



REPORT

ON SOCIAL
PROTECTION
FOR WOMEN
AND GIRLS IN
VIET NAM

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Report on Social Protection for Women and Girls in Viet Nam

Published 1st edition 2015

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ACKNOWLEDGEMENTS

This report was developed on the basis of a study conducted by a research team at the Institute of Labor Science and Social Affairs (ILSSA) of the Ministry of Labor, Invalids, and Social Affairs (MoLISA). The study was led by Dr. Nguyen Thi Lan Huong, ILSSA Director General, with the participation of its researchers: Nguyen Thi Bich Thuy, M.A.; Nguyen Bao Cuong, M.A.; Pham Do Nhat Thang, B.A.; Nguyen Khac Tuan, M.A.; Dao Ngoc Nga, M.A.; Nguyen Thi Hien, B.A.; Tong Thi Mai Hong, M.A.; Hoang Thu Hang, B.A.; Nguyen Van Trang, M.A.; Dang Do Quyen, M.A.; Nguyen Thi Vinh Ha, M.A.; Vu Thi Hai Ha, M.A.; Quach Thi Que, M.A.; and Nguyen Van Hung, B.A. We would like to acknowledge the contribution of Ms. Linda Hershkovitz for her support in final editing of this report.

The study was one of the activities within the cooperative framework between the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in Viet Nam and the Institute of Labor Science and Social Affairs (ILSSA) supported by the Australian Government. It was carried out with the aim of learning about women's and girls' access to social protection policies mentioned in Resolution No. 70/NQ-CP, dated 1 November 2012 of the Government on action program for implement Resolution No. 15-NQ/TW on 1st June 2012 by the Political Bureau (Politburo) of the Central Committee of the Communist Party of Viet Nam 11th Congress on main social policies for the period of 2012 – 2020 (hereinafter called Resolutions No. 15 and 70).

The research team would like to express our sincere thanks to Shoko Ishikawa, Country Representative of UN Women in Viet Nam, Ms. Ruchika Bahl, Gender Expert on Economic Livelihoods and Social Protection, Mr. Nguyen Hai Dat, Programme Officer, and Ms. Tran Thi Minh Nguyet, Gender Programme Officer at UN Women of Viet Nam, for their valuable input and comments, as well as active assistance with the study. We would also like to acknowledge the support of different relevant agencies and organizations, especially the Department of Labor, Invalids, and Social Affairs (DoLISA) of the Thai Nguyen, Thanh Hoa, and Dong Nai provinces, for arranging meetings, seminars, group discussions, and in-depth interviews in addition to providing essential data and documents for the study. In addition, as stakeholders, they provided many ideas, comments, and insights on the topics discussed in this report.

The description, analyses, judgments, and recommendations presented in this report are solely the viewpoints of the research team, and do not necessarily reflect the viewpoints of UN Women in Viet Nam or the localities where the study was conducted. The research team welcomes all feedback and further comments on the data and information as well as other insights on this report.

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LIST OF ACRONYMS

ADB	Asian Development Bank
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSR	Corporate Social Responsibility
DoLISA	Department of Labor, Invalids, and Social Affairs
GSO	General Statistics Office
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labor Organization
ILSSA	Institute of Labor Science and Social Affairs
IMR	Infant mortality rate
LFS	Viet Nam Labor Force Survey
MICS	Multiple Indicator Cluster Survey
MoCST	Ministry of Culture, Sports and Tourism
MoET	Ministry of Education and Training
MoLISA	Ministry of Labor, Invalids and Social Affairs
SRB	Sex ratio at birth
SWOT	Strengths, weaknesses, opportunities, and threats
TFR	Total fertility rate
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VHLSS	Viet Nam Household Living Standards Survey
VND	Vietnamese dong (currency)

EXECUTIVE SUMMARY

1. INTRODUCTION

In 2013, the Institute of Labor, Science and Social Affairs (ILSSA), in cooperation with UN Women, conducted a study on “Social Protection for Women and Girls in Viet Nam” for the period from 2002-2012.¹ The study aimed to identify gender specific concerns and challenges in the current social protection system, to assess the implementation of social protection for women and girls up to 2012 in accordance with Resolution 15² on certain social policies, to forecast social protection indicators for women and girls for the period from 2014-2020, and to propose recommendations to enhance women and girls’ participation in and enjoyment of Viet Nam’s social protection system. This report presents key findings from the study. It will be disseminated to relevant agencies and organizations with the primary objective of continuing to seek opinions on the issue of increasing inclusion of women and girls in the social protection system. It is expected to assist in the implementation of Resolutions No. 15 and 70 up to 2020, and to contribute to the annual National Report on Social Protection.

2. RESEARCH METHODOLOGY

- (i) Review existing social protection policies in terms of equitable access, participation, and benefits for women and girls, especially rural, poor, and ethnic minority women, and those who live in especially disadvantaged areas. The policies are divided into 4 groups: guaranteeing minimum income and poverty reduction, social insurance, social assistance, and basic social services.
- (ii) Review the status of implementation of social protection for women and girls from 2002 to 2012 nationally and at the provincial level. In addition to the collection and analysis of secondary data from available research papers and surveys, the research group conducted a qualitative study in three provinces. Qualitative methods included focus group discussions and in-depth interviews to collect information at provincial, district, and communal levels.
- (iii) Forecasts of social protection indicators for women and girls for the period 2014-2020 were developed, based on analysis of past trends and existing national socio-economic development goals. Data sources used included the Viet Nam Household Living Standards Survey (VHLSS) and the Viet Nam Labor Force Survey (LFS), conducted by the General Statistics Office (GSO) of Viet Nam.

1 UN Women provided technical support to the Institute of Labor Science and Social Affairs within MoLISA in conducting the research and developing the report. This partnership was funded by the Australian Government.

2 Resolution No. 15-NQ/TW detailing main social policies for the period 2012 – 2020 was passed by the Political Bureau of the 11th Central Committee Communist Party of Viet Nam at its 5th session. Subsequently, Resolution No. 70 detailing the Action Plan for Resolution No. 15 was also approved by the Government. These two Resolutions aim at promoting basic social services for people, especially the poor, those who have disadvantaged economic backgrounds, and ethnic minority people.

3. VIET NAM'S SOCIAL PROTECTION SYSTEM

Viet Nam's Social Protection System puts an emphasis on provision of fundamental social services and consists of policies in the following four areas:

- Policies to ensure minimum income through job creation and poverty reduction;
- Policies on social insurance which assist people in minimizing risks caused by sickness, industrial accidents, old age, etc. through their participation in the health insurance system;
- Policies on social assistance, which include both regular and emergency assistance, to better assist people to overcome unexpected external risks prompted by climate change or chronic poverty; and
- Policies to help people access the social service system at a minimum level, including basic education, health care services, housing, clean water, and access to information.

4. ANALYSIS OF SOCIO-ECONOMIC AND POLITICAL FACTORS INFLUENCING SOCIAL PROTECTION FOR WOMEN AND GIRLS

A SWOT analysis was conducted to identify strengths, weaknesses, opportunities and threats in Viet Nam's current social protection system for women and girls. The results are summarized in Table 1 below.

TABLE 1. SWOT ANALYSIS OF VIET NAM'S CURRENT SOCIAL PROTECTION SYSTEM FOR WOMEN AND GIRLS

<p>Strengths</p> <ul style="list-style-type: none"> • Progressive viewpoints and policies on gender equality advocated by Viet Nam's Communist Party and Government provide a firm foundation for implementation of social protection for women and girls. • Viet Nam's commitment to international treaties including CEDAW and the Millennium Development Goals, International Covenant on Economic, Social and Cultural Rights (ICESCR), and Universal Declaration of Human Rights (UDHR) has significantly contributed to economic growth, poverty reduction, employment generation, health care, improved educational levels, and vocational training for women and girls • The Government is responsive to developing the social protection system to reflect greater diversity, scope, and effectiveness; and to creating substantive equality in accessing basic services and social welfare for women and men, girls and boys. • The Government is securing the budgetary commitments to implement policies, programmes, and projects on social protection for women and girls such as the National Target programme on poverty reduction and employment for 2011-2015. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • The implementation of social protection policies is facing numerous obstacles. The implementation of social protection for women and girls is inadequate and not sustainable. • Since 2008, Viet Nam has experienced declining growth and instability, with a series of emerging socio-economic issues seriously affecting people's employment and standard of living. Women and girls are among the most vulnerable. • Awareness and implementation of gender integration in social protection policies falls short of expectations both in quantity and in quality.³
<p>Opportunities</p> <ul style="list-style-type: none"> • There have been favorable demographic factors including a significant reduction in fertility rates in recent decades to near the replacement rate (about 2.1 children/woman), and a lower rate of rural women having a third child. These factors have helped women lessen the burden of housework and increased their opportunities to empower themselves in family and society. • Although Viet Nam is becoming a middle-income country, there will be many challenges in the future for ensuring social protection for women and girls. In this context, it is to the advantage of the country that international organizations and development partners have made efforts to provide technical and financial support to Viet Nam to develop the social protection system for women and girls. • International and non-governmental organizations attach special importance to gender equality and support for disadvantaged groups to participate in and benefit from social welfare policies. 	<p>Threats</p> <ul style="list-style-type: none"> • Women's participation in economic activities is limited. Women bear the major responsibility for housework and unpaid care work. It will take a long time and much effort for changes in gender roles to take effect. • The emerging threats of climate change have a far greater effect on the lives of women and girls than men, with agriculture and aquaculture sectors being the most affected. As women still are dominant in these sectors, their livelihood will be affected. • Unfavorable demographic and population factors include an increase in the sex ratio at birth, resulting in an excess of male adults, and consequently an increase in the proportion of single men, and greater potential of increase in trafficking and commercial sexual exploitation of women and girls.

3 2014 survey conducted by ILSSA in Dong Nai, Thanh Hoa and Thai Nguyen.





Photo: UN Women/Michael Fountoulakis

5. SUMMARY FINDINGS ON WOMEN'S AND GIRLS' ACCESS TO SOCIAL PROTECTION, 2002-2012

a) Guaranteeing minimum income⁴

- The rate of female laborers in the labor force is consistently lower than that of males. In periods of economic crisis, more women tend to enter or re-enter the labor market in order to increase income and reduce economic difficulties for their households.
- Female workers' professional qualifications remain low, and lower than those of male workers do. The proportion of female workers without training was 86.3 per cent (2012), compared to 82.6 percent of male workers.
- The rate of increase in employment among female workers was lower than that of male workers from 2002 to 2012, at 2.4 percent per year compared with 2.8 percent per year for males, resulting in a declining share of the total number of jobs for female employees, from 48.6 percent in 2002 to 48.3 percent in 2012.
- The rate of job mobility away from agriculture among female workers is lower than that of males. For instance, the rate of women working in agriculture, forestry, and aquaculture in 2012 decreased by 1.7 percent from 2011, compared with a decrease of 2.4 percent for men.
- Females work in a higher proportion in jobs not requiring professional qualifications, and the rate of women in high status professions is considerably lower than that of men. Female workers hold more unstable and vulnerable jobs than their male counterparts.
- In terms of labor export⁵, women account for one third of the total number of contract workers, are usually engaged in lower status jobs with lower wages, and are not protected by the labor laws of the receiving countries. There are many risks for women working as housemaids, caregivers, and in entertainment. Women are also penalized by the restrictions

on the right to pregnancy and childbirth during the overseas working contract period.

- More female workers are underemployed than males. Noticeably, many women work in industries and fields having a high underemployment rate.
- Women's average monthly salaries are lower than those of men, with a gender gap index of 0.83. The salary gap between women and men is higher in groups with lower qualifications.

b) Poverty reduction⁶

- Female-headed households had a poverty rate of 10.3 percent, compared to a 12.4 percent rate for male-headed households in 2012. However, the rate of improvement was higher in male-headed households in the 2002-2012 period; the rate of poor female-headed households was reduced by 5.95 percent, compared to a reduction of 13.41 percent in the male-headed group. In rural areas, the proportion of poor female-headed households tended to increase, rising from 16.32 percent in 2002 to 22 percent in 2012, while urban area saw the opposite trend.
- Comparisons between female-headed households and male-headed households show that female-headed households have some advantageous features: (i) average income per capita of poor female-headed households is consistently 2 percent - 5 percent higher than that of poor male-headed households; (ii) poor female-headed households saw more improvements in housing and use of safe water.
- Disadvantages of poor female household heads include: (i) lower levels of education with 65.3 percent of poor female household heads not completing primary education (2012); (ii) employed in simple manual jobs (72.4 percent in 2012); (iii) not being employed

4 Data was calculated by ILSSA based on data from Viet Nam Labor Force Surveys and Household Living Standards Surveys of 2002-2012 by the Viet Nam General Statistics Office.

5 Report by the Department of Overseas labor force management, MOLISA, 2012.

6 Data was calculated by ILSSA, based on data of the Viet Nam Labor Force Surveys and Household Living Standards Surveys, 2002-2012, by the Viet Nam General Statistics Office.

(30 percent in 2012). Of note is that over 10 percent of poor female household heads who do not hold a job are in this situation due to their heavy housework loads, while this is true for only 5 percent of male household heads.

c) Social insurance

- Women are more disadvantaged than men in accessing compulsory social insurance, health insurance, and voluntary insurance. Among labor groups participating in these schemes (including “Wage laborers” and “Employers”) women account for a lower percentage than men.
- A contrary trend is found in groups participating in voluntary social insurance: Among voluntary social insurance holders categorized as “unpaid household labor” and “self-employed labor” (including self-employment in agriculture), women account for a higher percentage than men. Noticeably, from 2009 to 2012 there were about 140,000 participants in voluntary insurance⁷, about 0.3 percent of the labor force. Thus, the number of women participating in voluntary social insurance remains very small in reality.

d) Basic social services

- Educational issues for women and girls: (i) The female literacy rate is lower than that of males, at 92.9 percent and 96.6 percent respectively (2012); (ii) Education gaps remain between groups of urban and rural women, Kinh and Hoa and ethnic minority women, women from affluent vs. poor households, and between women in developed vs. underdeveloped economic regions.
- Significant achievements in minimum health care for women and girls: The rate of women having three or more consultations during pregnancy has grown rapidly, reaching 79.2 percent in 2012, an increase of nearly 19 percent from 2006; 92 percent of women giving birth received care from qualified health workers, a 29 percent increase from 2006;

92.4 percent of women gave birth at health institutions, 28.3 percent higher than in 2006; the average life expectancy in 2011 was 75.8 for women and 70.4 for men.

- Difficulties in accessing healthcare for mothers and girls: Gaps in access to services remain among ethnic groups (majorities vs. minorities) and between regions. Young ethnic females and female migrants encounter numerous difficulties in accessing reproductive health care information and services, including family planning services. For women of ages 15 to 19 and 20 to 24, 35.4 percent and 34.6 percent, respectively, of their contraception needs are not met; the rate of young females having children is 46/1,000. The rates of rural women and men with health insurance are approximately equal at 57.8 percent and 57.9 percent, but lower than the rates of 63.2 percent and 63.8 percent in urban areas.
- A series of policies on housing support for disadvantaged groups, namely poor households, ethnic minority households, and households in disadvantaged socio-economic regions, have been implemented; however female migrants working in non-official sectors have difficulties in accessing minimum housing. These women reside in temporary, unsafe accommodations lacking in basic services.
- The Vietnamese government has striven to improve safe water supplies and environmental hygiene for citizens and women in particular. The rate of safe water usage is 77 percent. Female-headed households have considerably higher rates of safe water usage than male-headed households, at 81 percent and 75 percent, respectively.⁸ Female migrants still face many difficulties in accessing safe water and sanitation.

⁷ Source: Data from Viet Nam Social Security Agency, 2012

⁸ Data was calculated by ILSSA, based on data from the Viet Nam Household Living Standards Surveys, 2002-2012, by the Viet Nam General Statistics Office.

6. ACHIEVEMENTS AND REMAINING GENDER GAPS

a) Policies on minimum income guarantee and poverty reduction

Achievements:

Within the social protection framework, policies concerning the labor market are compatible with Viet Nam's policies on labor market development, preferential credits to support production, business development and job generation, job training support, export of contract labor, and support for labor mobility. One of the objectives of these policies is to assist women in improving their job opportunities, entering the labor market, and gradually securing minimum income. Beneficiary groups include young women new to the labor market, unemployed and underemployed women, and those seeking a better job.

Gender gaps:

- Data systems are not fully gender-sensitive; the scarcity of sex-disaggregated data causes difficulties in tracking progress for women.
- The Labor Law only governs formal labor relations, while women account for only 40.6 percent of workers in this sector.
- Service providers (employment and job training centers and businesses) are not gender responsive, and the distribution of service providers (mainly in large urban areas) does not ensure equal access for women, especially disadvantaged women.
- Policies on preferential credit reveal overlaps and complexities and are not synchronous with policies supporting job training, production, and consumption.
- Regulations on loan amounts, terms, and conditions are unsuitable for the needs of female and migrant small businesses owners. Female migrants have very limited access to this channel of preferential loans.

b) Social insurance policy

Achievements:

Women participating in compulsory social insurance are entitled to maternity benefits related to family planning, pregnancy, and child rearing. The Law on Social Insurance has promulgated a form of voluntary social insurance in order to broaden the opportunities for many women to participate.

Gender gaps:

- A number of regulations on participation in social insurance result in indirect discrimination. For example, workers under labor contracts of three months⁹ or longer are entitled to compulsory social insurance; since women make up a smaller portion of this group than do men, women have fewer opportunities to participate in compulsory social insurance.
- The voluntary social insurance policy is still new and does not sufficiently cover women's needs in areas such as maternity, illness, workplace injury, and occupational diseases.
- Due to lax regulations on penalties for social insurance violations and poor compliance with social insurance obligations by employers, workers' rights, especially those of women, are adversely affected.
- There are no regulations concerning collection of sex-disaggregated data on social insurance, which creates difficulties in reporting on gender gaps.

⁹ The 2015 revision of the Social Insurance Law stipulates that workers on labor contracts of one month or longer are entitled to compulsory social insurance. These changes came into effect after this report was prepared.

c) Social assistance policies

Achievements:

Social assistance policies cover the most disadvantaged groups of women and girls, assisting them in overcoming difficulties and integrating them into society. Social support policies have paid special attention to women's needs. The standard coverage for women in shelters deals with many of their special needs, such as expenses for feminine hygiene products and separate bathrooms and toilets.

Gender gaps:

- The standard allowance calculations remain low, at only 45 percent of the national poverty rate and 20 percent of the minimum standard of living rate, which does not meet the needs of social assistance beneficiaries in general and of women and girls in particular.
- Regulations on the design, construction, and operation of social protection centers lack provisions for separate areas for especially vulnerable women in need of protection, such as orphaned girls, and women with disabilities and serious mental disorders. These groups require special protection and care to prevent risks such as sexual abuse leading to unintended pregnancy, childbirth, and infection from sexually transmitted diseases.
- In social protection statistics, data are not sex disaggregated, causing difficulties in identifying and reporting on gender gaps.

d) Policies on access to basic social services

Achievements:

Policies on access to basic social services have aimed at supporting poor households and ethnic minority, rural, and disadvantaged groups. These policies have to some extent taken into account the needs and participation of women and girls.

Gender gaps:

- Public social services are provided in accordance with household registration and by geographical area, so female migrants' children in particular have very limited access.
- Planning of the distribution of basic social services has not sufficiently addressed women's and girls' needs in ethnic, remote, and disadvantaged areas. The quantity and quality of services in these areas remains limited, especially for women and girls.
- Education and healthcare support policies are not implemented in close coordination with policies on family and marriage, production development, and poverty reduction. This is one of the reasons for early marriage and child labor among girls from poor and ethnic minority households.
- Policy regulating the selection of beneficiaries in poor households may lead to disadvantages for women with limited capacity for participation and advocacy for their own rights.
- The existing policies do not clearly require the participation of women and their representatives in the planning, construction, and operation of public social services such as safe water and environmental hygiene.
- The system of statistical data collection on access to basic services is not sex disaggregated.

7. POLICY RECOMMENDATIONS

Recommendation 1

Integrate gender equality objectives in the implementation of Resolutions 15 and 70 on Social Protection, at all levels nationwide, through campaigns and awareness raising among relevant agencies; organize trainings on gender integration for relevant officials; and enhance inspection, supervision, and penalties related to violations.

Recommendation 2

Institutionalize the system of monitoring and evaluation of gender equality objectives in Resolution 15 for implementation nationwide. Develop technical documents to guide implementation of the monitoring and evaluation system at all levels (national, ministerial/branch, and provincial/municipal); assign MoLISA in coordination with the General Statistics Office to aid in implementation. Adequate budget and resources needed to operate the monitoring and evaluation system at all levels should be allocated by the Government. Develop an updated gender-sensitive database system on social protection for women and girls.

Recommendation 3

Based on the findings of this study, competent agencies should be assigned by the State to remove and amend regulations causing gender discrimination (direct and indirect); remove/aggregate overlapping policies in the same domain; and regulate the coordination of policy groups with the same constituencies for maximum effect.

- a) Guaranteed minimum income and poverty reduction: (i) Broaden the network of employment and job services centers/businesses to include geographical areas with a large number of disadvantaged women; (ii) Analyze the needs of disadvantaged women (poor, uneducated, ethnic, and migrant women) for products and services (consultation, job training, provision of employment information, and export of contract labor), in order to design and adjust these products and services to suit their needs;
- b) Social insurance: Align voluntary insurance with services / benefits that meet the special needs of women (maternity benefit);

- c) Social support: Develop a model of special care for vulnerable groups of women and girls in community social protection centers. Conduct research studies on additional measures for protection against sexual abuse, unintended pregnancy, and sexually transmitted diseases;
- d) Basic social services:
 - (i) The Ministry of Education and Training should study minimum education curricula for groups of children in ethnic minority and especially disadvantaged socio-economic regions;
 - (ii) Provinces/cities having many industrial zones should implement pilot programmes or development models in public schools to respond to the need of female migrants' children;
 - (iii) Develop the model of healthcare services at the grass roots level (e.g. adding communal healthcare clinics in areas with many female migrants), with financing from the state budget, businesses, health insurance, individuals, and charities;
 - (iv) Encourage private health institutions to provide health insurance services in disadvantaged areas with many migrants;
 - (v) Encourage the establishment of safe water supply units in disadvantaged areas with many female migrants;
 - (vi) Enhance women's participation in the planning, construction, and provision of basic social services;
 - (vii) Assign local women's unions to develop and supply suitable information to disadvantaged women.

Recommendation 4

The Government should conduct research and develop services and products in accordance with the four main pillars of the social protection system, in order to satisfy women and girls' minimum needs. Specific recommendations are summarized in Box 21 below.

Box 1. Ensuring gender responsive services in Viet Nam's social protection system

Guaranteeing minimum income and poverty reduction: (i) Broaden the network of employment and vocational training centers/businesses to geographical areas with large numbers of disadvantaged women; (ii) Assess and analyze disadvantaged women's needs for services (poor, uneducated, ethnic, and migrant women) in order to design and adjust services (counselling, vocational training, employment information, and labor export) to suit their needs; (iii) For enterprises, practice of corporate social responsibility should be promoted to increase social protection for women and girls.

Social insurance: (i) Adjust regulations on compulsory social insurance to expand women's participation. For instance, workers having labor contracts of 1 month or more should be allowed to participate in compulsory social insurance (ii) Gradually improve the model of voluntary insurance with services meeting women's special needs, especially maternity benefits.

Social assistance: Develop the model of special care for designated groups of women and girls (those with disabilities, serious mental disorders, and orphaned girls) at social protection centers in communities. Conduct research studies on additional measures for protection against sexual abuse, unintended pregnancy, and sexually transmitted diseases.

Basic social services: (i) The Ministry of Education and Training (MoET) should study minimum education curricula for groups of children in ethnic minorities and specially disadvantaged socio-economic regions; (ii) provinces/cities having many industrial zones should adjust the planning of local education systems to take into account migrant workers' needs; implement pilot expansion of public schools to respond to the need of female migrants' children; (iii) develop a model of healthcare at the grassroots level (building additional communal healthcare posts in areas with many female migrants) with funding from the state budget, businesses, health insurance, individuals, and charities; (iv) encourage private health institutions to provide health insurance services in disadvantaged locations with many migrants; (v) encourage the establishment of clean water supplies in disadvantaged areas with many female migrants; (vi) enhance women's participation in the planning, construction, and provision of basic social services; (vii) assign local Women's Unions to develop and disseminate relevant information to disadvantaged women.

Recommendation 5

International organizations, including UN agencies (especially UN Women, UNICEF, INFP, IOM), bilateral and multi-lateral agencies, domestic and international NGOs should provide technical and financial assistance in order to:

- a) Support for implementing Resolutions 15 and 70 at the central and provincial/municipal levels, specifically:
 - (i) To organize awareness raising campaigns and propaganda aimed at raising awareness for women and girls in social protection policies and services for them;
 - (ii) Provide advisory and assistance services to support the vulnerable groups of women and girls to access to and benefit from the social protection policies and services (the group of the poor, ethnic minorities, disabled people, single mothers or fathers, people living in poor and disadvantaged socio - economic conditions, etc.);
 - (iii) To support on capacity building for agencies and organizations at the central government and local authorities in policy implementation and service delivery of social protection for women and girls.
- b) Develop and disseminate technical documents on gender integration in social protection policies and in social protection services delivery;
- c) To support the monitoring and evaluation of social protection; develop an annually updated database on social protection for women and girls; conduct a pilot study to collect and scrutinize gender-disaggregated data on social protection at the national and provincial/municipal levels; compile annual reports on social protection for women and girls at the national and provincial/municipal levels;
- d) Support to conduct models of provision of social protection in the four service areas to meet the needs of disadvantaged women and girls. Assist in developing technical documents to guide the replication of effective service models.

- e) To support for carrying out researches and studies :
 - (i) Studies for provision of scientific foundation for revision or supplement of the policies on social protection services for women and girls as referred in the Recommendation No. 3 and No. 4 mentioned above;
 - (ii) Support to pilot some revised or supplemented policies or services on social protection (as said in recommendation No. 3 and No. 4) at local level;
 - (iii) Study to updates the newly raised issues relating the social protection for vulnerable groups of women and girls for recommendations of changes or revisions of current policies on social protection





Photo: UN Women/Michael Fountoulakis

INTRODUCTION

Assurance of social protection is one of the major policies and objectives of the Communist Party and Government of Viet Nam, playing an important role in ensuring the country's healthy socio-economic development. In the Vth Congress of the Central Party Committee, June 2012 (Plenum XI), Resolution No. 15-NQ/TW on main social policies for the 2010 to 2012 period was approved (hereafter Resolution 15). The Resolution is one of the central efforts of the Party and Government to improve social protection for all people, especially the poor, people with extreme disadvantages, and ethnic minority populations. The Resolution identified four main pillars of social protection, namely: (i) assurance of employment, income, and poverty reduction for disadvantaged groups; (ii) assurance of social insurance for all; (iii) assurance of social assistance for people with extreme disadvantages; and (iv) assurance of the most basic social services for all people.

In response to Resolution No. 15, the Government of Viet Nam issued Resolution No. 70/NQ-CP, dated 1 November 2012, detailing the Action Plan of the Government to implement Resolution No. 15 (hereafter Resolution 70). The Action Plan presents a wide range of plans and programmes relevant to the country's socio-economic development and will be carried out over time by the Government and social partners to ensure social protection for the people.

The Institute of Labor Science and Social Affairs (ILSSA) and Ministry of Labor, Invalids and Social

Affairs (MoLISA) were assigned to draft the contents of Resolutions 15 and 70. During the process, ILSSA received significant assistance from different stakeholders including Ministries, agencies, and local and international organizations. In 2012 the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) assisted ILSSA in reviewing and analyzing the status of gender equality in relation to social protection in order to compile evidence and data for the development of gender equality objectives and indicators to be mainstreamed into Resolutions 15 and 70. In addition, UN Women also assisted ILSSA in designing a monitoring and evaluation system for the gender equality objectives of Resolutions 15 and 70.

After more than a year of implementation, the Central Party Executive Committee directed Ministries, agencies, provinces and cities to conduct a preliminary evaluation of the one-year implementation of Resolutions 15 and 70. ILSSA was assigned to develop the National Social Protection Report, however, this report did not focus on gender equality or the situation of women and girls. In order to fill this gap, in 2013, with assistance from UN Women, ILSSA carried out a study to develop the current report on "Social Protection for Women and Girls in the Period from 2006-2013". This report is also an important reference for policy makers and state managers in implementing Resolutions 15 and 70.

1.1 Goals and objectives of the study

Goal

To provide information on women's and girls' access to and enjoyment of current social protection policies and to propose recommendations to ensure gender equitable implementation of Resolutions 15 and 70.

To achieve the above goal, the following activities were identified:

- To conduct a review of gender inclusiveness in current national policies and programmes on social protection and their actual implementation for women and girls;
- To analyze challenges faced in the implementation of current social protection policies for women and girls;
- To collect qualitative and quantitative data in order to identify any major gaps or weaknesses in women's and girls' access to social protection policies within the scope of Resolutions 15 and 70, covering the four pillars of social protection i.e. minimum income guarantee and poverty reduction, social insurance, social assistance, and basic social services.

Key outcomes

- Compilation of qualitative and quantitative data on women's and girls' access to current social protection policies.
- Summary report on social protection for women and girls in Viet Nam for the period 2002-2012.

1.2 Research methodology

The study was carried out using both qualitative and quantitative methods to collect essential information and data. The study outlines and tools are presented in Appendix 3.

1.2.1 Analytical process

The following diagram outlines a model for ensuring that social protection policies are gender equitable in their design, implementation, and outcomes. This forms the basis for gender analysis of existing social protection systems, and recommending changes to promote gender equality and improve outcomes for women and girls.

DIAGRAM 1. ENSURING GENDER-RESPONSIVE SOCIAL PROTECTION FOR WOMEN AND GIRLS



1.2.2 Methodology of the study

- a) Review of existing social protection policies in terms of equitable access to, participation in and benefits for women and girls

Current social protection policies were reviewed, covering four areas: minimum income guarantee and poverty reduction, social insurance, social assistance, and provision of basic social services. The documents reviewed included the existing laws and policies on social protection, reports on the implementation of these policies issued by central and local authorities. The desk review of documents was supplemented by information collected from the consultations and focus group discussions with central and provincial agencies and organizations in three surveyed provinces.

- b) Review of women's and girls' access to social protection from 2002 to 2012

In order to collect information and data on social protection for women and girls, both qualitative and quantitative methods were used. Collection and analysis of existing data and information from statistical departments, state management agencies, and local and international organizations/agencies helped to reduce financial and human costs, as well as time required for the study. Documents, reports, data and information in the four areas of social protection were reviewed, including:

- National statistical data compiled by the (GSO) and Provincial/Municipal Statistics Offices;
- Data from national surveys conducted by the GSO such as the Population and Housing Census, the annual Population Fluctuation Survey, the Labor Force Survey (LFS), the Household Living Standard Survey (VHLSS), etc.
- Data, documents, information, administrative reports, reports from central Ministries and agencies of the provincial, district, and commune departments working on social protection for women and girls;

- Stratified and random sample surveys conducted by local and international agencies and organizations working on social protection including: Multiple Indicator Cluster Survey (MICS), Survey on children engaged in economic activities, etc. administered by GSO;
- Social protection-related statistical data provided by state management agencies, with special attention paid to sex-disaggregated data.

c) Qualitative methodology

The research team applied qualitative methods to: (i) collect supplementary information for analysis of social protection policies for women and girls for the period of 2002 to 2012 at the national level; (ii) learn about implementation of social protection for women and girls at the provincial and municipal levels.

Two qualitative methods were used: Focus group discussions and in-depth interviews. The respondents were experts and policy makers specializing in social protection and gender equality, or beneficiaries of social protection and gender equality policies.

Survey sites

The study was conducted at the provincial, district and commune levels. Selection of the three survey provinces was based on the following criteria: (i) Availability of a well-run statistical database on social protection; (ii) Adequate state management of gender equality with identified officials/divisions in charge of gender equity (at the provincial level). Three provinces representing three main regions of the country were selected: Thai Nguyen (North), Thanh Hoa (Central), and Dong Nai (South).

In each province, the agencies/departments/divisions in charge of implementation of Resolution 15 on social protection were selected for interviews and data collection: Department of Labor, Invalids and Social Affairs (DoLISA), Department of Planning and Investment, Department of Education and Training, Department of Health, Department of Culture and Communication, Department of Agriculture and Rural Development, Social Protection, Bank for Social Policies, Provincial Confederation of Labor, Women’s Union, Elderly Association, provincial hospital, and representatives of high schools, secondary schools and kindergartens.

An appropriate district and a commune were chosen from each province selected for the study. Respondents at the district and commune level were those in charge of social protection policy implementation.

The study sites include:

Province	Thai Nguyen	Thanh Hoa	Dong Nai
District	Pho Yen	Yen Dinh	Nhon Trach
Commune	Phuc Thuan	Quy Loc	Phuoc An

Forecasting social protection indicators for women and girls, 2014-2020

The available data on social protection did not allow us to apply multivariate regression analysis. Therefore, in order to forecast the social protection indicators the forecasts in the study were based on past trends and socio-economic development goals. Analytical data sources included the most recent data from the VHLSS and LFS, which are carried out periodically by the GSO. The forecast methodology is outlined in detail in Annex 1.

1.3 Outline of the report

In addition to the Introduction (Chapter 1), the report consists of three main chapters:

Chapter 1. Introduction to Viet Nam's Social Protection System: This chapter outlines the design and implementation of the social protection system and basic definitions relevant to social protection used in Viet Nam.

Chapter 2. The Performance of Social Protection Measures for Women and Girls, 2002-2012: This chapter consists of three sections. Section 1 analyzes the socio-economic and political factors influencing women's and girls' access to social protection in the period from 2002-2012. The method used is SWOT analysis (strengths, weaknesses, opportunities and threats). Section 2 provides a gender-based review and analysis of current social protection policies and actual outcomes for women and girls between 2002 and 2012, in each of the four social protection areas, and outlines the outcomes, gender gaps and barriers in the implementation of social protection policies for women and girls. Section 3 summarizes the underlying factors contributing to gender gaps in social protection, and lessons learned.

Chapter 3. Conclusions and recommendations on Social Protection for Women and Girls in Viet Nam, 2014-2020: This chapter summarizes the conclusions and recommendations emerging from this study.

In addition, Annex 1 forecasts a series of indicators in the four social protection areas for women and girls for the period 2014-2020. The forecasts form the basis for suggesting adjustments to the goals and indicators on gender equality in Resolutions 15 and 70 – these

are presented in Annex 2. Annex 3 summarizes the key social protection policies and legislation currently in place in Viet Nam. Annex 4 discusses a number of the relevant international conventions and treaties related to social protection for women and girls to which Viet Nam is party. Annex 5 presents the tools and questions used during the study in consultations with stakeholders.

1.4 Limitations of the report

This is the first comprehensive report on social protection for women and girls. It reviews a wide range of current social protection policies, which are fragmented and overlapping in terms of beneficiary groups. This situation presented many challenges for data collection and analysis.

Secondly, the social protection-related databases and information sources are not gender-sensitive or sex-disaggregated, which creates significant difficulties in documenting and analyzing social protection policies, trends and forecasts for women and girls.

Third, fieldwork was only conducted in three provinces/cities, which makes it impossible to identify and analyze all the advantages and barriers faced by women and girls in other cities and provinces, especially mountainous and extremely disadvantaged areas, in relation to social protection.



Photo: UN Women/Michael Fountoulakis

CHAPTER 2. VIET NAM'S SOCIAL PROTECTION SYSTEM

This chapter introduces the general design of Viet Nam's social protection system and basic definitions related to social protection that are used in Viet Nam. The data sources used for this chapter will be legal regulations, current policies, and available data and documents used for development of Resolutions No. 15 and 70.

2.1 Definition of social protection

There are various definitions of social protection but they share a number of common themes. As defined by the United Nations, social protection policies are based on fundamental human rights: "... every citizen and household has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care (including maternity leave) and vital social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control." (Universal Declaration of Human Rights, 1948, Article 25).

Definitions of Social Protection

According to the World Bank: "Social protection consists of the measures taken by the Government to help individuals, households, and communities in response to and coping with risks and shocks which may affect income to reduce vulnerability and income instability."

The International Labor Organization (ILO) states: "Social protection is a protection that society provides to its members via applying various measures to help them cope with difficulties; socio-economic shocks which cause loss or serious reduction of their income due to sickness, maternity leave, industrial injuries, loss of labor capacity, or death; provision of free healthcare and transfer for victims' families and children."

The Asian Development Bank (ADB) identifies "social protection as policies and programmes on poverty reduction and responses to risks and vulnerability via promoting the action of the labor market to minimize people's risks and build capacity for them in response to risks such as income reduction or losses"

Social protection generally consists of five components: (i) policies and programmes related to the labor market; (ii) social insurance; (iii) social assistance; (iv) support and funding for community development; and (v) child protection.

In 2009, the United Nations adopted the Social Protection Floor Initiative with the aim of guaranteeing universal minimum income and vital social service access in order to ensure fundamental human rights recognized by nations and the global community, with the goal of poverty reduction and social protection. Key components of the Social Protection Floor are: (i) basic health care; (ii) minimum income for

the people of working age but with no permanent working capacity (the disabled) or with temporary unemployment (the unemployed), or with incomes lower than the poverty line (the poor); (iii) minimum income for the elderly and children. In addition, the Social Protection Floor also emphasizes assurance of vital social services, namely (i) basic healthcare; (ii) hygienic water; (iii) housing; (iv) education; and (v) other services as demanded by specific nations.

Thus, despite different definitions, understandings of social protection share the following common principles and elements.¹⁰

- (i) Assurance of income security at the minimum level via a system of interventions to better respond to risks, including those relating to human beings' most basic needs such as health risks, underemployment, unemployment, old age, disability, and the needs of children. These risks have led to temporary or permanent levels of income below the poverty line (as statutorily regulated by specific nations).
- (ii) The policies are mainly carried out by the state, along with the involvement of social organizations, communities, and the labor market in implementing and providing social protection services for people. These policies often aim at assuring every member of society equal access to and enjoyment of services; however all policies put an emphasis on disadvantaged groups.
- (iii) The safety net is for every person in society. Thus, the coverage of social protection is comprehensive and inclusive, meeting people's needs for social protection comprehensively.

Three key traditional components of social protection policy are non-contributory social protection (traditionally called social assistance) and poverty reduction; social protection (or social insurance); and labor market policies (including the regulations and standards to promote and protect decent employment).

2.2 Party and State guidelines on social protection in Viet Nam

2.2.1 Key statements on social protection

The essential official statements on developing the social protection system are summarized in Box 2 below.

¹⁰ Institute of Labor Sciences and Social Affairs (ILSSA) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Viet Nam Social Protection Glossary, 2010.

Box 2. Party and State statements on social protection

1. The 1991 political platform on national construction in the transitional period to socialism affirmed that “social policies aim at assuring and steadily improving material life for every person in society in terms of food, accommodations, travel, education, recreation, medical treatment, and physical strength improvement, etc... availability of protective policies and appropriate income regulation among population groups, industries, and geographic areas”. This was the first time political policy (supplemented and further developed in 2011) stated “it is necessary to refine the social protection system.”
2. A document released by the IXth National Party Congress in April 2001 presented a targeted strategic guideline: “urgently expanding the social insurance and social protection system developing and implementing unemployment insurance policy”.
3. The resolution of the Xth National Party Congress in April 2006 confirmed the necessity of “developing a diverse social protection system, in which social insurance and health insurance are moving towards universal insurance; ... diversifying types of social assistance”.
4. The resolution of the VIth plenum of the Xth Party Central Committee in January 2008 emphasized: “gradually expanding and improving the social protection system to better meet the needs of every social class, especially the target groups of preferential policies and the poor.”
5. The resolution of the XIth Party Congress stipulated: “achieving visible progress in executing social progresses and justice, assuring social protection, reducing the poverty rate; improving health care for people”. Continuing to clarify the viewpoints, orientations, and specific contents of particular social protection policies, the socio-economic development strategy in the period of 2011 to 2020 emphasizes: “developing a diverse, more expanded and effective social protection system; fostering development of social insurance, unemployment insurance, insurance for industrial accidents and diseases; encouraging and creating favorable conditions for people to access to and participate in different types of insurance; better implementing preferential policies, and continuing to improve living standards for nationals; expanding different types of social relief, especially for those with extreme disadvantages”.
6. Resolution No. 15-NQ/TW of the Central Party Committee dated 1 June 2012 sets the following target: “Social policy must be as important as economic ones, i.e., social development must be in association with economic progress, in line with the country’s economic development, level of educational attainment, and natural resources,” putting emphasis on specific needs of people, ensuring minimum living standards, and timely assistance for those with disadvantages.

2.2.2 Essential points on the development of Viet Nam’s social protection system¹¹

- Assurance of social protection is a key task of the Party, State, and the whole political system as well as the whole society.
- The social protection system must be based on the country’s current socio-economic development and mobilization of resources, while prioritizing people from extremely disadvantaged backgrounds, such as the poor and ethnic minorities.
- There should be a diverse, comprehensive social protection system which is shared by the State, society, and the people, among population groups of both the same and different generations, and ensuring sustainability and justice.
- The State plays the key role in organizing and implementing social protection policies, in addition to creating conditions for people to maintain economic security.
- International cooperation should be strengthened in order to create more resources for and gain more experience in developing and implementing social protection policies.

2.2.3 Principles for development of the social protection system in Viet Nam¹²

Adopting international experience and based on the specific conditions of Viet Nam, development of Viet Nam’s social protection system is based on five basic principles:

- Universality: every citizen has rights and responsibilities to participate in the social protection system.
- Sharing: based on the income distribution mechanism among population groups both within and between generations, among the State, enterprises, households, and individuals.
- Justice and sustainability: responsibilities are

11 Resolution No. 15-NQ/TW of the Central Party Committee (session 5) on June 1st 2012.

12 Ibid

attached to rights and benefits; contributions go along with benefits to members participating in the system.

- Promoting the capacity of the population and businesses to implement the appropriate solutions for prevention and mitigation of risks in employment and life.
- Focus assistance on the poor and other vulnerable groups: ensuring the minimum living standards for people when they face risks, such as temporary or permanent reduction or loss of income.

2.2.4 Functions of Viet Nam's social protection system¹³

Viet Nam's social protection system has three main functions:

- Risk management: the social protection system aims at better managing risks via three main pillars: (i) Risk prevention: assisting people to actively prevent risks related to their health, livelihood, and natural disasters; (ii) Risk minimization: helping people to have sufficient resources to compensate for income reduction or loss of income due to personal tragedy, illness, work-related accidents, and natural disasters; (iii) Risk recovery: timely assistance to people to minimize unexpected incidents in their lives, health, jobs, and the natural environment, and guaranteeing the minimum living standards for people.
- Income redistribution: including poverty reduction policies, and social assistance programmes for disadvantaged and vulnerable people. This applies the principle of “using young people’s social insurance contributions to pay for senior’s benefits” and “using health insurance payment contributed by younger population to cover healthcare cost for seniors”. Redistributing income among population groups creates a support policy to help people when they face risk related to health, business, or natural disaster.
- Social cohesion: in a market economic system, social stratification has become more apparent. Effectively managing the risks

related to health, livelihood, natural disaster and income redistribution will help strengthen social cohesion, ensure sustainable development, and be shared among people in society.

2.3 Components of Viet Nam's social protection system¹⁴

Viet Nam's social protection system puts an emphasis on provision of fundamental social services, consisting of policies in the following four areas:

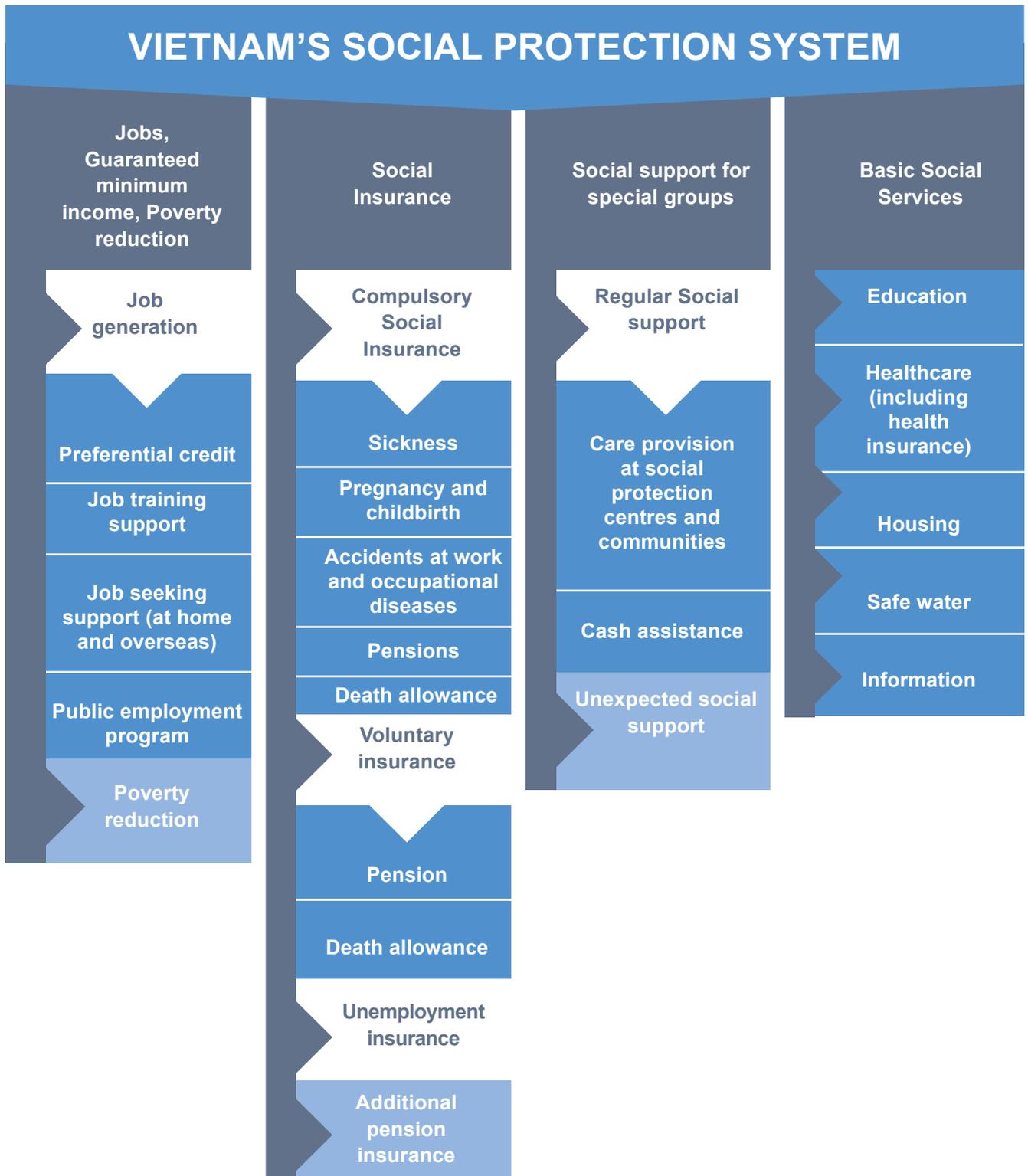
- Policies on employment creation to ensure minimum income and poverty reduction, which helps people in actively preventing risk by acquiring better jobs, maintaining minimum incomes, and sustaining poverty reduction.
- Policies on social insurance which assist people in minimizing risks caused by sickness, industrial accidents, old age, via their participation in the health insurance system, which substitutes reduced income caused by the above-mentioned risks.
- Policies on social assistance which include regular and emergency assistance programmes to better assist people to overcome unexpected risks prompted by crop losses, hunger, or chronic poverty.
- Policies on basic social services to help people access the most basic social services, including basic education, healthcare services, housing and clean water, and providing information needed to access these resources.

The essential elements of each pillar of the social protection system are outlined in Diagram 2.

13 Ibid

14 Ibid.

DIAGRAM 2. ELEMENTS OF VIET NAM'S SOCIAL PROTECTION SYSTEM, 2012-2020¹⁵



15 Ibid.

2.4 Goals and objectives of the social protection system, 2012-2020¹⁶

Overall Goal

By 2020, achieve universal social protection to ensure employment and minimum income; social insurance access; social assistance for people with special circumstances (children with special needs, low income elderly, seriously disabled, poor people, etc.); access to basic social services (most basic health care, government services, education, housing, clean water, and access to information on these services), thus contributing to gradually increasing income levels, ensuring safety, equality, and happiness for people.

Specific objectives

2.4.1. Employment, guaranteed income, and poverty reduction

Employment creation and guaranteed income

- The state ensures that every citizen has employment, especially poor people, youth, rural laborers, and other vulnerable worker groups.
- For the period from 2012 to 2020, efforts will be made to create new jobs for 1.6 million workers, including under the framework of the National Target Programme on Employment and Vocational Training and Public Work Program, workers transferred from agricultural work to non-agricultural work; and workers sent abroad to work under defined-term contracts. By 2020, the proportion of workers in agriculture will be 30 percent, and the national unemployment rate kept at less than 3 percent, with the urban unemployment rate less than 4 percent.

Poverty reduction

- Assisting poor households in generating income, getting stable jobs, increasing their incomes, and escaping from poverty in both the short and long term.

2.4.2. Social insurance

- By 2015, about 18 million people will participate in social insurance (17.2 million in compulsory social insurance and 800,000 in voluntary insurance), accounting for 33 percent of the total labor force; 11 million people will participate in unemployment insurance, accounting for 20 percent of the labor force.
- By 2020, around 29 million people will participate in social insurance (26 million in compulsory social insurance, 3 million in voluntary insurance), accounting for 50 percent of the total labor force; 20 million people will participate in unemployment insurance, accounting for 35 percent of the labor force.

2.4.3. Social assistance for people with special circumstances

Regular social assistance

- Improving the effectiveness of social assistance: continuing to expand the coverage for beneficiaries. Gradually increasing benefit levels of regular social assistance in line with the State budget. By 2015, more than 2.6 million will be eligible to get regular social assistance, accounting for 2.7 percent of the population; the elderly who are beneficiaries of regular social assistance will account for 1.3 million or 50 percent of the total elderly population. By 2020, there will be approximately 3 million beneficiaries of regular allowances (accounting for 3 percent of the total population), of whom more than 30 percent are elderly.

Emergency social assistance

- Assuring that people who face risks such as natural disasters, storms, floods, death, loss of assets are assisted in a timely manner in recovering their loss and regaining employment to secure incomes and stabilize their lives.

¹⁶ Ibid.

2.4.4. Assurance of access to basic social services for all people, especially the poor, ethnic minorities, and people with economic difficulties

Basic education

- Improving the quality of universal primary and lower secondary education, lifting the quality of general education, vocational training, college and tertiary education; reducing the gaps in education between rich and the poor, mountainous and remote areas, well-off children and those with disadvantaged backgrounds.
- By 2015, completion of universal pre-school education for children by the age of 5; 98 percent of children attending primary schools at the appropriate age; 90 percent attending lower secondary schools at the appropriate age, and 70 percent completing upper secondary schools and their equivalents; 3 percent of students attending college; the level of trained workers reaching 60 percent, 35 percent of whom are vocationally trained; 96 percent literacy rate for those 15 years old and over.
- By 2020, achieve a rate of 99 percent primary school enrolment at the stipulated age; 95 percent for lower secondary school enrolment, and 80 percent completing upper secondary school or equivalent; a rate of 3.5 to 4 percent attending college; trained workers will account for 70 percent, 40 percent of who are vocationally trained; 98 percent or higher literacy rate for those age 15 years and over.

Basic health care services

- Enhancing the quality of health care for mothers and children: by 2015, ensuring that 90 percent of children below the age of 1 receive complete vaccinations; the under 1-year child mortality rate will remain at 11 per thousand; the under 5 year-old child mortality rate will stay at 16 per thousand; the rate of malnutrition among children under 5 will be reduced below 10 percent; 99 percent of pregnant women will receive tetanus shots; 93 percent of pregnant women will have at least three prenatal check-ups; promoting and enhancing the effectiveness of the programme on prevention and control of tuberculosis, sharply reducing the death rate and lifting Viet

Nam out of the list of 20 countries which are the most seriously affected by tuberculosis.

- Rapidly increasing the rate of health insurance participation in the population: by 2015, around 70 million people will participate in health insurance, accounting for 76.3 percent of the population, of which 69.2 percent of the total population will receive Government subsidies to participate in the programme (30.5 percent fully subsidized). By 2020, about 77 million people will participate in health insurance, accounting for 80 percent of the population, of which 63 percent of the total population will be subsidized (31.3 percent fully subsidized).

Minimum housing conditions

- Improving living conditions for people, especially low-income people in urban areas, gradually dealing with the critical housing shortage of workers in industrial zones, students at colleges, universities, and secondary, professional, and vocational training schools.
- Between 2013 and 2015: improving substandard housing for about 400,000 poor households in rural, mountainous, and remote areas; constructing at least 10 million square meters of subsidized housing for low-income people in urban areas; striving to meet housing demand of 60 percent of students and 50 percent of workers in industrial zones.
- Between 2016 and 2020: improving substandard housing for about 500,000 poor households in rural, mountainous, and remote areas; constructing at least 12.5 million square meters of subsidized housing for low-income people in urban areas; striving to meet housing demand of 80 percent of students and 70 percent of workers in industrial zones.

Clean water

- Fundamentally improve clean water access for people, especially for those in rural and ethnic minority areas; dealing with the shortage of clean water for rural and ethnic minority groups and mountainous and remote areas.
- By 2015, 90 percent of the rural population



will have access to hygienic water, 55 percent of whom will access clean water at national standards. By 2020, 100 percent of the rural population will have access to hygienic water, 70 percent at national standards.

Information access

- Strengthening communication to poor people and areas, including areas with extremely

disadvantaged conditions. By 2015, ensuring that 100 percent of mountainous and remote areas are covered by radio and television access and 100 percent of the communes with extremely disadvantaged conditions, border communes, safe communes, and coastal and island communes have access to commune radio stations.



Photo: UN Women/Michael Fountoulakis

THE PERFORMANCE OF SOCIAL PROTECTION MEASURES FOR WOMEN AND GIRLS, 2002 TO 2012

This chapter consists of three sections: (i) Analysis of socio-economic and political factors influencing women's and girls' access to social protection in the period from 2002-2012¹⁷; (ii) Gender-based review and analysis of current social protection policies and actual outcomes for women and girls between 2002 and 2012, in each of the four social protection areas; (iii) Gender gaps in social protection and lessons learned. Data sources include national statistical data, statistical data provided by state management agencies, survey data at the national level and thematic surveys conducted by local and international agencies/organizations working in the areas of social protection and gender equality. In addition, qualitative survey findings from the three provinces of Thai Nguyen, Thanh Hoa, and Dong Nai are highlighted in the analysis.

3.1 Analysis of socio-economic and political factors influencing social protection for women and girls

A SWOT analysis identified the relevant factors affecting women's and girls' access to social protection, including the gender-related strengths and weaknesses of the social protection system as well as the external opportunities and threats confronting it.

Strengths

- Progressive viewpoints and policies on gender equality advocated by Viet Nam's Communist Party and the Government provide a firm foundation for implementation of social protection for women and girls. During 2002-2012, the Party and Government have paid attention to gender equality and the advancement of women, as evidenced by the adoption of laws, policies, resolutions, strategies, and action plans on gender equality. These policies have created an essential legal framework to ensure gender equality in general and promotion of social protection for women and girls in particular (See Appendix 2 for a full compendium of relevant policies and legislation).
- In addition to the national legal framework, Viet Nam's commitment to international treaties, including CEDAW and the Millennium Development Goals, has significantly contributed to economic growth, poverty reduction, employment generation, healthcare, improved education levels, and job training, especially for women and girls.¹⁸
- The most important objective of Viet Nam's development roadmap is economic development, which promotes poverty reduction and social protection guarantees. The social protection system plays an increasingly important role in the country's development.
- The Government continued to guarantee funds to implement policies and projects on social protection, despite the economic

17 The methodology used for this section is SWOT analysis, which summarizes the strengths, weaknesses, opportunities and threats related to a particular organization, policy, or measure.

18 Viet Nam completed and submitted to the United Nations the 7th and 8th National Report on implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in December 2011.

slowdown. Between 2002 and 2007 the economy developed steadily, which created favorable conditions for generating financial resources to deal with social issues. However, the economic crisis since 2007 has led to a growing budget deficit. Nevertheless, in this difficult time Government policies still emphasize restructuring of spending towards “ensuring spending on human resource development, giving priority to social protection programmes; allocating budget for education and training, science and technology, health care, culture, environment, and other large-scale programmes”.¹⁹

Box 3. State budget allocations for social protection in the economic crises of 2008 and 2012²⁰

According to the Laws of the State Budget of Viet Nam (2002), the state budget must allocate sufficient funds to healthcare, culture, and education. In addition, state funding is given to low-income groups and those with extreme disadvantages in the form of cash transfers as social allowances, indirect transfers such as price subsidies for vital commodities such as food and electricity, spending on implementation of family planning, employment creation, epidemic prevention and control, and elimination of illiteracy. Annually, the Government allocates about 6,000 billion VND for monthly social transfers for different target groups as stated by Decrees No. 67 and 13.

Source: Ministry of Finance, Viet Nam’s State Budget, 2012 - 2013

In recent years, due to economic hardship the state budget has been reduced and many programmes have been cut; however, spending on poverty reduction increased steadily. From 2008 to 2012, spending on poverty reduction programmes was 542,000 billion VND, 205,000 billion VND coming from the state budget and the remainder from national and international programmes, communities, and enterprises. Spending on poverty reduction programmes increased by 364,000 billion over just three years (2011-2013), from 90,000 billion/year in 2008.

Source: Report of Ministry of Labor, Invalids and Social Affairs

- The Government also allocates resources and budget to implement policies, programmes, and projects on gender equality and the advancement of women. Funds for gender equality programme implementation have been budgeted and allocated in ministries, agencies, and branches. The State has also allocated dedicated funds for the National Committee for the Advancement of Women and Committees for the Advancement of Women run by Ministries, agencies, and branches. Since 2008, MoLISA has operated a dedicated fund for programming on gender equality nationwide. In addition, this programme was funded by international agencies and organizations.

Box 4. Funding for gender equality and the advancement of women’s activities by the State, international, and non-governmental organizations

The State has allocated a budget of 1.6 billion VND per year to fund the operation of the National Committee for the Advancement of Women. 955 billion VND was allocated within the framework of the National Programme on Gender Equality for the period from 2011 to 2015. State and local budgets provided hundreds of billions VND per year for the Master Plan No. 295 to assist women’s vocational training and job creation. The Government of Viet Nam and United Nations Joint Programme on Gender Equality funded programmes totaling US\$4.5 million for the period from 2009 to 2011. The fund helped to provide financial and technical assistance for MoLISA, MoCST, and GSO to work on gender equality and women’s advancement issues.

Source: Ministry of Finance, Viet Nam National Committee for the Advancement of Women

Weaknesses

- The implementation of social protection for women and girls is inadequate and not sustainable. Since 2008 in particular, Viet Nam has been experiencing declining growth and instability with a series of emerging socio-economic issues adversely affecting social protection implementation, employment and people’s lives. Women and girls are among the most affected. These issues will slowdown the progress of poverty reduction and affect the implementation of human development goals and gender equality objectives.

19 Ministry of Finance, Viet Nam’s State Budget, 2012-2013

20 Law on State Budget of Viet Nam, ratified on December 16, 2002 by the National Assembly

- Despite many efforts to improve awareness of gender issues, gender mainstreaming in policies, including social protection policies, falls short of expectations in both quantity and quality. Awareness of gender equality is still limited and this consciousness has not yet gained prominence in the area of social protection. Only a few social protection policies have taken into account gender issues. Some other policies treat women/girls as priority beneficiaries, however these policies often only address females' immediate needs (food, clothing, housing, transportation) but do not deal with females' strategic needs (improving women's status). Women and girls are still disadvantaged groups, especially in poor households, ethnic minorities and disadvantaged areas.

Opportunities

- Recent demographic trends have been favorable for the implementation of social protection for women and girls, specifically, a decline in overall fertility rates, and a decrease in the numbers of rural women giving birth to a third child. Viet Nam's fertility rate (TFR) fell to about 2.05 children per woman in 2012, from 2.09 in 2006 (after dipping even lower in 2010), and this trend is expected to continue. In addition, the rate of women giving birth to a third child has fallen sharply from 18.5 percent in 2006 to 14.2 percent in 2012, with the largest drop in rural areas (from 21.4 percent to 16.3 percent over the same period), and is forecasted to drop slightly lower in the future. This positive trend will help to narrow the urban-rural gaps in access to and benefits from social protection policies for women and girls. Reduction of the TFR and the rate of rural women bearing a third child will contribute to reducing the burden of housework on women. It will increase opportunities, particularly for rural women, to obtain better healthcare services, education, and vocational training in order to improve their professional and job skills before entering/reentering the labor market, and will provide more opportunities to improve employment, income, living standards, and status in family and society.
- While Viet Nam is now classified as a

middle-income country, the international community has committed to providing continuing technical and financial support to develop its social protection system. Although Viet Nam officially became a middle-income country in 2010, international bodies and NGOs continue to offer financial and technical support to Viet Nam in advancing the empowerment of Vietnamese partners, developing and operating social protection systems, and achieving gender equality at national and municipal levels.

- International and non-governmental organizations attach special importance to the implementation of gender equality in social protection programmes. Support from the international community have been delivered via projects or programme interventions on education, vocational training, and employment generation for women and girls, building capacity for women to participate in social, economic and political activities, improving awareness of gender issues, and promoting gender equality in family and society. These interventions and supports will be especially useful and relevant in future development of the social protection system for women and girls.

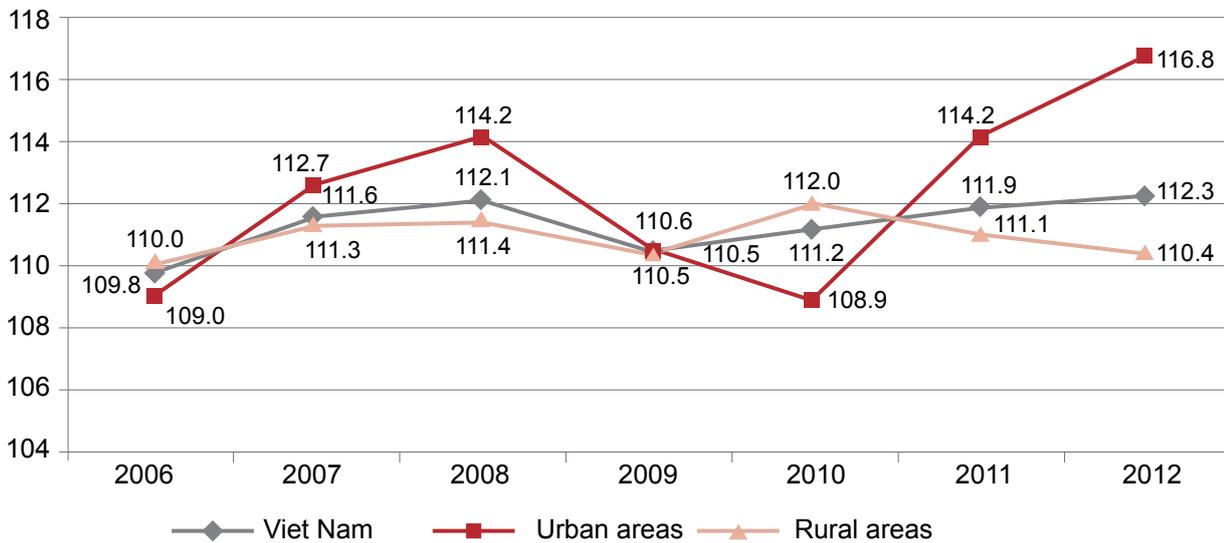
Threats

- Some demographic factors negatively impact the implementation of social protection for women and girls. Specifically, the sex ratio at birth (SRB) is already higher than the international norm of 105 males per 100 females, creating an ongoing demographic imbalance.²¹ In 2012, Viet Nam's SRB was 112.3 newborn males/100 newborn females. If this trend continues, in 2035 Viet Nam will have 10 percent more males than females. Sex selection prior to birth reflects a profound gender inequality due to preconceptions and long-standing prejudices that favor boys over girls. Viet Nam is not the only country dealing with sex inequality at birth; however, this is an obvious and increasing challenge for the country.

21 Sex ratio at birth (SRB) is calculated as the number of males born alive per 100 females born alive in a given period, usually one year.

CHART 1. SEX RATIO AT BIRTH, 2006-2012

Unit: Number of boys/100 girls



Source: Statistical Yearbook, General Statistics Office, 2012

The sex imbalance will influence family formation and family structure, especially marriage. Young men are facing the risk of late marriage or remaining single for life because of the deficit in the female population, while young women are likely to face more pressure to marry early. The “bride import” phenomenon will increase, as is being seen in other countries such as China, Taiwan, and Korea. In addition, trafficking and commercial sexual exploitation of women and girls may increase. These emerging family issues and negative social trends will be a burden on the social protection system in the future.

- The emerging threat of climate change has an adverse effect on the lives of women and girls, affecting both production and reproductive activities. The current research shows that, in the context of climate change, women will be more disadvantaged compared to men, and face more risks to their employment, livelihood and life. Their greater vulnerability will lead to increasing needs for social protection for women and girls in the future.

- Ongoing systemic gender bias will continue to create challenges for improvement of women’s economic and political status. Women’s roles are still circumscribed, and in particular they are still primarily responsible for housework and unpaid family work. Gender bias in society prevents women from improving their status in the household and community, contributing to their continued vulnerability. Thus, women will continue to be over represented in vulnerable groups that are targets of social protection policies. Great efforts will be needed to change these gender roles in the future.

TABLE 2. SUMMARY OF SWOT ANALYSIS

<p>Strengths</p> <ul style="list-style-type: none"> • Progressive viewpoints and policies on gender equality advocated by Viet Nam's Communist Party and Government provide a firm foundation for implementation of social protection for women and girls. • Viet Nam's commitment to international treaties including CEDAW and the Millennium Development Goals, International Covenant on Economic, Social and Cultural Rights (ICESCR), and Universal Declaration of Human Rights (UDHR) has significantly contributed to economic growth, poverty reduction, employment generation, health care, improved educational levels, and vocational training for women and girls • The Government is responsive to developing the social protection system to reflect greater diversity, scope, and effectiveness; and to creating substantive equality in accessing basic services and social welfare for women and men, girls and boys. • The Government is securing the budgetary commitments to implement policies, programmes, and projects on social protection for women and girls such as the National Target programme on poverty reduction and employment for 2011-2015. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • The implementation of social protection policies is facing numerous obstacles. The implementation of social protection for women and girls is inadequate and not sustainable. • Since 2008, Viet Nam has experienced declining growth and instability, with a series of emerging socio-economic issues seriously affecting people's employment and standard of living. Women and girls are among the most vulnerable. • Awareness and implementation of gender integration in social protection policies falls short of expectations both in quantity and in quality.²²
<p>Opportunities</p> <ul style="list-style-type: none"> • There have been favorable demographic factors including a significant reduction in fertility rates in recent decades to near the replacement rate (about 2.1 children/woman), and a lower rate of rural women having a third child. These factors have helped women lessen the burden of housework and increased their opportunities to empower themselves in family and society. • Although Viet Nam is becoming a middle-income country, there will be many challenges in the future for ensuring social protection for women and girls. In this context, it is to the advantage of the country that international organizations and development partners have made efforts to provide technical and financial support to Viet Nam to develop the social protection system for women and girls. • International and non-governmental organizations attach special importance to gender equality and support for disadvantaged groups to participate in and benefit from social welfare policies. 	<p>Threats</p> <ul style="list-style-type: none"> • Women's participation in economic activities is limited. Women bear the major responsibility for housework and unpaid care work. It will take a long time and much effort for changes in gender roles to take effect. • The emerging threats of climate change have a far greater effect on the lives of women and girls than men, with agriculture and aquaculture sectors being the most affected. As women still are dominant in these sectors, their livelihood will be affected. • Unfavorable demographic and population factors include an increase in the sex ratio at birth, resulting in an excess of male adults, and consequently an increase in the proportion of single men, and greater potential of increase in trafficking and commercial sexual exploitation of women and girls.

22 2014 survey conducted by ILSSA in Dong Nai, Thanh Hoa and Thai Nguyen.

3.2 Ensuring minimum income and poverty reduction for women

This section summarizes and analyzes from a gender perspective the measures in place to ensure that all citizens enjoy a basic standard of living, including policies on labor-market integration, labor mobility support, vocational training and employment support after apprenticeship, and preferential credit for supporting production development and employment creation. It also provides an assessment of the progress and the gender issues, gaps and barriers for women and girls in ensuring minimum income and poverty reduction between 2002 and 2012.

3.2.1. Policy measures

Viet Nam has a relatively comprehensive system of labor market policies related to social protection, covering labor market development, preferential credit for business development and employment creation support, vocational training support, sending laborers abroad under labor contracts, and labor mobility support. These measures are financed from tax revenue and other contributions.²³ These policies target active supports to promote paid employment and gradually ensure a minimum income.

Female groups covered by these policies include young women newly joining the labor market, unemployed and underemployed women, and those who are in need of better jobs.

Survey results in three provinces indicate that almost all female groups targeted by Resolution No.15 were entitled to at least one support policy (for example, access to employment information, apprenticeship, support in changing jobs, support in preferential loans for employment creation, support in working abroad under labor contracts, etc.). Policies highly regarded by women in the three surveyed provinces were loans for employment creation and support in working abroad.

3.2.2 Major achievements

Positive aspects of female employment from 2002-2012 include: (i) female participation in the labor force was high nationwide; (ii) the number of underemployed women was smaller than that of men; (iii) the number of women going to work abroad under labor contracts increased, bringing with it a chance for many women to escape poverty; (iv) a range of support measures were provided to an increasing number of females shifting from agriculture to non-agricultural jobs.

- Viet Nam's recent female labor force participation rate has been high nationwide. In 2012, the labor force grew overall from the previous year by 2.9 percent for men and 2.8 percent for women. Female workers accounted for 48.5 percent of the total labor force in 2012, slightly lower than the 2011 figure of 48.6 percent. Male and female labor force participation rates in 2012 were 81.3 percent and 72.8 percent, slightly lower than 2011 rates.
- In the decade from 2002-2012, the proportion of **underemployed women**²⁴ was less than that of men. Women comprised 40-45 percent of the total underemployed population (43.3 percent in 2012). The reasons for the smaller number of underemployed women in both urban and rural areas are: (i) Female workers often do different types of work simultaneously to earn extra income; (ii) Female workers' job choices do not mirror those of males— women will accept unattractive jobs in order to have full employment and extra income, even if the pay is very low, whereas men tend to be more selective.
- The number of **women working abroad under contract** increased between 2002 and 2012, although the figures are consistently lower than those for males. In 2002, 10,557 Vietnamese women were working abroad on labor contracts; this number increased to 26,787 in 2012.²⁵ This is due to: (i) Positive impacts of policies supporting the poor in

23 Institute of Labor Science and Social Affairs (ILSSA) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Viet Nam Social Protection Glossary, 2010.

24 Underemployment is defined as: Individuals who work less than 35 hours per week, but have the desire and ability to work more

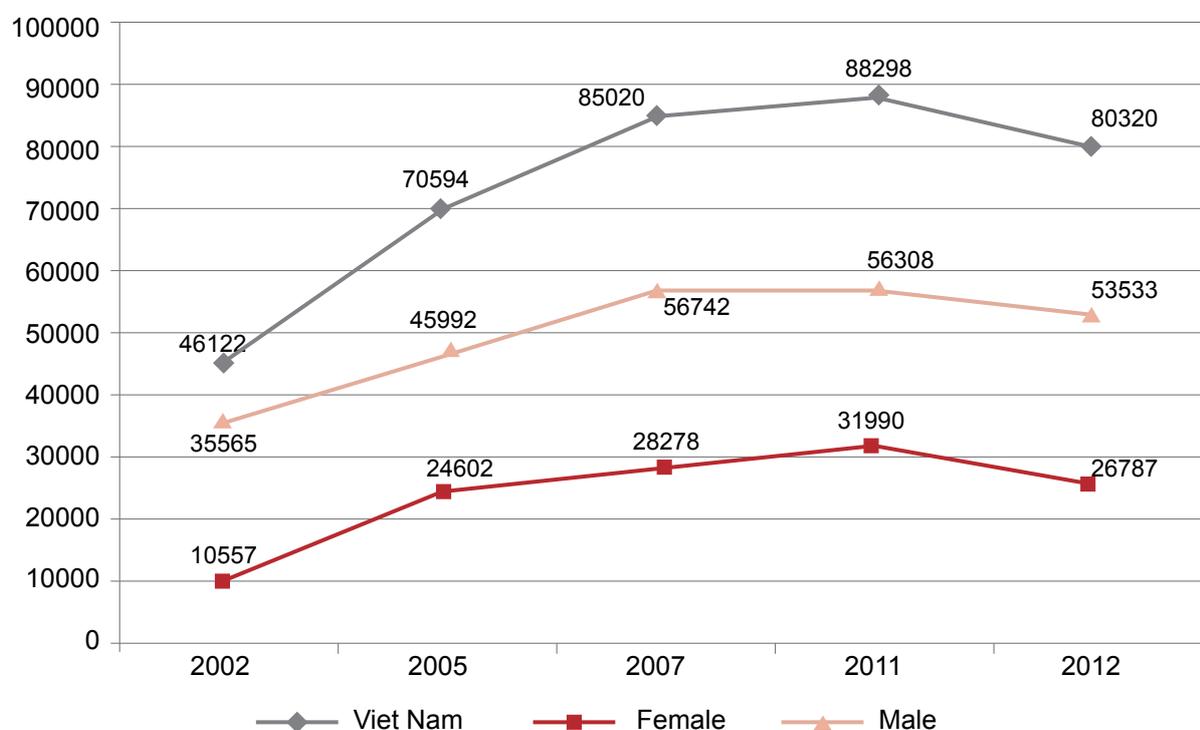
25 Source: Department of Overseas Labor Force Management, 2012

working abroad under labor contracts²⁶; (ii) Increasing demand in recipient countries in female labor-intensive industries (domestic help, patient care, electronic assembly, weaving, garments, entertainment, etc.); (iii) Vietnamese female workers' desire to work abroad to gain economic advantages has increased; (iv) Views and preconceptions of women participating in labor export have improved, therefore, more rural and ethnic minority women are more active in deciding to work abroad.

26 Decision No.71/2009/QĐ-TTg Approving the Project on Support for Poor Districts to Increase Labor Export in Order to Contribute to Sustainable Poverty Reduction For 2009-2020, and Some Other Policies.

CHART 2. TOTAL LABORERS WORKING ABROAD BY SEX, 2002-2012

Unit: Person



Source: Department of Overseas Labor Force Management, 2012

- With the goal of industrialization and modernization/economic restructuring from an agricultural to an industrial economy, support to agricultural workers in changing jobs is one of the concerns as agricultural land is acquired. In 2012, 325,000 female workers were supported in changing their jobs, an increase of 46,000 from 2008. Some specific policies have been implemented, such as providing partial subsidies for vocational training costs for rural workers to acquire vocational skills, and providing opportunities to attend vocational training institutions.
- Between 2002 and 2012, female-headed poor households experienced improved conditions compared to male-headed poor households in the following areas: Lower poverty rate, higher average income per capita, better housing and clean water, and quicker progress in improving accommodations and clean water. Female-headed households had

a poverty rate of 10.3 percent in 2012, lower than that of male-headed households at 12.4 percent.²⁷ However, male-headed households experienced quicker poverty reduction in the period from 2002-2012. The poverty rate of female-headed poor households fell by only 5.95 percent, compared to a reduction of 13.41 percent in the poverty rate of male-headed poor households.

27 This section is based on the GSO Household Living Standards Survey of 2002-2012. However, it should be noted that the designation of households by sex of head of household did not necessarily accurately reflect the actual situation. This was due to assumptions that implicitly defined men as heads of households unless circumstances indicated otherwise. Women were generally identified as heads of households only in cases of incomplete families (e.g. death of husband, unmarried women, single mothers, etc.)

TABLE 3. POVERTY RATE BY SEX OF HEAD OF HOUSEHOLD, 2002-2012

	2002	2006	2012	Decrease rate
Male	25.8	15.1	12.4	13.4
Female	16.3	12.0	10.3	6.0
Total	23.5	14.3	11.8	11.6

Source: General Statistics Office, Results of Household Living Standards Surveys, 2002-2012

- The proportion of poor households headed by females is consistently lower than that for males however, the female share is increasing nationwide. In rural areas, the proportion of poor households that were female-headed increased from 16.32 percent in 2002 to 22 percent in 2012. In urban areas, the female share increased from 27.86 percent in 2002 to 31.24 percent in 2006, and then slightly decreased to 30 percent in 2012. Female-headed poor households had higher average income per capita than male-headed

poor households, by anywhere from 2 percent to 5 percent. This gap tended to fall gradually, however, since income growth in female-headed poor households was slightly slower (11.76 percent) than in those of men (12.12 percent). A possible reason for this trend was that female-headed households had fewer persons than male-headed households did, and thus fewer dependents.

TABLE 4. AVERAGE INCOME PER CAPITA OF POOR HOUSEHOLDS BY SEX OF HEAD OF HOUSEHOLD

Unit: VND/month in thousands

	2002	2006	2012	Average growth rate/year, percent
Male	161.0	201.4	490.8	12.1
Female	168.9	212.8	499.9	11.8

Source: General Statistics Office, Results of Household Living Standards Surveys, 2002-2012

3.2.3 Gender gaps in policies ensuring minimum income for women

a) Policies on labor-market integration

- It is important to note that the Labor Code only regulates jobs where formal labor relations exist – it does not, for example, cover self-employment or unpaid family labor. Only 40.6 percent of women workers are in this category, therefore more than half are not covered by Labor Code regulations.
- Policies supporting labor-market integration are not sufficiently gender-responsive. As a result, a large proportion of female workers, especially those who are poor, poorly educated, middle-aged or older, from rural areas, or ethnic minorities find it difficult to access and benefit from such policies. For example, policies on development of official employment center systems²⁸ (employment service centers and companies) have not facilitated equal access to these disadvantaged female groups. Most employment centers/companies are located in large urban areas, which disadvantaged female groups find difficult to access, and services providing labor market information are gender blind, meaning that information content, modes and location of information provision are not appropriate to the needs and abilities of disadvantaged female groups.²⁹

28 Decree No.19/2005/ND-CP, dated 28 February 2005, regulated conditions, establishment and procedures of employment organizations, and other related amending and supplementing Decrees.

29 ILSSA, “Evaluating the current situation and forecasting the needs of women in apprenticeship and employment support for the deployment of Project 295”, 2012 and ILSSA, Preliminary survey on the Tripartite Action Project aimed at protecting migrant people in and from the Greater Mekong Sub-region (GMS) from labor exploitation (Triangle project) in Viet Nam, 2011.

Box 5. Poor, ethnic minority, and poorly educated women find it difficult to access and use labor market information systems and official employment systems

Official employment service centers and companies are often located in city centers, urban areas, concentrated industrial zones and are not accessible to poor women living in rural and remote areas.

Common methods for information dissemination include labor market information websites, posting of recruitment information at employment service centers/companies, advertisements in mass media and on the internet, etc. Women in remote areas, poor and ethnic minority women, etc. have difficulty accessing these media and often do not know how to use them;

Contents and methods of disseminating labor market information need to be understood by poorly educated women, women who are illiterate or who cannot speak the Kinh language;

In Thanh Hoa and Thai Nguyen, many people went to Korea, Taiwan, and Malaysia under labor contracts, working at various types of jobs including domestic work, electronic assembly, and garment manufacturing. Women accounted for 80-90 percent of these migrant workers.

Informants reported that when they did not know of reliable intermediary companies, they followed the recommendations of acquaintances from their commune in order to access work in other provinces and to work abroad.

Some informants reported cases in their commune of women being trafficked to China.

Sources: In-depth interviews with officers and residents in Thai Nguyen, Thanh Hoa, and Dong Nai

- Current policies do not promote employment counselling associates at the district and communal level³⁰ to provide advice on apprenticeships, employment, or working abroad under labor contract, especially in rural, ethnic minority, and poor areas, and those with severe socio-economic conditions. These counseling associates hold concurrent positions, do not receive benefits, are not trained, and do not have full labor market knowledge and information. Therefore, there is a great need for information provision and consultation especially for disadvantaged female groups in these areas.

b) Policies on labor mobility support (domestic)

Although migrant women have made great contributions to local economic development in their departure and arrival areas, they have not adequately benefited from policies concerning labor and migrant support.³¹

- Labor mobility support policies have not paid adequate attention to women's needs and circumstances. Because women bear primary responsibility for reproduction, housework, family care, elder care, childcare, etc., in order to support female labor mobility, not only do women themselves need to be supported, but it is also necessary to address issues around associated services such as kindergartens, schools, health care centers, and markets. Most of the relevant policies require permanent residence status and create barriers to labor movement, especially for disadvantaged women.

- Policy on infrastructure development has been less than favorable for migrant women and girls. There are no preferential policies on investment in social infrastructure development in industrial zones, therefore investors are scarce. State budgetary funds allocated for social infrastructure development are inadequate. Industrial zones, therefore, lack the necessary infrastructure in terms of accommodations, clean water, schools and health care centers for female workers. Most migrant women and girls, who comprise the majority of workers in these zones, have to live in unsafe accommodations and are at risk for crime, sexual abuse, etc.

30 Employment service centers or service firms, vocational training institution, and labour export recruitment firms often employ local associates who are local people with good knowledge of the local situation. Associates are often paid with a monthly allowance or earn commissions based on the quantity of the workers that they arrange employment for in firms/enterprises. Associates often reach out to local people to find potential job seekers and provide counselling on vocational training or labour export

31 Presentation by the NGO LIGHT on social protection for women and girls at policy seminar, held in Hanoi 31 March 2014.

Box 6. Policies on support for migrant women are inadequate and there are limited resources for implementation

- The implementation of policies on social infrastructure development of industrial zones in Dong Nai province faced more difficulties and complications than those in other provinces. Industrial zones, economic areas, and industrial clusters in Dong Nai province are large in number and scale, with diversified investments. Many industrial zones were created 20 years ago when no regulations on social infrastructure for industrial zones existed.
- Migrant workers come from diverse areas of the country, and vary in culture, ethnicity, education, religion, etc., making it difficult to meet their household and cultural needs.
- Policy implementation for migrant female workers is cursory and based on inadequate analysis. Problems such as insufficient numbers of nursery schools and kindergartens for children of mothers in industrial zones, lack of cultural centers for improving the lives of workers, etc. were not attended to in a timely manner; other issues such as travel assistance and accommodations were not given timely consideration. All these facts show that female workers were not supported according to regulations, and that the policies did not address actual conditions.³²

Sources: Reports of administrative agencies, in-depth interviews with officers and residents in Thai Nguyen, Thanh Hoa and Dong Nai.

c) Policies on vocational training and employment support after apprenticeship

Since the enactment of the Law on Vocational Training (2006), many important policies on vocational training and employment support after apprenticeship were launched, aiming at improving the quality of human resources to meet the requirements of industrialization, modernization, and international economic integration of the country.³³ Beneficiaries of these policies include both men and women, but some

policies give priority to specific groups of women (refer to Annex 3 for more information on relevant policies by area).

- Some policies on vocational training give priority to female workers, notably the Project Supporting Female Apprenticeship and Employment Creation 2011-2015 (Project 256). However, most of the policies on vocational training have not integrated gender equality adequately.
- Most programmes and projects on vocational training for disadvantaged persons covered by social protection in the three surveyed provinces focus on short-term vocational training (under three months), or mobile training at localities. However, such training focuses on occupations that do not require much hands-on experience with machinery or equipment, for example garment sewing, embroidery, basketry, cooking, beauty care, cultivation, animal husbandry, etc. Due to the short training period, limited practice, and lack of employment support after apprenticeship, outcomes and efficiency of short-term vocational training fall short of expectations.
- Women, especially rural women, ethnic minority women, and women aged 35 and above in the three surveyed provinces, largely did not participate in long-term intensive vocational training. In terms of social protection policy, regulations on entrance requirements to long-term vocational training³⁴ might be a barrier to these groups of women. In addition, allowances for childcare, or for mothers to bring children under 36 months to training courses, are not adequate (see Box 7).
- Previously, some national and international organizations assisted Viet Nam in the implementation of a pilot model in which vocational training centers and enterprises/production units cooperated in organizing on-site vocational training. This model is

32 Thanh Hoa Department of Labor, Invalids and Social Affairs, Report on implementing social protection policies and programmes from a gender equality perspective, 2013.

33 Resolution of the 11th National Congress of the Communist Party of Viet Nam.

34 According to the Law on Vocational Training 2006, to be enrolled at the vocational college level, trainees must complete upper secondary school (grade 12/12). For the intermediate vocational level, the applicant must complete lower secondary school (grade 9/12). These requirements are difficult for disadvantaged women to attain

more appropriate for disadvantaged groups of women because it does not require them to travel far from home, thus minimizing living and travel expenses. However only small-scale pilot programmes/projects currently exist.

Box 7. Women’s difficulties in participating in and benefiting from vocational training and employment support policies in the three study provinces

Women mainly take part in short-term vocational training under three months. Disadvantaged women are limited by finances as well as lack of awareness, and do not seek more advanced types of training.

Women who received less than three months of vocational training found it hard to get a job. In short-term training, they often participated in learning simple skills in handicrafts, animal husbandry, or cultivation, which only attracted women who have low levels of education, limited social awareness, and difficult family conditions. These short-term trainings do not qualify them for industrial work; most would not be able to find jobs in enterprises and would have to become self-employed.

Rural, ethnic minority and poor peri-urban women were entitled to attend short-term vocational training in handicrafts, animal husbandry, and cultivation. However, most of them engaged in home-based production or in self-employment that created little value; hence their employment was precarious and unstable.

Sources: Dong Nai Department of Labour Invalids, and Social Affairs, Report on the implementation status of the national target on gender equality in 2011, In-depth interviews with officers and residents in Thanh Hoa and Thai Nguyen provinces.

- As with vocational training, mechanisms and policies concerning support for apprenticeships are no longer useful as an incentive for women in rural and remote areas to participate in vocational training. Extremely low allowances, especially women in rural and remote areas and ethnic minorities, did not encourage women to participate in these programmes.

Box 8. Apprenticeship allowances are no longer adequate

Project 1956 supports short-term apprenticeship costs (vocational training of less than 3 months) with a maximum allowance of 3 million VND/capita/course (specific amount depends on type of occupation and actual apprenticeship time period), and also provides lunch allowance (15,000 VND/actual training day/capita) and travel allowance (up to 200,000 VND/capita/course for apprentices whose residences are 15 kilometers or more from the training location). These allowances are too low for women, especially those with small children who have to return home daily to take care of their families.

On a day when a poor person attends class, their families forego income to pay for living expenses. We made many efforts to encourage them to participate in vocational training but the number of participants was too low. One person would participate then another person would leave... it was so difficult that many localities could not organize courses due to not having the minimum number of apprentices required by regulations.

Sources: In-depth interviews with officers from Departments of Labor, Invalids and Social Affairs in the provinces of Thai Nguyen, Thanh Hoa, and Dong Nai

- There is no policy supporting the development of staff in charge of counselling on vocational training at grassroots levels (commune, hamlet) to allow them to acquire enough knowledge, experience, and gender sensitivity, especially in rural, remote, and ethnic minority areas.
- There is a lack of practical policies on sending enterprises to rural areas for vocational training or establishing local production groups. Some initiatives have been implemented by international agencies, such as establishment of collectives for commerce and production, but the lessons learned from this model have not been documented for replication.
- Policies and practices for enhancing vocational training centers’ awareness of gender equality are limited; vocational teachers are not equipped with knowledge of gender equality and with gender perspectives;

vocational consultation and enrollment is still affected by gendered stereotypes about women and men's occupations; training programmes, textbooks, contents, teaching methods, and course design are not gender-responsive or geared to the needs and actual conditions of poor, rural, ethnic minority, and middle-aged women.³⁵

d) Policies on preferential credit for supporting production development and employment creation

- Policies on loan amounts, terms and conditions are not relevant to the actual needs of women's business activities in their specific locality and industry. Many preferential credit policies are overlapping, complicated, and confusingly combined with other policies such as training support, production development support, marketing support, etc. aiming to ensure efficiency and help women to escape from poverty in a sustainable way. For example, the policy on preferential credit to poor households has not been implemented along side the vocational training policy for such households. Some women received vocational training but have not received preferential loans for their businesses. In addition, female farmers are trained in new occupations (growing of rubber trees for example), but loans for poor households do not adequately fund these newly trained occupations.³⁶

Box 9. Some current preferential credit programmes for women in the three surveyed provinces

In 2012-2013, the Bank for Social Policies ensured funding for investment in seven Government central credit programmes, including loan programmes for poor households, students in difficult living conditions, household businesses in remote areas; a loan programme for rural clean water and environmental sanitation; a loan programme for those seeking employment; a loan programme for accommodations for poor households, and a programme of late payment loans to households in the Mekong River Delta and the Central Highlands.

- Policies on preferential loans are implemented through locally-based associations (Women's Union, Farmers' Union, etc.). Local women participating in savings and loans groups within their union can access these preferential loans. However, this implementation method may disadvantage migrant women in these localities, who lack social capital and have few opportunities to access preferential loans.
- The National Fund for Employment is increasingly focusing on lending to households, giving little support to businesses in creating new jobs for women. Regulations on preferential loans for female labor-intensive businesses are not convenient – administrative procedures are too complicated, taking months to complete; loan amounts are too small to attract businesses, and only a tiny minority of businesses can access this policy.³⁷
- Although the National Fund for Employment has provided support in job creation for many women, there is still room for improvement of services, especially in reducing administrative procedures and wait times for loans. In order to get loans from this fund, women are required to develop their own business proposal, and in many cases, this is beyond their capabilities. In addition, the requirement for collateral for loans of 20 to 500 million VND is too difficult for women to meet.

35 Sources: General Department of Vocational Training, MoLISA. Report on the development of vocational training in 2011.

36 Evidence from Thanh Hoa and Dong Nai.

37 ILO and ILSSA (Research Center for Female Laborers and Gender). "Reviewing Labor Code and national target programmes from a gender perspectives," 2010.

Box 10. Inadequacies in preferential credit policies for women

For the same poor households in Dong Nai province, there are more than ten different preferential credit programmes with different criteria, conditions, and loan amounts.

Under policies on loans to women for production development, loan amounts are small and loan terms are short. These criteria are not sufficient to meet women's needs and business cycles in order to lift them out of poverty permanently. A loan of less than 30 million VND can pay for poultry, buffalo, and cow husbandry only. To grow rubber trees or other long-lasting trees for industry, which would help to ensure more sustainable poverty alleviation, a loan amount of 100 million VND or more is needed, with a term of 5 to 7 years.

Cooperation and coordination is not adequate, and loan policies are not sufficiently aligned with training, technical guidance, agriculture-forestry-aquaculture expansion, support for marketing, etc., all of which help women use loans more effectively.

Source: Interviews with district and communal officers and residents of the 3 provinces of Thai Nguyen, Thanh Hoa, and Dong Nai

- Another issue leading to lower loan efficiency is the gap between the needed and approved loan amounts. The maximum loan amount to poor households is 30 million VND. This amount was set in 2007, but is far too low for the present time. In fact, the average outstanding loan of the Bank for Social Policies is a little over 15 million VND/household. In 2007, with this amount, people could buy buffalos, cows, or invest in small production projects. However, by 2012 this amount only permitted small-scale poultry or pig husbandry, and made it difficult to reach the poverty reduction target.

3.2.4 Ensuring minimum income and poverty reduction: outcomes for women and girls

This section outlines actual outcomes for women and girls of policies ensuring minimum income and poverty reduction, emphasizing the gender gaps and barriers emerging from the implementation of these policies. Briefly, gendered outcomes for women in the labor market include:

- (i) Women's labor force participation rates and technical qualifications were lower than those of men. The largest gender gap in labor force participation was among workers with vocational training, university degrees and higher.
- (ii) Women's rate of employment growth was slower than men's, causing the percentage of female employment out of total employment to fall from 48.6 percent in 2002 to 48.3 percent in 2012.
- (iii) Gender issues in employment were also apparent in areas such as employment structure, work region, and employment status of female vs. male laborers. Due to structural shifts in employment, the rate at which women moved out of agriculture was slower than that of men. In terms of occupation, women still accounted for higher proportions of workers in occupations that did not require technical qualifications. In terms of employment status, women's jobs were unstable and more vulnerable than men's.
- (iv) In relation to working abroad under contract, women faced more difficulties than men in the decision-making phase, due to barriers stemming from gender roles and preconceptions; women were more limited in accessing official information on recruitment; there was obvious selection by sex in labor export industries; violations of female workers' rights regarding pregnancy and childbirth while under contract overseas were common; and female workers engaged in domestic work and patient care, as well as women working in entertainment/sex services, faced various types of risks.
- (v) Underemployment was higher among women than men. In addition, sectors, industries, and occupations with high rates of underemploy-

ment tended to be workplaces where women workers predominated.

- (vi) Women's average monthly wages were only equal to 0.83 of men's wages. Difference in wages by sex was due to inequalities in educational and technical qualifications, and differences in industries and occupations, work areas, job positions, etc., as well as some gendered preconceptions related to labor.

a) Employment structure and labor force participation

Although Viet Nam's female labor force participation rate was high nationwide, it was still lower than that of males in the period from 2002-2012, with the smallest gap in 2002 and the largest gap in 2007. In periods of strong economic development (from 2005 to 2007), the gender gap in the labor force participation rate

(the difference between female and male labor force participation rates)³⁸ increased from -8.5 percent in 2005 to -11.5 percent in 2007. In the period of economic crisis from 2008-2012, however, the gender gap dropped to -8.5 percent. These figures show that, in difficult economic times, female laborers tend to join or rejoin the labor force, in order to augment income and reduce economic difficulties for their families.

38 The gender gap index is measured by the percentage of female labor force participation compared to male labor force participation. The closer this index moves toward 1, the smaller gender gap. Conversely, the more this index moves toward 0, the bigger the gender gap.

TABLE 5. GENDER GAPS IN LABOR FORCE PARTICIPATION, 2002-2012

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012 (Est.)
All workers (percent)	72.5	72	71.4	71.1	70.3	73.8	75.6	76.5	77.4	77.2	76.9
Male (percent)	76.2	75.8	75.5	75.5	74.7	79.8	80.4	81	82	81.8	81.3
Female (percent)	69	68.5	67.6	67	66.1	68.3	71.3	72.3	73	72.9	72.8
Difference by sex (percent)(F:M)	-7.2	-7.3	-7.9	-8.5	-8.6	-11.5	-9.1	-8.7	-9	-8.9	-8.5
Gender gap index (F:M)	0.91	0.90	0.90	0.89	0.88	0.86	0.89	0.89	0.89	0.89	0.90

Sources: Ministry of Labor, Invalids and Social Affairs, Labor Force Surveys from 2002- 2006; General Statistics Office, Labor Force Surveys from 2007 to present.

Although the gender gap index in the employed population in 2012 of 0.93 revealed an insignificant amount of inequality in participation rates, gender inequality in employment was apparent in other areas such as employment structure, working conditions, employment status, etc., of female and male laborers (refer to analysis below for details).

The rate of employment growth for female laborers was slower than that of male laborers from 2002-2012.

In 2012, out of a total labor force of 51.7 million, 48.3 percent (25.1 million) were female. From 2002-2012 the average number of people with jobs increased by around 1.2 million people/year, or 2.6 percent per year. Employment growth for females was slower than that of male laborers, an average of 2.4 percent per year for women compared with 2.8 percent per year for men. This led to a slight decrease in the female employment share (out of total employment) from 48.6 percent in 2002 to 48.3 percent in 2012.

TABLE 6. EMPLOYED POPULATION BY SEX, 2002-2012

	2002	2006	2011	2012 Estimated
1. Total labor force (thousands of people)	43,452	44,549	50,462	51,699
Male	22,313	22,894	26,135	26,625
Female	21,139	21,655	24,327	25,074
2. By sex				
Male (percent)	51.4	51.4	51.8	51.7
Female (percent)	48.6	48.6	48.2	48.3
Difference by sex, percent				
(Female-Male)	-2.8	-2.8	-3.6	-3.4
Gender gap index (Female/Male)	0.95	0.95	0.93	0.93

Sources: Ministry of Labor, Invalids and Social Affairs, Labor Force Surveys from 2001 to 2006; General Statistics Office, Labor Force Surveys, 2007 to present.

Due to shifts in employment structure, the move in employment away from agriculture for female laborers was slower than that of males. Between 2011 and 2012 the proportion of women working in agriculture, forestry, and aquaculture decreased by 1.7 percent (from 50.9 percent to 49.2 percent). For men the decrease was 2.4 percent, from 47.6 percent in 2011 to 45.2 percent in 2012.

Barriers for female laborers shifting away from agriculture are rooted in gender roles in the labor market and in families. Traditionally, women are more involved with agriculture while men tend to work in non-agricultural jobs, and especially in rural areas, women are still primarily responsible for housework and care of children, the elderly and the sick. For this reason, it was more difficult for women to get out of agriculture and to move away from rural areas than for men. It was also more difficult for female laborers to access information on non-agricultural jobs.³⁹

39 Source: Survey of 500 women needing vocational training and employment support in five provinces. ILSSA Research Group, 2012

Another barrier for women in moving away from agriculture was that female educational and technical qualifications were lower than that of men.⁴⁰ Only 14.7 percent of female laborers aged 15 and above were trained, compared to a figure of 18.9 percent for men. The percentage of female-trained laborers in rural areas was much lower, at approximately 10 percent.

In terms of occupation, female laborers worked in a higher proportion of occupations that do not require technical and educational qualifications. Specifically, “unskilled occupations” and “small-scale sales and service workers” had percentages of female laborers of 43.9 percent and 19.7 percent respectively, while the percentages for men were only 37.1 percent and 10.6 percent. On the other hand, in higher-level occupations such as “leaders” and “high-level professionals”, female rates were significantly lower than those of men (see Table 7 below). The gender gap in the “leaders” group was 0.31, explicitly reflecting a large gender inequality in this category.

40 See table 10 for more information.

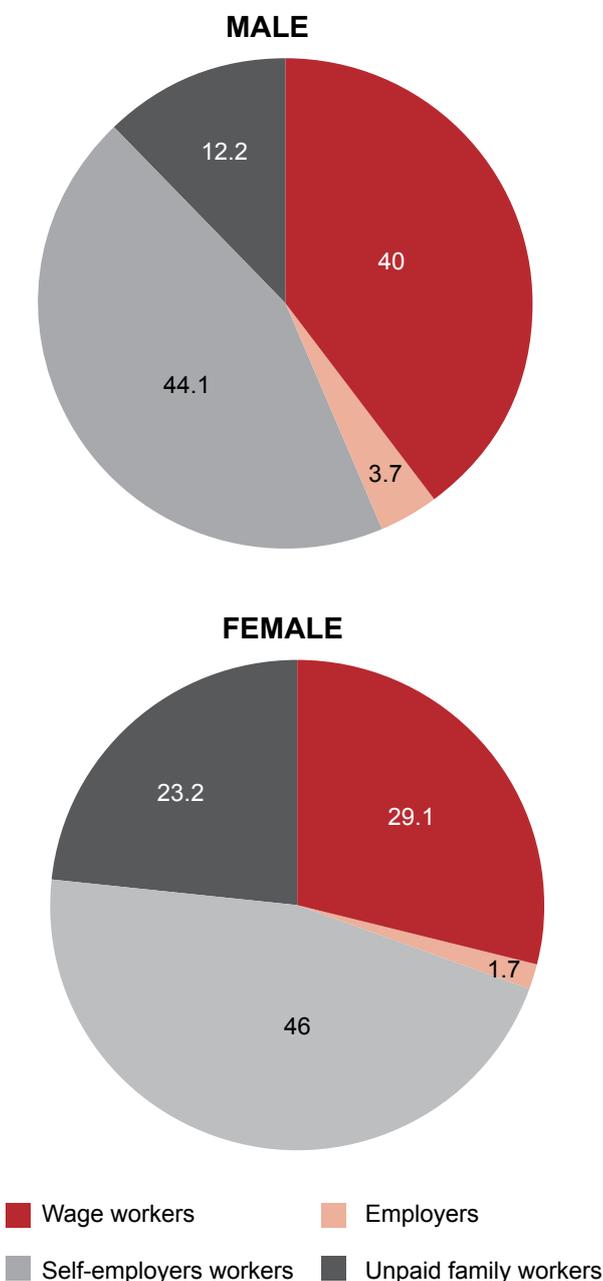
TABLE 7. GENDER GAPS IN TYPE OF EMPLOYMENT, 2012 (PERCENT)

	Male	Female	Gender gap index (Female/Male)
Total	100.0	100.0	
Leaders	1.6	0.5	0.31
High-level professionals	7.1	5.1	0.72
Mid-level professionals	4	3	0.75
Clerks	1.6	1.4	0.88
Small-scale sales and service workers	10.6	19.7	1.86
Skilled agricultural, forestry, and fishery workers	12.6	14.2	1.13
Craft and related trades workers	16.9	6.9	0.41
Plant and machinery operators and assemblers	8.5	5.3	0.62
Unskilled occupations	37.1	43.9	1.18

Source: ILSSA estimates based on “Labor Force Survey for the first 9 months of 2012”, GSO

In terms of employment status, female laborers' jobs were more unstable and vulnerable than those of male laborers. In 2012, the proportion of women doing unpaid family work was 23.2 percent (compared to 12.5 percent for men). Workers in this labor category more easily lose their jobs and rarely enjoy any type of social insurance.

CHART 3. LABORERS BY EMPLOYMENT STATUS AND SEX, 2012 (PERCENT)



In 2012, the proportion of women classified as “self-employed workers” was slightly higher than that of men, at 46.1 percent and 44.1 percent, respectively. There were more female laborers working in this category in rural areas than in urban areas (85.4 percent and 51 percent respectively). The proportion of non-Kinh ethnic groups in this category was higher than that of Kinh (94 percent vs. 72.5 percent). Self-employed workers are not regulated under the Labor Code, and do not participate in compulsory social and health insurance. Female laborers had less access to jobs in the “paid workers” category, which ensures social insurance and regulated working conditions, than males. Female rural and female ethnic minority laborers had an even smaller likelihood of working in these types of jobs.

b) Gender issues in unemployment and underemployment

Unemployment is higher among women than men. It is estimated that in 2012, the number of unemployed persons was more than 1 million nationally, of which women accounted for 56.3 percent. Female laborers accounted for 52.9 percent of total unemployment in urban areas and 60 percent in rural areas. Younger laborers (both men and women) experienced a higher rate of unemployment than older workers. Of the total unemployed population, 47 percent were aged 15 to 24; this figure was slightly higher for young women at 48.5 percent. The above data show that it was difficult for young laborers entering the work force, especially young women, to find jobs.

Source: ILSSA calculated from “Data of Labor Force Survey 2011, 2012”, GSO

TABLE 8. UNEMPLOYMENT BY SEX, REGION, TECHNICAL QUALIFICATIONS AND AGE, 2012

	Unemployment by sex	
	percent Female	percent Male
1. Total	56.4	43.6
Urban	52.9	47.1
Rural	60.2	39.8
2. Technical qualifications		
None	58.5	41.5
Vocational training	24.7	75.3
Secondary vocational training	62.5	37.5
College	57.4	42.6
University and above	56.1	43.9
3. Age groups		
15-19	54.1	45.9
20-24	60.3	39.7
25-29	56.2	43.8
30-34	60.6	39.4
35-39	56.7	43.3
40-44	62.3	37.8
45-49	50.4	49.6
50-54	61.4	38.6
55-59	10.2	89.8

Source: ILSSA estimates based on "Labor Force Survey for the first 9 months of 2012", General Statistics Office.

There were more unemployed women than men at almost all levels of education except at the vocational training level. A bright spot in the unemployment picture was that women with vocational training had better chances of finding a job than men; among unemployed laborers with vocational training, women accounted for only 24.7 percent.

By economic region, the highest percentage of

women in the total unemployed population was in the Mekong River Delta, with a rate of 72 percent; the lowest percentage was in the Red River Delta, with a rate of 43.1 percent.

It should be noted that from a gender equality perspective, regions, industries, and occupations with a high percentage of underemployment also had a high proportion of women in the labor force.

TABLE 9. UNDEREMPLOYED POPULATION BY SEX AND ECONOMIC REGION, 2012

	Underemployed population by sex	
	percent Female	percent Male
Total	43.3	56.7
Urban	48.4	51.6
Rural	42.3	57.7
By economic region		
Northern midland and mountain areas	42.7	57.3
Red River Delta	50.3	49.7
North Central & Central coastal area	45.8	54.2
Central Highlands	35.5	64.5
South East	43.1	56.9
Mekong River Delta	39.1	60.9

Source: ILSSA estimates based on "Labor Force Survey for the first 9 months of 2012," General Statistics Office.

The underemployment rate in rural areas was 7 percent (considerably higher than that of 3.8 percent in urban areas); the underemployment rate in agriculture was 8.8 percent (compared with rates in industry and services of 3.8 percent and 3.3 percent, respectively); the underemployment rate for family workers was 7.8 percent, (compared with that of wage workers, which was 4.6 percent). This indicates the importance of further increasing shifts in economic

and labor structures, support for laborers in moving from rural areas to industrial zones, and improving the effectiveness of human resource utilization, especially for rural and female laborers. Solving the above-mentioned issues will significantly contribute to reducing the remaining gender issues in the employment sector.

TABLE 10. PERCENTAGE OF UNDEREMPLOYED BY URBAN VS. RURAL AREA, INDUSTRY, AND EMPLOYMENT STATUS, 2012

	Employment Structure (percent)	General underemployment rate (percent)
Nationwide		6.2
<i>Urban – rural</i>	100.0	
Urban	17.5	3.8
Rural	82.5	7.0
<i>Industries</i>	100.0	
Agriculture	69.8	8.8
Industry	13.5	3.8
Services	16.7	3.3
<i>Employment status</i>	100.0	
Employers	1.2	2.4
Self-employed workers	48.3	6.8
Family workers	23.5	7.8
Wage workers	27.0	4.6

Source: ILSSA estimates based on “Labor Force Survey for the first 9 months of 2012,” GSO.

c) Technical qualifications

In 2012, only 14.7 percent of the total female labor force had technical and educational qualifications⁴¹, an increase of 1 percent from 2011. The figure for the male labor force was 18.9 percent in 2012, increasing by 1.5 percent from 2011. Thus technical qualifications, while low overall, remain lower for female workers than for males.

Among laborers with vocational qualifications, university qualifications, and higher, the gender gap was still very evident. In 2012, the percentage of female laborers having “vocational” qualifications was only 2.2 percent, compared to 7.1 percent for men. Reasons why female laborers did not pursue vocational training include: (i) Low awareness and knowledge of vocational training, especially for rural and ethnic minority female laborers; (ii) A small number of occupations for which training is provided in vocational training centers, and a lack of attractive occupations for women⁴², (iii) Training methods and organization of training courses were gender blind and not geared to the actual needs of poor, rural, and ethnic minority female labor groups.⁴³

For “university and above” qualifications, the difference by sex in 2012 was -0.9 percent, and the gender gap index was 0.87 points. While gender gaps at this level were not as high as in the “vocational” category, it is more difficult to narrow the gender gap at this level.

41 Workers with technical and educational qualifications: Only laborers having certificates are counted.

42 “List of important national occupations (107 occupations): Only about 20 occupations attracted a significant number of female learners or had more female learners than males, including: salesclerks in supermarkets, beauty care, animal and poultry husbandry, agriculture and forestry processing, food processing, family care services, nursing, cooking, garment, bamboo and rattan furniture production.

43 Results of research study, “The needs for vocational training and employment support and solutions to develop vocational training center systems within women’s councils, supporting the deployment of Project 295” implemented by ILSSA in 2011.



Photo: UN Women/Michael Fountoulakis

TABLE 11. GENDER GAPS IN TECHNICAL AND EDUCATIONAL QUALIFICATIONS, 2012

	Total	Not trained	Vocational training center	Professional secondary school	College	University and above
2012 Total (percent)	100	84.4	4	3.7	1.8	6.1
Male (percent)	100	82.6	6	3.3	1.3	6.8
Female (percent)	100	86.3	1.9	4.1	2.3	5.5
Difference by sex percent (Female-Male)		3.7	-4.1	0.8	1	-1.3
Gender gap index (Female/Male)		1.04	0.32	1.24	1.77	0.81
2012⁴⁴ Total (percent)	100	83.2	4.7	3.6	1.9	6.5
Male (percent)	100	81.1	7.1	3.3	1.4	6.9
Female (percent)	100	85.3	2.2	4.0	2.4	6.0
Difference by sex percent (Female-Male)		4.1	-4.9	0.7	1.0	-0.9
Gender gap index (Female/Male)		1.05	0.31	1.21	1.67	0.87

Sources: Ministry of Labor, Invalids and Social Affairs, Labor Force Surveys from 2001 to 2006; General Statistics Office Labor Force Surveys, 2007 to present.

d) Labor export

Women accounted for only one third of total laborers working abroad under contracts (labor export) although this proportion rose from 22.89 percent in 2002 to 33.35 percent in 2012 (DOLAB, 2012).

TABLE 12. PERCENTAGE OF LABORERS WORKING ABROAD BY SEX, 2002-2012

	Average growth rate (percent/year)							
	2002	2005	2007	2011	2012	2002-2006	2007-2012	2002-2012
Total	100.0	100.0	100.0	100.0	100.0	15.58	0.41	5.99
Female	22.89	34.85	33.26	36.23	33.35	31.36	0.23	8.60
Male	77.11	65.15	66.74	63.77	66.65	9.32	0.45	5.42

Source: Department of Overseas labor force management, 2012

Female laborers faced more difficulties than male laborers in making the decision to work abroad. Reasons include: (i) Traditional gender roles within the family and the dependence on women for housework and care; (ii) The customary requirement for female laborers, especially rural women, to seek permission from their husbands and husbands' families to go abroad for work.

Female workers were limited in their access to official information on labor export recruitment. They often accessed information and advice from illegal intermediary networks, thus they were at a high risk for fraud. Some female laborers tricked by these "labor export intermediaries" lost money, had to pay fees many times higher than regulated, and were even trafficked across borders, forced to work, illegally detained, or sexually abused. Due to limitations in official labor export information as well as other pressures, there were more female laborers than male laborers who illegally migrated for work especially as housekeepers or maids in Cyprus, Korea, etc. The reasons for this include: (i) Educational qualifications of female laborers were lower than those of males; (ii) Female laborers rarely participated in social and community activities and thus were not plugged into information networks; (iii) Methods of information dissemination and consultation on labor export were gender blind, not fully taking into account the limitations and barriers for female workers, especially women in rural, ethnic minority and poverty areas.⁴⁵ Women's Union employment service centers only provided information on jobs inside the country and

did not have labor export programmes; the information on labor export provided by the Women's Union was thus very limited.

There is an obvious selection by sex in the labor export sector. Almost all labor export companies/enterprises fixed recruitment of laborers for overseas contracts by sex. Female laborers were concentrated in jobs with lower status and wages, and often were not protected by the labor laws of the recipient countries. To date there have been few opportunities for females to go abroad for work in high-skilled occupations.

Women's rights in relation to pregnancy and childbearing while working abroad under contract are limited. In some contracts between labor service agencies and foreign employment companies, a general article applicable to female laborers stipulated that they could not get pregnant or give birth during their time working abroad, or their labor contracts would be terminated unilaterally.

Risks for female laborers working at housekeeping, caring for the sick, or working in the entertainment/sex industry include having their passports and other documentation confiscated, being limited in contact with outsiders, restrictions on leaving the workplace, limits on mobile phone use, verbal or physical abuse by employers, and sexual abuse.

e) Wages

In 2012, the average monthly wage of female laborers was equal to 0.83 of that of male laborers (3.2 million VND per month for women; 3.855 million VND per month for men). The gender gap index in wages was unchanged from 2010.

⁴⁵ Compiled from the Vietnamese Overseas Workers Administration Agency, Gender analysis in labor export activities (2012) and other research papers of ILSSA on migration and labor export (2011-2014).

TABLE 13. AVERAGE MONTHLY WAGE BY SEX, 2002-2012

	2002	2004	2006	2008	2010	2012 (Estimated)
Average (1,000 VND)	791	806	1,042	1,552	2,691	3,670
Male (1,000 VND)	822	843	1,094	1,615	2,822	3,855
Female (1,000 VND)	741	747	964	1,456	2,498	3,200
Difference by sex, percent (Female-Male)	(140)	(118)	(230)	(226)	(480)	(655)
Gender gap index (Female/ Male)	0.83	0.86	0.79	0.86	0.83	0.83

Source: ILSSA calculated from Viet Nam Household Living Standards Surveys, 2002-2010, General Statistics Office.

Differences in wages by sex were a result of differences in education, technical qualifications, industries/occupations, places of work, job categories, etc., as well as gendered preconceptions regarding labor categories.

A comparison of education qualifications shows that the gender gap index in wages for laborers having secondary vocational training and college qualifications was nearly 1, which implied ideal gender equality. In the labor force, women accounted for a higher proportion than men in these two categories. This indicated that when women reached the same level of technical qualifications as men, they tended to receive the same wages.

Nevertheless, in all other categories of qualifications female laborers received a lower wage than male laborers. The lower the level of qualification, the greater the wage differential. Among laborers with no certificates, the gender gap index climbed to 0.72.

TABLE 14. GENDER GAPS IN WAGES BY EDUCATION AND TECHNICAL QUALIFICATIONS, 2012

	Total 1,000 VND	Male 1,000 VND	Female 1,000 VND	Difference by sex, percent (Female-Male)	Gender gap index (Female/Male)
Nationally	3,670	3,855	3,200	-655	0.83
No certificate	1,939	2,194	1,572	-622	0.72
Primary school	2,044	2,234	1,725	-509	0.77
Secondary school	2,354	2,552	1,953	-599	0.77
High school	2,792	3,044	2,368	-676	0.78
Vocational training	3,478	3,584	2,768	-816	0.77
Secondary vocational school	2,821	2,892	2,794	-98	0.97
College	2,092	1,944	2,122	178	1.09
University and above	4,259	4,600	3,895	-705	0.85

Source: ILSSA estimates based on "Labor Force Survey for the first 9 months of 2012, General Statistics Office.

Table 15 shows that in almost all economic sectors except for the "private economy," women had a lower average monthly wage than men did. The largest wage difference between women and men was in the "foreign investment" category, where women's wages were half of men's wages. It should be noted that in this category the gap widened quickly, with women earning 0.89 times men's wages in 2002 and only 0.51 in 2012. In the area of foreign investment, female laborers were concentrated in industries such as weaving, garments, footwear, electronic assembly, etc., which did not require high-level technical qualifications; wages in these female-dominated industries were lower than those in other industries and occupations. In the private sector, there was improvement in terms of wage equality during the period from 2002-2012. In 2002, the gender gap index was 0.89. By 2012, this index reached a relatively ideal level of 1.03.

TABLE 15. RATIO OF AVERAGE MONTHLY WAGES OF WOMEN/MEN, BY ECONOMIC SECTOR

	2002	2004	2006	2008	2010	2012 (estimates)
All sectors	0.83	0.86	0.79	0.86	0.83	0.83
Individual economy	0.70	0.73	0.71	0.74	0.72	0.73
State economy	0.71	0.96	0.94	1.03	0.84	0.87
Collective economy	0.90	0.47	0.97	0.64	0.78	0.79
Private economy	0.81	0.83	0.87	0.71	1.00	1.03
Foreign invested sector	0.89	0.59	0.60	0.60	0.56	0.51

Source: ILSSA estimates based on Viet Nam Households Living Standards Surveys, 2002-2010, GSO.

f) Poverty reduction

It is important to note that the current statistical system collects poverty data only by households and not by headcount, nor does it assure full disaggregation of data by sex, thus it was difficult to collect and fully analyze poverty data from the perspective of sex differences, except where the sex of the head of household is noted.

For women, there is a significant link between poor education and poverty. In 2002, 64.6 percent of women who were heads of poor households had not graduated from primary school.

This figure rose to 65.3 percent in 2012. Figures for men who were heads of poor households were much lower than for women, at 38.29 percent and 41.6 percent respectively.

TABLE 16. POOR HOUSEHOLDS BY EDUCATION LEVEL AND SEX OF HEAD OF HOUSEHOLD (PER CENT)

	2002		2006		2012	
	Male	Female	Male	Female	Male	Female
Not graduated from primary school	38.3	64.6	43.3	62.9	41.6	65.4
Primary school graduate	27.7	19.2	30.6	15.7	27.4	18.6
Secondary school graduate	27.6	13.9	20.5	17.7	23.4	13.0
High school graduate	4.9	2.0	3.1	2.4	5.2	1.7
Vocational certificate	1.3	0.4	1.4	1.0	1.8	0.3
Vocational secondary school graduate and above	0.2	0.0	1.1	0.3	0.7	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: General Statistics Office, Results of Household Living Standards Surveys, 2002-2012

Nearly 57 percent of female heads of poor households had unskilled occupations in 2012, a sharp increase from 2002.⁴⁶ In 2002, 11.7 percent of female heads of poor households and 10.8 percent of male heads of poor households were in unskilled occupations, and in 2012 these figures rose to 56.9 percent and 72.4 percent, respectively. Thus by 2012, a household was likely to become poor if its head held an unskilled occupation.

The fact that 30 percent of women heads of poor households were not working, compared to 8.2 percent for males, was because this group tended to include widows, the elderly and sick. In addition, more than 10 percent of women heads of households did not work because they were engaged in housework, while the figure for men was 5 percent. If the burden of housework were reduced for women, they would likely be able to join the labor market and increase family income.

⁴⁶ General Statistics Office, Results of Household Living Standards Surveys, 2001-2012

TABLE 17. POOR HOUSEHOLDS BY OCCUPATION AND SEX OF HEAD OF HOUSEHOLD (PERCENT)

	2002		2006		2012	
	Male	Female	Male	Female	Male	Female
Not working	7.6	25.6	9.8	29.3	8.2	30.2
Leaders	0.7	0.0	0.3	0.0	0.2	0.0
High-level professionals	0.0	0.0	0.0	0.0	0.0	0.0
Mid-level professionals	0.4	0.4	0.1	0.3	0.0	0.4
Services clerks	0.7	0.6	1.1	0.9	1.2	3.7
Skilled agricultural workers	74.8	59.4	2.7	2.4	13.4	6.0
Craft workers	5.1	2.4	5.4	2.4	3.5	1.9
Operators	0.0	0.0	0.7	0.0	1.2	0.8
Unskilled occupations	10.8	11.7	79.9	64.7	72.4	56.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: General Statistics Office, Results of Household Living Standards Surveys, 2002-2012

In summary, challenges in poverty reduction for female-headed poor households were associated with low education levels, having to work at unskilled jobs, and not being employed. It was noted that reasons for not being employed included, in addition to old age, poor health and long periods of sickness, the fact that many women could not work because of the burdens of housework.

3.3 Social insurance

This section summarizes and analyzes from a gender perspective the measures in place to ensure that all citizens can access social insurance, including unemployment insurance.⁴⁷ It also provides an assessment of the progress and the gender issues, gaps and barriers for women and girls in accessing social insurance and unemployment insurance between 2002 and 2012.

3.3.1 Policy measures

There are two types of social insurance in Viet Nam: the traditional compulsory social insurance, and voluntary social insurance. Compulsory social insurance contributions are made by workers and employers and provide comprehensive benefits. Specifically, women participating in compulsory social insurance are entitled to maternity benefits covering

⁴⁷ Unemployment insurance was regulated under the Social Insurance Law until January 2015, when it came under the jurisdiction of the Employment Law.

pregnancy, breastfeeding, family planning measures, abortion etc. For the purpose of allowing more women to participate, the Law on Social Insurance also provides for a voluntary social insurance scheme, with contributions made by the worker alone and providing more limited benefits.

The policy on unemployment insurance, which came into effect in 2009, benefitted many female and male workers who lost their jobs in the economic downturn period from 2010-2012. The number of laborers receiving unemployment benefits (for vocational training, employment orientation, unemployment insurance) climbed from 40,000 in 2010 to 660,000 in 2012. As the female unemployment rate was higher

than that of men, unemployment insurance policies proved to be particularly advantageous for women.

3.3.2 Major achievements

In the decade from 2002-2012, the number of participants who subscribed to social insurance increased significantly, from 4.36 million (or 11.2 percent of the working age labor force⁴⁸) in 2002 to 8.54 million (or 19.9 percent of working age labor force) in 2008, and to 10.57 million (or 23 percent of working age labor force) in 2012.

48 Working age is defined as 15-55 for women and 15-60 for men.

TABLE 18. SOCIAL INSURANCE PARTICIPATION, 2002-2012

	2002	2008	2009	2010	2011	2012	Growth rate 2008-2012 (percent/year)
Total number of participants in social insurance (millions)	4.36	8.54	8.94	9.68	10.21	10.57	5.8
Compulsory social insurance	4.36	8.53	8.90	9.60	10.10	10.43	5.4
Voluntary social insurance	-	0.006	0.041	0.081	0.105	0.134	105.3
Percent of participants in social insurance/total labor force of working age* (percent)	11.2	19.9	20.5	21.5	22.4	23.0	-
Compulsory social insurance	11.2	19.9	20.4	21.3	22.1	22.7	
Voluntary social insurance	-	0.01	0.1	0.2	0.23	0.3	

Source: Viet Nam Social Security Agency

In 2012, the total labor force of working age was 45.93 million, of whom 21.32 million (46.4 percent) were women. Due to gender-blind regulations on reporting of statistical indicators, data on participation in social insurance are not reported by sex. However, it is estimated that approximately 45 percent -50 percent of all workers participating in social insurance were women, mostly in the compulsory social insurance group.

3.3.3 Gender issues, gaps and barriers

In identifying gender issues existing in social insurance access, the biggest difficulty was that public statistical and administrative data are not broken down by sex. Although Viet Nam's social protection system has a database for recording the sex of participants,

reporting of this data is not broken down by sex because there is no official requirement to do so.

In terms of the coverage for participants in social insurance, although the Labor Code and Law on Social Insurance do not contain deliberately discriminatory regulations, some regulations regarding participation create systemic barriers that disadvantage women. These are outlined in Table 19 below. In the labor categories targeted to participate in social insurance, health insurance, and unemployment insurance (including "wage workers" and "employees"), women accounted for a lower proportion of workers than men. As a result, female workers are disadvantaged in their access to compulsory social insurance, health insurance, and unemployment insurance compared to men.



Photo: UN Women/Michael Fountoulakis

TABLE 19. GENDER IMPACTS OF SOCIAL INSURANCE REGULATIONS

Regulations on participants	Gender impacts
<p>The Law on Social Insurance (Law No.71/2006/QH11 by the National Assembly), 29 June 2006⁴⁹, Article 2, Conditions of application, stipulates that:</p> <ol style="list-style-type: none"> 1. Employees entitled to participate in compulsory social insurance are Vietnamese citizens, including: <ol style="list-style-type: none"> a) Employees working under contracts of indefinite terms or contracts of a term of three months or over 	<p>29 percent of female paid laborers have contracts compared with over 40 percent of male laborers.⁵⁰</p> <p>Women account for 41.6 percent of labor groups under contracts of indefinite terms.</p>
<ol style="list-style-type: none"> 2. Employees participating in unemployment insurance are Vietnamese citizens working under labor contracts or working contracts of indefinite term, or a term of between twelve full months and thirty-six months, for employers specified at Clause 4 of this Article. 3. Employers participating in unemployment insurance are employers specified in Clause 2 of this Article who employ ten or more employees. 	<p>Women accounted for 43 percent of laborers working under labor contracts with a term of at least full 12 months in enterprises/ businesses that employ 10 or more employees.</p>
<ol style="list-style-type: none"> 4. Persons participating in voluntary social insurance are working-age Vietnamese citizens who are not specified in Clause 1 of this Article. 	<p>The proportion of female unpaid family workers was 24.5 percent, twice that of male workers at 12.5 percent.</p> <p>The proportion of self-employed women was 46 percent, compared with 44 percent for men.</p>

49 At the time of report preparation (2014), the amendment of the law on social insurance was not yet adopted, so this recommendation was retained in the report.

50 Source: Research group calculation based on data from the 2012 Viet Nam Labor Force Survey, GSO.

The Law on Social Insurance allows workers who are not subject to compulsory social insurance a chance to participate in voluntary insurance. In practice, there are two major problems with voluntary social insurance for women. First, it is still new, and laborers have not been fully informed, especially disadvantaged female groups. Secondly, voluntary social insurance coverage is vastly inferior to compulsory insurance, especially for women, as it provides only two benefits- old-age and survivor benefits-while women who participate in social insurance enjoy maternity benefits, which helps them during pregnancy and breastfeeding of infants less than 6 months of age. However, voluntary social insurance provides no short-term benefits, such as maternity, work injury, and occupational disease benefits.⁵¹ Another factor making voluntary social insurance less attractive is that laborers have to contribute by themselves, while in compulsory social insurance, employers are supposed to contribute jointly. This is a big drawback because most women who are subject to voluntary social insurance have low to medium incomes, making it difficult to contribute to voluntary social insurance as the sole contributor.

Another source of gender barriers related to voluntary social insurance is illustrated in Table 19. In the categories of “unpaid family workers” and “self-employed workers” (including agricultural workers), women comprised a higher proportion than men. According to data from labor force surveys, more women than men had labor contracts of less than 3 months, and more women than men worked in household enterprises like production, trade, or services, which had 10 laborers or fewer. Therefore, in theory, a large proportion of female workers should be eligible for voluntary social insurance. It should be noted, however, that although voluntary social insurance began in 2009, there were only 140,000 participants, or 0.3 percent of the total labor force, at the end of 2012. Thus, the number of women actually covered by voluntary social insurance was very small.

The issue of outstanding debt in the social insurance system is critical, especially during economic crises when enterprises have cash shortages. Workers are disadvantaged in this regard because they cannot receive social insurance benefits, especially maternity benefits for women. Women working in

small and medium private enterprises, e.g. household businesses, trading, or services are at the greatest disadvantage in cases where employers avoid contributing social insurance for employees.

Box 11. Enterprises owe or contribute late to social insurance, putting women at disadvantage

Social insurance debt of enterprises located in the province of Dong Nai is steadily increasing, and increased especially in the first months of 2013. At the end of 2012, total social insurance debt was 159 billion VND, approximately 2.8 percent of total social insurance revenue. By the end of May 2014, this figure climbed to 338 billion VND.

Enterprises in Dong Nai province have numerous female laborers. Women account for 80-90 percent of laborers in some enterprises here. If an enterprise contributes social insurance late or owes social insurance, the number of female laborers disadvantaged in terms of their rights will be quite large.

Migrant women are poorly paid. If they receive no maternity benefits or no health insurance, they will fall into extremely difficult economic circumstances.

Source: In-depth interview with staff of the Social Insurance Agency of Dong Nai

Regulations on penalties for social insurance violations by employers are not strong enough, and there is insufficient inspection and supervision of compliance. Awareness of laws concerning social insurance compliance is also weak. A common violation is unpaid or late social insurance contributions by enterprises/employers, especially since 2009, given that many businesses have faced economic difficulties. In this situation, social insurance agencies cannot fulfill payment of benefits to laborers for retirement, maternity, sickness, etc. Another type of violation is that enterprises/employers conspire with workers to record lower than actual salaries in labor contracts that are to be used as the basis for social insurance contributions. Laborers may be willing to do so in order to have slightly higher take-home pay, but they are disadvantaged because they will receive lower social insurance benefits due to their low contributions. Employers, however, will benefit from

51 Government Decree No. 127/2008/ND-CP, 12 December 2008, detailing and guiding the implementation of some articles of the Law on Social Insurance dealing with unemployment insurance.

paying lower premiums and from evading the social insurance payments.

In addition, many small and medium sized enterprises have used legal loopholes to evade payment of unemployment insurance to their workers. For example, the regulation stipulating that unemployment insurance contributions apply to enterprises that employ ten or more laborers is not effective. Small and medium enterprises may evade the law by falsely reporting that they have fewer than ten employees.

While on the surface such violations appear to be gender-blind, in fact further research is likely to show that female workers are disproportionately affected by these types of violations, given that many women work in smaller enterprises with more informal labor relations, and are likely to have less bargaining power with employers.

3.4 Social Assistance

This section summarizes and analyzes from a gender perspective the measures in place to ensure that all citizens can access social assistance. It also provides an assessment of the progress and the gender issues, gaps and barriers for women and girls in accessing social assistance between 2002 and 2012.

3.4.1 Social assistance policy measures

Policies on social assistance⁵² consist of two groups: regular social assistance and emergency social assistance. The system is quite comprehensive, covering all disadvantaged groups of women and girls⁵³, helping them to overcome difficulties, and integrating them into society. Policies on social assistance to some extent take into account specific needs of females; for example, benefits for women in social assistance centers address specific needs such as monthly feminine hygiene, separate bathrooms, etc.

3.4.2 Gender issues, gaps and barriers in social assistance policies

There are a number of gender barriers and gaps in social assistance policies. First, the standard level of eligibility for allowances is set very low at 45 percent of the poverty line; therefore, it does not ensure beneficiaries' needs in general and women's and girls' needs in particular.

Secondly, policies for female orphans, disabled women, severely mentally ill women, etc. who are

52 Decree No.67/2007/ND-CP, dated 13 April 2007, and Decree No.13/2010/ND-CP, dated 27 February 2010, amending some articles of Decree No.67/2007/ND-CP.

53 According to Decree No.67/2007/ND-CP and Decree No.13/2010/ND-CP, disadvantaged/vulnerable groups in Viet Nam include: (i) Social protection beneficiaries entitled to monthly allowance (orphans; lone elderly people in poor households; elderly people in poor households; people aged 85 or older; seriously disabled persons who have no working or self-careability; HIV/AIDS-infected persons in poor households; families and individuals adopting orphans or abandoned children, households having two or more seriously disabled persons who have no self-care capacity; single persons under the poor household category who are raising child(ren) under 16 years of age. (ii) disabled persons; (iii) poor people; (iv) HIV/AIDS-infected persons; (v) sex workers; (vi) migrant workers; (vii) long-term unemployed (1 year or more); (viii) disadvantaged women; and (ix) others.

being cared for in social protection centers have not created specific care protocols that protect them from risks such as sexual abuse. This can lead to pregnancy or to infection from sexually transmitted diseases such as HIV/AIDS. Regulations on the design, construction and operation of social assistance centers have not been based on the needs and actual conditions of specific groups of women and girls being served – especially the severely mentally ill or disabled.

Thirdly, current regulations regarding social insurance statistics do not require recording of beneficiary data by sex, creating difficulties in accessing gender statistics on social assistance.

Box 12. Facilities are inadequate in most social assistance centers, not allowing for special care for some groups of women and girls

Although social assistance centers have been allocated better facilities, equipment, and staff than previously, these investments still do not meet the actual care needs of most social assistance clients. With current allowances, social assistance centers are facing many difficulties in caring for these groups.

For high-need groups of women and girls in need of special protection, such as the mentally ill, it is necessary to have a separate care area with special safeguards in place. However, this requirement cannot be satisfied due to inadequate funding, therefore it is difficult for staff of social assistance centers to take care of clients given these inadequate facilities.

In-depth interviews with Division of Social Assistance within the Departments of Labor, Invalids and Social Affairs, Thai Nguyen, Thanh Hoa, and Dong Nai.

3.5 Ensuring minimum levels of basic social services: policy measures, achievements and gender outcomes

Ensuring minimum levels of basic social services for citizens is a key target for the social protection system of Viet Nam. This section summarizes and analyzes from a gender perspective the measures in place to ensure that all citizens enjoy basic social services. It also provides an assessment of the progress and the gender issues, gaps and barriers for women and girls in basic social services between 2002 and 2012. Basic social services include: education, health, accommodations, clean water, and access to information. Each of these areas will be dealt with separately.

3.5.1. Policies on ensuring minimum education

a) Policy Measures

The relevant policies on ensuring minimum education for all children are summarized in the table below.

TABLE 20. POLICY MEASURES ENSURING MINIMUM EDUCATION

Policy Measures Ensuring Minimum Education	
Policies	Benefits/Prioritized beneficiary groups
Decision No.239/QD-TTg, dated 9 February 2010	Universal preschool education for children aged 5 (target to be achieved by 2015)
Decree No.74/2013/ND-CP, dated 15 July 2013 by the Government	Remission of tuition fees for kindergartens, general schools, vocational training centers, and universities
Decree No.49/2010/ND-CP, dated 14 May 2010	Exemption or reduction of tuition fee for students from poor and near-poverty line households (female and male)
Decision No.239/QD-TTg, dated 9 February 2010	Meal and accommodation allowances for kindergarteners and boarding/general public school students who are from poor households in severely disadvantaged communes (female and male)
Decision No.85/2010/QD-TTg by the Prime Minister	Meal and accommodation allowances for boarding students from ethnic minority boarding schools (ethnic minority female and male)
Decision No.12/2013/QD-TTg dated 24 January 2013	Lunch allowance for students aged 3 or 4 according to Decision No.60/2011/QD-TTg, dated 26 October 2011, by the Prime Minister regulating some policies on kindergarten education development (female and male)
Decision No.36/2013/QD-TTg, dated 18 June 2013, by the Prime Minister	Rice support to students in schools in severely disadvantaged socio-economic areas (female and male)
Decision No.12/2013/QD-TTg by the Prime Minister, dated 24 January 2013	Support to high school students in severely disadvantaged socio-economic areas (female and male)

b) Achievements

Policies on basic education have focused on supporting poor, ethnic minority, rural, and remote households in acquiring minimum education. These policies take into account the needs and participation of women and girls. As a result, the gender gap in education is diminishing, equality in accessing minimum education has improved, and educational opportunities for girls, ethnic minority children, children of poor households, and disabled children has increased. Education in ethnic minority areas and areas with extremely difficult conditions is improving, narrowing the education gap with other areas and regions.

Viet Nam achieved national standards on universal primary education and anti-illiteracy in 2000; 61 of 63 provinces achieved national standards on universal primary education at each age level. The opportunity to attend school was opened to all, especially girls.⁵⁴ Primary schools were opened in each hamlet; secondary schools were built in each commune or group of communes. Single schools, village classes, and multi-grade classes were opened in almost all mountainous, remote, and very low socio-economic status hamlets and villages, creating the chance for ethnic minority boys and girls to attend school.

Gender parity in kindergarten and primary education has largely been achieved.⁵⁵ In 2011, the kindergarten enrollment rate for girls was 73.1 percent, increasing significantly from previous years.⁵⁶ Educational qualifications and regional differences of mothers were decisive factors in this increase. In groups in which mothers had vocational, secondary, or college education and above, the kindergarten enrollment rate reached 96.4 percent, compared to 38.4 percent in the groups in which mothers had no diplomas or degrees. In addition, there were differences by region/area and urban/rural location: while the kindergarten enrollment rate in the Red River Delta was 90 percent, in the Mekong River Delta it was half of this, at 47.2 percent.

54 Dr. Nguyen Loc and Dr. Do Thi Bich Loan, Viet Nam Institute of Educational Sciences, "Report on the implementation of educational development strategy in the period from 2001-2010, and ensuring gender equality in the implementation of Goal 2 (MDGs) of universal primary education."

55 Dr. Nguyen Loc and Dr. Do Thi Bich Loan, Viet Nam Institute of Educational Sciences. "Report on the implementation of educational development strategy from 2001-2010, and ensuring gender equality in the implementation of Goal 2 (MDGs) of universal primary education."

56 Multiple Indicator Cluster Survey 2011

Box 13. Achievement in kindergarten education for girls in three surveyed provinces

In Thanh Hoa province, almost all families having children aged five and above sent their children to school. This resulted from a closely guided focus on providing information and mobilization of parents to send their children to school (with special priority given to disabled children), and the creation of conditions allowing all children to have equal access to school.

In Thai Nguyen, kindergarten and nursery school education was well implemented. Remote, ethnic minority and disadvantaged communes were able to access special programmes for the poor. Households were entitled to an allowance, and exemption or reduction of tuition fees. Children attending nursery schools and kindergartens were given assistance in paying for school lunches. Therefore, people were more likely to send their children to school.

Dong Nai province reviewed and evaluated enrollment in ethnic minority and economically deprived areas in order to develop a plan to support enrollment. As a result, 95 percent of girls of the appropriate age were mobilized to attend kindergarten (an increase of 10 percent from 5 years previous).

Source: Survey results in the provinces of Thai Nguyen, Thanh Hoa, and Dong Nai

One policy that is particularly beneficial is the programme of preferential loans to students in difficult situations, and rice and lunch allowance for kindergarteners. Thanks to this policy, groups of women and girls in difficult circumstances such as poverty, ethnic minority status, living in very poor areas, etc. had a chance to go to school or to receive vocational training, enhancing their chances of finding a good job, escaping poverty, and facing a brighter future.

However, survey results in the three surveyed provinces show that there is still a gender gap in kindergarten enrolment: The number of girls participating in kindergarten education was consistently smaller than that of boys.⁵⁷

57 Provincial education statistics from Thai Nguyen, Thanh Hoa, and Dong Nai, 2012.

TABLE 21. NUMBER OF KINDERGARTEN STUDENTS BY SEX, 2012

	Thanh Hoa	Thai Nguyen	Dong Nai
Number of kindergarten students (person)	173,630	63,771	115,639
Male rate (percent)	51.7	54.7	51.8
Female rate (percent)	48.3	45.3	48.2

Source: Survey results in Thai Nguyen, Thanh Hoa, and Dong Nai

At the secondary and high school levels, the female enrollment rate (whether gross enrolment or enrolment at appropriate age) was higher than that of males. This difference was more apparent in rural areas. The gross primary enrollment rate in 2012 was 102.6 percent for females and 103.4 percent for males. (This implies that students of ages higher or lower than the appropriate age were attending school). At the secondary level, the female gross enrollment rate was still slightly higher than that of males, 89.8 percent vs. 88.9 percent. This trend was even more pronounced at the high school level, with a female gross enrollment rate of 70.0 percent, significantly higher than the male rate of 63.7 percent. This gender gap might be associated with the fact that boys often had to leave school to work in order to help their parents, beginning in secondary school and increasing in high school. Thus, appropriate solutions are needed to promote male enrollment in the future.



Photo: UN Women/Michael Fountoulakis

TABLE 22. GROSS ENROLLMENT RATE BY SEX AND AREA, 2012

	Male	Female	Difference by sex (Female-Male)	Gender gap index (Female/Male)
Gross enrollment rate at the primary school level	103.4	102.6	-0.7	0.99
Urban	102.0	101.2	-0.7	0.99
Rural	103.9	103.2	-0.8	0.99
Gross enrollment rate at the secondary school level	88.9	89.8	0.9	1.01
Urban	92.7	93.9	1.3	1.01
Rural	87.6	88.4	0.7	1.01
Gross enrollment rate at the high school level	63.7	70.0	6.3	1.10
Urban	76.3	81.0	4.7	1.06
Rural	59.5	66.2	6.7	1.11

Source: General Statistic Office, Viet Nam Population Change and Family Planning Survey, ILSSA estimates for 2012

TABLE 23. ENROLLMENT RATE AT THE APPROPRIATE AGE BY SEX AND AREA, 2012

	Male	Female	Difference by sex (Female-Male)	Gender gap index (Female/Male)
Enrollment rate at the appropriate age, primary school	95.2	95.4	0.2	1.00
Urban	96.7	96.6	-0.2	1.00
Rural	94.7	95.0	0.3	1.00
Enrollment rate at the appropriate age, secondary school	81.4	83.7	2.4	1.03
Urban	86.6	88.9	2.3	1.03
Rural	79.6	82.0	2.3	1.03
Enrollment rate at the appropriate age, high school	56.7	64.0	7.4	1.13
Urban	68.8	74.7	5.9	1.09
Rural	52.6	60.3	7.7	1.15

Source: General Statistics Office, Viet Nam Population Change and Family Planning Survey, ILSSA's estimates for 2012

Between 2004 and 2012, female enrollment at the secondary and high school levels tended to increase in both urban and rural areas. By successfully implementing policies aimed at improving access to basic education for children in general and girls in particular, the gap in female enrollment rates at the secondary and high school levels was narrowed.

Box 14. Status of female enrollment in surveyed areas

In Thanh Hoa, the female enrollment rate was 87.01 percent in 2012, down from 91.49 percent in 2011. Similar to the female gross enrollment rate, the female enrollment rate at the appropriate ages tended to decrease. This was partly because the general enrollment rate and the enrollment rate at the appropriate age to high secondary school was lower in 2012 compared to 2011. In addition, there were structural changes in the province's general school age population by sex, owing to an increase in the sex ratio at birth, leading to higher numbers of boys in the school age population.

Dong Nai achieved national standards of universal primary and secondary school enrollment. The Department of Education and Training mobilized 100 percent of children at the appropriate age to enroll in grade 1; 100 percent of female students who graduated from primary school enroll in grade 6; and 100 percent of female students graduated grade 9 to enroll in grade 10. As for ethnic girls and women, the Department of Education and Training coordinated with localities and authorized agencies to review and evaluate educational needs and the current state of female and male enrollment in some target localities and disadvantaged communes and hamlets within the province. This was the basis on which the province could make plans to support students from poor, ethnic households, especially households having girls. Thus, the province could mobilize a majority of girls and women at the appropriate age to attend school.

Source: Survey results from the provinces of Thanh Hoa and Dong Nai

The literacy rate of females aged 15 and over has been increasing steadily in recent years. In 2012, the literacy rate of females 15 and over reached 92.9 percent, an increase of almost 1 percent over 2009.

In brief, the achievements in education for women and girls from 2002 to 2012 were: (i) Viet Nam has been meeting national standards of universal primary education and anti-illiteracy since 2000; 61 of 63 provinces or cities achieved standards of universal primary education at the appropriate age. The chance to go to school was made available to all children, especially girls. (ii) Gender parity was largely achieved in kindergarten and in general education. Female enrollment was higher than male enrollment at the secondary and high school levels, with more obvious differences in rural areas. (iii) The literacy rate of females age 15 and over increased to almost 93 percent.

c) Gender gaps in policies ensuring minimum education

Education policies are not comprehensively coordinated with other policies, and in particular do not ensure equal access to public education for children of migrant female laborers. Regulations on enrollment in public schools based on location of permanent residence have negative effects on access to public education for the children of migrant women, and benefits such as lunch subsidies, tuition fee reductions or exemptions for poor households may not be accessible to them. This is because education regulations stipulate that public schools have to enroll children from the assigned population areas; only then can they accept students "out of their routes"⁵⁸, however this rarely happens, especially in areas with many migrant laborers. This policy, therefore, is a barrier to public school education for the children of poor migrant women who have no stable jobs, or frequently change their residence. These children become illiterate unless they are sent to private schools or charter schools with high tuition fees, which is an enormous burden for their parents.

58 Education route refers to administrative areas and localities such as ward/commune and population group/branch. The Division of Education and Training at the provincial/district level annually assigns enrollment education routes for each public school in the locality. These public schools announce their enrollment at the beginning of the school year in accordance with the assigned education routes.

Box 15. Do education policies support children of migrant laborers?

Children of laborers working in industrial zones cannot go to public nursery schools or kindergartens in the appropriate areas. They have to send their children to private kindergartens or daycare, which does not ensure safety for the children.

Private daycare centers enroll only a few children; therefore, they are difficult for local authorities to control.

Families enrolling their children in public primary schools are faced with so many requirements that we migrant people hardly can satisfy. Besides, our work is unstable and requires continuous changes of residence. In this case, change of school and application to other schools are much more difficult.

It is easier to apply to private schools and boarding schools; however, costs of schooling are much higher than our wages. We are anxious about our children's learning.

Sources: Interviews with migrant laborers in Dong Nai.

Planning and implementation of policies regarding public school systems in areas that have large numbers of migrant workers, such as concentrated industrial zones and large urban areas, has not met practical needs. Moreover, policies on industrial zone development, public education, and social infrastructure development are not integrated.⁵⁹ As a result, schools are overcrowded in almost all industrial zone areas, and migrant children have few chances to go to public schools in these areas.⁶⁰ These difficulties have serious impacts on women as they have to reschedule or reduce their work hours, or even quit their jobs, to care for their children.

There are a number of issues related to education support for ethnic minority girls. In effective coordination in carrying out policies on education support for ethnic minority people, on marriage and family, and on poverty reduction were reasons that ethnic minority girls left school for early marriage.

59 See, for example, Policy on social infrastructure development in industrial zones; Government regulation Decree No.29/2008/ND-CP, dated 3/14/2008, on industrial, export processing, and economic zones; Decree No.164/2013/ND-CP amending and supplementing some articles of Decree No.29/2008/ND-CP.

60 ILSSA, Ministry-level project from 2012, "Assessing current status of migrant laborers' employment and lives in industrial zones."

Current regulations on curriculum and textbooks are not relevant to the needs and actual circumstances of ethnic minority children. Thus they are obstacles for ethnic minority children in general and ethnic minority girls in particular, and a contributing factor to the high dropout rate for minority children.

In spite of efforts related to investment in and improvement of education facilities for public and boarding schools in remote areas, these institutions often lack toilets and bathrooms for girls. Therefore they do not meet the needs of girls during their stay at school, especially for those who are menstruating. This is an additional constraint for girls from remote areas being educated at boarding schools.

More attention should be paid to gender gaps in literacy in rural and ethnic minority areas and poor households. The female literacy rate remains lower than the male literacy rate nationwide; in 2012, female literacy was 92.9 percent, compared to 96.6 percent for men. In rural areas, the gender gap was even larger: the female literacy rate was 91.0 percent, 5.7 percent points lower than that in urban areas.⁶¹ The literacy rate of ethnic minority females aged 15-24 was 82.3 percent, nearly 16.5 percent points lower than that of the Kinh/Hoa ethnic group. By economic region, two out of six regions – the Northern Midlands and Uplands and the Central Highlands – had literacy rates for females aged 15-24 of less than 90 percent.⁶² Low female literacy rates are also related to poverty. The literacy rate for 15 to 24 year-old females from the poorest households was only 85.2 percent, compared to a rate of 100 percent for the richest group.

Illiteracy among women and girls exists in many areas, but is especially prevalent in mountainous areas and highlands. This is due to many factors. First, in mountainous areas, ethnic minority people mainly rely on slash-and burn agriculture and a subsistence economy. In this type of closed subsistence model of production, the division of labor is rigid; parents and children have specific tasks, and everyone must work (including girls). Women work with high intensity, as much as 14 to 18 hours per day. Hence, going to school is especially difficult for women and girls.

Secondly, highland people have always lived and worked in isolated and nearly closed hamlets and

61 Data from General Statistics Office, 2012.

62 Multiple Indicator Cluster Survey (MICS), 2011.

villages; therefore, their farming techniques are experiential and unchanged from generation to generation. Thus, their need for literacy is limited, and the use of written language was not developed in many mountainous areas. This is the main reason for the prevalent illiteracy in the highlands, especially for women and girls.

The non-schooling rate of girls age 6-14 was higher than that of boys and higher in rural areas. The non-schooling rate of girls aged 6-14 in rural areas was 4.4 percent, compared to a rate of 0.7 percent in urban areas.

Dropping out of school is most prevalent among rural and ethnic minority females. In 2009, 49 percent of the total number of dropouts in rural areas were female, while in urban areas the figure was only 46.6 percent. The female dropout rate also differed among ethnic groups. For Kinh and Hoa ethnicities, 44.6 percent of school dropouts were girls, while for other ethnic groups 59.9 percent of drop-outs were girls.

Box 16. Female dropouts in surveyed provinces

In Thanh Hoa, the Department of Education and Training cooperated with other Departments and sectors to implement State policies in a comprehensive and timely manner, facilitating learning especially for girls in mountainous and ethnic minority areas and areas with very poor socio-economic situations. The general school dropout rate and female dropout rate at the primary and secondary school levels decreased considerably. In 2011, the female dropout rate for primary school was 0.99 percent; for secondary school it was 1.08 percent; by 2012, these figures decreased to 0.02 percent and 0.49 percent, respectively. However, the female dropout rate for high school tended to rise. In 2012, the female dropout rate for high school was 1.48 percent, a 0.02 percent increase from 2011. The reason was that at high school level, female students with lower academic abilities tended to leave school for early marriage. This tendency was similar to the trend in marriage for the whole population.

In Thai Nguyen, more females dropped out of school than in Thanh Hoa. In 2012, the female dropout rate for general school was 0.19 percent, an extraordinary increase compared with the 2011 rate, which was only 0.04 percent. The female dropout rate for all grades tended to increase during that one year. The female dropout rate for high school in particular rose rapidly. In 2011, it was 0.04 percent, but in 2012, it increased to 0.51 percent. This trend occurred mostly in ethnic minority and low socio-economic status areas. Ethnic minority girls with difficult financial conditions and lower academic abilities tended to participate in family production or get married rather than go to school.

Survey results in Thai Nguyen and Thanh Hoa

To summarize, gender issues in educational outcome included: (i) The female literacy rate was lower than male literacy rate. The literacy rate of rural, ethnic minority, and poor women was lower than that of other groups for females. (ii) The non-schooling rate of girls age 6-14 was higher than that of boys at this age. The female non-schooling rate in rural, ethnic minority, and poor households was higher than that in urban, Kinh/Hoa ethnicity, and rich households; (iii) Female dropout rates in rural, ethnic minority, and poor households were higher than those in urban, Kinh/Hoa ethnicity, and rich households. Attention should be paid to primary school completion rates, since up to 11.5 percent of children did not complete this level of school; (iv) Educational data was not fully broken down by sex.

3.5.2. Policies on ensuring minimum healthcare

a) Policy measures

The Law on the Protection of Public Health of 1989 stipulates: "... citizens are entitled to have their health protected, to rest, relaxation, and exercise; to be ensured of labor health, nutritional health, and environmental health, and to be provided with professional health care...". Decision No.122/QĐ-TTg, dated 10 January 2013, approving a National strategy on protection, care, and improvement in public health from 2011-2020, reaffirmed the State's determination to take care of, protect, and improve health for its people. Approved national target programmes include: Prevention of infectious diseases and non-infectious diseases, expanded immunization, taking care of reproductive health, and improving child nutrition and school health; National target programmes on food safety and hygiene; National target programmes on prevention of HIV/AIDS.

b) Achievements

A series of policies and programmes on primary healthcare have been recently enacted, focusing on the health of mothers during pregnancy and childbirth and child rearing for children under five years old. These policies and programmes have also helped to narrow the gap in protecting the health of mothers and girls between urban and rural, ethnic minority, and remote areas.

Public health programmes have contributed many outstanding achievements in public health care and prevention. As of 2012, the proportion of children under 1 year old being fully vaccinated reached over 90 percent and many other health indicators for young children have improved. In 2012, 96 percent of pregnant women were vaccinated against antenatal tetanus. Many diseases decreased dramatically.⁶³

In the period from 2002-2012, the mortality rate of children under the age of one year (IMR) dropped rapidly and the gap between this rate for boys and girls narrowed. In 2005, the male under-one mortality rate was 20.1 percent, which decreased to 17.5 percent in 2012; the female IMR in 2005 was 15.4 percent, decreasing to 13.3 percent in 2012.⁶⁴

63 Source: Reports by Ministry of Health.

64 GSO, Viet Nam Population Change and Family Planning Survey, 2012.

The under-five malnutrition rate was relatively high; however, there was no great difference between this figure for boys and girls. Results of the Multiple Indicator Cluster Survey of 2011 shows that 13.9 percent of under age-five boys were malnourished, while the figure for under age-five girls was 13.3 percent. The under-five malnutrition rate fell remarkably from the 2006 rate. This achievement was the result of very successful policy implementation in this area.

Reproductive healthcare for women is evaluated by means of a number of indicators such as the percentage of women having three or more pregnancy checkups, the percentage of women receiving delivery support from skilled health care personnel, and the percentage of women giving birth at health care centers. According to findings of the Population Change and Family Planning Survey, the percentage of women having three or more pregnancy checkups increased rapidly from 2006 to 2012, reaching 79.2 percent in 2012, 19 percentage points higher than the 2006 figure. According to the Multiple Indicator Cluster Survey-Report on MICS Viet Nam, 2011, the percentage of women supported in their delivery by trained health care personnel also increased rapidly, reaching 92.9 percent, a 29 percent point increase over 2006. Figures for women giving birth at health care centers have also improved considerably; in 2010, more than 92.4 percent of women gave birth at a health care center, a 28.3 percentage point increase from 2006. A significant change was that the percentage of rural women giving birth at health care centers increased rapidly, from approximately 55.8 percent in 2006 to 90 percent in 2010. This trend was also seen in ethnic minority groups. While in 2006 only 23.3 percent of such women gave birth at a health care center, in 2010 this percentage rose to 61.7 percent.⁶⁵

The maternal mortality rate has declined continuously in recent years, from 80/100,000 live births in 2005 to 67/100,000 in 2011. It is estimated that the maternal mortality rate was 64/100,000 live births in 2012.⁶⁶

Average life expectancy of all citizens was 73 years of age, but average longevity for women continued to be higher than that of men: 75.8 years for women

65 Source: Multiple Indicator Cluster Survey – Viet Nam MICS Report, 2011.

66 Report No. 28/BC-LĐYBXH, 12 April 2013, by MOLISA: "Report on 5 years of implementing the Law on Gender Equality"

and 70.4 for men in 2011.⁶⁷ Average longevity of both women and men was higher in urban areas than in rural areas.⁶⁸

In brief, achievements in health care for mothers and girls in the period from 2002-2012 include: (i) The under-one year old mortality rate (IMR) fell quickly, and was lower for girls than for boys (13.3 percent vs. 17.5 percent); (ii) The under-five malnutrition rate was still high; however there was no great difference between the rate for boys and girls; (iii) The number of women having three or more checkups during pregnancy improved rapidly; (iv) Average longevity of women continued to be higher than that of men, at 75.8 and 70.4 years, respectively; (v) The maternal mortality rate dropped continuously over several years, from 80/100,000 live births in 2005 to roughly 64/100,000 in 2012.

c) Gender gaps in policies on ensuring minimum health



Photo: UN Women/Michael Fountoulakis

67 Source: General Statistics Office, Household Living Standards Surveys, 2004-2010. Higher average longevity of women is the international norm.

68 UNDP, Human Development Report, 2010. The difference of 5.4 years between men and women in Viet Nam was at the average level among countries having the same level of development

TABLE 24. GENDER GAPS IN HEALTH POLICIES

Regulations	Disadvantaged female groups
<p>Joint circular No.09/2009/TTLT-BYT-BTC, dated 14 August 2009, guiding the implementation of health insurance regulations:</p> <p>“Health insurance card holders having medical examinations, diagnosis, and treatment, not including in emergency cases, while being on business or traveling while working or temporarily residing in other localities, are entitled to primary health care in health care centers, which is equivalent to the primary health care centers written on the card.”</p>	<p>It is difficult for migrant women who do not have stable jobs and accommodations, and move frequently, to comply with the rules.</p>
<p>Policy on social infrastructure development in industrial zones:</p> <p>Decree No.29/2008/ND-CP, dated 14 March 2008, by the Government regulating industrial zones, export processing zones, and economic zones.</p> <p>Decree No.164/2013/ND-CP amending and supplementing some articles of Decree No.29/2008/ND-CP</p>	<p>The implementation of policy on the development of social infrastructure for health care in industrial zones is inadequate. None of the industrial zones has enough health care centers for migrant people.</p> <p>Local health care centers (communal/ward medical stations) do not have sufficient capacity for managing, monitoring, and adequately caring for migrant women during pregnancy and childbirth; it is difficult to oversee vaccination programmes for children of migrant households, leading to frequent omission.</p> <p>Overloaded health care centers in areas having many migrant people cause migrant women to spend more time waiting for health care for themselves and their children-women are generally responsible for health care for children and the elderly.</p>

The implementation of policy on the development of social infrastructure for health care in industrial zones is inadequate. None of the industrial zones has enough health care centers for migrant people.

Local health care centers (communal/ward medical stations) do not have sufficient capacity for managing, monitoring, and adequately caring for migrant women during pregnancy and childbirth; it is difficult to oversee vaccination programmes for children of migrant households, leading to frequent omission.

Overloaded health care centers in areas having many migrant people cause migrant women to spend more time waiting for health care for themselves and their children-women are generally responsible for health care for children and the elderly.

Despite the many achievements, specific groups of women and girls do not benefit equally from policies on ensuring minimum health. In particular, as the table above demonstrates, policies on primary health care do not ensure equal access or outcomes for migrant women and girls.

Box 17. Migrant women are more disadvantaged in reproductive health care access

People who migrate to urban areas to engage in trade or work for production/trading household businesses do not participate in health insurance, and frequently change their places of residence. Therefore, it is difficult for local authorities to update their information and to propagandize, mobilize, and provide reproductive health care services.

Migrants work from early morning to late at night. Hence, it is difficult to meet them in order to distribute documentation or information. How to know if they and their children were vaccinated in their previous residences? It is very difficult to reach this group.

Female migrant workers mostly concentrated in the city of Bien Hoa have less access to health care services than local people do. They often work in simple occupations, live in guesthouses, and have difficult living conditions. Therefore, they have little time for health care and often will not spend money for examination and treatment of diseases.

Source: In-depth interviews with officers from health care centers in Thai Nguyen, Thanh Hoa, and Dong Nai

In Dong Nai, where many industrial zones are concentrated and a great number of female workers come to work, there has not been adequate investment in health care in general and reproductive health care in particular for female workers in many enterprises.

Source: Dong Nai Provincial People's Committee, Report on 5 years of implementing the Law on Gender Equality.

Migrant women and girls are the most disadvantaged in terms of accessing and utilizing both primary and reproductive health care. Due to migrant people's unstable work and housing situations, little time is allotted to caring for their health, there is low participation in health insurance (especially for migrant workers in the informal sector and self-employed workers), and they have few opportunities to access health care services in general and reproductive health services in particular.

Policies on primary health care for women and girls of poor, ethnic minority households and households in remote areas have resulted in significant improvements, however many issues remain that

need to be solved. Specifically, communal medical systems in ethnic minority and remote areas do not have enough capacity, equipment, or staffing to provide primary health care services to local women and girls.⁶⁹

In 2012, the under-one year old mortality rate was lower for girls than for boys in both rural and urban areas. In rural areas the rate was 20.2 percent for boys and 15.3 percent for girls, twice that of urban areas, where the rates were 10.3 percent and 7.5 percent, respectively.

Regarding health care during pregnancy, gaps still exist between women living in urban vs. rural areas, between economic regions, among the Kinh ethnic group and ethnic minorities, and between poor and rich households. The difference between urban and rural areas in the percentage of women having pregnancy checkups three times or more was 17.5 percentage points. The difference between developed economic regions such as the Red River Delta and South East, and less developed economic regions such as the Central Highlands and Northern Midlands and Uplands, was approximately 30 percentage points. The Kinh/Hoa ethnic group and ethnic minority groups differed by nearly 39 percentage points.

In terms of women's deliveries being supported by skilled attendants, there was a difference among ethnic groups and between living areas, however differences tended to narrow over time. In 2006, the difference between the percentage of Kinh/Hoa and ethnic minority groups having deliveries supported by skilled personnel was 50 percentage points, dropping to 35 percentage points in 2010.⁷⁰

Low awareness of ethnic minority women's needs and discriminatory practices towards them was a barrier to the implementation of policies on primary health care for women and girls. In terms of vaccination against antenatal tetanus, according to the 2011 Multiple Indicator Cluster Survey, 77.5 percent of mothers giving birth in the previous two years were vaccinated; however, only 59.2 percent of ethnic

69 ILSSA. Although most communes have medical stations, only 46 percent of these medical stations met national standards; many of them were downgraded, lacking in medical officers, officers not having adequate skills and qualifications, or having uneven structure and allocation of medical officers.

70 Source: Multiple Indicator Cluster Survey – Viet Nam MICS, 2011 Report.

minority mothers received this vaccine. Ethnic minority children, children with poorly educated mothers, children of migrant mothers, etc. had a much lower percentage of full vaccination against common diseases. The vaccination percentage for hepatitis B for ethnic minority newborns was only 18.2 percent, and for newborn babies of mothers with no diploma or degree it was only 18.5 percent.⁷¹ The percentage of full vaccination for children belonging to the poorest 20 percent of the population was 22 percentage points lower than that of children belonging to the richest 20 percent of the population; this difference continues to grow.

Ethnic minority people, young people, and migrants faced many difficulties in accessing reproductive health care information and services, including family planning services. Mountainous areas were lacking in reproductive health care networks, adequate infrastructure, and health care staffing. In addition, proper working conditions there were not assured. According to the MICS of 2010, there was a large unmet demand among single young people for contraception, with one-third facing difficulties in accessing reproductive health care information and services. Unmet contraception demand for young people aged 15 to 19 and 20 to 24 was 35.4 percent and 34.6 percent, respectively. This resulted in many unwanted pregnancies and unsafe abortions among female teenagers and youth, especially single youth. The birth rate of female teens and youth was 46/1,000. This figure was even higher for the poorly educated, in the 20 percent of the population having the lowest income, and among ethnic minorities living in the northern midlands and mountainous as well as rural areas.

In summary, gender issues in health care in the period from 2002-2012 included:

- (i) A persistent gap between under-one year old mortality rates in rural vs. urban areas;
- (ii) A higher percentage of women having three or more pregnancy checkups in urban vs. rural areas, in developed vs. underdeveloped economic regions, and between Kinh/Hoa and ethnic minorities;
- (iii) Gaps between ethnic groups and living areas in the proportion of women whose delivery was supported by skilled health personnel;
- (iv) 77.5 percent rate of antenatal tetanus vaccination for pregnant women and even lower in ethnic minority groups;
- (v) 40.1 percent rate of full vaccination against basic diseases⁷² for children aged 1-2; only 18.2 percent for ethnic minority children;
- (vi) Ethnic minority people, young people, and migrants still faced many difficulties accessing reproductive health care information and services, including family planning services;
- (vii) Health statistics were not fully disaggregated by sex.

d) Policies on health insurance

Policies on providing free health insurance cards or supporting some healthcare expenses has been expanded in terms of beneficiaries, and is coordinated comprehensively with policies on informing and mobilizing beneficiaries to join health insurance programmes. Policies on State support for specific beneficiary groups have led to the rapid increase in participants: the percentage of the population participating in health insurance climbed from 13.4 percent in 2001 to 66.8 percent in 2012 (59.3 million people); of those, 78 percent were subsidized by the State in purchasing health insurance. Ethnic minority people in particular benefitted from this policy, with 83 percent receiving subsidies.⁷³

There was very little difference in the percentages of women and men having health insurance cards, in both urban and rural areas. According to the VHLSS 2010, 59.6 percent of people in urban and rural areas had health insurance cards or free medical care cards in 2010: The proportion for women was 59.6 percent and for men 59.5 percent.⁷⁴ However, the proportion of people in rural areas with health insurance cards was smaller than in urban areas: 57.8 percent for females and 57.9 percent for males in rural areas, as opposed

72 Including tuberculosis, and three administrations of vaccines against poliomyelitis, measles, diphtheria, whooping cough, tetanus (or vaccine 5 in 1), and hepatitis B.

73 Report by Institute of Labor Science and Social Affairs, 2013.

74 Source: General Statistics Office, Household Living Standards Surveys, 2010.

to 63.2 percent and 63.8 percent in urban areas.⁷⁵

The percentage of ethnic minority women with health insurance cards was 85.9 percent, higher than that of Kinh/Hoa women at 61.4 percent.⁷⁶ The reason was that, under current health insurance policies, 100 percent of ethnic minority women in low socio-economic status and disadvantaged areas are subsidized for free health insurance cards.

Current statistics policies on participants in health insurance do not require data to be broken down by sex; therefore, it is difficult to gather and analyze data by sex. However, some conclusions can be drawn from the available data.

First, sanctions applicable to enterprise owners' and employers' contribution to health insurance for laborers are not strict enough, therefore evasion in health insurance contributions is widespread. This occurs more in small and medium enterprises and informal sectors where a great number of female laborers are employed.

Health insurance policies have focused on expanding the number of participants; however, there was no corresponding policy on quality enhancement of health care services for participants. Healthcare establishments are frequently overloaded, patients experience very long wait times to receive services, and this affects women disproportionately as they are responsible for taking care of their children, elderly parents and sick family members and bringing them to the hospital for medical check-ups and treatment.

3.5.3 Policies on ensuring minimum housing

a) Policy Measures

In recent years, a series of policies, programmes, and projects were deployed nationwide aiming at improving living conditions for households, especially poor households and those that are beneficiaries of social policies. Programme 167 on accommodation support for 500,000 poor households began implementation in 2008. By 2010, 507,143 households were supported in terms of accommodations. Of the total number, 224,000 were

ethnic minority households.⁷⁷ In addition, the State has launched policies on accommodation support for workers in industrial/processing zones and for people with low incomes. Nevertheless, as of 2010, 7.5 percent of households still lived in semi-solid houses and 5.7 percent in simple, temporary, unsafe houses that required continuous support. Of these, a large proportion were households in rural and severely low socio-economic status areas.

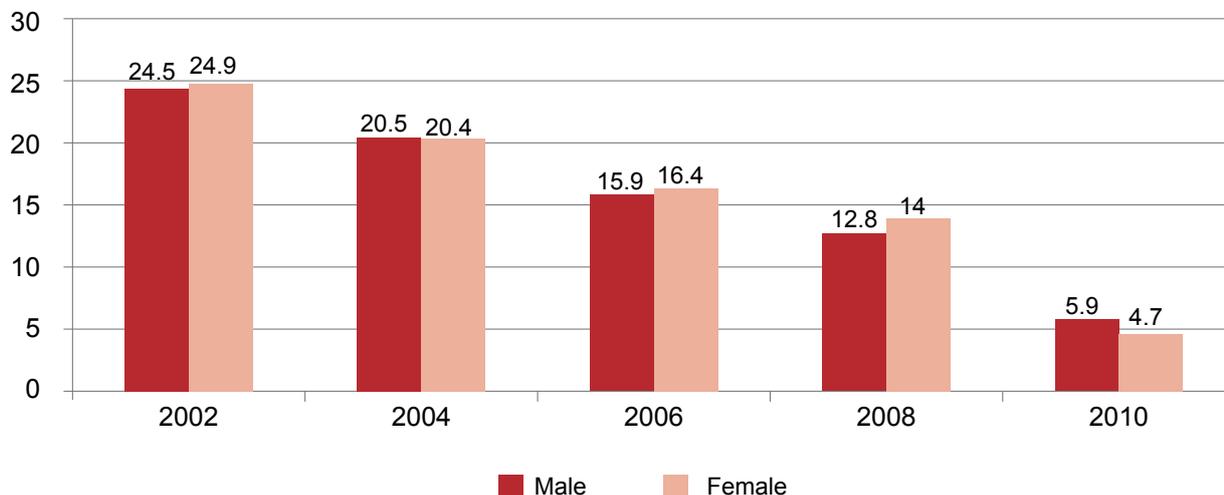
A review of accommodation status by sex of head of household shows that the percentage of female-headed households living in unsafe homes was lower than that of male-headed households, at 4.7 percent and 5.9 percent respectively.

⁷⁵ Ibid.

⁷⁶ Source: Household Living Standards Survey 2012, General Statistics Office.

⁷⁷ Ministry of Construction, Report on implementing Programme 167 on accommodation support for poor households in the period from 2008-2010.

CHART 4. HOUSEHOLDS LIVING IN TEMPORARY/SEMI-SOLID HOUSES, BY SEX OF HEAD OF HOUSEHOLD (PER CENT)



Source: General Statistics Office, Household Living Standards Survey, 2002-2010

b) Gender gaps and barriers in ensuring minimum accommodation

First, there are serious gaps in the availability of sex-disaggregated data on accommodation. The current statistical system does not require that data be broken down by sex, hence it is difficult to gather and analyze data for women and girls. It is necessary for data to be disaggregated by sex of head of household or by persons who receive housing support so that, in the process of policy implementation, the different needs of female and male heads of households who benefit from this policy can be taken into account.

Women’s participation in the implementation of policies on accommodation support is a matter of concern. Survey results in the three surveyed provinces show that female households that were beneficiaries of policies were mainly poor, low socio-economic status, ethnic minority, poorly educated, and limited in their capability to participate in meetings and decision-making. Preconceptions about gender roles in society and in the family also created barriers for women participating in decisions about building and repairing houses. For single female household heads with young children, lack of self-confidence also affected their ability to access accommodation support. Women also accounted for a small minority of staff in the system of agencies and organizations responsible for implementation

of policies and in the decision-making process; apart from the Women’s Union, the agencies or organizations with the highest proportion of female staff had only 30 percent female representation.

Currently, regulations on community consultation for local housing and accommodation projects state that only selected local people who are registered permanent residents are invited for consultation. As stipulated in Article 6 of Decision No.167/2008/QĐ-TTĐ⁷⁸, local governments coordinate with local associations to jointly organize meetings for public selection of the appropriate poor households in hamlets/villages for accommodation support. A drawback of this method is that the most disadvantaged target groups often do not have the capacity to contribute their opinions and advocate for their own rights. These groups include: Illiterate or poorly educated women, ethnic minority women, women living in areas with particularly entrenched preconceptions of gender roles in family and society, single mothers with small children, etc.

Regulations on support for accommodations are being adjusted slowly; allowance amounts cover only part of the actual construction costs, therefore households

⁷⁸ Decree No.167/2008/QĐ-TTĐ by Prime Minister on policy on accommodation support for poor households

have to pay increased amounts. Some female heads of household find it extremely difficult to cover these excessive costs and have to settle for incomplete and protracted construction and long-term debt.

In labor-intensive industries in industrial and processing zones, such as weaving, garment and footwear manufacture, electronics assembly, and export seafood processing, over 80 percent of employees are women, therefore lack of adequate housing in industrial zones is implicitly a gender issue. Policies on accommodation support for laborers in industrial zones have been implemented very slowly, encountering many obstacles along the way in planning, and securing land allocations. Incentives designed to encourage investors to build social infrastructure in industrial zones have not been effective. The result is that there are only a few pilot projects housing a small number of migrant women – only nine projects have been completed, providing accommodation for approximately 28,000 laborers in industrial zones.⁷⁹

Due to the lack of suitable housing, laborers in industrial/processing zones and migrants working in unofficial sectors in urban areas are forced to live in cramped, unsafe hostels with average living areas from 2-3m² per person. Such accommodations do not ensure minimum conditions of hygiene, electricity, or clean water. According to research by the ILSSA in 2012⁸⁰, few industrial/processing zones had hostels for migrant workers (in the three surveyed provinces, only 5-10 percent of the housing needs of laborers in industrial zones were met). Many migrant workers, especially migrant women working for household businesses in production, trading or services, or self-employed women in urban areas, had to find hostels on their own. However, these units tended to be located in remote areas far from population settlements, and were therefore inconvenient and unsafe, lacking services such as local markets, childcare facilities, etc. Workers, especially women and girls, were exposed to personal risks such as robbery or sexual abuse, either at the boarding residences or when travelling between home and work.

79 Source: Reports by Ministry of Construction.

80 Ministry of Labor, Invalids and Social Affairs, Ministerial-level project 2012, "Current situation of employment and living standards of laborers in industrial zones in Viet Nam."

Box 18. Initiative on stabilization of housing prices for migrant workers

In Ho Chi Minh City there was a programme in which landlords were persuaded to keep the rental prices for migrant workers stable. This programme was only implemented for a short period of time. There is a clear need for long-term programmes to stabilize rental prices for migrant women and their children.

Speech by Mr. Pham Ngoc Tien, Director General of Department of Gender Equality, MOLISA at the workshop on "Social Protection for Women and Girls" (Ha Noi, 31 March 2014)

3.5.4 Policies on ensuring clean water for inhabitants

a) Policy Measures

A number of policies and programmes are in place, which have fundamentally improved the ability to access to clean water, especially for people living in rural, ethnic minority, and remote areas. These include the National Strategy on Clean Water and Environmental Sanitation in Rural Areas to 2020, and a national target programme on clean water and environmental sanitation in rural areas, which regulates assistance policies for farmland, homestead land, housing, and domestic water supply to poor ethnic minority households. In the three surveyed provinces, policies, programmes, and projects on clean water and environmental sanitation supported by the Government, localities, and international organizations include regional programmes in the Red River Delta and the Central region, the Programme on preferential credit for clean water supply and rural environmental sanitation, and programmes funded by international organizations and development partners. As a result, the percentage of the rural population using sanitary water increased from 62 percent in 2005 to 81 percent in 2010; 43 percent of these had access to domestic water that met Viet Nam's quality standards.

b) Achievements

By promoting the implementation of the above policies, the status of households and their inhabitants using sanitary, clean water was improved considerably, and was especially high in Dong Nai province.

TABLE 25. PERCENTAGE OF PEOPLE USING SANITARY WATER

	Year	Thai Nguyen	Thanh Hoa	Dong Nai	Whole country
Percentage of people using sanitary water (percent)	2013	78.0	75.0	93.8	
	2012	77.9	73.0	93.1	78
	2011	73.9	69.9	92.1	
	2010	70.0	67.9	90.0	77

Source: Household Living Standards Survey, General Statistics Office (whole country) and; Survey results in the 3 provinces of Thai Nguyen, Thanh Hoa, and Dong Nai (ILSSA 2013)

Nationwide, 78 percent of households had access to clean water sources for domestic use in 2010.⁸¹ By sex of head of household, female-headed households had much higher usage of clean water for domestic purposes than male-headed households, at 81 percent and 75 percent, respectively. This was also associated with current gender roles in which women are mainly in charge of water use for domestic purposes.

c) Gender gaps and barriers

As with other basic service sectors, the statistical system for clean water and environmental sanitation data is not broken down by sex; thus, it is difficult to collect and analyze data on women's and girls' access and gender gaps. Nevertheless, some key gender issues and barriers are evident from the surveys.

Some groups of women face particular difficulties in accessing sanitary clean water, even in urban areas. These groups included migrant women living in guesthouses, poor women, ethnic minority women living in areas having severely difficult socio-economic circumstances, and women in disadvantaged localities.

81 Source: Household Living Standards Survey, 2010. General Statistics Office

Box 19. Current state of sanitary water usage of female groups in 3 surveyed provinces

Dong Nai: of the three provinces surveyed, clean water supply in Dong Nai was the best, with a good water supply system and up to 93.8 percent of people using sanitary clean water in 2012, which met the provincial target. Women accounted for more than half of people with access to sanitary water. However, this percentage was calculated based on clean water supply to local residents only. Migrant women living in guesthouses faced many difficulties in accessing and using sanitary water. Since guesthouses were often located in suburban areas far from urban centers, centralized local water supply systems could not meet the water needs of migrants. Thus, most women living in guesthouses had to use unsafe water sources such as well water in polluted areas, rainwater, etc.

In Thanh Hoa and Thai Nguyen, clean water supply for people in general and for women in particular met many obstacles. Here only 75 percent of people had access to sanitary water. Especially in severely disadvantaged socio-economic areas, mountainous areas, and ethnic minority areas, many people still used unsafe water. The percentage of people using sanitary water in some of these areas ranged from 30 percent to 50 percent. Of these groups, ethnic minority women and girls were at a particular disadvantage since it took more time for them to travel further to get clean water for cooking and drinking. Women and girls were also exposed to the risks of contracting gynecological diseases from using unsafe water.

Survey results in Thai Nguyen, Thanh Hoa, and Dong Nai.

There were also difficulties associated with women's participation in policies and programmes related to clean water. Although women were the major users of water in households, they had few opportunities to participate in decisions on clean water supply systems. Women, especially disadvantaged women, accounted for an insignificant proportion of people in management positions, of decision makers in local government, and of members of associations at all levels, from hamlet to commune to province to district. Thus women's voices, coming mainly from the Women's Union, accounted for a tiny proportion of important decisions on clean water. Women and their representative associations rarely participate in meetings about planning, monitoring and overseeing project implementation; in some localities, women do not even participate in these meetings. Thus, some clean water projects are not sufficiently relevant and appropriate to the needs of their main users, i.e. women and girls. This also limits the participation of women in the operation and maintenance of water supply systems. Likewise, within households in areas and regions where preconceptions about gender roles are particularly rigid, women rarely participated in household decisions on building individual domestic clean water projects such as wells, water tanks, water jars, etc.

Box 20. Did women participate in making decisions on building public clean water systems and single clean water projects?

Most decisions on investment in village water supply and sanitation systems were made in meetings at the hamlet, communal level and above. Both men and women participated in these meetings; however generally the number of female participants was small. Therefore, women's input on the issue of clean water was not likely taken into account.

In families, husbands and wives jointly discussed issues around water, but the husband was the decision maker. In rural, mountainous, and ethnic minority areas wives rarely contributed their opinions.

Local steering committees for clean water and environmental sanitation are comprised of personnel from both sectors and agencies. The steering committee propagandizes, mobilizes, and supports households in improving water and sanitation projects. Women account for a low proportion of steering committee members; most of them are members of the local Women's Union. These results from the selection criteria: participants must be heads of organizations or associations in the commune. Therefore, it is difficult to ensure an equitable proportion of men and women in the steering committee.

Source: In-depth interviews with officers and residents in Thai Nguyen, Thanh Hoa, and Dong Nai provinces

An additional barrier was that loan amounts set for building clean water and sanitation projects were too low, meaning that poor households were not able to borrow enough to cover actual costs. For example, loan amounts for building toilets were only 4 million VND, too low for poor people to be able to build a toilet at current prices. Therefore, some poor households borrowed the funds but then did not use the loan for the targeted purpose.

3.5.5. Ensuring information for poor people and areas

a) Policy measures

Policies on information and communication development have helped to more quickly deliver information on education, culture, and entertainment to remote, ethnic, low socio-economic, border, and island areas to improve living conditions for the poor. A national target programme on information transfer for the period from 2012-2015 was launched by the Prime Minister in order to shorten the time needed to communicate with these regions.⁸²

As a result, information and telecommunication networks largely cover the country. In 2012, almost all communes in mountainous, remote, border areas and islands had access to radio and television broadcasts, and many central and local television and radio stations had programmes being delivered in ethnic minority languages.

Localities set up concrete targets and indicators for gender equality in access to information within the provincial Action Plans on Gender Equality, 2011-2015. Specific policy measures aimed at increasing disadvantaged female groups' access to public information, especially poor, ethnic minority women or women in areas with severely difficult socio-economic conditions, include:⁸³

- (i) Promoting investment in facilities for grassroots radio broadcast systems to ensure radio and television broadcast services are widely disseminated to all difficult areas and accessible to poor and ethnic minority women;
- (ii) Improving the quality of communal radio broadcast systems in difficult to reach areas;
- (iii) Subsidizing audio-visual equipment for households that are policy beneficiaries, poor, ethnic minority, or in communities having no such facilities;
- (iv) Improving content quality, especially information to ethnic minority women in economically disadvantaged and border areas;
- (v) Making socio-economic information, directions and policies of the Party and the State accessible in a more timely manner to communities in remote areas – specifically, improving access to news and information on gender equality and programmes for women on local radio and television, broadcast in ethnic minority languages.

82 Decision No.1212/QĐ-TTg dated 5 September 2012.

83 Action Plan on Gender Equality of the three surveyed provinces

Consequently, as of 2012, in the three surveyed provinces a relatively high proportion of areas had broadcast coverage and access to communal radio broadcasts. A revealing example was that of Dong Nai, with 171/171 communes having radio broadcast coverage, 170/171 communes receiving television broadcasting, and 171/171 communes receiving communal radio broadcasts.

Initiatives such as developing news programming on gender equality achieved their primary goal, which was to contribute to the dissemination of information on gender equality to all women.

b) Gender issues in policies on information dissemination to poor people and areas

Current statistics on information access and communication are not disaggregated by sex; therefore, it is difficult to measure the number of women accessing communicated information. Thematic surveys with tools for gathering detailed information are needed to accurately reflect the current situation.

Policies on ensuring information for poor people are gender blind, not paying full attention to the needs and abilities of women and girls in accessing information. The methods of delivery are not varied enough, content is not interesting, and images and video are not relevant to the lives and culture of ethnic minority people. Very little broadcast media is in ethnic languages. Women and girls of ethnic minority, poor households, living in remote areas, or those who are poorly educated or illiterate, have fewer opportunities to participate in community activities, and will be restricted in accessing and effectively using information sources.

Women have more difficulties in accessing information sources in rural areas, areas having severely difficult socio-economic circumstances, border and island regions, etc. In addition to remoteness and difficult terrain for transportation, another barrier to women accessing information in such regions is rigid customs regarding gender roles. The awareness of specific groups of women was limited; some were illiterate and could not understand the Kinh language. Hence, information and communication outcomes and effectiveness were restricted.

The capacity of households to access information may be evaluated by their uses of technology and information sources such as the internet, books,

newspapers, magazines, fixed (land line) telephones, mobile phones, television, radio, etc. The limited sex-disaggregated data at the household level reveal significant differences in information access between female- and male-headed households.

Some remote areas and regions are not covered in terms of radio and television broadcasting or communal radio broadcasts. Even where coverage exists, there are still female-headed households lacking the technology needed to receive information, such as television, radio, etc. Moreover, due to their remoteness, difficult living conditions, and the burden of housework, few women can take the time to go to public places or to hamlet/communal officers' houses to receive information.

The percentage of female-headed households accessing all the above information sources was consistently lower than that of male-headed households.⁸⁴ Television was the source used the most by households for receiving information. It was used by more than 70 percent male-headed households, but only about 40 percent of female-headed households. Similarly, the percentage of male-headed households using mobile phones to access information was 58.6 percent, about twice that of female-headed households at 29.5 percent.

With modern information technology such as the internet, there was a large difference in usage between urban and rural households, with figures of 17.5 percent and 1.9 percent respectively. Limited knowledge of and skills in using technology and modern communication techniques will be one of the challenges for women, especially poor and ethnic women, in accessing and using information.

84 Source: Household Living Standards Survey 2010. General Statistics Office.

3.6 Analysis of gender issues in social protection and lessons learned

3.6.1 Gender disparities in social protection outcomes

1. First, although there were only a few directly discriminatory regulations found, it is clear that some policies and regulations lead to indirect discrimination by restricting the equal access to, participation in, and enjoyment of policies by women and girls.
2. Limited means for gender mainstreaming in policies on social protection; statistical reporting on social protection was inadequate and indicators were not fully broken down by sex. Therefore, there was not enough information and documentation necessary for gender analysis, identification of gender issues, and recommendations for solutions to the systemic barriers to gender equality in the social protection system.
3. Inadequate awareness and understanding of gender equality and gender mainstreaming by all parties involved in the development and implementation of social protection policies, including policy makers, administrators, and beneficiaries, was a key reason for the lack of awareness and obstruction of solutions for gender issues in social protection.
4. Persistent gender assumptions and preconceptions by people of all social backgrounds and at different levels were an obstacle in implementing gender equality in social protection. The more rigid the sectors and areas are in their biases, the more disadvantaged women and girls are, and the more difficult the implementation of gender equality in social protection.
5. International supports for implementing gender equality in social protection have not been integrated into the mainstream social protection system. However, gender mainstreaming supports in specific projects and programmes at both the central and local levels were effective and provided valuable lessons, suggesting the need for overall gender mainstreaming in the entire social protection system in the future, and for scaling-up and disseminating lessons learned from internationally-supported projects and programmes.

3.6.2 Lessons learned

1. First, it is essential to have a gender mainstreaming plan that encompasses the entire social protection system in order to ensure integration and comprehensive-ness. The plan should be developed using evidence-based methods and should include the participation of gender experts (national and international). A road map for gender mainstreaming in social protection policy and performance should be developed and put into practice.
2. Sufficient resources should be allocated to gender mainstreaming, from the design phase to the policy implementation phase to the monitoring and evaluation phase. Full and timely provision of financial resources is required to ensure the success of gender mainstreaming.
3. Social protection is very broad in scope, relating to many sectors and social groups. Thus, communication, mobilization, and attracting the interest and participation of people from all social backgrounds will help gender mainstreaming to succeed.
4. Finally, technical support from international bodies and non-governmental organizations will be needed to reinforce learning from national and international good practices in gender mainstreaming of social protection policies and programmes.





Photo: UN Women/Michael Fountoulakis

CONCLUSIONS AND RECOMMENDATIONS ON SOCIAL PROTECTION FOR WOMEN AND GIRLS IN VIET NAM, 2014-2020

Section 1 of this chapter outlines the conclusions and key findings emerging from the foregoing documentation and analysis of policies, outcomes, and gender issues and gaps in Viet Nam's social protection system. Section 2 offers a set of policy recommendations for enhancing the social protection system for women and girls. Annex 1 provides forecasts on some key indicators for women and girls in the four areas of social protection, based on recent trends and data. These forecasts form the basis for the modified goals and indicators on gender equality for Resolutions 15 and 70 on social protection, which are presented in Annex 2.

4.1 Conclusions

a) Policies on minimum income guarantee and poverty reduction

Achievements:

Within the social protection framework, policies concerning the labor market are compatible with Viet Nam's policies on labor market development, preferential credits to support production, business development and job generation, job training support, export of contract labor, and support for labor mobility. One of the objectives of these policies is to assist women in improving their job opportunities, entering the labor market, and gradually securing minimum income. Beneficiary groups include young women new to the labor market, unemployed and underemployed women, and those seeking a better job.

Gender gaps:

- Data systems are not fully gender-sensitive; the scarcity of sex-disaggregated data causes difficulties in tracking progress for women.
- The Labor Law only governs formal labor relations, while women account for only 40.6 percent of workers in this sector.
- Service providers (employment and job training centers and businesses) are not gender responsive, and the distribution of service providers (mainly in large urban areas) does not ensure equal access for women, especially disadvantaged women.
- Policies on preferential credit reveal overlaps and complexities and are not synchronous with policies supporting job training, production, and consumption.
- Regulations on loan amounts, terms, and conditions are unsuitable for the needs of female and migrant small businesses owners. Female migrants have very limited access to this channel of preferential loans.

b) Social insurance policy

Achievements:

Women participating in compulsory social insurance are entitled to maternity benefits related to family planning, pregnancy, and child rearing. The Law on Social Insurance has promulgated a form of voluntary social insurance in order to broaden the opportunities for many women to participate.

Gender gaps:

- A number of regulations on participation in social insurance result in indirect discrimination. For example, workers under labor contracts of three months⁸⁵ or longer are entitled to compulsory social insurance; since women make up a smaller portion of this group than do men, women have fewer opportunities to participate in compulsory social insurance.
- The voluntary social insurance policy is still new and does not sufficiently cover women's needs in areas such as maternity, illness, workplace injury, and occupational diseases.
- Due to lax regulations on penalties for social insurance violations and poor compliance with social insurance obligations by employers, workers' rights, especially those of women, are adversely affected.
- There are no regulations concerning collection of sex-disaggregated data on social insurance, which creates difficulties in reporting on gender gaps.

c) Social assistance policies

Achievements:

Social assistance policies cover the most disadvantaged groups of women and girls, assisting them in overcoming difficulties and integrating them

into society. Social support policies have paid special attention to women's needs. The standard coverage for women in shelters deals with many of their special needs, such as expenses for feminine hygiene products and separate bathrooms and toilets.

Gender gaps:

- The standard allowance calculations remain low, at only 45 percent of the national poverty rate and 20 percent of the minimum standard of living rate, which does not meet the needs of social assistance beneficiaries in general and of women and girls in particular.
- Regulations on the design, construction, and operation of social protection centers lack provisions for separate areas for especially vulnerable women in need of protection, such as orphaned girls, and women with disabilities and serious mental disorders. These groups require special protection and care to prevent risks such as sexual abuse leading to unintended pregnancy, childbirth, and infection from sexually transmitted diseases.
- In social protection statistics, data are not sex disaggregated, causing difficulties in identifying and reporting on gender gaps.

d) Policies on access to basic social services

Achievements:

Policies on access to basic social services have aimed at supporting poor households and ethnic minority, rural, and disadvantaged groups. These policies have to some extent taken into account the needs and participation of women and girls.

Gender gaps:

- Public social services are provided in accordance with household registration and by geographical area, so female migrants' children in particular have very limited access.
- Planning of the distribution of basic social services has not sufficiently addressed women's and girls' needs in ethnic, remote, and disadvantaged areas. The quantity and

⁸⁵ The 2015 revision of the Social Insurance Law stipulates that workers on labor contracts of one month or longer are entitled to compulsory social insurance. These changes came into effect after this report was prepared.

quality of services in these areas remains limited, especially for women and girls.

- Education and healthcare support policies are not implemented in close coordination with policies on family and marriage, production development, and poverty reduction. This is one of the reasons for early marriage and child labor among girls from poor and ethnic minority households.
- Policy regulating the selection of beneficiaries in poor households may lead to disadvantages for women with limited capacity for participation and advocacy for their own rights.
- The existing policies do not clearly require the participation of women and their representatives in the planning, construction, and operation of public social services such as safe water and environmental hygiene.
- The system of statistical data collection on access to basic services is not sex disaggregated.

4.2 Policy recommendations

Recommendation 1

Integrate gender equality objectives in the implementation of Resolutions 15 and 70 on Social Protection, at all levels nationwide, through campaigns and awareness raising among relevant agencies; organize trainings on gender integration for relevant officials; and enhance inspection, supervision, and penalties related to violations.

Recommendation 2

Institutionalize the system of monitoring and evaluation of gender equality objectives in Resolution 15 for implementation nationwide. Develop technical documents to guide implementation of the monitoring and evaluation system at all levels (national, ministerial/branch, and provincial/municipal); assign MoLISA in coordination with the General Statistics Office to aid in implementation. Adequate budget and resources needed to operate the monitoring and evaluation system at all levels should be allocated by the Government. Develop an updated gender-sensitive database system on social protection for women and girls.

Recommendation 3

Based on the findings of this study, competent agencies should be assigned by the State to remove and amend regulations causing gender discrimination (direct and indirect); remove/aggregate overlapping policies in the same domain; and regulate the coordination of policy groups with the same constituencies for maximum effect.

- a) Guaranteed minimum income and poverty reduction: (i) Broaden the network of employment and job services centers/businesses to include geographical areas with a large number of disadvantaged women; (ii) Analyze the needs of disadvantaged women (poor, uneducated, ethnic, and migrant women) for products and services (consultation, job training, provision of employment information, and export of contract labor), in order to design and adjust these products and services to suit their needs;
- b) Social insurance: Align voluntary insurance with services / benefits that meet the special needs of women (maternity benefit);

- c) Social support: Develop a model of special care for vulnerable groups of women and girls in community social protection centers. Conduct research studies on additional measures for protection against sexual abuse, unintended pregnancy, and sexually transmitted diseases;
- d) Basic social services:
 - (i) The Ministry of Education and Training should study minimum education curricula for groups of children in ethnic minority and especially disadvantaged socio-economic regions;
 - (ii) Provinces/cities having many industrial zones should implement pilot programmes or development models in public schools to respond to the need of female migrants' children;
 - (iii) Develop the model of healthcare services at the grass roots level (e.g. adding communal healthcare clinics in areas with many female migrants), with financing from the state budget, businesses, health insurance, individuals, and charities;
 - (iv) Encourage private health institutions to provide health insurance services in disadvantaged areas with many migrants;
 - (v) Encourage the establishment of safe water supply units in disadvantaged areas with many female migrants;
 - (vi) Enhance women's participation in the planning, construction, and provision of basic social services;
 - (vii) Assign local women's unions to develop and supply suitable information to disadvantaged women.

Recommendation 4

The Government should conduct research and develop services and products in accordance with the four main pillars of the social protection system, in order to satisfy women and girls' minimum needs. Specific recommendations are summarized in Box 21 below.

Box 21. Ensuring gender responsive services in Viet Nam's social protection system

Guaranteeing minimum income and poverty reduction: (i) broaden the network of employment and vocational training centers/businesses to geographical areas with large numbers of disadvantaged women; (ii) assess and analyze disadvantaged women's needs for services (poor, uneducated, ethnic, and migrant women) in order to design and adjust services (counselling, vocational training, employment information, and labor export) to suit their needs; (iii) for enterprises, practice of corporate social responsibility should be promoted to increase social protection for women and girls.

Social insurance: (i) adjust regulations on compulsory social insurance to expand women's participation. For instance, workers having labor contracts of 1 month or more should be allowed to participate in compulsory social insurance; (ii) gradually improve the model of voluntary insurance with services meeting women's special needs, especially maternity benefits.

Social assistance: develop the model of special care for designated groups of women and girls (those with disabilities, serious mental disorders, and orphaned girls) at social protection centers in communities. Conduct research studies on additional measures for protection against sexual abuse, unintended pregnancy, and sexually transmitted diseases.

Basic social services: (i) the Ministry of Education and Training (MoET) should study minimum education curricula for groups of children in ethnic minorities and specially disadvantaged socio-economic regions; (ii) provinces/cities having many industrial zones should adjust the planning of local education systems to take into account migrant workers' needs; implement pilot expansion of public schools to respond to the need of female migrants' children; (iii) develop a model of healthcare at the grassroots level (building additional communal healthcare posts in areas with many female migrants) with funding from the state budget, businesses, health insurance, individuals, and charities; (iv) encourage private health institutions to provide health insurance services in disadvantaged locations with many migrants; (v) encourage the establishment of clean water supplies in disadvantaged areas with many female migrants; (vi) enhance women's participation in the planning, construction, and provision of basic social services; (vii) assign local Women's Unions to develop and disseminate relevant information to disadvantaged women.

Recommendation 5

International organizations, including UN agencies (especially UN Women, UNICEF, INFPA, IOM), bilateral and multi-lateral agencies, domestics and international NGOs should provide technical and financial assistance in order to:

- a) Support for implementing Resolutions 15 and 70 at the central and provincial/municipal levels, specifically:
 - (i) To organize awareness raising campaigns and propaganda aimed at raising awareness for women and girls in social protection policies and services for them;
 - (ii) Provide advisory and assistance services to support the vulnerable groups of women and girls to access to and benefit from the social protection policies and services (the group of the poor, ethnic minorities, disabled people, single mothers or fathers, people living in poor and disadvantaged socio - economic conditions, etc.);
 - (iii) To support on capacity building for agencies and organizations at the central government and local authorities in policy implementation and service delivery of social protection for women and girls.
- b) Develop and disseminate technical documents on gender integration in social protection policies and in social protection services delilvery;
- c) To support the monitoring and evaluation of social protection; develop an annually updated database on social protection for women and girls; conduct a pilot study to collect and scrutinize gender-disaggregated data on social protection at the national and provincial/ municipal levels; compile annual reports on social protection for women and girls at the national and provincial/municipal levels;
- d) Support to conduct models of provision of social protection in the four service areas to meet the needs of disadvantaged women and girls. Assist in developing technical documents to guide the replication of effective service models.
- e) To support for carrying out researches and studies :
 - (i) Studies for provision of scientific foundation for revision or supplement of the policies on social protection services for women and girls as referred in the Recommendation 3 and 4 mentioned above;
 - (ii) Support to pilot some revised or supplemented policies or services on social protection (as said in recommendation 3 and 4) at local level;
 - (iii) Study to updates the newly raised issues relating the social protection for vulnerable groups of women and girls for recommendations of changes or revisions of current policies on social protection.

4.2.1 Detailed recommendations

The following table summarizes the detailed recommendations for improving the performance of social protection for women and girls, linked specifically to the key findings of the study related to each pillar of the social protection system.

TABLE 26. SUMMARY OF KEY FINDINGS AND DETAILED RECOMMENDATIONS

Key findings	Detailed recommendations
1. Ensuring minimum income	
<ul style="list-style-type: none"> The system of service provision (employment and vocational training centers, enterprises) is not gender-responsive, and is mostly located in large urban areas; hence, equal access is not ensured for groups of women, especially disadvantaged women. Preferential credit policies are overlapping and insufficiently coordinated with policies supporting vocational training, production, and product consumption. Regulations on loan amounts, terms, and conditions are not appropriate to women's actual business needs in various locations and occupations. A number of women still face difficulties in accessing this avenue of preferential credit. 	<ul style="list-style-type: none"> Support from central and local governments in expanding the networks and coverage of employment and vocational training centers/ enterprises, giving priority to areas where many disadvantaged women live, such as rural, remote, and ethnic minority regions, and areas where many female migrant workers live. Study and develop a mechanism for cooperation between stakeholders in the delivery of employment services and vocational training for disadvantaged women. Stakeholders should include state management agencies that deal with labor, local governments, employment enterprises, vocational training centers, enterprises that employ female laborers, and socio-political organizations. This cooperation should be closely coordinated, with concrete responsibilities assigned to each agency/organization. Review and evaluate employment and vocational training services for disadvantaged groups of women in areas with poor, poorly educated, ethnic minority, and migrant women, in order to design and adjust products and services that are more appropriate for these groups. Specific services include consultation, vocational training, introduction to employment, working overseas under labor contract, etc. Develop gender-responsive services such as vocational training consultation and introduction to employment. In particular, promote free-of-charge consultation for poor, ethnic minority, poorly educated, and migrant women. The consulting organization should pay attention to convenience of location; consulting times appropriate to each group of women; consulting methods relevant to women's qualifications and circumstances. Train and enhance the capacity of Women's Union staff at the grassroots level in relation to vocational training and employment consultation. Staff should be considered collaborators, assisting local professional consultants in vocational training, as well as local employment centers/enterprises. For enterprises employing female laborers, corporate social responsibility (CSR) should be promoted in the implementation of social protection policies for women and girls. Preferential credit policies: Increase unsecured loan amounts and terms to make them more appropriate to the production/trading/service plans of women's groups; eliminate loan conditions that are tied to borrowers' permanent addresses, facilitating migrant women groups in accessing preferential loans.

2. Social insurance

- Several regulations regarding the provision of and application for social insurance inadvertently result in disadvantages for women. For instance, under existing regulations, only workers under labor contracts of three months or longer are entitled to compulsory social insurance. Since women account for a lower percentage of this group than men, they have fewer opportunities to participate in compulsory social insurance than do men.
 - The voluntary social insurance policy is still new, and women have not been fully informed of it, especially groups of disadvantaged women.
 - Voluntary social insurance is unattractive in comparison to compulsory insurance. This is because voluntary social insurance has only two benefits (old age and survivor benefits) while compulsory insurance has five benefits. Maternity benefits are not included. Another factor making voluntary social insurance less attractive is that laborers have to contribute entirely on their own (while in compulsory social insurance, employers contribute jointly). Most women who are subject to voluntary social insurance have low to medium incomes, making it difficult to contribute to voluntary social insurance at 100 percent.
 - Regulations on penalties for social insurance violations are not strong enough; inspection and supervision is not sufficient; awareness of laws on social insurance compliance is not adequate.
- Adjust regulations on compulsory social insurance to better include women. In particular, in the process of amending the Law on Social Insurance, laborers working under labor contracts of 1 month or more should be allowed to participate in compulsory social insurance.⁹¹
 - Consider subsidizing women's participation in voluntary social insurance or other types of insurance to make sure that all women have equal participation in, and enjoyment of, maternity benefits.
 - Promote gender-responsive information activities for women who are disadvantaged in attaining social insurance (both compulsory and voluntary). Specifically, it is necessary to address the needs and actual conditions of disadvantaged groups of women in choosing times, relevant locations, information media, etc.
 - It is also necessary to have subsidies for disadvantaged groups of women (poor, ethnic minority, migrant women) that allow them to make partial contributions to voluntary social.
 - Increase penalties for violations, with the interest rate for late payments being higher than the loan interest rate applied by commercial banks; at the same time; encourage enterprises to fulfill their social responsibilities.

3. Social assistance

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| <ul style="list-style-type: none"> • Regulations on the design, construction, and operation of social protection centers lack provisions for separate areas for vulnerable groups of women in need of special protection (orphaned girls, women with disabilities and serious mental disorders). These groups require special protection and care to prevent risks such as sexual abuse, unintended pregnancy, and infection sexually-transmitted diseases. | <ul style="list-style-type: none"> • Study international examples of policies and programmes that protect the above-mentioned groups of vulnerable women and girls. • Pilot a model for housing and caring for severely disadvantaged groups of women and girls (the disabled, those with severe mental disorders, orphans) in social assistance centers, with the aim of preventing the risk of sexual abuse. • Improve standards for the design and construction of social assistance centers, especially projects relating to the housing and care of the above-mentioned groups of women and girls. |
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4. Basic social services

Minimum education

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| <ul style="list-style-type: none"> • Education policies are not comprehensively coordinated with other policies, which creates barriers in access to public education for children of migrant female laborers. • Regulations on enrollment in public schools are based on permanent residence, which has negative effects on access to public education and exemptions or reductions in tuition fees for children of migrant women. • Policies on the development, planning, and implementation of public school systems in areas with a large number of migrant people, such as concentrated industrial zones and large urban areas, have not met practical needs. • The construction of public boarding school systems and facilities has not satisfied the needs of female students (e.g. separate bathrooms for male and female students.) | <ul style="list-style-type: none"> • Ministry of Education and Training to study and augment a programme of minimum education for children in general, and for female students living in ethnic minority areas and areas with severely difficult socio-economic conditions, in particular. • Provinces/cities with many industrial zones should adjust the planning of local education centers to make sure that the system reflects changes in population. Migrant laborers should be taken into consideration in developing the plan. • Plan the construction and expansion of the public school system to meet the needs of children of migrant female workers. • Eliminate the policy that requires public schools to admit children based on specific areas of residence, in order to remove barriers for children of migrant female laborers in accessing public schools. • Amend the policy on exemption and reduction of tuition fees for public school students from poor households. Children of migrant workers from poor households should be entitled to this exemption or reduction whether or not they enter a public school. • The construction of boarding schools for ethnic minority children should take into consideration the basic needs of male and female students. |
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Minimum health care

- Gaps in access to services remain between ethnic groups and living areas.
- Young ethnic minority females and female migrants encounter numerous difficulties in accessing reproductive health care information and services, including family planning services.
- Contraception needs of youth and teenagers aged 15 to 19 and 20 to 24 have not been met.
- The birth rate of young females is 46/1,000.
- The rates of rural women and men covered by health insurance are 57.8 percent and 57.9 percent, respectively, lower than the respective rates of 63.2 percent and 63.8 percent for urban areas.

- Local governments should cooperate with schools and socio-political organizations, especially Women's Unions, to publicize the implementation of the Law on Marriage and Family in ethnic minority areas, with the target of eliminating ethnic minority girls dropping out of school for early marriage.
- Amend the policy requiring that medical checkups using social insurance be done at the registered health care centers only, to ensure that migrant women who have no permanent residence can still have medical checkups using social insurance.
- Develop health care models at the grassroots level that involve adding more health care centers in communes where many migrant female workers live, using the State budget, social insurance, and support from enterprises and individuals, thus ensuring primary health care for women and girls (pregnancy check-ups, immunizations, etc.)
- Encourage private health care centers to provide medical check-ups and treatment using social insurance, in areas where many migrant workers live.
- Health services at grassroots level should meet migrant female workers' needs for reproductive health care and family planning services.
- Commune health care centers, in cooperation with local socio-political organizations, should provide information on reproductive health care to migrant females, including young unmarried women.

Support for minimum accommodations

- Female migrants working in non-official sectors have difficulties in accessing minimum levels of housing. These women reside in temporary accommodations that are unsafe and lack basic services.

Access to clean water

- Migrant and rural women, and those who live in remote areas, still face many difficulties in accessing safe water and sanitation.

Access to information

- Barriers for rural, poor, ethnic minority and migrant women in accessing information include lack of information materials, which are appropriate to the needs and conditions of disadvantaged groups of women (content, language, method of presentation, etc.)

- Actively implement preferential policies that support the construction of housing and that provide clean water for areas with economic difficulties where many migrant women live.
- In addition to the participation of Women's Unions, increase the proportion of female vs. male participants in meetings where decisions are made on the planning, construction, and operation of social services projects (social accommodation, accommodation for workers, clean water, etc.)
- Assign local Women's Unions, in cooperation with relevant agencies, to develop and supply suitable informational materials to disadvantaged women in local areas.





FORECASTING SOCIAL PROTECTION INDICATORS FOR WOMEN AND GIRLS, 2014-2020

The goals of Resolution 15 of the Central Committee address some of the social policies and national goals on gender equality set out in the national gender equality strategy for the period from 2011-2020. In order to develop specific policies on social protection for women and girls leading up to 2020, it will be useful to compile a set of forecasted social protection indicators for women and girls covering the period from 2014-2020.

Forecasting methodology

Forecasting methods that are often used in socio-economic studies include the consensus method, the trend forecasting method, and statistical forecasting methods using regression models, etc. However, as current data on social protection in general, and sex disaggregated data in particular, are still limited, forecasting methods based on multiple regression models cannot be applied. Hence, to estimate indicators of social protection this study has had to use forecasting methods based on past trends and current socio-economic goals. An obvious limitation of this method is that past trends maybe an unreliable predictor, especially given that during the period in question, Viet Nam's economy was profoundly affected by the global economic crisis.

Data sources

In order to use the trend forecasting method⁸⁶, it is necessary to collect annual statistics on the targeted issues (employment, poverty, etc.). To do so, this research used two main data sources: the VHLSS, and the LES, as well as supplementary data from other reports.

- VHLSS 2006, 2008, 2010, and 2012: these surveys are conducted by the GSO every two years. A total of 9,399 households are surveyed, selected from all provinces/cities across Viet Nam, representing all regions of the country. The VHLSS collects detailed information on various indicators that

reflect household living standards, such as demography, education, health, assets, and expenditures. In addition, the surveys also gather information related to a household's total income from bank accounts held inside and outside the country as an important part of analyzing the impacts of economic downturn on incomes of rural and poor households. While information on individual respondents is sex-disaggregated, household data is not, apart from identifying the sex of heads of households. The VHLSS is often used to analyze poverty, hunger, social welfare, and other criteria of Vietnamese households.

- LES: data used in this study are from labor and employment surveys from 2008, 2010, 2011 and 2012. The LES collects detailed information on the employment status of household members, including general information on the household, the employment status of laborers, occupations, economic sectors, economic activities, and other criteria such as health insurance, social insurance, labor contracts, working hours, salary, wages, and income of each laborer. Information on previously held jobs was also collected in 2011 and 2012.
- Surveyed targets include households and individuals aged 15 years and over except for 2012, when children aged 5 to 17 were added. In each year, in question the number of observations ranged from approximately 750,000 to 1.5 million. In addition, monthly and quarterly sample surveys were conducted.

Forecast results

Forecast results are presented in three areas: Ensuring minimum income and poverty reduction; social insurance participation; accessing basic social services.

86 The forecasting formula: $Y(t) = y(0) \cdot (1+g)^k$, where y is the variable to be forecast; t is the year; k is the time period to be forecast; $y(0)$ is the value of y at the present time; g is the average growth rate of y in the past. Data are derived from household standard of living surveys, labor force surveys, and other data sources. The forecasting formula and socio-economic strategy are used to make and adjust the forecast.

1. TRENDS IN MINIMUM INCOME AND POVERTY REDUCTION FOR WOMEN

It is predicted that there will be up to 1,139,015 newly created jobs by 2015 and 1,265,218 by 2020, of which 40 percent will be for women and 60 percent for men. This meets the National Strategy for Gender Equality target of “at least 40 percent for each sex”.

TABLE 27. NUMBERS OF NEW JOBS CREATED TO 2020, BY SEX

	Total	New jobs (persons)		Percentage (percent)	
		Female	Male	Female	Male
2013	1,092,132	446,063	647,411	40.8	59.2
2014	1,115,327	454,047	663,228	40.7	59.5
2015	1,139,015	462,173	679,432	40.6	59.4
2016	1,163,206	470,445	696,031	40.4	59.6
2020	1,265,218	505,039	766,585	40.0	60.0

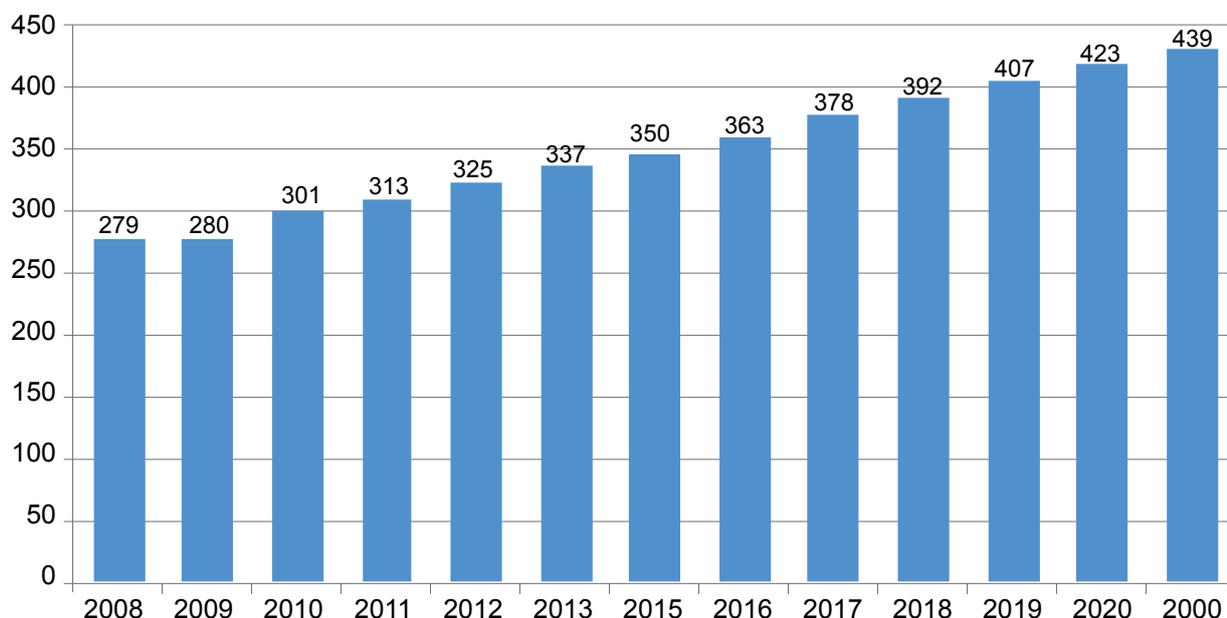
Source: Calculated from Labor and Employment Survey, GSO

In 2012, 325,000 female agricultural workers were supported in changing their jobs, an increase of 46,000 from 2008. Based on current trends, it is forecasted that 363,000 female agricultural workers will be supported in changing jobs in 2015, and 439,000 in 2020.⁸⁷

⁸⁷ No comparative figures are available for males.

CHART 5. FORECAST OF NUMBER OF FEMALE AGRICULTURAL WORKERS WHO WILL BE SUPPORTED IN CHANGING JOBS TO 2020

Unit: thousands of people

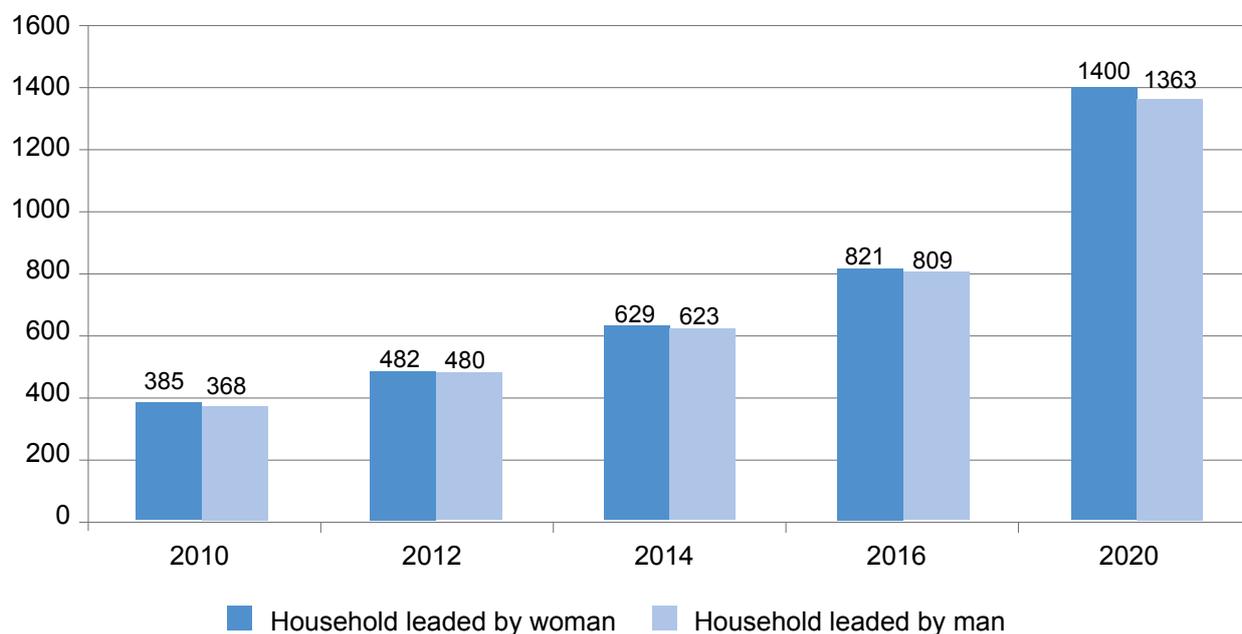


Source: GSO and ILSSA

In terms of poverty reduction, the figure below shows estimated 2020 per capita income of poor households headed by women at 1,400 thousand VND per person per month, an increase of 3.6 times from 2010 figures.

CHART 6. FORECAST OF PER CAPITA INCOME OF POOR HOUSEHOLDS HEADED BY WOMEN TO 2020

Unit: thousand VND



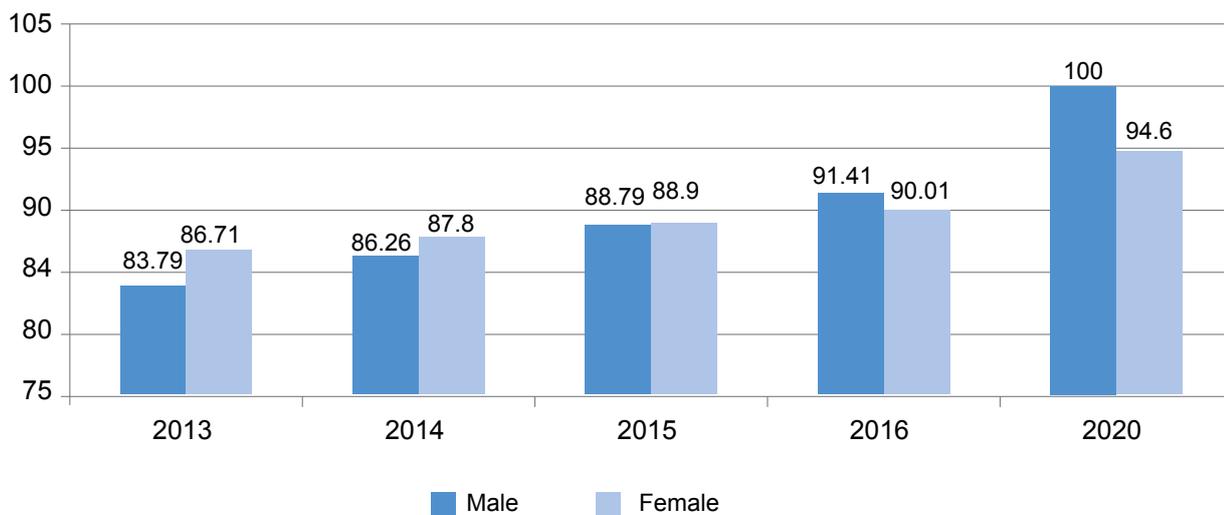
Source: GSO and ILSSA

2. FORECAST OF SOCIAL INSURANCE PARTICIPATION RATES FOR WOMEN

The percentage of women participating in compulsory social insurance and unemployment insurance continues to be lower than that of men. This is because women often work in industries and sectors that do not participate in compulsory social insurance. By 2020, the percentage of SI participation among workers is predicted to be over 94 percent for females and 100 percent for males.

CHART 7. FORECAST OF COMPULSORY SOCIAL INSURANCE PARTICIPATION RATES BY SEX

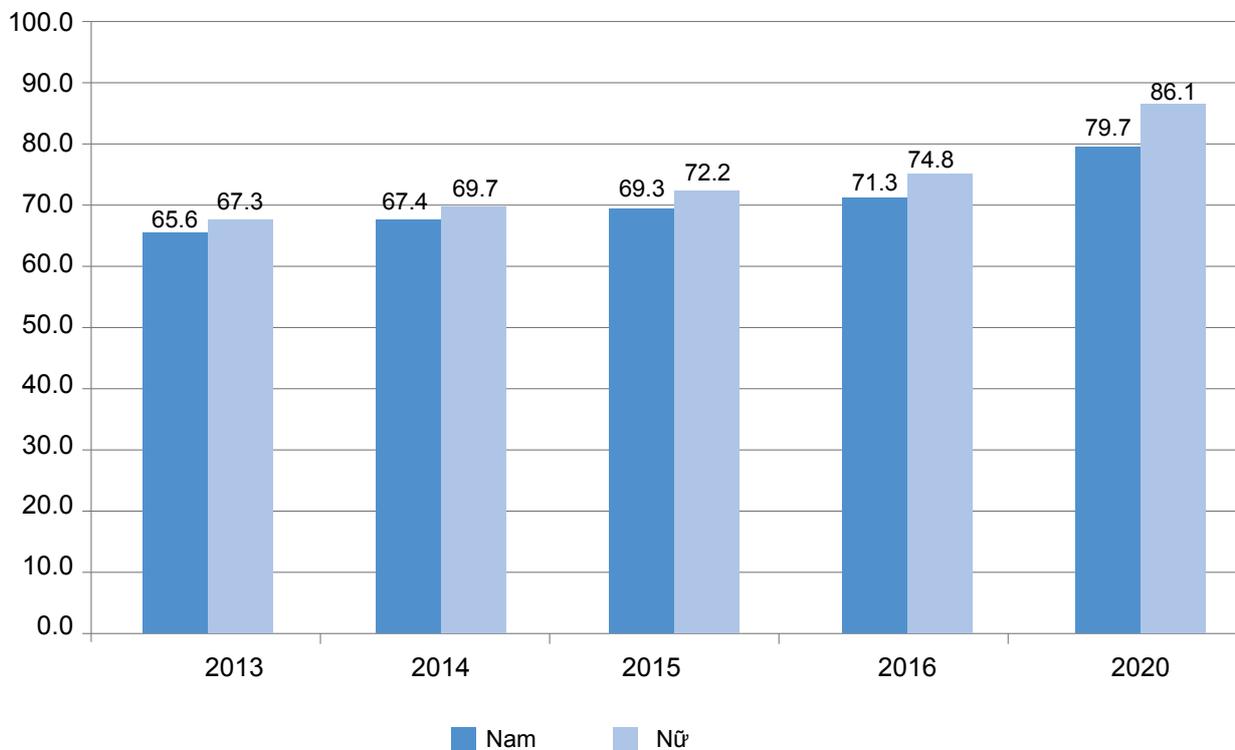
Unit: percentage



Source: GSO and ILSSA

Before 2010, a lower percentage of women than men participated in health insurance. However, since 2012 this trend has reversed, with a higher percentage of female insurance participants than males. This is largely due to preferential policies on providing State subsidies for social insurance to vulnerable groups, a higher proportion of whom are women. The percentage of female health insurance participants will reach 72.3 percent by 2015 and 86.1 percent by 2020. Thus, the goal of expanding health care insurance to the whole population will not be achieved by 2020, and may require much more effort than previously anticipated.

CHART 8. FORECAST OF HEALTHCARE INSURANCE COVERAGE BY SEX TO 2020



Source: GSO and ILSSA

3. FORECAST OF WOMEN'S ACCESS TO BASIC SOCIAL SERVICES

■ Education and training

In 2015, the primary school enrolment rate at the appropriate age is forecasted at 94.46 percent for males and 96.19 percent for females. The secondary school enrolment rates at the appropriate age will be 82.36 percent for males and 87.84 percent for females. The trend of higher enrolment rates for females continues into high school age, with predicted rates of 72.48 percent and 62.03 percent, respectively. The gross

enrollment rate for primary school in 2020 is estimated to be 97.51 percent for females and 100 percent for males. At the secondary level, the gross enrollment rate for females will be higher than that of males, at 89.8 percent and 88.9 percent, respectively. For high school, the female enrollment rate predicted at 83.31 percent, significantly higher than that of males at 71.60 percent.

TABLE 28. FORECAST OF ENROLLMENT RATE BY SEX TO 2020 (PER CENT)

	2013	2014	2015	2016	2020
Primary school					
Male	94.62	95.40	96.19	96.99	100.00
Female	93.26	93.86	94.46	95.06	97.51
Secondary school					
Male	81.44	81.90	82.36	82.83	84.71
Female	85.16	86.04	86.94	87.84	91.56
High school					
Male	58.7	60.28	62.03	63.84	71.60
Female	68.55	70.48	72.48	74.52	83.31

Source: GSO and ILSSA

■ Kindergarten enrollment rates for children at 5 years of age

In 2015, the kindergarten enrolment rate is predicted to be 73.61 percent for 5-year-old boys and 75.85 percent for 5-year-old girls. In 2020, the kindergarten enrollment rate will be 76.17 percent for 4-year-old boys and 83.71 percent for girls. Thus, unless better solutions are provided, it will be quite difficult to meet the target of all children 5 years old and over being able to attend kindergarten by 2015, and all children 4 years old and over attending kindergarten by 2020.

TABLE 29. FORECAST OF KINDERGARTEN ENROLMENT RATE BY SEX TO 2020

Unit: Percentage

	2013	2014	2015	2016	2020
Kindergarten enrolment rate of children of 5 years of age					
Boys	70.52	72.05	73.61	75.21	81.96
Girls	71.34	73.56	75.85	78.22	88.44
Kindergarten enrolment rate of children at 4-5 years of age					
Boys	66.56	66.98	68.43	69.91	76.17
Girls	67.96	70.02	70.22	74.31	83.71

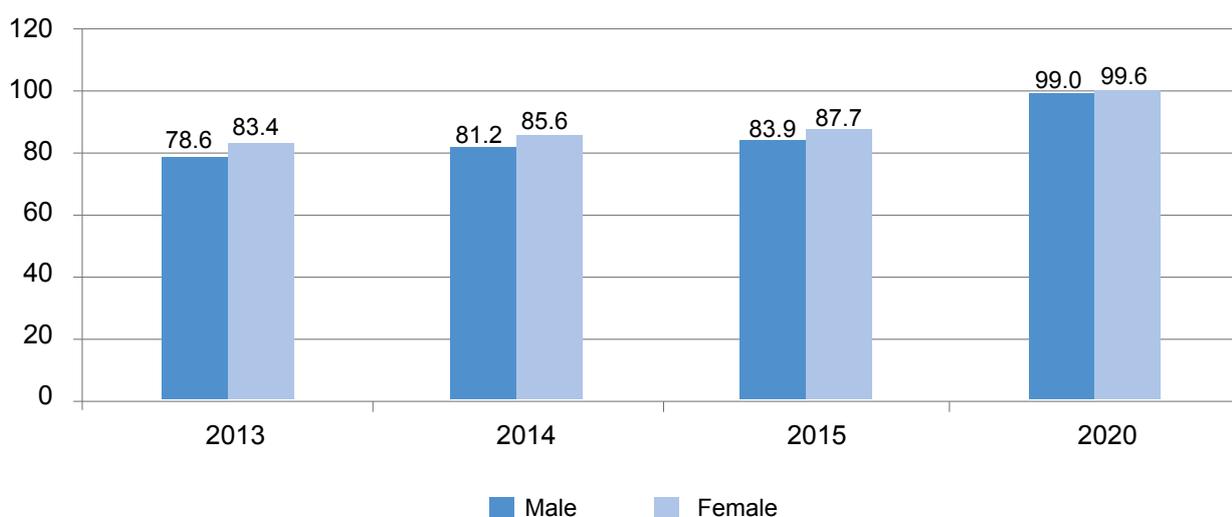
Source: Estimates by GSO and ILSSA

■ **Access to clean water**

It is forecasted that the rates for rural and ethnic minority populations having access to clean water will rise to 81.97 percent and 78.89 percent respectively in 2015, and to 100 percent for rural populations and 98.2 percent for ethnic minority regions by 2020. Currently the rate of female-headed households with access to clean water is higher than that for male-headed households. However, this disparity will end by 2020, when clean water will be provided to almost the entire population.

CHART 9. FORECAST OF ACCESS TO CLEAN WATER BY SEX OF HEAD OF HOUSEHOLD TO 2020

Unit: percentage



Source: GSO and ILSSA

The gender equality objectives in the area of social protection for the period of 2011-2020 have been identified based on: (i) Goals and objectives of Resolution 15 of the Central Committee on Social Protection and Resolution 70 of the Government for Implementation of Resolution 15; (ii) Objectives of the National Strategy on Gender Equality for the period from 2011-2020. Based on the above forecasts, the following adjustments to the targets for the period of 2014-2020 are recommended.



Photo: UN Women/Michael Fountoulakis

PROPOSED REVISION OF GENDER EQUALITY TARGETS FOR RESOLUTION 15 ON SOCIAL PROTECTION, 2014-2020

The gender equality objectives in the area of social protection for the period of 2011-2020 have been identified based on: (i) Goals and objectives of Resolution 15 of the Central Committee on Social Protection and Resolution 70 of the Government for Implementation of Resolution 15; (ii) Objectives of the National Strategy on Gender Equality for the period from 2011-2020. Based on the above forecasts, the following adjustments to the targets for the period of 2014-2020 are recommended.

1. GENDER EQUALITY OBJECTIVES IN ASSURING MINIMUM INCOME (UNCHANGED FROM THE 2012 DESIGN BY ILSSA)

Objective 1. Promoting access of poor rural and ethnic minority women to resources for production development and improving employment opportunities in order to narrow gender gaps in employment and income.

Target 1.1. For the period of 2013-2020, ensuring that annually at least 40 percent of each sex are supported in finding new jobs.⁸⁸

Target 1.2. During the process of promoting and accelerating there structuring of rural employment, rural female workers should be given priority in changing jobs. By 2015, at least 270,000 female agricultural workers annually will have been supported in changing their job; between 2016 and 2020, at least 400,000 female agricultural workers each year will be assisted in changing jobs.⁸⁹

Target 1.3. Assisting women in working in foreign countries under term-defined contracts. By 2015, at least 30,000 women annually will be assisted in going abroad to work under term-defined contracts. By 2020, at least 45,000 women will be assisted in this endeavor.⁹⁰

Target 1.4. The rate of poor, rural, and ethnic minority women who have access to preferential credit loans for employment and poverty reduction from the National Target Programme and other formal credit sources will reach 80 percent by 2015, and 100 percent by 2020.⁹¹

88 According to the national strategy on gender equality promotion for 2011-202, Objective 2, target 1

89 Target set by the Action Plan for implementation Resolution No.70 is 550.000 of work mobility away from agriculture work per annum by 2015, and target is 800.000 per annum from 2016 to 2020.

90 Target set by Resolution 70 is 80,000 workers per year by 2015 and 100,000 workers per year by 2020.

91 According to the national strategy on gender equality promotion for period 2011-202, Objective 2.

2. GENDER EQUALITY OBJECTIVES IN SOCIAL INSURANCE (UNCHANGED COMPARED TO THE 2012 DESIGN BY ILSSA)

Objective 2. Narrow gender gaps in access to and benefits from social insurance policies

Target 2.1. Increase the compulsory SI participation rate for men and women who are eligible for compulsory SI to at least 88 percent by 2015, and 94 percent by 2020, for each sex.⁹²

Target 2.2. Assist poor rural women, poor women working in the informal sector, and ethnic minority women in participating in voluntary social insurance. By 2015, at least 0.8 percent and by 2020, at least 5 percent of male and female workers will participate in voluntary social insurance.⁹³

92 At present, SI participation rate is 80 percent only

93 At present, voluntary SI covers only 0.2 percent of labor force

3. GENDER EQUALITY OBJECTIVES IN ACCESSING AND BENEFITTING FROM BASIC SOCIAL SERVICES (SOME INDICATORS CHANGED FROM THE 2012 DESIGNED BY ILSSA)

Objective 3. Narrow gender gaps in access to and benefits from basic social services

Objective 3.1. Narrow gender gaps in access to and benefits from education and training services

Target 1. Narrow gender gaps in school enrollment; increase the rate of male and female students attending primary school at the stipulated age to 94 percent by 2015 and 97 percent⁹⁴ by 2020; to 82 percent and 89 percent⁹⁵ for lower secondary school enrollment at the stipulated age by 2015 and by 2020, respectively, for each sex; and to 62 percent and 69 percent⁹⁶ for upper secondary school enrollment at the stipulated age by 2015 and 2020, respectively, for each sex.

Indicator 2. Assist boys and girls from poor households in rural and ethnic minority areas in attending kindergarten at the stipulated age. By 2015, 100 percent of boys and girls 5 years of age will have access to kindergarten; 100 percent of 4-year-old boys and girls will have access by 2020.

Indicator 3. At least 40 percent of each sex will participate in vocational training.

Objective 3.2. Narrow gender gaps in access to and benefits from basic healthcare services

Target 1. At least 69 percent of the male and female population by 2015, and 80 percent by 2020, will participate in health insurance.⁹⁷

Indicator 2. Narrow the gaps for poor, rural, and ethnic

94 The proposed target by ILSSA 2012 is 97 percent by 2015 and 98 percent by 2020

95 The proposed target by ILSSA 2012 is 89 percent by 2015 and 94 percent by 2020

96 The proposed target by ILSSA in 2012 is 69 percent by 2015 and 79 percent by 2020

97 The proposed target by ILSSA in 2012 is 76 percent by 2015

minority pregnant women in receiving 3 or more prenatal medical check-ups and injections against tetanus. By 2015, the rate of ethnic minority women having three prenatal check-ups will reach at least 80 percent, increasing to 85 percent by 2020. By 2015, the rate of ethnic minority women vaccinated against tetanus will be at least 85 percent, and will reach 90 percent by 2020.

Target 3. Narrow the gaps for poor, rural, and ethnic minority children. By 2015, the mortality rate of under-one-year-old children from poor, rural, and ethnic minority households will be reduced to less than 17 percent; this rate will be less than 14 percent by 2020. At least 80 percent and 85 percent of under-one-year-old children from poor, rural, and ethnic minority households will be fully vaccinated by 2015 and 2020, respectively; the rate of malnourished children under the age of 5 in poor, rural, and ethnic minority households will be reduced to under 17 percent in 2015 and 14 percent in 2020.

Objective 3.3. Provide more assistance to improve housing conditions for poor and ethnic minority households. At the same time, respond to the demand of workers in industrial and processing zones for standard housing conditions.

Target 1. Responding to at least 50 percent and 70 percent of male and female workers' demands for standard housing conditions in industrial and processing zones (as stipulated by the Ministry of Construction) by 2015 and 2020, respectively. Priority will be given to developing safe and standard houses for female workers in industrial and processing zones (garment and textiles, leather and footwear, seafood processing, electronic assembly, etc.) which employ many female workers.

Objective 3.4. Narrow the gender gap between urban and rural women in access to clean water

Target 1. At least 90 and 100 percent of the population in rural and ethnic minority areas can access clean water by 2015 and 2020, respectively.

Objective 3.5. Narrow the gender gaps between urban and rural women in access to information

Target 1. Specific measures are applied to ensure that 100 percent of men and women have equal access to information provided via commune broadcasting services and terrestrial television.

4. GENDER OBJECTIVES IN POVERTY REDUCTION AND SOCIAL ASSISTANCE

Objective 4 below supplements the gender objectives in poverty reduction and social assistance (compared to the 2012 recommendation by ILSSA).

Objective 4. Narrow the gap in per capita income between female-headed poor households and male-headed poor households

Target 1. Per capita income of female-headed households will increase 3.7 to four times between 2010 and 2020.

Target 2. The rate of poor female-headed households will be reduced by at least by 1.7 percent to 2.2 percent per annum; for households with a high incidence of poverty in the poorest provinces, the rate is 4.2 percent per annum.

Objective 5. Narrow the gender gap in access to regular social assistance services

Target 1. Implement specific measures to ensure that 100 percent of men and women who are targets of social assistance policies have adequate access to the services they are eligible for.



Photo: UN Women/Michael Fountoulakis

SOCIAL PROTECTION POLICIES

KEY LEGAL DOCUMENTS ON GENDER EQUALITY AND THE ADVANCEMENT OF WOMEN IMPLEMENTED BETWEEN 2002 AND 2012

- 1) Resolution No. 11-NQ/TW, dated 27 April 2007, of the Politburo on Women's work in accelerating the country's modernization and industrialization. The Government issued Resolution No. 57/NQ-CP, dated 1 December 2009, detailing the Action Programme of the Government to deploy Resolution No. 11-NQ/TW by 2020.
- 2) The Law on Gender equality was ratified by the National Assembly on November 29, 2006, and has been in effect since July 1, 2007.
- 3) Decree No. 70/2008/NĐ-CP, dated June 4, 2008, of the Government detailing the implementation of provisions of the Law on Gender equality on the responsibilities of the state in managing gender equality, and the collaboration of different state management agencies in executing gender equality.
- 4) Decree No. 48/2009/ND-CP, dated May 19, 2009, of the Government on measures ensuring gender equality in terms of communication, education, and information dealing with gender and gender equality; gender mainstreaming in the formulation of normative legal documents; gender equality measures that promote gender equality and financial resources for gender equality execution.
- 5) Decree No. 55/2009/ND-CP, dated June 1, 2009, on administrative sanctions for violations of gender equality, including administrative violations of gender quality, sanctioning forms and levels and sanctioning competence.
- 6) Decision No. 144/2008/QĐ-TTg, dated August 22, 2007, of the Prime Minister on refinement of the National Committee for Advancement of Vietnamese Women.
- 7) Decision No. 1855/QĐ-TTg, dated November 11, 2009, on the foundation and refinement of Committees for Women's Advancement in provincial and district People's Committees.
- 8) Decision No. 2351/QĐ-TTg, dated December 24, 2010, on approval of the National Strategy for Gender equality in the period from 2001 to 2020. The Strategy is one of the vital tools towards the realization of the Gender equality Law in practice. It also shows the commitment of the Government of Viet Nam in complying with international conventions and treaties, such as Convention on Elimination of All Forms of Discrimination Against Women, Millennium Development Goals and the Beijing Declaration of Actions in 1995.
- 9) Decision No. 1241/QĐ-TTg, dated July 22, 2011, on approval of the National Programme on gender equality in the period from 2011 to 2015. The programme has been considered as a special measure to promote the implementation of the National Strategy for Gender equality in the period from 2011 to 2020, as well as legal grounds for international sponsor agencies' continuation of their assistance in promoting gender equality in Viet Nam in the future.
- 10) Decision No. 56/2011/QĐ-TTg of the Prime Minister on approval of the National Statistic Gender Development Indicator Set, with 105 indicators in 11 fields, meeting the needs, in a timely manner, for gender statistics and information from the Government and other relevant stakeholders.
- 11) Decision No. 295/QĐ-TTg, dated February 26, 2010, of the Prime Minister on approval of the "Master Plan on Assistance for women's vocational training and job creation for the period from 2011 to 2015".
- 12) Related regulations in amended Constitution of 1992, Labor Code (1994 supplement, amended in 2002, 2006, and 2012), Law on sending Vietnamese workers overseas under-

SUMMARY OF POLICIES ON VOCATIONAL TRAINING AND EMPLOYMENT SUPPORTS FOR LABOR IN GENERAL, AND FEMALE LABOR IN PARTICULAR, IN THE PERIOD FROM 2007-2010

employment contract (2006), Social insurance law (2006), Vocational training law (2006), Gender equity law (2006), Residential law (2007), etc.

- 13) The Decrees and circulars related to labor, labor markets, and employment.
 - 14) National target programmes on employment and vocational training: national target programmes on employment in 2010; National target programmes on employment and vocational training in the period from 2012-2015 according to Decision No. 2101/QD-TTg, dated August 31, 2012, of the Prime minister.
 - 15) Master plan "Vocational training for workers in rural areas to 2020 based on Decision No. 1956/QD-TTg, dated November 27, 2009, of the Prime minister; Master plan "Support for women in vocational training and job creation in the period from 2010-2015" based on Decision No. 295/QD-TTg, dated February 26, 2010, of the Prime minister; Master plan on promoting labor export in poor districts contributing to sustainable poverty reduction in the period from 2009-2020, based on Decision No. 71/2009/QD-TTg, dated April 29, 2009, of the Prime Minister, etc.
- 1) Vocational Training Law (2006).
 - 2) Short-term vocational training support policy for rural labor:⁹⁸ Female laborers are the targets of this policy. The maximum assistance for vocational training does not exceed 300,000 VND per person per month, and does not exceed 1,500,000 VND per person per training course.
 - 3) National Targeted Programme on Poverty Reduction, 2007-2010.⁹⁹ The project on vocational training for the poor, which aims at providing support for people of working age from poor households, giving priority to young and poor women who have yet to receive training, includes: vocational training supports for the poor from ethnic minority groups and from areas of flooding; workers in afforestation plants; the national defense economic sector in the Central Highlands and northern mountainous areas; vocational training combined with job creation for the poor at businesses; educational orientations for the poor who participate labor export; occupational transitioning from agriculture to other sectors in areas where land use has shifted for the purpose of industrial development and urbanization.
 - 4) Sustainable and rapid poverty reduction programmes for the 61 poorest districts (2008).¹⁰⁰ Increase in number of vocational training courses, combined with job creation, through investments, in each district, in local resident-funded boarding based on preferential plans, provision of boarding for

98 Prime Minister's. Decision 81/2005/QĐ-TTg, dated 18 of April, 2005.

99 Prime Minister's. Decision 20/2007/QĐ-TTg, dated 5 of February, 2007

100 Resolution 30A/2008/NQ-CP, dated December 27, 2008, on Sustainable and Rapid Poverty Reduction for the 61 poorest districts in the country

rural trainees in agriculture, forestry, fishery, and non-agriculture; sending rural laborers to work in businesses and to work overseas.

- 5) Policy on Occupational Development in Rural areas¹⁰¹: State budget allocated for promotion of agriculture and forestry, and public provision spent on training and enhancement of skills in agriculture, forestry, fishery production, and technology transfer.
- 6) Policies promoting agriculture and fishery¹⁰²: Organize no fewer than 10 vocational training courses for rural people and agricultural promotion staff at the grassroots level; vocational training classes for farmers not to exceed 30 days. Female staff and laborers are the targeted group.
- 7) Policies of compensation and support for land-reclaimed households¹⁰³: Household members of working age are supported in changing occupations through participation in vocational training.
- 8) For students: decision 157/2007/QD-TTg, dated September 27, 2007, on credit for students facing difficult circumstances (orphanages, poor households, financial difficulty due to accidents, sickness, natural disasters, fire, etc.); decision 267/2005/QD-TTg, dated October 31, 2005, on vocational training provision for ethnic boarding students who are applying for training courses of more than 3 months. Women are the beneficiaries of the policy.
- 9) For youth: Decision 103/2008/QD-TTg, dated July 21, 2008, approving the Vocational Training and Job Creation Programme for the period from 2008-2015, which aims at providing supports and opportunities for

youth to access loans for vocational training, job creation, and period working overseas, building capacity for and modernization of 10 pivotal employment introduction centers and vocational training for the Youth Union, creating conditions for 100 percent of youth who want to establish business to be provided with knowledge of how to start businesses and with preferential credits (0.5 percent of the monthly interest rate) to participate in vocational training, having access to job consultation and information. Women are the beneficiaries of the policy.

10) Rural women:

Decision 81/2005/QD-TTg, dated April 18, 2005, on providing short-term vocational training for rural laborers: "Priorities are given to the laborers whose arable land was confiscated or shifted for purposes of use, beneficiaries of existing policies, ethnic people, women, and the unemployed".¹⁰⁴

Decision 1956/2009/QD-TTg, dated November 27, 2009, approving the project on vocational training for rural laborers through 2020, aimed at enhancing the accessibility of vocational training for rural laborers. Women are the beneficiaries of the policy.

101 Decree 66/2006/ND-CP, dated July 7, 2006, on occupational development in rural areas

102 Decree 56/2005/ND-CP, dated April 26, 2005, on promotion of agriculture and fishery

103 Decree 197/2004/ND-CP, dated December 3, 2004, on compensation and support for households whose arable land was reclaimed

104 Article 1, Decision 81/2005/QD-TTg, dated April 18, 2005, on providing short-term vocational training to rural laborers

CURRENT POLICIES ON PREFERENTIAL CREDITS FOR WOMEN

National Targeted Programmes on Poverty Reduction for several periods.

Decision 32/2007/QĐ-TTg, dated March 5, 2007, and by the Prime Minister on provision of loans for production to extremely disadvantaged ethnic minority people.

Decision 126/2008/QĐ-TTg, dated September 15, 2008, by the Prime Minister on provision of loans for production development for ethnic minority households.

Decision 71/2009/QĐ-TTg, dated April 29, 2009, by the Prime Minister approving the Project providing support to poor districts by promoting laborexport, in order to contribute to sustainable poverty reduction in the period from 2009-2020; establishing a fund supporting people who go to work overseas with training packages and loans to the laborers when they return.

SOCIAL INSURANCE POLICIES

Constitution.

Labor Code 1994, amended in 2002, 2006, and 2012.

The Social Insurance Law, implemented on June 29, 2006, by the 10th Congress of the Xth National Assembly.

Decrees and other legal documents on social insurance.

POLICIES ON BASIC EDUCATION FOR WOMEN AND GIRLS

The Constitution of the Socialist Republic of Viet Nam in 1992 declared that “education is the right and obligation of every citizen; primary education is compulsory and available free to all”.

The Education law of 2010 stated: “Development of education is the first national policy... all citizens have equal access to learning opportunities, with priority given to the poor, ethnic minority children, areas with particularly difficult socio-economic conditions; universal preschool for children of age 5; universal primary and secondary education”.

Law on child protection, care, and education stated: Children have the right to primary education in public educational institutions without paying tuition fees.

Decision 239/QD-TTg, dated February 9, 2010, stated the target of universal access to pre-school education for children of age 5 by 2015.

Decree 74/2013/ND-CP, dated July 15, 2013, on tuition compensation for preschool, high school, vocational training centers and universities.

Decree 49/2010/ND-CP, dated May 14, 2010, on exemption from and reduced tuition for students from poor and near-poor households.

Decision 12/2013/QD-TTg, dated January 24, 2013, on policies to support high school students in areas with especially difficult socio-economic conditions.

Decision 36/2013/QD-TTg, dated June 18, 2013, on rice support for students in areas with particularly difficult socio-economic conditions.

Decision 12/2013/QD-TTg, dated January 24, 2013, on lunch support for children age 3 and 4, according to regulations of Decision 60/2011/QD-TTg, dated October 26, 2011, on policies of development of preschool education.

Decision 85/2010/QD-TTg on accommodations support for day boarding students and ethnic minority students at day boarder schools.

CURRENT POLICY ON ENSURING MINIMUM HEALTH

The 1992 Constitution declared that: “Citizens are entitled to health insurance benefits. The State stipulates hospital costs and fees and regulates remission and reduction of hospital expenses”.

The Law on people’s health protection of 1989 stated: “... citizens have the rights of health care, recreation, entertainment, physical training; guaranteed hygiene in work environments, nutrition, clean living environments, and to be provided with medical care”.

Decision 122/QD-TTg, dated January 10, 2013, on the approval of National Strategy to protect, care for, and improve people’s health in period from 2011-2020, and with a vision for 2030, affirming the State’s determination to care for, protect, and enhance people’s health.

National target programmes: The national target programme on prevention of infectious and non-infectious disease, vaccination, reproductive health care, and improvement of child nutrition and health care at school; the national target programme on hygiene and food safety; the national target programme on HIV/AIDS.

Decree 299-HDBT, dated August 15, 1992, on health insurance regulations, first implemented in 1992.

Health Insurance Policy

Health Insurance law effective as of July 1, 2009 with the goal of universal health insurance by 2014, using state funds to implement the programme of free and partially free health insurance cards for children under 6 years old, the poor, near-poor, ethnic minorities, and households engaged in agriculture, forestry, fishery, and salt production living below the average level.

Decision 705/QD-TTg, dated May 8, 2013, on increasing health insurance premium assistance for a number of people belonging to near-poor households; Decision 538/QD-TTg, dated March 29, 2013, on approving a roadmap for universal health insurance for the period from 2012-2015 and 2020.

ENSURING MINIMUM HOUSING POLICIES

1. Policy on housing support for poor households: decision 167/2008/QD-TTg, dated December 12, 2008, on supporting housing for the poor, and Decision 67/2010/QD-TTg, on modifying and supplementing some articles of Decision 167/2008/QD-TTg, dated December 12, 2008, on housing support for the poor.
2. The Housing support program: pilot programme of supporting for the poor in improving housing conditions and safety, coping with floods in North central region and Central coast; programme of building population and housing clusters in flooded areas of the Mekong delta.
3. Policy on housing support for low-income people: a number of mechanisms and policies have been implemented to support housing for low-income people under the principle of the participation of the State, the community, and the people: Resolution 18/NQ-CP, dated April 20, 2009, on promoting the development of housing for school-age students and students at training facilities, and accommodations for workers in industrial zones and low-income people in urban areas; Decision 67/2009/QD-TTg, dated April 24, 2009, on some strategies and policies to develop housing for low-income people in urban areas.
4. People who are paid out of the state budget (Cadres, civil servants, members of the armed services) and low-income people living in urban areas, who have no housing or houses that are less than 5 square meters per person, and have not been supported by the State in terms of housing or land in any way.
5. Policy on housing support for workers in industrial zones: decision 66/2009/QD-TTg, dated April 24, 2009, on some strategies and policies of development of rental housing for workers in industrial zones.

POLICIES ON ENSURING ACCESS TO CLEAN WATER

National strategy for clean water and environmental sanitation in rural areas by 2020.

National target programme of clean water and environmental sanitation in rural areas for the period from 2012-2015 was approved by the Prime Minister in Decision 134/2004/QD-TTg, on a number of policies to support land production, residential land, housing, and clean water for poor ethnic minority households whose lives are difficult. Water supply: 85 percent of the rural population has access to hygienic water, and 45 percent is provided with at least 60 liters/person/day of water that reaches standard 02-BYT. Environmental sanitation: 65 percent of rural households have hygienic latrines; 45 percent of households with animal husbandry have hygienic breeding facilities; 100 percent of nursery and secondary schools (main schools) have health care stations, sufficient clean water, and hygienic latrines that are managed and used well. The programme consists of three projects: (i) water supply and rural environment, (ii) rural sanitation, and (iii) building capacity, communication, and implementation, monitoring, and evaluation of programmes.

Policies on ensuring access to information for poor people and in poor areas

The Constitution of 2013 stipulates “*Citizens have the right to freedom of speech and freedom of the press, and have the right of access to information*”.¹⁰⁵

Press Law.

Decision No. 119/QD-TTg, dated January 18, 2011, of the Prime Minister on the approval of the Master Plan on the Expansion of Information and Communication to Rural Areas in the period from 2011 to 2020.

Decision No. 1212/QD-TTg, dated September 5, 2012, of the Prime Minister on Issuance of the National Target Programme on dissemination of information to the mountainous and remote areas between 2012 and 2015, to narrow gaps in information access between geographical areas and to improve the cultural and spiritual life of the people; and contributing to the assurance of national security and defense in mountainous and remote areas.

¹⁰⁵ Socialist Republic of Viet Nam. Constitution of Viet Nam, 2013, Article 25.

SELECTED INTERNATIONAL CONVENTIONS AND TREATIES RELATED TO SOCIAL PROTECTION FOR WOMEN AND GIRLS, TO WHICH VIET NAM IS PARTY

Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)

This convention was ratified by United Nations General Assembly on December 18, 1979, and has been in effect since September 3, 1981. Up to now, there have been 185 nations that have become the members of this convention. Viet Nam was signatory to CEDAW on February 17, 1982.

Realization of Millennium Development Goals (MDGs)

8 Millennium Development Goals: (1) Eradicate extreme poverty and hunger; (2) Achieve universal primary education; (3) Promote gender equality and the empowering of women; (4) Reduce child mortality rates; (5) Improve maternal health; (6) Combat HIV/AIDS, malaria, and other diseases; (7) Ensure environmental sustainability; (8) Develop a global partnership for development.

In addition, Viet Nam also supplemented 6 other development goals for Viet Nam, including (1) Provide vital infrastructure for poor people, poor communities, and poor communes; (2) Create jobs; (3) Minimize vulnerability by strengthening the social protection system, in order to assist the poor and disadvantaged groups; (4) Develop cultural values, access to information, and improvement of the spiritual lives of people; (5) Improve living standards, preserving and developing cultural heritages of ethnic minorities in Viet Nam; (6) Strengthen administrative reforms, and provision of information and knowledge to the poor.

The Prime Minister regulates that reporting on the implementation of MDGs in Viet Nam must be carried out annually, in line with ratification of the MDG Indicator Set.

Key Achievements in deployment of MDGs for Viet Nam include:

MDG 1: Poverty rate was reduced dramatically from 58.1 percent in 2003 to 11.3 percent in 2012. The average expected lifespan for Vietnamese people increased from 40 years in 1963 to 73 years in 2012. The malnutrition rate was reduced from 41 percent, to 11.5 percent in 2012.

MDG 2. Viet Nam has achieved universal primary education

MDG 4. Viet Nam has achieved the goal of reducing mortality in infants and children less than 5 years of age. The rate of infant mortality has declined from 44.4 per 1,000 live births in 1990 to 14 per 1,000 live births in 2011 (MICS 2011). The mortality rate in children under 5 years of age was also significantly reduced, from 58 per 1,000 live births in 1990 to 16 in 2011 (MICS 2011).

MDG 5. The maternal mortality rate has dropped significantly over the past two decades, from 233 deaths per 100,000 live births in 1990, to 69 deaths per 100,000 live births in 2009, a reduction of maternal deaths related to pregnancy of about 2/3.





Photo: UN Women/Michael Fountoulakis

TOOLS AND QUESTIONS FOR CONSULTATIONS WITH STAKEHOLDERS

TOOL 1. REVIEW GENDER EQUALITY OBJECTIVES WITHIN THE FRAMEWORK OF RESOLUTION 15 ON SOCIAL PROTECTION

1. Review gender equality objectives in the field of ensuring minimum income and poverty reduction
2. Review gender equality objectives in the field of social insurance
3. Review gender equality objectives in the access to and enjoyment of basic social services
4. Review gender equality objectives in the field of social assistance

TOOL 2. DRAFTS QUESTIONS FOR CONSULTATIONS WITH AGENCIES/ ORGANIZATIONS IN SOCIAL PROTECTION AND GENDER EQUALITY

Selection agencies and locations to be consulted were selected from the following lists:

1. *Ministries/sectors relating to social protection and gender equality:* Ministry of Labor, Invalids and Social Affairs; Ministry of Home Affairs; Ministry of Culture, Sport and Tourism; Ministry of Health; Ministry of Education and Training; Viet Nam Women's Union, etc.
2. *Select three provinces* (northern, central and southern) to consult and collect information

In each province, the following working sessions were planned:

- A dialogue with representatives from relevant divisions within provincial Departments of Labor, Invalids and Social Affairs (relevant divisions and centers).
- An in-depth interview with representatives from divisions/centers within provincial Departments of Labor, Invalids and Social Affairs.
- Individual working sessions with each agency: Provincial Department of Education and Training, Department of Health, Office of the National Target Programme on clean water and environmental sanitation, Department of Information and Communication, Bank for Social Policies, etc.
- Working with professional divisions and departments to gather information and data according to the indicator kit (including both qualitative and quantitative information).

TOOL 3. DRAFTS FOR CONSULTATIONS WITH PROFESSIONAL DIVISIONS WITHIN DEPARTMENT OF LABOR, INVALIDS AND SOCIAL AFFAIRS

Participants in group discussion:

- Leaders of Department;
- Representatives from divisions/centers within Department of Labor, Invalids and Social Affairs: Division of Gender Equality; Division of Labor and Employment, Vocational Training, Social Assistance Policies; National Office of Poverty Reduction; Inspectorate; Department Office (with statistical and reporting staff).

Time duration: 120 minutes

Most important topics:

- Overall evaluate the implementation of social protection programmes/policies in general in the province (with focus on Resolutions 15 and 70);
- Analyze and identify gender issues in social protection in the province (in terms of employment and poverty reduction; social insurance; social assistance and basic social services), reasons for existing gender issues, solutions applied to address gender issues, and solutions to be added.
- The status of gender mainstreaming in programmes/policies in general and programmes/policies on social protection in particular in local areas. Advantages and disadvantages? Recommend solutions?
- Learn about monitoring and evaluating programmes and policies on social protection in general and monitoring and evaluating gender equality objectives in these programmes in particular (target/ indicator kits for monitoring and evaluating labor and employment policies which are being applied

in the province); advantages and problems in the implementation.

- Comment on and contribute to gender equality objective and target system in social protection set out in Resolution 15 by the 11th Central Committee on social protection.
- Comment on the draft indicator kit for monitoring and evaluating gender equality objectives in the implementation of Resolution 15.

TOOL 3. DRAFTS FOR CONSULTATIONS WITH PROFESSIONAL DIVISIONS WITHIN DEPARTMENT OF LABOR, INVALIDS AND SOCIAL AFFAIRS

Topics	Major questions	Tools	Expected Results
I. Overview of current policies and programmes on social protection	<p>1. List programmes and policies on social protection implemented in local areas by the Labor, Invalids and Social Affairs sector</p> <ul style="list-style-type: none"> - Current programmes, policies, projects, action plans relating to social protection (in terms of employment and poverty reduction; social insurance; social assistance and basic social services) - Results of implementing the above-mentioned programmes and policies, advantages and disadvantages in the implementation, with focus on the implementation of Resolution 15 and Resolution 70 	Based on the list of current policies	
II. Analyze, identify gender issues in social protection in the province	<p>2. Identify current outstanding gender issues in social protection</p> <ul style="list-style-type: none"> - Analyze, identify gender issues in social protection in local areas (by 4 policy groups: Employment and poverty reduction; social insurance; social assistance and access to basic social services). - Find out reasons for outstanding gender issues. Is there any solution in place to address the above-mentioned gender issues? Any solutions to supplement? <p>3. Comment on gender equality objectives in Resolution 15</p>	<ul style="list-style-type: none"> - Use checklist No. 1 on questions for identifying gender issues in areas - Tool 1: Gender equality objectives in Resolution 15 on social protection 	Identify outstanding gender issues

<p>III. Current status of gender mainstreaming in policies/ programmes</p>	<p>4. Current status of gender mainstreaming in programmes and policies on social protection (4 policy groups: Ensuring income and poverty reduction; social insurance; social assistance; accessing basic social services)</p> <ul style="list-style-type: none"> - Do policies/projects/ activities conducted at provincial level plan to implement gender mainstreaming? - What is the proportion of policies/projects/activities conducted at provincial level being allocated financial sources to implement gender mainstreaming? - What is the proportion of boards for drafting policies/projects at provincial level assigning officials in charge of gender equality (who are trained in gender mainstreaming)? - Disadvantages, advantages in the process of gender mainstreaming (lack of official in charge of gender equality, lack of gender equality knowledge, etc.) 	<p>Use checklist No. 2 on gender mainstreaming in policies</p>	<p>Current status of gender mainstreaming in the implementation of policies and programmes</p>
<p>IV. Status of monitoring and evaluating programmes and policies on social protection in general and monitoring and evaluating gender equality objectives in programmes and policies on social protection in particular</p>	<p>5. Current statistical indicator system and database in the local areas</p> <ul style="list-style-type: none"> - Indicators of the provincial statistical system (provincial statistical yearbook) - Statistical indicators of the indicator system under the Labor, Invalids and Social affairs sector (according to Circular No. 30/2011) - Indicators of the national target programmes, national action plans (if any) 	<ul style="list-style-type: none"> - List - Discuss 	<ul style="list-style-type: none"> - List of policies/ programmes/ projects on social protection which have monitoring and evaluating systems - List of policies/ programmes/ projects on social protection which have systems for monitoring and evaluating gender equality objectives

6. Preliminary evaluation of the above-mentioned statistical indicator kits

- Which indicators can be disaggregated by sex;
- Assess available indicators on: capacity to collect data in time, ensuring reliability and necessary classifications, etc.
- Disadvantages, challenges in the collection and processing of above-mentioned statistical data in social protection?

7. List programmes/projects on social protection

- Is there a system for monitoring and evaluating overall objectives?
- Is there a system for monitoring and evaluating gender equality objectives?
- Does it have specific budget for monitoring and evaluating?
- Does it have a mechanism for cooperation among relevant agencies in the data collection and provision for monitoring and evaluating?

	<p>9. Advantages and disadvantages in monitoring and evaluating gender equality objectives in programmes/policies on social protection</p> <ul style="list-style-type: none"> - In terms of implementation capacity - In terms of institutions/regulations/coordination among stakeholders in the provision of data/reports - In terms of complication and overlap in data provision responsibilities - In terms of indicator system for monitoring and evaluating - In terms of techniques for processing and compiling data and reports - Other inadequacies regarding data sources <p>10. Provincial mechanisms for ensuring the collection of information and data for monitoring and evaluating gender equality objectives in general and gender equality in programmes and policies on social protection in particular</p> <ul style="list-style-type: none"> - Any successful models/good practices in monitoring and evaluating that a program/policy applied? 		
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<p>V. Comment on and contribute to the indicator kit for monitoring and evaluating gender equality objectives pursuant to Resolution 15</p>	<p>11. Comment on targets/indicators for monitoring – overseeing – evaluating gender equality objectives set out in Resolution 15 in the following respects:</p> <ul style="list-style-type: none"> - The reasonability of the design of indicators (input, output, and outcome indicators) - The usefulness and feasibility of the indicators - Ability to collect accurate and adequate information <p>12. Local capacity to collect, process and compile information</p> <p>13. Necessary and sufficient conditions for ensuring information collection and processing, and report development (in terms of human resources, time, finance, etc.)</p> <p>14. Ability to combine with other relevant indicator systems</p>	<p>Tool 2 Indicator system for monitoring and evaluating gender equality objectives in Resolution 15</p>	
<p>VI. Recommendations for adjustment, change, and supplementation of targets and implementation methods</p>	<p>15. Recommend/suggest</p> <ul style="list-style-type: none"> - Adjust, supplement, remove, simplify indicators for monitoring and evaluating - Suggestions for integrating requirements of and indicators for monitoring and evaluating among different programmes/policies - Suggestions for changes in implementation methods - Recommend requirements for ensuring the implementation of monitoring and evaluating gender equality objectives set out in Resolution 15 - Recommend enhancement of capacity to monitor and evaluate 	<p>Brainstorming Based on Tool 2</p>	<p>Recommendations for adjustment and supplementation of indicators for monitoring and evaluating gender equality objectives in social protection</p>

TOOL 4. DRAFT FOR CONSULTATIONS WITH SOCIAL SECURITY AGENCIES AT PROVINCIAL LEVEL

Time: 120 minutes

Most important topics:

- Gender issues existing in social insurance (including compulsory and voluntary insurance, social insurance and health insurance);
- Comment on gender equality objectives in the field of social insurance within the framework of Resolution 15 stipulated by the 11th Central Committee on social insurance
- Social insurance statistics, reporting and database management
- Status of implementation, suggestions and recommendations of indicators for monitoring – overseeing – evaluating gender equality objectives in participation in and benefits from social insurance policies
- Collect information according to established indicators for monitoring – overseeing – evaluation



Photo: UN Women/Michael Fountoulakis

Topics	Major questions	Tools	Expected Results
<p>I. Overview of the implementation of current policies on social insurance (compulsory and voluntary social insurance, unemployment insurance and health insurance)</p>	<p>1. Overview of the implementation of current policies on social insurance (compulsory and voluntary), unemployment insurance and health insurance in local areas</p> <p>2. Provincial programmes and policies aiming at expanding the coverage of social insurance, increasing chances for participating in and benefiting from social insurance and health insurance for disadvantaged target groups (women/ men) with focus with workers in industrial and processing zones</p>	<p>Based on the list of current policies on social insurance and health insurance</p>	<p>List of policies on social insurance, health insurance, unemployment insurance; other programmes/policies implemented by relevant localities.</p>
<p>II. Gender issues in social insurance</p>	<p>3. Gender issues in social insurance and health insurance</p> <ul style="list-style-type: none"> - Analyze, identify gender issues in social insurance (compulsory and voluntary), unemployment insurance and health insurance - Which women/men groups are more disadvantaged in participating in and benefiting from social insurance policies (compulsory and voluntary), unemployment insurance and health insurance - Find out reasons for outstanding gender issues. Is there any solution to address the above-mentioned gender issues? Any solutions to supplement? 	<p>Use checklist No. 1 on questions for identifying gender issues in areas</p>	

<p>III. Comment on gender equality objectives/targets in social insurance</p>	<p>4. Comment on the objective “narrowing gender gap in the access to and enjoyment of social insurance policies”</p> <p><i>Target 1.</i> Proportion of women and men subjected to compulsory social insurance participating in compulsory social insurance will increase by at least 88percent by 2015 and 94percent by 2020 for each sex (current participation rate is 80percent).</p> <p><i>Target 2.</i> Support poor rural women, women working in the informal sector, and ethnic minority women in participating in voluntary social insurance. By 2015, at least 0.8percent, and by 2020, at least 5percent of the labor force of each sex (male labor force and female labor force) will be entitled to voluntary social insurance (current participation rate is approx. 0.2percent).</p> <ul style="list-style-type: none"> - Comment on the feasibility of the above objective and targets. Suggestions for adjustment and supplementation? 	<p>Tool 1</p>	<p>Recommendations for supplementation/ adjustment of gender equality objectives/ targets in social insurance within the framework of Resolution 15</p>
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<p>IV. Status of monitoring and evaluating programmes and policies on social insurance in general and monitoring and evaluating gender equality objectives in programmes and policies on social insurance in particular</p>	<p>5. Current operation of the statistical data system on social insurance (sex-disaggregated data, management indicators, etc.)</p> <ul style="list-style-type: none"> - Which indicators are sex-disaggregated? - Advantages and disadvantages in collecting and using sex-disaggregated statistical data on social insurance <p>6. Comment on indicators for monitoring – overseeing – evaluating gender equality objectives in social insurance in the following respects</p> <ul style="list-style-type: none"> - The reasonability of the design of indicators (input, output, and outcome indicator groups) - The usefulness and feasibility of the indicators - Ability to collect accurate and adequate information <p>7. Local capacity to collect, process and compile information</p> <p>8. Necessary and sufficient conditions for ensuring information collection and processing, and report development (in terms of human resources, time, finance, etc.)</p> <p>9. Ability to combine with other relevant indicator systems</p>	<p>Tool 2.</p> <p>Indicator system for monitoring and evaluating gender equality objectives in Resolution 15</p>	<p>List of database systems; statistical indicators of social insurance, unemployment insurance and health insurance, disaggregated by sex</p>
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<p>V. Recommendations for adjustment, change, supplementation of indicators and implementation methods</p>	<p>10. Suggestions for adjustment, supplementation, removal, simplification of indicators for monitoring and evaluating gender quality objectives in social protection</p> <ul style="list-style-type: none"> - Suggestions for integrating requirements of and indicators for monitoring and evaluating among different programmes/policies - Suggestions for changes in implementation methods <p>11. Recommended requirements for ensuring the implementation of monitoring and evaluating gender equality objectives in the action plan for implementing Resolution</p> <p>12. Recommended enhancement of monitoring and evaluation capacity</p>		<p>Recommendations for adjustment and supplementation of indicators for monitoring and evaluating gender equality objectives in social insurance</p>

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