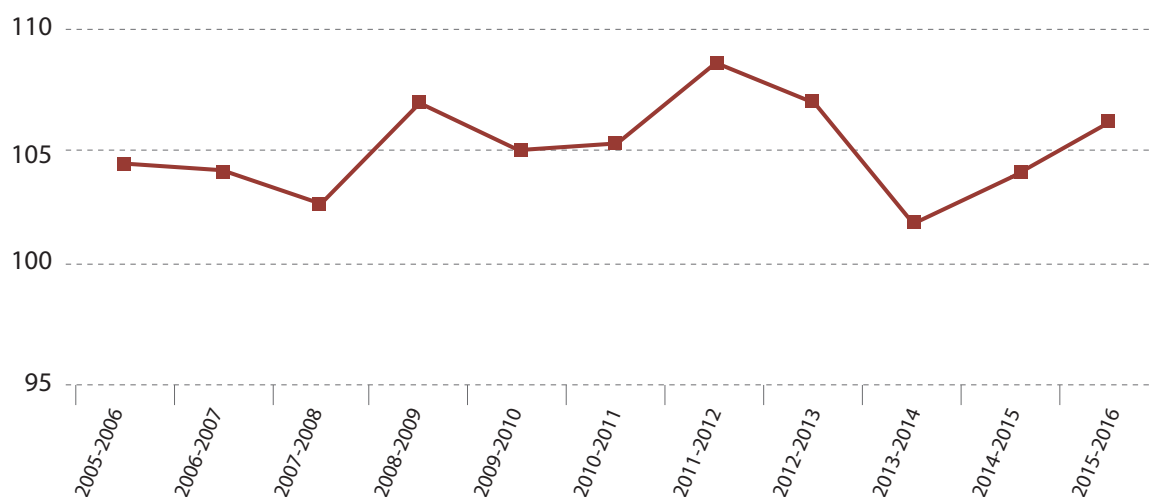
Access to quality education is critical for all children, including those who are poor, migrants, with disabilities and other deprived children¹⁰⁸. Education should start in early childhood for a sustainable society¹⁰⁹. Chapter 4 focuses on assessing the status and trends of children's access to early childhood and general education (primary and secondary education), understanding the shortfalls, roles and capacities and identifying how best to close the gaps to ensure all children have access to quality education.

4.1 Status and Trends

Early childhood education

Attendance rates of children aged three–five years increased during 2006–2011 (Figure 4.1 and Table A4.1 in Annex), peaking in 2011–2012 as a result of education universalization for five-year-old children.

Figure 4.1. Attendance growth rate for children aged three–five years (Previous year = 100%)



Source: GSO's website (<http://www.gso.vn/default.aspx?tabid=722>)

¹⁰⁸ National Assembly of Viet Nam, Children Law, 2016, Article 10

¹⁰⁹ United Nations Educational Scientific and Cultural Organization. *The contribution of early childhood education to a sustainable society*, UNESCO, Paris, 2008.

During 2011-2015, nursery school-aged children (six months to under three years) in Ho Chi Minh City went to school less than those of kindergarten age (three to five years). According to Table 4.1, for every 100 children aged six months to five years, less than 20 attended nursery school (six months to under three years) and more than 80 attended kindergarten (three to five years). One reason for this was under investment at nursery level in facilities, staffing, training and educational materials. In the school year 2015-2016, public pre-schools received children from six months of age in 12 districts, just half the total number of districts in Ho Chi Minh City¹¹⁰, but with limited capacity to receive children. Non-public pre-school facilities (especially private independent childcare and family-based childcare groups) have developed fast, but not met children's schooling needs. Pre-school facilities in industrial parks and export processing zones only meet 2% of workers' demands¹¹¹. Other reasons include parents' reluctance to send children as they are considered too young, sick or due to high costs of schooling¹¹². This points to a significant gap in early learning and stimulation for young children under three years, a period critical for their psycho-social development and school readiness.

"Of course I worry for my child [in a private kindergarten]. How can we know whether our children are treated well? There have been cases in the news where nurses have been violent with children. Sometimes my child comes home and tells me the teacher did something bad and told her not to tell her parents. We would feel better if there was a government kindergarten near the factory for workers. It would be more affordable and there would be cameras so children are safe. Workers would prefer that."

(Source: Interview with a female apparel worker, conducted as part of a UNICEF assessment of apparel and footwear factories, 2016)

During 2011-2015, public school facilities and pre-school teachers only met half the number of children enrolled in pre-schools in the city, with this trend decreasing relative to the non-public sector. According to Table 4.1, the number of pre-school children increased by an average 4% per year mostly in the non-public sector (8.3%), while the number of children attending pre-schools in the public sector stagnated (0.1%). Public school enrolment declined from 55.9% in the 2011-2012 school year to 48% in 2015-2016, while the proportion of non-public pre-schoolers increased from 44.1% to 52%. Similarly the number of public sector schools, classes, classrooms and teachers (1.2%, 2.2%, 1.2%, and 2.7%, respectively) grew more slowly than the non-public sector (14.6%, 9.5%, 9.6%, and 10.5%, respectively). While this observed trend may suggest the non-public sector is partly responding to the gaps, families must shoulder the higher costs that are entailed. This has implications for children's families who cannot afford such expenses.

¹¹⁰ Ho Chi Minh City DOET, Report on Education and Training Development in Ho Chi Minh City 2017.

¹¹¹ Ho Chi Minh City DOET, Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016

¹¹² Ho Chi Minh City DOET, Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016

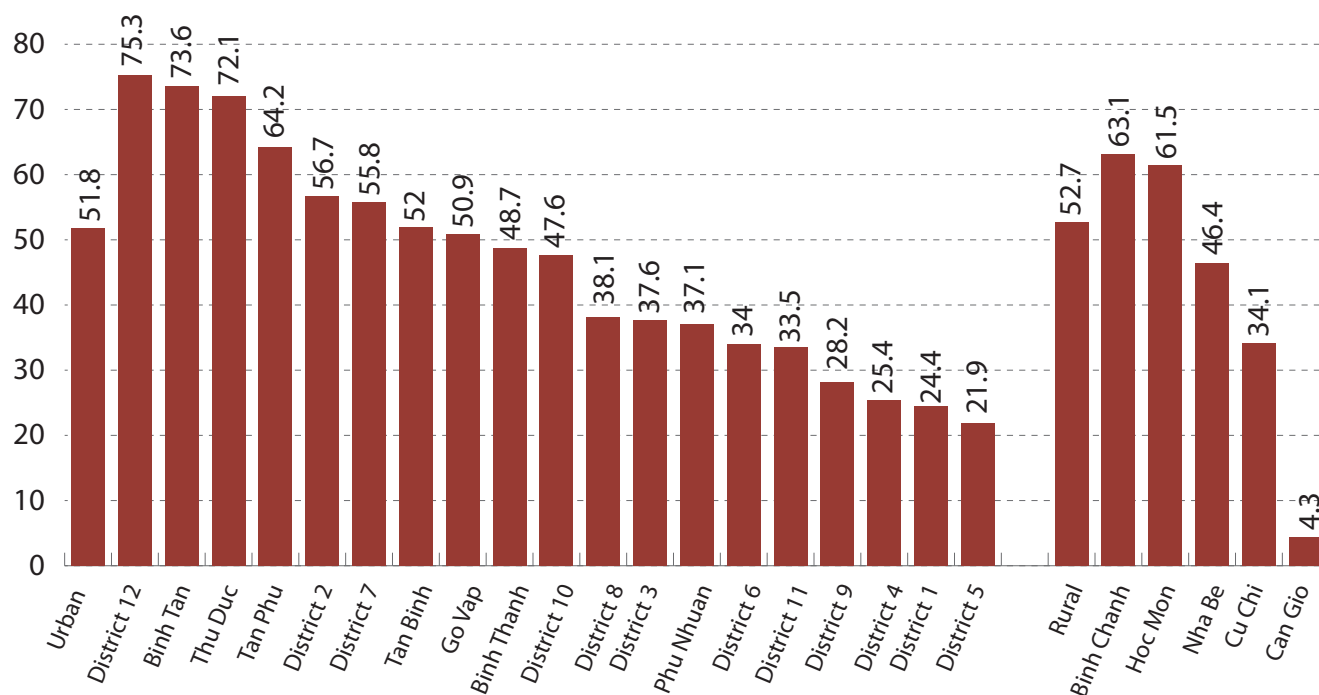
Table 4.1. Pre-schools, classes, teachers and students (nursery and kindergarten), Ho Chi Minh City, 2011-2012 to 2015-2016 school years

	Share (%)					Yearly growth (%)
	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	
No. of schools (School)	100.0	100.0	100.0	100.0	100.0	7.8
Public	55.2	52.1	48.2	45.6	42.8	1.2
Non-public	44.8	47.9	51.8	54.4	57.2	14.6
No. of classes (Class)	100.0	100.0	100.0	100.0	100.0	6.5
Public	43.2	43.3	39.0	38.2	36.6	2.2
Non-public	56.8	56.7	61.0	61.8	63.4	9.5
Number of classrooms (Room)	100.0	100.0	100.0	100.0	100.0	6.3
Public	42.4	42.4	39.7	37.2	34.9	1.2
Non-public	57.6	57.6	60.3	62.8	65.1	9.6
Number of teachers (Person)	100.0	100.0	100.0	100.0	100.0	6.6
Public	53.3	52.5	50.5	47.8	46.0	2.7
Non-public	46.7	47.5	49.5	52.2	54.0	10.5
Number of students (Student)	100.0	100.0	100.0	100.0	100.0	4.0
Public	55.9	55.7	52.1	49.8	48.0	0.1
Non-public	44.1	44.3	47.9	50.2	52.0	8.3
Male	54.7	55.4	54.2	53.6	54.3	3.8
Female	45.3	44.6	45.8	46.4	45.7	4.2
Nursery	15.7	13.5	16.4	18.8	16.7	5.5
Kindergarten	84.3	86.5	83.6	81.2	83.3	3.7

Source: Statistical Yearbook, Ho Chi Minh City Statistical Office, 2015

Figure 4.2 presents the percentage of non-public pre-school children in 24 districts of Ho Chi Minh City in the 2015-2016 school year, ranked from high to low in each urban and rural district group. During 2015-2016, the non-public pre-school sector predominated over the public sector in the number of pre-school pupils in four urban districts (District 12, Binh Tan, Thu Duc and Tan Phu) and two rural districts (Binh Chanh and Hoc Mon). This reflects the more limited system capacity for public provision of pre-schools in these areas, which have high concentrations of migrants. It is noteworthy that the number of non-public pre-school pupils, mainly kindergarten pupils in three districts (District 12, Binh Tan and Thu Duc), accounted for more than 70% of pre-school pupils, which means the number of public pre-school pupils accounts for less than one-third

Figure 4.2. Percentage of pre-school children attending non-public education facilities, Ho Chi Minh City (2015-2016 school year)



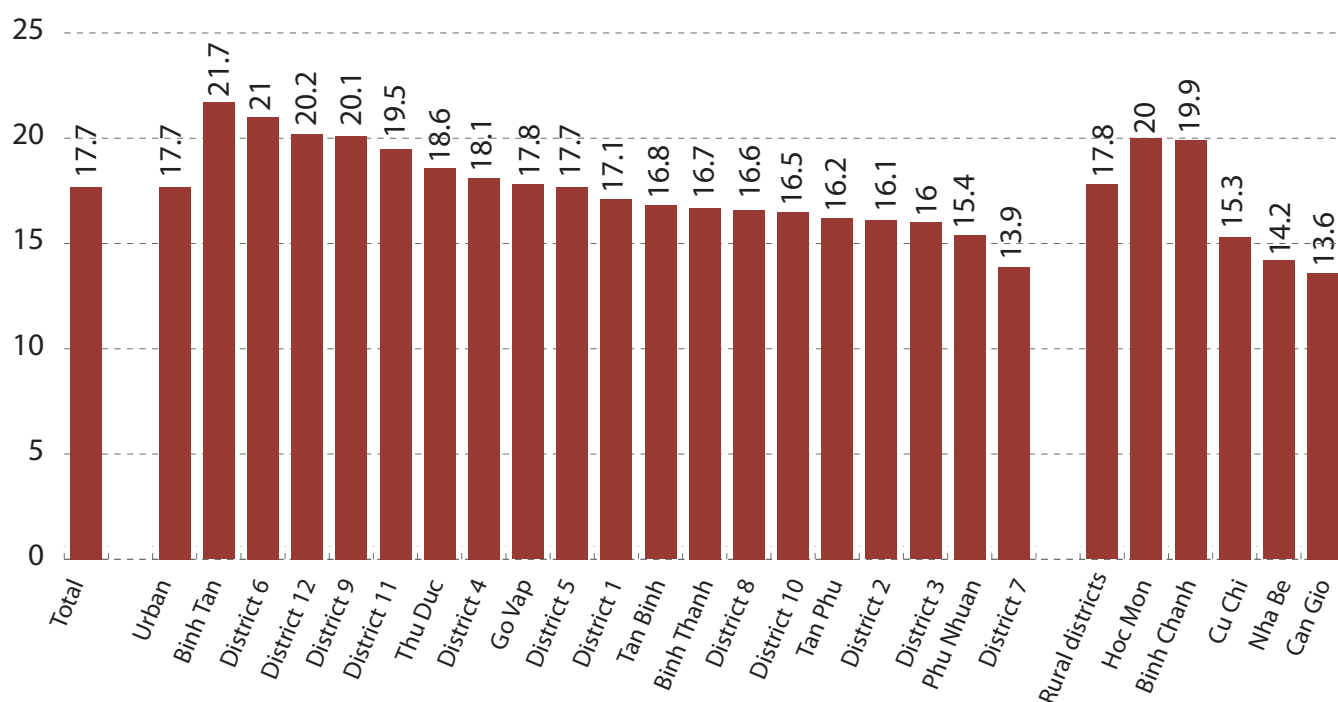
Source: Statistical Yearbook, Ho Chi Minh City Statistical Office, 2015

"Listening to public opinion, many people talk about violence, the quality of care and education. It is worrying, but no one takes care of them."

Source: Parent from Tan Thuan Dong ward

The ratio of boys to girls among all pre-school children in Ho Chi Minh City is 54 versus 46, respectively. This is higher than the projected ratio of boys to girls at birth in the city (110 boys to 100 girls) by the year 2020¹¹³, suggesting girls may be more disadvantaged than boys in accessing pre-school education.

Figure 4.3 lists districts by the average number of kindergarten students to teacher ratio during 2015-2016. The higher the number of students per teacher, the higher the probability of negative effects to the quality of caring and teaching. Binh Tan District has the highest number of kindergarten students per teacher, followed by Districts 6, 12, 9, 11, Thu Duc, 4 and Go Vap. In rural areas, Binh Chanh and Hoc Mon had greatest number of kindergarten students per teacher. Binh Tan and Hoc Mon districts have large concentrations of migrants and the high student-teacher ratio may represent a challenge to quality pre-school education faced by local and migrant children.

Figure 4.3. Student-to-teacher ratio in kindergartens by districts in Ho Chi Minh City (2015-2016)

Source: Statistical Yearbook, Ho Chi Minh City Statistical Office, 2015

Private and family-based childcare groups

Recent survey results¹¹⁴ from DOET show private and family-based childcare groups are widespread in industrial parks and export processing zones in Ho Chi Minh City due to an increasing demand from parents to send children under-36 months to school, especially parents employed in these, given that public pre-school facilities are limited.

It is evident that private independent and family-based childcare groups have focused more on caring and nurturing activities, with less emphasis on educational activities through learning stimulation as required for children of this age. Furthermore, private and family-based facilities for childcare and education do not meet quality requirements in comparison to public sector facilities.

General education

Overall, public education institutions better meet the needs of general education than those of pre-school education. Enrolment of general education in Ho Chi Minh City increased by 3.3% annually during 2011-2015, mainly at lower secondary schools (4.2%) and primary schools (3.7%), while the enrolment rate at upper secondary increased only 0.4% a year (Table 4.2 and A4.2 in Annex). In response to the increase, more schools and classes were built and more children were placed in each class. As a result, city public institutions account for more than 98% of primary school students and 96% of lower secondary school students. Notably, this trend is increasing. Upper secondary schools cover more than 80% students.

114 Ho Chi Minh City DOET, Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016.

Table 4.2. General education students in Ho Chi Minh City - school years (2011-2012 to 2015-2016)

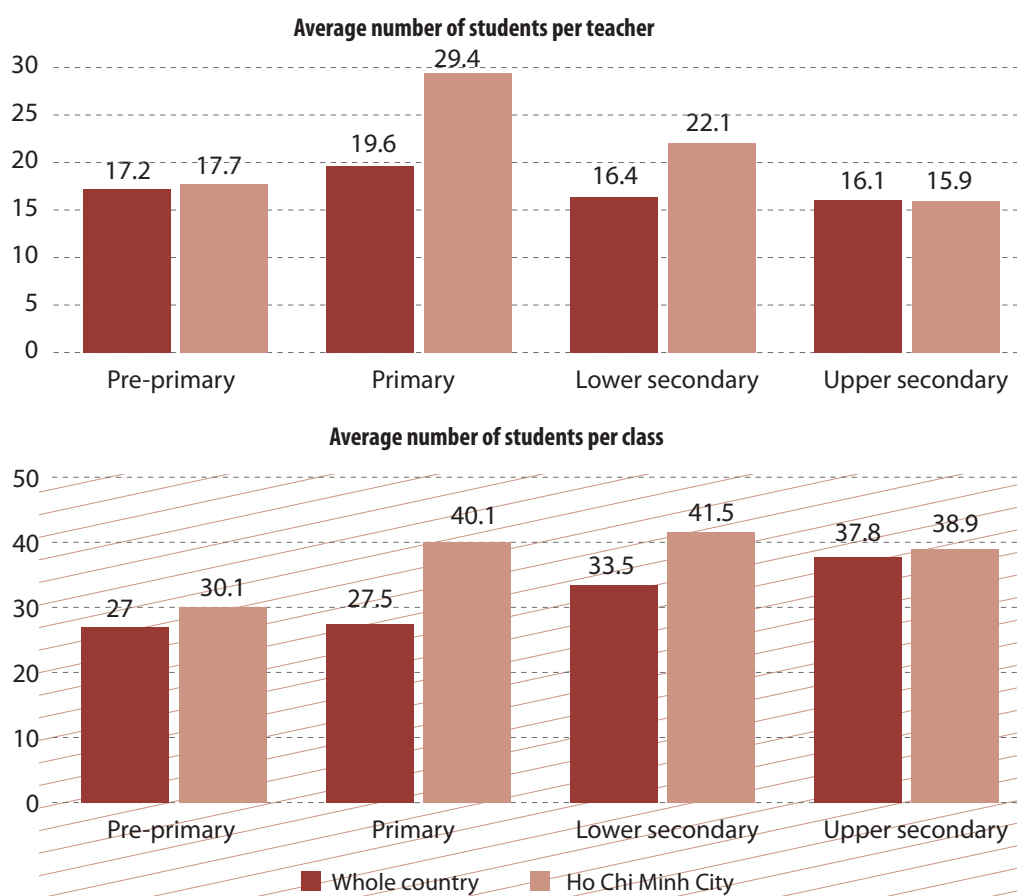
	Share (%)					Yearly growth (%)
	2011	2012	2013	2014	2015	
TOTAL						3.3
Primary	100	100	100	100	100	3.7
Public	97.3	97.8	98.0	98.3	98.1	4.0
Non-public	2.7	2.2	2.0	1.7	1.9	-5.2
Lower Secondary	100	100	100	100	100	4.2
Public	96.2	96.3	96.4	96.6	96.5	4.3
Non-public	3.8	3.7	3.6	3.4	3.5	2.3
Upper Secondary	100	100	100	100	100	0.4
Public	81.7	81.7	84.4	85.0	83.5	1.0
Non-public	18.3	18.3	15.6	15.0	16.5	-2.2

Source: Statistical Yearbook, Ho Chi Minh City Statistical Office, 2015

However, in areas with many migrant workers, some public schools are overloaded and cannot cope with all migrant children, as the larger average numbers of students per teacher and pupils per class affects the quality of teaching and learning.

The average numbers of pupils per teacher and class at primary and lower secondary schools in Ho Chi Minh City are higher than national averages (Figure 4.4), with the average number of pupils per primary education class higher than desired¹¹⁵.

¹¹⁵ The draft charter of primary schools, with a norm of a maximum of 35 students per class.

Figure 4.4. Average number of student per teacher and class Ho Chi Minh City (2015-2016)

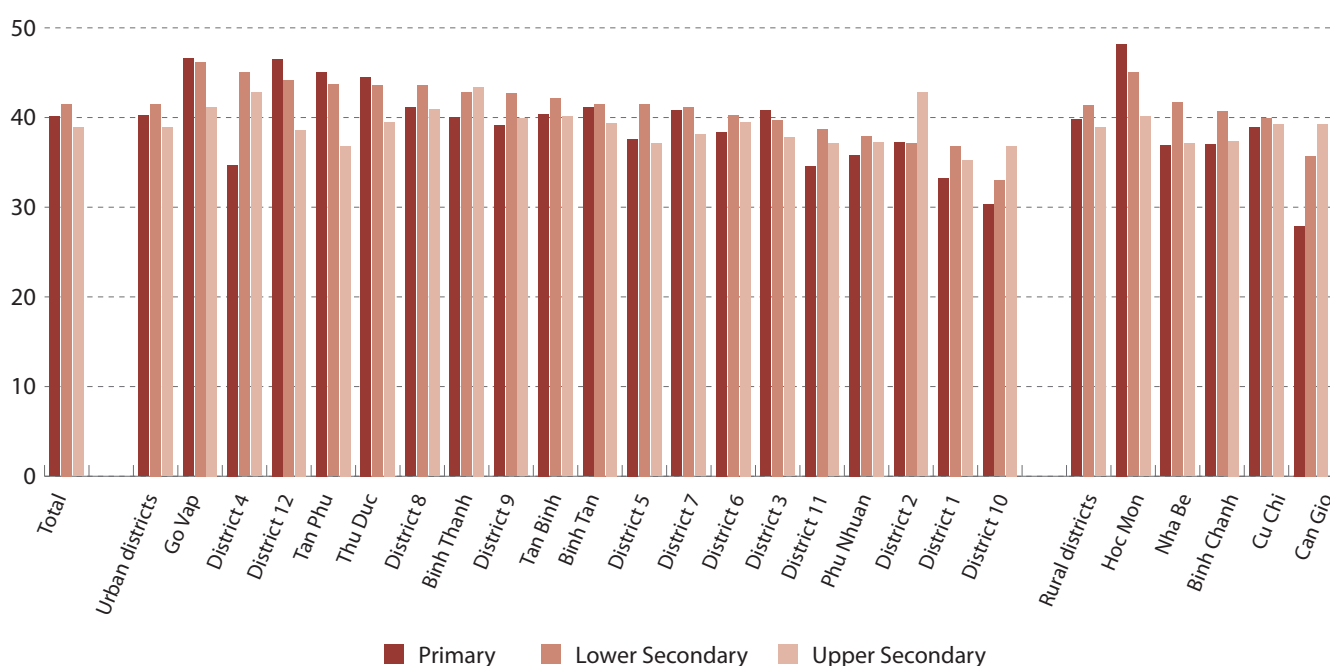
Source: GSO website (<http://www.gso.gov.vn/default.aspx?tabid=722>)

Figure 4.5 shows the average number of students per class of primary, lower secondary and upper secondary schools by district from high to low for lower secondary level.

The average numbers of students per class at each level is almost uniform for urban and rural areas. For urban districts, Go Vap had the highest number of primary and lower secondary students per class (46.6 and 46.2, respectively), higher than required¹¹⁶. District 4 had more pupils per class for lower and upper secondary levels. District 12, Tan Phu and Thu Duc districts had large numbers of students per class for primary and lower secondary levels, while District 2 had the highest number of pupils per class for upper secondary level. Districts 1 and 10 had lower numbers of students per class at all three levels. For rural districts, Hoc Mon had the most students per class at all three levels.

¹¹⁶ Promulgating the charter of lower secondary schools, upper secondary schools and basic education schools with many levels: There are no more than 45 students at each lower and upper secondary school.

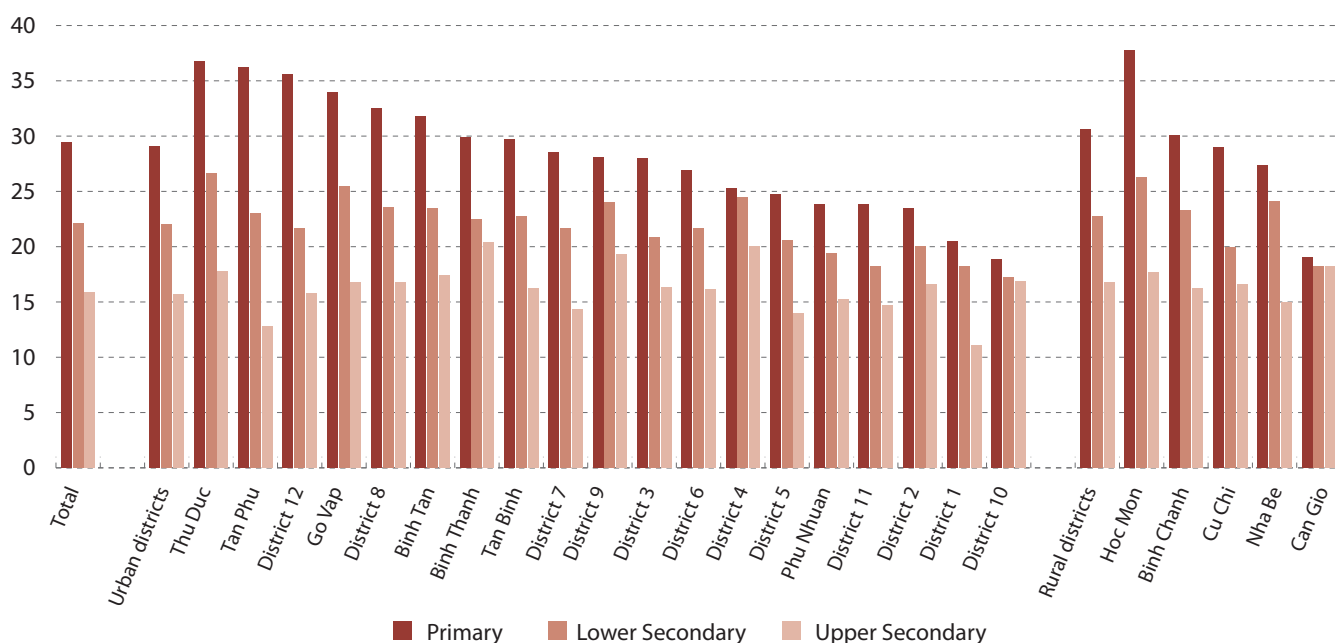
Figure 4.5. Average number of pupils per class by district Ho Chi Minh City (2015-2016)



Source: Statistical Yearbook 2015, Ho Chi Minh City Statistical Office

Figure 4.6 shows the average number of pupils per teacher in primary and secondary schools by district, from highest to lowest at primary level.

At all three levels, the average number of students per teacher was higher in rural than urban districts, indicating urban students benefit from more teachers than rural students. This ratio is highest at primary level and lowest at upper secondary. For urban districts, Thu Duc had the most students per teacher at primary (38.8) and lower secondary (26.6) levels. Tan Phu and District 12 had large numbers of students per teacher at primary level (36.2 and 35.6, respectively), while Go Vap and District 4 had high numbers of students per teacher at lower secondary level (25.5 and 24.5, respectively). Binh Thanh had the highest student-to-teacher ratio in upper secondary education (20.4), followed by urban Districts 4 and 9. In general, District 1 had the lowest number of students per teacher at all three levels. In rural districts, Hoc Mon has the most students per teacher in primary and lower secondary schools (37.8 and 26.3, respectively) and Can Gio had the most students per teacher at upper secondary level (18.2).

Figure 4.6. Average number of pupils per teacher by district Ho Chi Minh City (2015-2016)

Source: Statistical Yearbook 2015, Ho Chi Minh City Statistical Office

Transition from lower to upper secondary education

Not all graduates from lower secondary education get into public upper secondary schools in Ho Chi Minh City. In recent years, about 80% of lower secondary school graduates have entered public class 10 by taking the Grade 10 entry exam. This number is expected to fall to 77% in the 2017-2018 school year and reduce by 3% annually in line with the city's policy on post-lower-secondary channeling of students through different pathways by 2020. This policy will encourage students to consider alternatives to public upper secondary schools after lower secondary education, either non-public upper secondary schools, continuing education centres or vocational schools. However, the quality of continuing education still is a concern for parents and the "fee-free" policy for entering vocational centres only covers resident lower secondary graduates, not migrants.

Students repeat and dropout

During the 2014-2015 school year, repeat and dropout rates in Ho Chi Minh City were small, 0.4% and 0% respectively at primary level, rising to 1.3% and 0.4% at lower secondary level and 1.4% and 0.6% in upper secondary level. Male students accounted for two-thirds of all repeat students. Dropout rates dramatically decreased during 2011-2015 (Table A4.3 in Annex).

It is worth noting that although the dropout rates are small, the absolute dropout numbers are significant, 1,483 and 1,115 children at lower and upper secondary levels, respectively.

Continuing and universal education

Continuing education is recognized as part of the national education system, a non-formal branch, enabling people to learn while in-service, continuously and lifelong¹¹⁷. In 2016, Ho Chi Minh City had 36 centres for continuing education, one in each district and 12 under city management, with 320 out of 322 wards and communes having community learning centres. These centres conducted continuing education and promoted universal education, an option for

117 Education Law 2005.

children who cannot enter public or private upper secondary schools. However, quality remains limited due to a wide range of factors, including lack of facilities, teachers not regularly trained in innovative teaching methods and reduced curriculum that results in some subjects not taught.

In addition, Ho Chi Minh City also has so called “love classes” and “universal classes” formed and supported by organizations (such as charities, religious institutions, local NGOs) and individuals to create opportunities for disadvantaged and poor children from families in difficult circumstances and especially migrant families unable to send children to formal school. These classes are placed under the professional management of public schools and State management of local government. However, there are no official and up-to-date statistics on these classes, especially their education quality.

The results of a study¹¹⁸ conducted by the Tuong Lai Centre for Health Education and Community Development on 43 organizations who work with poor and disadvantaged children showed that such organizations were unevenly spread across the city resulting in an overlap in provision of services, limited coordination, 26% of such organizations were unlicensed and the number of disadvantaged children was more than reported by city agencies.

Out-of-school children

Out-of-school children (OOSC) are those who never attended school or attended but dropped out. Ho Chi Minh City’s DOET for the first time compiled data on OOSC for 2014-2015, though incomplete, as seen in Table 4.3.

The OOSC proportion of five-year-old and primary school-aged boys and girls was similar, but for lower secondary school age nearly 70% of OOSC are male - indicating a significant gender difference with boys disadvantaged. This may suggest initiatives are needed to improve retention of boys and research to explore other driving factors. Migrant children make up the majority of OOSC aged five years and primary school-aged children (92% and 86.4%, respectively), suggesting migrant children at these ages are likely to be more disadvantaged than non-migrants.

Table 4.3. OOSC in Ho Chi Minh City (2014-2015)

	5-years-old		Primary school age		Lower secondary school age	
	Number	%	Number	%	Number	%
Total	1,488	100	1,683	100	6,357	100
- Female	698	46.9	842	50.0	2,017	31.7
- Ethnic minority	44	3.0	57	3.4	120	1.9
- Children with disabilities	2	0.1	159	9.4	964	15.2
- Migrants	1,369	92.0	1,454	86.4	2,685	42.2

Source: Ho Chi Minh City DOET for 2014-2015

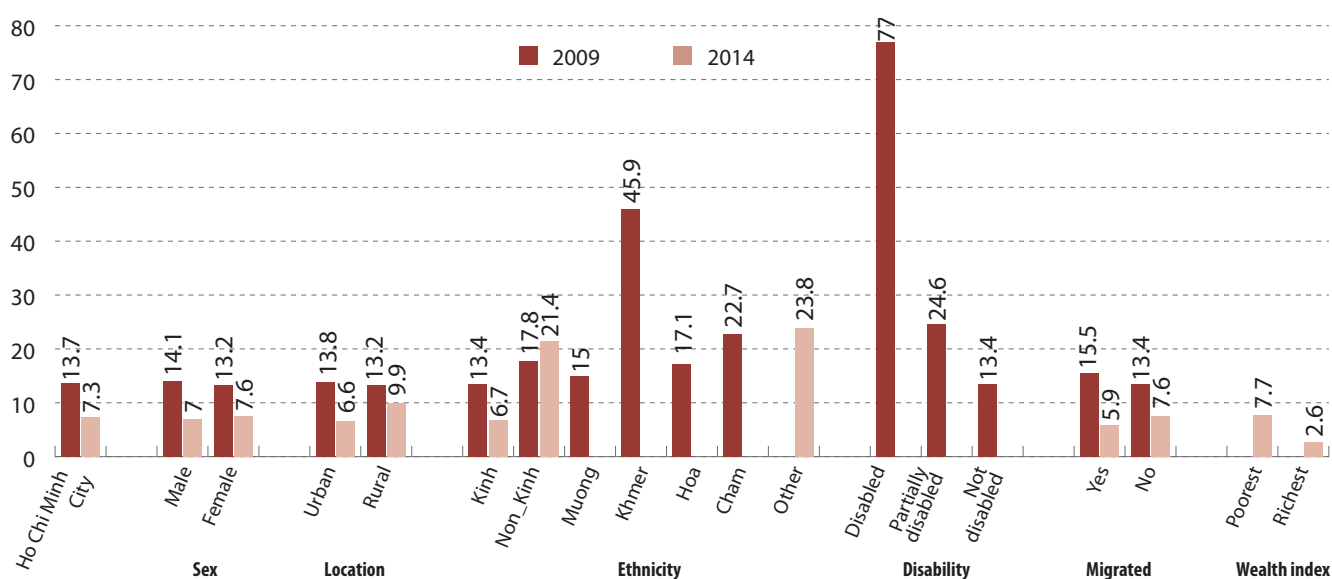
Within the framework of cooperation between UNICEF-MOET and Ho Chi Minh City, to address problems faced by children in the city, the 2016 OOSC Analysis in Ho Chi Minh City has been compiled and will be published soon. Data for this analysis were taken from the 2009 Population and Housing Census (Census) and 2014 Inter-Census Population Survey (ICPS). The results indicate clear inequality in access to education among disadvantaged groups of children in Ho Chi Minh City during 2009-2014.

Figures 4.7 to 4.9 provide data on the proportion of OOSC five-year-olds, primary and lower secondary education ages

¹¹⁸ Tuong Lai Centre for Health Education and Community Development, *Current situation and challenges of society organizations working with children and youth at the community, Ho Chi Minh City, Dec. 2016.*

in Ho Chi Minh City by child characteristics, including sex, urban or rural residence, ethnicity, disability, migration status and living standards. The five-year OOSC proportion does not differ significantly between boys and girls in 2009 and 2014, but in 2014 the five-year-old OOSC rates were 1.5 times higher in rural areas than urban ones (9.9% vs. 6.6%). The rate of other ethnic groups were three-fold higher than those of Kinh in 2014 and 1.3-fold higher in 2009. According to the 2009 Census, rates for five-year-old OOSC with disabilities¹¹⁹ in Ho Chi Minh City were high, reaching 77% and 24.6% for disabled and partially disabled respectively, nearly six- and two-fold higher than children without disabilities, respectively. As there is no ICPS 2014 data on disabilities, it is not possible to compare figures with 2009. In 2014, the rate for five-year-old OOSC among non-migrant households was slightly higher than migrant families, 7.6% vs. 5.9% respectively, while the poorest quintile was three-fold higher than the richest quintile (7.7% vs. 2.6%).

Figure 4.7. Percentage of Ho Chi Minh City five-year-old OOSC by characteristics (2009 and 2014)



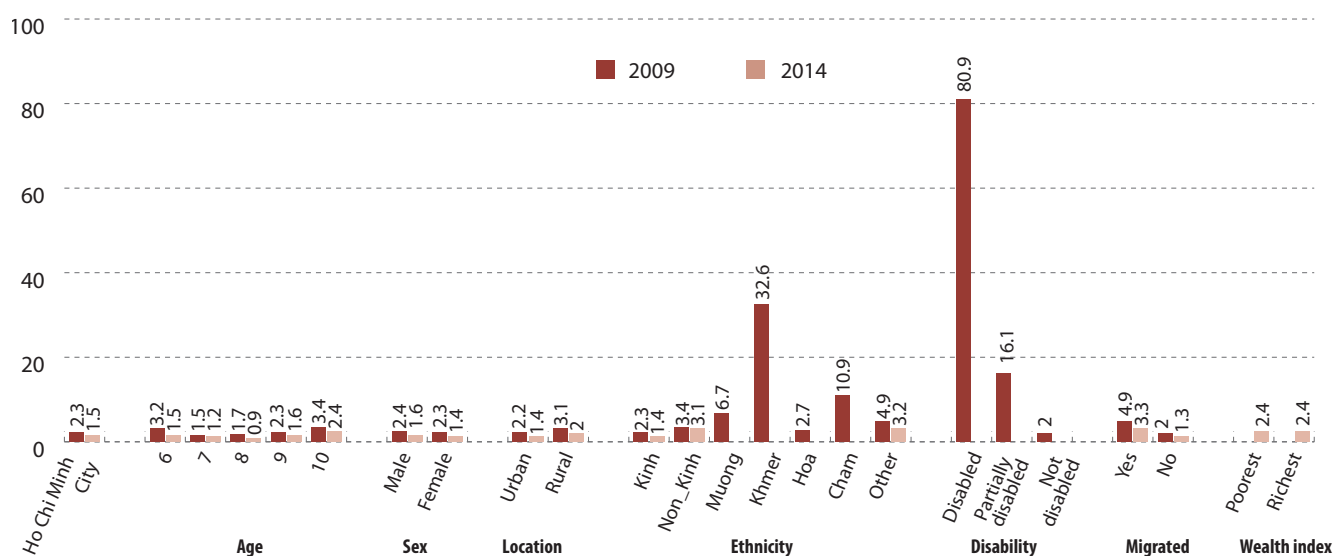
Source: UNICEF, 2016 OOSC Analysis in Ho Chi Minh City

Figure 4.8 provides data on the percentage of primary school age OOSC in Ho Chi Minh City by characteristics. The percentage of primary OOSC in 2009 and 2014 increased slightly by age, which means the dropout rate of primary school pupils slightly increased in the last grade, which may indicate the gap experienced by certain children in primary completion and transition to lower secondary school.

Primary school age OOSC rates did not differ between boys and girls, while the rural rates were 1.4 times higher than urban ones in both years and other ethnic group rates were 2.2 times higher than for Kinh. According to the 2009 Census, the rate for primary school age OOSC with disabilities was high, equal to 80.9% for disabled and 16.1% for partially disabled, which is significantly higher than for children without disabilities. In 2014, the primary school age OOSC rate was 2.6-fold higher among migrants, compared to non-migrants, 3.3% and 1.3%, respectively, while there was no difference between the poorest and richest households.

119 "Disabilities" here is equivalent to the level of "Exceptionally serious disabilities" in the Law on Persons with Disabilities 2010, "Partial disability" is equivalent to the level of "Serious disabilities" and "Mild disabilities" in the Law on Persons with Disabilities 2010.

Figure 4.8. Percentage of primary-school-age OOSC in Ho Chi Minh City by characteristics (2009 and 2014)

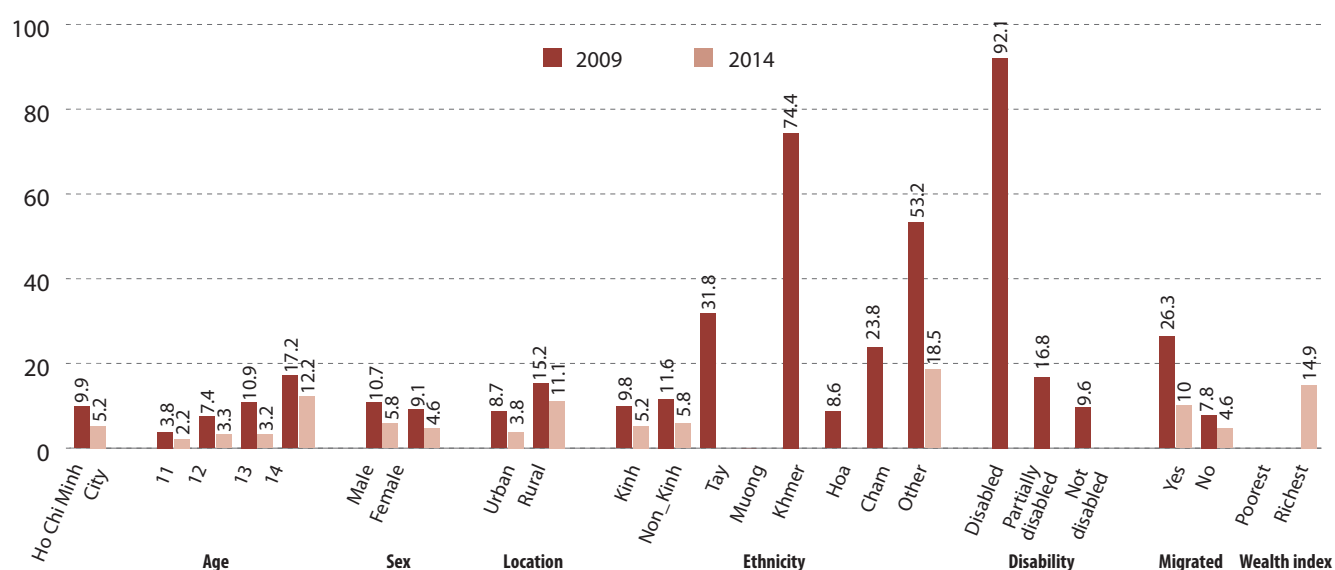


Source: UNICEF, 2016 OOSC Analysis in Ho Chi Minh City

According to Figure 4.9, the rate of Ho Chi Minh City's lower-secondary-school-age OOSC increases with age and more rapidly than primary school age. This means the dropout rate increased in the last grade of lower secondary school, as with the last grade of primary level, but to a greater extent. At age 14, there were 12.2% of OOSC, while at age 10 only 2.4%. This suggests a gap in quality education and effective completion of lower secondary school experienced by certain segments of the school population, despite national achievements in universal lower secondary education.

In 2014, the rate of lower-secondary-school-age OOSC among boys was 1.2 times higher than girls, 5.8% versus 4.6%. In rural areas, it was nearly three times higher than urban areas, 11.1% and 3.8% respectively, while the migrant family rate was twice as high as non-migrant households, 10% against 4.6%, respectively. The poorest quintile was seven-fold higher than the richest one. These differences are larger than for primary school age.

According to the 2009 Census, children with disabilities or partial disabilities had a much higher rate of OOSC than those without.

Figure 4.9. OOSC rate of lower secondary school age by characteristics of Ho Chi Minh City (2009 and 2014)

Source: UNICEF, 2016 OOSC Analysis in Ho Chi Minh City

Quality of education

The city has stated its quality of education has improved, yet progress has not been even across areas and types of schools¹²⁰. Evidence from Ho Chi Minh City-focussed reports reveals:

- Pre-school education: In the 2015-2016 school year, 117-out-of-1,006 (11.6%) pre-schools were up to national standards, all schools have toilet facilities suitable for children to use, safe and hygienic kitchens, are equipped with necessary conditions for professional activities and half of districts accepted children from six months of age.
- Primary education: In the 2015-2016 school year, all wards/communes met national standards on right-age primary education universalization level 1¹²¹, 56-out-of-490 (11.4%) schools met national standards and the two-day session rate was 61.2%.
- Secondary education: In the 2015-2016 school year, 28-out-of-264 (10.6%) lower secondary schools and three-out-of-190 (1.6%) upper secondary schools met national standards, the rate of lower secondary school graduates reached 99.6% and upper secondary schools (97.5%).
- Verification of education quality according to MOET: By the 2014-2015 school year, 95% of schools completed self-assessments, 25% were independently assessed (Pre-primary: 16.6%, Primary: 24.6%, Lower secondary: 36.3%, Upper secondary: 20.9%). The results of the independent evaluation were satisfactory.

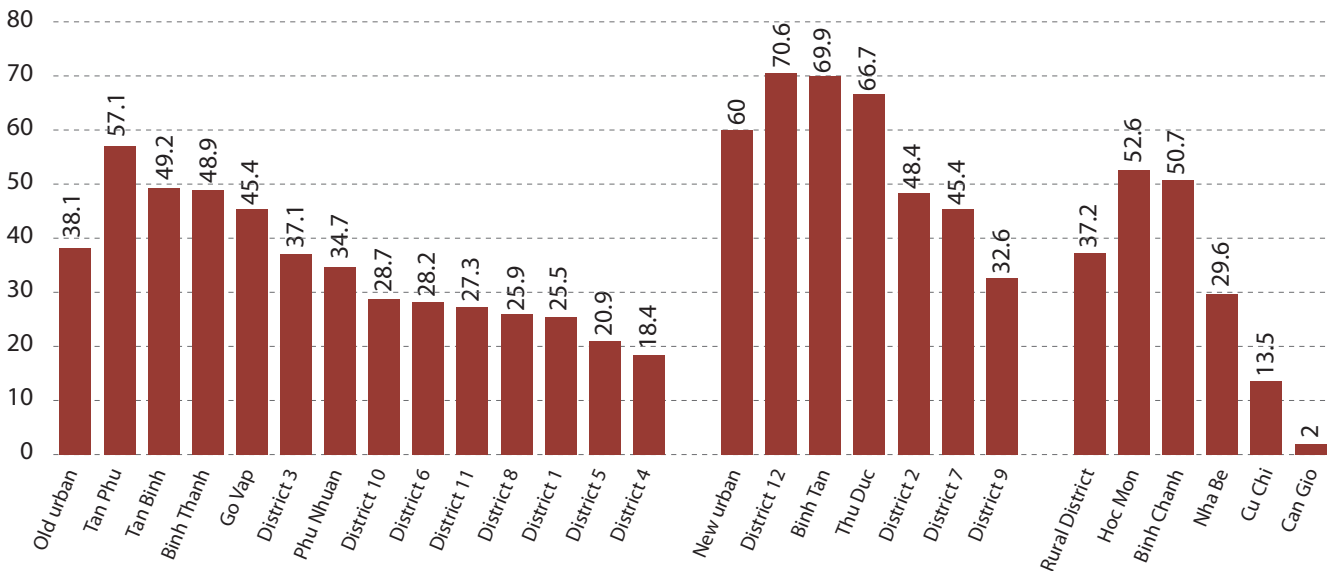
Ho Chi Minh City has also evaluated its quality of education through other tools, for example to assess the gap between urban and rural education, teaching quality, life skills education, students' research and adaptability to modern life. However, evidence for this type of analysis is not currently available.

¹²⁰ Decision No.4887/QĐ-UBND dated 02/10/2015 promulgating Action Plan of the City Party Committee implementing Resolution No.29-NQ/TU of Central Conference 8 - XI session on "Reform education and training comprehensively and basically to meet the requirements of industrialization and modernization in the context of socialist-oriented market economy and international integration" in Ho Chi Minh City.

¹²¹ The percentage of six-year-olds admitted to Grade 1 must reach at least 90% and the percentage of 14-year children finishing primary educational programmes must reach at least 80% and 70% for communes with extremely difficult socio-economic conditions.

The quality of care for under 36-month-old children in private groups and classes is still limited¹²². The quality of pre-school education should be continuously monitored, especially the participation of pre-school five-year-olds in the non-public sector and districts with large numbers of children attending non-public institutions (District 12, Binh Tan, Thu Duc, Tan Phu and the rural Binh Chanh and Hoc Mon districts) (Figure 4.10).

Figure 4.10. Proportion of children aged 5-6 years in non-public kindergartens among children in kindergartens aged 5-6, 2016-2017



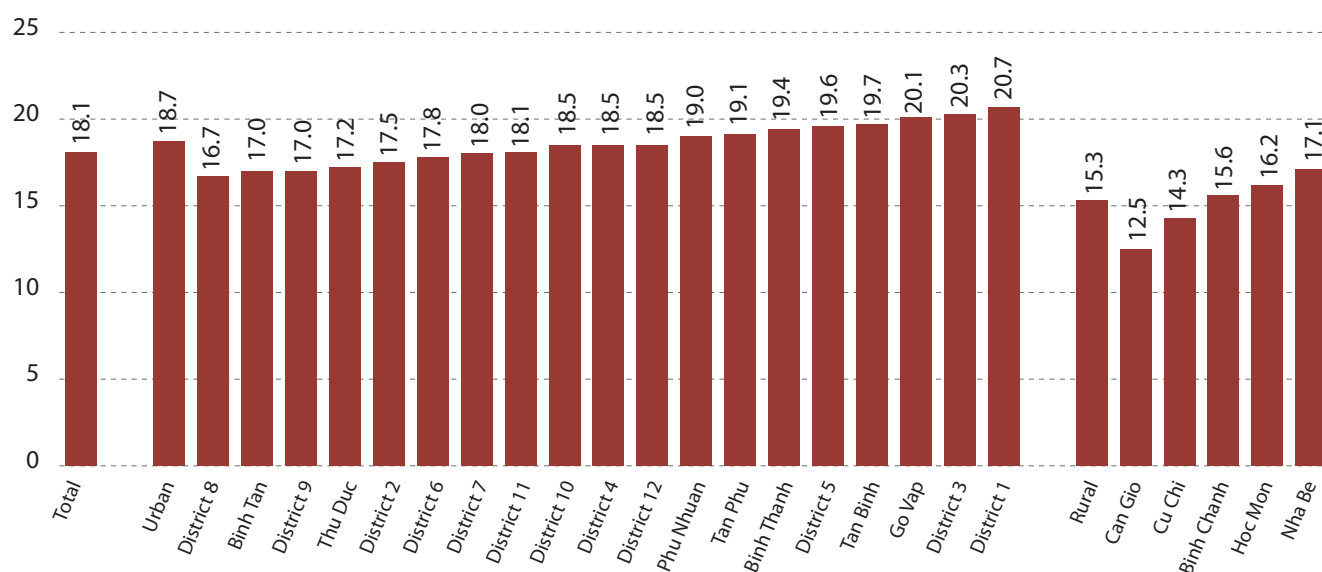
Source: DOET Ho Chi Minh City

The number of primary school pupils per class is higher than regulated. In addition, the high number of students at lower secondary school level per class is a key factor affecting the quality of teaching and learning. A teacher responsible for a class with more than 60 students, almost double the number regulated by the MOET, cannot provide adequate attention and care for all students, especially ones struggling with work or different learning needs. Oversized classes present difficulties in applying student-centred approaches, group learning, student assessment and evaluation according to Circular 30¹²³, which places emphasis on qualitative assessments through suggestions rather than grading, the new school model (VNEN), two-sessions-a day teaching and semi-boarding arrangements.

The quality of lower secondary education in Ho Chi Minh City can be assessed through results of the Grade 10 entrance exam in 2015-2016 academic year, a highly competitive exam. The results also serve as a proxy to measure the quality of upper secondary education as in places where the exam scores are low, the quality of upper secondary education might not be up to standard. According to Figure 4.11, the results revealed large gaps between urban (18.7) and rural districts (15.3). For urban districts, the lowest average score was in District 8 (16.7), the highest in District 1 (20.7). In rural districts, the lowest score was in Can Gio (12.5) and the highest in Nha Be (17.1).

¹²² Ho Chi Minh City DOET, Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016

¹²³ Circular No.30/2014/TT-BGDĐT dated August 28, 2014 by MOET/MOET promulgating regulations on assessment of primary students.

Figure 4.11. Average scores for Grade 10 exam, 2015-2016 by district, Ho Chi Minh City

Source: Ho Chi Minh City DOET

Summary of Key Findings

- The public sector only meets approximately half of pre-school enrolment needs in the city and this trend is decreasing relative to the non-public sector. In the school year 2015-2016, the non-public sector predominated in four urban districts (District 12, Binh Tan, Thu Duc and Tan Phu) and two rural districts.
- Private and family-based childcare groups have paid less emphasis to educational activities as is required. The facilities for childcare and education do not meet quality requirements in comparison with public sector facilities. This might suggest a concern for the quality of universal education for five-year-old children in the non-public sector.
- Despite more schools and classrooms built, pupils per classroom sizes are growing in areas with many migrant workers, some primary and lower secondary public schools do not have the capacity to enroll all migrant children. The large average number of students per class and the larger number of students per teacher in primary and lower secondary education are likely to affect the quality of teaching and learning.
- The quality of continuing education is still a concern for parents. The tuition-free policy for entering vocational centres only covers the resident lower secondary graduates, not migrant children.
- "Love classes" and "universal classes" have created opportunities for disadvantaged children to access education. However, there are no official and up-to-date statistics on these classes, especially on education quality. Some organizations operating these classes are unlicensed.
- The number of disadvantaged children is more than reported by Ho Chi Minh City agencies.
- Evidence for some education quality evaluations is not available.
- There are large gaps in education outcomes between urban and rural districts measured by Grade 10 entrance exam scores in the 2015-2016 school year. For urban districts, the lowest average score was in District 8, the highest in District 1. In rural districts, the lowest score was in Can Gio, the highest in Nha Be. This indicates gaps in education quality which should be addressed, if equity in education is to be achieved across the board in Ho Chi Minh City.

4.2 Causality Analysis

Based on these findings, this section identifies immediate, underlying and structural causes hampering Ho Chi Minh City children's ability to fulfill their rights to education.

(i) Immediate Causes

- *Low Family Income*

The widening gap between rich and poor in society may increase inequality in access to education and training between urban and rural areas and between learners¹²⁴. Some poor children cannot afford to pay other school-related contributions, even though they are exempted from tuition. Poor children cannot afford to study in private schools when they are not admitted into public schools. Children of lower income and poor families must often support their families, leaving little time to study at home. Poor children cannot afford tutors or extra classes like their counterparts from higher income families.

“My mom also asks this and that. She asked what I wanted to learn, they didn't have much money so if I wanted to learn more about something I'd better do it at home. Because my parents work very hard, I have to accept it, we don't have a lot of money.”

(Source: In-depth interview with a female student, Grade 8, ward 26, Binh Thanh district)

According to the Survey on listing poor and near-poor households in Ho Chi Minh City for 2016–2020¹²⁵:

- There was little difference in school enrolment of children from urban and rural parts (4.88% and 4.68%). However, some gaps were noted within urban areas.
- Children from near-poor households are less deprived regarding school attendance than ones from poor households.
- Children from non-resident poor households were 1.5-fold more deprived of school attendance than ones from resident households.
- Children from Khmer and Cham poor households are more deprived of school attendance than Kinh poor, 1.9-fold times and 1.6-fold respectively.
- *Inadequate support for children from migrant families*

According to a recent DOET study¹²⁶, migrant workers did not send their children to public schools because “public schools usually only accept children who have permanent residence registration in the area or have KT2, KT3¹²⁷ confirmed by local authorities for two years or more”.

Furthermore, migrant families are concerned about the quality of care and teaching, but due to circumstances they often choose the non-public sector, in particular independent childcare facilities or family-based childcare. This is

¹²⁴ Ho Chi Minh City DOET, *Public Expenditures on Education and Training in Ho Chi Minh City (2009–2014)*

¹²⁵ Ho Chi Minh City People's Committee and Steering Committee for Sustainable Poverty Reduction (2016) *list of poor and near-poor households approved (23 February 2016).*

¹²⁶ Ho Chi Minh City DOET, *Report on the survey on the status of management of private independent child care groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016*

¹²⁷ *KT2: Long-term temporary residence status within the province or city under central authority. For example: A citizen who has permanent residence in Cu Chi district, Ho Chi Minh City, but currently lives in District 1, Ho Chi Minh City, when registering for long-term temporary residence in District 1, his/her residence status in District 1 is KT2.*

KT3: Long-term temporary residence status in a province or city under central authority other than the place of permanent residence. For example: A citizen who has permanent residence in Khanh Hoa province but currently lives in Ho Chi Minh City, when registering for long-term temporary residence in Ho Chi Minh City, his/her residence status in Ho Chi Minh City is KT3.

due to flexible schedules, including Saturdays. They accept children younger than 36 months and while the cost is higher than the public sector, it is acceptable as the facilities are often closer to home and convenient to pick up children.

- *Lack of schools and classes in the context of implementing universal education policy*

Lack of schools and classes for children 5-14 years old, in particular, is a barrier to ensuring equal access to education for all children, especially migrant ones. In areas where there is a lack of schools or classrooms, migrant children are accepted to public schools after all students with permanent residence and KT3 are accepted. If there are no places in the area, migrant children must go to public schools in more distant locations or study in continuing education programmes or universal classes, which are of lower quality.

- *Inability to access schools*

Children living in special circumstances, such as those with disabilities, ethnic minorities or in early marriage, particularly girls, are unable to attend school unless special support is provided.

(ii) Underlying causes

- *Discrimination, bullying and gender-based violence*

According to recent research in Viet Nam, about half (51.9%) of students surveyed reported experiencing at least one form of violence in the six months preceding the survey¹²⁸. At the same time, awareness of gender-based school violence of all respondents was limited, mainly referring to acts of injury that ignore other forms of violence, such as sexual harassment or psycho-social violence.

Although there are no official figures, Ho Chi Minh City schools experience school violence. This phenomenon has been publicly discussed by student representatives during recent student and city leaders dialogues. School violence in Ho Chi Minh City today is not just related to physical fighting, but also taking the form of social media abuse, insults in the classroom, causing mental inhibitions and having detrimental impacts on learning outcomes. A number of measures have been taken in schools in Ho Chi Minh City to reduce this problem, including increased education on ethics and lifestyle, legal advocacy and school hearings on school violence to help students understand the consequences of violence.

- *Lack of adequately trained teachers*

Ho Chi Minh City lacks pre-school teachers, in particular. Some schools do not have enough teachers to teach two sessions a day. Some teachers do not use innovate teaching methods and stick to traditional methods that do not motivate students to fulfil their potential. Teachers are not adequately trained in support for children living in special circumstances, such as children with disabilities who are mixed with non-disability children in classes. Qualification levels and capacity of teachers and managers of private childcare classes are limited.

“I do not have a teaching qualification, but I teach because of the lack of teachers. I worry that I don't have a degree to find another job, so I have to do [the caregiver job].”

Source: In-depth interview of caregiver at a private childcare group in Thu Duc district¹²⁹

128 United Nations Educational Scientific and Cultural Organization, *Towards a Safe, Equitable, and Inclusive School Environment: Report on Gender-Based School-Based Violence in Viet Nam*, 2016.

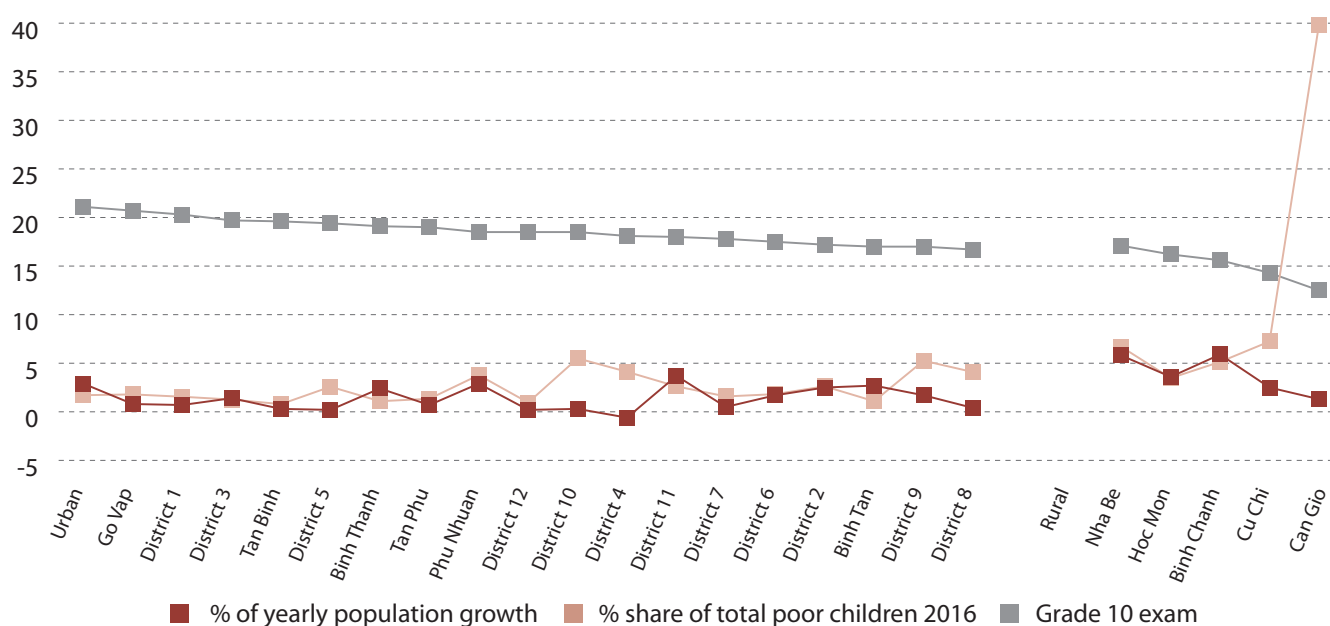
129 Ho Chi Minh City DOET, *Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City*, 2016

(iii) Structural Causes

- *Poverty and spatial origins*

The educational outcomes of children presented in this section were analysed using scores of the Grade 10 entrance exam of the 2015-2016 school year. Districts with better education results are those with higher scores in this exam and vice versa. Figure 4.12 shows a negative correlation between exam scores and poverty status of districts. The correlation is clearer in rural districts, which have lower scores but higher share of total poor children. The relationship is not clear between exam scores and average annual population growth for 2011-2015, a proxy indicator of migration into districts.

Figure 4.12. Educational outcomes and poverty status across Ho Chi Minh City districts (2015-2016)



Source: Statistical Yearbook, Ho Chi Minh City Statistical Office, 2015; Ho Chi Minh City DOLISSA (Office of Steering Committee for Sustainable Poverty Reduction Programme)

The following regression model quantifies the relationship between the exam scores and poverty, immigration status and urban or rural residence.

Grade 10	Coef.	Std. Err.	t	P>t	[95% Conf.Interval]	
Popgrowth	-.0003649	.2135083	-.00	0.999	-.4457354	.4450056
Poor	-.1081182	.0444307	-2.43	0.024	-.2007989	-.0154375
Urban	2.38471	1.042466	2.29	0.033	.2101655	4.559255
_cons	16.49071	1.297767	12.71	0.000	13.78361	19.1978

$R\text{-squared} = 0.6543$

Regression results show that when other variables are held constant, an increase of 1% in the proportion of poor children in the total number of poor children (denoted by "Poor" in the table) will decrease the scores by 0.11 points. Similarly, the same student who lives in an urban district would have an advantage of 2.38 points if he/she lived in a rural district. The correlation between the scores and population growth was not statistically significant.

Learning outcomes are influenced by living standards and whether the household is urban or rural. This result has also been confirmed in national and international research. In general, children in poor household and rural areas often do not have the conditions to study, in all aspects compared with children in cities, so they often have lower learning outcomes.

In fact, there are other factors that could affect the student's academic performance, such as teaching quality, school facilities, learning motivation or competitiveness, study time at home, parental attention to the education of children and whether or not these factors are different from urban to rural districts. But, data on such factors was not available for inclusion in this quantitative analysis.

- *Availability and reliability of statistical data on excluded and deprived children*

While the availability of data on child education outcomes has improved, efforts should be strengthened. There should be more data collected and made available on OOSC children by sex, ethnicity (Kinh and other ethnic groups), migration and disability. PSO and DOET are coordinating compilation and publication of data on children not available in the city's Annual Statistical Yearbook. However, data on disadvantaged children, including those who are poor, with disabilities, working children, migrants, children affected by HIV/AIDS and of ethnic minority groups by districts are often not available, causing limitations in data analysis.

A recent study¹³⁰ showed the number of disadvantaged children was more than reported by agencies. Data on population by schooling age is still not available, resulting in inconsistencies in the use and publication of children statistics. Disaggregated data by districts in city reports is usually not available, so differences cannot be discerned.

Ensuring equity in education outcomes means all children with different backgrounds have equal access to education. Although Ho Chi Minh City has made great efforts to ensure poor, disadvantaged and migrant children go to school like others in the city, in reality there is inequity.

4.3 Policy Environment

Legal and policy framework

The education sector in Ho Chi Minh City has operated under a comprehensive framework of Constitution, laws and other legal papers at national and city levels.

The Constitution Viet Nam in 1992, revised in 2001, and the Constitution of 2013 all affirm their priority for educational development.

The 2005 Education Law of Viet Nam provides for development of friendly learning environments for children, all organisations, families and citizens are responsible for taking care of education.

The Law on Children 2016 highlights the principle of non-discrimination and the best interests of the child, ensuring the right to education of children and children in special circumstances, in particular. The Law on Gender Equality 2006 ensures fair treatment, prevention of gender discrimination, including discrimination against girls.

At national level, education policies include: Policies on universal pre-school education for children aged five years, free primary education, universal primary and universal lower secondary education. Education Development Strategy 2011-2020 and policies for cash and in-kind support for students living in the most difficult circumstances, including exemptions, reductions in tuition fees, support for costs of learning and cash and rice assistance. Children with disabilities are supported under the Law on People with Disabilities 2010. Besides, there are national target programmes,

¹³⁰ Tuong Lai Centre for Health Education and Community Development, *Current situation and challenges of society organizations working with children and youth at the community, Ho Chi Minh City, Dec. 2016.*

including the National Target Programme for Sustainable Poverty Reduction 2012-2015, National Target Programme on Development of New Rural Areas- DNRA for 2016-2020 and social security policies, including social and social security policies related to education and out-of-school children (Table A4.4 in Annex).

At city level, Ho Chi Minh City People's Committee has issued decisions on the implementation of a number of specific education sector policies, specifically the target of three classrooms per 100 people of school-age in 2020 (including KT3 and people without residency registration)¹³¹, policies on overtime pay for public pre-school teachers, benefits for managers, teachers and staff working in 36 remote communes in the city, allowances for teaching children with disabilities, supports for teaching civic education, law and for teachers who additionally take care of the law dissemination and education law in the education and training sector (Table A4.4 in the Annex).

The City People's Council issued a resolution on support policies for the city's pre-school education sector, including:

- For public schools: Financial support for new teacher entrants, managerial staff, teachers, pre-school staff, managers and teachers of early childhood care facilities receiving children aged six-18 months.
- For non-public schools: Proposed tax policies on 100% exemptions on land use fees, clearly identifying locations calling for investment, officials and teachers trained free of charge.

Public financial management

According to regulations on decentralization of State budget management, the DOET estimates and allocates regular recurrent budgets to upper secondary schools. Districts shall make budget estimates and allocate regular budget to pre-schools, primary and lower secondary schools in localities and submit them to competent authorities for approval.

The recurrent expenditure for education in 2015 was higher than in 2014, accounting for more than 25% of the city's total recurrent expenditure budget, ensuring 80% for human expenditure and 20% for technical teaching-learning activities. The norm coefficient would be applied to disadvantaged areas, including: suburban coefficient 1.1, Nha Be 1.2 and Can Gio 1.3. This allocative balance is considered optimal in the context of challenges faced in most provinces in Viet Nam, whereby the pressure to spend more for human resources often requires cutting down from the 20% portion of recurrent budget for technical teaching and learning.

Funding per pupil was basically fixed during 2014-2016 (Kindergarten: VND1,006,530, Pre-primary school: VND6,572,340, Primary school: VND4,437,780, Lower secondary school: VND4,488,490, except for Upper secondary school): a small decrease in 2015 compared to 2014 and a slight increase in 2016 (respectively VND5,502,490, VND5,502,000, VND5,504,000). The practice of budgeting by unit cost ensures sufficient provisions for each level of education based on populations of students.

Table 4.4 shows actual annual recurrent expenditure increases. Pre-school and primary levels increased more than the upper secondary school.

¹³¹ Decision No.4887/QĐ-UBND dated 02/10/2015 promulgating Action Plan of the City Party Committee implementing Resolution No.29-NQ/TU of Central Conference 8 - XI session on "Reform education and training comprehensively and basically to meet the requirements of industrialization and modernization in the context of socialist-oriented market economy and international integration" in Ho Chi Minh City.

Table 4.4. Budget allocated for recurrent expenditure (2014-2016)

	2014 (VND1,000)	2015 (VND1,000)	2016 (VND1,000)	2015/2014 (%)	2016/2015 (%)	Yearly growth (%)
Pre-primary, Primary and Lower secondary schools	6,046,258	6,391,800	6,651,886	5.7	4.1	4.9
Upper secondary schools	1,059,405	1,062,300	1,080,202	0.3	1.7	1.0

Source: DOET

In 2017, it is expected the retained budget portion from Ho Chi Minh City revenue collection will decrease from 23% to 18% and this will result in a fall in investment. While this does not affect the city's recurrent expenditure on education, it may affect the city's capital investment, which includes efforts to further develop its school infrastructure to ensure all children in the city, including migrant children, have access to a fair and quality education.

Capacity gap analysis

This section focuses on the analysis of the capacity gap of duty-bearers based on their roles, responsibilities and duty performance.

For the education sector, the MOET is responsible for the State management of early childhood, primary and general education. Provincial People's Committees are responsible for management of upper secondary schools, while District People's Committees manage pre-schools, primary and lower secondary schools. The DOET and the District Bureau of Education and Training provide state management support on education to People's Committees at respective levels. Local authorities are responsible for budget allocations to preschools and general education and locally-managed training institutions.

Regarding education universalization, District People's Committee shall inspect and issue decisions on recognized standards of educational universalization towards communes. Provincial People's Committee shall inspect and issue decisions on recognized standards of educational universalization towards districts and MOET shall inspect and issue decisions on recognized standards of educational universalization towards provinces.

In 2014, Ho Chi Minh City established the Executive Board for Childcare and Protection and more than a year later issued the regulation on organization and operation of this board. The city has a Project Management Unit for the Child Friendly Project. Members include leaders of departments and unions. However, some members do not regularly attend quarterly review meetings, but instead send other staff.

The city's education and training sector has worked closely with relevant sectors, commissariats, administrations, fronts and local mass organizations to effectively integrate education into three environments: family, school and society. However, the relationship between schools and families is not close, people's awareness on some education and training policies is limited¹³².

At some districts, Party committees and authorities have paid little attention and care for education, so its quality has not improved. Coordination between provincial, district authorities and social organizations in management and supervision is still weak¹³³.

¹³² Ho Chi Minh City DOET, *Public Expenditures on Education and Training in Ho Chi Minh City (2009-2014)*

¹³³ Ho Chi Minh City DOET, *Report on the survey on the status of management of private independent childcare groups, family-based childcare groups in industrial parks and export processing zones in Ho Chi Minh City, 2016*

In some localities, State management of child-rearing activities in schools, classes and pre-school institutions, especially non-public institutions, is not tight. It lacks attention to regular monitoring and supervision of child rearing quality¹³⁴.

Management and licensing are still weak so non-public educational institutions are not licensed to work in the city. According to an Oxfam report¹³⁵, the rapid migrant population growth made school network planning, especially in industrial parks and export processing zones, to ensure a school seat for every child to be a great challenge for Ho Chi Minh City. This may be intensified if the budget spent on building schools is cut.

As highlighted in Table 4.5, the rate of increase in new classrooms is 7% per year, lower than the rise in budget for school construction. This may be because the investment budget does not meet the demand or because of the slow construction progress that does not fully absorb capital investment. More research may be needed on this issue.

Table 4.5. State funding for school construction and number of new classrooms put into use

	2013	2014	2015	2016	2014/2013	2015/2014	2016/2015	Yearly growth
	<i>Unit: Million VND, Class</i>				<i>Unit: %</i>			
State funding for school construction	2,155	2,464	2,188	2,950	14.34	11.20	34.83	11.0
Newly-built classrooms put into use	1,527	1,900	1,518	1,869	24.43	20.11	23.12	7.0

Source: DOET

4.4 What will it take? Programmatic, Policy and Budgetary Priorities

The following recommendations will help achieve inclusive education in Ho Chi Minh City.

- **Improve planning, public finance management and policy-making** for education to ensure equity and achieve the target of three classrooms per 100 school-age people by 2020 (including KT3 and people without residency registration)¹³⁶, including inclusion of child education indicators in SEDPs, better planning for school networks based on quantitative analysis of growth in students, teachers, classes, student-to-teacher and student-to-class ratios. The most effective way to achieve this is DPI, DOF, PSO and DOET work together to produce time-series education data for longer-term planning and budgeting for school network expansion and education delivery in Ho Chi Minh City. Budget analysis per sub-sector of pre-school, primary and lower secondary education will shed useful light on allocative efficiency and ways to strengthen budgeting and allocation for education in Ho Chi Minh City.
- **Development of school infrastructure to ensure inclusive education** in “hotspot” district(s), inclusive of migrant families. As seen in Table 4.5 the rate of increase in new classrooms is 7% per year, lower than the increase in budget for school construction. Here, research may be needed on whether the investment budget did not meet the demand or slow construction does not fully absorb funding. Resources (cash or in-kind) should be mobilized from capital investment made available by business sector or employers for development of school infrastructure

¹³⁴ Directive No.20/2013//CT-UBND dated 20/12/2013 on improving and raising the quality of child-rearing in pre-primary schools in Ho Chi Minh City.

¹³⁵ Oxfam, Brief Report: Legal and Regulatory Barriers for Migrant Workers in Access to Social Protection, Oxfam Worker Rights Programme in Viet Nam, 10/2015.

¹³⁶ Decision No.4887/QĐ-UBND date d 02/10/2015 promulgating Action Plan of the City Party Committee implementing Resolution No.29-NQ/TU of Central Conference 8 - XI session on "Fundamental and comprehensive renovation of education and training to meet the requirements of industrialization and modernization in the context of socialist-oriented market economy and international integration" in Ho Chi Minh City.

highlighting benefits to workers' children and those in their communities.

- **Improve human resource management and development** to reduce inequality in education quality through transfer of teachers between districts to ensure reasonable student-to-teacher ratios, only recruit new teachers after unsuccessful transfer and after cost-effective analysis of transfer and recruitment as well as teacher quantity and quality. Issue specific policies, incentives and remuneration to encourage teachers and attract qualified and talented ones into the city.
- **Improve educational statistics work** to ensure more complete statistical data on disadvantaged groups, with longer data series and compile population data by schooling age through agreement between PSO, DOET, DOH and DOLISA as well as inclusion of child data in PSO Statistics Year Book and website.
- **Improve coordination, monitoring and evaluation within and between agencies** to eradicate inequality in education by public review of responsibilities versus performance of related bodies involved in education for disadvantaged children. Two priorities for coordination are a database on children and on-time and evidence-based planning and budgeting and implementation of a longer-term plan for school network development. This needs close coordination between DPI, DOF, PSO, DOET, DOH and DOLISA. Develop an independent quality assurance system for quality education and training.
- **Continue promoting education and training support** for students in difficult circumstances, including applying supportive policies to students in non-public schools as the case for those in public schools.

Ho Chi Minh City has taken the lead nationally with many education policies and breakthroughs. In the education sector, it has set a goal to ensure all children are educated, inclusive of poor, disadvantaged and migrant children in the context of annual increases in migrant children. The city authority, education sector and relevant departments have devoted considerable resources to this goal and have achieved remarkable results. However there are still many children, especially migrant ones, not attending school or studying at low-quality institutions. In the coming years, the pressure of migrant children will continue to increase amid potential budget cuts, which will challenge the city to realize its goal of every child living in the city going to school. Strengthened public management practices will be essential to ensure optimal budgeting and spending for equity in education.

CHAPTER 5

EVERY CHILD IS PROTECTED



EVERY CHILD IS PROTECTED

The Convention on the Rights of a Child requires States Parties to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Article 19). Violence, exploitation and abuse can seriously affect a child's physical and mental health in the short and longer-terms, impair their ability to learn, socialize and impact their transition to adulthood. It also affects entire societies and impedes economic growth. These consequences are also passed down from one generation to the next.

This chapter examines the extent to which Ho Chi Minh City's children are protected from all forms of violence and provides a brief causality analysis of key issues based on available information and perspectives of various stakeholders. After reviewing the legal and policy framework and public financial management mechanism relating to child protection, this chapter provides a capacity gap analysis based on which recommendations are proposed to strengthen protection of children in Ho Chi Minh City from all forms of violence, neglect and abuse.

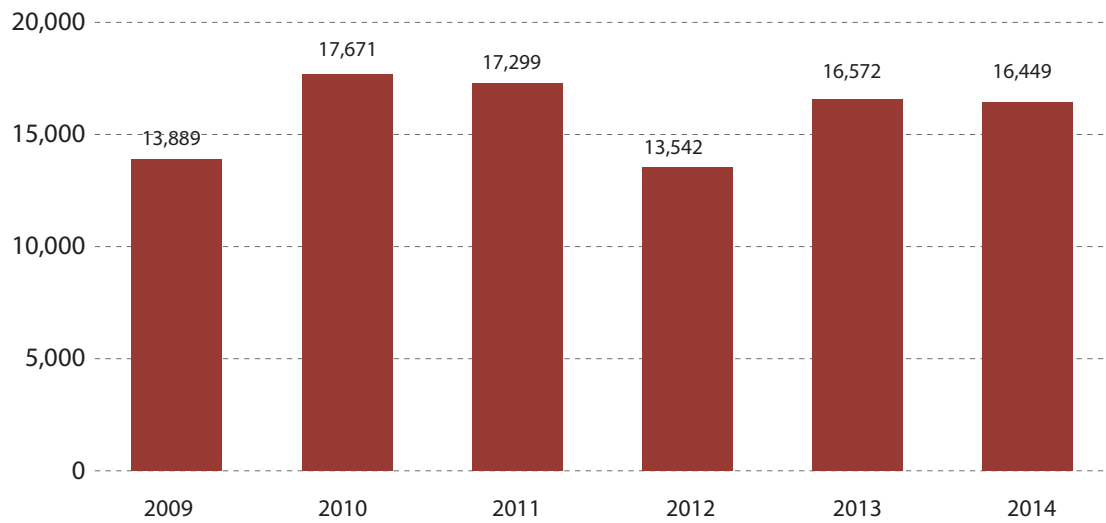
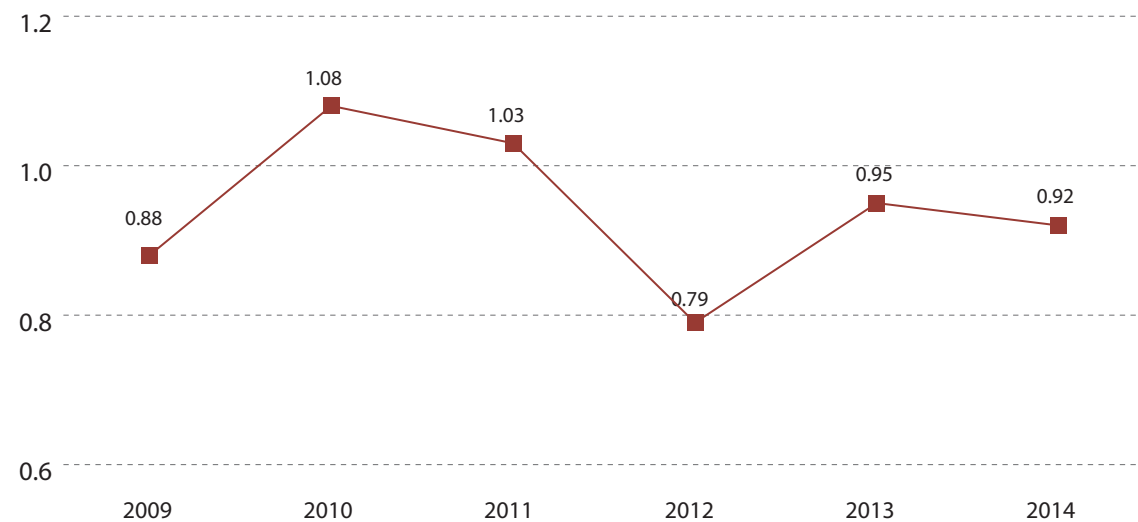
5.1 Status and Trends

In 2017, DOLISA reported that among the city's 1.5 million child population (children under 16 years of age), approximately 16,054 were living in special circumstances¹³⁷. These children represent orphans without caregivers, abandoned children, children with disabilities, child victims of toxic chemicals, children infected by HIV/AIDS, children working in hard, dangerous and hazardous conditions or having contact with toxic substances, child victims of sexual abuse, child drug addicts and children in conflict with the law¹³⁸. More than 57,000 others are at risk of falling into special circumstances, mostly from income poor households. This includes roughly 2,500 children currently living in public and non-public childcare and protection facilities. Around 400,000 children in Ho Chi Minh City are considered 'temporary' migrants, who migrated from other provinces to the city either with their parents or independently.

Figures 5.1 and 5.2 show the number of children living in special circumstances in Ho Chi Minh City during 2009-2014, the lowest in 2009 and 2012 and highest in 2010 and 2011 (Figure 5.1). The same pattern was observed in terms of the ratio of children living in special circumstances over the total child population (Figure 5.2). It is worth noting that the general trend showing a reduction followed the launch of the child protection system model in Ho Chi Minh City in 2008 and approval of the City's Child Protection Programme 2011-2015. However, no research into the cause of the fluctuation has been conducted and it is unclear whether the reduction was attributable to such efforts. At the same time, no explanation for the rise during 2010-2011 is available.

¹³⁷ DOLISA Statistics (2017)

¹³⁸ Law on Protection, Care, and Education of Children of 2004. This Law was replaced by the Law on Children of 2016, which substantially broaden the scope of children in special circumstances, including: a) double orphans, b) abandoned children, c) homeless children, d) children with disabilities, d) children affected by HIV/AIDS, e) children in conflict with the law, g) children who are drug addicts, h) children who must give up their studies to earn their living and fail to complete the universalization of secondary education, i) children who suffered serious physical and mental harm due to violence, k) exploited children, l) sexually abused children, m) trafficked children, n) children who have fatal diseases or diseases requiring long-term treatment and are children of poor or near-poor households, o) immigrant and refugee children whose parents are not yet identified or those who have no caregiver (Article 10).

Figure 5.1. Total number of children living in special circumstances (2009-2014)**Figure 5.2. Ratio of children living in special circumstances over total child population**

Source: Data from Statistic officer and DOLISA 2015

The three largest groups of children living in special circumstances in Ho Chi Minh City are orphans without caregivers and abandoned children, children with disabilities and children infected with HIV/AIDS. Overall, the number of child victims of toxic chemicals, children working in hard, hazardous conditions and far from home, street children and children in conflict with the law has decreased over the years. However, the number of orphans and abandoned children, children infected with HIV/AIDS and child drug abusers is increasing.

Table 5.1. Children living in special circumstances by categories 2009-2014

	2009	2010	2011	2012	2013	2014
Orphans, abandoned children	4,166	7,221	6,085	5,872	7,640	7,193
Children with disabilities	6,672	5,921	7,374	4,517	5,195	5,595
Victims of toxic chemicals	0	725	332	147	126	92
Infected with HIV/AIDS	1,902	2,757	2,614	2,302	3,149	3,400
Working in hard, dangerous, hazardous conditions	277	179	154	17	18	3
Working far from family	0	251	252	214	38	24
Street children	484	420	206	324	216	8
Victims of sexual abuse	54	46	76	63	74	50
Drug abuse	13	4	8	19	24	36
In conflict with the law	321	147	198	67	92	48
Total	13,889	17,671	17,299	13,542	16,572	16,449

Source: Ho Chi Minh City DOLISA, 2015

The break-down of figures suggests the rise in 2010-2011 was due to the high number of children with disabilities, orphans and abandoned children, and children infected with HIV/AIDS. Meanwhile, decreases in 2009 and 2012 could be attributed to the low number of orphans and abandoned children, children infected by HIV/AIDS and particularly no children reported working far from home and victims of toxic chemicals in 2009. This suggests deficiencies in data collection and reporting has a role to play in the rise and fall of data related to children living in special circumstances in Ho Chi Minh City.

During the past two decades, Ho Chi Minh City has made many efforts to enforce child protection national law and policies, including issuing the city-wide Child Protection Programmes 2011-2015 and 2016-2020 to prevent children from falling into special circumstances and being victimized as well as providing care and support for rehabilitation and reintegration of child victims of abuse¹³⁹. According to official data, the number of child victims of abuse is around 560 (equivalent to 0.04% of the total child population) in Ho Chi Minh City¹⁴⁰. However, research and anecdotes suggest this is only the tip of the iceberg and does not reflect the complexity of the child protection situation in Ho Chi Minh City.

139 Ho Chi Minh City People's Committee, Decision No.3682/QĐ-UBND dated July 19, 2016 on Approval of Ho Chi Minh City Child Protection Programme 2016-2020

140 Data cited in Decision No.3682/QĐ-UBND of Ho Chi Minh City People's Committee dated July 19, 2016 approving Ho Chi Minh City Child Protection Programme 2016-2020

Table 5.2. Number of children who received protection services in Ho Chi Minh City (2011-2014)

Number of children who received child protection services:	Year			
	2011	2012	2013	2014
Intervention measures under Circular No.23/2010/MOLISA dated 16 August 2010	143	213	173	52
Consultations, psychological and physical rehabilitation treatment	799	14,242	28,195	10,613
Improved understanding of child protection services/parenting skills	10,229	10,310	13,076	40,301
Improved self-protection skills	10,908	14,718	19,172	20,258
Access to education, health and social welfare	1,948	2,136,322	345,301	229,197

Source: Ho Chi Minh City DOLISA, 2015

(i) Violence against children

The Law on Children (2016) prohibits all forms of violence against children, including maltreating, persecuting or beating a child, physical abuse or causing harm to a child's health, infringing upon a child's honour or dignity, abandonment, neglect or other deliberate acts that cause physical and mental harm to a child. It also prohibits any form of child sexual abuse, including rape, aggravated rape, sexual intercourse or molestation with children and use of children for prostitution or pornography¹⁴².

Violence against children can occur anywhere, at home, in schools, daycare settings, institutions and in the community. However, data and information on violence against children is limited. Official data only reflect incidents reported or detected by police, thus not the full picture.

In 2013, the police detected around 1,900 child victims of abuse nationwide. Approximately one-in-three child victims was under 13 years of age, with girls accounting for more than 87%. Sexual abuse was the most common type of violence against children detected by police. Nationwide, three-quarters of child victims were sexually abused. In many provinces, such as Bac Ninh, Ca Mau and Phu Yen, all reported cases of violence against children were sexual abuse¹⁴³. However, it is worth noting this does not necessarily mean other forms of violence against children are less common. MICS studies have shown corporal punishment is widespread in Viet Nam, particularly in the home¹⁴⁴. However, it might not be reported or have caught police attention due to beliefs and attitudes that corporal punishment is acceptable to educate children or is a domestic matter, thus should be solved within the family.

In the same year, 109 children came into contact with police as child victims of abuse in Ho Chi Minh City. Abuse among children under 13 years of age was significantly lower than the national trend, accounting for one-fifth of child victims in Ho Chi Minh City. Although girls were also in the majority, the number of boy victims was four percentage points higher than the national average. Similar to national trends, sexual abuse was the most common type of violence against

¹⁴¹ Circular No.23/2010/MOLISA specifies the process for intervening and supporting children suffering from violence or sexual molestation

¹⁴² Law on Children, Articles 4 and 6

¹⁴³ MOLISA, Children Indicators in Viet Nam, 2013-2014

¹⁴⁴ GSO, Viet Nam, UNICEF, UNFPA. Viet Nam Multiple Indicator Cluster Survey Reports of 2004, 2011, 2014.

children in Ho Chi Minh City, accounting for 59%. This is significantly lower than the national average of 76%¹⁴⁵. Again, due to the lack of research, it is difficult to determine whether other types of violence against children, particularly physical abuse, were more prevalent or were paid more attention by the public as well as law enforcement in Ho Chi Minh City.

Physical and emotional violence

Violence at home

Viet Nam MICS surveys show children often experience violence at home. According to MICS 2014, approximately 68.2% of children aged 1-14 years in the south-east region of Viet Nam, where Ho Chi Minh City is located, were subjected to at least one form of psychological or physical punishment by a household member during the month preceding the survey. Boys are more likely to experience physical violence and psychological aggression than girls. Those in rural areas and from poor households are at higher risk of violent discipline¹⁴⁶.

Findings from large-scale research on physical and emotional punishment conducted in Viet Nam (Ha Noi, Ho Chi Minh City, Quang Ngai and Thai Nguyen) as part of a Save the Children Comparative Study on this subject, showed that children were overwhelmingly punished by direct physical assault and verbal attacks in the home by mothers and fathers. In addition to physical injuries, feelings of fear, pain and confusion were reported by children as a consequence of punishment¹⁴⁷.

Table 5.3 shows the reported number of child victims of domestic violence in Ho Chi Minh City during 2013-2014. The reported figures are small, suggesting significant under-reporting. This might be due to common tolerance towards violent disciplinary practices at home¹⁴⁸. As a result, only incidents where a child suffered serious injuries would catch attention from local communities or social organizations and subsequently be reported to police. According to the table, the number of incidents against girls was slightly higher than against boys and the number of incidents in urban districts was higher than in rural districts. However given the limitations of this data-set, they are insufficient to draw conclusions on whether girls are more vulnerable to domestic violence or incidents against girls are more likely to be reported or catch the attention of authorities. Similarly, it is unclear if violence was more common in urban districts or a result of better reporting and/or enforcement mechanisms.

¹⁴⁵ MOLISA, *Children Indicators in Viet Nam, 2013-2014*

¹⁴⁶ GSO, Viet Nam, UNICEF, UNFPA. *Viet Nam Multiple Indicator Cluster Survey 2014*. This percentage is about the same as the national figure of 68.4%.

¹⁴⁷ Vu Thi Thanh Huong, *Understanding Children's Experiences of Violence in Viet Nam: Evidence from Young Lives, Innocenti Working Paper 2016-26*. Florence: UNICEF Office of Research

¹⁴⁸ Cappa, C., & Dam, H., 2013. *Prevalence of and risk factors for violent disciplinary practices at home in Viet Nam*. *Journal of interpersonal violence*.

Table 5.3. Number of reported child victims of domestic violence in Ho Chi Minh City (2013-2014)

	2013					2014				
	Number of children reported as victims of domestic violence	By sex		Number of children who were supported		Number of children reported as victims of domestic violence	By Sex		Number of children who were supported	
		Male	Female	Male	Female		Male	Female	Male	Female
Total	16	8	8	8	8	14	6	8	6	8
Urban Districts	10	6	4	6	4	11	5	6	5	6
Rural Districts	6	2	4	2	4	3	1	2	1	2

Source: Ho Chi Minh City Child Statistics (2013-2014) (Ho Chi Minh City Statistical Office)

School violence and bullying

During recent years, the media has increasingly reported on school violence, attracting significant public attention. School violence includes bullying between students and violence performed by teachers on students within the school premises. More than 1,600 cases nationally of student fights within and outside schools, mostly kicking, slapping and punching and some more serious cases were reported to MOET between 2013-2015¹⁴⁹. A survey on school violence conducted by Ho Chi Minh City University of Education found that school bullying often occurred, ranging from making fun of a person's appearance, taking or 'borrowing' money or belongings without permission, to physical violence. Among 297 interviewed students, including 140 girls, more than 50% claimed they had been bullied and more than 80% had witnessed bullying. Verbal bullying through making fun of a person's looks often occurred among girls. Female students reported more psychological distress when bullied. Bullying, of which the causes vary greatly, is often not reported as many child victims choose to not report or only share with a family member¹⁵⁰. The interviews suggest students might feel reluctant to report due to peer pressure. Furthermore, the lack of effective actions from teachers and schools to deal with bullying discourages students from reporting.

"My friends often make me pay. At school, I am a kind student who always agrees to give away whatever my friends ask, so they force me to pay. Whenever I ask him to go swimming with me, he makes me pay. Some friends are kind to me, but some always bully me. He told me he won't be my friend anymore if I tell others about his faults. He is too big. Everyone in my class is afraid of him. He beats whoever does not obey. No one dared to report to the teacher. But even if we do, she would do nothing in response. She told us that we had to bear the consequence for what we did. If I tell mum, she will bring the case to the teacher. My classmates will laugh at me for telling mum everything."

Source: A 12-year-old boy student, Phuoc Kien commune, Nha Be district

149 Thematic report on prevention of and response to bullying in school settings), 2015

150 Ho Chi Minh City University of Education, (Findings on School bullying through survey of students in some schools in Ho Chi Minh City <http://www.ier.edu.vn/upload/product/ky-yeu-hoi-thao-thuc-trang-va-giai-phap-ngan-chan-bao-luc-hoc-duong-o-truong-pho-thong-405429389066.pdf> page 185, 191.

Although the Law on Education prohibits any form of corporal punishment in schools, effective mechanisms must be put in place to implement this law as teachers still impose it to maintain discipline in the classroom and shape children's behaviour. According to a sociological survey by the Ho Chi Minh City Research and Development Institute with almost 200 upper secondary students, 26.3% of respondents confirmed they have seen teachers imposing various penalties on students, including threatening, punching in the head, pinching the ear and making students stay in the sun¹⁵¹.

Kindergarten children also experience school violence in Ho Chi Minh City, as evidenced by a video clip recently posted online, showing the manager of a Childcare Centre in Thu Duc district slapping a boy to force him to eat¹⁵². Private and public childcare facilities require monitoring and oversight.

"If we behave badly and fight, we will have to run around the school yard 50 times. We would run until out of breath. Sometimes, the teacher would slap us twice, depending on how serious the mistake is. If it is serious, they will invite our parents".

Source: Minutes from FCG of Binh Tri Dong ward, Binh Tan district

Sexual abuse

Any attempt to understand the nature and extent of child sexual abuse in Viet Nam is challenging due to the lack of reliable and comprehensive data. The MPS reported 5,300 cases of child sexual abuse during the five years ending 2016¹⁵³. This, however, might just be the tip of the iceberg for various reasons. For example, in many circumstances the child's family chose to deal with the offender privately rather than reporting the case due to stigmatization. Fear of retaliation or concern of insufficient evidence is another reason preventing families from bringing cases to police¹⁵⁴.

The number of reported child victims of sexual abuse in Ho Chi Minh City fluctuated between 50 to nearly 80 during 2009-2014¹⁵⁵ as shown in Figure 5.3. Sexual abuse was the most common type of violence against children in Ho Chi Minh City reported to police, accounting for 59%. This again, may be far from reality. In a 2009 study conducted at three upper secondary schools in Ha Giang and Quang Ninh provinces and Ho Chi Minh City, 20% of interviewed students claimed to have been sexually abused in different forms¹⁵⁶.

151 Ho Chi Minh Institute for Development Study Children's mental health situation in Ho Chi Minh City – Prevention and Protection measures, 2008

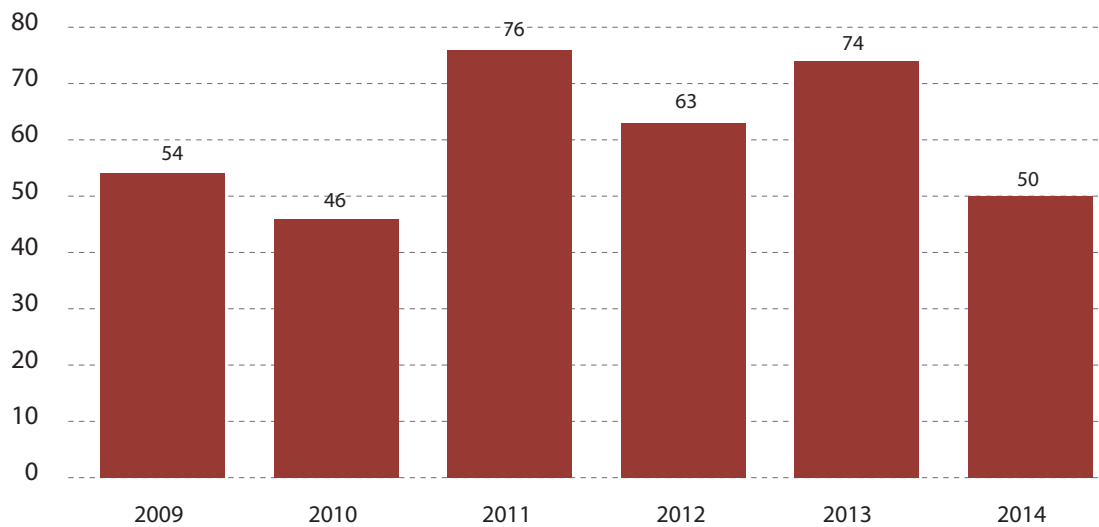
152 Read more at <http://vietnamnews.vn/society/249235/vn-unicef-join-to-combat-child-violence.html#tpVmVyHePQ21gMIW.99>

153 Fighting against child sex abuse in Viet Nam, <http://www.molisa.gov.vn/vi/Pages/chitiettin.aspx?IDNews=26274>

154 Alarming rise in child sexual abuse, Viet Nam Law and Legal Forum, <http://vietnamlawmagazine.vn/alarming-rise-in-child-sexual-abuse-5839.html>, accessed on Aug 12 2017

155 MOLISA, Child Protection and Care Administration, Children Indicators in Viet Nam 2012-2013, Ho Chi Minh City Child Statistics of the Year 2013-2014.

156 Alarming rise in child sexual abuse, Viet Nam Law and Legal Forum, <http://vietnamlawmagazine.vn/alarming-rise-in-child-sexual-abuse-5839.html>, accessed on Aug 12 2017.

Figure 5.3. Child victims of sexual abuse 2009-2014

According to an MPS report, in majority of cases, the abusers were known to the victims or a family member or relative¹⁵⁷. Although specific information for Ho Chi Minh City is unavailable, this pattern is likely to be repeated there.

Both boys and girls are vulnerable to sexual abuse. In the study of sexual abuse among upper secondary school students, among those who reported sexual victimization, nearly 21% were boys¹⁵⁸. Some groups of Ho Chi Minh City children may be additionally vulnerable to sexual abuse. Those include children in street situations who migrated from provinces to earn a living by doing jobs such as shining shoes and selling newspapers, chewing gum and lottery tickets or doing housework, babysitting or working in restaurants and pubs¹⁵⁹.

Although child sexual abuse could happen anywhere, the report “Safe cities for Women and Girls” released by ActionAid Viet Nam revealed that public spaces in big cities like Ha Noi and Ho Chi Minh City were places where women and girls faced high risks of sexual abuse. According to the report, “87% women and girls who had experienced sexual harassment said it happened in a public area such as streets, parks, buses and public toilets”¹⁶⁰.

Trends of violence against children

It is challenging to assess trends of violence against children in Ho Chi Minh City due to the lack of reliable and comprehensive data. Findings from MICS surveys showed a steady decline in physical punishment and psychological aggression against children nationwide. Although there is no specific data for Ho Chi Minh City, assumptions on trends could be made based on data for the southeastern region, where Ho Chi Minh City is located. In this region, children experiencing physical punishment had declined by one-third, from 64.1% in 2004 to 41.5% in 2014. Especially, severe physical discipline declined by more than five-fold, from 7.9% in 2004 to 1.5% in 2014. Psychological aggression, however, fell at a slower pace, from 89% in 2004 to 60.1% in 2014¹⁶¹. However, data is insufficient to assess trends of violence in schools or other settings.

With regard to sexual abuse, MOLISA data showed an increase of almost 33% in the number of child victims of

157 MPS, Report on enforcement of legislation in relation to prevention of and response to child sexual abuse crimes, dated Apr. 11, 2017, ref. 144/BC-BCA

158 Alarming rise in child sexual abuse, Viet Nam Law and Legal Forum, <http://vietnamlawmagazine.vn/alarming-rise-in-child-sexual-abuse-5839.html>, accessed on Aug 12 2017

159 Dealing with child labour and children in street situation under the Strategy on child protection, care, and education <http://treem.molisa.gov.vn/Site/vi-vn/13/367/17804/Default.aspx>, accessed 15 May 2017

160 ActionAid, MOLISA, Safe City for Women and Girls, 2014, http://www.actionaid.org/sites/files/actionaid/baocaoeng_0.pdf

161 Viet Nam MICS survey reports 2006 and 2014

sexual abuse during 2009-2013 nationwide¹⁶². However, it is unclear if this reflects an increase in actual incidents or increased reporting or both. More research is required to understand the scope, nature and trend of sexual abuse in Ho Chi Minh City.

(ii) Child labour

The Viet Nam National Child Labour Survey 2012 estimated 1,754,000 child labourers aged 5-17 years engaged in work with negative impacts on their physical and psychological development as well as dignity. This accounted for 62% of working children and 9.6% of the child population. Of these, only 45.2% managed to attend school, 52% dropped-out and 2.8% had never attended school. According to the surveys, child labour was more common in families with low incomes, in rural areas and those with lowly-educated parents¹⁶³.

According to the survey, 80,341 children were found to engage in economic activities in Ho Chi Minh City, out of them 44,053 were categorized as child labourers. With this number, Ho Chi Minh City ranked tenth in the whole country in child labourers. However, due to the City's big child population, the child labour ratio was as low as 3.5%, putting the City among provinces of low child labour prevalence. More boys engaged in child labour (63%), with most from the 15-17 year age bracket (83%). It is worth noting the rate of child labourers working more than 42 hours per week was extremely high. For every five child labourers, four worked for more than 42 hours per week, compared to the national rate of one-third¹⁶⁴.

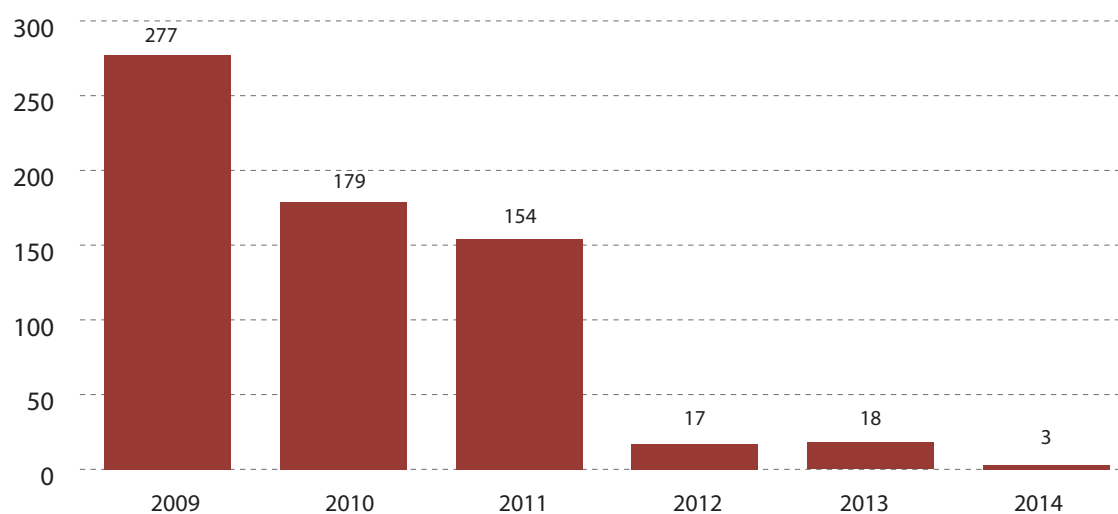
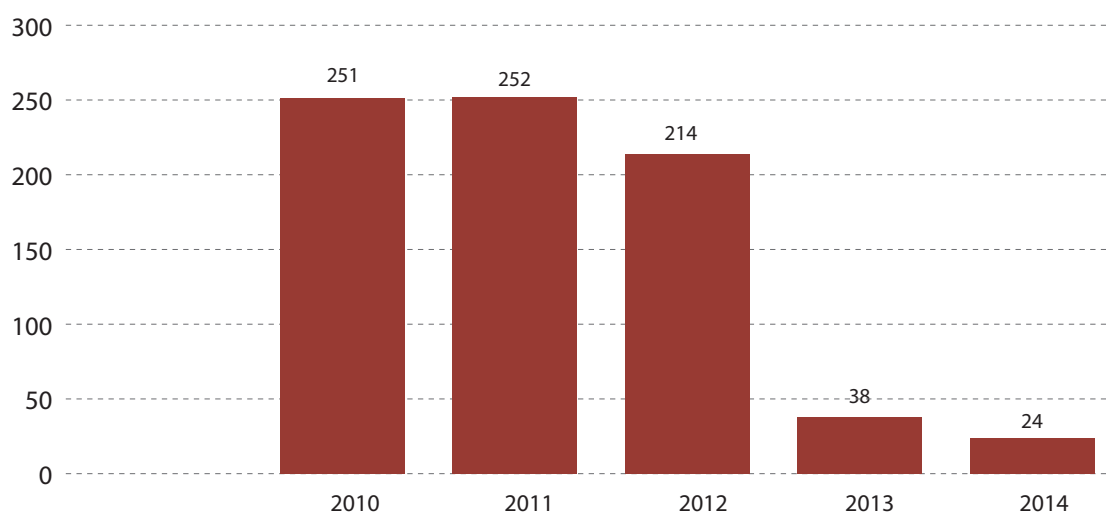
Ho Chi Minh City DOLISA data provided far lower figures than the above survey. In the six-year period ending in 2014, 648 children were reported working in hard and hazardous conditions, a further 779 children were found working far from home. Figures 5.4 and 5.5 show significant reductions in both groups of children¹⁶⁵. This, however, might not reflect the true picture as it missed the 16-18 year age group that, according to above survey, accounted for more than 80% of child labourers in Ho Chi Minh City. In addition, research showed that many child labourers worked in informal sectors, in small and home-based factories, using false identification when applying for jobs, thus could easily be invisible.

162 MOLISA, *Children Indicators in Viet Nam, 2009-2010, 2013-2014*

163 ILO, MOLISA, GSO, *Viet Nam: National Child Labour Survey 2012*

164 ILO, MOLISA, GSO, *Viet Nam: National Child Labour Survey 2012*

165 *Ho Chi Minh City DOLISA statistics, 2015.*

Figure 5.4. Children working in harsh and dangerous conditions**Figure 5.5. Children working away from family**

Source: Report by Ho Chi Minh City DOLISA, 2015

In 2016, a small-scale study on child labour in Ho Chi Minh City conducted by a research team from Ton Duc Thang University was presented at the International Conference on Education and Social Integration. Based on a survey of 170 child labourers, including four children under 13 years of age, 94 aged 14-16 years and 72 in the 16-18 age bracket, the study shed light on the child labour situation in Ho Chi Minh City. In general, the majority worked in the garment industry and on average, each worked 6.9 days per week, 9.9 hours per day. Almost 86% started work at 7:00am, while those worked in catering services started as early as 5:00am. Children in the 16-18 age group often ended work at 9:00pm and those in catering services ended the latest after 10pm. Children were often targeted by small-scale businesses as they were amenable and cheap. Those who worked for household-based businesses, such as catering shops (noodles, coffee), often stayed with the host family. As such, they did not only assist in serving tables, cleaning up and washing dishes, but also cooked, shopped for groceries and babysat as domestic workers. Many came from poor families, were migrant children and had little or no education¹⁶⁶.

Recent UNICEF research on the apparel and footwear industry and children in Ho Chi Minh City suggested strict policies

towards child labour in the formal sector pushed problems to sub-contract factories, informal and home-based workshops in the lower tiers of the apparel and footwear supply chain where child labour remained acute. This research also raised concerns about recruiting labourers aged 15-17 under the same conditions as adults. According to the research, many migrant adolescents under 18 years used false identity cards to apply for jobs in factories¹⁶⁷.

An ILO study found the majority of child domestic workers in Ho Chi Minh City were migrant children, who tended not to register for temporary residence¹⁶⁸. They often worked in the informal sector, small-scaled or home-based businesses as domestic workers without residence registration and under false identification, child labourers, therefore, can easily be invisible. Consequently, they are vulnerable to exploitation and abuse without interventions from authorities.

(iii) Child trafficking

There is limited information on child trafficking in Ho Chi Minh City. According to official data, from 2008-Jun 2013, some 2,390 trafficking cases were detected nationwide, involving 3,961 traffickers and 4,721 survivors. Of these, 285 cases (12%) involved victims aged under 16 years. The true number of cases could be far higher as 17,870 women and children were reported missing for unknown reasons during this period, many suspected to have been trafficked¹⁶⁹.

MOLISA Children Indicators 2012-2013 and 2013-2014 showed no child trafficking cases in Ho Chi Minh City during 2012-2013. In 2015, at least one case of trafficking in infants in Ho Chi Minh City was brought to trial. Four traffickers were sentenced from six to 16 years' imprisonment¹⁷⁰. Another case was reported by the media in 2016, where a woman sold her grand daughter who lived with her mother in Ho Chi Minh City, in Can Tho province for VND20 million. However, it is hard to ascertain the nature and extent of child trafficking in Ho Chi Minh City by exclusively examining reported data due to the hidden nature of this type of crime, delays in case identification and low rates of reporting.

Ho Chi Minh City was found among key source locations for child sex trafficking to Cambodia¹⁷¹. At the same time, it was identified as one transit point where victims were gathered before being trafficked to other countries¹⁷². Studies also suggested Ho Chi Minh City is a destination of trafficking, internationally and domestically. In 2009, the US Trafficking in Persons Report observed that Viet Nam was a destination country for children from Cambodia trafficked for forced labour or commercial sexual exploitation¹⁷³. According to exploratory research on trafficking in boys conducted by International Organization for Migration (IOM) Viet Nam in 2012, among 81 interviewed boy victims of trafficking, 54 were sent to Ho Chi Minh City for labour and sexual exploitation¹⁷⁴. Lack of parental care, neglect, domestic violence and peer pressure were mentioned as factors contributing to their decision to migrate and increase the vulnerabilities of being trafficked.

(iv) Commercial sexual exploitation of children

Commercial sexual exploitation of children (CSEC) is often considered taboo, thus under-researched in Viet Nam. Therefore, it is difficult to obtain reliable and updated statistics on various forms of CSEC, including child prostitution, child sex tourism, the production, promotion and distribution of pornography involving children and use of children in sex shows (public or private). Findings from research on commercial sexual exploitation of children jointly conducted by MOLISA and UNICEF Viet Nam in 2011 in five cities and provinces, including Ho Chi Minh City, showed "an alarming

167 UNICEF Viet Nam, *The Apparel and Footwear Sector and Children in Viet Nam* (2016)

168 International Labour Organization, *Child Domestic Workers in Ho Chi Minh City* (2006).

169 Gov. Steering Committee 138, *Review report on trafficking in person crime 2008-2013* <http://www.molisa.gov.vn/Images/FileCu/VI/UserUpload/vanphong/102009/BC-571-BCD-tnxh.pdf>, access on Aug 20, 2017

170 *Traffickers in the infant trafficking chain in Ho Chi Minh City sentenced* <http://vietnamnet.vn/vn/thoi-su/duong-day-mua-ban-tre-so-sinh-o-sai-gon-lanh-an-233487.html>, accessed on Aug 20, 2017

171 MOLISA, UNICEF, *An analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam* (2011), see US Department of State (2009), *Trafficking in Persons Report*, available at: <http://www.state.gov/documents/organisation/142979.pdf>

172 Gov. Steering Committee 138, *Review report on trafficking in person crime 2008-2013* <http://www.molisa.gov.vn/Images/FileCu/VI/UserUpload/vanphong/102009/BC-571-BCD-tnxh.pdf>, access on Aug 20, 2017

173 MOLISA-UNICEF, *An analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam* (2011)

174 IOM, *Exploratory Research – Trafficking in boys in Viet Nam* (2012)

situation of child prostitution, child sex trafficking, child sex tourism and child pornography in Viet Nam¹⁷⁵.

MOLISA reported approximately 31,000 sex workers between 2003-2008 nationally, with 14% minors under 18 years of age¹⁷⁶. Ho Chi Minh City was identified as one of the cities/provinces with high incidences of prostitution for women and children¹⁷⁷. Particularly, child prostitution among 12-17 years old is evident in Ho Chi Minh City and Ha Noi. Both boys and girls were victims of sexual exploitation, although girls' involvement in sex work was more visible. Children involved in sex work tend to be younger and many experienced cumulative harm during their childhood, came from families with financial problems, violence, sexual abuse, substance abuse, death of a family member, parental divorce, illness of a family member, neglect, migration, unemployment, internet and gambling addiction. As reported by MOLISA, the majority of sex workers, adults and children, have migrated from rural areas to big cities. In Ho Chi Minh City, many child sex workers came from neighboring provinces in the Mekong Delta region¹⁷⁸.

Although there is limited data available, Viet Nam is considered an increasingly common destination for child sex tourism and children working as street vendors and tour guides were at high risk¹⁷⁹. Living in a popular destination for tourists, with approximately 5.2 million tourists in 2016¹⁸⁰, Ho Chi Minh City's children are highly vulnerable to child sex tourism.

In the IOM exploratory research, Ho Chi Minh City was found to be a destination for domestic trafficking in boys. Of the 24 boys trafficked to Ho Chi Minh City for sexual exploitation, the youngest at the time of being trafficked was 14. Most were from the Mekong Delta and Southeast provinces¹⁸¹.

In a MOLISA-UNICEF CSEC study in 2011, it was found that pornography was available for purchase from local DVD sellers in all research sites, including Ho Chi Minh City. According to key informants, it was easy to purchase pornographic DVDs featuring children. However, the internet and mobile phones have now replaced DVDs and become the primary pornography medium in Viet Nam. Of the 100 most frequently visited websites in Viet Nam, 12 sites immediately access explicit pornographic or sexual content¹⁸². Child sex offenders have increasingly been making use of the internet as a means of communicating with Vietnamese children and grooming them for sexual abuse. Social media facilitates children's interactions with foreign and domestic exploiters, which could lead to in-person meetings later on. Anecdotes reported by the media and professionals suggest Vietnamese children have been directly exploited through production of child pornography or live streaming of child sexual abuse¹⁸³. Ranking second after Ha Noi in terms of internet users, Ho Chi Minh City children and youth face increased risks of online sexual exploitation.

(v) Juveniles in conflict with the law

Ho Chi Minh City has constantly reported the highest number of juveniles in conflict with the law in Viet Nam¹⁸⁴. For example, in 2013 out of 10,603 juveniles who came into contact with police as alleged offenders, 1,060 were from Ho Chi Minh City accounting for approximately 10%¹⁸⁵. It is worth noting, however, that given the city's big population, it does not necessarily mean the city has the highest rate of juvenile offending.

Figure 5.6 shows the number of law violation incidents committed by juveniles and number of juvenile alleged offenders in Ho Chi Minh City during 2009-2013. Although the media repeatedly raise concern on the rise of juvenile offending

175 MOLISA-UNICEF, *An Analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam* (2011)

176 MOLISA, *Report Summarization on the Five Year Implementation of the Ordinance on Prostitution Prevention (2003-2008)*, (2008), pp 18-19

177 MOLISA (2008)

178 MOLISA, UNICEF, *An analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam* (2011)

179 Ibid

180 Department of Tourism, Ho Chi Minh City <http://www.sodulich.hochiminhcity.gov.vn/>

181 IOM, *Exploratory Research – Trafficking in boys in Viet Nam* (2012)

182 MOLISA-UNICEF, *An Analysis of the commercial sexual exploitation of children in selected provinces and cities of Viet Nam* (2011)

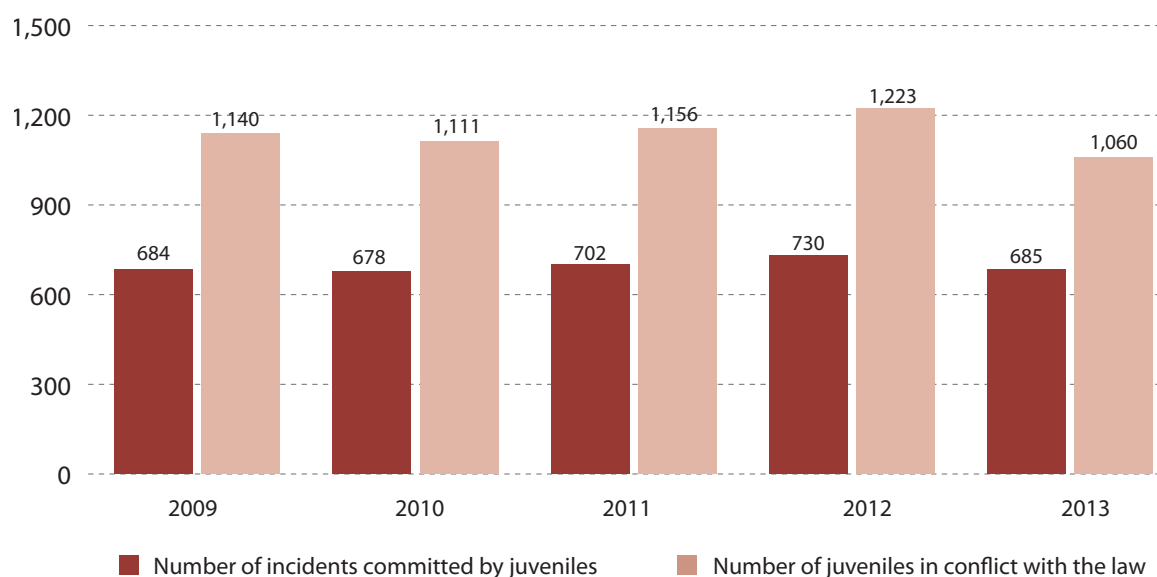
183 Ibid

184 MOLISA, *Child Protection and Care Administration, Children Indicators in Viet Nam 2009, 2012-2013, 2013-2014*

185 MOLISA, *Child Protection and Care Administration, Children Indicators in Viet Nam 2013-2014*.

nationally as well as in Ho Chi Minh City, this is not supported by data. The average alleged number of juvenile offenders remained constant at 1,110 per year during 2009-2013.

Figure 5.6. Juveniles in conflict with the law (2009-2013)

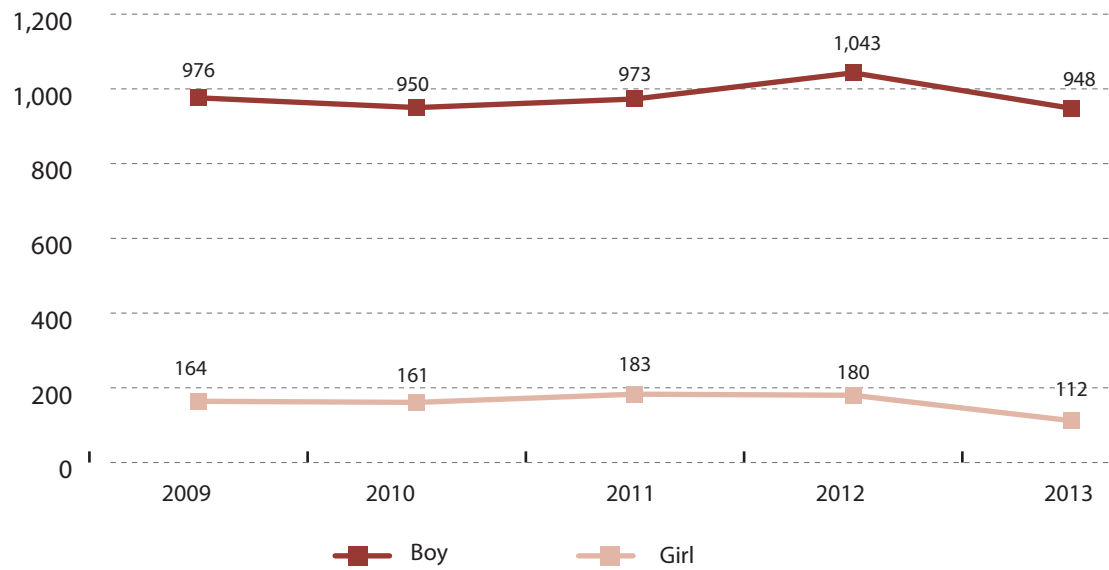


Source: Statistics by Ho Chi Minh City Police, 2014

The majority of juvenile offenders in Ho Chi Minh City were boys (89%). Although this is also a national trend, the rate of offending among girls in Ho Chi Minh City is also high. In 2013, almost 11% of juvenile offending in Ho Chi Minh City was committed by girls, three-fold the national average and the third highest rate nationwide¹⁸⁶. Around one-in-three juvenile offenders in Ho Chi Minh City, compared to the national rate of one-fifth, were found breaching the law for more than once¹⁸⁷. One-in-five juvenile alleged offenders could either not read nor write, or only had elementary education. Although child indicators reported 0% school drop-outs among this group of children in Ho Chi Minh City, national data showed that around half of juvenile accused were drop-outs with “had dropped out of school. Implementation of community-based support for juveniles in conflict with the law in Ho Chi Minh City also shows dropping out of school was one of the risk factors contributing to offending behavior.

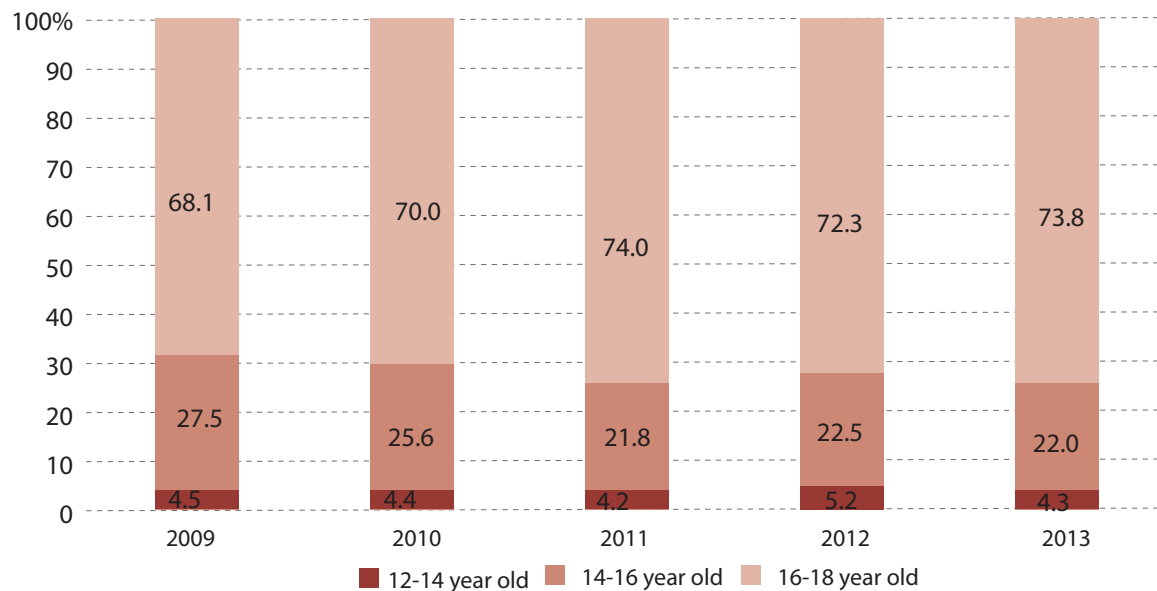
¹⁸⁶ *Ibid.* The rate of offending amongst girls was highest in Yen Bai province (15.15%), followed by Hung Yen province (11.11%).

¹⁸⁷ *Ibid.*

Figure 5.7. Girls vs. Boys as Juveniles in conflict with the law -2009-2013

Source: Statistics by Ho Chi Minh City Police, 2014

Contrary to observations often made in media and different fora that young offenders tend to be younger, official data as presented in Figure 5.8 shows ages remained constant, with a slight increase in those in the 16-18 age group, making up almost three-quarters of total juvenile alleged offenders. One-fifth came from the 14-16 age group, while those in the 12-14 age range only accounted for less than 5% of the total number.

Figure 5.8. Juveniles in conflict with the law by age group

Source: Statistics by Ho Chi Minh City Police, 2014

The most common offences committed by juveniles are property-related ones (approximately 75%), including theft, snatching, robbery and extortion. Snatching is particularly common among juvenile offenders in Ho Chi Minh City. In 2013, the rate of snatching was 26.5%, the highest nationwide and more than four times greater than the national average¹⁸⁸.

Figure 5.9. Types of offences committed by juveniles (2009-2013)

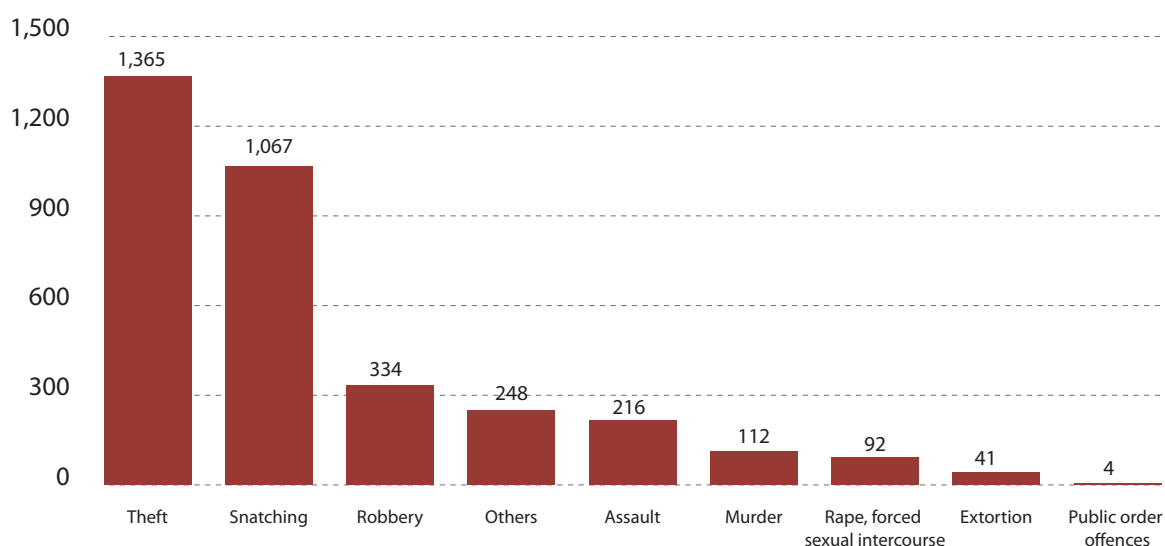
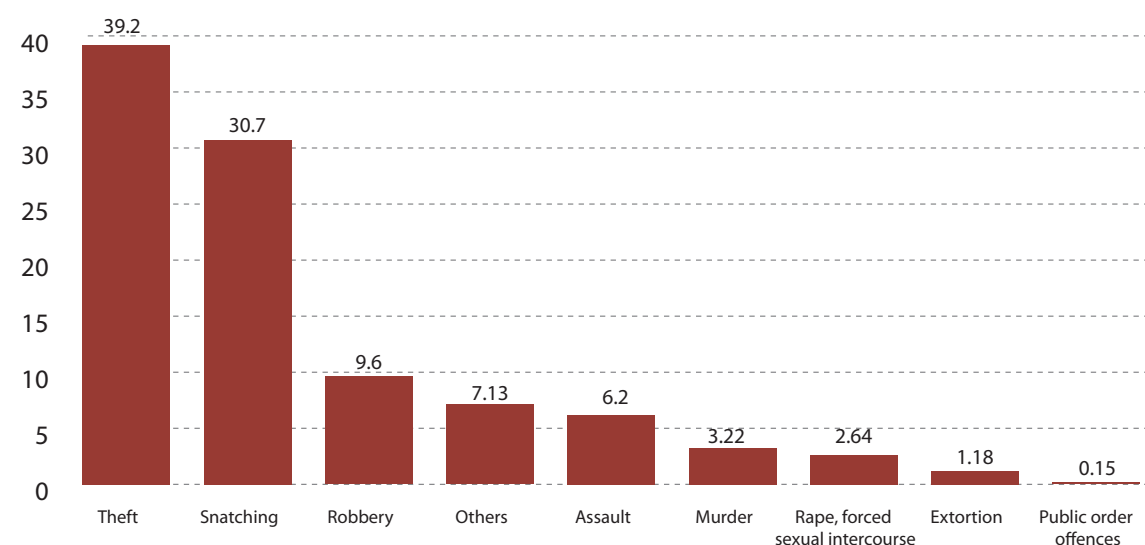


Figure 5.10. Types of offences committed by juveniles by percentage (2009-2013)



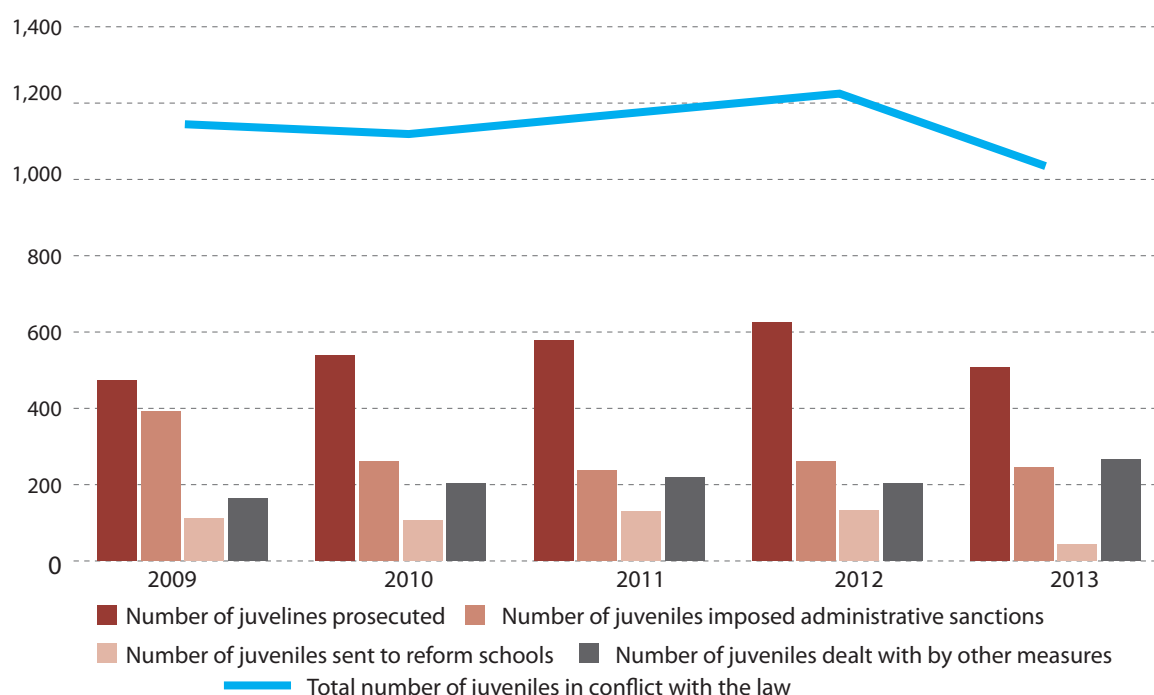
Source: Statistics by Ho Chi Minh City Police, 2014

In 2013, around 55% of juvenile alleged offenders in Ho Chi Minh City were charged with a criminal offence, while the rest were handled through the administrative system for minor violations. This rate of criminal charges was 12 percentage points higher than the national average. Due to the lack of data, it is unclear how they were treated in the criminal justice system. National data, however, shows a rather harsh approach with approximately one-third of juvenile accused detained pending trial¹⁸⁹. Nationally, approximately 67% of juveniles handled by the courts were subject to termed imprisonment during 2011-2015. An additional 27% had termed imprisonment applied, but benefited from suspended sentences¹⁹⁰.

¹⁸⁸ *Ibid.*

¹⁸⁹ Supreme People's Procuracy Statistics, 2011-2015

¹⁹⁰ Supreme People's Court Statistics, 2011-2015

Figure 5.11. Disposition of juveniles in conflict with the law (2009-2013)

Source: Ho Chi Minh City Police Statistics, 2014

5.2 Causality Analysis

The following section briefly discusses immediate, underlying and structural factors contributing to violence against children in Ho Chi Minh City. Analysis is based on available information from research and studies as well as perspectives of stakeholders recorded through interviews and group discussions for this SitAn as described in the earlier methodology section. While some risk factors are typical for Ho Chi Minh City, others are also common to other provinces, including those rooted from Vietnamese culture and social norms.

(i) Immediate Factors

Increased risks due to fast urbanization and migration

In addition to commonly-mentioned risks, such as financial difficulties, unsafe living environments, parental absence, abusive family situations and pro-corporal punishment attitudes of parents¹⁹¹, children in Ho Chi Minh City face emerging and increased risks due to fast-growing urbanization accompanied by migration. Recent research by Save the Children and Institute of Social and Medical Studies found that migrant children experienced more violence at home, especially psychological and sexual violence. In school, the prevalence of physical violence among migrant children is 42% higher than among non-migrants¹⁹². Despite the city's communication efforts to end violence against children, access to the programme remains limited. Interviews in Binh Thanh district revealed migrants rarely attended communication events.

¹⁹¹ MICS 2014

¹⁹² Save the Children and ISMS, *Situation Analysis of violence and physical and humiliating punishment of children in Viet Nam 2016*

The mobility of migrant children also challenges efforts to report and detect child abuse.

“There was an unsolved case last year. The child victim migrated to our neighborhood. The family left before we could reach them and take any action.”

Source: Officer from Nha Be district DOLISA

Growing urbanization coupled with poor infrastructure and urban planning, which does not take into consideration the needs of women and girls, also exposes them to increased risks of sexual harassment. In a recent study conducted in Ho Chi Minh City by UN Women Viet Nam, the risks of verbal and physical sexual harassment in public areas, such as streets, parks, marketplaces, dressing rooms and in bathrooms of public swimming pools, were reported by men and women. Most people interviewed believed teenagers, girls and women aged 16-30 years were among those most likely to experience sexual harassment in public spaces¹⁹³.

Emerging online child protection risks

It is estimated that 72% of Viet Nam’s youth population is online and Ho Chi Minh City ranks second after Ha Noi in terms of internet users. Children and youth in Ho Chi Minh City, therefore, are exposed to innumerable online risks and threats, such as bullying, abuse and exploitation, discrimination, commercial fraud, habit formation and enticement to illegal behaviours. However, a survey conducted by UNICEF in 2016 revealed that 71% of Vietnamese minors interviewed believed online abuse would never happen to them¹⁹⁴. Meanwhile, parents neither fully understand the risks of child online abuse nor are able to supervise their children’s access to the internet although many expressed concern their children may become addicted to online games or pornographic materials¹⁹⁵.

LGBT children face higher risks

LGBT street children were found to face heightened risk of violence in Ho Chi Minh City. Often running away from home due to family rejection or psychological stress, they constantly experienced threats of violence, harassment, exploitation and discriminatory treatment, even from law enforcement due to their sexual orientation¹⁹⁶.

(ii) Underlying Factors

Role of cultural norms

Violence against children in Viet Nam is strongly influenced by social norms. Violent disciplinary practices are widely accepted as parents’ right to help children recognize mistakes and behave correctly¹⁹⁷. Children with caregivers who agreed corporal punishment was a necessary part of child-rearing were three times more likely to be physically punished than children with caregivers who did not share the same belief¹⁹⁸. The same pattern is observed in schools where teachers have authority over children. Meanwhile, hierarchical parent-child, teacher-student relationships encourage children to be acceptant, silent and deny rather than seeking help.

193 UN WOMEN Viet Nam, *Scoping Study – Ho Chi Minh City Safe Cities and Safe Public Spaces Global Initiative (SC/SPS)* (2016)

194 https://www.unicef.org/vietnam/VIETNAM_Ipsos_Unicef_Graphic_Report_26.pdf

195 <http://www.worldvision.at/sites/default/files/Sex-Abuse-Childhood-Report.pdf>

196 *Save the Children* (2012), *Situation Assessment of LGBT Street Children in Ho Chi Minh City*

197 Cappa, C., & Dam, H., 2013. Prevalence of and risk factors for violent disciplinary practices at home in Viet Nam. *Journal of interpersonal violence*

198 MICS 2014

“I think I deserved to be beaten because I was wrong. And Dad did it because he loved me”

Source: Girl in Binh Tri Dong B ward, Binh Tan district

“Parents only punish us if we are wrong”

Source: Boy in Phuoc Kien commune, Nha Be district

Many people view domestic violence and corporal punishment as a family matter. Family members do not want others to intervene. Meanwhile, some community members think intervention from authorities is excessive and unacceptable.

“It is not easy to approach such a family [about domestic violence]. It affects their self-esteem. We invite them to the ward’s office, but they usually refuse. So we often have to ask the police or community leader to talk to them. Those people are more influential than us.”

Source: DOLISA officer, Binh Thanh district

“Sometimes I yelled at her [when beating her child], but I did not report the case to the police. We are both women, we should sympathize with each other. Reporting to the police would be excessive. For example, if I see a woman beating her child, I would tell her: “Oh God, why are you beating your child like that? Isn’t he your own child? Don’t you feel sorry for him?” So I would just say that to help her change the way she treats her child. If I report to the police, it’s not good for her. Sometimes what the child did was wrong and she already talked to him, but he didn’t behave. So we should help her to change.”

Source: Mother, Binh Tri Dong ward, Binh Tan district

Research shows children who experience physical violence tend to bully their peers or others in the school and community. Many students who are violent at school were found to have been abused by their parents or siblings¹⁹⁹.

Social norms could also reinforce child sexual abuse. In Vietnamese culture, people do not openly discuss sexual abuse. This challenges efforts to disseminate information and education on child sexual abuse and dialogues on effective prevention strategies²⁰⁰. Guilt and shame prevent children and parents from reporting cases to authorities²⁰¹.

Lack of effective coordination mechanisms

Weak inter-sectoral coordination and collaboration is one of the constraints that undermines efforts to address violence against children. In Ho Chi Minh City, competing priorities of line departments and stakeholders were mentioned as an obstacle to inter-agency cooperation. Child protection services at all levels of prevention, support and intervention, referrals to rehabilitative and specialized services are still insufficient and fragmented. In 2008, the Committee for Population, Family and Children was dissolved and its functions in protection of children from neglect, abuse and exploitation were transferred to the Department of Child Protection and Care under MOLISA. Former committee staff were reassigned to DOLISA or other line ministries at provincial level. However, the local network has yet to be sufficiently rebuilt²⁰².

199 Multi-Country Study on the Drivers of Violence: Policy Narrative Report — Viet Nam. UNICEF, MOLISA and University of Edinburgh. 2015

200 World Vision Australia, ‘Sex, Abuse, and Childhood: A study about knowledge, attitudes and practices relating to child sexual abuse, including in travel and tourism, in Cambodia, Lao PDR, Thailand and Vietnam’, 2014, available at <http://www.worldvision.at/sites/default/files/Sex-Abuse-Childhood-Report.pdf>

201 Ibid

202 Save the Children Sweden, 2014. Child rights situation analysis. Viet Nam country office

Ineffective monitoring and reporting systems for protecting children

A significant challenge is the lack of safe and effective mechanisms for children to report cases of violence, abuse and exploitation. A legal review of child abuse conducted by UNICEF in 2015 pointed out a number of legal barriers preventing children, families and community members from reporting child abuse incidents. These include the absence of a clear definition of all forms of abuse and violence against children, the lack of mandatory reporting mechanisms and inadequate measures for protection of privacy of child victims²⁰³. As a result, child protection staff or local authorities only discover cases when released to the public through the media or social networks (Facebook). Many families choose to negotiate with the perpetrator for compensation and resolve the matter privately, rather than bringing the case before the justice system.

While sexual abuse, particularly rape, is the most common form of violence against children reported to police in Ho Chi Minh City, attrition is still high at the initial contact and reporting stages due to limited child-friendly and gender-sensitive procedures. In a recent study on criminal justice system responses to sexual violence in Thailand and Viet Nam, victims reported being turned away and urged to seek mediation or solutions outside the justice system or were interviewed numerous times in an insensitive manner. Delayed action by police to record reports from victims or conduct investigations were also mentioned as reasons of attrition²⁰⁴.

(iii) Structural Factors

Role of gender norms and culture of masculinity

In Vietnamese culture, men are usually considered the heads of families, assuming the authority to discipline or educate other family members²⁰⁵. Violence against children is influenced by this culture of masculinity. Corporal punishment and discipline at home and in schools often manifest in gendered and discriminatory ways²⁰⁶.

Traditional values prohibit sex before marriage and emphasize female virginity. Furthermore, girls tend to be blamed for pre-marital sexual relationships even when abused. This creates guilt and shame, preventing girls and families from reporting child sexual abuse incidents and hampering responses to child sexual abuse²⁰⁷.

Inadequate and insufficient laws to protect children against violence and exploitation

Although the new Law on Children (2016) introduced a number of significant improvements compared to the 2004 law, creating an enabling and protective environment for protection of all children from violence, gaps and challenges remain.

Under the CRC, a child is defined as a person below the age of 18 years, unless under national laws majority is attained earlier (Article 1). While the Civil Code (2015) defines 18 as the age of majority, the Law on Children still defines a child as a person under 16 years of age. The definition of a 'child' under 16 years alongside the age of majority being 18 years, is not in line with the CRC. Consequently, it creates a gap in respect of children aged 16-18 years. This group is not considered children and thereby is not afforded corresponding rights. This results in inadequate protection of this group of children as required by the CRC. For example, under the recently passed Law on Legal Aid, children aged 16-18 are not entitled to full legal aid rights. This is despite the fact that 16-18 year olds form the largest group of children in need of legal aid, i.e. 16-18 year olds who committed an administrative violation and face administrative detention (deprivation

203 MOLISA, UNICEF, *Creating a Protective Environment for Children in Viet Nam, An Assessment of Child Protection Laws and Policies, especially children in special circumstances in Viet Nam* (2009)

204 Skinnider E. et al, *Trial of rape-Understanding the criminal justice response to sexual violence in Thailand and Viet Nam* (2017)

205 Vu Thi Thanh Huong, *Understanding Children's Experiences of Violence in Viet Nam: Evidence from Young Lives, Innocenti Working Paper 2016-26*. Florence: UNICEF Office of Research.

206 *Multi-Country Study on the Drivers of Violence: Policy Narrative Report - Viet Nam*. UNICEF, MOLISA and University of Edinburgh. 2015

207 World Vision Australia, *'Sex, Abuse, and Childhood: A study about knowledge, attitudes and practices relating to child sexual abuse, including in travel and tourism, in Cambodia, Lao PDR, Thailand and Vietnam'*, 2014, available at <http://www.worldvision.at/sites/default/files/Sex-Abuse-Childhood-Report.pdf>

of liberty) and those 16–18 years old who are victims of sexual abuse. Furthermore the protection, resources and services made available to children under the Law on Children and implementing decree (56/2017/ND-CP) are not accessible to those aged above 16 years.

In addition, emotional abuse is not defined under law. The definition of “child exploitation” requiring “forcing” of children into illegal labour, pornography and child prostitution is not in line with the CRC and child rights standards. In accordance with ILO 182 and the Optional Protocol to the CRC, no element of force, threats or coercion is required for child exploitation. This is because children are not mature enough to consent freely to participate in these acts and are entitled to full protection from abusive and exploitative acts of adults.

Economic hardship, poverty and unemployment

Income poverty leading to challenging financial circumstances causes stress in the family that can increase the likelihood of violence occurring within the home. Unemployment, for example, could cause parents to quarrel, they may turn to alcohol abuse and take the stress out on one another and their children. Hence children may experience physical and emotional violence as well as possibly neglect due to economic hardship. The child may even be pressurized to engage in child labour²⁰⁸.

Lack of quality data on violence against children

Child protection includes numerous activities and programmes that should be monitored and reviewed to ensure local authorities can respond quickly to implementation problems. However, this analysis demonstrates a serious lack of comprehensive and quality data on violence against children in Ho Chi Minh City. This is partly due to gaps in the national legal system, as a child is defined as being under 16 years of age under the Law on Children. As such, data and statistics on child protection routinely only include those below 16 years of age, except in certain areas such as juvenile justice, which covers juvenile alleged offenders under 18 years. Furthermore, MOLISA and DOLISA mostly collect data on children in special circumstances. Therefore, data on the number of groups of child victims of violence who did not belong to the 10 categories of children in need of special circumstances defined by the old Law on Protection, Care, and Education of Children were not collected and reported systematically. Although this concept has been substantially broadened by the new Law on Children, the absence of clear definitions of “neglect” and “emotional abuse” and a definition of “child exploitation” not in line with the CRC and child rights standards, hampers child protection monitoring.

In addition to these legislative gaps, disbursement of data among different agencies makes it challenging to draw a coherent picture of child protection in Ho Chi Minh City. DOLISA maintains a database on 10 categories of children in need of special protection as defined by the Law on Protection, Care and Education of Children (2004). Recently, DOLISA collected data on child victims of kidnapping and trafficking, maltreatment and violence, injury, children living in poor and near-poor households, child marriage, children leaving school before completion of secondary education, children living in families with problems such as drugs, gambling, prostitution, crime and those whose parents work far from home for more than six consecutive months. Still, some child protection problems remain uncovered, including psychological abuse, neglect, sexual exploitation of children in sex work and pornography. It is also unclear how indicators are defined. Furthermore, as data is not disaggregated by sex, age group or other criteria, it does not allow analysis of different groups and causes of violence. Importantly, some indicators are based on figures provided by police, for example child victims of sexual abuse, and do not reflect reality as cases detected or reported to police are only the tip of the iceberg.

The Department of Public Security (DPS), Procuracy and Courts also collect and report data on juveniles in conflict with the law and child victims of crime within the crime statistics system. Data from this system is more detailed, usually disaggregated by sex, age group, education level of the child and type of crime. Some information on the profile of parents or perpetrators is also available. However, this data is not shared with DOLISA on a routine, systemic basis and

²⁰⁸ *Young Lives and UNICEF (2016). Understanding Children's Experiences of Violence in Viet Nam: Evidence from Young Lives.*

at a detailed level.

In addition to routine quantitative data, there is also an urgent need for in-depth qualitative data on a number of child protection issues, including child trafficking, commercial sexual exploitation of children and child labour to facilitate a better understanding of the magnitude of problems, risk and protective factors as well as bottlenecks to inform policies and interventions to protect all children in Ho Chi Minh City from neglect, abuse and exploitation.

5.3 Policy Environment

Legal and Policy Framework

Child protection work in Ho Chi Minh City is implemented within the national legal and policy framework on child protection. At the same time, it is regulated by a number of legal documents and policies enacted by the city's People's Council and Committee to enforce national laws and policies in the Ho Chi Minh City context.

National Law and Policies

During the past 10 years, the national child protection legal and policy framework has undergone major developments, creating a stronger foundation for prevention and responses to violence against children. In 2013, for the first time, the right of the child to be protected by the State, family and society from harassment, persecution, maltreatment, abandonment, abuse and exploitation was recognized in the country's most powerful legal document, the Constitution of 2013 (Article 37). Under the Constitution, there are various laws and sub-law regulations on preventing and responding to violence against children. Key legal documents are summarized in Table 5.4.

Table 5.4. Key legislation pertaining to child protection

Law/ordinance	Provisions related to child protection
Labour Code (1994), amended in 2004 and 2012	<ul style="list-style-type: none"> Defines eligible age for entering labour contract at 15-years-old, prohibits child labour and stipulates special protection of labourers under the age of 18
Ordinance on Prostitution and Combat(2003)	<ul style="list-style-type: none"> Stipulates measures to deal with sexual exploitation of children under 18
Law on Education (2004)	<ul style="list-style-type: none"> Prohibits corporal punishment in school settings
Law on Domestic Violence 2007	<ul style="list-style-type: none"> Prohibits domestic violence, including against children, stipulates measures to prevent and protect victims of domestic violence, including separation of children from parent perpetrator
Law on the Prevention of and Combat against Human Trafficking (No. 66/2011/QH12).	<ul style="list-style-type: none"> Stipulates prevention and responses to human trafficking, support and protection of human trafficking survivors, including children
Adoption Law (2010)	<ul style="list-style-type: none"> Stipulates conditions and procedures for adoption, rights and obligations of adopted parents, adopted child and biological parents
Law on Family and Marriage (2014), replaced Law on Family and Marriage (2000)	<ul style="list-style-type: none"> Requires equal treatment of sons and daughters, children born in and out of wedlock, stipulates conditions for suspension of parental rights in case a parent(s) seriously violates rights of the child
Civil Code (2015), replacing Civil Code (2005)	<ul style="list-style-type: none"> Stipulates the age of majority at 18-years-old. The law governs issues related to care and protection of children without parental care, guardianship.

Law/ordinance	Provisions related to child protection
Law on Children (2016), replaced Law on Protection, Care, and Education of Children (2004)	<ul style="list-style-type: none"> • Specifies three levels of services (prevention, assistance and intervention) for child protection and establishes accountability of different duty-bearers for its implementation • Provides for appointment of child protection officers at commune level • Outlines clear procedures for reporting, assessment and intervention planning for children in need of protection and gives detailed guidance on alternative care for children with particular focus on family-based care • Overarching child justice principles set to ensure minimum standards for treatment of all children in contact with the justice system
Law on Handling of Administrative Violations (2012), replaced Ordinance on Handling of Administrative Violations (1992)	<ul style="list-style-type: none"> • Defines minimum age of administrative liability (12), administrative violations, administrative sanctions and handling measures, and competence to impose sanctions and handling measures • Incorporates a number of child justice principles in handling administrative violations of minors under 18, including the best interest of the child principle • Limits imposition of administrative detention of juveniles in conflict with the law and introduces two diversionary measures, admonition and family supervision
Law on People's Court Organization (2014), replaced Law on People's Court Organization (2002)	<ul style="list-style-type: none"> • Providing legal foundation for the creation of Family and Juvenile Court as a specialized children's court for the first time in Viet Nam • The court has jurisdiction over most child matters in criminal, family and administrative cases (Circular No.01/2016/TT-CA of the Chief Justice of the Supreme People's Court dated 21 January 2016)
Penal Procedure Code (2015), replaced Penal Procedure Code (2003)	<ul style="list-style-type: none"> • Stipulates special procedures applicable to criminal cases involving minors under 18 who are alleged offenders or victims/witnesses of crimes • Various child justice principles were incorporated, including the best interests of the child principle, requirement for swift handling, protection of privacy and limits the application of detention • Limits pre-trial detention of juveniles accused and cuts the pre-trial detention period by half from 16 months
Penal Code (2015), amended in 2017, replaced Penal Code (1999)	<ul style="list-style-type: none"> • Broadens alternatives to detention and introduces parole as a new mechanism for early release of juvenile offenders • Criminalizes various forms of maltreatment and violence against children, including physical violence, sexual abuse and exploitation, sale of children, child labour
Legal Aid Law (2017), replaced Legal Aid Law (2006)	<ul style="list-style-type: none"> • Provides major expansion of legal aid to all children under 16, child offenders aged 16-18 years and child victims/witnesses aged 16-18 years in financial difficulty.

Under these laws and ordinances are numerous sub-laws enacted by Government, the Supreme People's Court, Supreme People's Procuracy and line ministries to guide implementation of the framework legal documents.

In addition, there are national programmes/strategies/projects that set the overall direction and road map for child protection work in specific periods. The first national programme on child protection was approved in 2011 for 2011-2015, to build a protective environment for children through implementation of four projects on: (1) social mobilization, (2) capacity building on child protection, (3) development of a comprehensive child protection service system and (4) development and implementation of child protection models to protect the most vulnerable children²⁰⁹. The new National Programme for Child Protection approved for 2016-2020 aims to protect children from violence, abuse and exploitation and the rehabilitation of victims and social inclusion of the most disadvantaged children to strengthen the child protection system. It prioritized strengthening of institutions responsible for judicial proceedings and administrative handling, delivery of professional child protection services and development of child protection system(s)²¹⁰.

A project on community-based care for orphans without caregivers, abandoned children, children infected with HIV/AIDS, child victims of chemical toxins, children with severe disabilities and those affected by emergencies aims to develop foster care and respite daycare for these groups of children and enhance the quality of care for those under institutional care²¹¹.

The National Programme on Prevention and Elimination of Child Labour (2016-2020)²¹² was approved to prevent, mitigate and eliminate child labour, detect children at high risk of child labour and working in violation of laws and provide them with support for social inclusion and further development.

The National Project on Social Work Development is also an important policy document as social work is the backbone of child protection service delivery²¹³. Approved by the Prime Minister in 2010, the project's overall goal is development of a cadre of professional social workers and social work services centres as part of a quality social security system. The project includes specific objectives for development of a legal foundation for social work, job codes, training of social work professionals and para-professionals, development of social work services and public awareness-raising on the social work profession.

Local legal and policy framework

In addition to these nationwide laws and policies, Ho Chi Minh City People's Committee issues numerous legal documents and policies to create child protection structures and stipulate concrete measures implemented in the Ho Chi Minh City context.

This includes decisions by the city People's Committee to strengthen child protection human structures at grassroots level through creation of a non-specialized post on children and gender equality at commune level (Decision No.59/2010/QĐ-UBND) and assignment of child protection work at village level to the Population and Family Planning Collaborator (Decision No.86/2010/QĐ-UBND). Ho Chi Minh City issued Decision No.07/QĐ-D-UBND (30 January 2013) that stipulated "one-stop shop procedure birth registration, issuance of health insurance cards and residence registration for children under six years of age".

The city-wide Child Protection Programme 2016-2020 sets out specific targets and concrete activities for increased awareness and skills of children, families, communities and public, strengthened human resource structure and services, improved monitoring systems and enhanced justice for children to end violence against children in Ho Chi Minh City (Decision No.3682/2016/QĐ-UBND).

Built on experiences from pilot model on community-based support for juveniles in conflict with the law, an inter-agency protocol on community-based support and rehabilitation for juveniles in conflict with the law was signed by DOLISA, DPS,

209 Approved by Decision No.267/QĐ-TTg of the Prime Minister (Feb 22, 2011)

210 Approved by Decision No.2361/QĐ-TTg of the Prime Minister (December 2015)

211 Approved by Decision No.647/QĐ-TTg of the Prime Minister (Apr 26, 2013)

212 Approved by Decision No.1023/QĐ-TTg of the Prime Minister (June 7, 2016)

213 Approved by Decision No.32/2010/QĐ-TTg of the Prime Minister (Oct 23, 2010)

Courts and Procuracy to create a framework, including case management procedures, for the four agencies to work together in a concerted effort to prevent and rehabilitate juveniles in conflict with the law in Ho Chi Minh City²¹⁴.

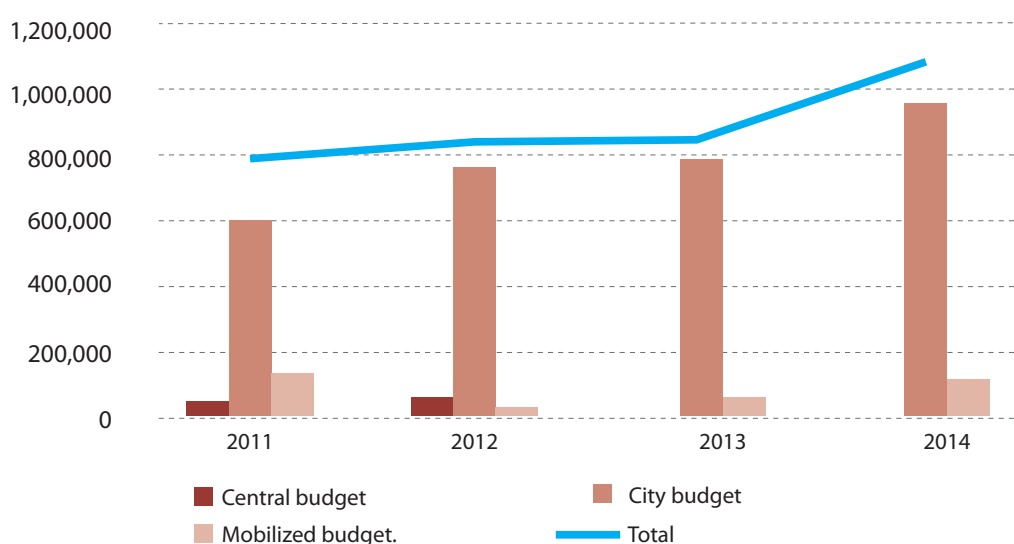
Public Financial Management

As child protection involves multiple sectors and agencies, the State budget for child protection is allocated to respective ministries, ministerial agencies and provinces across the country based on the approved National Programme on Child Protection (2011-2015 and 2016-2020), National Action Plan for Children (2012-2020) and approved annual work plans of spending agencies with a child protection mandate. At local level, recurrent budget is allocated to DOLISA, DOH, DPS, DOET, DOJ, DOIT, Department of Culture, Sports and Tourism, Courts and Procuracy for annual work pertinent to child protection services. Capital budget is allocated for respective work specified in the National Programme on Child Protection and National Action Plan for Children (2012-2020). People's Councils have the power to ratify local budget plans based on budget proposals submitted by the People's Committee. DOLISA works in collaboration with DOF and DPI to propose budget estimations for childcare and protection. Children are neither involved nor consulted during the process.

In addition to local sources, budget for child protection may also be allocated from central level for implementation of National Programme on Child Protection, the National Project on Social Work Development and other national programmes/projects/strategies. Financial aid from international and domestic sources also forms an important part of Ho Chi Minh City's child protection budget.

Figure 5.12 presents budget allocation for implementation of the city's Child Protection Programme (2011-2015). During 2011-2014, more than VND356 billion was spent, with 88% from the city's budget. Nearly VND10.5 billion was provided by central level, accounting for 3%. More than VND33.6 billion (9%) was mobilized from international and domestic individual and organizational donors. Despite absence of central level financial support during 2013-2014 and that mobilized funds decreased, the total budget still increased annually. Specifically, the city's budget allocation in 2014 increased by 60% to more than VND96.6 billion compared to VND60.2 billion in 2011²¹⁵.

Figure 5.12. Budget for implementation of the City's Child Protection Programme (hundred thousand VND)



Source: Review report of Ho Chi Minh City People's Committee on implementation of the National Child Protection Programme 2011-2015 under Decision No.267/QĐ-TTg of the Prime Minister

214 DOLISA, DPS, HCMC People's Court, HCMC People's Procuracy, Protocol for provision of community-based support and rehabilitation for juveniles in conflict with the law in HCMC, dated Dec 15, 2015

215 Review report of Ho Chi Minh City People's Committee on implementation of the National Child Protection Programme 2011-2015 under Decision No.267/QĐ-TTg of the Prime Minister

Capacity Gap Analysis

Child Protection Structure

Figure 5.13 provides a visual description of Ho Chi Minh City's child protection structure. DOLISA is in charge of child protection city-wide, collaborates with other line departments to provide services and develop the system to support children and families according to division of responsibilities under the Law on Children (2016). As the lead agency for child protection, it is responsible for guiding implementation of child protection programmes, plans and models and monitoring enforcement of laws and policies pertaining to child protection²¹⁶. Mirroring MOLISA's structure at central level, the sections for Child Protection and Care under DOLISA has chief responsibility for prevention and to respond to all forms of violence against children. The Social Protection Section also has significant roles in issues related to children without parental care, children infected by HIV, social work development, emergency relief and social protection, including cash transfers for children in need of special protection. At district level, there is a dedicated staff in charge of child protection and care, working under the leadership of a deputy head who covers child protection among other duties in his/her portfolio. Ho Chi Minh City is among few cities/provinces that recruits a non-specialized worker to conduct child and gender equality work at commune level. There is one collaborator in every village whose portfolio includes population, family planning and child protection matters, making up approximately 12,000 village collaborators²¹⁷.

Among line departments responsible for various aspects of child protection at local level, the DOH is responsible for care and monitoring of children with HIV/AIDS and provision of health care for disadvantaged children. The DOET undertakes awareness-raising activities and education on child protection, prevention and control of school violence and to establish standards for child-friendly teaching and learning environments. The Family Section within the MOCST is responsible for promotion of families without violence.

The DOJ plays an important role in child protection, including birth registration, adoption, legal aid, law dissemination and education. It also monitors the handling of children in conflict with the law at grassroots level through the administrative system.

The DPS has the main responsibility in prevention, intervention and management of control measures over children in conflict with the law. It investigates criminal cases involving juvenile alleged offenders and child victims/witnesses, handles juveniles who committed minor violations of the administrative system.

The People's Procuracy implements prosecution rights in relation to children in conflict with the law, including supervision of law observance in investigation, prosecution of criminal cases against children and decision-making with respect to initiation of criminal proceedings, application of deterrent measures to children and prosecution or exemptions from criminal prosecution.

The People's Courts at city and district levels conduct trials relating to children. Ho Chi Minh City is the first city nationally to establish a Family and Juvenile Court, in April 2016. As a court at city level, it has jurisdiction over most criminal, family and administrative cases of serious nature and appeal cases relating to children.

To coordinate many stakeholders to protect children from neglect, abuse and exploitation, child protection steering committees were established at city level and in all 24 districts. By April 2015, 225 out of 319 communes have established child protection steering committees. This is an inter-agency body, chaired by a vice chair of the People's Committee, with members being representatives from line departments and mass organizations.

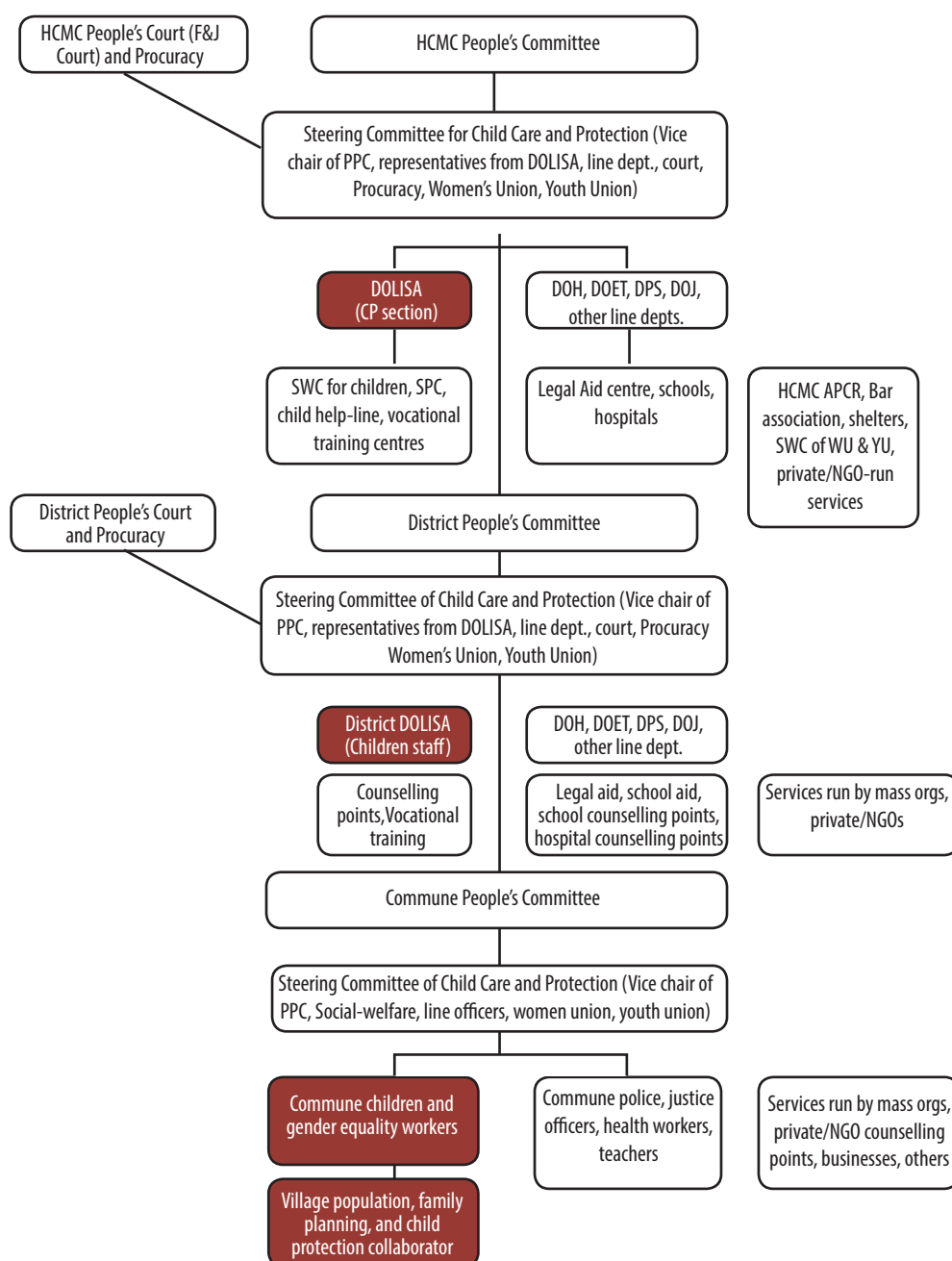
In addition to State agencies, mass organizations and NGOs are key actors in prevention and responses to violence against children. The Women's Union and Youth Union are active players in carrying out communication activities to

²¹⁶ Inter-agency Circular No.37/2015/TTLT-BLĐTBXH-BNV dated 2 Oct 2201522015 between MOLISA and Minister of Internal Affairs, giving guidance on functions, responsibilities, competence, and organizational structure of DOLISA at provincial and district levels

²¹⁷ Ho Chi Minh City People's Committee, Report ref. 83/BC-UBND reviewing the implementation of the National Child Protection Programme 2011–2015

end violence against children, providing parents with knowledge on non-violent disciplines and life skills for children. Examples of NGOs/CSOs' programmes for child protection, include seven shelters for vulnerable children managed by the Ho Chi Minh City Women's Charity Association, Little Rose Shelter, a Ho Chi Minh City Child Welfare Foundation project supporting young girls sexually abused or trafficked for labour or sexual exploitation. There are three different networks coordinated by different CSOs, including more than 60 organizations working with children, such as the Thao Dan social protection centre, ASVHO and Tuong Lai Centre²¹⁸. Those organizations and centres provide shelter, care, education and assistance to girls 12-18 years old at high risk or victims of abuse in Ho Chi Minh City²¹⁹. The Ho Chi Minh City Association for Protection of the Rights of Children, established in 2015, has played an active role in child protection, significantly cases related to sexual abuse.

Figure 5.13. Child protection system in Ho Chi Minh City



²¹⁸ Child rights and CSOs, report 2016, page 23. (see more the list of SCOs centre in Ho Chi Minh City: <http://traitimyeuthuong.weebly.com/2/post/2011/08/danh-sach-cac-mai-am-tphcm.html>)

²¹⁹ https://www.facebook.com/pg/TheLittleRoseShelter.vn/about/?ref=page_internal

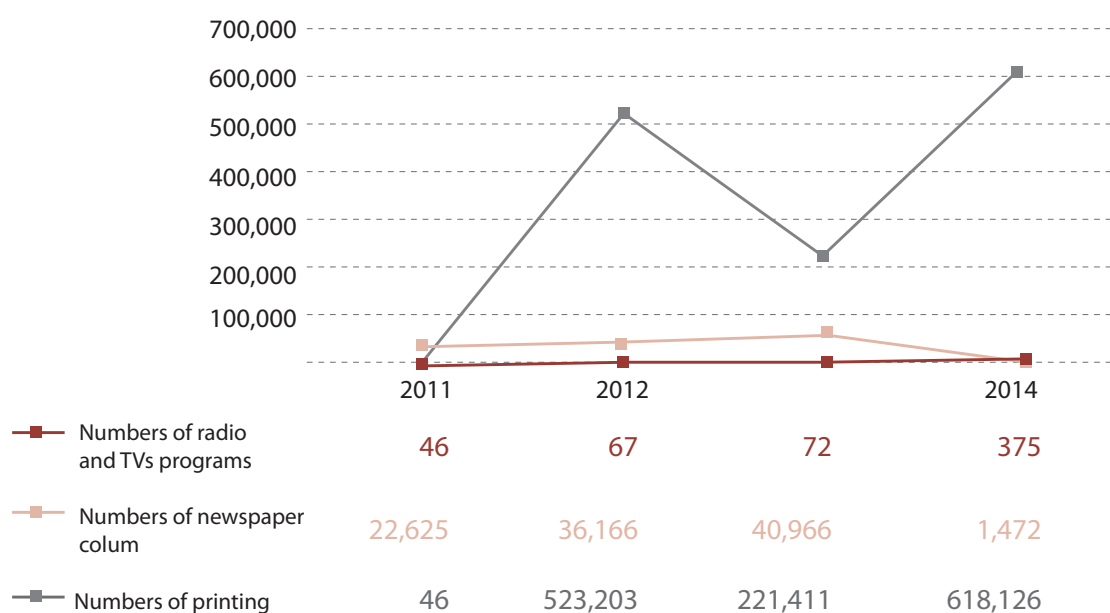
Child protection service delivery

The Law on Children defines a three-level service system, consisting of prevention, assistance and intervention (Article 47). Prevention-level services are universal targeting all children and families to prevent child violence, sexual abuse, exploitation and neglect.

Assistance-level services target children vulnerable or at risk of abuse, with information on protection, counseling, social assistance and other measures to improve living conditions. Interventions-level services aimed at disadvantaged children and families as well as rehabilitation and reintegration of abused and exploited children include medical care, psychological counseling, temporary or long-term alternative care, family tracing and reunification, parenting education, and legal advice.

To prevent violence against children, Ho Chi Minh City has conducted numerous communication activities to raise public awareness. Focuses include dissemination of legal provisions relating to prevention and protection of children from all forms of violence under the Law on Protection, Care and Education of Children and other legal documents. Approximately six million copies of IEC materials on Protection, Care and Awareness of the Law on Children have been distributed²²⁰ and many legal documents were disseminated at residential areas to improve people's legal knowledge and awareness in 2015. Some 2,000 copies of comics for children infected and affected by HIV/AIDS, more than 300 titles and 200 music CDs for children and 1,446 sets of pictorial history books were distributed. The topic of violence against children was also incorporated in 112,945 training courses, 1,254 seminars, workshops and roundtable discussions.

Figure 5.14. Number of communication publications on child protection (2011-2014)



Source: Ho Chi Minh City DOLISA, 2015

In addition, five child counseling offices at district level, 135 and 109 counseling points in communities and schools, respectively were established and functioned as of 2014. A further 1,760 counseling teams are run by Women's Unions at villages and residential areas. During 2011-2015, some 53,849 children including children in need of special protection and families benefitted from counseling services²²¹.

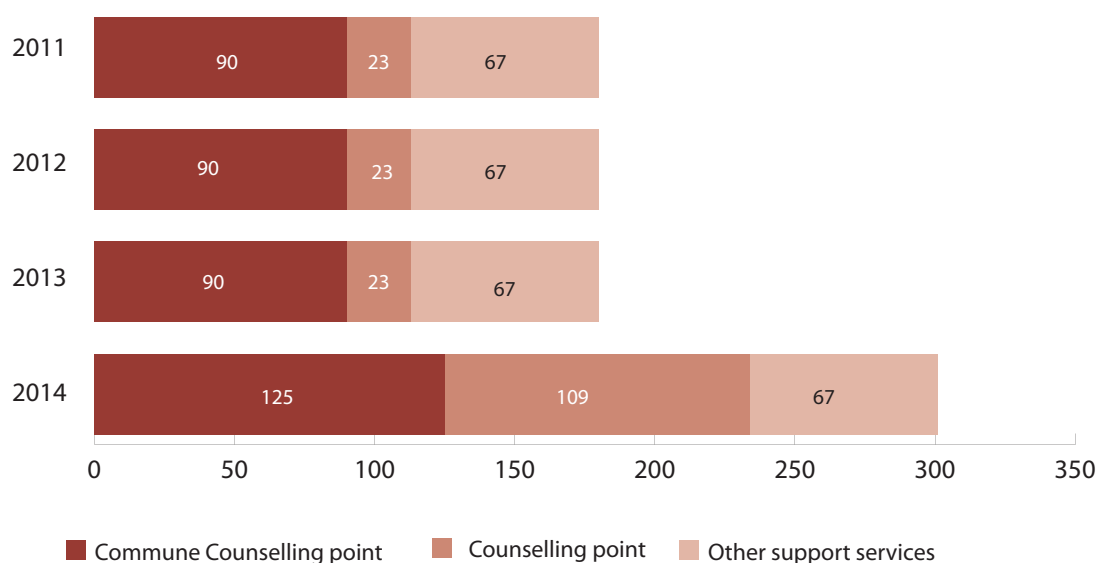
To strengthen assistance and intervention services, three social work service centres were established and operationalized

²²⁰ Ho Chi Minh City DOLISA, 2015., 2015. Report on 10 years of implementing the Law of Protection, Care and Education of Children in the city

²²¹ Ho Chi Minh City, End-term Report # 83/BC-UBND on the implementation of Decision #267/QĐ-TTg of the Prime Minister to approve the National Programme on Child Protection for 2011-2015

in Ho Chi Minh City, with one specialist centre for children, to provide community-based counseling services for children and families, including children at risk or victims of abuse, exploitation, violence and neglect.

Figure 5.15. Counselling and other supporting services



Source: Ho Chi Minh City DOLISA, 2015

Emergency support and interventions are offered to a small number of children and families where the former are at risk from sexual abuse, exploitation and neglect. Level-three service comprises identifying, investigating and supervising and may also involve judicial intervention and separation of children from their families. To strengthen service delivery to vulnerable groups, Ho Chi Minh City DOLISA in collaboration with the Labour and Social University organized trainings to equip 2,400 staff from different sectors and commune workers with basic social work skills²²².

Support for migrant children: To address vulnerabilities of migrant children, in 2014 Ho Chi Minh City People's Committee approved the project "Rights of migrant children in difficult circumstances in Ho Chi Minh City"²²³, undertaken by the Child Protection Foundation. In 2016, the project supported 104 children to apply for administrative registration papers, such as birth certificates or identity cards.

Alternative care and respite day care: Ho Chi Minh City tops the country in the number of social protection centres that house people with disabilities, the elderly and orphans. Out of them, eight public social protection centres and 40 non-public ones are run by private organizations, religious groups and NGOs that provide institutional care for orphans, children with disabilities, and other vulnerable children²²⁴. By end of 2016, some 1,521 children were reportedly under in institutional care in eight public social protection centres in Ho Chi Minh City²²⁵.

Adoption is a feasible alternative for providing orphans and abandoned children with family care. In 2014, 436 children were placed for adoption in Ho Chi Minh City, with domestic adoptions (294) doubling inter-country adoption cases (142). Among adopted children, 105 had special needs. It is worth noting that Ho Chi Minh City topped the country in inter-country adoptions in 2014²²⁶. Ho Chi Minh City also developed a respite day care model for children with disabilities.

222 Le Viet, Ho Chi Minh City reviews five years implementation of the Social Work Profession Development Programme, <http://laodongxahoi.net/tphcm-so-ket-5-nam-de-an-phat-trien-nghe-cong-tac-xa-hoi-1304279.html>, accessed on 20 Aug, 2017

223 Decision No.5241/QĐ-UBND dated Oct 23, 2014

224 Building capacity for child protection officers in Ho Chi Minh City, <http://www.molisa.gov.vn/vi/Pages/chitiectin.aspx?IDNews=25292> accessed on May 26, 2017

225 DOLISA statistics 2016

226 MOJ, Consolidated adoption data 2014, <http://www.moj.gov.vn/Pages/so-lieu-thong-ke.aspx>, accessed on Aug 20, 2017.

Thi Nghe Social Protection Centre for Children with Disabilities is among the pioneers in this area. In the past, the centre provided purely institutional care for children with severe disabilities. In responding to growing community needs, it opened a day care unit to provide day care for children with less severe disabilities. The centre also provides outreach services where therapists train parents and caregivers in the community to care for children with disabilities at home. Currently, the centre provides institutional care for approximately 400 children. A further 200 children are benefitting from the day care unit.

Services for children in conflict with the law: Since 2013, with support from UNICEF, Ho Chi Minh City has been piloting the “Community-based support for juveniles in conflict with the law” model in Binh Thanh district and District 1. The model aims at prevention of juvenile delinquency and diverting children away from the formal justice system to community solutions. Through introduction of a case management approach, each juvenile in conflict with the law was assigned to a commune worker who conducts an assessment, develops an intervention plan, provides and/or refers the child to appropriate support services. Regular and emergency child protection committee meetings were organized to coordinate interventions for children in conflict with the law and those at risk²²⁷. By September 2016, 138 juveniles at risk and in conflict with the law benefited from the model and were referred to support services, such as counselling, vocational training and job placement, health care, material support and micro credit.

The project “Child friendly learning environment and protection of vulnerable children”, funded by IKEA Foundation and implemented by Save the Children Viet Nam, aims to enhance the quality of child protection and education in Ho Chi Minh City, especially for vulnerable children. The project has been implemented in 18 schools in Cu Chi and Go Vap districts. From the first stage during 2013-2016, 12,000 children have benefited, including 2,000 vulnerable children, among whom 500 are living in centres of the city’s Buddhism Association. Besides, more than 10,000 students and their families have been secondary beneficiaries of the project.

A project to support judicial reforms was launched in Viet Nam by the governments of Viet Nam, Denmark, Sweden and the European Commission in 2009. After 12 months’ implementation in Ho Chi Minh City and other provinces, 20 organizations including CSOs, media and legal consultancies provided capacity-building training on quality services for children and young people at risk of violations.

Efforts to implement the National Programme on Child Protection 2011-2015 reportedly benefitted tens of thousands of vulnerable children and parents in Ho Chi Minh City. This included 53,849 child beneficiaries from counseling, psychological and physical rehabilitation treatment, 65,056 children assisted to improve self-protection skills, 73,916 benefitted from awareness raising and training on protection/parenting skills and 581 children referred to support services according to case management processes stipulated by MOLISA (Circular No.23/2010/TT-BLDTBXH dated 16 August 2010)²²⁸.

Capacity gaps

The review report on implementation of the National Programme on Child Protection 2011-2015 revealed inter-agency coordination and cooperation remained weak, hampering child protection service delivery²²⁹. In Ho Chi Minh City, competing priorities of line departments were mentioned as a factor undermining effective inter-agency collaboration²³⁰. Across the country, human resource constraints at community level are the biggest challenge to delivery of child protection services. Although Ho Chi Minh City is among a few provinces able to develop a network of staff and collaborators at every commune and village, such officers do not necessarily have a social work background. Meanwhile,

227 Ho Chi Minh City People’s Committee, Decision No.6044/QĐ-UBND dated Nov 12, 2013 approving a plan for community -based support for juveniles in conflict with the law in District 1 and Binh Thanh district 2013-2016

228 Ho Chi Minh City People’s Committee, Report ref# 83/BC-UBND reviewing implementation of the National Child Protection Programme 2011-2015

229 MOLISA Review Report on implementation of the National Programme on Child Protection 2011-2015

230 Ho Chi Minh City People’s Committee, Report ref. 83/BC-UBND reviewing the implementation of the National Child Protection Programme 2011-2015

frequent rotation among staff between provinces compromises capacity-building efforts²³¹. With a large portfolio, covering all children's issues in addition to gender equality, there are time constraints in managing child protection cases. As a non-specialist worker, pay is significantly lower than a similarly-qualified commune public servant. This potentially undermines the quality and sustainability of child protection work at grassroots level.

Ho Chi Minh City also has a dearth of professionally-qualified social workers to provide services to children and families. Due to the lack of a proper legal framework for social workers to function in different sectors, most new social work graduates are unable to find a job, while staff who received social work training undertake State management functions, rather than delivery services to vulnerable groups²³². This situation is common nationwide and Ho Chi Minh City is no exception.

The justice system is not fully equipped to respond to special needs of children in contact with it. Despite efforts to build capacity in justice for children, police, procuracy, judges and lawyers in Ho Chi Minh City still have limited access to specialized training to handle children-related cases. In practice, children in conflict with the law are not always handled in a specialized, child-sensitive manner due to limited knowledge, skills and training on procedures. The Family and Juvenile Court is a provincial-level court that only deals with serious and appeal cases. In the coming years, it is essential that the Family and Juvenile Court is rolled out effectively and specialist family and juvenile judges are appointed at every district.

Nationwide, detention of juveniles in conflict with the law is common, while diversion and non-custodial sanctions are rarely applied. This might be due to many reasons, including the absence of professional probation officers and lack of community-based rehabilitation/diversion programmes. This results in a lack of confidence in criminal proceedings-conducting authorities in imposing non-custodial measures. The lack of solid guidance on diversion criteria and procedures also makes them reluctant to use discretion, for fear it may raise suspicion on legality of decision(s). Community-based rehabilitation and reintegration of juveniles in conflict with the law faces many challenges due to limited support limited services.

Ho Chi Minh City recently started to develop alternative care and respite daycare services. However, institutional care is still predominant. Many shelters (public and private) for children in street situations have been established at every district in Ho Chi Minh City, providing children with basic support services, such as accommodation, food, education and vocational training. This model is not a preferred option to address homelessness among children according to international standards, as the UN guidelines for alternative care of children state "efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members," and that "the State should ensure families have access to forms of support in the caregiving role"²³³. Currently, foster care is still implemented on a small-scale and must be expanded from temporary to long-term care in the best interests of the child. The lack of professional social workers for monitoring and supporting children in foster care and foster families is a key obstacle in development of foster care services.

There is a range of child protection issues associated with climate change and increasing natural disaster risks. This includes increasing risks of abuse and exploitation in the aftermath of disasters and with changing behaviors and lifestyles. However, child protection risks have not been incorporated into disaster prevention and preparedness plans. There is considerable scope for developing capacities and competencies for child protection in natural disasters at the grassroots level, but few officials are well prepared with strong networks. Many organizations work on child-related issues, but are often unable or ineffective in coordinating and cooperating with authorities.

As mentioned, the overall monitoring system on child protection is weak. Child protection data is not collected and

231 Ho Chi Minh City People's Committee, Report ref. 83/BC-UBND reviewing the implementation of the National Child Protection Programme 2011-2015

232 Article on Challenges in development of social work profession in Viet Nam, MOLISA's website: <http://www.molisa.gov.vn/vi/Pages/chitiettin.aspx?IDNews=20667>

233 UN General Assembly, Guidelines for the Alternative Care of Children: resolution//adopted by the General Assembly, 24 February 2010, A/RES/64/142, available at: <http://www.refworld.org/docid/4c3acd162.html> [accessed 7 August 2017]

reported systematically. Even when data is available, it is not disaggregated. Many child protection indicators including child trafficking, child victims of sexual exploitation are not systematically monitored. There is a serious lack of in-depth research on child protection issues, including children in economic activities and child labour, child trafficking, the sexual exploitation of children in/for sex work and pornography. Lack of indicators and a data management system to assess impacts of localized or major disasters on children is an obstacle, for example, numbers of children without housing, left without parental care, lacking food, school drop-outs, injured and fatalities. Some impacts of climate change and natural disasters on children, such as on mental health, have not been paid enough attention.

Table 5.5 summarizes capacity gaps of different duty-bearers in child protection. The analysis was based on primary and secondary data collection collected for this SitAn.

Table 5.5. Child protection: Role Pattern and Capacity Gap Analysis

Duty-Bearers	Roles and Responsibilities	Capacity Gaps	Recommendations
<i>Parents/caregivers</i>	<ul style="list-style-type: none"> Understanding of children's protection and primary role in supporting children Report case and claim for legal redress Request for support services 	<ul style="list-style-type: none"> Limited knowledge and skills on positive discipline Lack of understanding about child protection and the forms of child abuse Occupied with earning living for the family Lack of legal knowledge 	<ul style="list-style-type: none"> Raising awareness Skills training
<i>Community</i>	<ul style="list-style-type: none"> Understanding of children's protection Provide community-based support services for children and families Detect and report violations against children's right to competent authorities/ individuals 	<ul style="list-style-type: none"> Lack of effective model for community-based support Lack of human and financial resources Lack of information Lack of legal knowledge 	<ul style="list-style-type: none"> Promoting community communications Development the list of community-based support services Skills training
<i>Child protection practitioners/employees</i>	<ul style="list-style-type: none"> Providing early support for children and referring them to child protection services Receiving cases 	<ul style="list-style-type: none"> Lack of professional skills 	<ul style="list-style-type: none"> Skills training Developing child protection professional staff
<i>Law enforcement officers (polices, prosecutors, judges)</i>	<ul style="list-style-type: none"> Understanding a child-friendly justice system and applying appropriate measures related to child protection Receiving cases Initiating the case of abuse and exploitation Decision-making 	<ul style="list-style-type: none"> Lack of friendly investigation skills Lack of internal collaboration in child protection 	<ul style="list-style-type: none"> Skills training Developing internal collaboration among law enforcement agencies

Duty-Bearers	Roles and Responsibilities	Capacity Gaps	Recommendations
<i>Local Government</i>	<ul style="list-style-type: none"> • Making policies, plans and programmes for child protection • Monitoring child protection system 	<ul style="list-style-type: none"> • Lack of effective models for child protection • Lack of comprehensive data in relation to child protection 	<ul style="list-style-type: none"> • Developing a new model for providing comprehensive protection services (prevention, assistance and intervention) • Delegation power to an authority to take a leading role in collecting and monitoring data in relation to children (DOLISA) • Allocate resources from local budgets for local child protection initiatives. Incorporate these resources into local development plans
<i>NGOs/CSOs</i>	<ul style="list-style-type: none"> • Advocacy for child protection • Building capacity of State agencies, public officers • Raising public awareness on child protection 	<ul style="list-style-type: none"> • Lack of collaboration in child protection work 	<ul style="list-style-type: none"> • Developing cooperation mechanism and sharing information
Central Government	<ul style="list-style-type: none"> • Developing national strategies/plans/policies/laws for child protection • Monitoring child protection issues 	<ul style="list-style-type: none"> • Lack of comprehensive and effective monitoring system 	<ul style="list-style-type: none"> • Developing effective child protection model nationwide • Developing a monitoring and collecting data (all dimensions of children)

5.4 What will it take? Programmatic, Policy and Budgetary Priorities

Ho Chi Minh City ranked second nationwide in 2012 and 2013 according to rankings from MOLISA for progress in implementation of policies and programmes on child protection²³⁴. However, the complex situation of violence against children profoundly influenced by a number of risk factors at different levels requires stronger commitments and more concerted efforts from local authorities, line agencies and departments, civil organizations, businesses, families, communities and even children themselves to end this serious violation of children's rights. In coming years, top priority should go to building a comprehensive local child protection system. Efforts should also be made to enhance justice for children, particularly enforce current child justice reforms at national level. Strengthening access of children and their families to protection is also crucial to prevent violence against children and help them claim their rights. And finally, all these require increased budget allocations, especially for development of a network of qualified and professional child protection workers at commune level.

²³⁴ Ha Noi, Ho Chi Minh City top Viet Nam childcare rankings <http://www.thanhniennews.com/education-youth/hanoi-Ho-Chi-Minh-City-top-vietnam-child-care-rankings-27335.html>, accessed 18 May 2017.

(i) Build a comprehensive local child protection system

Strengthening inter-sectoral coordination and cooperation

- Establish Child Protection Steering Committees in all remaining 94 communes, building on lessons learned and good practices from existing committees.
- Strengthen capacity of Child Protection Steering Committees at all levels through workshops, seminars, training and exchange visits to enhance understanding and promote commitment to addressing violence against children, especially foster buy-in of a child protection system building approach.
- Review terms of reference of Child Protection Steering Committee and make necessary amendments to ensure effective collaboration among agencies.
- Promote stronger integration of child protection system with primary, secondary and particularly tertiary services in conjunction with mass organizations and NGOs, with clearly articulated procedures for collaboration between and among actors.
- Build capacity for DOLISA staff at all levels to support the Child Protection Steering Committee to coordinate child protection work.

Strengthening social work profession development, especially with respect to child protection

- The need for services is greatest at commune/ward and district levels, while expertise in complex work is mostly concentrated at provincial level. As three social work services centres at city level are already in operation, development of social work offices at district level is critical as it creates a cost-effective way of providing access to social work services closer to beneficiaries. Such offices may be sub-branches of provincial social work service centres, with a smaller number of social workers working closely with existing social welfare officers.
- Appropriate investment is needed to develop a network of social workers to provide case management and multi-disciplinary coordination to improve integration of service delivery at community level. As a first step, it could be achieved by strengthening capacity on social work for all children and gender equality workers. Measures should be in place to ensure sustainability of this post, including increasing pay and benefits and limiting rotation as a measure of last resort.
- A capacity mapping exercise should be carried out at each level to ensure systematic training of untrained staff currently caring or working with vulnerable people and communities.
- Case management system should be introduced city-wide to provide secondary and tertiary services for at-risk groups, children and people in special circumstances.
- Strengthen capacity of commune children and gender equality/child protection workers to affirm their role in providing support services for children who are victims and at risk of abuse. Refrain from frequent rotation of commune children and gender equality/child protection workers, at the same time provide incentives for them to stay in posts for a minimum duration.

Strengthening specialized preventative and protection services to address child protection needs through enhancement of a quality service delivery mechanism and development of new services

- Map existing supporting services for vulnerable children and tertiary-level child protection services, including public and non-public ones. Develop and disseminate a comprehensive service child protection directory that provides description of services, contact details and information to facilitate service referrals, develop an open

interactive portal to provide up-to-date, easily accessible information on child protection and care services available in the city.

- Implement minimum standards for childcare and protection at social protection centres through training, enhanced monitoring, inspection and timely handling of violations.
- Develop community- and family-based alternative care (foster and respite daycare) for children deprived of parental care, including assessment and documentation of existing daycare models, such as Thi Nghe.
- Improve psychosocial support services and enhance quality of community-based counseling services.
- Diversify community-based programmes/services under the child protection system. Encourage civil society and private sector to participate in providing services for children.
- Strengthen integration and cross-sectoral linkages of child protection referral system and case management for early identification, intervention and responses to protect children and minors at-risk and affected by neglect, abuse, exploitation, violence and offending.
- Develop and expand school-based programmes to prevent and respond to school violence.
- Encourage companies to provide vocational training and create job opportunities for vulnerable youth. Large companies should be engaged to provide vocational training to vulnerable youth and decent jobs for them.
- Strengthen implementation of child and gender-sensitive reporting and complaint mechanism(s) on neglect, abuse, exploitation and violence against children.

Strengthening reporting and referral mechanism

- It is important to strengthen effective channels for reporting incidents of child abuse, neglect and exploitation such as online reporting, hotlines or through child protection staff. Encouraging individuals to report suspected child abuse, neglect or exploitation is important for the child and family to get help. In addition, these reporting mechanisms should ensure the survivor and their family receive support and able to access the appropriate protective services they need.

Promote effectiveness of monitoring and reviewing child protection programmes

- Strengthen capacity to collect and report on routine child protection data through training and regular coaching.
- Use child protection programme and programme steering committees as platforms to exchange data and information across agencies working in child protection.
- Conduct in-depth analysis on situation of specific child protection issues in Ho Chi Minh City, including child labour, commercial sexual exploitation of children, children dependent on substances and those in conflict with the law with focus on vulnerable groups such as migrant children.

(ii) Strengthen justice for children

- Strengthen implementation of community-based support for juveniles in conflict with the law pilot model in selected districts, document and disseminate good practices and lessons learned and build capacity for replication across 24 districts. This would focus on coherent and effective enforcement of recent child justice reforms, especially operation of the Family and Juvenile Court, prevention, diversion, rehabilitation and reintegration of juveniles in conflict with the law.

- Accelerate establishment of Family and Juvenile Court or appointment of specialist family and juvenile judges at district level, build their capacity on child development and justice principles.
- Strengthen capacity for investigators, commune police, justice and welfare officers on child and gender-sensitive approaches to their work. Promote designation and training of juvenile specialist Police and Procuracy to handle children's cases.
- Stronger integration of child protection system with primary, secondary and particularly tertiary services in conjunction with mass organizations and NGOs, with clearly articulated procedures for collaboration between and among actors.

(iii) Strengthen abilities of children and families for protection

- Target specific and focused awareness-raising activities and capacity building for parents and children on child rights, prevention of all forms of violence, abuse, neglect and exploitation of children.
- Provide early interventions at household level, including positive parenting to create safe environments that promote a child's healthy physical, cognitive, social and emotional growth. Empower children and their families through legal aid, psychology support and provision of information on emergency contacts and instructions to enable them to claim their legal rights.
- Provide integrated interventions to support children who are victims or at risk of becoming victims of violence, abuse, neglect and exploitation, including conditional livelihood support²³⁵ to help improve families' living conditions.
- Conduct life skills training to help children cope and manage risks and challenges without use of violence and seek appropriate support when violence occurs.

(iv) Improve budget allocation for child protection

- Make use of child protection disaggregated data to inform the city's child protection planning and budgeting process.
- Improve budget allocation for child protection, particularly for full-time dedicated staff responsible for child protection at commune level.

²³⁵ Conditional support aims to increase links between social assistance programmes and prevention and elimination of child labour, including assistance in cash or in kind for disadvantaged families, in exchange for specific action, such as allowing children to attend school, committing to proper working conditions for children. For employment support programmes for families, it is compulsory that children are not required to work or replace adults to work (ILO).



Hand-drawn diagrams and text on a large sheet of paper:

- A drawing of a house with a chimney, labeled "Nhà của mẹ" (Mother's house).
- A drawing of a boat on the water, labeled "Thích đi biển" (Like going to the beach).
- A drawing of a house with a chimney, labeled "Được đến trường như cũ" (Get to school like old times).
- A drawing of a house with a chimney, labeled "Ba làm Giám Đốc" (Dad is the Director).
- Other text includes "Bố đi", "Mẹ thường", "Yêu", and "Mẹ".

CHAPTER 6

EVERY CHILD PARTICIPATES

EVERY CHILD PARTICIPATES

Child participation is defined as a fundamental right to involve children in decision-making processes through encouraging and enabling them to express their views known on the issues related to them through various ways of communicating²³⁶. "Participation is an underlying value, that is not only an 'end', but also a 'means' that needs to guide the way each individual right is ensured and respected, a criterion to assess progress in the implementation process of children's rights and an additional dimension to the universally recognized freedom of expression, implying the right of the child to be heard and to have his or her views or opinions taken into account"²³⁷. CRC Articles 12 and 13 stresses that children have the right to participate in decision-making processes and to influence decisions made within the family, school or community or other settings such as shelters, social protection centres affecting their lives.

CRC Article 12: "State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

CRC Article 13: "The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice."

This chapter examines how children can participate in decision-making processes at the family, school and community levels. The chapter addresses status and trends in child participation in Ho Chi Minh City to answer these key questions: 1) how can children be involved in decision-making processes within the family, school and community, 2) how to ensure children can express their views freely and 3) what are effective models for enabling and encouraging children to take part in decision-making in Ho Chi Minh City? Based on research into child participation from legal/policies and practical aspects, this chapter proposes recommendations to enhance effectiveness of child participation in Ho Chi Minh City. This chapter has used primary data from in-depth interviews and focus group discussions with 45 children and 28 parents.

6.1 Status and Trends

Child participation is about children having the opportunity to express their views, influence decision-making and achieve positive change in their families, schools and living residences (community). Promoting child participation requires creating an environment and opportunities for children to access information, share their opinions and make decisions related to issues they are grappling with.

The Law on Children (2016), Article 74, defines meaningful child participation as: *"The participation by children or organization representing the voice of children, depending on the age level of children, is required in the following issues involving children directly or indirectly: a) establishment and implementation of programmes, policies and legislative documents and socio-economic development plans, b) establishment and implementation of decisions, programmes and activities of socio-political organizations, social organizations and social-professional organizations, c) decisions and activities of schools, other educational establishments and child protective service providers and d) application of measures for nurturing, educating and protecting children by their families."*

236 "UNICEF - The State of the World's Children 2003," accessed June 19, 2017, <https://www.unicef.org/sowc03/contents/childparticipation.html>.

237 UNICEF, Fact Sheet: The right to participation, <https://www.unicef.org/crc/files/Right-to-Participation.pdf>

Child participation can be measured at various levels, from low to high²³⁸ (according to Roger Hart's Ladder of Child Participation recommended by UNICEF – Table 6.1).

Children have the right to express their views and adults have the responsibility to listen and support children to express their opinions.

Table 6.1. Ladder of Child Participation Levels²³⁹

Level 1	Level 6
Children are manipulated	Adult-initiated, shared decisions with children
Level 2	Level 7
Children are decoration	Children-initiated and instructed
Level 3	Level 8
Children are tokenized	Children initiate, share decision-making
Level 4	Level 9
Children assigned and informed	Children lead and initiate actions, adults present to support
Level 5	Level 10
Children consulted and informed	Children fully lead

Children in Viet Nam as well as in Ho Chi Minh City are often unable to lead and initiate actions (levels 8 to 10) due to numerous reasons, including a lack of confidence in expressing their opinions (family culture, teaching methods) and limited mechanisms for children to express and initiate actions. However, children in Ho Chi Minh City can often exercise their right to participate more actively than children living in mountainous or remote areas due to superior socio-economic conditions. Ho Chi Minh City has undertaken many programmes to encourage children to express their views and be involved in decision-making processes. To assess the level of child participation in Ho Chi Minh City, a quick assessment using the Ladder of Child Participation was undertaken at a consultation workshop on 5 May 2016 at the initial phase of this SitAn's preparation, with key stakeholders including key government departments and research institutes. The discussions focused on four key issues involving children directly or indirectly, with scoring of their importance ranging from 1-10, with 1 - the lowest level and 10 - the highest level.

²³⁸ Child participation rights, the National Fund for Vietnamese Children – MOLISA, updated on 01/05/2014 at 14:30 (access at: http://nfv.org.vn/tin-tuc-sukien/quyen-bao-ve/quyen-duoc-tham-gia-cua-tre-em_t114c14n182#.V-iNlscQhE5)

²³⁹ Roger A. Hart, *Children's Participation: From Tokenism to Citizenship* (UNICEF International Child Development Centre, 1992), 9.

Table 6.2. Assessment of child participation based on the ladder

Participation of children or organizations representing young children	Ladder of young people's participation										Total
	1	2	3	4	5	6	7	8	9	10	
a) Establishment and implementation of programmes, policies and legislative documents and socio-economic development plans	8	1	2	6	2						19
b) Establishment and implementation of decisions, programmes and activities of socio-political organizations, social organizations and social-professional organizations	5	2	3	4	4	1					19
c) Decisions and activities of schools, other educational establishments and child protective service providers	1	1	3	7	5	2					19
d) Application of measures for nurturing, educating and protecting children by their families.		1	6	5	4	1	2				19

According to this assessment, child participation in establishing and implementing programmes, policies and legislative documents only reached level 5, with no respondent having suggested a level exceeding this (children were consulted and informed). Child participation can be evaluated using this Child Participation Ladder within their family, school and communities as follows:

Child participation in families

Parents play the most important role in taking care of children as well as enabling them to express their own opinions. Children are often unable to choose their schools and make decisions about their careers as they often entirely depend on parental guidance. In many cases the right to participation has not been recognized as a right by family members according to Vietnamese traditional culture, especially in families facing daily difficulties, such as poverty, unemployment or migration.

From results of discussions and in-depth interviews with parents in Binh Thanh, Binh Tan and Nha Be districts in Ho Chi Minh City, 20/28 parents confirmed they did not allow²⁴⁰ their children to participate in decisions related to daily activities. According to those parents who did not allow their children to participate in day-to-day decisions, their perception was children were too young, lacked awareness or had a disability, hence could not help themselves.

240 In-depth interviews conducted by assessment group (previous team).

Table 6.3. Parents' assessment on participation of children in the family

Total	Child Participation In Family		Total
	Yes	No	
Binh Thanh	1	7	8
Binh Tan	4	6	10
Nha Be	3	7	10
Total	8	20	28

Source: Quantifying qualitative data from 28 in-depth interviews with parents

When life-altering decisions arise in the family, such as migration or divorce, parents often assume they do not concern their children, even though in most cases they have significant impacts on children's lives.

In Vietnamese tradition and culture, parents often impose their opinions on children with good intentions, assuming it is best for children and the family. In the instance of a family about to migrate, parents commonly feel anxious to take their children, hence they often leave them with grandparents or relatives, without consulting their children.

The findings of a survey conducted by the ASSIST research team with 45 child respondents illustrate that children are increasingly voicing their opinions. Children themselves appreciated adults valuing their opinions. During the qualitative assessment, the researchers noted that children with the freedom to voice their opinions tended to increase with age as well as education levels of their parents.

Table 6.4. Assessment of Child Participation in Family

District	Does a child participate in family-related decisions?		Total
	No	Yes	
Binh Thanh	6	6	12
Binh Tan	10	7	17
Nha be	7	9	16
Total	23	22	45

Source: Quantifying qualitative data from 45 in-depth interviews with children conducted by ASSIST

Child participation in the family was also evaluated in their problem-solving. Table 6.5 indicates that although more boys than girls felt problems were resolved once they shared them with parents, most did not share such difficulties for numerous reasons, such as fear of being punished, believing parents could not resolve the problem or wanting to keep it a secret.

"I came here from the countryside with my wife. When our kids are younger, they stay with us. When they turn three [years], we send them back to the countryside to live with their grandparents. They visit us when it's summer vacation. Where would we get the money to bring them here? We cannot really afford it, two are attending schools now, my wife and I are now earning for four people, three kids and my mother who is already 70 years old. There is only me and my wife, so of course we are worried. But in my hometown, they wouldn't classify us as "poor"; my hands are tied. How can we send them to daycare if we don't have the money? It'll cost a fortune to go back [to their hometown] and bring them [children] here. Whatever schools or programmes are available in the countryside, they would have to go with it and it's their choice. We are living here [in Ho Chi Minh City] so we don't have all the information. We only communicate by phone. How can we afford to go back there all the time?"

Source: Father, Binh Tri Dong ward, Binh Tan district

The role the family plays to care, educate and protect children is irreplaceable. The family environment is key in establishing a safe place for children to share their opinions, be heard and to make important decisions that affect their lives. This type of environment within the home helps to develop children's capabilities to listen, empathize and resolve conflicts.

Focus group discussions with 45 child respondents in three districts of Ho Chi Minh City indicated that once children leave their homes, they have the confidence to be assertive, to state their opinions and participate in decision-making processes in the outside world.

Table 6.5. Children's perceptions on whether parents help resolve problems

Participation & citizenship	Not true		Sometimes true		True		Does not apply		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Problems solved when shared with parents	4	3	8	10	13	2	6	4	31	19

Source: Focus group discussion with children from Binh Thanh, Binh Tan and Nha Be districts

Child participation at schools

Schools are a critical space for children to assert their voice and participate in daily activities. The in-depth interviews with 45 child respondents and 28 parents focused on the level of child participation in schools, with particular emphasis on extracurricular activities, assessment on whether children were consulted in discussions related to school regulations and policies, effectiveness of student unions and complaint mechanisms for addressing bullying.

According to the survey, less than half of children (21/45) stated they had opportunities to express opinions to teachers at school, during class discussions or to teachers in charge of the Youth Union. Almost the same number of children also stated they had never participated in learning and recreational activities at school (22/45). Similar results were observed during discussions with parents. Only 10/28 parents stated their children participated in activities at school and 8/28 cases where parents reported they "did not know" whether their children participated in school activities.

Table 6.6. Assessment of child participation at school (year)

District	Children responded to the question: "Do they have opportunities to express opinions in school?"			Total
	No	Yes	Don't know	
Binh Thanh	8	4	0	12
Binh Tan	8	8	1	17
Nha Be	6	9	1	16
Total	22	21	2	45

District	Parents responded to the question: "Do their children have opportunities to participate in school activities?"			Total
	No	Yes	Don't know	
Binh Thanh	4	4	0	8
Binh Tan	5	3	2	10
Nha Be	1	3	6	10
Total	10	10	8	28

Source: Quantifying qualitative data from 45 in-depth interviews with children and 28 parents

Schools can provide supportive environments for children to exercise their rights to participation. In reality, children often express opinions through Youth Unions, clubs or Young Pioneer Organizations. Children are often afraid to express opinions to teachers and rarely disagree with them. Dominant teaching methods, long applied in Viet Nam - especially in public schools, stop children from freely expressing their own thinking. In other words, critical thinking is not encouraged.

Although Ho Chi Minh City has launched education reforms, such as the "Get learner – centred" model, it is difficult to change the teaching culture and children often do not feel confident to express their own views in class. Lacking confidence and being shy in the school environment are common traits of Vietnamese children. Nonetheless, parents are realizing communication between students and teachers is now significantly better and more open than in previous generations.

Results from the ASSIST survey's focus group discussions suggest children lack a clear understanding on the importance of child participation. In response to the statement, "can you contribute to decision-making at school", 17/45 stated "not applicable", 15/45 selected "sometimes true" and 8/45 agreed with "never true". The results suggest the children did not understand their participation in school activities was their right.

"The other day, my kid came home and told me they hung up pictures of some scientists and discussed it. Then, they raised their opinions. My kid said that at school, teachers gave a lot of opinions. Now I can see that the relationship between teachers and students is not the same as when I went to school, as students never had any opinions toward teachers or made jokes. Now, I don't know how they can talk to their teachers as they would with friends. It's not the same anymore. I was shocked when my kid told me about conversations with the English teacher. So, my kid speaks frankly with the teacher, not like the old days"

(Source: In-depth interview with a mother, Binh Tri Dong commune, Binh Tan district)

Table 6.7. Synthetics of data collected from children in three districts

Education & Work	Never true		Sometimes true		True		Does not apply		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Attention from teachers when needed	0	0	12	11	11	10	0	0	23	21
All children in school are treated the same way by teachers	2	0	1	8	17	12	2	2	22	22
Opportunities to share opinions on school decisions	5	3	6	9	2	1	10	7	23	20

(Note: in-depth interviews and focus group discussions were conducted with 45 children, but for some questions one child or two children did not respond)

Child participation in the community

Within the community, children participate through the following mechanisms: (1) child fora, (2) clubs and social organizations and (3) programmes, activities initiated and implemented by children. A good example is Ho Chi Minh City's Communist Youth Union, which has undertaken numerous activities for children to participate by sharing information on events focused on children expressing their views and aspirations. Ho Chi Minh City's Youth Union organizes programmes such as "Raising up dreams" (*Chap canh uoc mo*) and "Meeting with City Leaders" annually. These events are considered important opportunities for children to express their opinions on a particular theme. However, child participation within the community is still limited as they often only take part in activities during summer vacations. Opportunities for children to raise their voices within communities is much less than within the school environment.

Ho Chi Minh City's People's Committee has a vision to build a "Child Friendly City", part of its commitment the SDGs, particularly SDG11: "building an efficient, safe, integrated and sustainable city and community". Within this framework, children are expected to be represented within governmental bodies at commune/ward level. This would facilitate child participation in the community on decisions related to building playgrounds and cultural centres, designing child- and women-friendly spaces, especially for migrant and deprived children and establishing childcare centres for migrant-working families.

The Youth Union has played a vital role in implementing programmes and activities to promote child participation. To implement Decision No.2264/QD-UBND (9 May 2016) of Ho Chi Minh City People's Committee on promulgation to implement a programme to promote children's right to participation in 2016-2020 and in Guideline No.35HD/HDDTW (8 March 2017) of the Central Youth Union Committee on guiding pilot implementation of the "Children Council" model at provincial level (2017-2020), the Youth Union issued a notice on the first meeting of the "City Children's Council", which provides details on the council and its membership. Council members include various groups of children, including those living in social protection centres, shelters (02/55 children recommended by DOLISA)²⁴¹. The Children's Council provides a platform for children to exchange ideas and identify solutions to issues affecting their lives. The first meeting took place on 22 June 2017, involving 55 members representing children in Ho Chi Minh City. The council's advisory board is comprised of members from the People's Council, Ho Chi Minh City's Youth Union, DOLISA and the City Children's Newspaper Agent. Members will meet twice a year prior to the biannual meeting of the people's council²⁴².

A DOLISA report, on 10 years' implementation of childcare and protection, highlighted the number of children who participated in community-level processes during 2009-2014.

²⁴¹ Youth Union, Notice No.3085-TB/TDTNTDTN-BTN dated 14 June 2017 on the first meeting of City Children's Council.

²⁴² UNICEF Viet Nam. Trip Report. June 2017

Table 6.8. Child participation in Ho Chi Minh City (2009-2014)

Child participation		2009	2010	2011	2012	2013	2014
Number of children participating in children's fora at provincial level	<i>Children</i>	71	120	80	130	200	200
Number of districts organizing child fora	<i>District</i>	24	24	24	24	24	24
Number of schools organizing child fora	<i>Schools</i>	417	425	433	441	437	459
Number of recommendations made by children addressed by schools and local authorities	<i>Recommendations</i>	71	120	80	130	248	321
Child participation models established and functioning	<i>Model</i>	1,839	1,839	1,839	1,839	2,034	2,158
Number of children participating in the models	<i>Children</i>	462,641	462,641	462,641	462,641	462,641	462,641

Source: DOLISA Report for 10-year implementation of the childcare and protection law

According to this report, child participation remained limited in Ho Chi Minh City as it lacked effective models for encouraging all children to participate in the community. Although the number of functioning child participation models has increased from 1,839 to 2,158, the number of children who participated was 462,641 in 2014 - around 30% of children in Ho Chi Minh City. In addition, the report indicated 321 recommendations made by children were handled by schools and local authorities in 2014. However, it remains challenging to examine the quality of child participation models and programmes implemented by local government. However, these numbers did not clearly indicate the level and effectiveness of children's participation city-wide.

To examine the status of child participation in community activities, the ASSIST-supported survey indicated that 36/45 children "never" or "do not" participate in activities within their local community (Table 6.9).

Table 6.9. Evaluation of child participation in local community

District	Children responded to the question: "Do they have opportunities to participate in local community activities?"			Total
	No	Yes	Not sure	
Binh Thanh	10	2	0	12
Binh Tan	13	4	0	17
Nha Be	13	1	2	16
Total	36	7	2	45

District	Parents responded to the question: "Do their children have opportunities to participate in local community activities?"			Total
	No	Yes	Not sure	
Binh Thanh	2	6	0	8
Binh Tan	9	1		10
Nha Be	4	3	3	10
Total	15	10	3	28

According to the discussions, almost all children interviewed in Binh Tan, Binh Thanh and Nha Be districts suggested they had never shared or contributed views to local authorities. However, there were slight differences between districts in terms of children's attitudes in assessing participation. For example, in Binh Thanh district children tended to share views on issues related to their own lives, finding a suitable time to attend group activities organized by ward officers, setting up a team for sports competitions or selecting a location for a summer trip taken into account by the local authority.

In Binh Tan and Nha Be districts, although children seem to understand their right to participation in local initiatives, they could not express opinions due to reasons such as being afraid to share opinions as s/he witnessed other children being scolded by an officer or being convinced that duty-bearers did not care about their opinions.

Child participation models for community decision-making processes were also surveyed. The research team found the current model for encouraging children to engage in decision-making processes as ineffective. For example, information collected from children in Binh Tan district showed the local government did not actively survey children's and community opinions. Sometimes officers visited families and asked questions related to studying, such as if children went to school and reasons for non-attendance. No other issues were surveyed by local government, highlighting the scope to better listen to children's opinions.

6.2 Causality Analysis

Implementation of children's right to participation not only depends on rights holders (children themselves), but also duty-bearers. Children need the capacity to express their own opinions and initiate policies/programmes that directly affect their lives, while duty-bearers must ensure policies/programmes designed and engage children. To understand the current status of child participation in Ho Chi Minh City, this section suggests key issues that prevent effective child participation.

(i) Immediate Factors

Children's role in the family

As a result of cultural norms or expectations, children are often unlikely to express their views openly on issues related to their lives. They often feel shy, lack confidence or feel their opinions are not worthy for contribution.

Family culture

The family environment has a significant impact on a child's development. Lack of parental care and understanding of a child's needs and aspirations, may lead them to be more submissive and not capable of expressing their opinions. In addition, parents often do not include children in family decision-making processes as they assume they have insufficient maturity to understand such decisions. In addition, gender stereotypes are barriers that hinder girls' participation.

Traditional teaching methods

"Dominant teaching methods" and "teacher-student relationships" make children nervous or afraid of raising opinions. Having contrary opinions is considered a negative characteristic in children and a display of disrespect to teachers. In other words, critical thinking is not applied effectively across schools. Specifically, the public does not prioritize putting child participation mechanisms in place.

(ii) Underlying Factors

Ineffective models for child participation

In Ho Chi Minh City, children often express opinions through mechanisms such as: (1) child fora, (2) children's opinion surveys, (3) children's councils, (4) clubs focused on children's right to participate and (5) programmes, activities initiated and implemented by children. Children are often more likely to express opinions in school rather than community environments. Existing models do not provide opportunities for children to participate in challenging circumstances, such as for children who are child labourers or part of a migrant family.

Lack of awareness on meaningful child participation

This analysis has presented evidence to show that children and parents lack awareness on the importance of engaging children in all issues concerning their lives. Furthermore, with the distractions of the internet, social media and smart phones, children's relationship with their parents is also becoming more distant and a deterrent to close communication and ties within the family.

Lack of commitment among local officers

Local officers do not encourage children to express their opinions. If they did so, it would build skills to access and analyze information to arrive at independent and informed conclusions and enable them to express opinions confidently.

Inadequate programmes for children living in special circumstances

Special programmes should be created that target children from disadvantaged groups. Child fora or clubs such as football clubs for street children or children at high risk of legal violations are good models for engaging children. The ICT sector should be engaged to create innovative, online platforms and to promote child participation.

(iii) Structural Factors

National laws lack clarity

Although the Law on Children and other related laws include the right to participation, children continue to be less involved in decision-making at local and central levels, especially as laws do not clearly define the role of duty-bearers. For example, the need to conduct a compulsive public hearing for children during decision-making. In criminal and administrative proceedings, gaps remain as children as victims or offenders must be consulted on decisions related to a particular crime, for example placements in reformatory schools.

6.3 Policy Environment

Children's right to participation, a priority of the CRC and commitment by the Government of Viet Nam, is an important criteria to monitor implementation of the CRC. Child rights is a national and city-level commitment and a priority of the "child friendly city" initiative. However, models for implementation must be effective in integrating specific processes into decision-making to ensure child participation is at its centre.

Legal and Policy Framework

- Constitution 2013 defines that: "Children are allowed to participate in child-related issues". (Article 37)
- Law on Children 2016, Article 74, defines the scopes and type of child participation in issues involving children. "The participation by children or organization representing the voices of children, depending on the age level of children, is required in the following issues involving children directly or indirectly: a) establishment and implementation of programmes, policies and legislative documents and socio-economic development plans, b) establishment and implementation of decisions, programmes and activities of socio-political organizations, social organizations and social-professional organizations, c) decisions and activities of schools, other educational establishments and child protective service providers and d) application of measures for nurturing, educating and protecting children by their families."
- Decision No.1235/QĐ-TTg (August 3, 2015) of the Prime Minister on approving the programme to promote child participation during 2016-2020 has specific objectives as follows: 1) all laws and policies related to children at central level must involve participation of children and 2) 90% of decisions made by schools must ensure children are consulted and 90% of decisions made by communities should involve child consultations.
- Decision No.2264/QĐ-UBND (9 May 2016) on implementation of programmes promoting children's right to participate in matters related to children for 2016-2020 defines child participation objectives as:

Specific objectives:

- a) *100% of new child-related bills or policies at city and district levels involve consultations with children*
- b) *90% of child-related decisions made by schools, communities and society are in consultation with children*
- c) *100% of districts effectively implement activities to promote children's participation.*

To promote children's participation, Ho Chi Minh City has initiated some key programmes as follows:

- The Child Friendly City Initiative focuses on promoting the rights of children and ensuring their voices are respected and considered in all activities related to children. Children have the right to participate in city decision-making processes.
- The "Listen to Children" Forum is an annual programme organized by Ho Chi Minh City's Association for the Protection of Children's Rights to listen to children's opinions, thoughts and aspirations. At the forum, many children share feedback on summer school and swimming programmes, summer playgrounds and school violence issues. The "Listen to Children" Forum is also implemented at district level annually. This model is a good channel for children to share views on issues affecting their lives. This programme should be further assessed to establish if children's opinions impact on relevant programmes and create opportunities for children living in special circumstances, for example, to participate in these programmes²⁴³.

Local government, with participation from Ho Chi Minh City People's Committee and the Youth Union organizes the "Meeting with the City Leaders" event. In 2017, 160 children were invited to attend, including those from primary and secondary schools in the city, children of workers, farmers and soldiers and children living in shelters. At this meeting, children discussed quality of bus services, worsening environmental pollution, increasing traffic, escalating school violence and online safety issues. Children expressed their aspirations and the need for more opportunities to take international examinations, additional cultural institutions, a variety of sport clubs and play grounds in suburbs and the inner city. City leaders responded positively and highly appreciated the children's opinions and committed to address them²⁴⁴.

The above-mentioned children's forum and events suggest progress in ensuring children participate in local decision-making processes. However challenges remain, including fora often held in formal settings which inhibits children from expressing frank views. Some programmes are designed and managed by adults, which include children performing in pre-determined roles set by adults. Hence, the role of duty-bearers in supporting children to express themselves is critical.

Public Financial Management

Allocating budget for child participation has not been separated from other programmes. Currently, child participation programmes can be undertaken by many organizations, particularly the Youth Union and DOLISA. During forming annual budgets, DOF in collaboration with DPI, DOLISA and DOET propose annual budgets for childcare, protection and education. It is challenging to examine the distribution of budget for each programme as well as child protection, participation and allowances due to limited data shared by authorities.

Capacity Gap Analysis

Enabling children to express their views on issues and decisions directly or indirectly affecting their lives requires local government, schools, community, families as well as children themselves to understand the meaning of participation to create models/programmes friendly to children. However, children cannot express their views independently and take part in decision-making processes effectively due to limited capacity of duty-bearers and children as follows:

- **Family:** Parents play a vital role in building capacity of children to express their opinions. Parents should give children the opportunity to raise their voices and decide on matters related to their own lives, such as selecting schools. Vietnamese culture often inhibits children from taking on this empowered role and children often feel it is their duty to listen to their parents and for their parents to make all decision for them.

²⁴³ The forum "Listen to the voice of children" held by district 12, can be accessed via <http://tinhnghuyenhethphcm.vn/bantin/diem-tin/nhip-buoc-mua-he/quan-12-to-chuc-dien-dan-lang-nghe-tieng-noi-tre-em>

²⁴⁴ The leaders of Ho Chi Minh City met children on the occasion of New Year <http://www.hochiminhcity.gov.vn/thongtinthanhpho/tintuc/lists/posts/post.aspx?Category-Id=3&ItemID=56627&PublishedDate=2017-02-06%2008:00:00>, accessed 18 May 2017. ()

- **Schools:** Educational reforms are required to ensure children take part in educational programmes and activities more actively. However, education programmes and teaching methods are hindered by dominating teaching methods, inflexible study schedules and lack of outdoor activities. Therefore, children struggle to form their own opinions and express their views independently. The student-teacher relationship is still imbalanced, where teachers have the right to give orders and students have a duty to obey. This traditional thinking has significant impacts on implementation of children's rights to participate in schools as children should not be pressured, constrained or influenced in ways that prevent them from freely expressing their opinions or leaving them feeling manipulated.
- **Communities and local government:** The decision-making process has not integrated entry points to ensure issues are discussed and debated with children. The most common form of inserting children's voices in programmatic and policy initiatives remains through ad hoc surveys on children. Existing initiatives also do not encourage disagreements, debates and discussions that allow for compromises and representative decisions.
- **CSOs/social organizations (Youth Union):** The right for children to participate is strongly supported by CSOs and Youth Unions in Ho Chi Minh City. These organizations engage children to take part in activities and programmes to ensure children express opinions. However, due limited capacity and experience, children are not able to design programmes for themselves. Some programmes are developed based on specific requirements of local authorities as opposed to being directed and managed by children.
- **Business sector:** Businesses, especially in the ICT sector, can play an important role in promoting child participation through online platforms and innovative solutions. However, due to limited awareness on children's rights and good practice, support from the business community is minimal.

Table 6.10 presents key factors affecting child participation.

Table 6.10. Capacity gap analysis²⁴⁵

Duty Bearers	Roles and Responsibilities	Capacity Gaps	Recommendations
Parents and primary care-givers	<ul style="list-style-type: none"> • Caring and nourishing • Opportunities for children to share voices/views • Support and encourage 	<ul style="list-style-type: none"> • Lack of knowledge on CRC, particularly right to participation • Lack of care/attention • Limited listening, communication and encouragement skills 	<ul style="list-style-type: none"> • Raising awareness • Skills training • Parent clubs
Teachers	<ul style="list-style-type: none"> • Provide information, knowledge • Support and encourage 	<ul style="list-style-type: none"> • Lack of knowledge on CRC, particularly right to participation • Lack of time 	<ul style="list-style-type: none"> • Raising awareness • Skills training
Children's officers (DOLISA)	<ul style="list-style-type: none"> • Organize events and activities for children's participation • Support and encourage • Reporting 	<ul style="list-style-type: none"> • Lack of human and financial resources • Lack of skills 	<ul style="list-style-type: none"> • Upgrading knowledge and skills training
Cadre of mass organizations (Youth Union and Women's Union)	<ul style="list-style-type: none"> • Support and encourage • Organize models/activities and mobilize children's participation in school and community 	<ul style="list-style-type: none"> • Lack of in-depth knowledge and specific skills in working with different target groups 	<ul style="list-style-type: none"> • Raising awareness • Skills training
Local authority leaders	<ul style="list-style-type: none"> • Support line departments and organizations in promoting child participation 	<ul style="list-style-type: none"> • Lack of capacity for monitoring and supervising child participation programmes/models 	<ul style="list-style-type: none"> • Setting up mechanisms promoting child participation • Raising awareness

²⁴⁵ Recommended by participants of the consultation workshop on the draft Ho Chi Minh City SitAn on 5 May 2017.

Children, the rights-holders, play a vital role in ensuring they participate in decision-making processes. Evidence shows Ho Chi Minh City is on the right path as a model that other provinces will follow to achieving meaningful participation of children in processes impacting their lives. However, there is still work to do to ensure children have opportunities and capacity to participate at family, school and community levels. Furthermore, the most deprived and excluded children, including ones with disabilities, street children, children from migrant families and OOSC need specifically designed programmes that reach out and empower them to participate in decision-making processes.

6.4 What will it take? Programmatic, Policy and Budgetary Priorities

Building a CFC requires city policies and programmes to respond to children's needs. Policies and programmes for children must start with children to ensure they have opportunities to raise their voice and contribute opinions to decision-making processes. "Authentic and meaningful child participation requires a radical shift in adult thinking and behaviour from an exclusionary to an inclusionary approach to children and their capabilities"²⁴⁶. It is essential to focus on building capacity for children as well as duty-bearers as a key factor for promoting child participation. Through exercising participation rights, children are better able to develop, survive and be protected. Hence, ensuring the right to participation is a fundamental part of any strategy to achieve children's education, health and protection.

Children's right to participation is recognized and undertaken through various activities and programmes by Ho Chi Minh City's government and Youth Union. Children exercise their right to participation mainly in families, schools and communities. However, children are unable to express their views and make their own decisions due to a lack of capacity and effective channels to raise their voices. Right to participation depends on adults as they must acknowledge this right and encourage children to engage in decision-making. Through reviewing the current status of child participation in Ho Chi Minh City and the capacity gaps analysis, the main findings of this chapter aim to promote effectiveness of programmes and channels for children's involvement in decision-making, empowering children to be more confident and capable to express their views, making decisions on related issues and raising public awareness of communities, teachers, parents and policy-makers. To promote child participation as one of the important rights in relation to child protection and ensure development of children, the main recommendations include:

- **Children:**
 - Children and local organizations must strengthen interventions that focus on developing children's capacity to engage effectively, including increasing self-esteem, self-confidence and belief in their ability to create change. It is essential for children to be empowered to take a leading role in these activities and programmes.
- **Families:**
 - Additional programmes must be put in place to raise awareness of parents and care-givers on a child's right to participate and express opinions. This, in turn, will ensure parents value their children's contributions and make family decisions collaboratively.
 - Specific skills training courses for parents to improve communication skills will enable them and family members to build trust with their children. In addition, parents will be equipped to provide appropriate guidance and encouragement to children to seek opportunities to participate in decision-making processes in schools and communities.
 - Parents' support groups should be established at community level to increase awareness of children's right to participate as well as to discuss common issues their children are grappling with and potential solutions to ensure children's best interests are prioritized.
- **Schools:**
 - The school environment is where children can develop confidence and capacity to participate through student forums, councils or social networks. Programmes in schools should be established focusing on participation in

²⁴⁶ "UNICEF - The State of the World's Children 2003."

school governance. "Participation in school governance is about pupils getting involved in all aspects of school leadership, management, systems and structures. It is not about just 'taking part' in school or lessons. It is about getting involved in real decision-making in school, which is systematic, consistent and sustained"²⁴⁷. It is essential to reform teaching methods (child learning centres) where students take an active part in shaping learning content, approach and pace.

- Programmes for teachers' skills training and awareness are essential to ensure they have empathetic, friendly and appropriate communication skills with children and encourage them to initiate or design programmes and activities for themselves.
- **Community and Youth Unions:**
 - Effective models of child participation within community settings should be designed based on specific socio-economic and cultural conditions as well as characteristics of children. Communities should create a variety of activities to encourage specific children to participate, for example in football clubs for disadvantaged children and children in conflict with the law.
 - Ensure effective operationalization of the children's council through allocation of sufficient human and financial resources, regular stock-taking for further improvements and scaling-up.
 - Local government at all levels should design programmes open to all children, including those living in special circumstances (children with disabilities, poor and street children), through appropriate modes of communication recognizing their specific needs.
 - Communities should ensure children have access to sufficient information and support to enable them to make informed decisions related to potential mechanisms to participate.
 - Strengthen the role of the Youth Union (YU) to effectively represent children's voices and monitor how their concerns are addressed by different authorities as per the Law on Children.
- **Business sector:**
 - The business sector should be engaged for public-private sector collaboration to promote child participation.
 - Companies in the ICT sector should be engaged to promote child participation through online platforms or innovative solutions.
 - Companies promoting child participation should be recognized and good practices documented.
- **Policy and budgetary priorities:**
 - Ho Chi Minh City's People's Committee should set up a formal mechanism, such as a forum or Child Voice Project, to involve children and the community in decision-making to ensure policies are responsive to children's needs and budgetary information is shared with children on time.
 - Ho Chi Minh City's People's Committee should provide guidelines and standards for evaluating programmes designed for children at commune and district levels to promote effectiveness of programmes and models for child participation.

Child participation is a fundamental right of children and relates closely to other child rights. Changing adult's thinking on children's participation and building capacity for children are key factors to promote effective child participation. Policies and programmes for children must be based on their views, respond to their needs and especially be initiated by children. Children must be empowered to initiate ideas for programmes/policies and decide on implementation, with adults' support when necessary. When children are involved in decision-making processes, they have ideas, experiences and insights that enrich decision-makers' understanding and make positive changes in decisions related to their lives. Therefore, Ho Chi Minh City should create more effective models/mechanisms ensure effective and efficient child participation.

²⁴⁷ http://www.participationworks.org.uk/files/webfm/shop_files/How_to_governance_v2/index.pdf



CHAPTER 7

PATHWAYS TO CREATING

A CHILD FRIENDLY CITY

PATHWAYS TO CREATING A CHILD FRIENDLY CITY

Understanding the evidence on the situation of children living in the city is a critical step in transforming Ho Chi Minh City into a 'Child-friendly City', an initiative which focuses on reflecting and implementing the CRC and its concluding observations as well as related national policies and programmes at the city level. The analysis presented in this SitAn has emphasized the fact that while rapid urbanization has led to prosperity and economic growth in Ho Chi Minh City, the city is also faced with significant urban challenges that impact the rights of children, placing increased pressure on delivering quality child-focused social services. The vision of the CFC initiative is to create "a local system of good governance committed to fulfilling children's rights. It is a city/community where the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions. It is, as a result, a city that is fit for all."²⁴⁸

Ho Chi Minh City People's Committee in collaboration with UNICEF is committed to defining pathways to creating a CFC, framed by the Sustainable Development Agenda (including SDG Goal 11) and the New Urban Agenda (Habitat III), placing children at the centre of this plan. The Ho Chi Minh City People's Committee issued Decision No.953 based on the Prime Minister's Decision No.535, which reinforced its commitment to fulfilling child rights. The Programme of Action for Children (2013-2020), approved by Ho Chi Minh City People's Committee, strengthens this commitment through the specific recommendations to address challenges faced by the most deprived and vulnerable children.

The 'pathways' set out in this report are in line with global principles and good practices that exemplifies a Child Friendly City Initiative by establishing strategic, multi-stakeholder partnerships for children, including with the business community. The following priorities summarize key recommendations to fulfill children's rights in Ho Chi Minh City.

EVERY CHILD SURVIVES AND THRIVES

To address the key challenges for "for every child to survive and thrive", priorities include:

- **Health system capacity development:** Strengthen the capacity of health care workers at grassroots level, including those at factories or companies that employ large numbers of workers and change perceptions that quality of care at local level is sub-optimal. This will improve the accessibility and utilization of hospitals and health facilities at grassroots level.
- **Strengthen awareness and interventions to tackle child malnutrition, under-nutrition, overweight and obesity:** This can be achieved through evidence-based research and interventions that inform programmatic and policy development to inform families, schools and communities about practicing healthy eating habits, avoiding harmful foods and improving child nutrition outcomes. Marketing and advertising of unhealthy and harmful foods to children by companies must be monitored and regulated.
- **Strengthen awareness and interventions to increase exclusive breastfeeding rate among factory workers and promote better health and nutrition of pregnant and nursing working mothers:** Raise

awareness among factory workers and management on six months of exclusive breastfeeding, expressing and storing breastmilk during working hours and build capacity of factories to create enabling environments.

- **Strengthen adolescent reproductive health programme:** A relatively high rate of teenage pregnancies and abortions shows it is critical to strengthen the adolescent reproductive health programme. Better monitoring and reporting on abortion will ensure safe abortions and better care for maternal and child health.
- **Review social insurance policies for pro-poor and migrant children:** Social policy should be reviewed to assure all pro-poor and migrant children can access health insurance. Currently, temporary migrants are not eligible for health insurance as their household registration status prevents them from buying and using health insurance.
- **Strengthen communication with children and women on immunizations:** The successful EPI will minimize morbidity and mortality among children. In addition, more staff time should be allocated to EPI whenever deploying new vaccines to communities
- **Mitigate impact of HIV/AIDS, including strengthening PMTCT:** Improving the quality of ARV services paired with improved access to ARV for HIV-infected children should be prioritized in HIV/AIDS programmes. PMTCT should be strengthened to reduce the number of children infected with HIV from mothers.
- **Mitigate climate change impacts on children's well-being:** Raising families and children's awareness and supporting programmes to strengthen coping mechanisms to respond to climate change is essential to safeguarding their health. This includes strengthening Ho Chi Minh City's policy framework for risk-informed disaster preparedness, risk reduction and response plans to strengthen implementation of the Natural Disaster Prevention and Control Law and Sendai Framework on DRR.
 - ▶ Review and strengthen Ho Chi Minh City's capacity on DRR, disaster preparedness and responses
 - ▶ Conduct child vulnerability mapping and analysis to provide information and data for risk-informed planning
 - ▶ Integrate DRR and disaster preparedness in school curriculum (implement Safe School Framework) and involve children in child-centred DRR decision-making, participatory risk assessments and mapping
 - ▶ Ensure risk-informed behaviour change communication for disaster preparedness and promote the role children play as agents of change in their communities and enhance public communication.
- **Strengthen WASH in schools, workplaces and community:** WASH in schools should be reviewed and strengthened to improve school hygiene and sanitation, minimize risks of contacting contaminated air, soil and water. WASH should be promoted in the workplace.
- **Improved data collection, management and reporting:** More investment on data collection, management and reporting is critical to improve programme management to ensure relevance, efficiency and effectiveness of interventions to improve maternal and child health.

EVERY CHILD LEARNS

- **Improve planning, public finance management and policy-making** to include child education indicators in SEDPs and ensure more effective planning by working across ministries to produce time series education data for longer-term planning of school networks in Ho Chi Minh City.
- **Develop school infrastructure to ensure inclusive education** in "hotspot" district(s), inclusive of migrant families. The rate of increases in new classrooms is 7% per year, lower than budget rises for school construction.

Encourage big companies and factories to contribute resources (cash and in-kind) for development of school infrastructure highlighting benefits to workers' children and those in their community.

- **Improve human resource management and development** by transferring teachers between districts to ensure reasonable students-to-teacher ratios, provide incentives and remuneration to encourage teachers and attract qualified teachers into the city.
- **Enhance educational statistics** for more complete statistical data on disadvantaged groups, with longer data series and compile population data by schooling age through agreement between PSO, DOET, DOH and DOLISA and inclusion of child data in PSO Statistics Year Book and website.
- **Improve coordination, monitoring and evaluation within and between agencies** to create (i) a database on children and (ii) evidence-based planning and implementation of a longer-term plan of school network development. This needs close coordination between DOET, DOH, DOLISA, DPI and PSO.
- **Continue promoting education and training support** for children living in special circumstances, where policies encourage students from public and private sectors to support one another.

EVERY CHILD IS PROTECTED

- **Build a comprehensive local child protection system:** (i) strengthen inter-sectoral coordination and cooperation, (ii) strengthen social work profession development, especially with respect to child protection, (iii) strengthen specialized preventative and protection services to address child protection needs through enhancement of a quality service delivery mechanism and development of new services, (iv) strengthen reporting and referral mechanism and (v) promote effectiveness of monitoring and reviewing child protection programmes.
- **Strengthen justice for children** by enhancing implementation of community-based support for juveniles in conflict with the law through pilots, accelerate establishment of Family and Juvenile Courts and strengthen capacity of investigators, commune police, justice and welfare officers.
- **Support children and families to enhance self-protection** through awareness-raising activities, early interventions at household level, integrating interventions to support children at risk and by conducting life skills training.
- **Improve budget allocation for child protection** by making use of child protection disaggregated data to inform city child protection planning and budgeting.

EVERY CHILD PARTICIPATES

- **Strengthen capacity of children:** Empowering children to take a leading role in activities and programmes that directly affect their lives, including strengthening Children's Council to better promote child rights.
- **Raise awareness and understanding of families:** When parents are cognizant of children's right to participate, they will provide opportunities to raise children's voices and discuss critical issues that affect their lives and for family members to give appropriate direction, guidance or advice to children to enable them to participate in decision-making in schools and communities.
- **Child participation should be promoted in schools:** Create effective child participation models such as students' fora, councils or social networks to encourage children to express opinions more confidently and effectively. Strengthen teachers' capacities to encourage children to initiate or design programmes and activities for themselves.

- **Develop suitable programmes and activities at community level:** Effective child participation models should be designed based on specific socio-economic and cultural conditions as well as characteristics of various groups of children, including football clubs for disadvantaged children and children in conflict with the law.
- **Innovative partnerships with business sector:** Companies in the ICT sector should be engaged to promote child participation through online platforms and innovative solutions. Good practices should be documented.
- **Policy and budgetary priorities:** The city should strengthen mechanisms to ensure meaningful participation of children in decision-making to ensure policies are responsive to children's needs.

The above-mentioned 'pathways' provide a list of priorities on how to translate child rights into tangible results, operational in the short- and long-term. Each of the recommendations presented in this report are the responsibility of a range of duty-bearers, ranging from the national and city government, the business sector to academia, media and others, in addition to the responsibility of rights-holders, focusing on all children under 18, their parents, the community, civil society partners and non-governmental organisations²⁴⁹.

Key priorities that cut across each of the sectors include (i) strengthening the evidence base on children in Ho Chi Minh City to support policies and programmes, as well as ensuring appropriate monitoring and evaluation systems are in place, (ii) developing the capacity of key stakeholders and local government to ensure services provided to children are inclusive and equitable, in addition to enhancing the quality of essential services, (iii) focusing on the most excluded and vulnerable children, including children affected by migration, children with disabilities, street children, juveniles in conflict with the law, children, and children facing multiple deprivations, among others (iv) mobilizing resources and increasing the efficiency and effectiveness of budget allocations and expenditures, (v) promoting the voice and participation of children as key partners of the CFC initiative, and (vi) sensitisation and raising awareness and understanding among children and their families regarding issues and decisions that affect their lives.

The 2017-2021 Country Programme between the Government of Viet Nam and UNICEF focuses on strengthening strategic partnerships to ensure the rights of all Ho Chi Minh City's children are fulfilled. The 'Child Friendly City' initiative is an opportunity to transform this vision into reality, where child rights are translated into concrete and measurable actions ensuring each child is given a fair and equitable chance in life. This strategic focus requires investments in time and resources in order for Ho Chi Minh City to become Viet Nam's first 'Child Friendly City'.

ANNEX

ANNEX 1 – AVERAGE POPULATION OF HO CHI MINH CITY BY DISTRICT

Average Population of Ho Chi Minh City by Districts

(http://www.pso.hochiminhcity.gov.vn/c/document_library/get_file?uuid=bb171c42-6326-4523-9336-01677b457b13&groupId=18)

	Người - Person				
	2005	2008	2009	2010	2011
Toàn thành - Whole city	6.291.055	7.000.746	7.201.550	7.396.446	7.521.138
Các quận - Urban districts	5.256.407	5.753.136	5.902.860	6.060.202	6.149.817
Quận 1 - Dist. 1	195.207	188.118	185.811	187.435	185.715
Quận 2 - Dist. 2	130.084	138.597	140.455	140.621	136.497
Quận 3 - Dist. 3	197.229	192.851	189.491	188.945	188.898
Quận 4 - Dist. 4	185.098	184.528	182.823	183.261	183.032
Quận 5 - Dist. 5	172.864	172.963	171.667	174.154	175.217
Quận 6 - Dist. 6	242.212	258.444	252.626	253.474	251.902
Quận 7 - Dist. 7	175.617	234.938	251.240	274.828	265.997
Quận 8 - Dist. 8	364.177	398.186	413.500	418.961	421.547
Quận 9 - Dist. 9	207.581	231.815	246.719	263.485	269.068
Quận 10 - Dist. 10	230.727	227.811	231.078	232.451	234.188
Quận 11 - Dist. 11	226.992	230.887	229.115	232.536	234.293
Quận 12 - Dist. 12	307.025	386.623	405.754	427.083	451.737
Gò Vấp - Go Vap	468.337	519.428	524.780	548.145	561.068
Tân Bình - Tan Binh	395.281	410.633	422.134	430.437	430.350
Tân Phú - Tan Phu	372.519	387.308	397.990	407.924	419.227
Bình Thạnh - Binh Thanh	435.300	454.206	461.844	470.054	479.733
Phú Nhuận - Phu Nhuan	176.056	175.084	174.661	175.175	175.631
Thủ Đức - Thu Duc	355.737	410.223	442.591	455.899	474.547
Bình Tân - Binh Tan	418.364	550.493	578.581	595.334	611.170
Các huyện - Rural districts	1.034.648	1.247.610	1.298.690	1.336.244	1.371.321
Củ Chi - Cu Chi	296.032	336.716	347.530	355.823	362.454
Hóc Môn - Hoc Mon	274.172	342.225	353.498	358.640	363.171
Bình Chánh - Binh Chanh	321.702	406.308	425.417	447.291	465.248
Nhà Bè - Nha Be	76.432	92.816	102.476	103.793	109.949
Cần Giờ - Can Gio	66.310	69.545	69.769	70.697	70.499

ANNEX 2 – EVERY CHILD SURVIVES AND THRIVES

Table 2.1. Child injury figures by year from nine reported districts

District	Type of schools	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	Total
Go Vap	Pre-school	22	25	27	23	12	14	14	137
	Primary	207	224	223	217	252	237	194	1,554
	Secondary	44	66	37	45	56	48	29	325
Can Gio	Pre-school							1	1
	Primary		5	4	6	8	14	11	48
	Secondary	4	14	23	21	28	25	7	122
Dist 4	Pre-school	4	4	2	5	1	1		17
	Primary	59	60	64	88	96	72	69	508
	Secondary	7	10	44	11	8	18	25	123
Binh Tan	Pre-school			10	5	14	13	3	45
	Primary	24	98	72	96	102	83	38	513
	Secondary	50	26	20	25	52	91	98	362
Dist 8	Pre-school	5	0	3	3	2	4	7	24
	Primary	297	323	322	259	294	331	252	2,078
	Secondary	56	42	70	128	136	226	196	854
Dist 5	Pre-school	3	2	1	2	2	3	3	16
	Primary	2	2	1	3	1	1	3	13
	Secondary	1	0	0	1	0	1	2	5
Dist 10	Pre-school	3	8	7	7	10	19	12	66
	Primary	4	3	19	16	60	69	56	227
	Secondary	0	0	13	14	14	14	17	72
Tan Binh	Pre-school	7	6	10	9	25	19	13	89
	Primary	81	103	79	275	343	288	241	1,410
	Secondary	17	47	58	43	89	101	72	427
Dist 11	Pre-school						1		1
	Primary	35	35	49	52	81	61	46	359
	Secondary	2	2	1	20	26	29	26	106
	Total	934	1,105	1,159	1,374	1,712	1,783	1,435	

Source: MOET March 2017, data prepared for SitAn Ho Chi Minh City

Table 2.2. Number of HIV-infected pregnant women by district

DISTRICT	2013	2014	2015	TOTAL
District 1	15	14	19	48
District 3	15	5	6	26
District 4	16	21	13	50
District 5	12	6	10	28
District 6	16	27	23	66
District 8	27	39	38	104
District 10	13	8	14	35
District 11	16	18	18	52
District BINH THANH	33	19	29	81
District GO VAP	21	17	22	60
District PHU NHUAN	13	15	9	37
District TAN BINH	12	12	16	40
District TAN PHU	8	19	13	40
District 2	9	8	3	20
District 7	8	15	11	34
District 9	10	15	11	36
District 12	10	19	13	42
District BINH TAN	30	20	22	72
District THU ĐUC	20	17	19	56
District BINH CHANH	22	18	23	63
District CAN GIO	3	3	2	8
District CU CHI	31	25	19	75
District HOC MON	9	9	16	34
District NHA BE	5	1	9	15
TOTAL	374	370	378	1122

Source: Ho Chi Minh City DOH

Table 2.3. Type of health establishments by geographical area

	Total	Hospital	Regional polyclinic	Preventive medicine centre	CHS
TOTAL	454	107	3	25	319
Urban districts	378	101	1	20	256
<i>Dist. 1</i>	25	13	0	2	10
<i>Dist. 2</i>	11	2	0	1	8
<i>Dist. 3</i>	24	9	0	1	14
<i>Dist. 4</i>	17	1	0	1	15
<i>Dist. 5</i>	33	17	0	1	15
<i>Dist. 6</i>	16	1	0	1	14
<i>Dist. 7</i>	15	4	0	1	10
<i>Dist. 8</i>	22	4	1	1	16
<i>Dist. 9</i>	16	2	0	1	13
<i>Dist. 10</i>	28	12	0	1	15
<i>Dist. 11</i>	18	1	0	1	16
<i>Dist. 12</i>	14	2	0	1	11
<i>Go Vap</i>	21	4	0	1	16
<i>Tan Binh</i>	24	8	0	1	15
<i>Tan Phu</i>	15	3	0	1	11
<i>Binh Thanh</i>	25	4	0	1	20
<i>Phu Nhuan</i>	23	7	0	1	15
<i>Thu Duc</i>	15	2	0	1	12
<i>Binh Tan</i>	16	5	0	1	10
Rural districts	76	6	2	5	63
<i>Cu Chi</i>	24	2	0	1	21
<i>Hoc Mon</i>	14	1	0	1	12
<i>Binh Chanh</i>	18	1	0	1	16
<i>Nha Be</i>	9	1	0	1	7
<i>Can Gio</i>	11	1	2	1	7

Source: Ho Chi Minh City statistics 2015

Table 2.4. Health personnel at ward/commune level

#	District	# of ward/commune has			# of CHS met national standard	# of village has health worker
		Traditional medicine	MD	Midwife & Obs. Assistant doctor		
	Total	271	281	342	291 (91.2%)	609
1	District 1	10	7	12	10	0
2	District 2	6	9	8	6	0
3	District 3	10	8	13	8	0
4	District 4	14	11	11	14	0
5	District 5	15	15	15	15	0
6	District 6	14	14	14	14	0
7	District 7	10	10	10	9	0
8	District 8	12	13	15	15	0
9	District 9	13	13	16	13	0
10	District 10	9	15	15	15	0
11	District 11	13	7	16	13	0
12	District 12	10	11	11	11	0
13	Binh Tan district	10	11	10	10	130
14	Binh Thanh district	15	10	19	19	20
15	Go Vap district	16	17	16	8	0
16	Phu Nhuan district	13	12	15	15	0
17	Tan Binh district	15	9	15	14	0
18	Tan Phu district	11	14	11	11	0
19	Thu Duc district	0	12	13	12	73
20	Binh Chanh district	16	16	26	14	92
21	Can Gio district	7	9	13	7	33
22	Cu Chi district	18	19	29	21	178
23	Hoc Mon district	12	12	12	10	83
24	Nha Be district	2	7	7	7	0

Source: DOH report 2016

ANNEX 3 – EVERY CHILD LEARNS

Table A4.1. Pre-school schools, classes, teachers and students, Ho Chi Minh City, 2011-2012 to 2015-2016 school years

	Number					Share (%)					Yearly growth (%)
	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	
No. of schools (School)	744	800	870	939	1,006	100.0	100.0	100.0	100.0	100.0	7.8
Public	411	417	419	428	431	55.2	52.1	48.2	45.6	42.8	1.2
Non-public	333	383	451	511	575	44.8	47.9	51.8	54.4	57.2	14.6
No. of classes (Class)	9,625	9,878	11,048	11,742	12,385	100.0	100.0	100.0	100.0	100.0	6.5
Public	4,158	4,275	4,312	4,480	4,535	43.2	43.3	39.0	38.2	36.6	2.2
Non-public	5,467	5,603	6,736	7,262	7,850	56.8	56.7	61.0	61.8	63.4	9.5
No. of class rooms (Room)	10,549	11,637	12,446	13,373	13,444	100.0	100.0	100.0	100.0	100.0	6.3
Public	4,474	4,929	4,937	4,979	4,687	42.4	42.4	39.7	37.2	34.9	1.2
Non-public	6,075	6,708	7,509	8,394	8,757	57.6	57.6	60.3	62.8	65.1	9.6
No. of teachers (Person)	16,181	16,638	17,956	19,548	20,875	100.0	100.0	100.0	100.0	100.0	6.6
Public	8,626	8,735	9,076	9,351	9,598	53.3	52.5	50.5	47.8	46.0	2.7
Non-public	7,555	7,903	8,880	10,197	11,277	46.7	47.5	49.5	52.2	54.0	10.5
No. of students (Student)	287,073	298,769	309,279	321,670	335,222	100.0	100.0	100.0	100.0	100.0	4.0
Public	160,431	166,418	161,072	160,258	160,963	55.9	55.7	52.1	49.8	48.0	0.1
Non-public	126,642	132,351	148,207	161,412	174,259	44.1	44.3	47.9	50.2	52.0	8.3
Male	156,923	165,546	167,727	172,328	181,862	54.7	55.4	54.2	53.6	54.3	3.8
Female	130,150	133,223	141,552	149,342	153,360	45.3	44.6	45.8	46.4	45.7	4.2
Nursery	45,181	40,275	50,749	60,484	55,965	15.7	13.5	16.4	18.8	16.7	5.5
Kindergarten	241,892	258,494	258,530	261,186	279,257	84.3	86.5	83.6	81.2	83.3	3.7

Source: Statistical Yearbook 2015, Ho Chi Minh City Statistical Office

Table A4.2. Students of general education of Ho Chi Minh City, school years of 2011-2012 to 2015-2016

	Number					Share (%)					Yearly growth (%)
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	
TOTAL	1,021,990	1,046,989	1,083,320	1,122,447	1,163,405						3.3
Primary	504,429	523,403	547,346	559,445	584,054	100	100	100	100	100	3.7
Public	490,568	511,659	536,418	549,878	572,847	97.3	97.8	98.0	98.3	98.1	4.0
Non-public	13,861	11,744	10,928	9,567	11,207	2.7	2.2	2.0	1.7	1.9	-5.2
Lower Sec.	326,435	329,548	350,807	376,713	385,062	100	100	100	100	100	4.2
Public	314,037	317,285	338,245	363,801	371,489	96.2	96.3	96.4	96.6	96.5	4.3
Non-public	12,398	12,263	12,562	12,912	13,573	3.8	3.7	3.6	3.4	3.5	2.3
Upper Sec.	191,126	194,038	185,167	186,289	194,289	100	100	100	100	100	0.4
Public	156,148	158,581	156,311	158,355	162,321	81.7	81.7	84.4	85.0	83.5	1.0
Non-public	34,978	35,457	28,856	27,934	31,968	18.3	18.3	15.6	15.0	16.5	-2.2

Source: Statistical Yearbook 2015, Ho Chi Minh City Statistical Office

Table A4.3. Rates and number of class repetition and school drop outs, Ho Chi Minh City, 2011-2015

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	Yearly growth (%)
Repeat						
Total (Person)	11,653	11,484	10,191	10,226	9,797	-4.2
Primary (Person)	2,272	2,141	2,360	2,099	2,123	-1.7
Primary (%)	-	0.4	0.5	0.4	0.4	
Female (Person)	678	612	733	605	617	-2.3
Female (%)	29.8	28.6	31.1	28.8	29.1	
Lower Secondary (Person)	5,250	4,628	4,550	4,557	5,057	-0.9
Lower Secondary (%)	-	1.4	1.4	1.3	1.3	
Female (Person)	1,360	1,126	1,141	1,115	1,203	-3.0
Female (%)	25.9	24.3	25.1	24.5	23.8	
Upper Secondary (Person)	4,131	4,715	3,281	3,570	2,617	-10.8
Upper Secondary (%)	-	2.5	1.7	1.9	1.4	
Female (Person)	1,620	1,808	1,227	1,232	904	-13.6
Female (%)	39.2	38.3	37.4	34.5	34.5	
Drop out						
Total (Person)	4,946	7,346	2,512	3,270	2,691	-14.1
Primary (Person)	251	315	61	140	93	-22.0
Primary (%)	-	0.1	0.0	0.0	0.0	
Female (Person)	78	109	18	37	17	-31.7
Female (%)	31.1	34.6	29.5	26.4	18.3	
Lower Secondary (Person)	2,226	2,822	1,114	1,474	1,483	-9.7
Lower Secondary (%)	-	0.9	0.3	0.4	0.4	
Female (Person)	754	999	346	448	470	-11.1
Female (%)	33.9	35.4	31.1	30.4	31.7	
Upper Secondary (Person)	2,469	4,209	1,337	1,656	1,115	-18.0
Upper Secondary (%)	-	2.2	0.7	0.9	0.6	
Female (Person)	1,005	1,701	660	628	414	-19.9
Female (%)	40.7	40.4	49.4	37.9	37.1	

Source: Statistical Yearbook 2015, Ho Chi Minh City Statistical Office

Table A4.4. Key legislation pertaining to education

AT NATIONAL LEVEL	
1	Decision No.239/QĐ-TTg (9 January 2010) on approving the scheme on universal pre-school education for children aged five years during 2010-2015
2	Decree No.49/ND-CP (14 May 2010) on reduction and exemption of tuition fees, support for learning cost, collection and use of tuition applicable to educational institutions belonging to national education system from school year 2010-2011 to 2014-2015
3	Decree No.74/2013/ND-CP (15 July 2013) on amending and supplementing a number of articles of the Government's Decree No.49/2010/ND-CP of May 14, 2010, stipulating on reduction and exemption of tuition fees, support for learning cost, collection and use of tuition applicable to educational institutions belonging to national education system from the 2010-2011 school year to the 2014-2015 school year
4	Decree No.86/2015/ND-CP (2 October 2015) on mechanisms for collection and management of tuition fees applicable to educational institutions in the national education system and policies on tuition fee exemption and reduction and financial support from the academic year 2015-2016 to 2020-2021
5	Decision No.2165/QĐ-BGDĐT (23 June 2014) on the recognition of Ho Chi Minh City as a five-year-old education standard
AT CITY LEVEL	
Ho Chi Minh City People's Council	
1	Resolution No.68/2006/NQ-HĐND (12/12/2006) of the People's Council of Ho Chi Minh City on subsidies for teachers, teachers and workers working in difficult communes and wards in the city
2	Resolution No.01/2014/NQ-HĐND (14/6/2014) of the 8th People's Council, 13th session on support for pre-school education in Ho Chi Minh City
Ho Chi Minh City Party Committee	
1	Action Programme No.59-CTr/TU(30/6/2015) of the City Party Committee to implement Resolution No.242-TB/TW of the Politburo on the continuation of the implementation of Central Committee Resolution No.2, course VIII: To develop education and training to 2020.
Ho Chi Minh City People's Committee	
1	Directive No.03/2008/CT-UBND (March 7, 2008) of the Ho Chi Minh City People's Committee on improving and raising the quality of child-rearing in schools, classes and pre-school education establishments. In Ho Chi Minh City
2	Decision No.10/2010/QĐ-UBND (04/02/2010) of the Ho Chi Minh City People's Committee promulgating regulations on decentralization of State management of State property in administrative agencies, public service providers, socio-political organizations funded by the State budget for their operation
3	Decision No.22/2011/QĐ-UBND(14/5/2011) on promulgation of the plan to implement the Resolution of the Ninth Party Congress of Ho Chi Minh City's programme on improving the quality of human resources for 2011-2015
4	Decision No.565/QĐ-UBND (09/12/2011) of the Ho Chi Minh City People's Committee approving the scheme on universal pre-school education for five-year-old children in Ho Chi Minh City
5	Decision No.448/QĐ-UBND (31 January 2012) of Ho Chi Minh City People's Committee on approval of project: "Universalizing and enhancing the capacity to use English for pupils of general education and specialized industry in Ho Chi Minh City period 2011-2015"
6	Directive No.24/CT-UBND (03/11/2012) of Ho Chi Minh City People's Committee on formulation, appraisal, approval and management of urban planning in Ho Chi Minh City
7	Decision No.06/2012/QĐ-UBND (24/12/2012) of Ho Chi Minh City People's Committee promulgating the policy on population and family planning for 2011-2015

8	Decision No.5506/QĐ-UBND (7 October 2013) of Ho Chi Minh City People's Committee on approval of the plan to implement the project "Building learning society in 2012-2020" in Ho Chi Minh City
9	Decision No.1029/QĐ-UBND (March 5, 2014) by Ho Chi Minh City People's Committee to implement Decision No.1019/QĐ-TTg of the Prime Minister approving the scheme for supporting people with disabilities for 2012-2020
10	Decision No.1999/QĐ-UBND (April 24, 2014) of the Ho Chi Minh City People's Committee on promulgation of the Action Plan No.36-CtrHD/TU of the City Party Committee for implementation of Resolution No. 16-NQ/TW(10/8/2012) of the Politburo on the direction and task of developing Ho Chi Minh City to 2020
11	Decision No.3036/QĐ-UBND (20 June 2014) on the criteria of advanced schools in Ho Chi Minh City, following the trend of international and regional integration
12	Decision No.3077/QĐ-UBND(June 23, 2014) of the City People's Committee on approval of the Scheme on "Planning and training of teachers, managers of the education and training sector of Ho Chi Minh City for the period 2013-2020"
13	Decision No.5241/QĐ-UBND(October 23, 2014) by the City People's Committee approving the project on migrant children in difficult circumstances in Ho Chi Minh City
14	Decision No.5695/QĐ-UBND (20 November 2014) of the City People's Committee approving the schemes"Teaching and Learning Maths, Science and English and Vietnamese Integrated ProgrammeProgramme"
15	Decision No.5696/QĐ-UBND(20 November 2014) of the City People's Committee approving the scheme "Deleting illiteracy period 2014-2020" in Ho Chi Minh City
16	Decision No.03/QĐ-UBND (6/1/2015) of the Ho Chi Minh City People's Committee on the plan for directing the management of socio-economic development and the city budget, People's Committee of Ho Chi Minh City in 2015

Regulations issued by Ho Chi Minh City

	Decision No.59/2010/QĐ-UBND (Aug 31, 2010) on the number of on-specialized posts at commune level and benefits for commune non-specialized workers
	Decision No.86/2010/QĐ-UBND (Dec 22, 2010) on assigning additional tasks to the Population, Family Planning Collaborators to carry out child protection work at village level, and benefits of such collaborators
	Decision No.3213/QĐ-UBND (Jun 18, 2013) on ratification of National Action Plan for Children for 2013-2020
	Decision No.6044/QĐ-UBND (Nov 12, 2013) on Plan for "Community-based support services for juvenile in conflict with the law" at Binh Thanh and No.1 Districts for 2013-2016
	Decision No.953/QĐ-UBND (Mar 7, 2016) on issuing the plan on implementation of the Decision No.535/QĐ-TTg (14 April 2014) of the Prime Minister of the Government approving the plan on implementation of the Recommendations of the United Nations Committee on the Child's Rights
	Decision No. 3764/QĐ-UBND (Aug 04 2014) on establishment of Viet Nam Association for Protection of Children's Rights in Ho Chi Minh City (VACR)
	Decision No3961/QĐ-UBND of the Ho Chi Minh City People's Committee dated Aug 12, 2015 on Approval of the Ho Chi Minh City Plan for Implementation of the National Action Plan for Children Affected by HIV/AIDS (2015-2020)
	Decision No.3731/QĐ-UBND dated Jul 21, 2016 on implementation of Child Accidental Injury Prevention Programme (2015-2020)
	Decision No.3682/QĐ-UBND of Ho Chi Minh City People's Committee dated Jul 19, 2016 on approval of Ho Chi Minh City Child Protection Programme 2016-2020.
	Decision No.1161/QĐ-UBND (Mar 17, 2017) on development of personnel resource of Ho Chi Minh City Steering Committee of Childcare and protection
	Plan No. 6258/KH-UBND (27 November 2014) on "Building standard commune which is fit children" for implementation of Decision No.34/2014/QĐ-TTg (30/5/2014) on "standards commune/town/wards fit children".

ANNEX 4 – EVERY CHILD IS PROTECTED

Summary of the Childcare and Protection Programmes Performed in Ho Chi Minh City during 2011-2015

No	PROJECT/ACTIVITY	GOAL	OUTCOME
1	Propagation, education and social mobilization for child protection	90% of families, schools, social communities and children had their awareness raised and change their behaviours in child protection	<p>Exceptional publications and thematic materials were compiled and distributed to residential areas to ensure each citizen could access the information.</p> <p>3,000 publications of the Law on Child Protection, Care and Education were distributed to legislative bookshelves in wards, communes and towns.. 6,500 “What children should know” leaflets were distributed to the district People’s Committees.. 500,000 publications of the Law on Child protection, Care and Education propaganda material, legislative books, manuals and FAQs and 1,000,000 publications (brochures, manuals and handbooks) on HIV/AIDS, injury, incident, abuse and violence protection for children and suitable for children were distributed to communes and wards. Education for five million good child-bearing mothers, crime prevention information; Law on Human Trafficking Prevention, Law on Child Sexual Abuse Prevention and approximately 500,000 manuals on breast feeding and infant nutrition</p>
			<p>Direct communication in many forms such as approaching, communicating and sharing information and knowledge about child protection were effective</p> <p>137,143 communicating events (with 7,765,916 participants) in the community were hosted, the broadcasting time of thematic programmes on childcare and protection (on printed and broadcasting news) were increased and reached millions of people annually.</p>
			<p>Annual programmes such as “Meeting between the city leaders and children”, direct communication with children in Lunar New Year and “Nurturing Children’s Dreams” camp were organized</p> <p>Annual fund for Children’s Forums: VND500 million, Camps: About VND700 million, 100% of districts and 74% of wards, communes and towns (240/322) hosted the “Listen to the children’s voice” forum (with 27,000 children attendants annually)</p>
2	Improving capacity for child protection and care staff and child protection volunteers	100% of childcare and protection staff at city and district levels had capacity of management and organization of programmes, plans, proposals and projects on childcare and protection improved	<p>Workshops and specialized training courses to improve the knowledge, capacity and professional skills in the performance of childcare and protection activities were regularly organized</p> <p>5,985 training courses on policies, management skills, health counseling and educational skills and practical nutrition skills for small child bearing mothers were delivered to over 351,154 childcare, protection and education staff at the city, district and ward/commune/town levels</p>
		50% of the childcare and protection staffs at the ward/ commune/ town level and childcare and protection volunteers at the residential group/hamlet level had knowledge and capacity in child protection enhanced	
3	Establishing and developing child protection service system	Establishing and operating child protection service system with a management board and an interdisciplinary team for child protection among many levels, child counseling office at district level, child protection committee at the ward/ commune/town levels and counseling unit at the community and schools	<p>Delivered 20-24 specialized training courses to 3,500 child collaborators and volunteers. The city currently has 125 community and 109 school counseling units (with establishment permits and stable operation)</p>
			<p>Organizing knowledge and skills training courses for staff in the child protection service system</p> <p>Five district counseling offices, 24/24 districts and 322/322 wards, communes and towns established 1,760 community counseling teams controlled by residential group Women’s Union to provide legislative counseling on legal rights and benefits of local women and children.</p>
			<p>Provided counseling and consulting services to 53,849 cases for children and families at the city’s community counseling units</p>
			<p>Provided counseling, consulting and support services to 2,712,768 children in general and children with special circumstances in particular</p>

No	PROJECT/ ACTIVITY	GOAL	OUTCOME	
4	Establishing and expanding community-based models (four models) to support children in special circumstances	Establishing and expanding the community-based models to support children with special circumstances in a unified procedure	<p>Model 1: Community-based support service for abandoned children, orphans and disabled children</p> <p>Model 2: Maintaining and expanding the community-based model for prevention and support for street children, children performing heavy and dangerous work or work in hazardous conditions</p> <p>Model 3: Maintaining and expanding the community-based model for prevention and support for sexually and physically abused children</p> <p>Model 4: Community-based model for prevention and support for law-violating juveniles</p>	The city's Women's Union mobilized and granted 10,500 scholarships worth VND7.7 billion) per year. The city subsidized the annual tuition fee exemption (since 2013): VND50-80 billion, supported tuition fees of 54,292 students (in 2013 and 2014) worth 716 billion. In 2014, the city funded VND4,370 million to provide lunches for children aged 3-5 years whose parents are poor at the early childhood educational institutions in the city and maintained the price stabilization programme for the annual school opening season
		Performed at 20 wards, communes and towns in seven districts: District 1, District 4, District 7, District 11, Binh Tan district, Tan Phu district and Hoc Mon district (2011-2012)		In the 2011-2012 academic year, the city had 2,364 children with disabilities (148 children more than the previous academic year) having pursued their education in 25 specialized schools (280 were in the early intervention programme, 1,030 in the early childhood educational programme, 904 in primary schools, 122 in specialized practice programme and 28 in skill training programme). Specialized programme. schools able to maintain the number of disabled students, children cooperated well with teachers and negative behaviours were limited.
		Since 2013, performed at 322 wards, communes and towns in the city		During 2012-2014, the city mobilized funds to support the free heart surgery to 213 children and sent hundreds of children with congenital orthopedic deformities to receive the orthopedic surgery
5	Improving the State management efficiency in childcare and protection		Sub-project 1: Propagating and popularizing the laws to staff, children and juveniles	Delivered four training courses to provide the legislative knowledge for legislative and staff working with juveniles
			Sub-project 2: Reviewing and evaluating the actual situation of law enforcement in childcare, protection and education	Delivered training courses to provide the legislative knowledge for juvenile victims, witnesses or law breakers or juveniles in risk of breaching laws
			Sub-project 3: Establishing a specialized database on childcare and protection.	Printed 6,500 "What children need to know" leaflets and distributed to the People's Committees at district, ward/commune/town and group/hamlet levels to popularize to people.

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