



**SOCIAL PROTECTION FOR WOMEN  
AND GIRLS IN VIET NAM  
IN THE PERIOD 2012-2020**

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women supports Member States in setting global standards for achieving gender equality and works with governments and civil society to design the laws, policies, programmes and services required to implement these standards. UN Women stands behind women's equal participation in all aspects of life, focusing on the following five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN systems works in advancing gender equality.

#### **Report on Social protection for Women and Girls in Viet Nam in the period 2012-2020**

Published 1st edition, 2022

Copyright © United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)  
All rights reserved. Reproduction and dissemination of materials in this publication for education and non-commercial purposes are authorized without prior written permission from UN Women provided the source is fully acknowledged. Reproduction of this publication for resale or other commercial purposes is prohibited without permission from UN Women.

Applications for permission may be addressed to [registry.vietnam@unwomen.org](mailto:registry.vietnam@unwomen.org)

#### **United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) Viet Nam Country Office**

304 Kim Ma Street, Ba Dinh District, Hanoi, Viet Nam  
Tel: +84 24 3850 0100  
Fax: +84 24 3726 5520  
<http://vietnam.unwomen.org>

*The view expressed in this publication are those of the authors and do not necessarily present the views of UN Women, the United Nations or any of its affiliated organizations.*

## Acknowledgement

The Report on **Social protection for Women and Girls in Viet Nam in the period 2012-2020** was developed within the cooperation framework between the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the Institute of Labour Science and Social Affairs (ILSSA) under the Ministry of Labour - Invalids and Social Affairs (MOLISA). This study aims to assess the status and results of the implementation of social protection for women and girls within the framework of Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam on a number of social policy issues for the period 2012-2020 (referred to as the Resolution No. 15/NQ-TW), and to offer recommendations to promote gender equality mainstreaming in the development of a resolution on a number of new social protection policies to 2030.

This report was prepared by the Research Team of the Institute of Labour Science and Social Affairs (ILSSA) including Dr. Bui Ton Hien - Director of ILSSA as a Team Leader, and team members including Nguyen Thi Bich Thuy, MSc. Hoang Thu Hang, MSc. Nguyen Bao Cuong, MSc. Nguyen Khac Tuan, MSc. Tong Thi Mai Hong, MSc.; and Dr. Vu Phuong Ly, Programme Specialist - UN Women Viet Nam Country Office. Dr. Vu Phuong Ly coordinated the development of this report, under the direction of Ms. Eliza Fernandez Saenz – UN Women Representative in Viet Nam. The report was also edited by Professor Yvonne Corcoran-Nantes PhD and Ms. Bui Thanh Ha, Programme Consultant, UN Women Viet Nam.

The Research Team would also like to thank the representatives from relevant ministries, sectors, and agencies for their valuable comments, contributions, and enthusiastic support during the research process, for providing necessary data and documents; and for sharing their ideas, viewpoints, and judgments related to research topics and content at consultation workshops during the process of drafting and finalising this report.

The views and recommendations expressed in this report are solely those of the Research Team and do not necessarily reflect the views and opinions of UN Women in Viet Nam or relevant ministries and



## Executive Summary

Ensuring social protection for people is a central task and policy of the Communist Party and the State of Viet Nam, which plays an important role in maintaining the socio-economic stability and the sustainable development of the country. A well-designed social protection policy system can narrow the gender gap in poverty reduction, and enhance the income security of women, especially poor women. Thanks to the legal documents promulgated since 2006 on gender equality (GE) mainstreaming, many social protection-related laws and policies have gradually become gender-responsive, bringing opportunities for more equal access to, participation in and benefits from policies for both men, women and various groups.

However, besides the achievements gained, there remain limitations and shortcomings in the implementation of some social policies. Social policies do not necessarily cover all target groups in need of support, the policy implementation process remains inconsistent and uneven among different provinces; there exists considerable disparities in living standards and in the levels of cultural and spiritual enjoyment among regions, areas, and target groups, especially women and girls.

This report aims to assess the status and results of the implementation of social protection policies for women and girls within the framework of Resolution No. 15 in the period 2012-2020<sup>1</sup> and to propose recommendations to promote the GE mainstreaming in the development of a Resolution on a number of new social protection policies to 2030.

<sup>1</sup> Resolution No. 15/NQ-TW dated 1 June 2012 was issued with the goal to ensure a number of social policy issues in 2012-2020. The Resolution focuses on four areas of social protection, including: (1) Ensuring employment, income, and poverty reduction for disadvantaged groups; (2) Ensuring social insurance for the citizens; (3) Ensuring social assistance for people under extremely difficult economic circumstances; and (4) Ensuring support in access to basic social services for citizens.



## 1. Assessment of social protection policies for women and girls in Viet Nam in the period 2012-2020

### A) POLICIES ON ENSURING MINIMAL INCOME

---

#### *Achievements*

**First**, the current legal and policy system on gender equality (GE) and labour-employment is relatively comprehensive and compatible with international standards and commitments to which Viet Nam is a signatory. The principle of GE and gender-based non-discrimination in the field of labour-employment has been clearly expressed in the Constitution, the Labour Code, the Law on Gender Equality, the Law on Employment, the Law on Vocational Education, the Law on Social Insurance and the Law on Occupational Safety and Health. Policy and law documents on labour and employment in the period 2012-2020 were developed, amended and supplemented in a more gender mainstreamed and gender-sensitive way.

**Second**, the Law on Gender Equality 2006 and the Law on the Promulgation of Legal Documents 2008 (amended in 2015 and 2019) regulate gender mainstreaming in the development of legal documents, thanks to these labour-employment policies issued during this period have included both a gender impact assessment and gender mainstreaming.

**Third**, in the development of laws and policies, there has been a gradual shift from an approach to protecting female employees to one that ensures and promotes gender equality. Many measures to promote GE in labour-employment have been applied.

#### *Limitations*

**First**, regarding labour market development policies.

Although the Labour Code 2019 has expanded to cover informal workers without employee protection (as defined in Clause 1, Article 13), the expanded scope continues to focus on salaried workers and has not yet moved to regulate self-employed workers and unpaid family

workers. Therefore, female workers belonging to these two groups remain unprotected by the Labour Code 2019.

Policies supporting labour market engagement such as those on the development of the official job introduction service system are not been fully and effectively gender-responsive. A portion of female workers, especially poor, low-educated women, rural women, and ethnic minority (EM) women face difficulties in accessing and benefiting from these policies.

**Second**, regarding policies on support for migrant workers (domestically and internationally).

Many migrant workers have not yet benefited from policies on labour-employment, SI, social security, and basic social services such as health, education, housing, access to clean water and access to information. There is a lack of policy to support employees migrating to industrial parks and urban areas; the majority of migrants moving to urban areas, industrial parks, and export processing zones have not yet benefited from policies supporting migration and stabilization at their destinations.<sup>2</sup>

The system of policies on Vietnamese guest worker services, despite being gender mainstreamed, still have some limitations such as no specific regulations on gender promotion measures, and no measures to ensure that professional staff who manage and support Vietnamese guest workers have sufficient knowledge and skills on GE and the prevention of sexual harassment in the workplace. The content of the contracts for the Vietnamese guest worker does not adequately mention GE, and there are no provisions related to regulations for guaranteeing GE or the prevention and combatting of sexual harassment.

**Third**, migrant workers, including female migrant workers, have not yet been able to access vocational training services because the current vocational education policies often target people with registered permanent residence in the local areas.<sup>3</sup>

**Fourth**, the solutions to promote GE in the labour sector i.e., '*Employers shall create occupational safety and health (OSH) conditions for female employees working in a number of laborious and dangerous industries or occupations or in contact with toxic substances*' which are not consistent and in line with the provisions of the Labour Code 2019 should be eliminated.<sup>4</sup>

**Fifth**, the regulations on GE in the labour sector within the Law on Gender Equality 2006 have failed to focus on the prevention and elimination of sexual harassment in the workplace while there are no protocols which promote GE in this regard. This is an issue that has had a profound impact on the implementation of GE in the workplace.

**Sixth**, the Law on Gender Equality, the Labour Code, and a number of laws and policies in the field of labour-employment do not/have not yet mentioned issues and concepts such as indirect discrimination; intertwined discrimination; and different forms of gender-based discrimination in the fields of economy, and labour and employment.

2 CIEM, 2021. Study on gender in internal migration and economic restructure in Viet Nam

3 Clause 3, Article 4 of Circular No. 152/2016/TT-BTC dated 17 October 2016 stipulating the management and use of funding to support primary vocational trainings and under-3-month trainings

4 The Labour Code 2019 has empowered female workers to decide whether or not to do occupations or jobs that adversely affect reproductive and child rearing function. At the same time, the Labour Code 2019 also stipulates that it is the responsibility of the employers to provide sufficient information about the dangerous nature, risks and requirements of the job for the employees to decide/select; employers must ensure occupational safety and health conditions for employees in accordance with regulations when employing them to do these occupations and jobs.

**Seventh**, a number of provisions of law and policy in the field of the economy, and labour-employment have not yet been fully and effectively gender mainstreamed; there remains regulations that fail to consider indirect gender-based discrimination.

**Eighth**, there remains an inconsistency among regulations/provisions of different laws, resulting in difficulties in the implementation and disadvantages for workers, especially female workers.

**Finally**, Viet Nam has not yet ratified all fundamental international conventions (only seven out of eight) related to GE and labour-employment.

## B) POLICIES ON POVERTY REDUCTION FOR WOMEN AND GIRLS

---

### *Achievements*

**First**, the implementation of the National Target Program (NTP) on Sustainable Poverty Reduction (SPR) 2016-2020 was a great opportunity to promote GE, because sustainable poverty reduction and ensuring social protection would lead to social justice, including guaranteed GE. At the same time, if GE promotion was ensured during the NTP implementation, the achievements in economic growth and poverty reduction would become sustainable.

**Second**, in the period 2016-2020, the multi-dimensional poverty line was applied which included the criteria for income and the deprivation of basic social services to identify poor and near-poor households. These were key criteria to identify communes with extreme difficulties eligible for investment support by the Program 135 (P135). Among the 10 indicators measuring the deprivation of basic services, many are directly related to poor and EM women such as access to education, healthcare, domestic water, and information. This is an opportunity to improve the marginalised condition of poor women and narrow the gender gap.

**Third**, Program 135 in 2016–2020 included: *Project 2* offering capacity-building activities for grassroots communities and officers in extremely difficult communes, border communes, and safe zone communes; and extremely difficult villages; and *Project 5* offering capacity-building activities for staff working in poverty reduction at all levels, in which capacity-building for female officers was prioritised. With these projects, women had opportunities to access training to improve their skills and knowledge to participate in the NTP-SPR's activities in a more practical and effective manner.

**Fourth**, the guidance on monitoring and evaluation (M&E) of the NTP-SPR 2016-2020 included regulations on the engagement of women and their representative organisation i.e., the Women's Union.<sup>5</sup> These regulations facilitated women to participate in the NTP's activities not only as beneficiaries, but also as those directly implementing the activities, as well as engaging in the M&E.

---

5 Circular No. 39/2016/TT-BLDTBXH guiding the report on monitoring and evaluation, Circular No. 18/2017/TT-BNNPTNT, Circular No. 01/2016/TT-UBND.

## Limitations

**First**, the NTP-SPR 2016-2020 and policies for poor and near-poor households applied the cross-cutting principle of 'prioritising women', only considered women as the 'marginalised' group that needs to 'be prioritised in receiving benefits' from the Program. This principle was not concretised by guidelines on implementation, and there was a lack of indicators and monitoring mechanisms to ensure its practical implementation. The guidelines on the NTP implementation did not adequately mention gender issues,<sup>6</sup> but only provided the general principles which were not specific, there were no detailed instructions on the execution of the principles, therefore they were, in reality, not applied.<sup>7</sup>

**Second**, in the implementation of the NTP-SPR, GE issues were not fully and effectively integrated, and equal opportunities for women as actors or implementers of the NTP activities were not guaranteed. There was no budget allocated to gender integration or the implementation of gender priorities. The gender integration capacity of the relevant staff was limited. Meanwhile, capacity-building activities conducted for staff did not equip them with a knowledge of GE and gender integration (GI).

**Third**, the Women's Unions (WUs) were not given suitable conditions and opportunities to promote their representative role for women in general and women in poor and near-poor households in particular during the actual implementation of the NTP-SPR. The Women's Unions mainly participated in the propaganda and mobilization tasks during the NTP implementation and have not yet promoted their role as an implementing actor to develop livelihood and ensure food security and child nutrition in difficult and extremely difficult areas.

**Fourth**, gender norms about women's status and role in the family and community were the factor that prevented women from participating in and benefiting equally from the Program. The burden of housework and care work prevented women from participating in Program activities. Women's role and voice in the Program's decision-making process were not properly recognised. Therefore, in some cases, the active participation of women in the Program activities might further increase their 'double' burden.

**Fifth**, the planning was an important mechanism to promote the voice and participation of women and other marginalised groups. Yet, in practice, women's participation in planning remained very limited.

In addition, ***the poverty reduction policies have not taken into account poor children***. Methods and mechanisms for identifying policy beneficiaries have not yet accurately measured children's specific deprivations, resulting in children's inaccessibility to the support they need.<sup>8</sup> ***Most of Viet Nam's poverty reduction policies target and provide solutions to support poor households; while the United Nations is aiming to reduce poverty per capita.***

6 Circular No. 39/2016/TT-LDTB&XH guiding the inspection, monitoring and evaluation stipulates a number of indicators that need sex-disaggregated data. Circular No. 01/2017/TT-UBDT guiding the implementation of Program 135 (the component project No. 2 of the National Target Program on New Rural Development (NTP-NRD) stipulates the minimal percentage of women participating in village meetings i.e., 30%. In addition, the National Poverty Reduction Office (under MOLISA) organized the compilation of the Program Implementation Handbook, which contains some content on gender mainstreaming. However, this Handbook was only for reference and recommended to use.

7 CARE, Oxfam, SNV (2018). Gender independent assessment in the NTP 2016-2020.

8 Mrs. Rana Flowers, Representative of UNICEF in Viet Nam said that in normal conditions, there were still around 60% of children deprived from various supporting programs.



## C) POLICIES ON SOCIAL INSURANCE AND UNEMPLOYMENT INSURANCE FOR WOMEN

---

### Social insurance policies

#### Achievements

**First**, the regulation on the expansion of Social Insurance (SI) participants has facilitated and given opportunities for many disadvantaged groups of female workers in the labour market to be covered by SI.

**Second**, there have been policies to encourage and support workers to pay voluntary SI premiums; including the most disadvantaged groups of female workers.

**Third**, the maternity benefit regime under Viet Nam's Law on Social Insurance 2014 is one of the most generous systems compared to other countries in the ASEAN region in terms of leave duration and allowance rates; at the same time, it expresses the principle of gender equality (GE) with the provision that male workers are entitled to paternity leave in some specific cases.

#### Limitations

**First, the regulations on the participants of the compulsory SI** still mainly follow 'the principle of contribution-enjoyment', which has not given adequate attention to the principle of sharing and has not promoted real gender equality in practice.

**Second**, the current regulatory conditions for lump-sum SI allowance are quite easy<sup>9</sup>, while the regulatory conditions for pension enjoyment are too strict<sup>10</sup>, as a result, a proportion of female workers would decide to enjoy a lump-sum SI allowance, which largely affects their SI benefits at retirement age.

**Third**, the regulations on the age of retirement for males and females retained a 5-year difference, which was unreasonable and inconsistent with the legal system.

**Fourth**, the pension has not been designed reasonably, majoring in 'the principle of contribution-enjoyment', which has not given adequate attention to the principle of sharing and narrowing the gap in living standards among pensioners<sup>11</sup>. At the same time, the regulation of pension adjustment according to the same rate<sup>12</sup> would further widen this gap. As the pensions of female workers are always lower than those of male workers, this regulation would widen the pension gap between men and women even further.

---

9 Clause 1, Article 60 and Clause 1, Article 77 of Law on Social Insurance 2014 and Clause 1, Article 1 of the Resolution No. 93/2015/QH13.

10 Article 54, Law on Social Insurance 2014.

11 The person enjoying the lowest pension - equal to the basic salary i.e. VND1.3 million/month and the person enjoying the highest pension level i.e. VND100 million/month. When the pension increases by 7%, the person enjoying the lowest pension level will get an increase of VND91,000 and the person enjoying the highest pension level will get an increase of VND07 million.

12 Clause 2, Article 63 of Law on Social Insurance 2014. Salaries for which social insurance premiums have been paid as a basis for calculation of the average monthly salary on which social insurance premiums are based for employees defined in Clause 2, Article 89 of this Law shall be adjusted based on the consumer price index in each period as regulated by the Government.

**Fifth**, the limitation of the voluntary SI is that it offers two benefits only: retirement and survivor benefits. It does not meet the needs of female workers for maternity, sickness, occupational accident and/or disease, and unemployment benefits. Therefore, the voluntary SI has failed to attract workers, especially female workers in the informal sector.

**Sixth**, the fundamental limitation of Viet Nam's maternity regime is that its coverage is low and does not ensure fairness for female workers in different economic sectors; does not apply a cross-cutting and systematic approach to the sharing of child care responsibility between men and women.

**Seventh**, the Law on Social Insurance 2014 stipulates a maximum period of enjoying a sickness regime for workers in one year based on their duration of paying SI premiums<sup>13</sup>. This regulation may be detrimental to female workers because the salaried work duration of female workers is shorter than that of male workers.

**Finally**, the regulations on the SI statistics and reporting do not require sex-disaggregated data, making it difficult to capture the gender situation on SI.

### **Unemployment insurance (UI) policy**

**First**, regulations on UI participants are less beneficial for the most disadvantaged groups of female workers in the groups bereft of employee protections, while there are no voluntary UI policies applicable to workers in informal employment that lack job protection.

**Second**, a number of provisions of the Employment Law 2013<sup>14</sup> are not consistent with the legal system (different from the Law on Social Insurance 2014), in that neither have acknowledged care work nor supported workers, especially female workers in their social reproduction functions.

Since the breakout of the COVID-19 pandemic, Viet Nam's government has been issuing supplementary policies<sup>15</sup> supporting people in hardship, due to COVID-19, that are not included in existing policies. However, gender issues and gender impact assessments have not been considered in the formulation and promulgation of policies, leading to limited benefits for women.

13 Article 26, Law on Social Insurance 2014: "For employees working in normal conditions, this period is 30 days, if they have paid SI premiums for less than 15 years; 40 days, if they have paid SI premiums for between full 15 years and less than 30 years; or 60 days, if they have paid SI premiums for full 30 years or more.

14 Point 1.8, Clause 1, Article 46, Decision No. 595/QĐ-BHXH: 6. For workers who are taking maternal leave of 14 workdays or more in a month, the employers and the workers do not have to pay social insurance, unemployment insurance, labour accident and occupational disease insurance, and this period is included in the time of the employee's SI premium payment, not UI payment.

15 Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support people facing difficulties due to COVID-19 pandemic; Decision No. 15/2020/QĐ-TTg dated 24 April 2020 on requirements, documents, procedures and order of aid implementation; Resolution No. 105/NQ-CP by Viet Nam's Government dated 14 July 2020 and Resolution No. 154/NQ-CP dated 19 October 2020 on amending and supplementing Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support people facing difficulties due to COVID-19 pandemic.

## D) POLICIES ON SOCIAL ASSISTANCE FOR WOMEN AND GIRLS

---

### *Achievements:*

**First**, Viet Nam's policies on social assistance,<sup>16</sup> including regular social assistance, social care and emergency social assistance, have planned to support and protect all people against risks and shocks in life. Emergency (ad hoc) social assistance is applied in cases of natural disaster risks, epidemics or other force majeure in various forms.

**Second**, Viet Nam's social assistance policies have been gradually completed, targeting international integration, applying the life-cycle approach for the formulation of SA policies to respond to risks; a human rights-based and human-centred approach; with the orientation to develop social work as a profession in Viet Nam.

### *Limitations:*

Current SA policies are unable to anticipate cases of the unprecedented pandemics/epidemics with severe impact, such as the COVID-19 pandemic. However, the SA policy-making process, especially emergency SA policies, has not yet included an adequate gender impact assessment and gender mainstreaming, therefore the policy solutions and support have not been gender-sensitive.

## E) POLICIES ON A MINIMAL LEVEL OF BASIC SOCIAL SERVICES FOR WOMEN AND GIRLS

---

### e1. Ensure minimal education

#### *Achievements:*

**First**, GE integration in education has created opportunities to improve children's access to quality education, help children better understand GE, and contribute to narrowing the gap between male and female learners in education. Universal education policies to ensure that all children have access to compulsory education have promoted learning opportunities for disadvantaged and vulnerable groups, contributing to narrowing the gender gap in education.

**Second**, educational support policies such as the exemption and reduction of tuition fees and other contributions, lunch support, rice support and preferential loans, have contributed to improving social equity in education, especially increased learning opportunities for girls, EM children and poor children. Some educational subsidy policies, such as subsidies for the children of workers in industrial zones where 70% of workers are female, have helped female workers, especially female migrant workers reduce the burden of education costs.

**Third**, the collection of gender statistical data by the Ministry of Education and Training (MOET) has gradually improved through the collection of sex-disaggregated data.

**Fourth**, some education policies have considered gender difference such as policies giving priority to women in vocational training.

---

16 Decree No. 20/2021/ND-CP dated 15 March 2021 replacing Decree No. 136/2013/ND-CP dated 21 October 2013 stipulating social assistance policies for beneficiaries of social protection.

### **Limitations:**

**First**, the Law on Education 2019 does not have a direct provision stipulating the focus on special measures to address existing gender disparities in education.

**Second**, most of the policies to support education for those in special circumstances are still gender 'neutral' and do not include any special measures to support women and girls. There is a lack of specific policy solutions to promote GE and address existing gender issues in practice, for example, most girls are subjected to school violence and sexual abuse against girls, etc.

**Thirdly**, measures to promote GE in education are not robust enough or are inadequate to address the gender inequality affecting girls in disadvantaged rural, mountainous, remote and isolated areas where many poor households do not have enough money or do not want to invest in their daughters' further education. GE issues have not been included in the Law on Education as a priority in the development of general education curricula and teacher training. Measures to close the gender gap and promote GE in higher education have not been adequately addressed in the Law on Higher Education.

**Fourth**, according to the mechanism, resource allocation to promote GE in education is limited. The budget for GE implementation in this field mainly relies on support from international organisations. Moreover, educational staff are not gender-sensitive.

**Fifth**, education policies have not been synchronised with other policies, they have especially failed to secure equal access to the public education system for children of female migrant workers. Regulations on enrolment/admission in public schools based on the area of residence may affect access to the public education system for children of female migrant workers.

**Sixth**, statistical data related to educational access of vulnerable groups (EM children, children with disabilities, migrant children, etc) are quite limited and only collected in specialised surveys, and therefore there is no periodic data, meanwhile, access to education is often more difficult for children of these groups.

## **e2. Ensure minimal healthcare**

### **Achievements:**

**First**, laws and policies in the health sector do not contain provisions that are directly based on gender discrimination. There are several regulations that have an indirect impact on women's access to health benefits, such as: According to Article 13 (3) of the Law on Health Insurance, all family members must participate in the health insurance system. This form of compulsory family health insurance can increase the number of women participating in health insurance compared to voluntary individual health insurance, because with individual voluntary health insurance, in many cases women are not prioritised (UNFPA, 2020).

**Second**, policies to ensure access to basic healthcare services for mothers and children (during pregnancy, childbirth, and rearing of children under five years old (U5 children)) are always one of the focal points in the health policy system and have had a strong impact on promoting GE in social protection for women and children in this area.

### **Limitations:**

**First**, several provisions of the Law on Health Insurance are indirectly impacting equal access to healthcare for women and children. For example, Clause 3, Article 22, the Law on Health Insurance stipulates that patients who visit medical examination and treatment facilities other than their registered primary facilities, mentioned in their health insurance cards, will

not receive full financial cover by health insurance. Meanwhile, the Law on Health Insurance requires the registration of medical examination and treatment facilities according to permanent residential addresses. As such, this provision has a negative impact on migrants, including migrant women and girls (UNFPA, 2020).

**Second**, the laws and policies which ensure basic healthcare for children lack gender-responsive provisions, leading to a lack of special intervention measures to mitigate the severity of health issues for certain groups of boys and girls (e.g., nutrition, child mortality, etc.). Therefore, it is necessary to promote evidence-based policies that take into account gender factors in child healthcare.

**Third**, there is a lack of information, statistics and evidence that take into account gender difference in some areas of maternal and child healthcare, especially in-depth analyses on the causes of differences in health conditions, risks, and patterns of vulnerability to men's and women's health. The data on primary healthcare for pregnant women in recent times has not been published regularly, and especially have not been disaggregated by urban/rural areas, regions, and ethnic groups to reveal the differences among the geographical regions and population groups, whereas women in rural, mountainous areas and women of EM groups having a small population are often more vulnerable.

### e3. Other fundamental social services

#### **Achievements:**

Existing policies on other basic social services such as information, housing and clean water provide some regulations to ensure GE in access to these basic social services. These regulations have been integrated into poverty reduction policies and policies for EM and mountainous areas. Women and girls are among the beneficiaries and receive more attention/support.

#### **Limitations:**

**First**, current policies on access to information, housing, and clean water do not clearly stipulate the participation of women and women's representative organisations in the planning and implementation of the construction and operation of public social service works such as clean water and environmental sanitation.

**Second**, the statistical information system on access to basic social services has not been sex-disaggregated.

## 2. Assessment of actual access to social protection for women and girls in 2012-2020

### A) ENSURE MINIMAL INCOME FOR WOMEN

---

The results of the Labour Force Surveys (LFS) in the period 2012-2020 by GSO show that:

- The female labour force participation rate showed a decrease, from 72.5% in 2012 to 69.0% in 2020. Throughout this period, the female labour force participation rate was lower than that of males.
- The percentage of the trained female labour force increased but remained lower than that of the male labour force.
- The employment growth rate of women was lower than that of men in the period 2012-2020 (female: +0.15%/year; male: +0.88%/year). The share of female employment in total employment was reduced from 48.4% in 2012 to 47.2% in 2020.
- Women accounted for a high proportion of those in occupations that did not require professional and technical skills/qualifications: women in unstable jobs were much more vulnerable than men; clearly distinguishing the jobs that are 'women preferred' and the jobs that are 'men preferred'.
- Women's position in employment was lower than that of men: the proportion of women was twice as high as that of men in the group of unpaid family workers; however, the proportion of women was only half of that of men in the group of owners of production, business, and service establishments.
- Labourers working abroad under contract: the number of women was only half (1/2) to two third (2/3) that of men and women mostly worked in jobs and occupations with lower wages and a lack of protection from the laws of the destination countries.<sup>17</sup>
- The unemployment rate of female workers was higher than that of men, and the unemployment rate of female workers tended to increase faster than that of men.
- Although women's income tended to increase, the rate of increase was slower than that of men: women's income increased by +7.35%/year, while the corresponding increase of men was 7.67%/year. Thus, male income was about 9-12% higher than that of women.
- Women-owned enterprises accounted for about 29.9% of the total number of businesses operating in the country (2020).<sup>18</sup> The majority of women-owned enterprises tend to be micro and small, operating mainly in the service sector. Women-owned enterprises face difficulties and obstacles, affecting their operations and development, especially in access to financial resources, human capital and social capital.

---

17 ILSSA synthesised data from the annual review report of the Department of Overseas Labour, Ministry of Labour - Invalids and Social Affairs.

18 Data provided by the Business Registration Management Agency, Ministry of Planning and Investment on 31 December 2020.

## B) ENSURE POVERTY REDUCTION FOR WOMEN

---

- The group of female-headed households had a poverty rate of 10.3%, lower than that of the group of male-headed households i.e., 12.4% in 2020. However, the improvement of male-headed households was faster in the period 2012-2020, with the reduction in the poverty rate of female and male-headed households being -5.95 and -13.41% percentage points respectively. In rural areas, the percentage of poor female-headed households tended to increase, from 16.32% in 2012 to 22% in 2020. While in urban areas, the trend was the opposite.
- The 'weaknesses' of poor household female heads: (i) Low educational attainment, 65.3% of poor household female heads did not complete primary school (2020); (ii) 72.4% were in unskilled jobs (2020); (iii) 30% unemployed/did not go to work (2020). It is worth noting that over 10% of poor female household heads did not go to work because they performed unpaid productive work in the home, while this rate for male household heads was just over 5%.
  - a) **Ensure social insurance for women**
    - The rate of SI participation by age group: increased rapidly from 15-24 years old and reached the highest rate at 25-29 years old. From the age of 30, the downward trend began, and the rate of decrease in SI participation of the female labour force was faster than that for the male labour force.
    - The pressure of the ageing population affected the SI participation of women, and 14.5% of women, compared to 5.5% of men, left the labour force for reasons related to unpaid care work.
    - Women were more disadvantaged in terms of SI participation and benefits (the gender gap was 9.7% in labour force participation and 8.9% in income).
    - Retirement regime: the actual SI coverage of women was higher than that of men, but the rate of female pension benefits was lower.
    - The average pension of women is lower than men (in 2019: women: VND 4,087,836 and men: VND 5,098,542); the gender gap has tended to increase in the past five years, the the gender gap in the State sector was 19.4%, while in the private sector it was 12.2%.
    - Women's average time of paying SI contributions is four years less than that of men, which affects the pension amount.
    - Ensure social assistance for women and girls
      - In the period 2012-2020, social assistance work gained effective results in supporting victims of human trafficking and survivors of gender-based violence (GBV).
      - Most of the SA policies were gender neutral, with inadequate attention paid to the different needs and actual conditions of men and women, boys and girls.
      - Statistics in social assistance were not fully sex disaggregated. The capacity of SA agencies and organisations in GE and gender mainstreaming remains very limited.

## C) ENSURE BASIC SOCIAL SERVICES FOR WOMEN AND GIRLS

---

- **Education-related issues for women and girls:** there were achievements in significant gap closing between boys and girls in accessing general education; the literacy rate of EM girls and women in disadvantaged areas increased; gender and GE issues were integrated into new general education programs, subject curricula, and textbooks; and the quality of communication on GE and gender-related issues in education management authorities, training institutions, parents and the community improved.
- However, in 2012-2020, there remained gender issues in ensuring minimal education in Viet Nam, including the significant gender gap in specific groups in terms of their participation and realisation of education rights; the limited access to quality education and educational achievements of EM and rural girls; female EMs suffering from multi-dimensional and intertwined disadvantages of 'gender', 'ethnicity', 'illiteracy', and 'poverty'; and the literacy rate of EM women was much lower than that of Kinh women.
- **Many achievements in minimal healthcare for women and girls:** there were certain improvements in the reduction of child malnutrition rate; adequate immunisation of children under one year old; reduction in the child mortality rate; rapid increase in the percentage of pregnant women receiving three antenatal check-ups, 91.4% in 2018, an increase of +12.2% compared to 2012; 98.5% of women giving birth attended by qualified health workers in 2018, an increase of +1.8 percentage points compared to 2011; 98.8% of women giving birth attended by skilled health workers in 2018, an increase of +0.5 percentage points compared to 2015; and women's higher average life expectancy vis a vis men, 76.3 vs 71.0 years old (2019).
- **Difficulties in healthcare for mothers and girls:** EM children, children of mothers/caregivers with low educational attainment, children of migrant mothers, etc. were the most difficult groups of children. Repeat abortions were quite common; abortion rates, including abortions among adolescents and young adults, remained high. EMs, young people and migrants still faced unnecessary difficulties in access to reproductive health information and services. Sex imbalance at birth rapidly became widespread. While the adolescent birth rate tended to be on the rise.
- A series of policies on housing support for disadvantaged groups such as poor households, EM households, and households in socio-economic difficult conditions were implemented, **but female migrant workers in the informal sector faced difficulties in accessing minimal housing.** These women live in makeshift, unsafe renting rooms, with a lack of basic life services.
- **Access to information:** 100% of communes in mountainous, remote, border and island areas were covered by terrestrial radio and terrestrial television (2017). 90% of communes in mountainous, remote, border and island areas had commune radio stations (2018). Statistics on information and communication have not been sex-disaggregated. Female-headed households had a lower access rate to all information sources than male-headed households, and there were huge differences in the percentages of households in urban and rural areas, and female and male-headed households in the use of modern information sources such as computers and the internet.



- **Access to housing:** The percentages of female-headed households and male-headed households living in temporary/non-permanent houses tended to decrease; the percentages of female-headed households living in these types of houses were lower than the corresponding percentages of male-headed households. The current housing statistical system does not require sex-disaggregation of data, making it difficult to collect and analyse data on migrant women's access to housing.
- **Access to clean water:** The percentages of female-headed households and male-headed households using hygienic water sources for drinking have both increased. Some groups of migrant women living in rented rooms, poor women, and EM women living in areas in extremely difficult socio-economic conditions, disadvantaged areas and local people still faced difficulties in accessing clean and safe water, even in serviced urban areas. Women's participation in decision-making on clean water supply and sanitation remained low, and water initiatives rarely considered gender difference in the household labour division.

### 3. Policy recommendations on gender mainstreaming in social protection development in the coming period

#### RECOMMENDATIONS ON EMPLOYMENT AND INCOME SECURITY FOR WOMEN

---

**First,** continue to complete the system of laws and policies on the economy, labour and employment. Specific solutions:

- To complete the system of laws and policies on the economy, labour and employment to ensure the consistency of the legal system and domesticate international labour standards in line with the level of socio-economic development towards the economic integration of Viet Nam.
- Change the approach to formulating and completing policies from 'protecting female workers' to 'guaranteeing and promoting gender equality' in the entire relevant legal and policy system.

**Second,** the functional authorities need to strengthen the propaganda and communication of labour law policies for business owners and workers so that they strictly implement the provisions of the law. At the same time, it is necessary to strengthen the inspection, examination and monitoring of the implementation of regulations applicable to female workers to ensure the realisation of female workers' rights in the workplace. Discrimination against female workers on the grounds of maternity or marital status should be punished by law.

**Third,** continue to review and assess the need for employment and vocational training services of groups of disadvantaged women in poor areas, low-educated women, EM women, and migrant women to design and adjust products and services accordingly. Develop diverse and flexible forms of vocational training, which are linked to job creation for female workers, to help women access the occupations currently dominated by men. In addition, promote women to study Science – Technology – Engineering - Mathematics (STEM), automation, etc. to meet the market needs of international economic integration.

**Fourth,** create conditions for women to have full and equal access to resources to support entrepreneurship, start-up, and SME development; especially support resources from the

State budget. Focus on supporting women in start-up and entrepreneurship in the fields and industries of production, business and services having local strong traditional products, especially in EM and mountainous areas.

**Fifth**, diversify solutions to support women to have full and equal access to policies and programs on vocational education in order to improve the quality of female human resources, gradually narrowing the gender gap in the field. Determine and ensure the implementation of targets on the percentage of female students enrolled in key industries and occupations; at different training levels, from intermediate and college; at high-quality vocational schools funded/invested and supported by the State budget; and in agricultural, fishery and forestry extension activities funded by the State budget, especially in EM and mountainous areas.

**Sixth**, strengthen support solutions for disadvantaged groups of female and male labourers to have full and equal access to policies and programs to promote and support the shift from informal employment to formal employment.

**Seventh**, study and develop gender equality service delivery models, which focus on supporting job creation, job shifting, minimal income security and sustainable poverty reduction for female workers of poor households, near-poor households; rural female workers and EM female workers.

**Eighth**, strengthen the inspection of the implementation of policies to ensure and promote gender equality in the economy, labour and employment; the implementation of policies/benefits for female workers in enterprises, production, business and service establishments.

**Ninth**, promote corporate social responsibility of businesses employing female workers in the implementation of social protection policies for women and girls.

**Finally**, regarding the preferential credit policy: increase the number of unsecured loans and loan terms to suit the specific production-business-service plans of the women's groups.

## RECOMMENDATIONS ON GENDER EQUALITY PROMOTION IN THE FIELD OF POVERTY REDUCTION

---

**First**, change the approach to gender mainstreaming in poverty reduction programs and policies. Emphasise that the principle of ‘prioritising women’ is an inadequate approach to gender equality in poverty reduction. Therefore, it is necessary to fully and effectively integrate gender into the NTP-SPR, in particular, and poverty reduction policies in general.

**Second**, concretise gender mainstreaming in poverty reduction programs and policies into specific mechanisms and regulations, including adequate budget and resource allocation to the practical implementation of gender mainstreaming.

**Third**, institutionalise the participatory planning process in the Program, and guarantee the inclusion of the views and participation of women’s groups. This is the most basic and important mechanism to ensure that women have a voice and a role in the decision making on the use of resources from poverty reduction programs and policies.

**Fourth**, fulfil the need for capacity building in gender mainstreaming among officers in charge of poverty reduction. Capacity-building activities should focus on gender mainstreaming methods and skills in the implementation of poverty reduction programs and policies. In terms of methods, there is a need for innovation in the approach to capacity-building for poverty reduction officers. The learning approach applied should be participatory, providing opportunities for learners to learn and acquire new skills through benchmarking with their practical experience and practice.

**Fifth**, promote gender-responsive communication on poverty reduction, and highlight the benefits of gender mainstreaming in sustainable poverty reduction.

**Sixth**, recommendations to provinces: (i) innovate to apply the participatory and gender mainstreamed planning; (ii) ensure that certain resources are assigned/allocated to women directly responsible for the implementation and benefits; (iii) pilot guiding the implementation of the principle of ‘prioritising women’ in the NTP-SPR at the local level; and (iv) develop a capacity-building program for grassroots staff on gender mainstreaming and capacity-building training under that program.

**Seventh**, recommendations for development partners: strengthen technical assistance to the Government of Viet Nam to promote gender equality in the NTP-SPR in particular and in poverty reduction programs and policies in general, especially post-2020 poverty reduction programs and policies.

## RECOMMENDATIONS ON SI POLICY ON GENDER EQUALITY

---

***The SI coverage expansion should pay attention to areas where many female workers have not yet participated in SI.***

Although there is a legal framework for universal SI coverage, the expansion of SI participants still faces limitations and obstacles, failing to achieve the goal of 'strive to have about 50% of the labour force participate in SI by 2020'.<sup>19</sup> Therefore, on the one hand, it is needed to continue to adjust and supplement groups who are capable of participating in compulsory SI, including: owners of individual business households; business managers; people joining the sharing economy<sup>20</sup> that generate new labour relations without labour contracts (Grab, etc.). On the other hand, it is necessary to continue to adjust regulations, policies, and regimes in a timely and suitable manner, in line with the needs for and ability to participate in the SI of the groups that account for a high percentage of the labour force but have a low SI participation rate, especially with respect to women in areas with job protection; areas with little or not employment security such as rural labourers, self-employed labourers and family labourers.

***The amendment and supplementations of social insurance policies should pay attention to the participation needs and capacity of female groups, including:***

### ***Regarding voluntary social insurance***

According to the retirement regime of voluntary SI, it requires participants to pay SI premiums for 20 years in order to be eligible for a monthly pension. This duration is protracted, which is not suitable for the economy's ability to create and maintain jobs for workers. Voluntary SI participants must take care of their immediate needs, and do not receive timely support in cases of sickness, labour accident, maternity, etc. This condition on contribution duration, together with the difficult economic situation, have discouraged voluntary SI participants from continuing to pay the SI premiums to pursue the enjoyment of future retirement benefits in old age.

There is a big difference in benefits between compulsory SI and voluntary SI system. Voluntary SI offers two benefits i.e., pension and death benefit while the immediate risks of loss of income such as illness, maternity, and child-rearing - which directly affect workers' personal life - are not insured. Meanwhile, voluntary SI premium payers must still pay and wait far too long to enjoy the pension and death benefits, which discourages them from participating in voluntary SI. Therefore, in order to increase the attractiveness of the policy as well as to meet the needs of the participants, it is necessary to consider some additional short-term regimes, especially the maternity benefits in voluntary SI to meet the needs of the participants i.e., when a risk occurs, insurance will pay, timely support to women paying voluntary SI premiums, which contributes to ensuring that all women are equal in participating in and benefiting from the maternity regime.

### ***Regarding compulsory social insurance***

***Amend regulations on lump sum SI allowance to limit the increase of SI participants leaving the system (including many female workers).***

19 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam on several social policy issues for the period 2012-2020; Resolution No. 21-NQ/TW dated 22 November 2012 of the Politburo on strengthening the leadership of the Party in the work of social insurance and health insurance in the period 2012 – 2020.

20 The sharing economy is an economic model defined as a peer-to-peer (P2P) based activity of acquiring, providing, or sharing access to goods and services that is often facilitated by a community-based online platform.

**Maternity benefits:** further increase the provisions on maternity leave for male workers in such a way as to ameliorate the mother-centred policy and shift towards joint parental responsibility for child-care.

**Retirement benefits:** amend the conditions for enjoying the retirement benefits in a way that gradually reduces the minimal number of years of SI premium payment to be eligible for the pension benefits i.e., from 20 years to 15 years, and targeting at 10 years, to be suitable to the ability to participate SI of female workers. Future pension adjustment options should consider the goal of reducing the gender gap in pensions.

*Regarding the organisation of implementation*

- Continue to strengthen gender-responsive communication and propaganda on compulsory and voluntary SI policies, health insurance, unemployment insurance, occupational accident and occupational disease insurance; ensure that the most vulnerable groups of men and women can access information and promote their participation in the SI system.
- Strengthen the system's capacity to provide gender-responsive services.
- Review the gender-responsiveness of the current statistical indicator system of SI, propose additional statistical sex-disaggregated indicators, or add a mandatory requirement of sex-disaggregated data to the current indicators.

## RECOMMENDATIONS ON PROMOTING GENDER EQUALITY IN SOCIAL ASSISTANCE

---

**First,** social assistance policies need to ensure a human rights-based approach for both men and women, boys and girls. In the formulation and implementation of social assistance policies and the provision of social work services, it is necessary to be attentive to the needs and actual conditions of each of these target groups.

**Second,** it is necessary to study and develop social assistance norms and social allowance coefficients based on the minimal needs of the target groups of social assistance, which consider the different needs of women and men, and boys and girls.

**Third,** it is necessary to regulate the standardisation of social work services in the field of gender equality, develop standards for each type of service and consistently apply them throughout the country. It is necessary to strengthen the capacity of Centres for Social Work Services to ensure the standardised delivery of gender equality services, and develop training materials, technical and professional guidelines for staff providing social work services in gender equality.

**Fourth,** the social assistance statistics data should be fully sex-disaggregated. In reports on social assistance work, it is necessary to mention the gender equality aspect, especially the status of participation and enjoyment of social assistance policies and services in general and services in gender equality in particular.

**Fifth,** recommendations for development partners: strengthen technical assistance to the Government of Viet Nam to promote gender equality in social assistance such as support studies to provide a theoretical and practical basis for the development of social assistance standards/norms and social assistance coefficients/amounts based on the minimal needs of the SA beneficiaries, which takes into account the diverse needs of women and men, boys and girls; support the development of standards for different types of social work services in the field of gender equality.

## RECOMMENDATIONS TO ENSURE A MINIMAL LEVEL OF BASIC SOCIAL SERVICES FOR WOMEN AND GIRLS

---

### *Ensure minimal education*

**First**, accelerate gender mainstreaming in education policies to promote gender-sensitive policy measures, with more attention to the characteristics of men and women in different regions, under dissimilar economic circumstances, and facing distinct risks, in order to target substantive equality between men and women in terms of opportunities and the ability to access education.

**Second**, mainstream GE into the draft legal documents on education and training identified to have content related to GE or gender inequality-related issues or gender-based discrimination. Strengthen appropriate compensation policies especially for women of different groups such as groups of female cadres, civil servants, public workers, rural women and female workers (especially workers in industrial zones, export processing zones, and non-State employees).

**Third**, review and assess the educational status and needs of girls and boys in some key locations (for example, the Northern mountainous region and the Central Highlands). Review the school dropout status, focusing on girls in EM areas and girls having extremely vulnerable situations.

**Fourth**, promulgate, mobilise the community, implement awareness raising and information sharing campaigns targeting families and schools to encourage and mobilise children to go to school, and create favourable conditions for the inclusion of girls under special circumstances.

**Fifth**, review, assess the current status and identify the needs for the eradication of illiteracy in men and women aged 15 and over (with a focus on provinces with high illiteracy rates). Promote guidance and counselling programs for teachers working with EM girls and girls in extremely vulnerable situations.

**Sixth**, continue to develop, disseminate and organise training on the use of guidelines on gender mainstreaming in the curricula, textbooks with gender-related editing templates in the textbooks (including contents, images, languages, etc.) to the boards of compilation and appraisal of general education programs and textbooks.

Develop schemes and projects on the methods for teaching/training on gender and gender equality in pedagogical training institutions.

Ensure a balance between men and women in training courses at all levels in the national education system.

**Finally**, mobilise and effectively utilise the financial resources for GE work. Strengthen research on GE in the education sector. Promote multilateral and bilateral international cooperation on GE in education.

### *Ensure access to basic healthcare*

**First**, promote GE mainstreaming into laws, policies, programs and plans, ensure basic healthcare for children that takes into account gender difference, which can serve as a basis to propose interventions to specifically address health disadvantages among some certain groups of boys and girls. (e.g., obesity and mortality in boys, etc.).

**Second**, strengthen the provision of reproductive and sexual healthcare services for women

and men. Provide flexible, accessible and free reproductive healthcare services for women and men in EM areas in particular.

**Third**, improve facilities and build health professional capacity of the grassroots health system in rural, EM and mountainous areas; at the same time, ensure the provision of friendly services for rural and EM women that: (i) health workers can communicate in EM languages; (ii) services provided are suitable to the traditional culture, customs and practices of the EM people.

**Fourth**, continue to reduce the EM maternal mortality rate by improving the quality and availability of reproductive healthcare, and maternal and child healthcare services in EM areas.

**Fifth**, have an interdisciplinary approach to reduce the stunting rate among EM children.

**Sixth**, enhance access to sexual and reproductive healthcare information and services of female and male juveniles in rural, EM and mountainous areas. The content of the information should include knowledge of contraceptive methods; the dangers of early marriage, and early pregnancy; HIV/AIDS prevention; and the prevention and treatment of sexually transmitted diseases (STD).

**Finally**, consolidate the database system on maternal and child healthcare.

*Guarantee other basic social services (access to information, clean water, housing)*

**First**, actively implement support and preferential policies on house construction, clean water and information in rural areas, areas with difficult socio-economic conditions, remote areas, EM and mountainous areas.

**Second**, promote gender-responsive budgeting in the formulation and implementation of policies, programs and projects on infrastructure development. Conduct gender analysis and social inclusion analysis, based on that identify the most vulnerable groups in access to clean water, housing and information, thus programs and policies can focus on these target groups.

**Third**, develop a sex-disaggregated database on access to basic social services (considering age, income, ethnicity, culture, geography, etc.).

# Table of Contents

- Acknowledgement..... 3
- Executive Summary ..... 4
- List of Abbreviations..... 29
- CHAPTER 1. GENERAL INTRODUCTION ..... 31**
  - 1.1. Context ..... 32
  - 1.2. Research objectives ..... 32
  - 1.3. Scope of the research ..... 33
  - 1.4. Research methodology ..... 33
  - 1.5. Limitations of the report ..... 35
- CHAPTER 2. SOCIAL PROTECTION SYSTEM IN VIET NAM ..... 36**
  - 2.1 Definition of social protection ..... 37
  - 2.2 Viewpoint in the development of the social protection system in Viet Nam in the period 2012-2020 ..... 40
  - 2.3 Principles of development of the social protection system in Viet Nam for the period 2012-2020 ..... 41
  - 2.4 Functions of the Viet Nam social protection system in the period 2012-2020 ..... 41
  - 2.5 Components of the Viet Nam social protection system in the period 2012-2020 ..... 41
  - 2.6. Social protection system development goals in the period 2012-2020 .....<sup>43</sup>
    - 2.6.1. Job creation and income security..... 43
    - 2.6.2. Poverty reduction ..... 43
    - 2.6.3. Social insurance ..... 43
    - 2.6.4. Social assistance for people under extremely difficult circumstances..... 44
    - 2.6.5. Minimal level of basic social services for people, especially the poor, ethnic minorities and people in difficult circumstances..... 44
- CHAPTER 3. CURRENT STATUS OF SOCIAL PROTECTION FOR WOMEN AND GIRLS IN THE PERIOD 2012-2020 ..... 46**
  - 3.1. Employment, secured minimal income for women ..... 47
    - 3.1.1. Policy review applying a gender equality lens ..... 47
    - 3.1.2. Employment status and secured minimal income for women in the period 2012-2020..... 62
  - 3.2. Poverty reduction for women ..... 84
    - 3.2.1. Policy review applying a gender equality lens ..... 84



3.2.2. Status of poverty reduction for women in the period 2012-2020 .....	91
3.3. Social Insurance .....	96
3.3.1. Policy review applying a gender equality lens .....	96
3.3.2. Status of social insurance for women .....	102
3.4. Social assistance .....	109
3.4.1 Policy review from gender equality lens.....	109
3.4.2 Status of social assistance for women and girls.....	111
3.5. Ensuring a minimal level of basic social services for women and girls.....	114
3.5.1. Ensure minimal education .....	114
3.5.2. Ensure minimal healthcare.....	130
3.5.3. Ensure access to information of the poor and poor regions, especially women and girls ....	149
3.5.4. Ensure clean water for women and girls.....	154
3.5.5. Ensure minimal housing for women and girls .....	160
<b>CHAPTER 4. ORIENTATION FOR THE DEVELOPMENT OF VIET NAM SOCIAL PROTECTION IN 2021-2030, WITH A VISION TO 2045, AND PROMOTION OF GENDER EQUALITY IN SOCIAL PROTECTION DEVELOPMENT IN THE COMING PERIOD .....</b>	<b>163</b>
4.1 Orientation for the development of the Viet Nam social protection system in 2021-2030 and vision to 2045.....	164
4.1.1 Approaches.....	164
4.1.2. Orientation for development of the social protection system in the period 2021-2030, with a vision to 2045 .....	166
4.2. Challenges to gender equality in the socio-economic context in the period 2021-2030, with a vision to 2045 .....	168
4.2.1. Current challenges in the new socio-economic context .....	168
4.2.2. Challenges for gender equality in the coming period.....	169
4.3. Policy recommendations on gender mainstreaming in social protection development in the coming period .....	172
4.3.1. Recommendations on employment and income security for women .....	172
4.3.2. Recommendations on gender equality promotion in poverty reduction.....	173
4.3.3. Recommendations on social insurance policy on gender equality .....	174
4.3.4. Recommendations on promoting gender equality in social assistance .....	176
4.3.5. Recommendations to ensure a minimal level of basic social services for women and girls.	176
<b>REFERENCES .....</b>	<b>179</b>

## List of Table

Table 1. Percentage of labour force participation, by gender, 2012-2020.....	63
Table 2. Percentage of labour force participation, by gender, urban- rural and socio-economic areas, 2020 .....	64
Table 3. Gender gap in employment, by economic regions, 2012-2020.....	67
Table 4. Employment structure, by occupation and gender, 2012-2020 .....	68
Table 5. Employment structure by job status and gender, 2012-2020 .....	69
Table 6. Size of informal workforce, by urban/rural areas, and by gender, 2015-2020 .....	71
Table 7. Unemployment rate, by gender, 2012-2020 (%) .....	72
Table 8. Labour force structure, by technical/qualification level and by gender, 2012-2020 .....	74
Table 9. Income from salaried jobs, by gender, 2012-2020.....	77
Table 10. Monthly average income and professional and technical qualifications.....	78
Table 11. Gender gap index in income, by occupation 2012-2020.....	80
Table 12. Poverty rate in Viet Nam in the period 2012-2020 .....	93
Table 13. Percentage of households benefiting from projects, programs, by source of benefits and household head gender (%).....	95
Table 14. Receipt and settlement of UI benefits .....	108
Table 15. Number of regular social allowance beneficiaries in the community by target group (people) .....	111
Table 16. Number of beneficiaries admitted to the SA establishments or receiving community-based care and nurture, 2011-2020 .....	112
Table 17. Policies to ensure access to education, 2012-2020 .....	119
Table 18. Percentage of U5 malnutrition, by gender (%).....	135
Table 19. Percentage of household members having no drinking water sources in the house and the distribution of that percentage, by persons mainly in charge of drinking water collection for domestic use .....	157

## List of Figure

Figure 1. Labour force by gender, 2012-2020 .....	62
Figure 2. Rate of participation in the labour force, by gender and age in 2020 (%) .....	65
Figure 3. Number of employed workers by gender, 2012-2020.....	66
Figure 4. Unemployment rates of women and men, by age in 2019 and 2020.....	73
Figure 5. Percentage of trained workers, by gender, 2012-2020 (%) .....	74
Figure 6. Number of Vietnamese guest workers under contract, by gender in 2012-2020 (people).....	76
Figure 7. Gender gap index in employment, by occupation in 2020 .....	79
Figure 8. Average monthly living expenditure and income per capita at current prices of poor household in 2012-2020, by gender of household head.....	94
Figure 9. Social Insurance coverage by gender, 2015 and 2019 (%).....	103
Figure 10. SI coverage, by age and gender, Viet Nam, 2019 (% of the labour force).....	104
Figure 11. The current coverage for mothers of newborns:Percentage of women giving birth receiving maternity cash benefits,by region, 2015 or latest available year .....	106
Figure 12. The number of UI participants, 2011-2020.....	108
Figure 13. The net enrolment rate, by education level and gender (%), GPI, 2012-2020 .....	123
Figure 14. The rate of net enrolment among children with/without disabilities, by education level and gender (%), GPI, 2016-2017.....	125
Figure 15. Rate of OOSC, by gender (%) and GPI .....	126
Figure 16. The rate of literate citizens aged 15 years and older, by gender (%).....	127
Figure 17. Mortality rate of children under one year old, by sex .....	138
Figure 18. Mortality rate of children under five years old, by sex.....	139
Figure 19. Percentage of people having Health Insurance cards or free healthcare certificates by area, region, income quintile .....	141
Figure 20. The rate of contraceptive method use in 2012-2021 (%).....	142
Figure 21. The rate of contraceptive use, by rural/urban area, 2012-2018 (%) .....	143
Figure 22. Percentage of prenatal check-ups of the last birth, by number of prenatal check-ups .....	144
Figure 23. Rate of three or more prenatal check-ups of the last birth, by region, socio-economic region, 2012, 2018 (%).....	145

Figure 24. Percentage of women receiving care from medical staff during childbirth (%).....	146
Figure 25. Percentage of births attended by skilled medical staff (%).....	146
Figure 26. The rate of postpartum examination (%).....	148
Figure 27. Distribution of percentage of average time on water fetching, by persons in charge of water fetching, Viet Nam SDG CW 2020-2021 .....	159
Figure 28. Percentage of households living in temporary/non-permanent houses, by male/female-headed household, 2012-2020 (%) .....	161

## List of Boxes and Images

Image 1. Ensure gender-responsive social protection for women and girls .....	33
Image 2. Viet Nam social protection system in the period 2012-2020 .....	42
Box 1. Legal documents stipulating the 'prioritising women' .....	89
Box 2. The practice of gender mainstreaming in the Program implementation .....	90

## List of Abbreviations

ADB	Asian Development Bank
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
EM	Ethnic Minority
F	Female/Females
GDP	Gross domestic product
GE	Gender Equality
GPI	Gender Parity Index
GSO	General Statistics Office of Viet Nam
Hh	Households
HI	Health Insurance
IFC	International Finance Corporation
ILO	International Labour Organisation
ILSSA	Institute of Labour Science and Social Affairs
LFS	Labour Force Survey
M	Male/Males
MICs	Viet Nam Multiple Indicator Cluster Survey
MOET	Ministry of Education and Training
MOLISA	Ministry of Labour - Invalids and Social Affairs
NRD	New Rural Development
NTP	National Target Program
OOSC	Out-of-school children
SA	Social Assistance
SBV	State Bank of Viet Nam
SDGCW	Survey on Measuring Sustainable Development Goal Indicators on Children and Women

SEDEMA	Socio-Economic Development in Ethnic Minority and Mountainous Areas
SI	Social Insurance
SME	Small and Medium Enterprises
SPR	Sustainable Poverty Reduction
STEM	Science – Technology – Engineering - Mathematics
UI	Unemployment Insurance
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VBSP	Viet Nam Bank for Social Policies
VCCI	Viet Nam Chamber of Commerce and Industry
VSDGs	Viet Nam Sustainable Development Goals
WB	World Bank
WHO	World Health Organization
WU	Women’s Union



CHAPTER 1.

# GENERAL INTRODUCTION

## 1.1. CONTEXT

---

Ensuring social protection for the people is a central task and policy of the Communist Party and the State of Viet Nam which plays an important role in maintaining the socio-economic stability and the sustainable development of the country. A well-designed social protection policy system can narrow the gender gap in poverty reduction, and enhance the income security of women, especially poor women.

After eight years of implementing Resolution No. 15/NQ-TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam with the goal to ensure a number of social policy issues for the period 2012-2020 (referred to as Resolution No. 15/NQ-TW), there have been many achievements and positive results in the social policy work, and many millennium goals were achieved ahead of time. The human development index (HDI) of Viet Nam has increased, contributing to socio-economic development, environmental protection and improved social welfare, as well as the material and spiritual life of the people. The system of social policies is basically synchronous and comprehensive, ensuring everyone's social protection rights. Effective implementation of a sustainable poverty reduction policy is a bright achievement highly appreciated by the international community. Social insurance (SI) and health insurance (HI) are expanding and becoming an important pillar of social protection. The social service system has been improved, basically ensuring the right to education, healthcare, housing, clean water and information and communication. Thanks to the legal documents promulgated since 2006 on gender equality (GE) mainstreaming, many social protection-related laws and policies have gradually been gender-responsive, bringing opportunities for more equal access to, participation in and benefits from policies for both men, women and various groups.

However, besides the results achieved, there remain limitations and shortcomings in the implementation of some social policies. Some do not cover all target groups in need of support, the policy implementation process is still inconsistent and uneven among different provinces; there remain fairly large disparities in living standards, levels of cultural and spiritual enjoyment among regions, areas, and target groups, especially women and girls.

Given that, the Politburo issued Conclusion No. 92-KL/TW dated 5 November 2020 on the continual implementation of Resolution No. 15/NQ-TW. Four areas that the Resolution focuses on include (1) Ensuring employment, income, and poverty reduction for disadvantaged groups; (2) Ensuring social insurance for the citizens; (3) Ensuring social assistance for people under special difficult economic circumstances and (4) Ensuring support in access to basic social services for citizens.

On 25 March 2021, the Institute of Labour Science and Social Affairs was assigned by the Ministry of Labour - Invalids and Social Affairs (MOLISA) to lead the development of the Politburo's Resolution on key social policies in the new period to supersede Resolution No. 15/NQ-TW. In order to carry out the Government's tasks, the MOLISA (ILSSA) needs to support the development of social protection reports, which focus on women and other vulnerable groups, as a scientific basis for developing the new Resolution.

## 1.2. RESEARCH OBJECTIVES

---

To assess the current status and results of the implementation of social protection for women and girls within the framework of Resolution No. 15/NQ-TW in 2012-2020.



To propose recommendations to promote GE mainstreaming in the formulation of the Resolution on several new social protection policies by 2030.

### 1.3. SCOPE OF THE RESEARCH

---

**Content:** the research focuses on reviewing and evaluating the GE aspects in the development of social protection policies and at the same time review the results of the implementation of social protection policies in the framework of Resolution No. 15/NQ-TW for women and girls.

**Time:** period 2012-2020.

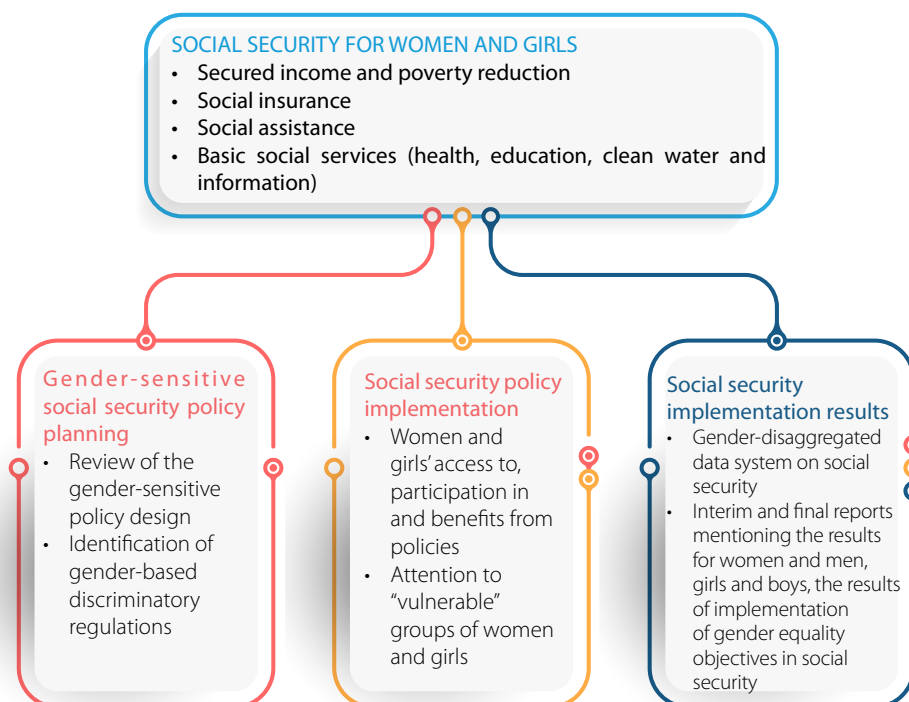
**Location:** whole country.

### 1.4. RESEARCH METHODOLOGY

---

#### Analysis framework

#### IMAGE 1. ENSURE GENDER-RESPONSIVE SOCIAL PROTECTION FOR WOMEN AND GIRLS



***The report used the following research methodologies:***

a) **Desk review**

- Review social protection policies within the framework of Resolution No. 15/NQ-TW on GE, women and girls' equal access to, participation in and enjoyment of social protection policies.

The current policies on social protection include four groups: (i) minimal income and poverty reduction; (ii) social insurance; (iii) social assistance; and (iv) basic social services. Reviewed documents include current policy documents on social protection, and reports on policy implementation at central and local levels.

- Collect and analyse available information, documents and data from state management agencies, domestic and foreign agencies/organisations, and statistical agencies on the current status of social protection for women and girls. The reviewed documents, reports and data related to social protection include:
  - Data from national surveys of the General Statistics Office such as: Population and Housing Census of Viet Nam dated 1 April 2019, Survey on Population Change and Housing, Annual Labour Force Survey (LFS), Viet Nam Household Living Standards Survey, Viet Nam Multiple Indicator Cluster Survey (MICS) 2019, Surveys on the Socio-Economic Situation of 53 EM Groups of Viet Nam 2015 and 2019.
  - Data, materials, information, and administrative reports of central ministries and branches; of provincial departments and agencies related to social protection for women and girls.
  - Research reports, thematic survey results, and sample surveys published by national and foreign agencies and organisations related to social protection.

a) **Qualitative method**

The consultant group conducted several in-depth interviews and held a consultation workshop at the central level.

Participants include:

- Representatives of State management agencies at the central level including the Ministry of Labour - Invalids and Social Affairs (Department of Gender Equality, Department of Social Insurance, Department of Employment, Directorate of Vocational Education, and Department of Child Affairs, Department of Social Assistance, Department of Overseas Labour and Department of International Cooperation.
- Representatives of organisations representing workers and employers: Viet Nam General Confederation of Labour (VGCL), Viet Nam Chamber of Commerce and Industry (VCCI).
- Representatives of relevant socio-political organisations such as Viet Nam Women's Union, Viet Nam Association of the Elderly.
- Representatives of research and teaching agencies and related agencies and organisations such as: Viet Nam Women's Academy, Institute for Family and Gender Studies and the General Statistics Office.

The consultation focused on the development and implementation of gender-sensitive social protection policies; results of the implementation of social protection for women and girls in the period 2012-2020; an evaluation of the achievements, limitations, advantages, difficulties; and proposed recommendations to promote GE in the development and implementation of social protection policies and services for women and girls for the period up to 2030.

## 1.5. LIMITATIONS OF THE REPORT

---

*First*, this report was mainly built on the collection and analysis of secondary data sources and materials. Moreover, a lot of secondary data and information sources are not sex-disaggregated, especially in the field of social assistance, creating many difficulties for the research team in the evidence-based analysis of the current status of social protection for women and girls.

*Second*, the qualitative research was only conducted at the central level, not at the local and community levels. In addition, the research did not approach a specific important group i.e. beneficiaries of social protection policies, especially the most disadvantaged groups of women and girls.

*Third*, the qualitative survey was conducted in September 2021 when Ha Noi introduced social distancing in response to the COVID-19 pandemic. Therefore, the research team encountered many difficulties in conducting in-depth interviews (IDI) with representatives of relevant ministries and sectors. Most of the in-depth interviews were shifted from face-to-face interviews to online/virtual interviews which had a certain influence on the quality of information collected.



## CHAPTER 2.

# **SOCIAL PROTECTION SYSTEM IN VIET NAM**

This chapter introduces the design of the Vietnamese social protection system and the fundamental concepts related to social protection used in Viet Nam. The sources of information used in this chapter are the provisions of current laws, policies, research materials serving the development of Resolution No. 15-NQ/TW and Resolution No. 70/NQ-CP dated 1 November 2012 of the Government promulgating the Government's Action Plan to implement Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam on several social policy issues for the period 2012-2020.

## 2.1 DEFINITION OF SOCIAL PROTECTION

---

Social protection has a very broad content and is increasingly complete in perception and practice around the world. Social protection, from the point of view of some international organisations, also has different broad and narrow levels, with different target groups.

Social protection as a concept is outlined in Articles 22 and 25 of the United Nations Universal Declaration of Human Rights 1948. According to the United Nations, social protection policies are based on human rights, specifically: *‘Everyone, as a member of society, has the right to social security... (Article 22) ... Everyone 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 and necessary 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 (Article 25)’*<sup>21</sup>

According to the World Bank (WB), ‘Social protection systems are measures of the Government to help individuals, households and communities cope with and control the risk of impact on income in order to reduce the vulnerability and income volatility’.

According to the International Labour Organisation (ILO): ‘Social protection is the protection that a society provides to individuals and households to ensure access to healthcare and to guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner’.

According to Oxfam, the economy must be designed and built to meet the different needs of everyone, while protecting our planet. Oxfam believes that it should be an economy for the people with the goal of equality, fairness and sustainability; social progress benefits everyone without destroying the environment; respect paid and unpaid contributions to the economy. Accordingly, in the economy for people, governments must develop policies toward equality and fairness for everyone, including women and children. The economy for people must first of all ensure equality of opportunities and income and take care of the environment and social values.

Oxfam’s vision of a human economy is one where responsive government puts in place policies which deliver equitable and fair benefits for every woman, man and child to live decent lives, and where women have choices and leadership in economic decision making. Oxfam conceptualises the human economy as one in which sustainability, equity and social justice are the ultimate goals, and both monetised and non-monetised forms of work are counted, recognised and invested in. Accordingly, in the human economy, governments must develop policies toward equality and fairness for everyone, including women and children. The human economy must first ensure equal opportunities and income, with attention paid to environmental and social values.<sup>22</sup>

According to the Asian Development Bank (ADB): ‘Social protection is defined as the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income.’<sup>23</sup>

To ensure that the needs of different social protection beneficiaries are met, the social protection system is organised into a Social Safety Net.<sup>24</sup> Normally, the Social Safety Net includes:

21 The United Nations Universal Declaration of Human Rights 1948, Articles 22 and 25

22 A. P. Butt, J. Remme, L. Rost, S. A. Koissy-Kpein “Exploring the need for gender-equitable fiscal policies for a human economy: Evidence from Uganda and Zimbabwe”, Oxfam Research Reports, 2018

23 ILSSA & GIZ, 2013. ILSSA & GIZ, 2013. Development of the social protection system in Vietnam to 2020.

24 Assoc. Prof. Dr. Bui Van Huyen & Assoc. Prof. Dr. Nguyen Ngoc Toan, 2021. Social safety net towards an economy for people in Vietnam. Tap Chi Cong San: [https://tapchicongsan.org.vn/en\\_US/web/guest/van\\_hoa\\_xa\\_hoi/-/2018/823409/luoi-an-sinh-xa-hoi-huong-toi-nen-kinh-te-vi-con-nguoi-o-viet-nam.aspx](https://tapchicongsan.org.vn/en_US/web/guest/van_hoa_xa_hoi/-/2018/823409/luoi-an-sinh-xa-hoi-huong-toi-nen-kinh-te-vi-con-nguoi-o-viet-nam.aspx)

*First, the job settlement support system.*

The job settlement support system helps workers get jobs to earn income, thereby, ensuring social protection for themselves. Every Social Safety Net aims to provide employment opportunities for everyone of working age, connect the unemployed with businesses that need workers; provide vocational training and education and capacity-building for workers so that they can search, change jobs or create jobs for themselves. In particular, the Social Safety Net focuses on supporting job creation and increased income for the poor, women and disadvantaged groups. For people of working age who are eligible to work, employment support is the most important security support for them to ensure a sustainable income. In many countries, the system of employment support and poverty reduction is often organised at different administrative levels, from the central to local, with the involvement of many different agencies and organisations, in which, the advisory and organisational roles are often associated with competent agencies in the field of labour and employment. The job creation support system usually operates with funding from the State budget and contributions from organisations and individuals.

*Second, the social insurance system.*

The SI system serves as a safety net in case a worker is unfortunately unable to work, loses his/her job due to illness, maternity leave, workplace accident or retirement. At that time, they need to receive payment from the SI system to ensure their income. The SI system plays a central role in the Social Safety Net, helping to hedge against the risks of income loss or reduction. The SI system is often unified and divided into levels, from central to local levels. The main source of funds for the system comes from compulsory and/or voluntary SI premiums payment. In addition, there may be other sources arising from the funding support of the State budget, charitable contributions or profit from fund investment. The beneficiaries of SI are those who contribute to SI, that is, those who have paid SI premiums.

*Third, the social assistance system.*

The SI system plays a key role in ensuring income in the event of old age, illness, or loss of income for those who pay SI premiums (participate in SI). However, in many cases, individuals and households do not pay or have no conditions to pay SI premiums (e.g., people with disabilities, the unemployed, and the poor). In addition, the livelihoods of individuals and households may encounter some unusual risks outside the scope of SI, such as natural disasters or crop failure, which also causes individuals and households to lose income and fall into poverty. The social assistance system then acts as a third safety net to support individuals and households. Social assistance (SA) is a direct allowance in cash or in kind to poor or vulnerable individuals and households,<sup>25</sup> usually provided by the State from the State budget.<sup>26</sup> The SA system is often diverse in structure, including the involvement of the State, social organisations and community institutions.

*Fourth, the basic social service guarantee system.*

Employment, SI and social allowance all aim at ensuring income for the population. However, besides income, one of the social protection rights of people is to receive basic social services, such as healthcare, education, clean water, housing and information. In addition, access to basic social services also aims to create opportunities for individuals to improve their capacity and develop human capital, based on access to jobs and an income, both of which ensure social protection for themselves and their families while contributing to socio-economic development. Normally, when there is a lack of income, *on the one hand*, people may not be

25 C. Arnold, T. Conway and M. Greenslade: "Cash transfers Literature Review", London: Department for International Development, 2011.

26 Barrientos: "Social protection and poverty. Social Policy and Development Programme", United Nations Research Institute for Social Development, Geneva, 2021, pp. 42.

able to enjoy basic social services; while *on the other*, in some places, especially in remote, isolated and economically disadvantaged areas, even when people have income, it may be either difficult for them to access basic social services, or they are only able to access poor quality social services. Meanwhile, these are also the essential needs of the people. Access to basic social services is not only a human right, but it is also meaningful to social protection and national development in the long term, because people with good education levels and ensured healthcare, will grow into qualified, useful citizens who can have jobs with a secure income and contribute to improving the quality of human resources.

Parts of the Social Safety Net are interrelated and work towards performing the functions of the Social Safety Net, which are to prevent risks, protect people and promote development.

Thus, the Social Safety Net is a system aiming at building an economy for people by ensuring income and access to basic social services for everyone, with a special focus on supporting the vulnerable groups in society such as the elderly, people with disabilities, women, children and the poor. Building a Social Safety Net that covers the entire population, with guaranteed access for everyone to enjoy the benefits of social protection is a prerequisite that the human economy should aim for. Women tend to have more informal, unstable jobs than men; women also shoulder the main burden of unpaid care work; and face disruption in their working lives and inequality in paid work. In Viet Nam, as elsewhere, these vulnerabilities accumulate throughout the life-cycle, increasing in old age and leading to gaps in social protection benefits and basic social cover in women's lives.

In 2009, the United Nations adopted the Social Protection Floor Initiative, with the aim of ensuring that all people have a minimal income and access to essential social services, in order to ensure that basic human rights are recognised internationally and nationally, for the sake of poverty reduction and social protection assurance. The key components of the Social Protection Floor include (i) Basic healthcare; (ii) Minimal income for people of working age who are permanently unable to generate an income (people with disabilities), or who temporarily lose their jobs (the unemployed), or whose income is lower than the living wage (the poor); (iii) Minimal income for people over working age (the elderly) and under working age (children). In addition, this social protection floor also emphasises essential social services for people, including: (i) Basic healthcare; (ii) Safe domestic water; (iii) Housing; (iv) Education; and (v) Other services depending on each country's priorities.

Social protection is one of the central issues of Viet Nam's Sustainable Development Goals (SDGs) by 2030. The importance of social protection is to End poverty in all its forms everywhere (Goal 1); Recognise and value unpaid care and domestic work (Target 5.4); Promote full and productive employment and decent work for all (Goal 8). In particular, the Government of Viet Nam has set out tasks to implement an appropriate social protection system to increase the coverage of the poor and vulnerable by 2030 (Target 1.3).

The ILO recommendations on the social protection floor (No. 202) have identified minimal levels of commitment for all, including access to essential healthcare, income security, and effective access to goods and services. In terms of beneficiary coverage and the level of social protection benefit level, Viet Nam's current Social Safety Net is a multi-layered Social Safety Net, similar to the model of the ILO's social protection floor. Accordingly, on the first layer, the State ensures minimal security for the people through social subsidies, poverty reduction and provision of basic social services. Viet Nam's social protection model aims to ensure a minimal standard of living for citizens, with special attention to disadvantaged groups, such as children, the elderly, people with disabilities, women, the poor, and ethnic minorities. However, due to economic development conditions and budget availability, it is still difficult to ensure this minimal standard of living. With the policy on the application of the multi-layered SI model with social pension on the first layer introduced in the Resolution of the 7<sup>th</sup> national Conference of the Party Central Committee (XII), Viet Nam aims to ensure minimal security for the elderly who do not have pension or other income.

The second layer is social protection based on SI using the mechanism of contribution-enjoyment, sharing. Workers pay insurance premiums at working age and are entitled to SI benefits in cases of sickness, disease, accident or maternity leave. At old age, they are entitled to a pension and survivor allowance regime in case of death. In addition, there is an additional SI on the third layer for those who want a higher benefit level.

## 2.2 VIEWPOINT IN THE DEVELOPMENT OF THE SOCIAL PROTECTION SYSTEM IN VIET NAM IN THE PERIOD 2012-2020<sup>27</sup>

---

- Ensuring social protection is a regular and important task of the Party, State, the whole political system and the whole society.
- The social protection system must be based on socio-economic development and the country's ability to mobilise and balance resources, with priority given to people in extremely difficult circumstances, the poor and ethnic minorities;
- The social protection system needs to be diverse, comprehensive, and shared among the State, society and people, among different population groups of a generation and among different generations to ensure sustainability and equity.
- The State plays a leading role in organising the implementation of social protection policies, and at the same time creating the conditions for people to improve their ability to ensure their own social security.
- Strengthen international cooperation to gain more resources and experience in developing and implementing social protection policies.

---

27 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.



## 2.3 PRINCIPLES OF DEVELOPMENT OF THE SOCIAL PROTECTION SYSTEM IN VIET NAM FOR THE PERIOD 2012-2020<sup>28</sup>

---

With reference to the experience of other countries and the specific conditions of Viet Nam, the building and development of Viet Nam's social protection system relies on the following basic principles:

- **Universalisation:** all people have the right and obligation to participate in the social protection system.
- **Sharing:** based on the mechanism of income redistribution among population groups of the same generation and among different generations, among the state, businesses, households and individuals.
- **Fairness and sustainability:** attach responsibility to rights and benefits (allowances), contribution and benefits of members participating in the system.
- **Strengthening the self-protection capacity of people and businesses** in implementing appropriate measures to prevent and minimise risks in work and life.
- **Focus on supporting the poor and vulnerable:** ensure a minimal living standard in cases of risks, such as temporary or permanent reduction or loss of income.

## 2.4 FUNCTIONS OF THE VIET NAM SOCIAL PROTECTION SYSTEM IN THE PERIOD 2012-2020<sup>29</sup>

---

The Viet Nam social protection system performs three major functions:

- **Risk management:** the social protection system aims to support the people in better managing risks using three basic tool groups: (i) Risk prevention: help people proactively prevent risks related to life, health, production and business and natural disasters; (ii) Risk mitigation: help the people have enough resources to make up for income deficiency due to upheavals in life, health, production and business, and natural disasters; (iii) Risk recovery: timely support for people to minimise unforeseen or out-of-control impacts caused by upheavals in life, health, production and business, and natural disasters, and ensure the minimum standard of living conditions for those people.
- **Income redistribution:** including poverty reduction policies and regular and ad hoc SA forms for the disadvantaged and vulnerable groups. This function applies the principles of 'the young pay - the elderly benefit' in SI, or 'the healthy pay - the sick benefit' in health insurance. Income redistribution among population groups creates a supportive policy to help people who face risks related to health, production & business and natural disasters.
- **Social cohesion:** in the market economy, social stratification is becoming more and more obvious. Effective management of risks related to health, production & business and natural disasters, and income redistribution will help strengthen the social cohesion, and ensure that development achievements are sustainable and benefit members in society.

---

28 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.

29 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.

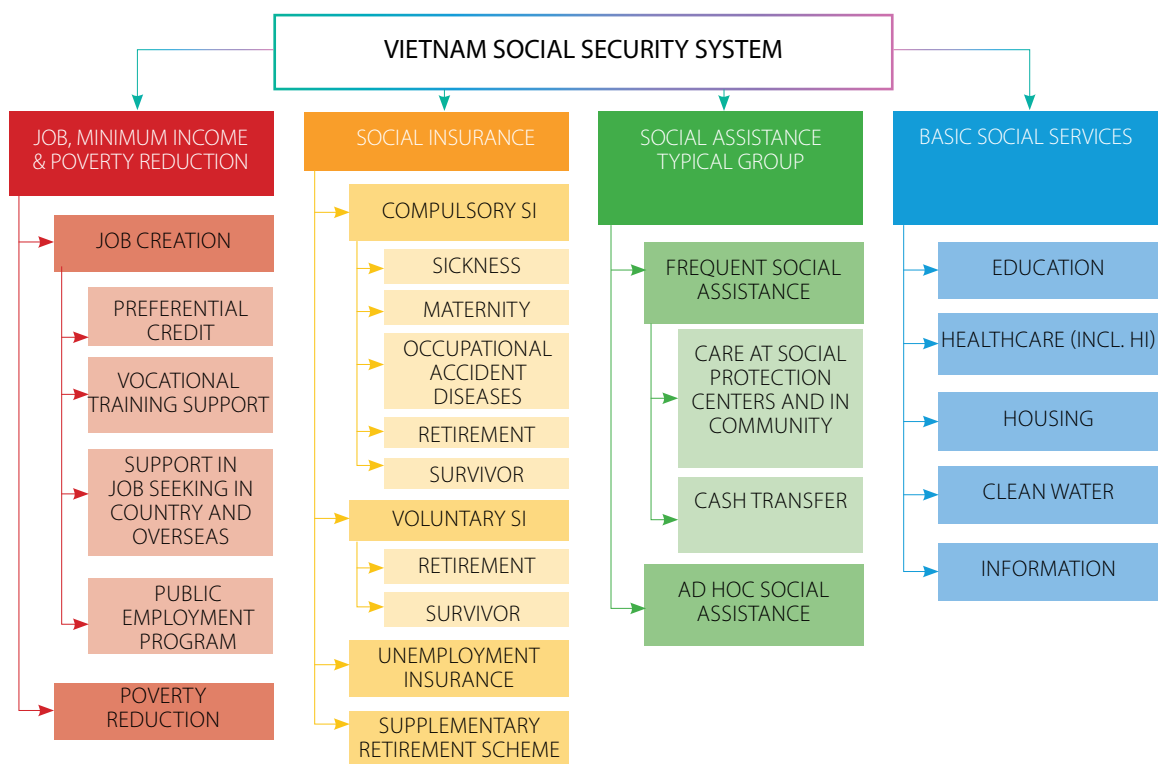
## 2.5 COMPONENTS OF THE VIET NAM SOCIAL PROTECTION SYSTEM IN THE PERIOD 2012-2020<sup>30</sup>

The Viet Nam social protection system emphasises the role of providing basic social services to the people, including the following four basic policy groups:

- The group of job creation policies to ensure minimal income and poverty reduction, to help people proactively prevent risks by participating in the labour market to get good jobs, minimal income and reduce poverty sustainably.
- The group of SI policies to help people reduce their risks in time of illness, occupational accident and old age, by participating in the health insurance system to proactively make up for their reduced or lost income due to the above risks.
- The group of social assistance policies, both regular and ad hoc, to help people overcome unforeseen risks such as harvest losses, hunger, and chronic poverty.
- The group of basic social service policies to strengthen people’s access to basic social services at minimal level, including minimal education and minimal healthcare.

The fundamentals of each component of the social protection system are presented in Image 2

IMAGE 2. VIET NAM SOCIAL PROTECTION SYSTEM IN THE PERIOD 2012-2020<sup>31</sup>



30 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.

31 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.

## 2.6. SOCIAL PROTECTION SYSTEM DEVELOPMENT GOALS IN THE PERIOD 2012-2020<sup>32</sup>

---

Resolution No. 15-NQ/TW sets out goals for the universal social protection system with four main pillars. However, the goals are not gender mainstreamed.

### Overall objectives

- By 2020, have a universal social protection system to ensure people have jobs and a minimal income and participate in SI; provide social assistance for people in extremely disadvantaged situations (children under special circumstances, the elderly with low income, people with severe disabilities, the poor, etc.); ensure people's access to basic social services at minimal level (healthcare, education, housing, clean water, information), gradually contribute to increased incomes, a secured safe, equal and happy life for people.

### Specific objectives:

#### 2.6.1. Job creation and income security

- The State ensures that all people have jobs with income, especially the poor, the youth, rural workers and other vulnerable labour groups.
- In the period 2012-2020, efforts are made to annually create new jobs for 1.6 million workers on average, including from the National Target Program on Employment and Vocational Training, the Public Employment Program, labour shifting from agricultural to non-agricultural sectors, sending workers to work abroad under contract. By 2020, the percentage of labour in agriculture will be reduced to 30%, the national unemployment rate will be kept below 3%, of which the urban unemployment rate will be below 4%.

#### 2.6.2. Poverty reduction

Support poor households to generate income, have stable jobs, increase income and escape poverty sustainably in the short and long term.

#### 2.6.3. Social insurance

- By 2015, there are about 18 million people paying SI premiums (17.2 million people participating in compulsory SI and 800,000 people participating in voluntary SI), accounting for 33% of the total labour force; 11 million workers participating in unemployment insurance, accounting for 20% of the total labour force.
- By 2020, there are around 29 million people paying SI premiums (26 million people participating in compulsory SI and three million people participating in voluntary SI), accounting for 50% of the total labour force; 20 million workers participating in unemployment insurance, accounting for 35% of the total labour force.

---

32 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11th Central Committee of the Communist Party of Vietnam.

#### 2.6.4. Social assistance for people under extremely difficult circumstances

##### Regular social assistance

- Enhance the effectiveness of social assistance: Continue to expand to cover more beneficiaries. Gradually raise the level of regular social assistance allowances in line with the State budget capacity. By 2015, over 2.6 million people will enjoy regular social assistance allowance, accounting for 2.7% of the population (of which, the number of the elderly enjoying a regular social assistance allowance is 1.3 million, accounting for nearly 50% of the total elderly). Strive so that by 2020, about three million people will enjoy a regular social assistance allowance, accounting for 3% of the population (of which over 30% are elderly)

##### Emergency/Ad hoc social assistance

- Ensure that people in cases of risk, natural disaster, storm, flood, death or loss of property receive timely support to overcome the difficulties, restore production and employment, ensure income, and stabilise life.

#### 2.6.5. Minimal level of basic social services for people, especially the poor, ethnic minorities and people in difficult circumstances

##### Ensure minimal education

- Improve the quality of primary and secondary education universalisation, improve the quality of general education, vocational training and university and college training. Reduce educational disparity for the poor, ethnic minorities and children in difficult circumstances.
- By 2015, complete the universalisation of early childhood education (ECE) for 5-year-old children, the net enrolment rate of primary school level is 98%, that of secondary school level is 90%, and 70% will achieve high school level and equivalent; the ratio of university students per 10,000 people increases to 300; the rate of trained workers reaches 60%, of which the vocational training is 35%; and the literacy rate of people aged 15 and over is 96%.
- By 2020, the net enrolment rate of primary school level is 99%, that of secondary school level is 95%, and 80% will achieve high school level and equivalent; the ratio of university students per 10,000 people increases to 350 - 400; the rate of trained workers reaches 70%, of which the vocational training is 40%; and the literacy rate of people aged 15 and over is 98%.

##### Ensure minimal healthcare

- Improve the quality of maternal and child healthcare: By 2015, ensure that 90% of children under-one-year-old (U1 children) are fully vaccinated, the U1 mortality rate drops to 11‰, the U5 mortality rate drops to 16‰, the U5 malnutrition rate drops to only 10%, 99% of pregnant women are vaccinated against tetanus, 93% of pregnant women receive three times or more antenatal check-ups. Enhance and improve the effectiveness of the National Tuberculosis (TB) Program, dramatically reduce the number of people suffering and dying from TB, strive to bring Viet Nam out of the list of 20 worst TB countries in the world.
- Rapidly increase the rate of population covered by health insurance to reach the goal of universal health insurance: By 2015, about 70 million people participate in health

insurance, accounting for 76.3% of the population, of which the total number of people supported by the State is 48.4 million people, accounting for 69.2% of the total number of participants (30.5 million people are fully supported). By 2020, about 77 million people participate in health insurance, accounting for 80% of the population, of which the total number of people supported by the State is 48.6 million, accounting for 63% of the total number of participants (31.3 million people are fully supported).

#### Ensure minimal housing

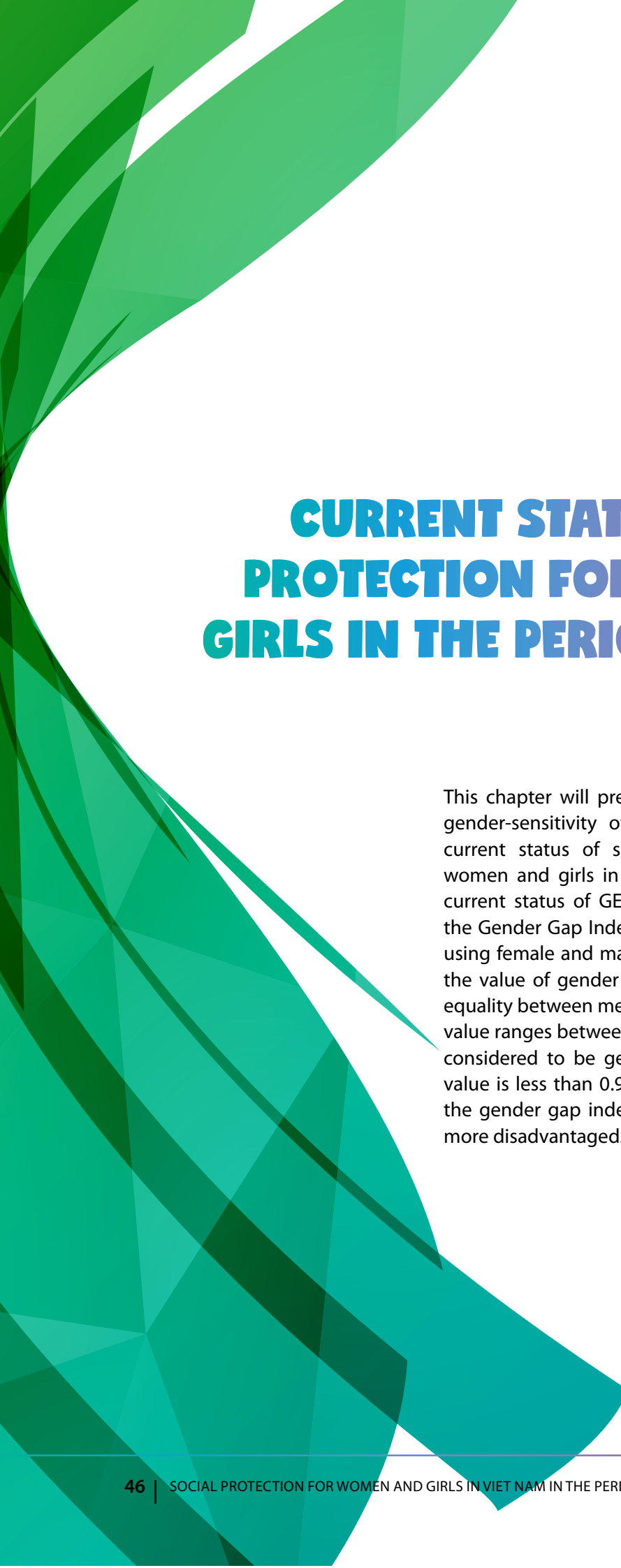
- Improve living conditions for people, especially the poor, low-income urban population, step-by-step address the housing demand of workers in industrial zones, pupils, students in universities, colleges, high schools and vocational training schools.
- In the period 2013-2015: support to improve the housing conditions of about 400,000 poor households in rural areas, EM and mountainous areas to meet the 3-hard standards (hard foundation, hard wall, hard roof); build at least about 10 million m<sup>2</sup> of social housing for low-income people in the urban areas; strive to meet the needs of 60% of the students, pupils and 50% of workers in industrial zones having housing demand.
- In the period 2016-2020: support to improve housing of about 500,000 poor households in rural areas, EM and mountainous areas; to build at least 12.5 million m<sup>2</sup> of social housing for low-income people in the urban areas and strive to meet the housing needs of 80% of the students, pupils and 70% of workers in industrial zones.

#### Ensure clean water

- Improve residential access to clean water, especially in rural and EM areas. Address the shortage of domestic water in disadvantaged and mountainous areas.
- By 2015, 90% of the rural population have access to hygienic domestic water, of which 55% have access to clean water meeting national standards. By 2020, 100% of the rural population have access to hygienic domestic water, of which 70% have access to clean water meeting national standards.

#### Ensure access to information

- Strengthen information and communication to poor people, poor areas and disadvantaged areas. By 2015, ensure that 100% of communes in mountainous, remote, border and island areas will have terrestrial radio and television reception, and 100% of communes with special difficulties, border communes and safe zone communes, coastal communes and island communes will have commune-level radio stations.



## CHAPTER 3.

# **CURRENT STATUS OF SOCIAL PROTECTION FOR WOMEN AND GIRLS IN THE PERIOD 2012-2020**

This chapter will present the results of the review of the gender-sensitivity of social protection policies and the current status of social protection implementation for women and girls in the period 2012-2020. To reflect the current status of GE in social protection, the report uses the Gender Gap Index. The gender gap index is computed using female and male shares against a certain criterion. If the value of gender gap index equals 1, it represents the equality between men and women. If the gender gap index value ranges between 0.97 and 1.03, the situation is usually considered to be gender equal. If the gender gap index value is less than 0.97, women are more disadvantaged. If the gender gap index value is greater than 1.03, men are more disadvantaged.

## 3.1. EMPLOYMENT, SECURED MINIMAL INCOME FOR WOMEN

---

This section summarises and analyses, from a gender perspective, the measures taken in the period 2012-2020 to ensure that all workers can enjoy basic living standards, including policies on labour market participation, supporting labour migration, vocational training and post training employment, preferential credit policies to support production and business development, and job creation. This section also provides an assessment on the progresses and gender issues in the policy making and implementation, gaps and barriers for women in securing minimal income in the period 2012-2020.

### 3.1.1. Policy review applying a gender equality lens

Viet Nam has a somewhat complete policy system on the labour market within the framework of social protection. Policies on employment and a minimal income guarantee in the period 2012-2020 can be divided into four groups including: (1) Policies on labour market development; (2) Policies on labour mobility support (domestic and international); (3) Policies on vocational training and job support after vocational training; and (4) Preferential credit policies to support business and production development and job creation.<sup>33</sup> In addition, in response to the specific context of the COVID-19 pandemic, Viet Nam has also swiftly introduced extempore policies appropriate to the changing situation. The system of policies and laws on employment and a secured minimal income in Viet Nam is increasingly complete in a manner that promotes GE.

#### a) Policies on labour market development

The Labour Code 2019 (No. 45/2019/QH14), which took effect from 1 January 2021, has incorporated many new points which are gender mainstreamed, which supplement and improve regulations to ensure the principle of equality and non-discrimination in employment in line with the provisions of international conventions to which Viet Nam is a signatory such as the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ILO Convention No. 100 on Equal Remuneration for Men and Women Workers for Work of Equal Value and Convention No. 111 concerning Discrimination in Respect of Employment and Occupation. Specific amendments and addendums related to this group of labour standards are mainly those related to female workers, ensuring GE, preventing sexual harassment, retirement age, etc.

***Expand coverage and scope of regulations to create conditions for many disadvantaged female worker groups in the labour market to have access to decent work.***

The Labour Code 2019 expands the regulated entities to include workers without job security and a number of specific standards. The adjustment of jobs whereby employee protection has expanded and ensured that employers must be more resolute in the process of employing workers. The Code expands the coverage and improves the identification of workers working under labour contracts, based on the nature of the individual employee protection and the content of the employment contract. Cases where there are no contracts completed, but both parties agree on a document containing contents showing the job, salary, management and supervision of a party, are still considered to be labour contracts (Clause 1, Article 13).

---

33 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam.

Female workers account for a high proportion of workers with neither job protection nor a labour contract; therefore, they benefit from this new regulation.

***Add provisions to protect workers from different forms of sexual harassment and gender-based labour discrimination.***

The Labour Code 2019 provides the term ‘labour discrimination’. ‘Labour discrimination’ means the discrimination, exclusion or prioritisation on the grounds of race, skin colour, nationality, social origin, ethnicity, gender, age, pregnancy, marital status, religion, opinion, disability, family responsibility, etc. (Clause 8, Article 3). Compared to the Labour Code 2012, the Labour Code 2019 has five more discriminatory criterias, including ‘maternity status’ and ‘family responsibilities’, which is of great significance for GE in employment.

The Labour Code 2019 also stipulates that ‘the positive discrimination, exclusion or prioritisation on the grounds of professional requirements, employment sustainment and protection for vulnerable employees will not be considered discrimination’ (Clause 8, Article 3).

The Labour Code 2019 also adds the term ‘Sexual harassment in the workplace’ which refers to any act of a sexual nature by a person or persons against another in the workplace for which consent or acceptance is not given. ‘Workplace’ refers to any location where a worker works under agreement or as assigned by the employer (Clause 9, Article 3).

The above provisions have facilitated the implementation of regulations on discrimination, and also simplified the application of measures to promote GE in the field of employment and labour.

***Narrow the gender gap in retirement age***

The Labour Code 2019 stipulates: ‘Retirement ages of workers in normal working conditions shall be gradually increased to 62 for males by 2028 and 60 for females by 2035’ (Clause 2, Article 169). Compared with the Labour Code 2012, the retirement age of employees has increased significantly; at the same time, the difference in the retirement age of men and women has reduced from five to two years.

***Remove seasonal labour contracts***

Article 20 of the revised Labour Code has removed the content of a seasonal contract or a job with a definite term of less than 12 months, and instead there are only two types of contracts: indefinite term and fixed-term employment contracts. This regulation is considered a considerable advancement of the Labour Code to protect workers, especially women who mainly work in this group, and limits the possibility of employers ‘dodging the law’ without paying SI premiums for workers by signing seasonal contracts, service contracts, etc.

***Supplement regulations on the labourers’ right to unilateral termination of employment contract without a reason***

In order to overcome the limitations and shortcomings related to the cases of employees’ unilateral termination of the employment contract, Article 35 of the Labour Code 2019 grants a worker the right to unilaterally terminate the employment contract without a reason, provided that he/she gives a 30-day prior notice in case of an employment contract with a



fixed term and 45-day prior notice in case of an indefinite-term employment contract. Workers are also entitled to unilaterally terminate the contracts without prior notice in some cases, for example, if they are sexually harassed at work, or pregnant female employees who have to quit their jobs for medical reasons.

### ***Supplement policies applicable to male workers to ensure gender equality***

Article 135 of the Labour Code 2019 amends the title 'State policies for female employees' (in the Labour Code 2012) into 'State policies'; Article 136 of the Labour Code 2019 amends the title 'Employers' obligations towards female employees' (in the Labour Code 2012) to 'Employer's responsibilities' and Article 137 of the Labour Code 2019 amends the title 'Maternity protection for female employees' (in the Labour Code 2012) to 'Maternity protection', etc. Thus, the changes in the names, titles of several policy regulations represent a fundamental change in the approach of regulations on female employees and GE.

At the same time, Clause 1, Article 135 of the Labour Code 2019 stipulates: Equality between male and female employees shall be ensured; necessary measures for ensuring GE and prevention of sexual harassment in the workplace shall be implemented. Accordingly, it supplements the provisions on ensuring GE also for male employees, and on implementing measures to ensure GE, and the prevention of sexual harassment in the workplace.

Clause 2, Article 135 of the Labour Code 2019 also adds male employees to the policy: Employers are encouraged to facilitate both male and female employees to have regular work, and to widely apply the systems of flexible working hours, part-time work, or home-based work.

The Code amends some regulations applicable to both male and female employees (instead of being applicable only to female employees like the Labour Code 2012), for example, employers are responsible for assisting, supporting employees in building day care facilities and kindergartens, or covering partial childcare/kindergarten expenses (Clause 4, Article 136), in order to ensure that workers, both male and female, who are raising young children, be able to work; amends the provision on Employment security for female employees after maternity into the provision on Employment security for employees (both female and male) after maternity; at the same time, the provision is expanded to include a clause that employees, upon returning to work after maternity leave, shall not suffer any reduction in their salary, rights and benefits (Article 140).

### ***Amend and supplement regulations on maternity and child-rearing protection to protect employees***

The Labour Code 2019 empowers female workers to decide whether to enter occupations that adversely affect **child-bearing and parenting functions**, replaces the regulation that prohibited female workers from entering these occupations prescribed in Article 2 of the Labour Code 2012. At the same time, the Labour Code 2019 also stipulates the employer's responsibility to provide sufficient information about the dangerous nature, risks, and requirements of the work in order that the employee might make a decision because the employer must ensure occupational health and safety standards are met for employees, as prescribed, when they enter such occupations and work (Article 142).

The Labour Code 2019 empowers employees to decide for themselves whether to work at night, work overtime or go on a business trip while raising children under 12 months old

(Article 137), to guarantee and create conditions for workers to exercise their rights.

The scope of maternity protection is expanded (Article 137): Whenever an employer is informed of the pregnancy of a female employee who is undertaking laborious, toxic or dangerous work, or any work that might negatively affect her child bearing and reproductive functions, the employer shall assign her to a less laborious or safer work, or reduce the working hours by 01 hour per day without reducing her salary, rights or benefits until her child reaches 12 months of age (Labour Code 2012 only applied to female employees doing laborious work when they are at the 7<sup>th</sup> month or more in their pregnancy). In addition to empowering female workers to decide on whether or not to do jobs that adversely affect reproductive and child rearing functions, it is necessary to expand the scope of this maternity protection, to ensure the legitimate rights and benefits of female employees during maternity and child-rearing.

The Code adds a provision: Upon expiration of the employment contract with a female employee who is pregnant or nursing a child under 12 months of age, the conclusion of a new employment contract shall be given priority (Clause 3, Article 137). This is a new regulation originating from the unique characteristics of female employees i.e., pregnancy, childbirth and breastfeeding, in order to better safeguard female employees' jobs, salary, and living conditions to be able to take care of their young children.

The Labour Code 2019 supplements the regulation on maternity leave: A male employee whose wife gives birth, a labourer who adopts a child under six months of age, a female worker who becomes a surrogate mother and the employee who is the biological mother of a surrogate child shall be entitled to maternity leave and maternity benefits in accordance with SI laws (Clause 5, Article 139). In essence, these are not new regulations and they are already stipulated in the Law on Social Insurance, but are prescribed in the Labour Code 2019 to emphasise the meaning of ensuring GE in employment.

To ensure that the above regulations are properly and conveniently implemented in practice, the Prime Minister issued the Decree No. 145/2020/ND-CP dated 14 December 2020 detailing and guiding the implementation of a number of articles of the Labour Code on labour conditions and labour relations, the Decree No. 135/2020/ND-CP dated 18 November 2020 regulating the retirement age; and the MOLISA also issued the Circular No. 10/2020/TT-BLDTBXH dated 12 November 2020 detailing and guiding the implementation of a number of articles of the Labour Code on the content of labour contracts, collective bargaining council and occupations and jobs that adversely affect reproductive and child rearing functions.

***In addition, in the period 2012-2020, Viet Nam continued to improve the sex-disaggregated database on the labour market.***

On 30 July 2019, the Minister of Planning and Investment issued the Circular No. 10/2019/TT-BKHĐT stipulating the new Set of National Gender Development Statistical Indicators which includes 78 indicators to supersede the old Set of National, Provincial, District and Communal Gender Development Statistical Indicators issued in 2012.<sup>34</sup> This new set includes many indicators that reflect the characteristics, important nature, and key linkages of gender development in Viet Nam, especially in the field of work - society; and serves as a basis for the monitoring and evaluation of the progress in gender development, women's advancement and GE in all fields of socio-economic life; meets the demand for gender statistical information

34 Circular No. 07/2012/TT-BKHĐT dated 22/10/2012

of agencies, organisations and individuals.

The system of public employment service centres and enterprises providing employment services, with their roles of strengthening the connection between labour supply and demand, have shortened the time spent by workers on job seeking, the recruitment time of employers, introduced jobs to workers. Currently, in the whole country there are 48 public employment service centres and 232 enterprises providing employment services.<sup>35</sup> Job introduction, labour supply and recruitment are connected through many forms,<sup>36</sup> creating a network covering the whole country, establishing favourable conditions for the 'disadvantaged' female worker groups to access.

## **b) Policies on labour mobility support (domestic and international migration)**

Policies on support for workers in migrating in the period 2012-2020 have been gradually revised and developed with many gender-integrated regulations in order to protect the legitimate rights and benefits of workers in a manner that targets GE and the better protection for female workers.

### ***International migration***

The Law on Vietnamese guest workers 2020 (No. 69/2020/QH14 - hereinafter referred to as Law No. 69) superseding the Law No. 72/2006/QH11 has some amended and supplemented regulations on GE, and the protection of female workers before, during and after migration. Specifically: 'Ensure gender equality, career opportunity free of discrimination in recruiting and improving career skills, foreign language skills and orientation for Vietnamese guest workers under employment contracts; develop measures to protect Vietnamese guest workers suitable with their gender' (Clause 4, Article 4). The Law also stipulates the content of orientation education including: 'Basic knowledge on labour force, prevention and counter of human trafficking, gender equality, sexual abuse, gender-based violence and preventive measures;' (Point i, Clause 1, Article 65).

The Law No. 69 has supplemented the responsibilities of enterprises providing guest worker services, added the rights and obligations of workers, and the right to unilaterally terminate labour contracts upon the detection of a direct threat to life, health, dignity and honour in the course of performing the job, the right to return to their home country or change jobs in cases of the violation of labour and human rights, especially in cases of violence and sexual harassment. Specifically, point dd, Clause 1, Article 6 of the Law on Vietnamese guest workers (amended) clearly stipulates: workers have the right to unilaterally terminate employment contracts if workers are abused, exploited by employers, facing life-threatening risks or sexual harassment during the period of working abroad.

In addition, Law No. 69 also adds many rights for workers such as: The right to access legal aid and social, medical and psychological services, in the destination country where the workers work. The right to access employment support and job creation services upon return, as well as an equal right to reintegration services for both men and women. The Law No. 69

35 MOLISA, 2020. Report on review of five year implementation results (2016 – 2020) and orientations and tasks for the next five years (2021 – 2025) in the fields of labour, people with meritorious services and society.

36 Forms: directly at the head office, at satellite transaction points of the employment service centres, job exchange sessions; indirectly through employment e-portals, websites, phone calls, messages, etc.

has addenda to support workers after returning from abroad such as: support with labour market information, support in connecting labour supply and demand, creating conditions for returned workers to find jobs, and creating a labour pool with quality professional skills and expertise for domestic employers. Psychological and legal counselling services in some special cases such as abuse, labour exploitation, drug trafficking, fraud when working abroad, violence, sexual abuse, etc. could be provided. There are supplemental regulations applicable to the Fund for overseas employment in cases where the workers must prematurely repatriate due to reasons other than the workers' fault but they are the victims of abuse or sexual harassment, gender violence, labour exploitation or epidemics.

### ***Domestic migration***

The Target Program for Vocational Education, Employment and Occupational Safety in the period 2016 - 2020<sup>37</sup> has implemented Project 2 on developing the labour market and employment with the goal, that by 2020, to give advisory assistance in job search to 10,000 migrant labours. This project has implemented the content related to supporting migrant workers from rural to urban areas, industrial zones and border workers, specifically: (i) Supporting migrant workers at the Employment Service Centre: through counselling, providing labour and employment information; career counselling, job introduction; and developing curricula on training, fostering knowledge of entrepreneurship and business administration; (ii) Communication and awareness raising: posting, disseminating and providing information through the mass media about labour-employment, which focussed on information on employment policies for migrant workers, border workers as well as for specific workers (young people, people with disabilities, ethnic minorities, etc.). Migrant women are prioritised in the implementation of this project.

#### **c) Policies on vocational training and job support after vocational training**

In the period 2012-2020, the Law on Vocational Education 2014 and several policies in this field stipulate a number of measures to facilitate women's participation in vocational training and education, especially disadvantaged women's groups in rural and EM areas.

The Law on Vocational Education (2014) was expanded to include flexible training methods such as an accumulated duration of modules or credits (Article 37), allowing learners to be flexible, enabling many women, with a heavy burden of domestic care work and/or self-employment, to participate in vocational training. The State also has policies to support training establishments with more than 50% of female students. The Law on Vocational Education also includes a policy to support rural workers directly working in agricultural households whose farmland is withdrawn (Clause 7, Article 6); policies to support training costs for learners who are women, rural area workers and training programs at elementary-level and training programs lasting under three months (Clause 3, Article 62). These are measures to support women and rural workers when participating in vocational training, to promote GE in the field of vocational education.

During the implementation of the provisions of the Law on Vocational Education, on 28 September 2015, the Prime Minister issued Decision No. 46/2015/QĐ-TTg specifying policies to support elementary-level and training of less than three months, the beneficiaries are female trainees, rural workers, etc., of which, female workers who lost their jobs are one of the prioritised groups, supported with training costs, and with travel and meals allowances.

<sup>37</sup> Decision No. 899/QĐ-TTg of the Prime Minister dated 20 June 2017

Circular No. 31/2017/TT-BLDTBXH of the MOLISA dated 28 December 2017 set regulations on training at college, intermediate and elementary levels in the form of in-service training courses. The new regulations are gender sensitive, for example regulations on the 'practice locations, in addition to the vocational training institutions, could also be the enterprises and workplaces of learners' ( Clause 1 Article 5); regulations on the 'form of in-service training, using active training methods, learner-centred methods; combining theory with practice, supplementing knowledge and skills that learners lack, and associating training with actual production, business, and service...' (Clause 1, Article 6). With these regulations, women will have greater opportunity to access vocational education because women, especially rural women and EM women, are still burdened with domestic care work, childcare, etc., so the organisation of vocational training also needs to be more flexible in terms of its location, time as well as methods so that women have the opportunity to improve their qualifications, thereby accessing better jobs.

The Scheme on 'Vocational training for rural labourers to 2020' had an average annual vocational training target provision for approximately one million rural workers. Through this project, many female workers in rural areas received vocational training. Accordingly, female workers were supported with short-term vocational training costs with a maximum allowance of VND 3 million/person/course and loans for self-employment in order to increase the percentage of female workers who received vocational training and sought jobs with a stable income to help reduce poverty and improve the status of women, especially women in rural areas, middle-aged women, EM women, women in extremely disadvantaged areas and displaced/relocated areas. Female workers after vocational trainings were entitled to access loans from the National Employment Fund under the National Target Program on Employment to create their own jobs/self-employ. At the same time, after vocational training, participating in production and business, self-employment, female workers also received prioritised support in trade promotion and product introduction.

The Decree No. 101/ND-CP dated 1 September 2017 of the Government on the training of cadres, civil servants and officials regulating the financial support for training and retraining for female cadres and civil servants has facilitated the capacity-building of female workers working in the State management agencies.

The National Target Program on Sustainable Poverty Reduction (NTP-SPR) in the period 2016-2020<sup>38</sup> included sub-projects on training and technology transfer to support the development of agricultural, forestry and fishery production. The National Target Program on New Rural Development (NTP-NRD)<sup>39</sup> included activities on strengthening agricultural extension work; promoting the research and application of scientific and technical advances to agricultural - forestry - fishery production and vocational training for rural workers.<sup>40</sup> Poor households, ethnic minorities, and women from poor households are the prioritised beneficiaries of these programs.

The target program of vocational education - employment and occupational safety for the period 2016-2020<sup>41</sup> has deployed support for job creation through career orientation activities, support for young people's start-up, and support in jobs placement for young people who have graduated from higher education institutions, vocational education institutions, ethnic

38 Decision No. 1722/QD-TTg dated 2 September 2016 of the Prime Minister approving the National Target Program for Sustainable Poverty Reduction for the period 2016-2020

39 Decision No. 800/QD-TTg dated 4 June 2010 of the Prime Minister approving the National Target Program on New Rural Development for the period 2010-2020

40 Session No. 3 on Economic structure shifting and development, income improvement

41 Decision No. 899/QD-TTg of the Prime Minister dated 20 June 2017

minorities, and people with disabilities. Women of the rural poor are the main beneficiaries of this policy.

#### **d) Preferential credit policies to support production and business development, and job creation**

##### **Policies to support women in production and business development, and job creation**

The Law on Support for Small and Medium sized Enterprises<sup>42</sup> of the National Assembly dated 12 June 2017 effective from 1 January 2018 and the sub-law guiding documents have ensured equal opportunities for men and women in the establishment, organisation and operation of enterprises; in access to information, capital, markets and labour sources. The Law provides an official definition of 'Women-owned small and medium-sized enterprises (SME)' (Clause 1, Article 3) and requires that when many SMEs meet the support criteria stipulated in this Law, then 'the women-owned SMEs and the SMEs employing more female workers' will be given priority (Clause 5, Article 5).

Decree No. 80/2021/ND-CP dated 26 August 2021, taking effect from 15 October 2021 and replacing Decree No. 39/2018/ND-CP dated 11 March 2018 of the Government detailing several articles of the Law on Support for Small- and Medium-sized Enterprises further affirm the principle of implementing support with the regulation 'Women-owned SMEs, SMEs employing more female workers, will get assistance first' (Point b, Clause 1, Article 4). Then, Clause 2, Article 13 of the Decree stipulates the contents of counselling support for SMEs including 'counselling on human resources, finance, production, sales, market, internal governance and other content related to the production and business of the enterprise (excluding counselling on administrative and legal procedures in accordance with specialised laws)' and a) Support 100% of the consulting contract value but... no more than VND70 million/year/enterprise for women-owned micro enterprises, micro enterprises employing many female workers...; b) Support up to 50% of the consulting contract value but... no more than VND150 million/year/enterprise for women-owned small-sized enterprise, small-size enterprises employing many female workers...; c) Support up to 30% of the consulting contract value, but no more than VND200 million/year/enterprise for women-owned medium-sized enterprises and medium-sized enterprises employing many female workers...'. Article 14 on supporting human resource development for SMEs mentions: 'free tuition for trainees of women-owned SMEs, SMEs employing many female workers ... when participating in corporate governance training' (Point b, Clause 1) and 'Support 100% of the total cost of an in-person training course in women-owned SMEs, SMEs employing many female workers... but no more than 01 course/year/enterprise, applicable in the field of production and processing' (Point b, Clause 3).

The Law on Bidding 2013<sup>43</sup> stipulates that 'a) Contractors with 25% or more female workers; c) Contractors are small-sized enterprises' who receive preferential treatments in domestic bidding for the provision of consulting services, non-consulting, construction and installation services (Clause 3, Article 14). With 93.6% of women-owned micro- and small-sized enterprises<sup>44</sup>, this regulation has facilitated to support women-owned enterprises and SMEs employing many female workers when they participate in bidding.

The Labour Code 2019 stipulates that 'Tax reductions shall be granted to employers who employ a large number of female workers in accordance with the tax laws' (Clause 4, Article 135).

42 Law No. 04/2017/QH14

43 Law No. 43/2013/QH13 dated 26 November 2013

44 Law No. 43/2013/QH13 dated 26 November 2013

Decree No. 55/2019/ND-CP dated 24 June 2019, Article 4, Clause 4a stipulates 'Authorities and organisations providing legal aid for SMEs shall, based on their resources and support programs, decide on the provision of legal aid in the following order of priority: a) Women-owned SMEs and SMEs employing more female workers will be provided with legal assistance first if their applications for legal assistance are eligible'. According to Circular No. 05/2019/TT-BKHDT of the Ministry of Planning and Investment, the State budget shall cover 100% of tuition fees for trainees from SMEs based in areas with extremely socio-economic disadvantaged conditions, and trainees from women-owned SMEs who participate in training courses on entrepreneurship, business management and intensive business management.

In the Circular No. 49/2019/TT-BTC of the Ministry of Finance, women-owned SMEs are given greater priority, according to Article 7, Clause 3 'Trainees from SMEs based in areas with extremely socio-economic disadvantaged conditions and trainees from women-owned SMEs shall be exempt from tuition fees when participating in training courses, which are supported by the State budget through the training agencies', and Article 7, Clause 4b 'During enrolment and training, announce the support from the State budget in organising such courses, the tuition fee payable by the trainees and the amount of support for tuition fee covered by the State budget for trainees in extremely disadvantaged areas and trainees from women-owned SMEs'.

The Small and Medium Enterprise Development Fund<sup>45</sup> supports women-owned SMEs and SMEs employing many female workers. Many projects and programs were issued such as: the 'Project for supporting women start-ups in the period 2017-2025'<sup>46</sup> to support 'disadvantaged' women's groups in starting up; the 'National Target Program on Sustainable Poverty Reduction in the period 2016-2020'<sup>47</sup>, the 'National Target Program on Sustainable Poverty Reduction in the period 2012-2015'<sup>48</sup>, Specific policy to support socio-economic development in EM and mountainous areas in the period 2017 - 2020<sup>49</sup> to support the people in developing production and diversifying livelihoods, in which women were identified as priority beneficiaries.

### **Policies on preferential credit, job creation support**

Decree No. 74/2019/ND-CP of the Government amending and supplementing several articles of the Government's Decree No. 61/2015/ND-CP prescribing employment creation policies and National Employment Fund in the direction that increases the preferential loans from the National Employment Fund for SMEs, cooperatives, collaboratives, business households and workers - where there are many female workers. Decree No. 74/2019/ND-CP has some new points compared to Decree 61/2015/ND-CP related to the strengthened participation of mass organisations and Women's Unions, increased loan amount, and prolonged loan term. Accordingly, the loan amount and loan term for production and business entities will be increased from VND1 billion to VND2 billion/project (not exceeding VND100 million/worker getting job created); the maximum loan amount granted to each worker increases from VND50 million to VND100 million with a maximum term of 120 months.

Although many policies and laws on employment and secured minimal income for the period 2012-2020 were developed, amended and extended in a gender-mainstreamed and gender-

45 Decree 39/2019/ND-CP dated 10 May 2019 of the Prime Minister

46 Decision 939/QD-TTg dated 30 June 2017

47 Decision 1722/QD-TTg dated 2 September 2016 of the Prime Minister

48 Decision No. 1489/QD-TTg of the Prime Minister

49 Decision No. 2085/QD-TTg dated 31 October 2016 of the Prime Minister

sensitive direction, as analysed above, but there are still some laws and policies in this field that remain 'gender-neutral'. Specifically:

#### *Policies on labour market development*

Although the Labour Code 2019 has expanded to include persons working without an employment relationship with some specific standards (as defined in Clause 1, Article 13). However, the expanded scope still targets salaried workers, and does not regulate the self-employed and unpaid family workers. Thus, female workers working in these two groups are not protected by the Labour Code.

***The implementation of policies to support labour market engagement has not been fully and effectively gender-responsive.*** A portion of female workers, especially the poor, low-educated, rural, and EM women face difficulties in accessing and benefiting from these policies. For example, the policy on the development of a system of official job introduction agencies (employment service centres and enterprises offering employment services) has not yet secured equal access for disadvantaged women's groups. Most of the employment service centres/enterprises are located in large urban centres which are difficult for disadvantaged female groups to access.

#### *Policies on labour mobility support (domestic and international migration)*

***Migrant workers, especially female migrants, are often disadvantaged because of the current fast-growing economic model.*** Although migrant workers join the labour force (both formal and informal), many migrant workers have not enjoyed benefits from the State-issued social protection policies, such as those on employment, poverty reduction, SI, social allowance, basic social services such as healthcare, education, housing, clean water and access to information. The policy system to support workers' migration to industrial zones and urban areas is inadequate; the majority of migrants in urban areas, industrial zones, and export processing zones have not benefited from policies on mobility and stabilization support at the destination.<sup>50</sup>

#### *Policies on vocational training and job creation support after vocational training*

The Law on Vocational Education 2014 stipulates that female trainees when participating in elementary-level training programs and training programs of less than three months will be supported with training fees. However, ***migrant workers, including female migrant workers, have not had access to current vocational training services because vocational education policies often target people with local permanent residence books.*** Specifically: the Circular No. 152/2016/TT-BTC dated 17 October 2016 stipulates that the conditions for rural workers to be supported with elementary level training and under-3-month trainings are 'workers who have permanent residence books registered in the ward/commune/town where they are directly working in agriculture or those from households whose agricultural land was recovered'.<sup>51</sup> This means that female migrant workers cannot benefit from this policy because they live and work in areas other than their registered permanent residence.

#### *Preferential credit policies to support production and business development and job creation*

***Regulations to support women-owned SMEs are still not significant or specific.*** For example,

50 CIEM, 2021. The report on Gender issues in domestic migration and economic restructure in Viet Nam

51 Clause 3 Article 4 Circular No. 152/2016/TT-BTC dated 17 October 2016 stipulates the management and use of state budget to support for training at elementary level and for training under three months.



specific support for women-owned SMEs in access to information, participation in value chains, etc. have not been clarified. For support for human resource development, the content of support only focuses on tuition fee exemption, rather than other specific measures to improve the quality of human resources of women-owned SMEs. Regarding bidding or legal advice, women-owned SMEs are given priority when their applications are ready and submitted, but women-owned SMEs do not receive support in preparing applications or documents proving their preferential eligibility.<sup>52</sup>

***The delayed issue of guiding documents on support for SMEs, especially inter-ministerial circulars resulted in a delay in the implementation of legal regulations.*** The Law on Support for SMEs 2017 takes effect from 1 January 2018; while the Decree No. 39/ND-CP of the Government guiding this law takes effect from 11 March 2019. However, the circulars of line ministries to directly guide the implementation of these supports take effect on 12 May 2019 (Circular No. 5/2019/TT-BKHDT and Circular No. 6/2019/TT-BKHDT) and 23 September 2019 (Circular 49/2019/TT-BTC). In particular, the budget for the implementation of these supports can only be disbursed upon the availability of a Circular of the Ministry of Finance. That means SMEs can only receive the first financial support as per the Law on Support for SMEs from October 2019.

Moreover, ***in fact, it is not easy to identify women-owned SMEs according to the definition in the Law on Support for SMEs.*** According to Clause 1, Article 3 of the Law on Support for SMEs, a women-owned SME is an ‘SME with one or more women owning 51% or more of the charter capital, including at least one person managing and operating the enterprise’. However, information about women owning at least 51% of the charter capital is very difficult to confirm, especially with joint stock companies where shares are regularly traded. There is no specific regulations/guidance on the ‘executive officer’, for example, whether that position must be the Chief Executive Officer (CEO) or Deputy General Director in charge, etc. Therefore, when submitting a request for 100% support of tuition fees for women-owned SMEs, the finance departments and trainees often do not have enough supporting documents/evidence to prove their eligibility. With many women-owned SMEs, the current level of support is low compared to the demand, and the procedures for applying for this support are complicated and therefore not attractive enough or sufficiently worthwhile for them to apply. The apparently least onerous financial support at present is only for training courses: 100% tuition fee exemption applicable to women-owned SMEs, 70% reduction in general tuition fees for basic business administration courses, and 50% for advanced courses applicable to all SMEs (Article 2 of Circular No. 05/2019/TT-BKHDT, and Article 7 of Circular No. 49/2019/TT-BTC). Therefore, when tuition fee support levels are 50-70% and while the requirements for supporting documents are very complicated, this makes the application for certain courses extremely unattractive.<sup>53</sup>

#### *Policies on support for businesses and workers in the context of COVID-19.*

In order to respond and support workers and businesses through the COVID-19 outbreak, since early 2020, the Government of Viet Nam promptly issued relief policies to share the difficulties and ensure the living conditions of local people, especially workers. Specifically:

52 UNWomen & EU, 2020. The study “A review of the implementation of Small and Medium Enterprises (SMES) support legislation and capacity-building needs and training services for women-owned SMEs and women entrepreneurs in Viet Nam.”

53 UNWomen & EU, 2020. The study “A review of the implementation of Small and Medium Enterprises (SMES) support legislation and capacity-building needs and training services for women-owned SMEs and women entrepreneurs in Viet Nam.”

## **Government policies to support businesses and workers in COVID-19 context in 2020**

The Directive No. 11/CT-TTg dated 4 March 2020 of the Prime Minister on urgent tasks and solutions to remove difficulties in production and business and ensure social protection to cope with COVID-19 pandemic.

The Resolution No. 42/NQ-CP of the Prime Minister dated 9 April 2020 on measures to support people facing difficulties due to the COVID-19 pandemic<sup>54</sup>. According to the Government's support package, there are six target groups including workers, businesses, and production and business households.

The Decision No. 15/2020/QĐ-TTg dated 24 April 2020 of the Prime Minister on support for workers affected by COVID-19.

The Resolution No. 84/NQ/CP dated 29 May 2020 on tasks and solutions to continue removing difficulties for production and business, promoting disbursement of public investment capital and ensuring social order and safety in the context of the COVID-19 pandemic.

The Resolution No. 41/NQ-CP of the Government's regular meeting in March 2020 which provides for support including reduced electricity prices and reduced electricity bills to support businesses and people during COVID-19 in the three months from April to June 2020 and the Resolution No. 180/NQ-CP of the Government on electricity price reduction and electricity bill reduction (2<sup>nd</sup> time).

54 Resolution No. 42/NQ-CP of the Prime Minister dated 9 April 2020 on measures to support people facing difficulties due to COVID-19 pandemic <https://thuvienphapluat.vn/van-ban/lao-dong-tien-luong/Nghi-quyet-42-NQ-CP-2020-bien-phap-ho-tro-nguoi-dan-gap-kho-khan-do-Covid-19-439526.aspx>

With the above policies, the Government of Viet Nam has launched a support package of over VND62 trillion to support about 20 million people in seven beneficiary groups, with a focus on supporting workers and businesses heavily impacted by the COVID-19 pandemic, helping businesses stabilise production and retain employees, specifically:

- Workers in the informal sector, without labour contracts.
- Workers whose workload was reduced, or those with unpaid leave or contract termination, or those who were not eligible for unemployment insurance allowance.
- SMEs, including micro enterprises.
- Industries affected by the global supply chain disruption: textiles, footwear, leather, etc.

***Due to the urgent nature, these policies have not yet been gender mainstreamed and as such their gender impacts have not been fully assessed; therefore, the gender-responsiveness of measures to support workers and businesses has not been guaranteed.*** Notably, a high proportion of the beneficiaries of the above policies are women, especially the disadvantaged women's group in the labour market.

In summary, in the period 2012-2020, there have been achievements and limitations in Viet Nam's promulgation and implementation of the policy group on employment and secured minimal income for women. Specifically:

#### ***Achievements:***

***First***, the prevailing legal and policy system on GE and labour-employment is relatively comprehensive, and compatible with international standards and commitments to which Viet Nam has committed. The principle of GE and non-discrimination based on gender in the field of labour-employment has been clearly expressed in the Constitution, the Labour Code, the Law on Gender Equality, the Law on Employment, the Law on Vocational Education, and the Law on Social Insurance and the Law on Occupational Safety and Health). Policies and laws on labour and employment for the period 2012-2020 were developed or revised and supplemented in a way that is gender mainstreamed and more gender sensitive.

***Second***, the Law on Gender Equality 2006 and the Law on the Promulgation of Legal Documents 2008 (amended in 2015 and 2019) regulate on gender mainstreaming in the development of legal documents, thanks to that, the development process of policies on labour-employment issued during this period included a gender impact assessment and gender mainstreaming. This ensures that laws and policies are step-by-step gender-responsive.

***Third***, in the formulation of laws and policies, ***the approaches have been shifted from female worker protection to gender equality assurance and promotion.*** Many measures to promote GE in labour-employment have been applied such as measures supporting poor women, rural women, and EM women to attend elementary-level and short-term (<3 months) vocational training; policy on preferential loans as well as tax exemption and reduction for businesses employing ethnic minorities and people with disabilities; policy on tax reduction for employers that employ many female workers; preferential credit policy for poor women, rural women, and

EM women so that they can engage in petty commodity production and business, migrate for work (labour export), etc.

**Limitations:**

**First, on policies on labour market development**

Although the Labour Code 2019 has expanded to cover workers who do not have a labour relation and some specific standards (Clause 1, Article 13), the expanded scope still focuses on the group of salaried workers and has not regulated self-employed workers and unpaid family workers. Therefore, female workers belonging to these two groups are not protected by the Labour Code 2019. Policies to support workers to participate in the labour market have not been fully and effectively gender-responsive. A portion of female workers, especially the poor, low-educated women, rural women, and EM women, face difficulties in accessing and benefiting from these policies. For example, the policy on the development of a system of official job introduction agencies (employment service centres and enterprises offering employment services) has not yet assured equal access for disadvantaged women's groups. Most of the employment service centres/enterprises are located in large urban centres which make it difficult for disadvantaged female groups to access.

**Second, on policies on labour mobility support (domestic and international migration)**

Many migrant workers have not yet benefited from policies on labour-employment, SI, social assistance, and basic social services such as health, education, housing, clean water and access to information. There is a lack of policy to support employees migrating to industrial parks and urban areas; the majority of migrants to urban areas, industrial parks, and export processing zones have not yet benefited from supporting policies on migration and stabilization at the destination.<sup>55</sup>

The system of policies on Vietnamese guest worker services, despite being gender mainstreamed, still have limitations and there are no specific regulations on gender promotion measures such as preparing labour sources, recruitment free of gender-based discrimination; no measures to ensure that professional staff who manage and support Vietnamese guest workers have sufficient GE knowledge and skills on sexual harassment prevention and fighting in the workplace, or know how to support cases where workers experience gender-based discrimination or sexual harassment in the workplace. The content of the contracts for provision of Vietnamese guest worker service does not sufficiently deal with GE and there are no provisions related to regulations on ensuring GE and preventing and combatting sexual harassment.

**Third, on vocational training policy and job support after vocational training**

The Law on Vocational Education 2014 stipulates that female learners when participating in elementary-level training programs and training programs of less than three months will have their training costs covered. However, migrant workers, including female migrant workers, have not yet been able to access vocational training services because the current vocational education policies often target people with permanent residence registered in the local area.

55 CIEM, 2021. The report on Gender issues in domestic migration and economic restructure in Viet Nam

Specifically: the Circular No. 152/2016/TT-BTC dated 17 October 2016 stipulates that the conditions for rural employees to be supported with elementary level training and under-3-month training are 'workers who have permanent residence books registered in the ward/commune/town where they are directly working in agriculture or those from households whose agricultural land was recovered'.<sup>56</sup> This means that female migrant workers cannot benefit from this policy because they live and work in areas other than the place of their registered permanent residence.

**Fourth**, the solutions to promote GE in the labour field on 'Employers shall create occupational safety and health (OSH) conditions for female employees working in a number of laborious and dangerous industries or occupations or in contact with toxic substances' are not consistent and in line with the provisions of the Labour Code 2019, which should be considered and eliminated.<sup>57</sup>

**Fifth**, the regulation on GE in the labour sector in the Law on Gender Equality 2006 has not focused on ensuring the prevention and combat of sexual harassment in the workplace and there are no regulations on measures to promote GE with respect to this and is an area that has had a profound impact on the actual GE implementation in the workplace.

**Sixth**, the Law on Gender Equality, the Labour Code, and a number of laws and policies in the field of labour-employment have no/have not mentioned such content and concepts as indirect discrimination; mixed/intertwined discrimination; and different forms of gender-based discrimination in the fields of economy, labour-employment.

**Seventh**, a number of law and policy provisions of in the fields of economy, labour-employment have not yet been fully and effectively gender mainstreamed; there remain regulations that are indirectly gender-based discriminatory.

**Eighth**, there remains an inconsistency among regulations/provisions of different laws, resulting in difficulties in the implementation and a commensurate disadvantage for employees, especially female employees.

**Finally**, Viet Nam has not yet ratified all fundamental international conventions (only 7/8 fundamental international conventions) related to GE and labour and employment.

56 Clause 3 Article 4 Circular No. 152/2016/TT-BTC dated 17 October 2016 stipulates the management and use of state budget to support for training at elementary level and for training under three months

57 The Labour Code 2019 has empowered female workers to decide whether or not to enter occupations or jobs that adversely affect reproductive function and child rearing. At the same time, the Labour Code 2019 also stipulates that it is the responsibility of the employers to provide sufficient information about the dangerous nature, risks and requirements of the job for the employees to decide/select; employers must ensure occupational safety and health conditions for employees in accordance with regulations when employing them to do these occupations and jobs.

### 3.1.2. Employment status and secured minimal income for women in the period 2012-2020

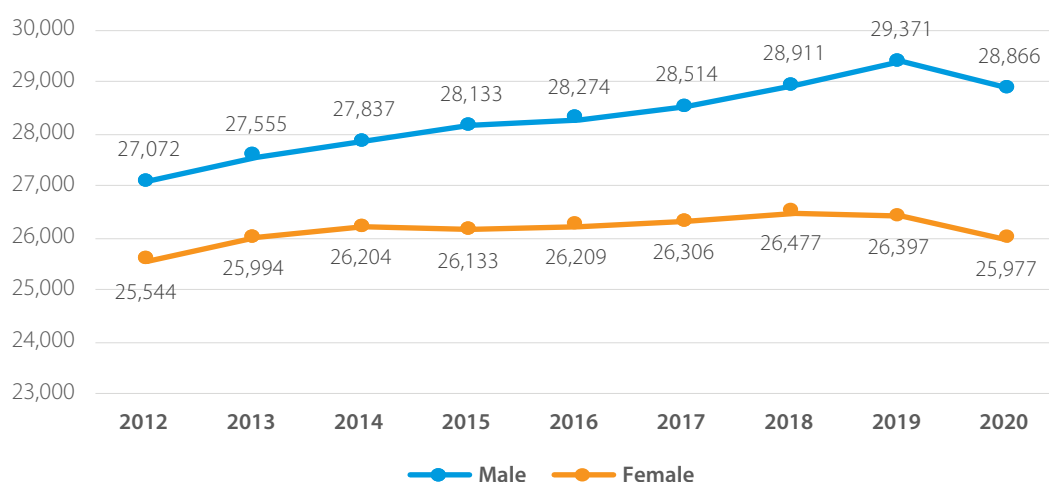
#### a) Participation in the labour market and employment<sup>58</sup>

##### Size of the workforce

By the end of 2020, the total labour force in Viet Nam reached 54.84 million, of which female workers constituted 25.98 million, accounting for 47.4%. The female workforce in 2020 decreased by -1.6% compared to 2019.

In the period 2012-2020, there was an increase of both male and female workers in the labour force; however, the female labour force remained less than the male labour force. The growth rate of the male labour force was nearly four times higher than that of the female labour force. The average annual growth rate of the female labour force and the male labour force was +0.9% and +0.23% respectively.

**FIGURE 1. LABOUR FORCE BY GENDER, 2012-2020**



Source: <https://www.gso.gov.vn/px-web-2/?pxid=V0232&theme=D%C3%A2n%20s%E1%BB%91%20v%C3%A0%20lao%20%C4%91%E1%BB%99ng>

<sup>58</sup> The data in this section was calculated by the authors from the LFS of the General Statistics Office from 2012 to 2020.

### Labour force participation rate

In 2020, the female labour force participation rate was 69.0%, -10.9 % percentage points lower than that of men and -5.4 % percentage points lower than the overall national labour force participation rate.

In the period 2012-2020, the female labour force participation rate showed a decrease, from 72.5% in 2012 to 69.0% in 2020. Throughout this same period, the female labour force participation rate was lower than that of men; the gender gap in the rate of participation in the labour force in the period 2012-2019 showed stability, with the gender gap index<sup>59</sup> fluctuating around 0.88-0.89; however, by 2020, the gender gap in the labour force participation rate showed an increase with a gender gap index of 0.86.

**TABLE 1. PERCENTAGE OF LABOUR FORCE PARTICIPATION, BY GENDER, 2012-2020**

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Overall (%)	76.8	77.5	77.7	77.8	77.3	76.7	76.8	76.8	74.4
Male (%)	81.2	82.1	82.5	83.0	82.4	81.9	82.3	81.9	79.9
Female (%)	72.5	73.2	73.3	72.9	72.5	71.9	71.6	71.8	69.0
Gender difference (% female-male)	-8.7	-8.9	-9.2	-10.1	-9.9	-10.0	-10.7	-10.1	-10.9
Gender Gap index (female/male)	0.89	0.89	0.89	0.88	0.88	0.88	0.87	0.88	0.86

Source: Report on Labour Force Survey 2012-2020, GSO

***There is a disparity in the rate of female participation in the labour force when comparing urban and rural areas and on comparing socio-economic regions.*** In 2020, the labour force participation rate of urban women was 75.3%, -16.1 percentage points lower than that of rural women. The female labour force participation rate was highest in the Northern Midlands and Mountain areas (81.6%) and lowest in the Southeast (61.9%).

The rate of female participation in the labour force showed a lower trend than that of men in both urban and rural areas, across socio-economic regions, as well as in the two largest cities of Hanoi and Ho Chi Minh City. The gender gap in the labour force participation rate is higher in urban areas than in rural areas, with a gender gap index of 0.83 and 0.89 respectively. The Mekong Delta was the region with the highest gender gap in labour force participation and the Northern Midlands and Mountain areas were regions with the lowest gender gap, with a gender gap index of 0.76 and 0.95 respectively.

59 The gender gap index is calculated as the female labour force participation rate divided by the male labour force participation rate. The closer this index is to 1, the smaller the gender gap. Conversely, the closer this index is to 0, the bigger the gender gap is.

**TABLE 2. PERCENTAGE OF LABOUR FORCE PARTICIPATION, BY GENDER, URBAN-RURAL AND SOCIO-ECONOMIC AREAS, 2020**

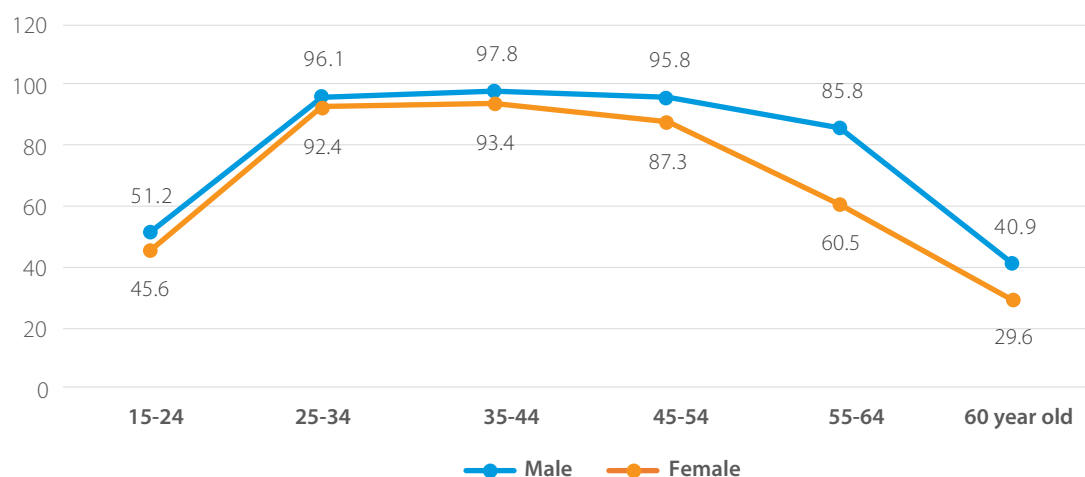
	Overall (%)	Male (%)	Female (%)	Gender difference, % (F-M)	Gender Gap index, (F/M)
Nationwide	74.4	79.9	69.0	-10.9	0.86
Urban	65.0	71.4	59.2	-12.2	0.83
Rural	80.1	84.9	75.3	-9.6	0.89
Regions					
Northern Midland and Mountain	83.6	85.6	81.6	-4.1	0.95
Red River Delta	71.2	74.7	68.0	-6.6	0.91
<i>In which: Hanoi</i>	67.6	71.6	64.0	-7.5	0.89
North Central and Central Coast	76.7	81.1	72.5	-8.7	0.89
Central Highland	81.9	85.7	78.1	-7.6	0.91
South East	69.3	77.1	61.9	-15.1	0.80
<i>In which: Ho Chi Minh city</i>	63.9	72.5	56.2	-16.3	0.78
Mekong River Delta	72.6	82.2	62.8	-19.4	0.76

*Source: Report on Labour Force Survey 2020, GSO*

***The rate of female workers participating in economic activities is lower than that of men throughout the life cycle.*** In 2020, the difference in labour force participation rates between women and men was highest among the age group of 55 and older, and lowest in the 25-44 age group.



**FIGURE 2. RATE OF PARTICIPATION IN THE LABOUR FORCE, BY GENDER AND AGE IN 2020 (%)**



Source: Report on Labour Force Survey 2020, GSO

The labour force participation rate of young women in 2020 was 45.6%, -5.6 percentage points lower than that of young men. The rate of participation in the labour force of young women was only about half of that of adult women, mainly because young people were still in education or training.

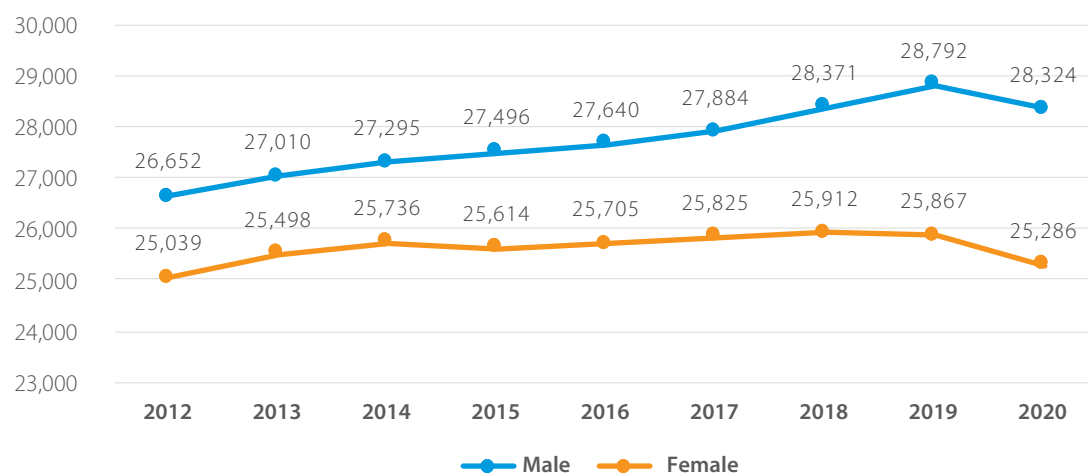
### **Employment**

In 2020, the number of employed female workers was nearly 25.3 million, accounting for 47.2% of the total number of employed workers in the country, roughly equivalent to the rate of women in the labour force i.e., 47.4%.

In the period 2012-2020, the number of employed female workers showed an increase; however, the average annual employment growth rate of female workers was only 1/5 of that of male workers, with the average growth rate of +0.17%/year (female) and +0.88%/year (male).

The employment-to-population ratio of women aged 15 and older remained lower than that of men; however, the gender gap remained almost unchanged throughout the period 2012-2019. However, in 2020 due to the impact of COVID-19, the number of female and male employed workers both decreased compared to 2019, and the gender gap presented a widening trend, with a gender gap index of 0.89.

**FIGURE 3. NUMBER OF EMPLOYED WORKERS BY GENDER, 2012-2020**



Source: Report on Labour Force Survey 2012-2020, GSO

### **Employment by economic sector**

In the period 2012-2020, the process of shifting the employment structure of female workers proved very effective, with a movement of female workers out of the agricultural, forestry, and fishery sectors at a rate faster than that of male workers. In 2020, the rate of female workers working in the agriculture, forestry, and fishery sectors accounted for 34.2%, down -15.3 percentage points compared to 2012; meanwhile, the rate among men in 2020 was 32.0%, down -13.3 percentage points compared to 2012.

During this period, female workers tended to move into the service sector, while male workers tended to move into the industrial and construction sectors. In 2020, female workers working in the service sector accounted for the highest proportion at 39.3%, an increase of +5.6 percentage points compared to 2012, while male workers in the industrial and construction sectors accounted for the highest proportion at 34.6%, an increase of +9.3 percentage points compared to 2012.

Industry and construction were the economic sectors with the largest gender gap in employment; however, this gap narrowed gradually in the period 2012-2020, with a gender gap index of 0.63 in 2012, and decreased to 0.68 in 2020.

**TABLE 3. GENDER GAP IN EMPLOYMENT, BY ECONOMIC REGIONS, 2012-2020***Unit: 1,000 people*

	2012			2020		
	M	F	Gender gap index	M	F	Gender gap index
Overall	26,491	24,912	0.94	28,324	25,286	0.89
Agriculture, forestry and fisheries	12,014	12,334	1.03	9,074	8,651	0.95
Industry and construction	6,697	4,195	0.63	9,804	6,705	0.68
Services	7,780	8,383	1.08	9,446	9,930	1.05

*Source: Report on Labour Force Survey 2012-2020, GSO***Employment by occupation**

In the period 2012-2020, although there was a positive shift in occupational groups among female workers, they still accounted for a high proportion in the 'Unskilled Occupation', 'Service Workers and Market Sales Workers' groups. In 2020, female workers accounted for the highest proportion in the two occupational groups: 'Unskilled Occupation' with 35.9% (down by -7.4 percentage points compared to 2012) and 'Service Workers and market sales workers' with 23.2% (up +2.4 percentage points compared to 2012); meanwhile, these proportions among male workers were 31.1% and 13.3% respectively.

Although the gender gap in the occupational group 'Leaders, managers and administrators of branches, levels and organisations' tended to narrow in the period 2012-2020, the rate of female workers working in high-ranking occupation groups was still much lower than that of male workers, with a gender gap index of 0.40 in 2020 compared to 0.33 in 2012.

In 2020, the biggest gender gap was observed in the occupation group 'Craft and Related Trade Workers', with a gender gap index of 0.37.

**TABLE 4. EMPLOYMENT STRUCTURE, BY OCCUPATION AND GENDER, 2012-2020**

	2012			2020		
	M (%)	F (%)	Gender gap index	M (%)	F (%)	Gender gap index
Leaders, managers and administrators of branches, levels and organisations	1.5	0.5	0.33	1.4	0.6	0.40
Professionals	5.2	5.8	1.12	6.9	9.3	1.35
Technicians and associate professionals	2.9	3.9	1.34	2.7	3.9	1.44
Clerks	1.8	1.5	0.81	1.9	1.9	0.98
Service workers and market sales workers	11.5	20.8	1.81	13.3	23.2	1.74
Skilled agricultural, forestry and fishery workers	13.8	11.5	0.84	9.1	5.4	0.59
Craft and related workers	16.3	7.0	0.43	19.5	7.3	0.37
Plant, machine operator and assemblers	8.8	5.7	0.65	13.7	12.7	0.92
Elementary occupations	37.9	43.4	1.15	31.1	35.9	1.16

Source: Report on Labour Force Survey 2012-2020, GSO

### **Employment by job status**

In the period 2012-2020, the job status of female workers saw many positive changes. The rate of salaried female workers in 2012 was only 29.2% but increased to 44.3% in 2020 (an increase of more than 1.5 times). The rate of self-employed female workers and unpaid family workers experienced a decrease. In 2020, the rate of female workers working in these two groups was 36.3% and 17.8%, respectively, down -9.7 percentage points and -5.3 percentage points respectively compared to 2012.

**Although there has been a decreasing trend, female workers still account for a high proportion of those in unstable and vulnerable jobs.** In 2020, the rate of self-employed female workers and unpaid family workers accounted for 54.1%, nearly +10 percentage points higher than that of male workers. This sector is unstable, with working conditions that are worse than those of other groups. Workers working in these areas are not covered by the Labour Code and do not participate in compulsory SI and Health Insurance, so they face greater economic risks.

**In jobs with higher status such as 'owner of a production-business-service establishment' or 'waged/salaried workers', the rate of female workers remains lower than that of men.** In 2020, the percentage of female owners of establishments was only 1.6%, less than half that of men (with males accounting for 3.7%); the percentage of women in the 'waged workers' group was

44.3%, compared with 52.1% for men.

In the period 2012-2020, the gender gap in waged workers narrowed gradually with a gender gap index of 0.73 in 2012, then increased to 0.85 in 2020.

**TABLE 5. EMPLOYMENT STRUCTURE BY JOB STATUS AND GENDER, 2012-2020**

	2012			2020		
	Male (%)	Female (%)	Gender Gap index	Male (%)	Female (%)	Gender Gap index
Owner of facility	3.7	1.7	0.46	3.7	1.6	0.42
Self-employed worker	44.2	46.0	1.04	36.7	36.3	0.99
Family worker	12.1	23.1	1.91	7.5	17.8	2.37
Salaried worker	40.1	29.2	0.73	52.1	44.3	0.85

Source: Labour Force Survey 2012-2020.

### **Employment of EM Female Workers**

**The EM female labour force is facing many disadvantages, being one of the ‘weak’ groups in the labour market.** The technical and professional qualifications of the EM labour force have improved compared to 2015 but remained very weak. The proportion of ethnic minorities aged 15 and over who received technical training from primary to higher education in 2019 was 10.3% (11.7% male and 8.9% female)<sup>60</sup>, less than half of the corresponding rate of the national labour force<sup>61</sup>.

**Women of Ethnic minorities tend to join the labour force very early; the employment structure shows a ‘double’ disadvantage from ethnic and gender factors.**

Many EM girls have been working as adults before the age of 15. While at this age, most Kinh girls are still in education. The rate of participation in the labour force<sup>62</sup> of the EM population aged 15 years and over is 83.3% (male 87.2% and female 79.4%), higher than the national corresponding rate of 76.2% (male 81.1% and female 71.4%).

There are more **EM female workers doing unstable jobs and more vulnerable jobs than** EM male and Kinh female workers. Up to 76.4% of EM female workers were employed in agriculture and forestry, nearly six percentage points higher than male EMs (70.5%) and twice as high as that of female workers nationwide (35.9%). Regarding employment status, the percentage of EM female workers doing ‘unpaid family work’ was 52.0%, nearly 2 times higher than this rate of male EM workers (26.6%) and 2.5 times higher than female workers nationwide (19.4%)<sup>63</sup>. This is unstable employment with working conditions far worse than in other areas and not subject to compulsory SI, Unemployment Insurance, and Health Insurance.

60 GSO, Survey on socio-economic status of 53 ethnic minorities in 2019.

61 GSO, Report on Labour Force Survey 2019.

62 GSO, The labour force participation rate is the percentage of people in the labour force that make up the total population age 15 years and over.

63 GSO, Report on Labour Force Survey 2019.

***There are many barriers for EM female workers in shifting employment out of agro-forestry and accessing wage employment*** in factories, local businesses, domestic industrial zones or working abroad. The reasons include (i) in their current gender roles, EM women are still more attached to housework and family care than EM men; (ii) preconceptions against women working away from home remain strong among some ethnic groups; (iii) the status of EM women shows high illiteracy, re-illiteracy<sup>64</sup>, an inability to communicate in Kinh languages, low levels of education, no professional and technical training; (iv) lack of basic skills for safe and effective labour migration such as a lack of understanding of laws and policies on labour and employment; lack of communication skills, information technology, etc.<sup>65</sup>

***Finding illegal employment outside national borders is the last choice of disadvantaged EM female workers.*** For disadvantaged groups of EM female workers who do not meet the recruitment conditions to work in factories, domestic enterprises, or to work abroad under contract, it has been far more common for them to find illegal employment outside national borders<sup>66</sup>. Although this employment can provide an immediate source of income for disadvantaged women, it poses many risks in the process of working illegally abroad, especially regarding human trafficking.

### ***Women's informal employment***

In 2020, women accounted for 42.0% of informal workers, equivalent to more than 8.7 million female workers. In the period 2015-2020, the number of female workers in informal employment increased in both urban and rural areas. In both urban and rural areas, the proportion of male workers in informal employment was higher than that of women. This disparity was far more prevalent in rural areas. In 2020, the number of informal male workers was 1.5 times higher than informal female workers.

In the period 2015-2020, female workers in informal employment increased with an average annual growth rate of +2.5%.

64 Current status of women over 35 years old in some ethnic minorities are not able to understand or speak a simple sentence in Vietnamese; they are unable to read and write a simple sentence in Vietnamese; or used to have this ability but no longer..

65 UN Women, 2020. Policy brief: Gender issues among ethnic minorities in Viet Nam.

66 World Bank, 2019. Research report: Factors affecting the socio-economic development of ethnic minorities in Viet Nam.

**TABLE 6. SIZE OF INFORMAL WORKFORCE, BY URBAN/RURAL AREAS, AND BY GENDER, 2015-2020**

	2015		2018		2020	
	<i>Size (1,000 people)</i>	<i>Structure (%)</i>	<i>Size (1,000 people)</i>	<i>Structure (%)</i>	<i>Size (1,000 people)</i>	<i>Structure (%)</i>
Whole country	17,534.2	100.0	19,039.5	100.0	20,842.4	100.0
Male	9,838.7	56.1	10,918.7	57.3	12,088.6	58.0
Female	7,695.5	43.9	8,120.8	42.7	8,753.8	42.0
Urban	7,114.2	100.0	7,418.1	100.0	7,852.0	100.0
Male	3,744.5	52.6	3,965.8	53.5	4,241.8	54.0
Female	3,369.7	47.4	3,452.3	46.5	3,610.3	46.0
Rural	10,420.0	100.0	11,621.5	100.0	12,990.3	100.0
Male	6,094.2	58.5	6,952.9	59.8	7,846.8	60.4
Female	4,325.8	41.5	4,668.6	40.2	5,143.5	39.6

Source: Report on Labour Force Survey 2015, 2018, 2020, GSO

### **Unemployment and underemployment<sup>67</sup>**

#### *Unemployment*

In 2020, the whole country had more than 691,000 unemployed female workers, accounting for 56.1% of the total number of unemployed people, an increase of 161,000 workers compared to 2019. The reason was largely due to the impact of the COVID-19 pandemic at the beginning of February 2020.

In the period of 2013-2017, the unemployment rate for women was always lower than that of men, but in the period 2018-2020, the unemployment rate of women was higher than that of men. In 2020, the female unemployment rate was 2.66%, which was +0.78 percentage points higher than that of male workers and +0.65 percentage points higher compared to 2019. This shows that when the COVID-19 pandemic hit, female workers were under more pressure of employment and were more likely to lose their jobs than men.

In the period 2012-2020, the number of unemployed female employees increased faster than that of male workers with an average annual growth rate of +2.96%/year and +2.12%/year, respectively.

67 The data for this section was calculated by the authors from the LFS of the General Statistics Office from 2012 to 2020.

**TABLE 7. UNEMPLOYMENT RATE, BY GENDER, 2012-2020 (%)**

	2012	2013	2014	2015	2016	2017	2018	2019	2020
Whole country	1.77	1.94	1.87	2.12	2.10	2.04	2.00	1.99	2.25
Male	1.56	1.97	1.94	2.25	2.24	2.22	1.87	1.97	1.88
Female	1.99	1.92	1.79	1.98	1.94	1.85	2.13	2.01	2.66

*Source: Labour Force Survey, by year, 2012-2020, GSO*

Young workers are one of the groups that are most affected by fluctuations in the labour market. The youth unemployment rate is always an important indicator, which is a concern for both the state and society. In 2020, unemployed young female workers still accounted for more than one third of the total number of unemployed workers in the country (34.2%).

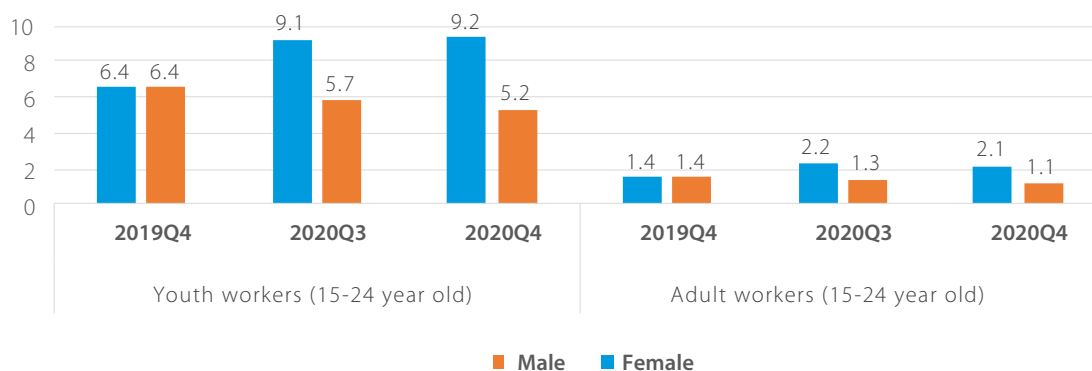
In the context of the pandemic with labour force cuts, women, especially women raising young children, were the first groups to be laid off or to have their incomes reduced when production and business activities were affected<sup>68</sup>. Of the five industries most affected by job reduction in the context of the COVID-19 pandemic, there were four industries with a large number of female workers. They were the group of food services, restaurants and hotels; manufacturing - global supply chain group; the group of commercial services, wholesale and retail, and the group of entertainment and art services<sup>69</sup>. The ILO analysis of data from the Labour Force Survey (LFS) 2020 shows that female workers in both youth and adult groups had higher unemployment rates than men in the last two quarters of 2020.

68 ILO (2020). Quick impact assessment of COVID-19 pandemic on the key economic sectors: Responses, adjustment and resilience of business and workers

69 ILO. 2020. COVID 19 and Labour Market in Viet Nam. April 2020



**FIGURE 4. UNEMPLOYMENT RATES OF WOMEN AND MEN, BY AGE IN 2019 AND 2020<sup>70</sup>**



Source: Report on Labour Force Survey by quarter in 2019, 2020, GSO

The unemployment rate of female workers with a university degree or higher was the highest, accounting for 24.6% of the total number of unemployed female workers in 2020. The reason for this could be that: this group of female workers sought to find a job appropriate for their level of training. The unemployment rate of female workers with ‘secondary school and high school diplomas’ was also relatively high, possibly due to the fact that newly graduated junior and senior high school students still intended to continue studying and were not ready to participate in the labour market.

### **Underemployment**

In the period 2012-2020, the number of underemployed female workers decreased, but the rate of decrease was still slower than that of male workers (the number of unemployed females decreased by -0.49%/year while that of males in the same group decreased by -7.03%/year).

Underemployment is still common in rural areas and among groups without technical and professional qualifications. In 2020, underemployed female and male workers mainly lived in rural areas with a proportion of over 75% of the total number of underemployed female and male workers in the whole country. The number of underemployed female and male workers in the group of ‘No technical qualification/technical qualification without certificate’ was very high with a percentage of 81.1% and 81.3% respectively among the total number of underemployed female and male.

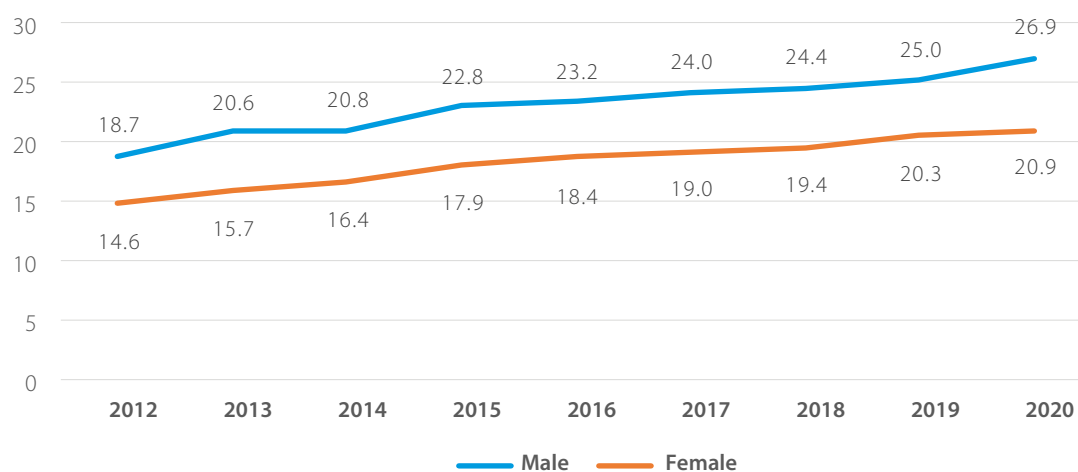
### **Trained labour force<sup>71</sup>**

***In the period 2012-2020, the percentage of the trained female labour force increased, but remained at a low level and lower than that of the male labour force.*** In 2020, trained female workers accounted for 20.9% of the total female labour force, an increase of +6.3 percentage points compared to 2012. This rate of the male labour force was 26.9% in 2020, an increase of +8.2 percentage points compared to 2012.

70 Quick impact assessment of COVID-19 pandemic on the key economic sectors: Responses, adjustment and resilience of business and workers

71 The data for this section was calculated by the authors from the LFS of the General Statistics Office from 2012 to 2020.

**FIGURE 5. PERCENTAGE OF TRAINED WORKERS, BY GENDER, 2012-2020 (%)**



Source Report on Labour Force Survey 2012-2020, GSO

In the period 2012-2020, GE in education and training by each group was improved, however in the group of 'Vocational education' (including primary, secondary and college levels) although there was an increase in GE, the increasing trend was very slow, and the gender gap remained unfavourable for female workers. Specifically, in 2020, the percentage of female workers with a 'Vocational Education' qualification was 9.1%, only +0.3 percentage points higher than in 2012, meanwhile the percentage of male workers with this qualification was 16.4% in 2020, an increase of +4.6 percentage points compared to 2012. The reasons for the difficulties facing women in access to vocational education services, especially migrant women and women working in the informal sectors, include (i) a lack of access to adequate information; (ii) no personal development plan; (iii) limited knowledge and qualifications; and (iv) few opportunities to learn and improve skills.<sup>72</sup>

**TABLE 8. LABOUR FORCE STRUCTURE, BY TECHNICAL/QUALIFICATION LEVEL<sup>73</sup> AND BY GENDER, 2012-2020**

	2012		2020	
	Male	Female	Male	Female
No technical qualification/technical qualification without certificate	81.2	85.3	73.1	79.1
Elementary edu	4.1	1.2	8.3	0.7
Intermediate edu	5.9	4.8	4.8	3.9
College	1.9	2.8	3.3	4.4
University + higher	6.9	5.9	10.5	11.8
Total	100	100	100	100

Source: Calculation from Labour Force Survey 2012, 2020, GSO

72 DVET, 2021. Summary of policy recommendations: Integrating gender issues and women's migration into Viet Nam's Vocational Education Development Strategy 2021-2030VET.

73 Technical qualification workers: only include those with degrees/certificates.

The results of the Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Viet Nam 2019 show that the percentage of the EM labour force who underwent professional and technical training from elementary or higher education accounted for only 10.3% (male 11.7% and female 8.9%). The proportion of the ethnic labour force who underwent professional and technical training was significantly lower than the corresponding proportion of the national labour force of 22.8% (25.0% men and 20.3% women). The professional and technical qualification level of the EM female labour force was lowest, with the percentage of the EM female labour force who underwent technical training at 8.9%, lower than the corresponding percentage of the EM male labour force of 11.7%, and at the same time lower than the corresponding percentage of the female labour force nationwide at 20.3%.

Compared to 2015, the percentage of the EM labour force who underwent professional and technical training in 2019 increased to +4.2 percentage points (men increased by +5.2 percentage points and women increased by +3.2 percentage points) with the percentage of the EM labour force undergoing professional and technical training in 2015 at 6.1% (males at 6.5% and females at 5.7%).

Only 1.3% of the EM female labour force finished primary education and 2.4% finished intermediate education; lower than the respective percentages of the EM male labour force at 4.1% and 3.1%. However, at the college and university level, although the percentage of the female labour force reaching this level was also very low, at 2.0% and 3.1% respectively, it was still higher than the respective percentages of the EM male labour force at 1.5% and 3.0%.

***The EM female labour force still has difficulty in accessing vocational education compared to the rest of society due to language barriers and limited educational attainment.*** Vocational training classes for EM women should pay attention to these characteristics as well as the women's ability to participate in the specific labour market. In vocational training, it is necessary to coordinate the productive and reproductive roles of women.

#### ***Support for migrant workers<sup>74</sup>***

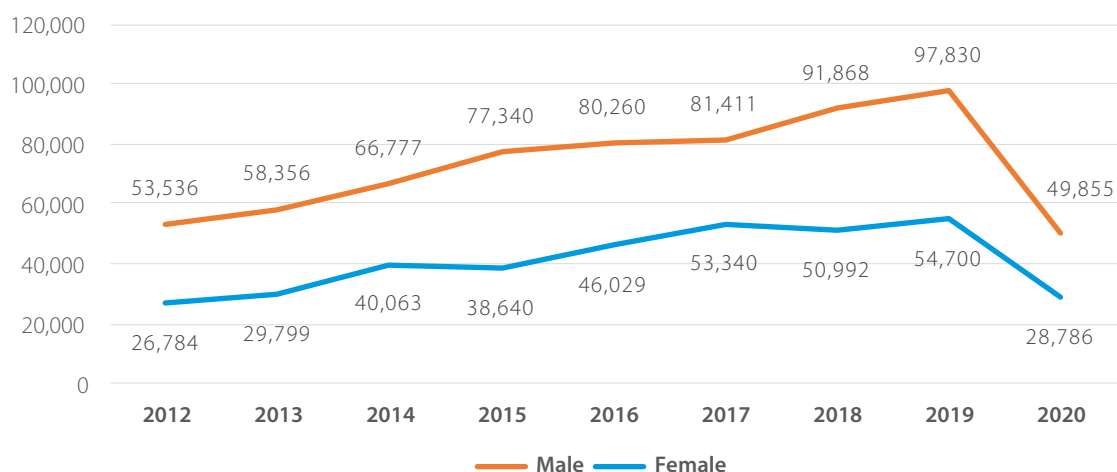
In the period 2012-2020, the number of female workers working abroad under contract showed a lower trend than that of male workers. Statistics from the Department of Overseas Labour show that, in the period 2012-2020, the number of female workers working abroad under contract was only half (1/2) to two third (2/3) that of male workers. Notably, the number of female workers working abroad increased faster than male workers with the average growth rate of female and male workers 4.98%/year and 3.31%/year respectively. Causes: (i) Positive impact of policies and projects promoting GE in the field of working abroad under contract, which were implemented in the period 2012-2020<sup>75</sup>; (ii) Increased demand of the destination countries for workers in occupations employing high numbers of female workers (domestic workers, nurses, electronic assembly, textile-garment, entertainment services, etc.); (iii) Increased demand of Vietnamese female workers to work abroad in order to improve income; (iv) Improved perception and attitudes toward women working abroad, resulting in rural women and ethnic minority women becoming more proactive in deciding to work abroad.

In 2020, there were 78,641 Vietnamese workers working abroad under contract, of which 28,786 were female, accounting for 36.6%. Due to the impact of the COVID-19 pandemic, the number of workers working abroad decreased significantly compared to 2019. The major receiving markets of Viet Nam were still the countries (territories) in Northeast Asia within which Japan, Taiwan (China) were the largest.

74 The data in this section was compiled by the authors from the annual work review report of the Department of Overseas Labour Management (MOLISA), 2012-2020.

75 The Department of Overseas Labour (MOLISA) has received support from UN Women to implement the Project "Empowering women when working abroad under contract for the period 2010-2015".

**FIGURE 6. NUMBER OF VIETNAMESE GUEST WORKERS UNDER CONTRACT, BY GENDER IN 2012-2020 (PEOPLE)**



Source: ILSSA synthesised data from the Department of Overseas Labour, MOLISA 2012-2020.

The traditional key markets receiving Vietnamese workers are Japan and Taiwan (China). Vietnamese female migrant workers also work mainly in these two countries. In addition, Saudi Arabia and Malaysia are also countries with a higher number of Vietnamese women than Vietnamese men migrating to work.

When participating in the foreign labour market, Vietnamese female workers have the opportunity to improve their power and economic independence. At the same time, women also face more challenges and barriers than men, specifically:

Before migrating to work abroad, female workers are limited in accessing recruitment information, in receiving training on safety, effectiveness and on legal migration. A study in 2019 shows that only 7% of surveyed Vietnamese migrant workers attended courses on orientation education before going abroad to work.<sup>76</sup> In the process of working abroad, female workers often do jobs with difficult and arduous working and living conditions and which are vulnerable to abuse, torture, and exploitation, with sexual abuse posing a high risk of STDs, especially HIV/AIDS. Female workers have difficulty in finding legal support services; they experience an increase in stress and loneliness and fear. Survey research in Dong Tan Commune, Dong Hung District, Thai Binh Province for the group of overseas labour migrants shows that loneliness and homesickness were the difficulties that respondents mentioned the most (accounting for 67,3%); followed by low wages, discrepancies with contracts (29.2%), overtime and prolonged shifts (25.7%).<sup>77</sup>

76 Dr. Pham Quynh Huong & Dr. Le Thi Nga, 2019. A brief overview of the need to improve legal understanding and legal support for overseas workers: Desk Review, Summary record of the International Scientific Conference “Migration and Multiculturalism: Change, Adaptation and Gender Issues”.

77 Assoc. Prof. Dr. Nguyen Huu Minh, MSc. Nguyen Thi Thanh Tam: Rural women working abroad. Analysis from a gender perspective. Viet Nam Social Sciences, No. 5 (78)-2014

After returning and re-integrating into the community, female workers face difficulties in finding job opportunities and promoting their skills. It is quite common for migrant workers to acquire skills after working abroad (70%), but these skills are rarely applied in Viet Nam after they return (3%).<sup>78</sup> Upon repatriation, female migrant workers may also face gender-based discrimination, for example repatriated women may face family breakdown, and their absenteeism is seen as the cause of their breakup, etc. Sometimes, women are stigmatised and face domestic violence after returning home. Whereas, men are less likely to suffer these forms of discrimination.<sup>79</sup>

#### **Average monthly income from female wage workers**

In the period 2012-2020, income from wage employment (hereinafter referred to as 'income') was always lower than that of male workers. In 2020, the income of female workers was nearly VND6.2 million/month, VND751,000/month lower than male workers. This is equivalent to the fact that the total annual salary of female workers was 16% lower than male workers.

During this period, although the income of female workers tended to increase, the growth rate was still slower than that of male workers. The average growth rate of female workers income in the period 2012-2020 was +7.35%/year, meanwhile that of male workers was +7.67%/year.

**TABLE 9. INCOME FROM SALARIED JOBS, BY GENDER, 2012-2020**

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	Increase rate/year
Overall (VND1,000)	3,757	4,099	4,471	4,637	4,979	5,372	5,776	6,610	6,597	7.51
Male (VND1,000)	3,923	4,260	4,642	4,840	5,209	5,622	6,074	6,962	6,922	7.67
Female (VND1,000)	3,515	3,869	4,233	4,360	4,664	5,032	5,377	6,141	6,171	7.35
Gender difference (F-M)	-408	-391	-409	-480	-545	-590	-697	-821	-751	
Gender Gap Index (F/M)	0.90	0.91	0.91	0.90	0.90	0.90	0.89	0.88	0.89	

Source: Labour Force Survey 2012-2020

78 Dr. Pham Quynh Huong & Dr. Le Thi Nga, 2019. A brief overview of the need to improve legal understanding and legal support for overseas workers: Desk Review, Summary record of the International Scientific Conference "Migration and Multiculturalism: Change, Adaptation and Gender Issues".

79 Ministry of Labour - Invalids and Social Affairs, Report No. 64/BC-LDTBXH dated 29 April 2020 on integrating gender equality in the Law on Vietnamese workers working abroad under contract (modified).

In the period 2012-2020, the income of male workers was about 9-12% higher than that of female workers. However, the gender gap in wages in Viet Nam was lower than that of many countries around the world. The report 'Global Wages 2018/19' of the International Labour Office (ILO) shows that globally gender income inequality occurred in most countries: men were paid about 16% higher than women for an average hourly wage. High-income countries showed the lowest levels of wage inequality, as opposed to low- and middle-income countries.

#### ***Income of female workers by professional and technical qualifications***

In the period 2012-2020, the income of female workers was lower than that of male workers in all groups with professional and technical qualifications, in which the group with professional and technical qualifications was more disparate than the group without any qualifications.

In 2020, the income of female workers was lowest in the group without professional and technical qualifications, at nearly VND5.5 million/month and highest in the group with university degree or higher at more than VND7.9 million/month. However, the gender gap in income of the group without professional and technical qualifications was the lowest while the group with a university degree and above was the highest with a gender gap index of 0.91 and 0.82, respectively.

**TABLE 10. MONTHLY AVERAGE INCOME AND PROFESSIONAL AND TECHNICAL QUALIFICATIONS**

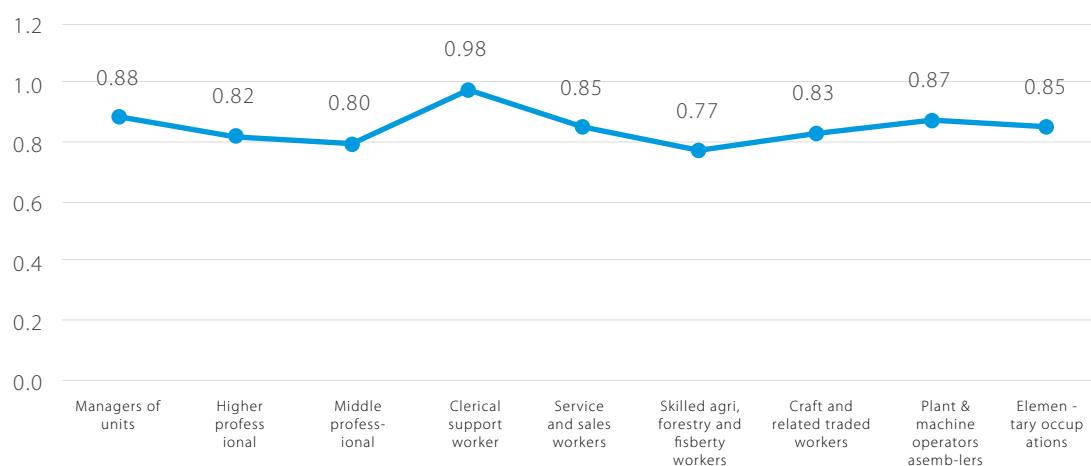
<b><i>Professional and technical qualifications</i></b>		<b>2012</b>	<b>2020</b>
No qualifications	Male (VND1,000)	3,198	6,019
	Female (VND1,000)	2,827	5,494
	<i>Gender Gap Index (F/M)</i>	0.88	0.91
Elementary	Male (VND1,000)	4,450	7,620
	Female (VND1,000)	3,659	6,328
	<i>Gender Gap Index (F/M)</i>	0.82	0.83
Intermediate	Male (VND1,000)	4,062	7,401
	Female (VND1,000)	3,531	6,084
	<i>Gender Gap Index (F/M)</i>	0.87	0.82
College	Male (VND1,000)	4,468	7,760
	Female (VND1,000)	3,974	6,439
	<i>Gender Gap Index (F/M)</i>	0.89	0.83
University & higher	Male (VND1,000)	6,572	9,624
	Female (VND1,000)	5,494	7,932
	<i>Gender Gap Index (F/M)</i>	0.84	0.82

*Source: Labour Force Survey 2012-2020*

### Average income of female workers by occupational groups

**In most occupational groups, including those with a greater concentration of female workers, the income of female workers is still lower than that of male workers.** The income gap between female and male workers is the largest in the occupation group 'Skilled workers in agriculture, forestry, and fishery' with a gender gap index of 0.77. In the occupation group 'Office Assistant' there is an ideal level of GE in income, with a gender gap index of 0.98.

**FIGURE 7. GENDER GAP INDEX IN EMPLOYMENT, BY OCCUPATION IN 2020**



Source: Labour Force Survey 2020, GSO

In the period 2012-2020, the income gap by gender tended to narrow for occupational groups such as: plant and machinery operators and assemblers as well as elementary occupations, with the gender gap index in wages showing a decrease. However, in some other occupational groups such as Skilled workers in agriculture, forestry, and fisheries; Craft and other related trade occupations; Middle professionals; Higher professionals; and Managers in fields, levels and organisations/units, etc., the income gap by gender tended to increase or was unstable.

**TABLE 11. GENDER GAP INDEX IN INCOME, BY OCCUPATION 2012-2020**

Occupations	2012	2015	2018	2019	2020
Managers in fields, levels and organisations/ units	1.02	0.94	0.85	0.83	0.88
Higher professionals	0.83	0.84	0.79	0.80	0.82
Middle professionals	0.85	0.86	0.83	0.79	0.80
Clerical support workers	1.11	1.08	1.01	1.01	0.98
Service and sales workers	0.86	0.86	0.86	0.88	0.85
Skilled agricultural, forestry and fishery workers	1.05	0.79	0.83	0.72	0.77
Craft and related trades workers	0.80	0.83	0.84	0.83	0.83
Plant and machine operators, and assemblers	0.81	0.83	0.84	0.84	0.87
Elementary occupations	0.83	0.84	0.84	0.85	0.85

Source: Labour Force Survey 2012-2020

### **Women-owned enterprises**

As of 31 December 2020, Viet Nam had 242,326 women-owned enterprises,<sup>80</sup> accounting for 29.9% of the total number of enterprises operating in the country.<sup>81</sup> The growth of women-owned enterprises has been slow. According to data from the General Statistics Office's Enterprise Survey, in 2015, 22.4% of enterprises were owned by women, and that number increased to 27.8% in 2017.<sup>82</sup>

The majority of women-owned enterprises are micro and small, operating mainly in the service sector. Enterprise survey results in 2016 showed that small and micro enterprises accounted for 93.6% of total women-owned enterprises, with 79.2% of these enterprises operating in the service sector, in which the main fields were trade (wholesale and retail) accounted for 58.3%; transportation for 8.1%, restaurants and hotels for 7.3%, education and training for 2.8%, and healthcare for 0.5%. Compared with male-owned enterprises, the proportion of small and micro-sized female-owned enterprises (93.2%) accounted for a higher proportion than male-owned enterprises (92.0%); the size of fixed assets of female-owned enterprises was only 1/3 that of male-owned enterprises (VND3.7 billion compared to VND14.5 billion); 79.8% of women-owned enterprises had fixed assets' sizes smaller than average. Women-owned enterprises were mainly in service – the field which requires few financial resources but use a great deal of labour and have high growth potential.<sup>83</sup>

80 Have a legal representative and owners of private enterprises being women

81 Data provided by Business Registration Management Agency, Ministry of Planning and Investment as of December 31, 2020.

82 Vietnamese Government. 2020. Report on reviewing the implementation of the National Strategy on Gender Equality for the period 2011-2020

83 UN Women, 2021. Reviewing the implementation of legislation supporting small and medium-sized enterprises, the need for capacity-building support and training services for women-owned SMEs and female entrepreneurs in Viet Nam.



Recent studies on women-owned small and medium enterprises in Viet Nam show that women-owned enterprises face difficulties and obstacles, affecting the operation and development of the enterprises, of which the most important is accessing financial resources.

IFC (2017) estimates that the financial shortfall for women-owned enterprises in Viet Nam amounted to US\$1.12 billion. This was a huge capital shortage, causing significant difficulties for the development of women-owned enterprises.<sup>84</sup> TAF et al. (2018) found that 42% of women-owned small and medium enterprises had difficulty accessing financial resources and this rate was higher than that of male-owned enterprises (35%). VCCI et al. (2019) shows that 87.5% of women-owned small and medium enterprises believed that loans could not be obtained without collateral; 40.5% of women-owned small and medium enterprises indicated that the loan procedure was still troublesome. Women-owned small and medium enterprises were mostly micro- and small-scale enterprises, so they were limited in collateral and did not have a complete and standard accounting and planning system. Therefore, it was difficult to develop a standard loan plan and convince commercial banks to allow access to formal finance. Furthermore, collateral requires the consent of both spouses, making it difficult for female entrepreneurs to mortgage assets (IFC, 2017; MBI & HAWASME, 2016; TAF et al., 2018). It is also worth noting that commercial banks themselves do not consider women-owned small and medium enterprises as their main customers but as potential customers (IFC, 2017), so there are no outstanding offers. Women-owned small and medium enterprises also find it difficult to access capital from the Small and Medium Enterprise Development Fund because of complicated procedures, interest rates equal to commercial banks' interest rates, and short loan terms (TAF et al., 2018).

In addition, women-owned small and medium enterprises face difficulties in human capital and social capital. Although there has been a significant increase in the proportion of female entrepreneurs with a university degree or higher (and this proportion is not much different between female and male entrepreneurs) women-owned small and medium enterprises are still limited in human capital sources. Human. IFC (2017) and TAF et al (2018) show that in women-owned small and medium enterprises, female entrepreneurs themselves lacked not only management knowledge and skills but also qualified labour. For example, 38% of women-owned small and medium enterprises reported that they had difficulty in recruiting and retaining workers (IFC, 2017); 49% reported that they lacked high-quality skilled workers (TAF et al., 2018). In addition, female entrepreneurs have fewer relationships and are less likely to participate in business network development like their male counterparts (MBI & HAWASME, 2016) because they are notable to communicate and network like men, due to their reproductive and care responsibilities and the persistence of a traditional gender division of labour in the family. Twenty per cent of the women-owned small and medium enterprises surveyed reported that a lack of networking hinders their business (TAF et al., 2018). As a result, women-owned small and medium enterprises and female entrepreneurs have less social capital and narrower networks, which can negatively affect business outcomes (Zhu & Kuriyama, 2016).

Research by VCCI shows that there is still 'social prejudice against women-owned. These stereotypes include the notion that women's natural abilities are associated with housework and not with management and business; that women should take a 'secondary role' rather than the top management in a company, i.e., the company must be held by men; that women cannot concentrate because their 'first' priority is taking care of their children and family; that women are risk-averse and are not as equipped as men to make bold decisions.<sup>85</sup>

84 Currently, there are a number of projects providing financial support for women-owned SMEs in Viet Nam. For example, the Women Entrepreneurs Finance Initiative (We-Fi) has provided \$20 million in support for the development of women-owned SMEs in Viet Nam and 13 other countries in the Asia Pacific region in the next five years.

85 VCCI. 2019. Doing business in Vietnam: Judging from the perspective of women-owned businesses Hanoi: VCCI

Prejudices and expectations can also come from within. A 2020 study on social beliefs affecting women's economic participation in Viet Nam found that the 'carer concept' - in which women are primarily responsible for childcare and family - is pre-eminent. In other words, it leads to strong compliance by women because they believe that violating this cultural norm will have consequences and have a significant influence on women's employment-related behaviours and choices. Research shows that certain industries (Information and communication technology and garment) and certain age groups (women under 25) are more likely to counter these notions and disregard the point of reference (e.g., husband/partner). However, expectations of a duty of care for women continue to strongly determine work patterns.<sup>86</sup>

### ***Impacts of COVID-19 on female workers***

As in other countries around the world, Vietnamese women have been one of the most vulnerable groups affected by COVID-19.<sup>87</sup>

According to the ILO report (2020)<sup>88</sup>, five groups that were particularly vulnerable when the COVID-19 pandemic occurred, of which 4/5 groups were mostly women workers, including:

- Young people (who have always faced higher rates of unemployment and underemployment) were now more vulnerable to a drop in labour demand, as in previous financial crises. Elderly workers are also susceptible when the economy is in a vulnerable position. After the MERS outbreak, older workers were found to be more likely than prime-age individuals to experience higher unemployment and underemployment rates, as well as decreased working hours.<sup>89</sup>
- Women make up a higher number of workers in sectors that are heavily impacted (such as services) or in occupations that are on the front line of a pandemic response (e.g., nurses). The ILO estimates that 58.6% of women work in the service industry worldwide, compared with 45.4% of men. Women are also less likely to have access to social protection services and will bear a greater burden of unpaid care-related work in the home, in the event of a school or healthcare system closure.<sup>90</sup>
- Unprotected workers, including self-employed, casual and temporary workers (in the 'gig' economy), were likely to be severely disadvantaged in the pandemic, because they have no access to vacation or sick leave mechanisms, and no safety net from the usual social protection mechanisms and other forms of income 'smoothing'.
- Migrant workers were particularly vulnerable in the COVID-19 crisis, which limited both their access to work in the receiving countries and their ability to return to their families.

One of the most visible impacts of the pandemic on labour markets around the world, including Viet Nam, was a reduction in working hours. Due to COVID-19, workers have faced a range of challenges affecting their ability to work, including forced reductions in daily paid

86 Nguyen, ML., Le, THG. et al. 2020. *Investigating gendered social norms affecting women's economic participation related to recruitment and promotion in Viet Nam*. Investing in Women and CARE International Viet Nam.

87 UNDP. 2020. *The Socio-Economic impacts of COVID-19 in Asia-Pacific region*.

88 ILO, 2020. *Covid-19 and the World of Work: Rapid Assessment of the Employment Impacts and Policy Responses*

89 Lee, A. and J. Cho 2016. *The impact of epidemics on labour market: identifying victims of the Middle East Respiratory Syndrome in the Korean labour market*. *Int J Equity Health*. 2016; 15: 196

90 ILO, 2018

hours, job rotation, temporary lay-offs, and ultimately job loss. The UN Women report, 2021<sup>91</sup> shows that, since the onset of COVID-19, labour force participation has fallen sharply for both women and men but has decreased much more for women. In the second quarter of 2020, the percentage of women participating decreased by -4.8 percentage points, to 66.2%, while the male participation rate decreased by -3.9 percentage points, to 77.4%. As a result, women worked fewer hours because more than one million women were 'inactive'. This meant that they had either stopped working, were not looking for a new job, or were not ready to work (or a combination of factors). The recovery of working hours in the third quarter of 2020 coincided with the time workers returned to the labour force. However, participation was still lower than in 2019, and the gender gap in participation was the most significant in a decade. The participation rate of women increased to 68.3% and that of men to 80.0%.<sup>92</sup>

Young women (ages 15-24) and older women (ages 55 and older) accounted for the majority of those leaving the labour force in the 2<sup>nd</sup> and 3<sup>rd</sup> quarters of 2020. Older women, in particular, tended to leave the rural labour force. On the other hand, women were particularly affected by the COVID-19 crisis in urban areas, with the impact increasing noticeably in the 3<sup>rd</sup> quarter of 2020. These findings may be the result of many forms of trauma faced by women in the pandemic. Young (aged 15-24) and older (55 years of age and older) women had the least stable jobs, compared with women aged 25-54. In Viet Nam before the COVID-19 pandemic, women aged 15-24 years were +5 percentage points more likely to work in informal jobs than women aged 25-54. The likelihood that young workers aged 15-24 had indefinite term labour contracts was 20% lower than the corresponding percentage of female workers aged 25-54. Most women over 55 were in informal employment, as this coincided with the statutory retirement age. The majority of young urban women who left their jobs during this period had unstable jobs in the service sector, while most of the older rural women who had stopped working were self-employed and family workers in the agricultural sector.<sup>93</sup>

91 ADB, DFAT, ILO and UN Women, 2021, 2021 Viet Nam Country Gender Equality Profile (CGEP)

92 ADB, DFAT, ILO and UN Women, 2021, 2021 Viet Nam Country Gender Equality Profile (CGEP)

93 ADB, DFAT, ILO and UN Women, 2021, 2021 Viet Nam Country Gender Equality Profile (CGEP).

## 3.2. POVERTY REDUCTION FOR WOMEN

---

### 3.2.1. Policy review applying a gender equality lens

The system of poverty reduction programs and policies in Viet Nam in the period 2016-2020 included two main components, specifically: (1) National Target Program on Sustainable Poverty Reduction; and (2) Support policies for the poor and near poor households. Most of the policies in the period 2016-2020 were not new but have been inherited from those in previous period.

In terms of GE, ***the approach of poverty reduction policies and programs during 2012-2020 were mostly targeted at 'prioritising women' and did not ensure a sufficient and effective GE mainstreaming.***

#### ***National Target Program on Sustainable Poverty Reduction for the period 2021-2025***

The National Target Program on Sustainable Poverty Reduction in the period 2021-2025<sup>94</sup> (NTP-SPR) took place at the same time with the implementation of the Socio-Economic Development Strategy 2011-2020 and Five-year National Socio-Economic Development Plan (2016–2020).

The overall objective of the NTP-SPR was to achieve sustainable poverty reduction and limit impoverishment; contribute to the realisation of the economic growth target, ensure social protection, improve the people's living standards, increase the people's income, especially in poor areas, create favourable conditions for the poor and poor households to access basic social services (healthcare, education, housing, water and sanitation, access to information), and contribute to the reduction of the poverty rate in the period 2016-2020 as set out by the Resolution of the National Assembly.

Scope of the NTP-SPR: The NTP-SPR was implemented nationwide, with priority given to investment resources for poor and difficult areas to reduce the gap between regions. Specifically, the NTP-SPR focused on investing resources in 64 poor districts and 310 communes in extreme difficulty in the coastal areas and islands (Project 1: Program 30a),<sup>95</sup> and 2,139 communes in extreme difficulty in EM and mountainous areas, border communes, safe zone communes and 3,973 villages in extreme difficulty (Project 2: Program 135); communes outside the locations of Program 30a and Program 135 (Project 3); and communes nationwide (Projects 4 and 5).

Total funding for implementation: The total funding for the period 2016-2020 was VND48,397 billion, of which over 95% were mobilised from the State budget.

Main contents/activities of the NTP-SPR were: (i) Strengthening essential infrastructure for production and people's lives in the poor and difficult areas, *with priority given to facilities for poor communities, facilities from which many poor people and women benefit*; (ii) Providing support to develop production, diversify livelihoods and replicate poverty reduction models, *with priority given to poor EM households and women from poor households*; (iii) Supporting workers of poor households, near-poor households, and EM households in poor districts working abroad for a definite term. The beneficiaries were workers from poor households, near-poor households, ethnic minorities, and long-term residents in poor districts and extreme difficulty communes in coastal sandbar areas and on islands. *Priority is given to young unemployed workers, especially*

94 Decision 1722/QĐ-TTg dated 2 September 2016 of the Prime Minister approving the National Target Program for Sustainable Poverty Reduction in the period 2016-2020.

95 Resolution No. 30a/2008/NQ-CP dated 27 December 2008 on the support program for fast and sustainable poverty reduction in 61 poor districts.

*young people from poor EM households and women from poor households; (iv) Strengthening communication on poverty reduction and information on poverty reduction; (v) Enhancing capacity for staff working on poverty reduction at all levels, with priority given to capacity-building for female cadres.*

The Ministry of Labour - Invalids and Social Affairs issued the Circular No. 39/2016/TT-BLDTBXH guiding the inspection, monitoring and evaluation process of the implementation of the NTP-SPR 2016-2020, which stipulates a number of indicators for which information disaggregated by sex needs to be collected.

The Resolution No. 24/2021/QH15 dated 28 July 2021 of the National Assembly approving the investment policy of the NTP-SPR 2021-2025 defines the implementation principles for the program '*... giving priority to support... women from poor households*'.

### ***Support policies for poor and near-poor households***

In addition to the implementation of the NTP-SPR 2016-2020, there were also poverty reduction policies<sup>96</sup> under the Resolution No 76/2014/QH13 of the National Assembly<sup>97</sup> and several specific policies under the Resolution No. 30a/2008/NQ-CP of the Government.<sup>98</sup>

96 During 2016-2020, the State budget supported VND49,883 billion to implement policies on improving the quality of education universalization, supporting students in disadvantaged areas, building boarding and semi-boarding schools for ethnic minorities and improving nominated enrollment; VND56,813 billion for the implementation of additional policies under which a number of groups of social policy are beneficiaries whose health insurance premiums are supported by the state budget; VND5,346 billion to cover electricity bills for poor households and social policy households; VND110 billion to support the implementation of legal aid policies for the poor. As of 30 June 2020, the total outstanding balance of social policy credit programs loaned by the Viet Nam Bank for Social Policies reached VND219,565 billion, an increase of VND77,037 billion compared to the amount loaned by 31 December 2015. Outstanding loans were concentrated in a number of programs, specifically: the loan amount to poor households reached VND33,093 billion (accounting for 15% of total outstanding loans); the loan amount to near-poor households reached VND32,935 billion (accounting for 15% of total outstanding loans); the loan amount to households that have just escaped poverty reached VND37,378 billion (accounting for 17% of total outstanding loans); the loan amount for rural clean water and sanitation reached VND37,811 billion (accounting for 17.2% of total outstanding loans).

97 Resolution No. 76/2014/QH13 dated 24 June 2014 of the 13<sup>th</sup> National Assembly on accelerating the implementation of the goal of sustainable poverty reduction by 2020

98 The Resolution No. 30a/2008/NQ-CP dated 27 December 2008 of the Government on the support program for fast and sustainable poverty reduction in 61 poor districts. The implementation of the forest protection and development policy associated with the policy on fast and sustainable poverty reduction and support for ethnic minorities in the period 2015 - 2020 helped the poor living in ethnic minority areas, mountainous areas and borders improve livelihoods, maintain income and actively participate in forest protection, especially in strategic areas of security and defence; supported poor households in building houses for preventing storms and floods in the Central region and housing support policies for poor households according to the mechanism of shifting from direct support to indirect support with the maximum loan of VND25 million/household (preferential interest rate of 3%/year), the loan period of 15 years including five years of grace period supported about 105,000 poor households in having stable and safe houses, gradually improving the quality of life of the poor; provided vocational training support for over 1.1 million people, accounting for more than 14% of people of working age; 86.1% of trained ethnic minorities got jobs, especially many ethnic minorities, after receiving vocational trainings and skill trainings, invested in expanding their production scale following the farming model and got rich on their homeland under the motto "shifting out of agriculture, not leaving homeland".

***Policies on credit support for workers in poor and near-poor households:*** Policy credit was an important solution contributing significantly to the effective implementation of the guidelines, policies, objectives, and tasks set out on poverty reduction, job creation, human resource development, social protection assurance, political stability and socio-economic development. The formation of a credit financial institution for several social policy beneficiaries with the mechanism shifting from direct subsidy/support to the preferential loans has gradually reduced the burden of the State budget; at the same time, encouraged social policy beneficiaries to escape poverty and get rich. After more than five years implementing the Directive No. 40-CT/TW (Directive 40) on strengthening the Party's leadership in social policy credit issued by the Secretariat dated 22 November 2014, many important results were achieved, hundreds of trillions of VND were mobilised, meeting the borrowing needs of a large number of the poor and policy beneficiaries in communes, wards, and townships nationwide, contributing to job creation, reducing sustainable poverty, supporting social policy beneficiaries and people in difficult circumstances, as well as new rural development.

According to the report of the Viet Nam Bank for Social Policies (VBSP) in 2021, after more than five years of implementing Directive No. 40-CT/TW dated 22 November 2014 of the Secretariat of the 11<sup>th</sup> Party Central Committee, more than 12 million loans from the VBSP were granted to poor households and other policy beneficiaries; the Directive contributed to help more than 2.1 million households escape the poverty line; attracted and created jobs for more than 1.3 million workers; helped more than 24 thousand workers of families under preferential treatment policy get loans to work abroad for a definite term; nearly 346 thousand pupils and students in difficult circumstances accessed to study loans; more than 7.3 million clean water and sanitation works were built in rural areas and nearly 142 thousand houses for poor households and families under preferential treatment policy were built.

***Policies on vocational training and job creation:*** The Scheme on 'Vocational training for rural workers to 2020' approved under the Decision No. 1956/QĐ-TTg dated 27 November 2009 of the Prime Minister stipulated that rural workers in poor households were one of the groups eligible for financial support for short-term vocational training, a meal allowance as well as a travel allowance during the training. After receiving vocational training, rural workers would apply for loans from the National Employment Fund under the National Target Program on Employment for self-employment/job creation.

***Policies on education and training support for poor and near-poor households:*** (i) direct support for learners (scholarships, tuition fee exemption and reduction, financial support for study, semi-boarding support, accommodation and rice support; (ii) education credit (student loans); (iii) nomination (selection) enrolment; (iv) attracting teachers to disadvantaged areas; (v) bilingual education for EM children; and (vi) investment in education infrastructure. The policies provide support for different education levels, from early childhood education to higher education, and help many poor and near-poor households reduce the burden of education costs of their children. In addition, the current policies on education are primarily geared towards addressing the disparity in access to education rather than the disparity in education quality. However, some policies still neglect some disadvantaged groups. The current policies on granting scholarships for EM university students are only applicable to the nomination enrolment. EM students who pass the entrance exam to universities themselves are not eligible to receive this scholarship. The policies on granting scholarships, semi-boarding support, rice support, and financial support for high school students in disadvantaged areas only apply to students at public schools, rather than private schools.

***Policies on healthcare support for poor and near-poor households:*** Since 2002, members of poor households have been granted free health insurance cards. The implementation of these policies has created conditions for the poor to access healthcare services, medical examination and treatment, reducing part of the burden of medical examination and treatment costs of the poor. Since 2012, the Prime Minister issued the Decision No. 14/2012/QĐ-TTg amending and supplementing several articles of the Decision No. 139/2002/QĐ-TTg. The Decision provided

more policies for target groups of near-poor households, households recently escaping poverty, households working in agriculture, forestry, fishery and salt production having average-living standards who are eligible for supports in health insurance cards and indirect support so that this group can access quality medical services at the grassroots level, and at higher levels in cases of severe illness with high treatment costs.

**Policies on housing support for poor households:** The Decision No. 33/2015/QĐ-TTg issued on 10 August 2015 by the Prime Minister stipulates policies to provide housing support for poor households who do not have a house or having a house that is temporary, seriously damaged or at risk of collapse. It is estimated that from 2016 to 2020, there were about 311 thousand poor households receiving support from this policy.

**Policies on legal aid for poor households:** The Decision No. 32/2016/QĐ-TTg dated 8 August 2016 promulgates the policy on legal aid for the poor and EM people in poor districts and communes and villages in extremely difficult during 2016–2020 and the Decision No. 59/2012/QĐ-TTg dated 24 December 2012 of the Prime Minister promulgating legal aid policy for the poor and ethnic minorities in poor communes in 2013–2020. According to the policy, the poor were provided with free legal aid services in the form of, for example, legal advice, participation in legal proceedings, representation outside the proceedings and other forms of support. In addition, there were some support activities targeting at mainly the poor communities (poor communes, extreme difficulty villages) such as organising mobile legal aid sessions; establishing, consolidating and organising activities of the Legal Aid Club; compiling, printing and distributing free of charge legal communication documents in Vietnamese and EM languages. However, the recipients of legal aid included only the poor and ethnic minorities, but not the near-poor and those recently escaping poverty.

**In summary,** in the period 2016–2020, Viet Nam implemented a series of programs and policies aiming at sustainable multi-dimensional poverty reduction. With the recent shifting of the poverty measurement method, from single-dimensional to multi-dimensional poverty measurement, the poverty reduction policy system has covered most of the needs and deprivations of the poor, including the general poverty reduction policy system, the specific poverty reduction policies. Together with inclusive economic growth, these programs and policies have contributed to the impressive poverty reduction in Viet Nam. From the GE perspective, interventions in poverty reduction policy have the following advantages and disadvantages:

### **Advantages**

**First,** the implementation of the NTP-SPR 2016–2020 was a great opportunity to promote GE because sustainable poverty reduction and social protection would guarantee social justice, including GE. At the same time, if GE is ensured in the implementation of a program, the gains in economic growth and poverty reduction would become sustainable.

**Second,** a multi-dimensional poverty line was applied in the period 2016–2020 to identify poor and near-poor households.<sup>99</sup> This was, at the same time, the main criterion to identify extremely difficult communes to receive investment support by the Program 135. Multi-dimensional poverty is measured based on the indicators of income and the deprivation of basic social services. Among the 10 indicators measuring the deprivation level of basic services, many indicators are directly related to the vulnerable status of poor women and EM women such

99 Decision No. 59/2015/QĐ-TTg of the Prime Minister. Specifically: 1) Income criteria: a) Poverty line: VND700,000/person/month in rural areas, and VND900,000/person/month in urban areas; b) Near poverty line: VND1,000,000 /person/month in rural areas and VND1,300,000/person/month in urban areas. 2) Criteria on the degree of deprivation in accessing basic social services: a) Basic social services (healthcare; education; housing; clean water and sanitation; information); b) Indicators measuring the degree of deprivation of basic social services (10 indicators), including: accessing to health services; health insurance; adult education level; children's school attendance; housing quality; housing area per capita; domestic water source; sanitary latrines; using of telecommunications services; facilities for accessing information.

as access to education, healthcare, domestic water, information, etc. *This is an opportunity to improve the vulnerable situation of poor women and narrow down the gender gap.*

**Third**, under the Program 135 for the period 2016-2020, the Project 2 included one activity on capacity-building for communities and grassroots officials in extremely difficult communes, border communes, safe zone communes, and villages in extreme difficulty. Also, Project 5 had one activity to build capacity for cadres working in poverty reduction at all levels, which prioritised female cadres. Under these projects, women had opportunities to improve their skills and knowledge through capacity-building training in order to engage in Program activities in a more practical and effective manner.

**Fourthly**, there were policies promoting decentralisation for the commune to be the investors of infrastructure works and production projects, and regulations on the construction investment management for a number of projects under the National Target Programs 2016-2020.<sup>100</sup> In addition, the Program's monitoring and evaluation guidelines had provisions on the participation of women and their representative organisation i.e., the Women's Union<sup>101</sup>. These regulations supported women's participation in the Program's activities not only as beneficiaries, but also as the persons who directly implemented activities and involved in monitoring and evaluation.

#### **Limitations:**

**First**, the NTP-SPR 2016-2020 and policies for poor and near-poor households applied the cross-cutting principle of 'prioritising women', only considered women as the 'marginalised' group that need to 'be prioritised in receiving benefits' from the Program. This principle was not concretised by guidelines on implementation, and there was a lack of indicators and a monitoring mechanism to ensure its practical implementation. The guidelines on the NTP implementation did not fully mention gender issues,<sup>102</sup> but only provided the general principles which was not specific and bereft of detailed instructions on implementation of the principles, therefore in practice they were not applied.<sup>103</sup>

**Second**, in the implementation of the Program, GE issues were not fully and effectively integrated, and equal opportunities for women as actors or implementers of the NTP activities were not guaranteed. There was no budget allocated to gender integration or the implementation of gender priorities. Moreover, the gender integration capacity of the relevant staff was limited, while, capacity-building activities conducted for staff did not equip them with knowledge of GE and gender integration (GI).

100 Decree No. 161/2016/ND-CP dated 2 December 2016 stipulating a special mechanism for construction investment management of a number of projects under the NTP 2016-2020.

101 Circular No. 39/2016/TT-BLDTBXH providing guidance on monitoring and evaluation reports, Circular No. 18/2017/TT-BNNPTNT, Circular No. 01/2016/TT-UBDT.

102 Circular No. 39/2016/TT-LDTB&XH guiding the inspection, monitoring and evaluation stipulates a number of indicators that need gender-disaggregated data. Circular No. 01/2017/TT-UBDT guiding the implementation of Program 135 (the component project No. 2 of the National Target Program on New Rural Development (NTP-NRD) stipulates the minimal percentage of women participating in village meetings of 30%. In addition, the National Poverty Reduction Office (MOLISA) organized the compilation of the Program Implementation Handbook, which contains some content on gender mainstreaming. However, this Handbook was for reference only and was recommended to use.

103 CARE, Oxfam, SNV (2018). Gender independent assessment in the NTP 2016-2020.



## BOX 1. LEGAL DOCUMENTS STIPULATING THE 'PRIORITISING WOMEN'

*According to the Decision No. 1722/2016/QĐ-TTg, general target group of the Program were defined as poor households, near-poor households, and households recently escaping poverty nationwide, with the priority given to poor EM households and women from poor households. Specific contents of the Program all identified priority beneficiaries as women.*

*The Circular No. 01/2017/TT-KHDT guiding the commune-level investment planning and the Circular No. 01/2017/TT-UBND providing specific guidance for Program 135 on a projected participation rate of women in public meetings on planning at village level of at least 30%.*

*The Circular No. 15/2017/TT-BCT on management of non-business capital in the National Target Program on Sustainable Poverty Reduction and the Circular No. 18/2017/TT-NNPTNT stipulating the principle of 'prioritising women', which encourages women's participation in production development projects and replicates the model of poverty reduction, capacity-building and labour export.*

*Regarding monitoring and evaluation, the Ministry of Labour - Invalids and Social Affairs issued Circular No. 39/2016 stipulating a number of sex-disaggregated data that needs collecting, such as the 'Number of female-headed households', 'Women's participation' and 'Number of participating female officials'.*

*The Manuals compiled by the National Office for Poverty Reduction: the manuals on annual planning on the implementation of the NTP-SPR linked to the socio-economic development planning at the communal level; investment in infrastructure under the specific shortened mechanism, monitoring and evaluation, communication on poverty reduction, and public employment are detailed guidance documents having many directives guiding the implementation of gender mainstreaming. However, these manuals are not legal documents but for reference only.*

## BOX 2. THE PRACTICE OF GENDER MAINSTREAMING IN THE PROGRAM IMPLEMENTATION

**Regarding the planning:** Participatory planning is an important mechanism to ensure that the voices and priorities of different community groups, especially women, are promoted during the process of determining priority activities of the NTP - SPR. In most of provinces, the percentage of women participating in planning meetings reached or even exceeded the minimal required rate of 30% (as per the Circular No. 01/2017/TT-KHDT). However, the quality of participation was assessed as not high and perfunctory.

**Regarding the implementation of infrastructure investment activities:** Infrastructure investment activities accounted for nearly 76% of the total funding of the NTP – SPR in the period 2016-2020<sup>104</sup>. Gender mainstreaming in infrastructure development was reflected through such mechanisms as promoting women's participation in the process of identifying priorities when planning; giving priority to works from which many women were beneficiaries; prioritising women to participate in paid works; investing in infrastructure under a specific mechanism,<sup>105</sup> prioritising women to participate in community groups to carry out infrastructure works themselves. In fact, the gender mainstreaming in infrastructure investment under the NTP-SPR was pretty 'fuzzy', with no evidence that infrastructure projects with many female beneficiaries were prioritised in the process of plan selection and approval.

**Regarding production development, livelihood diversification, and poverty reduction model replication.** The funding for activities to support production development, diversify livelihoods and replicate poverty reduction models accounted for 18.8% of the total budget of the NTP – SPR 2016-2020. As stipulated, these activities were designed to support groups and operated under the project mechanism. Accordingly, the principle of 'prioritising women' remained the main principle. The list of production development supports under the NTP-SPR focused mainly on some key crops or livestock. In many cases, although the communes were the investors, the decisions on the substance of that support was made by the district and even instructed by the province. Therefore, activities to support the production development have not met women's diverse livelihood development needs.

There was a significant participation of women in the process of planning, selecting production development activities and replicating the model of poverty reduction. The common process was that when a production development project was approved, the commune allocated the number of households participating in the project to the villages; and then, the village officials held review meetings to select the beneficiaries. At the village meetings, the review criteria for consideration included: condition of poor/near-poor households, having suitable production materials for the nature of that support and having available workers. Women played key roles in implementing production development projects or replicating approved poverty reduction models. Women were also the main participants in technical training activities.

*Source: National Office for Poverty Reduction & CARE, OXFAM, SNV (2020). Summary of independent assessment report: Gender analysis in the National Target Program on Sustainable Poverty Reduction (2016-2020)*

104 Report on the implementation of the National Target Program on Sustainable Poverty Reduction, Program Office, 2020

105 Decree No. 161/2016/ND-CP stipulating a specific mechanism for construction investment management of a number of projects under national target programs during 2016-2020

**Third**, the Women's Unions (WUs) were not given suitable conditions and opportunities to promote their representative role for women in general and women in poor and near-poor households in particular in the actual implementation of the NTP-SPR. The Women's Unions mainly participated in publicity and mobilization for the NTP implementation and has not yet promoted their role as an implementing actor of activities to develop livelihoods, ensure food security and child nutrition in difficult and extremely difficult areas. Meanwhile, in all provinces, the Women's Union has had a significant capacity in implementing poverty reduction models effectively for disadvantaged women as they could connect with credit-saving groups and programs of the Women's Union.<sup>106</sup> However, the funding allocated to the Women's Union did not meet the requirements for capacity-building, operation monitoring, development and replication of livelihood models for women, especially in developing and replicating value chain – based sustainable and effective poverty reduction models<sup>107</sup>.

**Fourth**, gender norms about women's status and role in the family and community were the factor that prevented women from participating in and benefiting equally from the Program. The burden of housework and care work prevented women from participating in Program activities. Women's role and voice in the Program's decision-making process were not properly recognised. Therefore, in some cases, the active participation of women in the Program activities might further increase their 'double' burden.

**Fifth**, the planning was an important mechanism to promote the voice and participation of women and other marginalised groups. In practice, women's participation in planning remained very limited.

In addition, ***the poverty reduction policies have not considered poor children***. Methods and mechanisms for identifying policy beneficiaries have not yet accurately measured children's specific deprivations (it is necessary to note that children's deprivations were different from those of adults), resulting in children's inaccessibility to the support they need.<sup>108</sup> ***Most of Viet Nam's poverty reduction policies target and provide solutions to support poor households; while the United Nations is aiming to reduce poverty per capita***. Some poverty reduction policies supported per capita such as education support for pupils and students, but they must be members of poor households; or policy on benefits for orphanage. Therefore, it may affect the compatibility with international law in this area.

### 3.2.2. Status of poverty reduction for women in the period 2012-2020

In the periods 2011-2015 and 2016-2020, the NTPs and policies on poverty reduction achieved many results, specifically as follows:

***Regarding the strengthening of essential infrastructure for production and people's lives in poor and disadvantaged areas:*** In the period 2016-2020, poor districts were provided with support to invest in the building of 1,815 new essential infrastructure works and transition works. Also, more than 500 works were maintained. In communes in extreme difficulty in coastal areas and islands: over 1,200 essential infrastructure works were built and put into use to serve production and people's livelihood and over 1,164 works were repaired and maintained.

106 Report of the Ministry of Labour - Invalids and Social Affairs at the meeting of the National Assembly's Committee on Social Affairs on mainstreaming gender equality in the Proposal for Investment Policy of the National Target Program on Sustainable Poverty Reduction and Social Security for the period of 2021-2025.

107 UN Women, 2021. Promoting gender mainstreaming in the NTP for New Rural Development and the NTP on sustainable poverty reduction for the period 2021-2025.

108 Mrs. Rana Flowers, Representative of UNICEF in Viet Nam said that in normal condition, there are still around 60% of children deprived from various supporting programs.

**Regarding the support for production development, livelihood diversification and replication of poverty reduction models** in poor districts and communes with special difficulties in coastal areas and islands, 3,659 production development projects were implemented and models were replicated to about 582.4 thousand households; 11,084,332 doses of vaccines against dangerous diseases were deployed; productive land (reclaim, restore, create terraced fields) was provided for 3,912 poor households with an area of 1,052 ha. In communes not covered by Program 30a and Program 135, 759 projects to support production development was replicated and poverty reduction models were replicated, including over 350 poverty reduction models, over 44 thousand participating households.

**Regarding the support for workers of poor households, near-poor households, EM households in poor districts who migrated to work abroad under contracts**, 5,429 eligible workers were provided with training support and procedure aid to work overseas under contract, of which 2,649 workers went abroad to work in Japan, Korea, Algeria, and Taiwan; more than 18,000 grassroots cadres and communicators working as consultants in the field of labour export under contracts were provided with capacity-building support and about 16,000 workers received consultation on work overseas under contract or counselled/introduced jobs upon their return.

**Regarding communication and poverty reduction, mitigation of information shortage/information poverty:** 178 television programs, 221 radio programs, 104 reportages and over 12,000 news and articles were produced and released/broadcast. A contest for press articles/works on poverty reduction was launched and awarded (the first time was in 2017). After three years of implementation, there were 128 awarded works. Regarding mitigation of information shortage: 5,222 news, photos, 3,827 articles and 1,025 political reportage videos were produced and published; eight books were published with a circulation of 105,084 copies and 18 media publications with a circulation of 111,500 publications on appropriate topics and genres to communicate on sustainable poverty reduction to poor people living in extremely difficult areas, EM areas, remote and border areas, and islands.

**Regarding capacity-building for the community and grassroots cadres** in extremely difficult communes, border communes, safe zone communes, and villages in extreme difficulty: 3,470 classes were organised with 234,294 participants, of which 39,502 were women; participants in the training were commune and village cadres and people (43,662 commune cadres, 70,687 village cadres, and 119,945 people). Training duration was 2-3 days per class. The localities organised 122 study tours to typical models in the fields of infrastructure construction, production development and capacity-building with 5,572 participants/visitors (3,228 commune cadres, 1,037 village cadres, and 1,307 people).

**Results of poverty reduction:** The implementation of the NTP-SPR over the past decade has produced many great achievements, which are highly appreciated by the international community and are considered models for many countries to follow. The rate of poor households in terms of income according to the national poverty line<sup>109</sup> decreased sharply, from 9.6% in 2012 to 5.97% in 2014. Since 2015, as the multi-dimensional poverty line has been applied, the rate of poor households decreased to 6.70% and 5.23% in 2017 and 2018 respectively and decreased sharply to 2.75% in 2020. In five years (2015-2020) the poverty rate decreased on average about -1.5 percentage per year. The decrease rate has slowed gradually

109 National poverty line based on the average income per person per month of the households which is updated following the consumer price index as follows: The average income as stipulated in national poverty line was 400 thousand VND for rural areas and 500,000 VND for urban areas in 2012. Respectively, it was 570 thousand VND and 710 thousand VND in 2013; 605 thousand VND and 750 thousand VND in 2014; 615 thousand VND and 760 thousand VND in 2015, From 2015 onwards, the multi-dimensional poverty line for the 2016-2020 period has been applied according to Decision No. 59/2015/QĐ-TTg dated 19 November 2015.

over the years as it has gradually entered the 'core'. The remaining groups of the poor are ethnic minorities (58.53%) living in mountainous areas and social protection beneficiaries (19.18%) living in lowland areas. The rate of near-poor households also decreased sharply from 6.57% in 2012 to 6.32% in 2014 and to 3.71% in 2020.

**TABLE 12. POVERTY RATE IN VIET NAM IN THE PERIOD 2012-2020**

	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Poverty rate, national poverty line (%)	9.60	7.80	5.97	9.88	8.23	6.70	5.23	3.75	2.75
2. Near-poor rate, national poverty line (%)	6.57	6.32	5.60	5.22	5.41	5.32	4.95	4.45	3.71

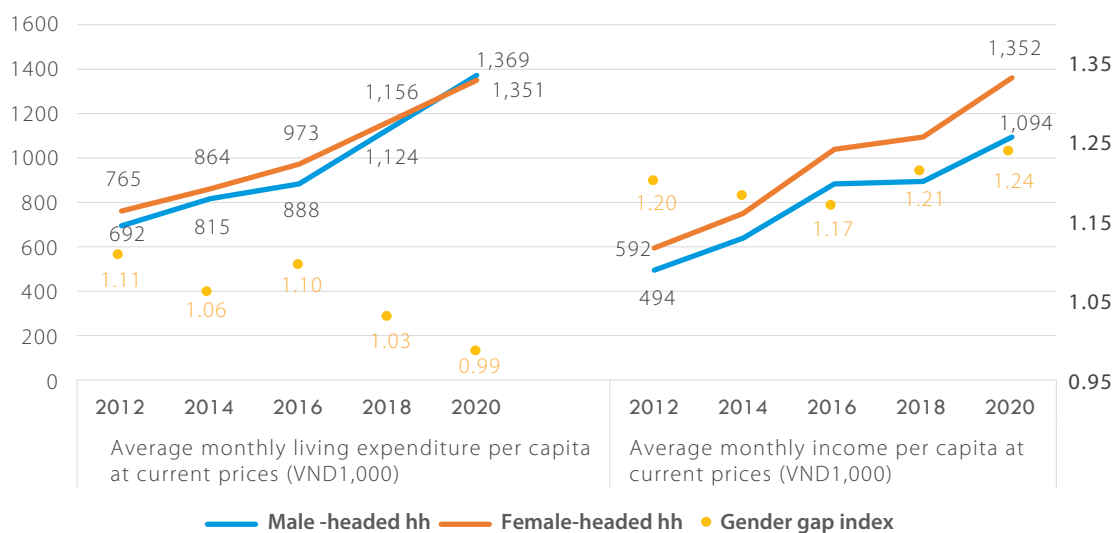
Source: Results of the annual survey and review of poor households, MOLISA

Although *the multi-dimensional poverty calculation methodology applied in Household Living Standards Surveys does not provide the calculation and information to the individual level to get sex-disaggregated data, we can consider the proportion of poor households by gender of the household heads.*

Results of Household Living Standards Surveys showed that there were gender differences in the expenditure and income of poor households, by the gender of the household head. Poor households headed by women had a higher monthly income per capita than poor households headed by men, but the monthly living expenditure per capita of female headed poor households was lower than that of male headed poor households. Specifically, when measured by expenditure, the average living expenditure at current prices of poor female headed households was higher than that of poor male headed households in the period 2012 – 2018. In 2020, the average living expenditures of poor households headed by men and women were almost equivalent with the gender gap index of 0.99. When measured by income, female-headed poor households had higher per capita income than male-headed poor households throughout the period 2012-2020. In 2020, the income per capita at current prices of female headed poor households was about VND1.35 million/month, which was VND258,000 higher than that of male headed poor households (VND1.09 million/month) and increased by more than 2.2 times as compared to the figure in 2012 (inflation excluded). This difference could be due to demographic differences. In female-headed households, mainly it was due to the husband's death or migration. Poverty rates were usually low in small households. If the husband was not available due to migration, he could earn and send money back home, contributing to the family's income and reducing poverty for his family.<sup>110</sup>

110 Multi-dimensional poverty in Viet Nam: Reducing poverty in all dimensions to ensure a quality of life for all, p. 43-44.

**FIGURE 8. AVERAGE MONTHLY LIVING EXPENDITURE AND INCOME PER CAPITA AT CURRENT PRICES OF POOR HOUSEHOLD IN 2012-2020, BY GENDER OF HOUSEHOLD HEAD**



Source: Viet Nam Household Living Standards Survey 2012-2020, GSO.

### **Benefits from projects and programs on hunger eradication and poverty reduction**

Female-headed households had access to and benefited from most poverty reduction projects and programs just like male-headed households, but the percentage of households benefiting from these projects and programs was very low. In 2018, only 22.9% of female-headed households benefited compared to 26.3% of male-headed households, and the most benefited form of support by female-headed households was the policy of support in health insurance cards, at 20.2% female-headed households, compared to 22.8% of male-headed households.

***In general, the gender gap remained in the access to and benefits of most poverty reduction policies in the period 2012-2018 with outcomes less favourable for female-headed households.*** In the period 2012-2016, the gender gap in benefits tended to narrow down with the gender gap index (GII) in 2012 being 0.90 and 0.97 in 2016, but in 2018, the gender gap tended to widen with the gender gap index being 0.87.

In 2018, three projects and policies with the largest gender gap index were: policies to support machinery and materials for production; support in agricultural, forestry and fishery extension; and credit support for the poor with the gender gap indexes of 0.55; 0.60; and 0.71 respectively.

**TABLE 13. PERCENTAGE OF HOUSEHOLDS BENEFITING FROM PROJECTS, PROGRAMS, BY SOURCE OF BENEFITS AND HOUSEHOLD HEAD GENDER (%)**

	2012			2014			2016			2018		
	Male-headed hh	Female headed hh	Gender gap index (GGI)	M	F	GGI	M	F	GGI	M	F	GGI
Household beneficiary rate	28.5	25.6	0.90	23.5	22.2	0.94	24.1	23.4	0.97	26.3	22.9	0.87
<b>By source of benefits</b>												
Assist to get health insurance card	17.4	17.7	1.02	14.2	16.6	1.17	17.3	17.9	1.03	22.8	20.2	0.89
Health exemption fee for the poor	12.3	13.4	1.09	10.1	12.2	1.21	2.6	3.5	1.35	2.3	2.5	1.09
Education exemption fees for the poor	7.9	6.1	0.77	4.0	4.0	1.00	3.1	2.6	0.84	3.0	2.4	0.80
Scholarship	1.6	1.0	0.63	1.1	0.6	0.55	0.4	0.2	0.50	0.3	0.3	1.00
Land and housing for the poor	0.8	0.9	1.13	0.5	0.7	1.40	0.1	0.3	3.00	0.2	0.2	1.00
Improving water resource quality for the poor	1.6	1.0	0.63	1.1	0.7	0.64	0.1	0.2	2.00	0.1	0.1	1.00
Agriculture, forestry, fishery extension	8.2	3.7	0.45	7.1	3.5	0.49	1.2	0.7	0.58	0.5	0.3	0.60
Support to work overseas under labour contract	0.2	0.2	1.00	0.2	0.1	0.50	-	-	-	-	-	-
Food support	4.8	4.7	0.98	3.8	4.1	1.08	3.6	3.9	1.08	3.0	2.9	0.97
Support for the poor	4.1	5.0	1.22	2.6	3.5	1.35	1.6	2.2	1.38	1.3	1.6	1.23
Preferential credit for the poor	9.7	7.4	0.76	3.5	3.1	0.89	1.0	1.0	1.00	0.7	0.5	0.71
Support machinery, supplies for production	5.1	2.5	0.49	5.9	3.0	0.51	4.1	2.1	0.51	2.0	1.1	0.55

Source: Viet Nam Household Living Standards Survey 2018, GSO

### 3.3. SOCIAL INSURANCE

---

#### 3.3.1. Policy review applying a gender equality lens

Social insurance is one of the main pillars of Viet Nam's Social protection System, and is the guarantee to fully or partially offset an employee's income that is reduced or lost due to his/her sickness, maternity, workplace accident, occupational disease, unemployment, retirement or death, on the basis of his/her contributions to the SI fund.<sup>111</sup> The Law on Social Insurance passed in June 2006 and supplemented and amended in 2014 stipulates two types of SI, including: (i) Compulsory SI with benefits related to sickness, maternity, occupational accidents, occupational diseases, retirement and survivorship; and (ii) Voluntary SI with benefits for workers' retirement and survivorship. In addition, there is unemployment insurance regulated in the Law on Employment and health insurance regulated in the Law on Health Insurance. In the period 2012-2020, the SI policies have been completed in an advanced manner that mainstreams GE; for example, the provision that parents currently paying SI premiums are entitled to leave and enjoy SI allowance to take care of their sick children aged under seven years; and the provision that male workers currently paying SI premiums whose wives give birth to children are entitled to paternity leave.

#### a) Policies and Laws on Social Insurance

Viet Nam's legal SI system has been progressively renovated in terms of GE assurance and promotion. The amended Law on Social Insurance (Law No. 58/2014/QH13), effective since 1 January 2016, and some additional articles of this law, effective since 1 January 2018 (Law on Social Insurance 2016), cover quite progressive new regulations on assuring the GE principle.

***The regulations on the expansion of SI participants have enabled many disadvantaged groups of female workers in the labour market to have the opportunity to participate in SI.***

The Law on Social Insurance 2014 expands the coverage of compulsory SI compared to the Law on Social Insurance 2006, for example: 'Persons working under seasonal labour contracts or contracts for given jobs with a term of between a full three months and under 12 months'<sup>112</sup> and 'Persons working under labour contracts with a term of between full one month and under three months.'<sup>113</sup> The Vietnamese citizens aged 15 years old or older and not subject to the compulsory SI<sup>114</sup> can participate in the voluntary SI. The Labour Code 2019 (Clause 5 - Article 161 and Clause 2 - Article 163) stipulates that employers must 'Pay the domestic worker an amount of his/her SI and health insurance premiums in accordance with the law for the domestic worker to manage social and health insurance by themselves.'

In 2018, the Central Committee of the Communist Party of Viet Nam enacted the Resolution No. 28/NQ/TW dated 19 May 2018 on reforming the SI policies, in which the target to 2021 was identified, namely, striving to cover about 35% of the labour force at the age of participating in the SI and about 28% of the labour force participating in the unemployment insurance (UI). These regulations offer opportunities for the disadvantaged groups in the labour market to join the compulsory SI and the unemployment insurance. The expansion of participants covered by the SI helps workers to be more proactive and flexible in choosing their workplace, making it easier for them in moving, changing jobs between regions and economic sectors. This has

111 Article 3, Law on SI 2014

112 Clause a, Article 2, Law on SI 2014.

113 Clause b, Article 2, Law on SI 2014

114 Clause 4, Article 2, Law on SI 2014.



brought about significant benefits to male and female workers who are raising young children and female workers during their pregnancy and childbirth, and enable them to maintain jobs and paying SI premiums appropriately to the actual needs and conditions of themselves and their families.

***The policies to encourage and support workers' participation in the voluntary SI, including the most disadvantaged groups of female workers.*** The basic difference between the voluntary SI and the compulsory SI is the payment mechanism. If the compulsory SI is associated with the employer-worker relationship, where both parties oversee paying different rates of SI premiums, the voluntary SI is associated with the payment mechanism that workers pay all SI premiums by themselves. Because of this difference, the State enacted several incentive mechanisms to attract workers to participate in the voluntary SI. Participants to the voluntary SI enjoy many choices and incentives such as: (i) choosing a payment method suitable to the need and condition of each individual; (ii) the State supports some part of monthly premiums based on the poverty line in rural areas. The support period depends on the actual duration of each person's participation in the voluntary SI, but not exceeding 10 years (120 months)<sup>115</sup>; and (iii) encouraging agencies, organisations and individuals to support with SI premiums for the voluntary SI workers.

The termination of the regulation on an age 'ceiling' for the voluntary SI workers will enable workers, especially middle-aged female workers, to have the chance to continue their voluntary SI participation.

***The maternity benefits under Viet Nam's Law on Social Insurance 2014 are one of the most generous systems compared to other countries in the ASEAN region in terms of leave duration and allowance rates.*** The maternity regime complies with ILO Convention 102 on minimal standards, which provides a 12-week periodical cash subsidy equivalent to 45% of the reference salary; complies with Convention 183 (2000) on the protection of mothers, which provides 14 weeks of maternity leave with the subsidy equivalent to two thirds of the mothers' income before their maternity leave; and complies with Recommendation 191 on the protection of mothers, which provides for 18 weeks of maternity leave subsidised at 100% of the mothers' income before their maternity leave (ILO, 2021).

***The maternity regime provided in the Law on Social Insurance 2014 is quite progressive and complies with the GE principle when it stipulates that male workers are entitled to the maternity leave in specific cases.*** The Law on Social Insurance 2014 stipulates, for the first time, that a male worker, who is paying the SI premiums, when his wife gives birth, is entitled to the paternity leave. Specifically, a male worker is entitled to five paternity leave days if his wife delivers naturally; seven leave days if his wife delivers through caesarean section or gives birth to a child under 32 weeks old; 10 leave days if his wife gives birth to twins, or additional three working days for each infant from the second; and 14 leave days if his wife gives birth to twins or more infants and take childbirth operation.<sup>116</sup>

The Law on Social Insurance 2014 stipulates that fathers are entitled to take maternity leave until their children are a full six months old in the following cases<sup>117</sup>: (i) the cases where only mothers participate in the SI or both parents participate in the SI, but mothers die after giving birth, fathers are entitled to the leave for the remaining maternity leave time of such mothers;

115 Decree No.134/2015/ND-CP: Voluntary social insurance participants are entitled to the State's support of premiums in percentage (%) based on monthly social insurance premiums and based on the poverty line in rural areas, specifically as follows: 30% for voluntary social insurance participants being members of poor households; 25% for voluntary social insurance participants being members of near-poor households; and 10% for others.

116 Clause 2, Article 34 of Law on Social Insurance 2014

117 Clause 4, Clause 5 and Clause 6, Article 34 of Law on Social Insurance 2014

(ii) the case where mothers giving birth participate in the SI but do not satisfy the conditions specified in Clause 2 or Clause 3, Article 31 of the Law on Social Insurance, and die, fathers or persons directly raising these babies are entitled to take maternity leave until the babies are six months old; (iii) the cases where fathers participate in the SI but do not take leave as prescribed in Clause 4 of this Article, then in addition to the salary, they are also entitled to the benefits for the remaining maternity leave time of mothers; and (iv) the cases where only fathers participate in the SI but mothers die after giving birth or are in danger after giving birth and are no longer healthy enough to take care of their babies as confirmed by competent medical facilities, fathers are entitled to take maternity leave until the babies are a full six months old. The Law on Social Insurance 2014 also supplements the one-time allowance when women give birth but only their husbands participate in the SI.<sup>118</sup>

The Law on Social Insurance 2014 stipulates that the **Female employees are entitled to a 6-month leave before and after childbirth under the maternity regime**<sup>119</sup>, an increase of 2 months compared to the provisions of Law on Social Insurance 2006. The per-diem allowance for convalescence and health rehabilitation after maternity leave period must equal 30% of the base salary,<sup>120</sup> an increase compared to the Law on Social Insurance 2006. These regulations benefit female workers who give birth, provides them more time to recover their health, and facilitates the longer breastfeeding, on the other hand.

In addition, the Law on Social Insurance 2014 stipulates that female workers can return back to the office before the end of the maternity leave period when all conditions are met (after taking leave for at least four months and must notify and agree with their employers); they will be simultaneously entitled to the wages for working days and the maternity regime until the end of the prescribed period (six months).<sup>121</sup>

The Law on Social Insurance 2014 stipulates **that male workers are entitled to the maternity regime when they take contraceptive measures** (15 days for workers using sterilization measures)<sup>122</sup>. This regulation will contribute to encouraging men to share the responsibility for contraception with their wives. The recent Labour Code of 2019 has amended this provision in accordance with the Law on Social Insurance 2014 to ensure the GE principle and consistency in the legal system.

The Law on Social Insurance 2014 stipulates **that the maternity regime, when workers adopt children, is applied equally to men and women**. This is also a progressive regulation on the aspect of GE, contributing to the elimination of gender stereotypes about domestic care work.

The Law on Social Insurance 2014 stipulates **the duration of the leave period upon sickness of the children for both parents**<sup>123</sup>. This is a very progressive regulation, encouraging men to share the responsibility of taking care of sick children with their wives. The recent Labour Code of 2019 has amended this provision in accordance with the Law on Social Insurance 2014 to ensure the GE principle and the consistency in the legal system.

With regard to the regulation on **the period when workers can take maternity leave** in at least 14 working days in a month<sup>124</sup>: the employers and workers are not required to pay premiums for SI, unemployment insurance, workplace accidents and occupational disease insurance, at the same time, this maternity leave period is **counted as the period of payment of SI premiums**

118 Article 38, Law on Social Insurance 2014

119 Clause 1, Article 34, Law on Social Insurance 2014

120 Clause 3, Article 41, Law on Social Insurance 2014.

121 Article 40, Law on Social Insurance 2014

122 Clause 1b, Article 37, Law on Social Insurance 2014

123 Clause 2, Article 27, Law on Social Insurance 2014

124 Point 1.8, Clause 1, Article 46 of Decision No. 595/QĐ-BHXH

**and the SI agency shall pay health insurance premium for employees.** This is a very progressive regulation as SI premiums payment durations for female workers remain lower than that of male workers. Another progressive point of the Law on Social Insurance 2014 is that it recognises the period when female workers perform their reproductive function (reproductive role) as the period they perform their income-generating jobs (productive role); besides, it recognises that male workers who take maternity leave in at least 14 working days a month are also entitled to this benefit regime.

**However, there are still certain limitations in the current system of policies and laws on the SI, from the perspective of GE, as follows:**

**The regulations on the participants of the compulsory SI** still mainly follow ‘the principle of contribution-enjoyment’, which has not given adequate attention to the principle of sharing and has not promoted the real GE in practice. The Law on Social Insurance has not yet regulated to extend the coverage of compulsory SI to include the group of people who have demand and ability to pay the compulsory SI premiums such as individual business households, business managers and cooperative managers that are not salaried, and workers having a flexible work regime. Domestic workers, despite their actual arrangements with their employers who are individuals or households, have not yet been defined as the participants of the compulsory SI. Among those above-mentioned groups, female workers are highly prevalent in many groups, for example, in the group of individual business households, in the group of workers having a flexible work regime, and especially domestic workers who are predominantly female workers.

**The current regulatory conditions for lump-sum SI allowance are quite easy<sup>125</sup>, while the regulatory conditions for pension enjoyment are too strict<sup>126</sup>** (pensioners must pay at least 20 years of SI premiums and satisfy the retirement age prescribed by regulations). As a result, a proportion of female workers have decided to take advantage of the lump-sum SI allowance, which largely affects their social protection benefits after their retirement. Specifically, the regulations on cases where workers make a request for the lump-sum SI allowance one year after they left their jobs (stopped paying SI premiums) or after one year that they stopped paying for voluntary SI premiums if their total SI payment time is not up to 20 years. In this case, according to the regulations, the lump-sum SI allowance is equivalent to 1.5 to 2 times of the average monthly salary, in which the SI premiums are based on, for each year of their payment of the SI premiums (corresponding rates before and after 2014)<sup>127</sup> which is quite attractive if we compare it to the regulation on the level of the SI premiums that workers must pay<sup>128</sup>. Besides, due to the female gender role, a proportion of rural female workers and female migrant workers usually have periods of work suspension, for instance, they suspend their salaried jobs and suspend their payment for SI premiums for several years to return home to get married, give birth and take care of children. If the lump-sum SI allowance is not strictly regulated, those female workers that decide to receive lump-sum SI allowance to meet their short-term and immediate needs, may find their long-term social protection at old age affected.

**The regulations on the ages of male and female pensioners retained a 5-year difference, which is unreasonable and inconsistent with the legal system.** The Law on Social Insurance 2014 stipulates that the conditions for pension enjoyment are being 60 years old for men and 55

125 Clause 1, Article 60 and Clause 1, Article 77 of Law on Social Insurance 2014 and Clause 1, Article 1 of Resolution No.93/2015/QH13

126 Article 54 of the Law on Social Insurance 2014

127 Clause 2, Article 60, Law on Social Insurance 2014.

128 According to the provisions of the Law on Social Insurance 2014 and Decision No.959/QĐ-BHXH, employees shall pay 8% of the monthly salary to the retirement and survivorship funds each month, and 0.96 month-salary for one year. If stipulating that the one-time social insurance is equal to 1.5 to 2 times of the average monthly salary on which social insurance premiums are based for each year of premiums of social insurance, it is easy to create a misconception about the economic benefits of employees.

years old for women, namely that there should be a five year difference between men and women.<sup>129</sup> The Labour Code 2019, Article 169 regulates an increase in the retirement ages narrowing down the retirement age gap between men and women to two years. After this gradual increasing amendment, the retirement age for men is 62 years old (from 2028) and for women is 60 years old (since 2035). Aiming at gradually narrowing down the gender gap in retirement ages, the female retirement age will increase by five years over a period of 15 years (an increase of 04 months each year from 2021 to 2035) and the male retirement age will increase by two years over the period of eight years (an increase of three months each year from 2021 to 2028).

The pension has not been designed reasonably, focussing on 'the principle of contribution-benefit', which has not paid adequate attention to the principle of sharing and narrowing the gap in living standards among pensioners<sup>130</sup>. At the same time, ***the regulation of pension adjustment according to the same rate<sup>131</sup> will further widen this gap.*** As the pensions of female workers are always lower than those of male workers, this regulation will ***cause the pension gap between men and women to further widen.***

***The limitation of the voluntary SI*** is that it offers two benefits only: the retirement and the death benefits. ***It does not meet the needs of female workers for maternity, sickness, occupational accident and occupational disease, and unemployment benefits.*** Therefore, the voluntary SI has not yet attracted workers, especially female workers working in the informal sector.

***The fundamental limitation of Viet Nam's maternity regime is that its coverage is low and does not ensure the fairness for female workers working in different economic sectors.*** Only workers with official jobs with job security can participate in the compulsory SI and enjoy the maternity benefits<sup>132</sup>, while workers participating in the voluntary SI are not yet entitled to these benefits. In terms of the population size, about 70% of women have not yet paid compulsory SI premiums (ILO, 2021) and therefore they will not be entitled to the maternity benefits.

Although there have been many progressive regulations on the maternity benefits for men i.e., some benefits such as taking leave to take care of their wives giving birth, newborn babies, sick children or taking contraceptive measures, etc., the ***cross-cutting and systematic approach on sharing of child care responsibilities between men and women has not been applied.***

The Law on Social Insurance 2014 stipulates ***the period of enjoying sickness regime for workers*** in one year based on ***the duration that they have paid SI premiums<sup>133</sup>***. This regulation may be ***detrimental to female workers*** because the salaried work duration of female workers is shorter than that of male workers.

129 Article 54, Law on Social Insurance 2014.

130 The person enjoying the lowest pension which is equal to the basic salary i.e. VND1.3 million/month and the person enjoying the highest pension level is 100 million VND/month. When the pension increases by 7%, the person enjoying the lowest pension level will get an increase of VND 91,000 and the person enjoying the highest pension level will get an increase of VND 07 million.

131 Clause 2, Article 63 of Law on Social Insurance 2014. Salaries for which social insurance premiums have been paid as a basis for calculation of the average monthly salary on which social insurance premiums are based for employees defined in Clause 2, Article 89 of this Law shall be adjusted based on the consumer price index in each period as regulated by the Government.

132 Except for female workers at commune, ward and township level who are paying the compulsory insurance premiums, others are not entitled to the maternity leave or other short-term benefits.

133 Article 26, Law on Social Insurance 2014: "For employees working in normal conditions, this period is 30 days, if they have paid social insurance premiums for less than 15 years; 40 days, if they have paid social insurance premiums for between full 15 years and less than 30 years; or 60 days, if they have paid social insurance premiums for full 30 years or more.

In addition, the regulation on the SI statistics and reporting do not require the sex-disaggregated data, making it difficult to capture the gender situation on SI.

## b) Policies on unemployment insurance

Viet Nam's Law on Employment 2013 regulates unemployment insurance (UI) benefits based on the principle of ensuring risk sharing among UI participants. UI is an effective support tool for workers whose jobs are lost, helping them to quickly return to the labour market, ensuring social protection. The prevailing policies on UI do illustrate the principle of 'contribution-benefit', the principle of sharing and supporting each other in the business community, between large enterprises and small ones; in the worker community between male and female workers, and between those at low risk and high risk of job loss, thereby promoting social cohesion. Disadvantaged groups of workers in the labour market including female workers with unsecured employment and high risk of job loss benefit from the UI policy, providing them with alternative sources of income in case of job losses. At the same time, they get vocational training support to find new jobs as well as free job counselling and recommendation, and training and retraining activities to improve occupational skills and qualifications to maintain their jobs.

***Regulations on UI participants are less beneficial for the most disadvantaged groups of female workers without formal job security, and there are no voluntary UI policies applicable to workers with informal employment and without employee protection.***

The Law on Employment 2013 stipulates that workers are obliged to participate in unemployment insurance when under seasonal or job-based working contracts with a term of between three months and under 12 months, and labour contracts or employment contracts of indefinite or definite terms.<sup>134</sup> As such, the regulations on compulsory UI participants are different from compulsory SI participants in the group of ***workers with labour contracts termed from one to less than three months***. This regulation is also inconsistent with the Resolution No. 28-NQ/TW dated 23 May 2018 on reforming SI policies by the 12th Central Committee of the Communist Party in order to gradually and firmly expand the coverage of SI and UI among all workers. It should be elaborated that the group of workers who hold labour contracts termed between one to under three months bears a lower level of job stability, and this is also the group with a large proportion of female members. Domestic workers, the majority of which are female, are not UI participants, even though they have some level of protection.

UI policy does not specify the type of voluntary UI for workers not operating within the formal/mainstream economy.

The Law on Employment 2013 ***stipulates that the duration of maternity leave lasting 14 working days or more in a month is not included in the period of UI payment.***<sup>135</sup> This regulation is not consistent with the legal system (and different from Law on Social Insurance 2014), and it has neither acknowledged care work nor supported workers especially female ones in their social reproduction functions.

134 Clause 1, Article 43, Law on Employment 2013.

135 Point 1.8 Clause 1, Article 46, Decision No. 595/QĐ-BHXH: 6. For workers who are taking maternal leave of 14 working days or more in a month, the employers and the workers do not have to pay social insurance, unemployment insurance, labour accident and occupational disease insurance, and this period is included in the time of the employee's SI premium payment, not UI payment.

Since the breakout of the COVID-19 pandemic, Viet Nam's government has been issuing supplementary policies<sup>136</sup> supporting people in hardship because of the COVID-19 that are not included in existing policies, specifically: the Resolution No. 154/NQ-CP dated 19 October 2020 amending and supplementing the Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support people facing difficulties due to the COVID-19 pandemic stipulates that: *'Employers can temporarily stop paying pension and death benefit funds if they have to suspend production and business for one month or more due to natural disasters or epidemics'*<sup>137</sup> and 'if, affected by the Covid-19 pandemic, the employers must reduce the number of their employees participating in SI by 20% or more compared to the time when the pandemic was announced by government authorities (including workers who temporarily stop working, suspend labour contracts, and unpaid leave agreements), the employees and employer can temporarily stop paying the pension and death benefit funds for no more than three months from the time of submitting the claim'. However, gender issues and gender impact assessments have not been considered in the formulation and promulgation of policies, leading to limited benefits for women.

### 3.3.2. Status of social insurance for women

As of the end of 2020, there were only 16.1 million SI participants, accounting for 32.6% of workers of working age including 15.3 million compulsory SI participants and around 1.07 million voluntary ones. There were 13.27 million UI participants, representing about 27% of the workers of working age.<sup>138</sup> It was difficult to reach the rate of SI participation as per the objectives of Resolution No. 15-NQ/TW i.e., *'strive so that approximately 50% of the labour force participate in SI and 35% of the labour force participate in UI by 2020'* and the Resolution No. 28/NQ/TW that aims to *'strive so that about 35% of the labour force of working age participate in SI and about 28% in UI by 2021'*.

***Viet Nam's SI real coverage<sup>139</sup> remained limited, and the SI real coverage of female workers was higher than that of male workers.***

Around 24% of female workers and 18.3% of male workers were participating in SI in 2015. By 2019, coverage increased to an estimated 31.3% of female workers and 22.1% of male workers in the worker force (ILO, 2021).

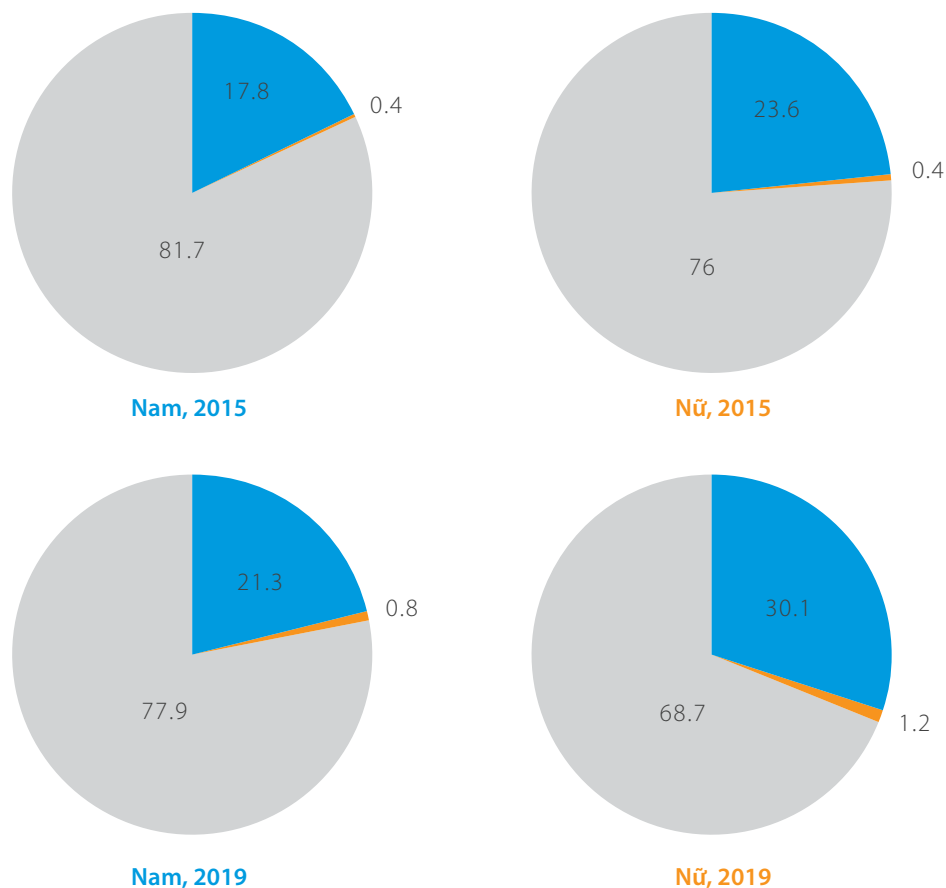
136 Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support people facing difficulties due to COVID-19 pandemic; Decision No. 15/2020/QD-TTg dated 24 April 2020 on requirements, documents, procedures and order of aid implementation; Resolution No. 105/NQ-CP by Viet Nam's Government dated 14 July 2020 and Resolution No. 154/NQ-CP dated 19 October 2020 on amending and supplementing Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support people facing difficulties due to COVID-19 pandemic.

137 Resolution No. 105/NQ-CP by Viet Nam's government dated 14 July 2020.

138 Report by VSS.

139 The real coverage reflects the effectiveness of the SI policy implementation as measured in the percentage of the population participating in SI out of the total working-age population (or labour force) subject to the policy amendments.

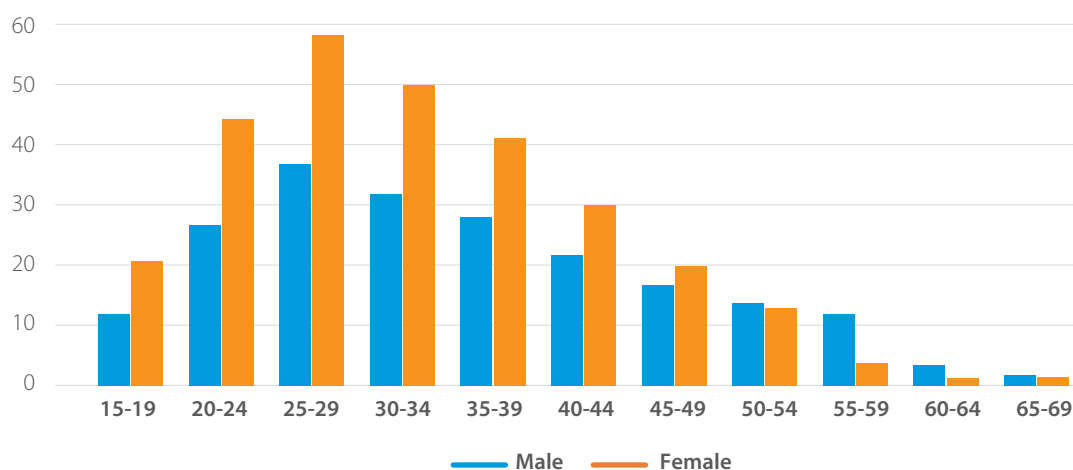
FIGURE 9. SOCIAL INSURANCE COVERAGE BY GENDER, 2015 AND 2019 (%)



Source: ILO analysis based on data provided by Viet Nam Social protection and Viet Nam's General Statistics Office

By age, the rate male and female workers participating in SI rose rapidly in the 15-24 age group and peaked in the 25-29 age group (56.9% females and 37.5 % males paying SI premiums). After that, the rate of SI participation of both male and female workers began to decrease, and **the rate of decrease among female workers was much faster than that of male workers**. With the 45-49 age group, only 20.3% of male and 16.6% of female workers participated in SI (ILO, 2021). This singular pattern indicates that many workers entered the SI system early in their working lives, but soon they dropped out of the SI system. There are many reasons for the fall in the rate of SI participation in Viet Nam among young workers, one of which originates from rural female migrant workers. They often left home at the age of 17-18 to look for jobs at factories and companies in industrial zones and started participating in SI. However, at the age of 28-29, a high number of female workers decided to return to their homeland for marriage and childbirth, so they quit salaried jobs and left the SI system at a very young age.

**FIGURE 10. SI COVERAGE, BY AGE AND GENDER, VIET NAM, 2019  
(% OF THE LABOUR FORCE)**



Source: ILO analysis based on data provided by Viet Nam Social protection

***The expansion of SI coverage in Viet Nam is under the pressure of an aging population that may hamper women’s SI participation.***

The results of the Population and Housing Census of Viet Nam show that in 2011, the people aged 60 and over accounted for 9.9% of the population; in 2019 this figure increased to 11.86% (about 11.4 million people). It is forecast that in the period 2026-2054, the proportion of people aged 65 and older will be 10-19.9% of the population. Given the current gender roles, the aging population will increasingly engage women’s time in the family to care for the family’s elderly members than men. It is estimated that about 14.5% of women leave the labour force to take care of family members compared to 5.5% of men.<sup>140</sup> This is one of the barriers preventing female workers from participating in the labour force and SI and benefiting from SI policies.

The gender gap in the labour market<sup>141</sup> (9.7% in participation in the worker force and 8.9% in workers’ average income for the whole period) continued to place women in a more disadvantaged position than men in participating in SI as well as benefiting from SI.

***The significant difference between compulsory and voluntary SI benefits does not match workers’ needs and capabilities especially female workers.***

Voluntary SI offers only two benefits i.e., pension and death benefits for (male and female) workers with informal employment and no social protection. Voluntary SI does not provide workers with protection in the case of sickness, maternity, and childcare – the risks that have a direct and immediate impact on workers and their families (although these risks are not different from the risks facing workers participating in compulsory SI). For female workers, that voluntary SI does not provide maternity and sickness benefits will make them even

140 Addati, Laura, Umberta Cattaneo, Valeria Esquivel và Isabel Valarino. Công việc chăm sóc, nghĩa vụ chăm sóc và việc làm trong tương lai (Geneva: ILO, 2018).

141 ILO & Viet Nam Women’s Union, 2021. Report on gender impact in realizing the Law on Social Insurance 2014 in Viet Nam.



more reluctant to participate. Meanwhile, voluntary SI participants must still pay through the contribution period and wait for a long time to get pension and death benefits. These are the reasons why voluntary SI is not attractive to many participants, which is an obstacle in expanding SI coverage, and which discourages a number of workers from participating in SI.

### ***Pension regime***

***Despite higher actual SI coverage, the percentage of female workers enjoying pension benefits is lower than that of male workers, and their average pension amount is also lower compared to male workers.*** In 2019, only 16% of female workers aged 65 and over received an SI pension, compared to 27.3% of men. The older the age, the wider the gap.

In 2019, ***the average monthly salary contribution paid to SI*** by female workers in the private sector was 11.6% lower than that of male workers. This difference in the public sector is not too large, but it does exist. What matters is that this difference has tended to increase over the past five years. (ILO, 2021)

In 2019, ***the average pension*** of male workers was VND5,098,542 and female VND4,087,836,<sup>142</sup> the gender gap in the average pension<sup>143</sup> was 19.8%. For new retirees in 2019, the gender gap in average pension in the public sector was 19.4% and in the private sector 12.2%. The gap tended to widen over the past five years. (ILO, 2021)

***The average time of paying SI premiums*** among female workers is four years less than male workers. Four years is one-fifth of the total 20 payment years required to be eligible for the monthly pension. The short time of SI contribution affects the SI coverage and the pension amounts as the SI benefit calculations are based on the actual number of years of contributions. (ILO, 2021).

***Lump-sum SI allowance:*** The number of workers getting lump sum SI allowance tended to increase over the years. In the period 2016-2020, on average nearly 750,000 SI participants drop out of the system each year, representing over 5% of the total number of SI participants. In this period, the number of people claiming lump sum SI allowance each year was higher than the previous year (an average increase of +6.5%/year); this number soared in 2017 and 2018 and has not shown any sign of levelling off.<sup>144</sup> It is a concern as in the first three months of 2021, the number of lump sum withdrawals continued to rise rapidly; specifically, nationwide 226,503 workers got a lump sum SI allowance, an increase of more than +20.5% against the same period in 2020, several localities affected by the COVID-19 pandemic witnessed a sudden increase in the number of lump sum SI claimants.

***Young women made up the majority of recipients of lump sum SI allowances after one year of SI discontinuation.*** In 2019, about 69% of recipients of lump sum SI allowances after one year of discontinued insurance were female workers under 35 years old. Most of the recipients of lump sum SI allowances were in the private sector. In 2016–2019, women made up 54.8% of recipients of lump sum SI allowances taken after one year of discontinued insurance. (ILO, 2021)

142 Data from Vietnam Social Security (VSS).

143 The gender gap in pensions is calculated by taking 1 minus the division of the average pensions of female workers by the average pensions of male workers (Gender gap = 1 - the average pensions of female workers/ the average pensions of male workers)

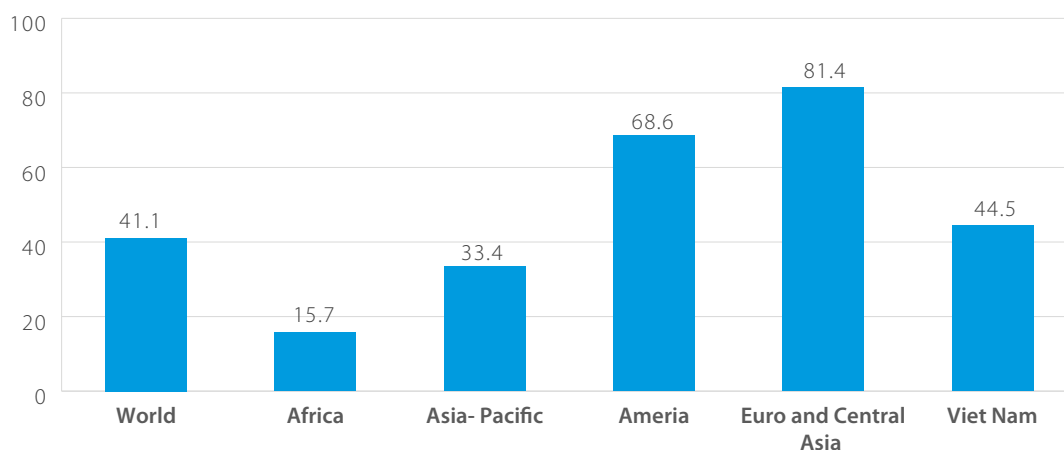
144 Ministry of Labour - Invalids and Social Affairs, Draft report on the execution of the Law on Social Insurance 2014 for the period 2016 -2020.

In the same period, the number of termination lump sums taken by women after one year of discontinued insurance was 6.8 times the number of women taking regular retirement pensions while for men it was 4.5 times. This reflects both **women's higher propensity to take termination lump sums and their lower access to regular retirement pensions.** (ILO, 2021)

### Maternity benefits

**The main drawback of the maternity system in Viet Nam was its low coverage as only workers in the compulsory SI system are eligible to maternity benefits.** It was estimated that in 2019, only 30% of women in the labour force were eligible for maternity benefits (ILO, 2021). The coverage was larger among women of reproductive age (15–49) (estimated 39%) because SI participation was higher at younger ages. Among specifically women with newborns, the ILO estimated that 44.5% took maternity leave in Viet Nam in 2015 (ILO 2017a, p.264). This is comparatively higher than the Asia-Pacific regional average (33.4%) but considerably lower than other regions like the Americas (68.6%) or Europe and Central Asia (81.4%), where most women are entitled to maternity cash benefits (Figure 11).

**FIGURE 11. THE CURRENT COVERAGE FOR MOTHERS OF NEWBORNS: PERCENTAGE OF WOMEN GIVING BIRTH RECEIVING MATERNITY CASH BENEFITS, BY REGION, 2015 OR LATEST AVAILABLE YEAR**



Source: Extracted from ILO (2017a), Figure 3.5 and p. 32, based on World Social Protection Database, SSI; ILOSTAT, UN World Population Prospects; national sources.

As such, approximately 70% of Vietnamese women were not eligible for maternity benefits, resulting in no alternative income sources when taking leave for childbirth, and potential health impacts on the mothers, the children, and the whole family. Therefore, expanding the coverage of maternity benefits is urgent for both social protection and GE.

In addition, despite the improvement in men's role and responsibilities in maternity policies, the policies mostly focused exclusively on the mothers. The system assigned fathers with a very limited role in childcare, which does not actually encourage equality in unpaid care work between men and women. Maternity policies should be redirected from the scheme exclusively focusing on the mother to a scheme(s) that engages both the mother and the father in child care.

**Care work time:** although the maternity leave (6 months) has been included in the time of SI payment for pension benefits, given current gender roles, most women with young children need to take longer, in addition to care for the elderly, and the sick and disabled members of the family. Due to the lack of care services for children, the elderly and the sick and disabled in Viet Nam, many women, especially female migrants working in industrial enterprises, often have to take time off from work to take care of young children after the paid maternity leave. The recognition of time spent on care work by both men and women would help promote the sharing of care work and reduce the gender gap in income.

**Sickness scheme:** The coverage of sickness benefits is limited. In 2019 it was estimated that some 30% of female workers and 21.3% of male workers in the labour force were entitled to sickness benefits (that is, workers who paid compulsory SI premiums). That is, more than two-thirds of the labour force were not protected in the case of illness, especially in the context of the Covid-19 pandemic, which increased health and income risks.

**There are challenges in the access to sex-disaggregated SI information,** because the data on SI participants and beneficiaries have not been disaggregated by sex in the statistical, information and reporting systems of Viet Nam Social protection and government SI management authorities.

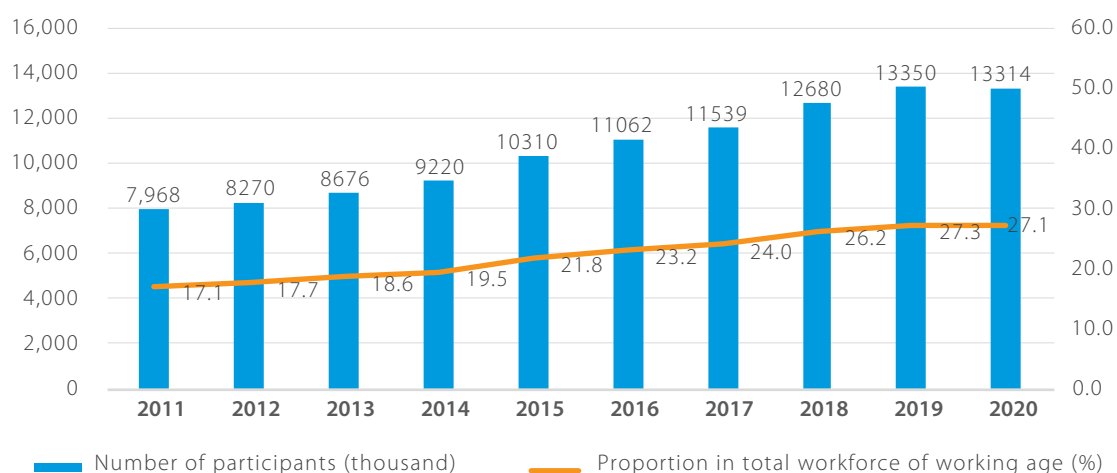
### **UI's participation and coverage**

In 2019, there were 13,429,401 UI participants, an increase of +5.9% compared to 2018. In 2020, due to the impact of the COVID-19 pandemic on the economy, many businesses had to dissolve, went bankrupt, or reduced the size of the labour force, so the number of UI participants fell to 13,270,522 (a decrease of -159,149 people compared to 2019), accounting for 88.2% of the compulsory SI participants and 27.1% of the labour force of working age.<sup>145</sup>

In the period 2011-2020, the number of UI participants went up by +5.8%/year on average. The growth rate tended to slow down; in 2019 it increased slightly by +5.28 percentage points while this figure reached 7.67% in the period 2011-2019; in 2020, due to the impact of COVID-19 it decreased by -1.2%, compared to 2019.

145 Department of Employment, Ministry of Labour - Invalids and Social Affairs, 2020. Report on UI implementation in 2020.

**FIGURE 12. THE NUMBER OF UI PARTICIPANTS, 2011-2020**



Source: VSS

### UI policy enjoyment

The number of unemployed people receiving a monthly allowance from the UI fund reached almost 8,697,000, an increase of 106,130 people (or 13.9%) compared to 2018, accounting for 99.5% of the total number of applications for UI allowance.

**TABLE 14. RECEIPT AND SETTLEMENT OF UI BENEFITS**

Unit: person

Criteria Year	No. of people offered employment consultation	No. of people offered jobs	No. of people received job training	No. of people claiming UI benefits	No. of people receiving decisions on UI benefits
2016	910,448	147,278	28,537	592,440	585,669
2017	1,113,933	168,719	34,723	680,310	671,789
2018	1,390,429	179,092	37,977	773,387	763,573
2019	1,662,827	187,796	41,957	849,702	835,922
2020	2,207,675	229,017	26,506	1,123,539	1,087,411
The first five months of 2021 (as of 18 May)	801,598	74,308	9,585	353,043	314,867

Source: Synthesised data on UI implementation from provinces

*UI benefit settlement:* The total payments for UI benefits in 2016 were VND5,171 billion (an increase of +5.9% compared to 2015), VND7,831 billion in 2017 (an increase of +36.31% compared to 2016), VND7,566 billion in 2018 (a decrease of -3.38% compared to 2017), and VND12,176 billion in 2019 (an increase of +60.9% compared to 2018), of which unemployment benefit payment accounted for 94.5%, vocational training allowance 1.33%, and health insurance 4.17%. The total estimated UI expenditure in 2020 was VND16,157 billion. The accumulated expenditure in the first four months of 2021 was VND5,167 billion. According to the report by VSS, the estimated balance of the UI fund as at 2020 end was VND89,631 billion, and it is forecasted that the operation of the UI fund will still be secured in the coming time.

*The current shortcoming in UI statistics and reports at present is the lack of adequate sex-disaggregated data including the data on the participation and benefit enjoyment.* Although the UI database contain complete information by gender, there are no regulations on sex-disaggregated statistics and reporting on UI.

## 3.4. SOCIAL ASSISTANCE

---

### 3.4.1 Policy review from gender equality lens

The legal system on social assistance (SA) has been increasingly complete, demonstrating the Government's high commitment to implementing the social assistance goals, which is institutionalised from the highest form i.e., the Constitution, to laws, decrees, and other relevant legal documents. Policies and laws on SA have always been supplemented and amended in accordance with the socio-economic development and the moving trends of those in need of SA.

Viet Nam's social assistance policy,<sup>146</sup> including regular social assistance, social care and emergency social assistance, planned to support and protect all people against risks and shocks in life. The Decree No. 20/2021/ND-CP dated 15 March 2021 superseding the Decree No. 136/2013/ND-CP dated 21 October 2013 stipulating the social assistance policy for beneficiaries of social protection. The SA policy was designed to aim at covering most of groups of people under special difficult circumstances based on their life cycle. In addition, SA policies are gradually shifting to a human rights-based and human-centred approach. The social assistance policies gradually meet the basic needs of the beneficiaries in terms of income, nurturing, education, healthcare, functional rehabilitation, vocational orientation and vocational training, to better ensure the rights of beneficiaries. In general, social assistance sector has formed a wide and intertwined social safety net, covering people of different classes, helping them to prevent, minimise and overcome risks, including natural disasters and pandemics.

Emergency (ad hoc) social assistance in cases of natural disaster risks, epidemics or other force majeure reasons. The forms of support are diverse such as food support; support for the seriously injured; funeral expense support; support for house building and repair; emergency support for children when their parents are dead or missing; and support with job creation, production development.<sup>147</sup> Emergency social assistance is carried out in various ways in order to maximise the contribution of social resources. There are two most common methods, including: (i) the official channel implemented by State management agencies/units from central to commune/ward levels in accordance with the Decree No. 20/2021/ND-CP dated

146 Decree No. 20/2021/ND-CP dated 15 March 2021 replacing Decree No. 136/2013/ND-CP dated 21 October 2013 stipulating social assistance policies for beneficiaries of social protection

147 Articles 12 to 17 of Decree No. 136/2013/ND-CP stipulating social assistance policies for beneficiaries of social protection

15 March 2021 and the Decree No. 136/2013/ND-CP dated 21 October 2013;<sup>148</sup> and (ii) the socialisation channel implemented by the Viet Nam Fatherland Front Committee, the Red Cross Society, and many other agencies and units in accordance with the Decree No. 64/2008/ND-CP dated 14 May 2008.<sup>149</sup>

Viet Nam's social assistance policies have been gradually completed aimed towards international integration, applying the life-cycle approach for the formulation of SA policies to respond to risks; human rights-based and human-centred approach; with the orientation to develop social work into a profession in Viet Nam. The 'Plan on Social Assistance Reform and Development for the period 2017 - 2025 with a vision to 2030'<sup>150</sup> states the viewpoint of completing policies and legislation on social assistance including: 'Study and propose to complete social subsidy policies toward beneficiary coverage expansion according to the Plan's objectives; study, develop social allowance norms and social allowance coefficients based on the minimal human needs, following the life cycle approach and ensuring international integration. Gradually integrate social allowance policies for the Labour - Invalids and Social Affairs sector to act as the lead and State management agency in this work; research and propose the development of projects on laws on: social assistance, social protection, and social work'.

However, current SA policies are unable to anticipate cases of unprecedented pandemic with severe impacts, such as the COVID-19 pandemic. Therefore, when the COVID-19 pandemic occurred, the Government had to develop an unprecedented support package of emergency relief for the affected people. Specifically:

The Government issued the Resolution No. 42/NQ-CP dated 9 April 2020 on measures to support 'those who have suffered a deep reduction in income, who lost a job or who are underemployed, who face difficulties, and cannot guarantee the minimal standard of living, who are affected by the Covid-19 pandemic; and provide additional support for some groups of beneficiaries who are enjoying preferential policies and social security benefits during the pandemic outbreak'.

The Prime Minister issued the Decision No. 15/2020/QD-TTg dated 24 April 2020 on the cash transfer for the group of regular social assistance beneficiaries, specifically: 'The beneficiaries of social security who are receiving a monthly social allowance are provided with an additional VND500,000/person/month. The application period is three months, from April to June 2020 and is paid once and for all'.

There was a policy to support electricity bill reduction for people affected by the COVID-19 pandemic,<sup>151</sup> electricity bills for three months were reduced by 10% of the retail price of domestic electricity from levels 1 to 4.

However, the policy-making process has not yet included an adequate gender impact assessment, thus the policy solutions and support have not been gender-sensitive.

148 Decree No. 20/2021/ND-CP dated 15 March 2021 replacing Decree No. 136/2013/ND-CP dated 21 October 2013 stipulating social assistance policies for beneficiaries of social protection

149 Decree No. 64/2008/ND-CP dated 14 May 2008 on mobilizing, receiving, distributing and using voluntary contributions to support people in overcoming difficulties caused by natural disasters, fires, serious incidents, patients with serious illnesses.

150 Decision No. 488/QD-TTg dated 14 April 2017 of the Prime Minister approving the Plan on Social Assistance Reform and Development for the period 2017 - 2025 with a vision to 2030."

151 According to the Resolution No. 41/NQ-CP dated 9 April 2020 of the Government assigning the Viet Nam Electricity to implement.

### 3.4.2 Status of social assistance for women and girls

#### Implementation results of regular social assistance policies

Currently, sex-disaggregated data is very limited in the reports on SA of government agencies. Data on the number of regular SA beneficiaries in the community are not sex-disaggregated. In the period 2011-2020, with efforts to adjust the beneficiary coverage, increase the level of publicity and transparency, and simplify the conditions and procedures for application and approval of beneficiaries, the number of regular SA beneficiaries in the community increased pretty rapidly, with an average growth rate of +4.65%/year, from 1,673,996 people (accounting for 1.90% of the total population) in 2011, to 2,643,070 people (accounting for 2.87% of the total population) in 2015 and to 3,041,731 people (accounting for 3.44% of the total population) in 2020.

**TABLE 15. NUMBER OF REGULAR SOCIAL ALLOWANCE BENEFICIARIES IN THE COMMUNITY BY TARGET GROUP (PEOPLE)**

	Beneficiaries of regular SA policies in the community	2011	2015	2020	Growth rate, %
	Total	1,673,996	2,643,070	3,041,731	4.65
1	Orphan (lost both parents), abandoned children	63,953	37,348	70,929	3.54
2	The isolated elderly people in poor household and people aged 80 and above who do not receive pension or SI allowance	925,788	1,543,042	1,733,672	4.12
3	People with serious and exceptionally serious disabilities	548,323	965,901	1,098,241	6.40
4	Children with HIV/AIDS and people with HIV/AIDS incapable of performing paid work	2,542	8,185	138,889	NA
5	Single parent raising young children in poor households	112,675	88,594	NA	NA

Source: Department of Social Assistance, synthesised from administrative reports of 63 provinces/cities

#### Results of implementation of emergency social assistance policies

In the period 2016 - 2019, the Ministry of Labour - Invalids and Social Affairs submitted a request to the Prime Minister for disaster relief for the heavily affected provinces with over 60,532 tons of rice to save 2,395,826 people from hunger. The amount of funding support for provinces to overcome the consequences of natural disasters was VND6,885 billion.<sup>152</sup>

#### Results of implementation of social care policies

*Care and nurture in social assistance establishments:* the system of establishments providing care and nurture SA services includes social security establishments, social houses, households and individuals who take the responsibilities of care for and nurturing of social security beneficiaries in the community. By 2020, in the whole country there were 425 SA facilities (191 public establishments and 234 non-public establishments, meeting the SA needs of 30% of the

152 Ministry of Labour - Invalids and Social Affairs. Report No. 3265/LDTBXH-KHTC on the preparation of the Plan on development in the Labour, People with meritorious services and Social Sector in five years 2021-2025

beneficiaries, in which, 46 are elderly care establishments, 73 are establishments for persons with disabilities (PWD), 149 are childcare establishments, 102 are general establishments, 32 mental healthcare establishments and 23 are social work centres. In addition, there are hundreds of general facilities to provide care and functional rehabilitation for the elderly and PWD with a capacity of about 20,000 beneficiaries). As a result, in the period 2012-2020, the system of SA service providers and social houses has expanded the scale of service provision, in 2017 the system received, cared for and nurtured 45,348 people, in 2019: 48,110 people, and in 2020: about 48,293 people, with an average growth rate of +2.21%/year in the period 2017-2020.

*Care and nurture in the community:* In 2017, over 236,000 social security beneficiaries were cared for and nurtured by households and individuals who take the responsibilities of care for and nurturing of these beneficiaries; in 2020 the number increased to 251,000.

**TABLE 16. NUMBER OF BENEFICIARIES ADMITTED TO THE SA ESTABLISHMENTS OR RECEIVING COMMUNITY-BASED CARE AND NURTURE, 2011-2020**

No.	Social care	2011	2017	2020	Growth rate, %
I	Number of beneficiaries receiving community-based social care benefits	0	236,440	251,911	2.22
1	Families and individuals nurturing orphans	-	16,391	17,806	2.82
2	Care for people with exceptionally serious disabilities	-	217,989	231,843	2.17
3	Families and individuals nurturing and caring for lonely elderly people	-	2,060	2,261	3.14
II	Number of beneficiaries admitted to the SA establishments	0	45,348	48,293	2.21
III	Total number of social care beneficiaries	1,673,996	3,086,516	3,341,935	6.11
IV	<b>Percentage of beneficiaries out of total population (%)</b>	<b>1.90</b>	<b>3.27</b>	<b>3.44</b>	

*Source: Department of Social Assistance, synthesised from administrative reports of 63 provinces/cities.*



**Support for survivors of human trafficking:** In the period 2012-2020, on average, every year, 500 - 7,000 people nationwide became victims of human trafficking crimes, of which 92% were women and children. In 2020, the Government announced that it has identified 121 victims of human trafficking, 112 female and nine male, 32 children. The number of identified victims tends to decrease compared to previous reporting periods (300 victims were identified in 2019, 490 in 2018 and 670 in 2017).<sup>153</sup>

In 2020, out of 121 victims identified, 67 were Vietnamese citizens. Of the 121 identified victims, 84 requested and received support services provided by the government and NGOs, including medical and psychological support, legal aid, accommodation at social security centres and vocational training services. Of the 67 victims who are Vietnamese citizens, 25 were referred to social security centres, 20 to the public security, 19 to an NGO, and three to the Centre for Women and Development (CWD) under the Viet Nam Women's Union.<sup>154</sup>

**Support for survivors of gender-based violence:**<sup>155</sup> In implementing a project to support the implementation of national goals on GE under the Target Program for the Development of a Social Assistance System for the period 2016-2020, across the whole country, the model of reliable/trusted addresses – community-based safe houses in 63 communes of 63 provinces and cities were established and maintained; there are eight models of establishments providing services to respond to gender-based violence (GBV) at Social Work Centres and Peace House Shelters; ten models of Social Work Centres to support the delivery of GE services; 18 models of clubs to support women at risk of forced marriage with foreigners; six models of safe, non-violent schools. These models have initially been effectively implemented by localities and units, making a significant contribution to the prevention and response to gender-based violence. The National Child Protection Hotline 111 receives calls, provides advice, and referrals for GBV survivors.

### **Gender in social assistance**

**First**, most of the policies on regular and emergency SA were gender neutral, with inadequate attention paid to the different needs and actual conditions of men and women, boys and girls. Only a few regulations considered the specific needs of women and girls. For example, regulations on physical facilities of SA establishments require '*Standards on environment, campus and housing... suitable to the characteristics of the target beneficiaries*'<sup>156</sup>; or regulations on the cost of long-term care services for the social security beneficiaries to include monthly cost norm for feminine hygiene products;<sup>157</sup> regulations on receiving and supporting community reintegration for returned survivors of human trafficking being women and children stipulate: '*During the stay at the receiving establishment, the survivors will be arranged suitable accommodation to their age, gender and health status*'.<sup>158</sup>

**Second**, the Centres for Social Work Services are a public non-business unit under the Provincial Departments of Labour - Invalids and Social Affairs (DOLISA) whose function is providing social work services for social groups in the province. Among the target groups, there are survivors

153 Trafficking in Persons Report 2021, <https://vn.usembassy.gov/vi/2021-tipreport/>

154 Trafficking in Persons Report 2021, <https://vn.usembassy.gov/vi/2021-tipreport/>

155 Speech of Dr. Natalia Kanem on the World Population Day 11 July 2020: Strengthen activities of models to support GBV women in the COVID-19 pandemic context.

156 Decree No. 103/2017/ND-CP, dated 12 September 2017 of the Government regulating on the establishment, organization and operation; dissolution and management of social assistance establishments, Section 2, Article 3.

157 Circular No. 02/2018/TT-BLDTBXH, dated 7 April 2018 of the Ministry of Labour - Invalids and Social Affairs regulating economic - technical norms as the basis for setting prices of social assistance services.

158 In Section 3, Article 16, Decision No. 17/2007/TTg on the reception and support in community reintegration for women and children trafficking returnees from abroad.

of gender discrimination, abuse, violence, maltreatment, etc. The Centre's missions are, among others, family support and counselling, information provision, GE support, etc.

*Third*, statistics on social assistance were hardly fully sex-disaggregated. Most of the reports on SA work did not mention GE, apart from the reports on the provision of social work services in the field of GE by the system of Centres for Social Work Services of provinces/cities.

*Fourth*, SA policy has been gradually shifting to a human rights-based, human-centred approach, however one of the important aspects i.e., the human rights of women and girls in the field of social assistance has not been given due attention.

*Fifth*, the capacity of the system of SA agencies and organisations in GE and gender mainstreaming remained very limited. Even the system of Centres for Social Work Services tasked to provide services related to GE had very limited capacity in counselling, information provision and support for GE. The services provided have not been standardised and consistent throughout the country. There remained a lack of technical and professional guidance documents for staff working in counselling and support on GE.

### 3.5. ENSURING A MINIMAL LEVEL OF BASIC SOCIAL SERVICES FOR WOMEN AND GIRLS

---

#### 3.5.1. Ensure minimal education

##### 3.5.1.1. Policy review applying a gender equality lens

In the period 2012-2020, the system of legal documents in the field of education continues to be focused and completed, creating a legal corridor to innovate and improve the education quality, promoting equal access to education.

The Education Law 2019 stipulates that 'Education is the right and obligation of all citizens regardless of ethnic background, religion, belief, gender, personal characteristics, family origin, social status, economic circumstances to be equal in learning opportunities. The State implements social justice in education, creates a safe educational environment, ensures inclusive education, and creates conditions for learners to develop their potential and talents. (Article 13).

To promote gender equality in this field, regulations related to tuition fee policy for universal students were put in place to ensure equal learning and development opportunities for everyone, regardless of gender. The Constitution 2013 stipulates that the State "shall ensure free compulsory primary education", and according to Resolution No. 29-NQ/TW, the State shall implement nine-year compulsory education universalisation after 2020.

The Education Law stipulates that primary education is compulsory, the State implements universalisation of preschool education for 5-year-old children and lower secondary education. The State is responsible for implementing compulsory education throughout the country; deciding on plans, and ensuring conditions for the implementation of education universalisation. All citizens of the regulated age have an academic duty to realize universal education and complete compulsory education (Article 14). Primary school students in public educational institutions shall not pay tuition fees; in areas where there are not enough public schools, the State shall provide primary school students in private educational institutions support with tuition fees, and the level of support shall be decided by the provincial People's Council.

A number of regulations for prioritized groups have been included in the Education Law: “5-year-old pre-school children in villages and communes with special difficulties, in ethnic minority areas, remote and isolated areas, coastal and island areas are exempt from tuition fees, and the Government is assigned to regulate the implementation roadmap applicable to 5-year-old preschool children and lower secondary school students” (Article 99).

On May 16, 2017, the Prime Minister also issued Decision No. 668/QĐ-TTg approving the Plan to Implement the Recommendations of the UN Committee on Elimination of All Forms of Discrimination Against Women to the combined 7<sup>th</sup> and 8<sup>th</sup> periodic report of Viet Nam on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women in Viet Nam for the period 2017 - 2020. In the field of education, Decision No. 688/QĐ-TTg has outlined specific activities for the Ministry of Education and Training: “*Effectively implement the Action Plan on gender equality of the education and training sector in 2016-2020, including: revision of educational materials, reduction of illiteracy and dropout rates among ethnic minority girls by offering bilingual education*” and deadline for the completion of the midterm report on the implementation of the Action Plan on gender equality of the education and training sector for the period 2016 - 2020 to be 2018 and the deadline for the final report to be 2020.

Equality and non-discrimination in access to minimal education can be divided into the following groups of policies: (i) *policies that mainstream GE in education*; (ii) *policies to ensure access to minimal education*; (iii) *policies to support education*; and (iv) *policies to ensure a safe educational environment*.

#### a) Mainstreaming gender equality in education

GE mainstreaming in the process of comprehensive education reform has been one of the priorities of the Ministry of Education and Training (MOET) in the past five years, which was reflected in the Action Plan on GE of the Education Sector 2016-2020 developed by the MOET in collaboration with UNESCO. The main objective was to create opportunities to improve access to quality education for women and girls, especially the disadvantaged and vulnerable ones, contributing to the implementation of the Sustainable Development Goal (SDG) 4 on quality education and SDG 5 on GE.

#### ***Elimination of discriminatory stereotypes in school textbooks***

The Education Law 2019 (Law No. 43/2019/QH14) stipulates the elimination of gender-based discriminatory stereotypes in general education textbooks: ‘... *the content and form of the textbooks must not express prejudices against ethnic background, religion, occupation, gender, age and social status; textbooks are presented in the form of printed books, Braille books, and electronic books*’ (Point a, Clause 1, Article 32).

The Action Plan on Gender Equality of the Education Sector 2016-2020<sup>159</sup> focused on implementing the CEDAW Committee’s Recommendations, including the implementation of the CEDAW Committee’s Recommendation on Elimination of Gender-based Discriminatory stereotypes in school textbooks. Objective 3 of the Plan was to ensure that ***gender issues and GE were integrated into the overall curriculum, subject curricula, and new general education textbooks***. This objective was concretised in three targets including: *Target 1*: Contents, programs and new general textbooks are adjusted and the contents and images with gender stereotypes are removed to contribute to the promotion of GE; *Target 2*: 100% of the drafting and appraisal committees of general programs and textbooks use gender mainstreaming guidelines in the development of curriculum and textbooks (the guidelines were developed within the framework of the Initiative on Gender Equality); *Target 3*: Content on gender, GE,

159 Decision No. 4996/QĐ-BGDĐT dated 28 October 2016 of the Ministry of Education and Training

reproductive health, sexual health and school violence prevention and control are taught in the national education system, especially in schools of education.

The MOET issued guidelines for mainstreaming gender into the general education curricula and textbooks.<sup>160</sup> The document was developed within the framework of the Gender Equality and Girls' Education Initiative in Viet Nam: empowering girls and women for a more equal society. The objective of this Guideline was to provide information and provide some necessary skills for staff in the education sector in general and members of the committee for developing curricula, textbook compilation committee, and the National Textbook Appraisal Council in particular on how to recognise gender prejudices and stereotypes that exist in current curricula and textbooks, in order to make appropriate decisions, to best ensure the gender mainstreaming in curriculum development, new textbook compilation and appraisal of new curricula and textbooks, as well as in the teaching process at all levels of general education, contributing to promoting GE in general education programs and textbooks of Viet Nam.

The images and content bearing gender stereotypes in old textbooks and curricula were reviewed, adjusted and replaced, specifically: removed images bearing gender prejudices and gender stereotypes such as gender-based division of labour and traditional roles of men and women<sup>161</sup>; added images that emphasised the role of men in the family, and the participation of women in leadership positions; balanced the appearance ratio of male and female characters, etc. to help children have a clearer awareness of GE. Since the school year 2020-2021, ensuring GE has become one of the important criteria for evaluating and appraising new books.

In addition, for the educational program to meet the GE goal as mentioned in the Education Law 2019, the MOET has implemented a program to bring the content of GE into the formal lecture system at all levels, especially at the upper secondary, lower secondary and primary levels; innovated methods and forms of teaching on gender, GE, gender, reproductive health, etc.

## **b) Policy to ensure access to minimal education**

To ensure everyone's access to compulsory education, the State promulgated the policy on education universalisation, including: universalisation of early childhood education (ECE) for five-year-old children; universalisation of primary education; universalisation of lower secondary education universalisation; and elimination of illiteracy.<sup>162</sup>

As a result, the education sector has completed the universalisation of 5-year-old ECE under the Scheme on universalisation of ECE for U5 children<sup>163</sup> in 2017. Kindergarten children in extremely difficult socio-economic areas, EM areas and mountainous areas and islands are supported by the State with a lunch allowance; children in difficult circumstances, children with disabilities receive attention for early detection, early intervention, and inclusive education; the reform of the contents of the ECE program towards combining care and nurture with education is a great effort not only of the education sector, but also of the whole political system in the care and education of children. The universalisation of primary and lower secondary education

160 Decision No. 1381/QD-BGDDT dated 28 April 2016

161 According to a report of the MOET, the analysis results of 76 textbooks of six subjects from grade 1 to grade 12 show that, out of a total of more than 8,000 characters appearing in the text: male characters account for 69%, female characters 24%, and the remaining 7% are gender neutral. In particular, the higher the education level, the greater the disparity between male and female characters, especially at the upper secondary school level. The occupations of male characters in textbooks are also more diverse than those of female characters.

162 Decree No. 20/2014/ND-CP dated 24 March 2014 on education universalization and illiteracy eradication.

163 Decision No. 4996/QD-BGDDT dated 28 October 2016 approving the project on universalization of ECE for U5 children.

was completed, and universalisation of lower secondary education at the right age is being targeted at (according to the national standards).

For illiteracy eradication, the Government has issued and implemented the 'Project to create a learning society 2012-2020'<sup>164</sup>, the 'Project for illiteracy eradication to 2020'<sup>165</sup> with the key viewpoint of expanding the age range for illiteracy eradication, with focus on illiteracy eradication for women and girls. Both projects mentioned the priority target of eradicating illiteracy for women, girls and ethnic minorities in disadvantaged areas; strive for a balanced literacy rate between men and women. The MOET cooperated with socio-political organisations to deploy educational contents for women and girls: Coordinated with the Viet Nam General Confederation of Labour in building a learning society (2013-2020), including the literacy program; conducted a Program in collaboration with the Viet Nam Women's Union on illiteracy eradication for women and girls in the period 2013-2020.

### c) Policies on educational support to ensure access to education for people under special circumstances

In the period 2012-2020, to ensure that all children could go to school, the Government issued many policies to support education for people in special circumstances, specifically:

Policy on lunch support for preschool children and policy on benefits for preschool teachers.<sup>166</sup> Accordingly, children of kindergarten age who are attending kindergarten classes of ECE institutions will receive lunch support if they can meet the conditions. The conditions include (i) *Having parents or father or mother or caregiver or the child her/himself permanently residing in extremely difficult communes or villages in EM and mountainous areas, extremely difficult communes in coastal and island areas in accordance with the Prime Minister's regulation.* (ii) *Having no carer as prescribed in Clause 1, Article 5 of Decree No. 136/2013/ND-CP dated 21 October 2013 of the Government stipulating on social assistance policies for social security beneficiaries.* (iii) *Being a member of a poor or near-poor household according to the Prime Minister's regulation.* The policy on lunch support for children of EM groups and EM groups with small populations was specified separately in Decree No. 57/2017/ND-CP, to suit the needs and actual conditions of this target group.

The policy of tuition fee exemption and reduction, support with learning expenses for beneficiaries, in which primary school students are one of the groups enjoying school fee exemption in public educational institutions,<sup>167</sup> and children attending 5-year-old kindergarten classes in areas with extremely difficult socio-economic conditions having parents or father or mother or caregiver or the children themselves permanently residing in extremely difficult communes or villages in EM and mountainous areas, extremely difficult communes in coastal and island areas in accordance with the Prime Minister's and competent authorities' regulations. There are 15 groups eligible for tuition fee exemption; five groups eligible for tuition free reduction by 50-70%. In some special conditions such as natural disasters, a fixed-term tuition fee waiver may be considered, depending on the intense and scope of the damage.<sup>168</sup>

164 Decision No. 89/QĐ-TTg dated 9 January 2013 approving the "Project to create a learning society 2012 - 2020"

165 Decision No. 692/QĐ-TTg dated 4 May 2013 approving the "Project for illiteracy eradication to 2020."

166 Decree No. 06/2018/ND-CP of the Government issued on 5 January 5, 2018

167 Decree No. 86/2015/ND-CP dated 2 October 2015 of the Government stipulating the mechanism of collection and management of tuition fees for educational institutions under the national education system and the policy on tuition fee exemption and reduction, support for study expenses from the 2015-2016 school year to the 2020-2021 school year, Article 6.

168 Decree No. 86/2015/ND-CP dated 2 October 2015, Article 7, Article 8, Article 9

In addition, several specific measures have been applied to promote opportunities to access education by disadvantaged groups such as children with disabilities and EM children.

The Education Law 2019 (Law No. 43/2019/QH14) stipulates the principle of ensuring GE and non-discrimination in education and the development of a system of priority policies for ethnic minorities in access to education. Specifically: (i) **ensure equal rights to learning opportunities**: learning is the right and duty of citizens. All citizens, regardless of ethnic background, religion, gender, personal characteristics, family origin, social status, and economic situation, are equal in learning opportunities (Clause 1, Article 13); (ii) **ensure GE in the learning curriculum** (Clause 2, Article 8); (iii) **equality in inclusive education**: meet the different needs and abilities of learners; ensure equal learning rights, education quality, suit to learners' needs, characteristics and abilities; respect the diversity and differences of learners and do not discriminate' (Clause 1, Article 15); (iv) **stipulate the responsibilities of the State** in implementing policies to ensure GE and non-discrimination in education: The State prioritises investment and attracts other investment sources for education; Prioritise investment in education universalisation and education development in mountainous areas, islands, EM areas, areas with extremely difficult socio-economic conditions, and industrial parks (Clause 2, Article 17); and the State issues policies on subsidies, exemption and the reduction of tuition fees for learners who are beneficiaries of social policies, ethnic minorities in areas with extremely difficult socio-economic conditions, orphans, children who live alone without support, people with disabilities, people from poor and near-poor households (Clause 2, Article 85). The Law amending and supplementing several articles of the Law on Higher Education (Law No. 34/2018/QH14) stipulate non-discrimination against women and provides policies to increase access to higher education for EM girls. Specifically: Clause 8, Article 12 of the State's policies on higher education development identifies that priority is given to *ethnic minorities and people living in regions with extremely difficult socio-economic conditions, to the realisation of gender equality in higher education*. The law ensures the rights of learners: *'To be respected and treated equally, without discrimination based on gender or ethnic background'*.

The action plan on GE of the education sector for the period 2016-2020<sup>169</sup> sets out the goals of narrowing the gap between boys and girls in access to education, increasing the literacy rate of EM girls and women in disadvantaged areas (Goal 2). To achieve the goals, four specific targets have been identified, including: *Target 1*: Reduce the rate of out-of-school children (OOSC) who are at universal education age, focus on boys in the Central Highlands and girls in the Northern mountainous region. *Target 2*: Strive to increase the literacy rate of men and women aged 15-60 to 98%, and that of those aged 15-35 to 99%; and that in the provinces in the Northwest, the Central Highlands, and the Southwest region to 94% and 96%, respectively. *Target 3*: By the end of 2018, complete one survey report on the real life situation of young teachers (under 30 years old) in extremely difficult socio-economic areas to make recommendations on suitable mechanisms. *Target 4*: Increase the percentage of men studying and working in ECE and primary education majors; increase the percentage of female teachers in upper secondary education institutions and universities.

The project to support children with disabilities to access protection, care and education services in the community for the period 2018 - 2025 was approved by the Prime Minister with the goal that by 2025, children with disabilities (CWD) will have access to child protection, care and education services in the community to support their community integration and have the opportunity to fully realise the rights of children with disabilities.<sup>170</sup>

169 Decision No. 4996/QD-BGDĐT dated 28 October 2016 of the Ministry of Education and Training

170 Decision No. 1438/QD-TTg dated 29/10/2018 of the Prime Minister

**TABLE 17. POLICIES TO ENSURE ACCESS TO EDUCATION, 2012-2020**

	Policies to ensure access to education	Type of policies/supports and support level	Beneficiaries	Specific regulations/provisions on gender or gender impacts (if any)
1	Policies to support students and general schools in communes and villages in extreme difficulties. (Decree No. 116/2016/ND-CP)	Allowance 1: meal support (40% of minimal salary, equivalent to VND476,000/month); housing support (10% of minimal salary, equivalent to VND149,000/month); rice support (15 kg/month); Allowance 2: Ethnic semi-boarding schools are supported, invested in facilities and equipment	Students in communes and villages in extreme difficulties.	Gender neutral regulations
2	Policy on priority enrolment for preschool children, pupils, students from ethnic minorities of small population (Decree No. 57/2017/ND-CP)	(1) Priority admission (2) Learning support - Learning support for preschools - Learning support for primary, lower and upper secondary schools - Learning support for semi-boarding students	Preschool children, pupils, students from ethnic minorities of small population	Gender neutral regulations
4	Policy on tuition fee exemption and reduction, support for study expenses in the period 2015-2021 (Decree 86/2015/ND-CP, Decree 145/2018/ND-CP, Joint Circular 09/2016/TTLT-BGDĐT-BTC-BLDTBXH) Note: From October 2021, apply Decree No. 81/2021/ND-CP replacing Decree 86/2015/ND-CP and Decree 145/2018/ND-CP	(1) Tuition fee exemption (15 groups) (2) Tuition fee reduction (50% or 70%) (3) Support for learning expenses: VND100,000 x 09 months, from October 2021, the support level will be increased to VND150,000/month x 09 months	Kindergarten children  Lower and upper secondary school students (regardless of male or female)	Gender neutral regulations
5	Lunch allowance for kindergarten children (Decree No. 06/2018/ND-CP, Decree 105/2020/ND-CP replacing Decree 06/2018/ND-CP)	1) Lunch allowance: VND149,000/child/month x 09 months; From 2020, increase the support level to VND160,000/child/month x 09 months (2) Allowance for preschool children who are children of workers working in industrial zones: at least VND160,000/child/month x 09 months	Kindergarten children	Gender neutral regulations
7	Financial benefits applicable students of EM boarding schools and EM university preparatory schools	Tuition fees, scholarships, rewards, living supplies, transport, school supplies		Gender neutral regulations
8	Education support for people with disabilities (Decree 28)	Priority when participating in inclusive education		Gender neutral regulations

#### **d) Policies to ensure a safe educational environment**

In realising the Decree No. 80/2017/ND-CP stipulating a safe, healthy and friendly educational environment that prevent and combat school violence, the MOET issued the Decision No. 5886/QD-BGDDT on the action program to prevent and combat school violence in ECE, general education and continuing education institutions for the period 2017-2021. However, school violence remains an issue that needs to be addressed soon, especially in the context that more and more cases of violence by students against students, by teachers against students have been detected, leading to significant public anger.

#### **e) Policies to maintain education during COVID-19**

In the context of COVID-19, the MOET issued policies to maintain education, specifically: the Official Letter No. 550/BGDĐT-GDTC dated 25 February 2020, the Official Letter No. 696/BGDĐT-GDTC, the Official Letter No. 757/BGDĐT-VP dated 10 March 2020 related to the implementation of measures to prevent the spread of COVID-19 at schools, the Official Letter No. 795/BGDĐT-GDDH dated 13 March 2020 on the implementation of distance learning in response to the COVID-19 pandemic, the Official Letter No. 1061/BGDĐT-GDTrH of the MOET on instructions for teaching via the internet and on television for general education institutions and continuing education institutions during school closure due to COVID-19 in the 2019-2020 school year, the Official Letter No. 1398/BGDĐT-GDTC dated 23 April 2020 guiding the conditions on safety for students returning to school and on handling a suspected case of COVID-19 in school, the Decision No. 3822/QD-BGDDT dated 23 November 2020 approving communication materials on COVID-19 prevention and control and health work in schools and approving the handbook to ensure safe prevention of COVID-19 in schools.

For the group of students in mountainous areas under extremely difficult conditions, the MOET issued supporting documents, specifically: the Official Letter No. 2187/BGDĐT-GDDT on the implementation of policies for children and schoolchildren in the second semester of the 2019-2020 school year, the Official Letter No. 1700/BGDDT-GDDT dated 15 May 2020, and the Official Letter No. 1709/BGDDT-GDDT dated 18 May 2020 on the implementation of policies for children and students in areas under extremely difficult socio-economic conditions in the second semester of the 2019-2020 school year on the support regime for students in villages and communes experiencing extreme difficulties. The MOET ensures the maintenance of all meals, housing and rice support for eligible students, even in the context that students learn remotely from home.

However, online learning policies do not provide specific instructions on how to organise a distance learning class via the Internet and via television for mountainous, remote and isolated provinces without internet; without equipment to access internet (computer, smartphone); or with an unstable internet connection. In addition, distance learning policies created additional economic burdens for parents, especially those from disadvantaged groups in rural, mountainous, remote and isolated areas. This has prevented children, including girls, from participating in learning.

***In summary, in the period 2012-2020, Viet Nam has several achievements in minimal education policy in terms of gender mainstreaming.***

***First***, GE integration in education has created opportunities to improve children's access to quality education, help children have better awareness of GE, and contribute to narrowing down the gap between male and female learners in education. Education on GE in the curriculum will eliminate gender stereotypes and norms, reduce gender-based stigma and discrimination.



Universal education policies to ensure that all children have access to compulsory education have promoted learning opportunities for disadvantaged and vulnerable groups, contributing to narrowing down the gender gap in education.

**Second**, educational support policies such as exemption and reduction of tuition fees and other contributions, lunch support, rice support, preferential loans, etc. have contributed to improving social equity in education, especially increased learning opportunities for girls, EM children and poor children. Some educational subsidy policies, such as subsidies for children of workers in industrial zones where 70% of workers are female have helped female workers, especially female migrant workers reduce the burden of education costs.

**Third**, the collection of gender statistical data by the MOET has gradually improved through the collection of sex-disaggregated data.

**Fourth**, some education policies have considered the question of gender difference such as those giving priority to women in vocational training.

**However, there remains some limitations in the education policies from a GE perspective, namely:**

**First**, the Law on Education 2019 does not have a direct provision stipulating the focus on special measures to address existing gender disparities in education.

**Second**, most of the policies to support education for those under special circumstances are still gender 'neutral', and do not include any special measures to support women and girls. There is a lack of specific policy solutions to promote GE and address existing gender issues in practice, for example, most girls are subject to school violence and sexual abuse.

**Third**, measures to promote GE in education are not strong enough or are inadequate to address the gender inequality experienced by girls in disadvantaged rural areas, mountainous, remote and isolated areas where many poor households do not have enough money or do not want to invest in their daughters' further education. GE issues have not been included in the Law on Education as a priority in the development of general education curricula and teacher training. Measures to close the gender gap and promote GE in higher education have not been adequately addressed in the Law on Higher Education.

**Fourth**, according to the mechanism, resources allocation to promote GE in education is limited. The budget for GE implementation in this field mainly relies on the support from international organisations.

**Fifth**, education policies have not been synchronised with other policies, for example they have not ensured equal access to the public education system for children of female migrant workers. Regulations on enrolment/admission in public schools based on area of residence may negatively affect access to the public education system of children of female migrant workers.

**Sixth**, statistical data related to the access to education of vulnerable groups (EM children, children with disabilities, migrant children, etc.) are quite limited and are only collected in specialised surveys thus there is no periodic data, meanwhile access to education is often more difficult for children of these groups.

### 3.5.1.2. The status of ensuring minimal education for women and girls in the period 2012-2020

#### Early Childhood Education

Investing in early childhood education (ECE) is a fundamental step towards building high-quality human resources as Viet Nam strives to become a modern industrialised market economy. The education sector has completed the universalisation of preschool education for U5 children. Kindergarten children in extremely difficult socio-economic areas, EM areas and mountainous areas and islands are supported by the State with lunch allowance; children living in difficult circumstances, children with disabilities receive attention for early detection, early intervention, and inclusive education; the reform of the content of the ECE program towards combining care and nurture with education is a substantive effort not only by the education sector, but also of the entire political system with respect to the care and education of children.

According to statistics by the MOET<sup>171</sup>, in the 2019-2020 school year, in Viet Nam over 5,095,037 preschool children attended schools including 2,435,522 girls accounting for 47.8%, up +1 percentage point compared to the 2017-2018 school year. The number of EM children was 918,385 accounting for 18.0% with only 0.1% being CWD. The enrolment rate of nursery children was lower and equal to 1/5 of that of kindergarten children.<sup>172</sup>

The Survey measuring Viet Nam Sustainable Development Goal indicators on Children and Women (SDGCW) 2020-2021 shows that 80.5% of children aged 36-59 months were attending organised preschool programs nationwide. Although the difference between urban (80.6%) and rural areas (80.5%) and between boys (81.7%) and girls (79.2%) were not remarkable, there were significant differences among regions, wealth quintiles, education levels of mothers, and age groups. The percentage of children attending preschools in the Mekong Delta (47.6%) was much smaller than that of the Red River Delta (93.3%) and the midlands and northern mountains (95.1%). This rate was lower among children of the poorest quintile (73.3%) compared to the richest (92.8%). Children whose mothers do not have educational qualifications (59.8%) were less likely to attend preschools than those whose mothers have a college or university degree or higher (91.6%). The percentage of children enrolling at preschool also varied across age groups with 70.8% among children aged 36-47 months and 89.8% among children aged 48-59 months.

According to statistics by the MOET, at present only 28% of children under 36 months old are attending school. There are many reasons including the lack of a place to send children for care. In industrial parks and export processing zones crowded with migrant workers, the preschool system only meets 44.4% of the demand. More than half of the children at preschool age are sent to private facilities. It is worth mentioning that (private) establishments of this type have many shortcomings and there are also hidden safety risks for children.<sup>173</sup>

#### General education

In the period 2012-2020, the net enrolment rates of boys and girls at different educational levels tended to increase over the years, especially in upper secondary schools, showing that education is improving towards the universalisation of lower and upper secondary education.

171 MOET, [https://moet.gov.vn/content/tintuc/Lists/News/Attachments/5391/MAMNON%20-%20TK%C4%90N%202017-2018%20\(PB%2030.3.18\).pdf](https://moet.gov.vn/content/tintuc/Lists/News/Attachments/5391/MAMNON%20-%20TK%C4%90N%202017-2018%20(PB%2030.3.18).pdf)

172 MOET, Statistics of preschool education in the period 2019 – 2020 (<https://moet.gov.vn/thong-ke/Pages/thong-ke-giao-duc-mam-non.aspx?ItemID=7385>).

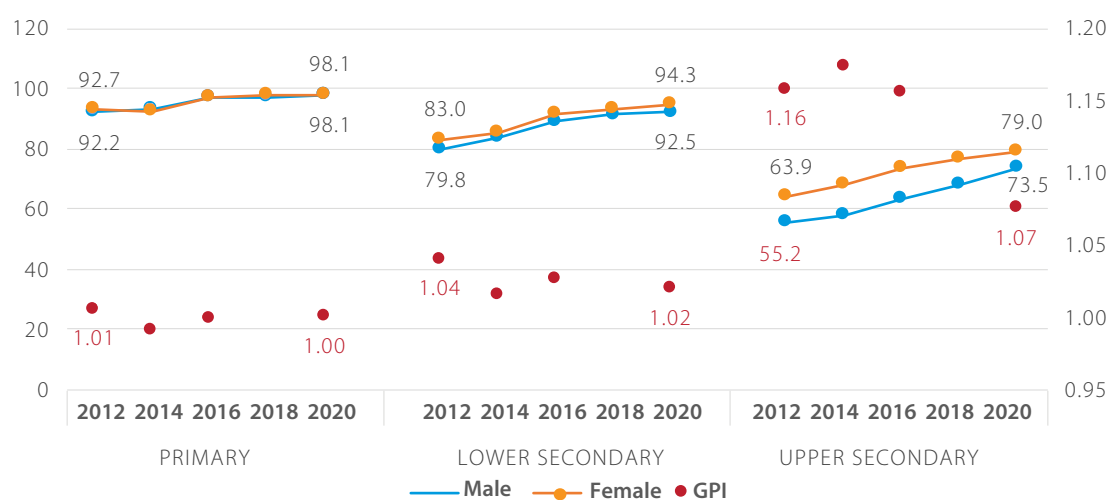
173 MOET, 2020. Report at the conference evaluating the results of 10-year preschool education popularization for 5-year-old children in Ho Chi Minh City.

At primary and lower secondary education, the difference in schooling opportunities between boys and girls is not large. In 2020, the net enrolment rates of boys and girls were both 98.1% at the primary level, and 92.5% and 94.3% (1.8 percentage points difference) at lower secondary level respectively. There was a considerable difference in upper secondary education as the net enrolment rate among girls was 5.5 percentage points higher than that of boys (79.0% versus 73.5%).

The higher the education level, the more pronounced the gender difference in access to education. In 2020, the gender parity index (GPI)<sup>174</sup> at primary education gradually reached the ideal level of 1.00 thanks to the primary education universalisation policy ensuring that all boys and girls of primary school age can attend schools. The GPI increased slightly at both lower secondary level (1.02), and upper secondary level (1.07).

The GPI at all educational levels tended to improve gradually over the years in this period, especially at the upper secondary level as the GPI index reduced from 1.16 in 2012 to 1.07 in 2020.

**FIGURE 13. THE NET ENROLMENT RATE, BY EDUCATION LEVEL AND GENDER (%), GPI, 2012-2020**



Source: Viet Nam Household Living Standards Survey, 2012-2020.

174 GPI (Gender Parity Index): GPI is a socio-economic index released by UNESCO designed to measure the relative access to education of males and females. It is calculated as the quotient of the number of females by the number of males enrolled in a given stage of education (primary, secondary, etc.). A GPI equals to one signifies equality between males and females. A GPI ranging from 0.97 to 1.03 signifies gender parity. A GPI smaller than one is an indication that gender parity favors males while a GPI greater than one indicates gender parity that favors females.

Among children of ethnic minorities, the gender gap in access to education between boys and girls has been reversed. In the past, the net enrolment rate of ethnic girls was lower than that of boys. However, in recent years, the trend has moved in the opposite direction as the net enrolment rate of ethnic girls is now higher than that of ethnic boys at all education levels. The higher the education level, the larger the disparity. At primary level, the gap is only 0.2 percentage points. At the lower secondary level, this gap reaches 3.3 percentage points and 7.5 percentage points at upper secondary level.<sup>175</sup>

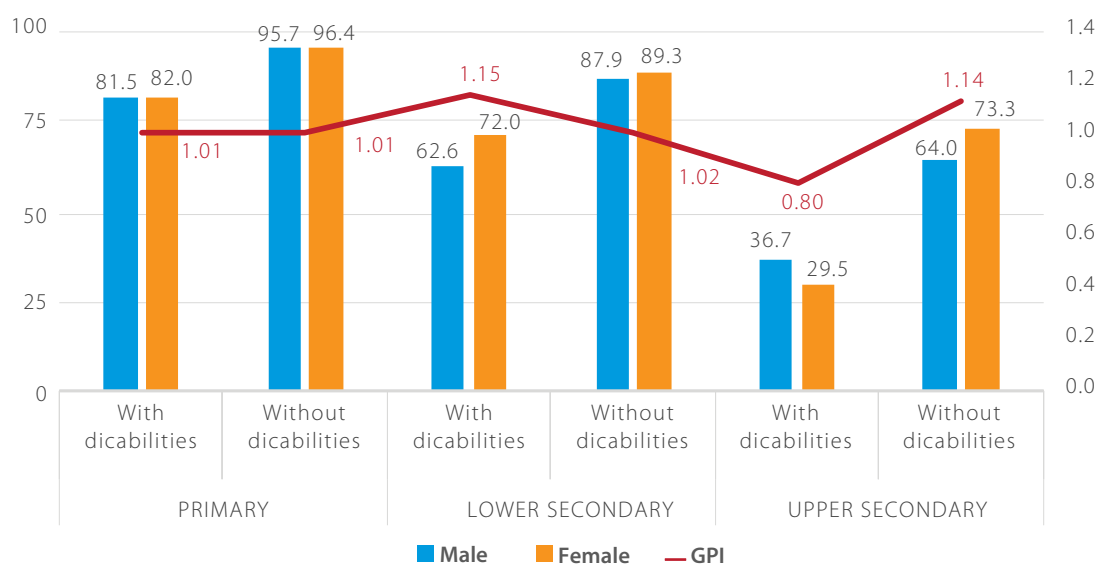
Children with disabilities are considered one of the most disadvantaged groups in access to education. According to the Viet Nam National Survey on People with Disabilities 2016-2017, there was almost no difference in access to education between boys and girls with disabilities at the primary level as the GPI stood at 1.01. However, the gap expanded and reversed at the lower and higher secondary levels. Girls had better access to lower secondary education than boys, but the opposite was true as they entered upper secondary school. The GPI at lower secondary education level in 2016 was 1.15 and upper secondary 0.80. The gap in access to education between children with and without disabilities increased rapidly at higher levels of education. At the upper secondary level, the percentage of boys with disabilities was 1.7 times lower than that of boys without disabilities, while among girls the difference was 2.4 times. These children face a number of barriers to integrative education which is out of their reach, including the lack of specialised facilities and teacher training (only one in seven teachers were trained to work with children with disabilities)<sup>176</sup> and differences in the definitions of CWD in different areas. Girls with disabilities suffer the double disadvantage of gender and disability discrimination at the same time. However, the lack of access to education among disabled girls still seems to attract little concern.

---

175 GSO, 2019. Results of Viet Nam National Population and Housing Census 2019

176 Viet Nam National Survey on People with Disabilities 2016-2017

**FIGURE 14. THE RATE OF NET ENROLMENT AMONG CHILDREN WITH/WITHOUT DISABILITIES, BY EDUCATION LEVEL AND GENDER (%), GPI, 2016-2017**

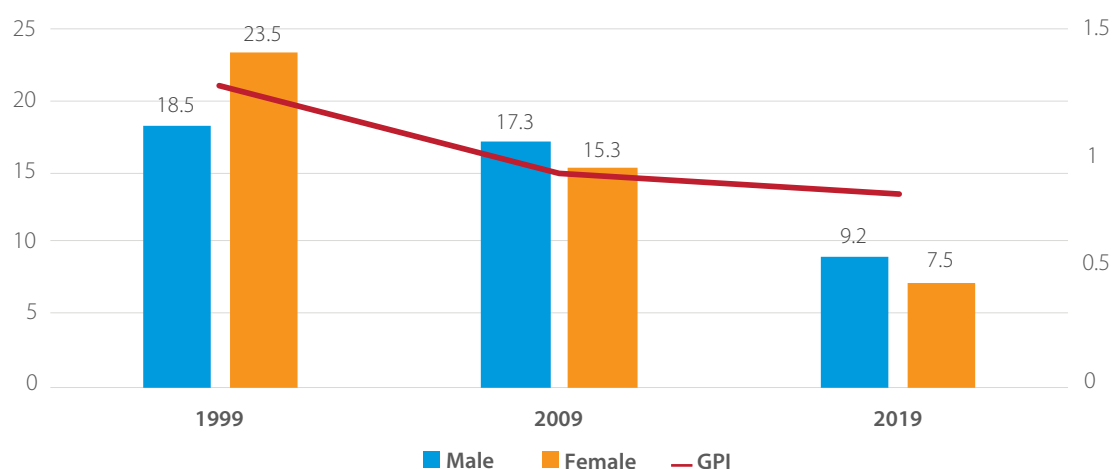


Source: GSO, National Survey on People with Disabilities 2016-2017

#### - Reduction in out-of-school children (OOSC)

Since 2009, efforts to enrol children in schools have contributed to narrowing the gender inequality gap between boys and girls. The proportion of school-age girls who have never attended schools or have dropped out of schools has not only decreased, but reversed from being higher to lower than boys, although this difference is not significant (1.7 percentage points). The rates of OOSC among boys and girls in 2009 and 2019 were 17.3% to 15.3% and 9.2% to 7.5%, respectively. The GPI indices were 0.88 and 0.81 respectively compared to 1.27 in 1999. After 10 years, the rates of boys and girls out of school have reduced by half. This is one of the remarkable achievements in Viet Nam's education over the past decade.

**FIGURE 15. RATE OF OOSC, BY GENDER (%) AND GPI**



Source: GSO, Viet Nam Household Living Standards Surveys 1999, 2009, 2019.

The gender gap in OOSC in most EM groups reveals the tendency that boys have fewer schooling opportunities than girls (14.5% versus 16.4%<sup>177</sup>), but the Mong ethnic group show the opposite trend. Mong girls have fewer schooling opportunities than boys, and the difference at the primary education level is 1.5 times and the lower secondary level 1.2 times.<sup>178</sup> The disparity between boys and girls is different in different regions. OOSC among EM girls in northern mountainous areas is more serious than other regions of the country. Meanwhile, in the Central Highlands, the situation is more severe among boys, possibly as a result of matriarchal practices in some ethnic minorities in the region as educational priority is given to girls.

The gender gap in OOSC among migrant girls at lower secondary school age after five years has improved compared with boys in the same group although the improvement is not remarkable. The GPI of the migrant group at lower secondary school age reached 0.97, which means migrant girls at this age were considered equal to boys in 2014. However, since the GPI merely hit the minimal level of 0.97, this parity may easily turn into imparity.<sup>179</sup>

### **Ensuring literacy (15 years old and older)**

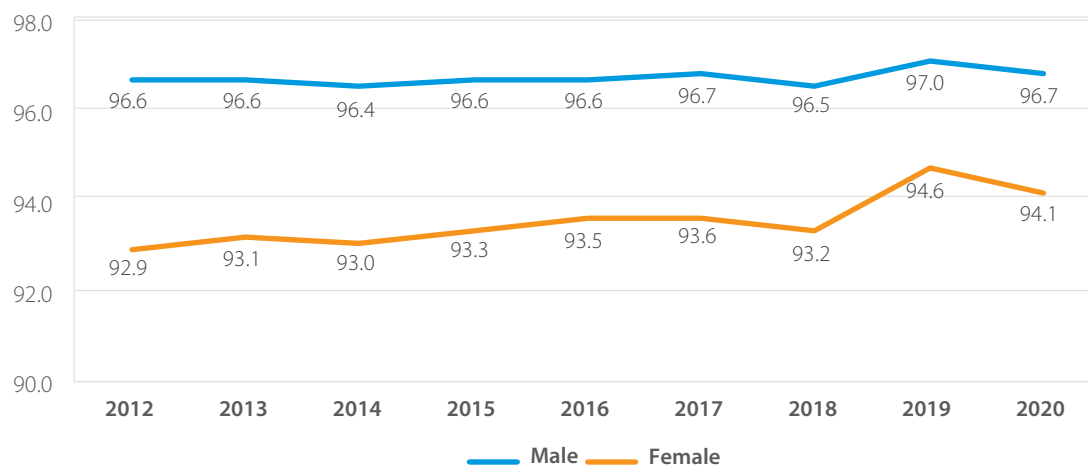
In the 2012-2020 period, the literacy rates of both women and men increased slightly over the years, specifically the figures increased by +1.2 percentage points among females, +0.1 percentage points among males, and the gap in literacy rates between males and females was significantly narrowed down. In 2012, the literacy rate among females was 92.9%, -3.7 percentage points lower than males. In 2020, the female literacy rate reached 94.1%, -2.6 percentage points lower than males.

177 Survey data of 53 ethnic minorities

178 UNICEF, Report on OOSC 2016.

179 UNICEF, Report on Children Out of Schools, 2016, p. 17.

**FIGURE 16. THE RATE OF LITERATE CITIZENS AGED 15 YEARS AND OLDER, BY GENDER (%)**



Source: Statistical Yearbook, 2020, GSO

On a national scale, there is no big difference between men and women in literacy rates. However, looking at each age group, there is a big difference in the elderly population. At a young age, literacy rates of boys and girls are similar; the older the age, the lower the literacy rate of women compared to men. This difference can be clearly seen in the population aged 60 and older.

The rate of literacy in urban areas is higher than rural areas at 98.3% and 94.3% respectively<sup>180</sup> in which, the literacy rate of males is higher than females in both urban and rural areas. However, the literacy gap between men and women in urban areas is rather small (only 1%), while in rural areas it is 3.6%. This reflects the fact that gender inequality in access to education is more pronounced in rural areas. In urban areas or provinces with better economic, cultural and social development conditions, the disparity in literacy rates between men and women tends to be low and vice versa.

Among the EM group, the rate of literate people<sup>33</sup> (who can speak and write in the Kinh language) is only 80.9% (male: 86.7%, female: 75.1%),<sup>181</sup> significantly lower than that of Kinh people. The older the age, the lower the percentage of people literate in the Kinh language, especially females. In the 35-44 age group, as many as 30.3% of EM females cannot read and write in the Kinh language.<sup>182</sup> This is a barrier for middle-aged women in participating in vocational training courses, agricultural, forestry and fishery extension programs regularly held locally.

### ***Eliminating discriminatory prejudice in textbooks, curricula and coursebooks***

According to the statistics by MOET in 2017 collected from 76 textbooks of six subjects from grades 1-12, of almost 8,300 characters appear in the texts only 24% are females, 7% are

180 GSO, *Results of Viet Nam National Population and Housing Census 2019*.

181 GSO, 2019. Survey on the socio-economic situation of 53 ethnic minorities in 2019.

182 Ibid.

gender neutral (e.g., a child, a student, or a parent) while 69% are males. Specifically, 95% of important and famous characters mentioned in textbooks are men. The disparity between male and female characters increases with educational level; the higher the level, the greater the disparity. In particular, the proportion of female characters in primary school textbooks is 49% and male 51%; the ratios at the lower and upper secondary levels are 33% to 67% and 19% to 81% respectively. Images and content of gender discrimination in textbooks and educational programs inculcate gender prejudices in children's awareness, slowing down the achievement of a practical GE.<sup>183</sup>

The report entitled 'Education Program on Sexuality and Reproductive Health in Lower and Upper Secondary Schools' by the UNFPA found that the content of gender parity in textbooks is extensive but not intensive. The content mentioned are basic including dignity, discrimination, human rights, gender equity and violence. Meanwhile, gender, gender power relations, and human rights are not effectively integrated. Also, teachers tend to avoid sensitive issues. The subject of the literature emphasises the status of women in feudal times, implicitly stating that women and men are now (more) equal. However, there is no discussion on inequalities in the current society as well as no reference to the student's real-life experiences.<sup>184</sup>

### *Safe and friendly educational environment*

To achieve GE in education, it is equally important to build an equal, safe and friendly educational environment with no gender prejudices, gender discrimination and gender-based violence. Friendly, safe and equal classes and schools are one of the fundamental elements to meet the human rights of students to make students attending schools every day feel respected, happy and safe. Therefore, creating a quality, safe and gender-respectful educational environment helps ensure the realisation and protection of human rights, thus contributing to the achievement of GE goals.

Currently, in Viet Nam there are no specific statistics on the number of school violence cases every year; however, in fact, school violence cases are rising not only in number but also in the level of severity. As reported by an inter-sectoral inspection and survey group of the Ministry of Public Security and MOET, from 2011 to the end of the Quarter 1, 2018, in Viet Nam there were 18,571 cases of law violation and school violence related to schoolteachers, staff, pupils and students with 32,418 perpetrators and 15,757 victims. Most cases were fights with injuries which accounted for 64.01%, mental intimidation 4.92%, sexual abuse 1.37% and others 26.9%. Notably, more than 53% of the cases happened on school campuses. In terms of the location, 51.8% of cases of law violation and school violence took place in rural areas; more than 30% in urban areas and nearly 15% in mountainous and midland areas.

The results of the National Survey on Gender-Based Violence 2019 also revealed that 5.6% of sexual violence cases occurred inside schools. Almost all the cases were perpetrated by males.<sup>185</sup>

**In brief**, in the period 2012-2020, Viet Nam gained both achievements and limitations in ensuring GE in access to minimal education.

183 Presentation by MOET in the conference titled "Gender integration in secondary school textbooks" held by the Viet Nam Women's Union on 14 September 2018.

184 Speech by Tran Thi Phuong Nhung, Director of the Initiative on Gender Equality and Education for Girls in Viet Nam at the conference titled "Gender integration in secondary school textbooks" held by the Viet Nam Women's Union on 14 September 2018.

185 Ministry of Labour - Invalids and Social Affairs, UNFPA (2020). National Survey on Violence Against Women in Viet Nam 2019 - A Journey to Change.



Some particular achievements are:

**First**, narrowed the gap between boys and girls in access to education, increased the literacy rate among EM girls and women in disadvantaged areas;

**Second**, ensured that gender and GE were integrated in the overall schools' new general education program, subject curricula, and textbooks;

**Third**, improved the quality of communication on GE and gender-related issues in educational management authorities, training institutions, student parents, and the community.

However, gender-related issues in this area still exist, specifically:

**Firstly**, there is a significant gender gap in specific groups in terms of their participation and access to education including EM children, CWD, OOSC, etc.

**Second**, female EM workers suffer from multi-dimensional and intertwined disadvantages of 'gender', 'ethnicity', 'illiteracy', and 'poverty'. Female workers in industrial zones, despite a more stable and better income than female agricultural workers, live in insecure accommodation with limited access to basic social services such as healthcare, reproductive healthcare, education, culture and spiritual life.

**Third**, children of female migrant workers continue to be disadvantaged. It is necessary to have comprehensive solutions to ensure that these children can study and live in safe and quality conditions.

**Fourth**, school violence and child abuse, the victims of which are often girls, are social problems that arouse anger from both the public and parents and therefore need to be resolved promptly to ensure children's practical access to education and development.

**Fifth**, there are still concerns about the school dropout rate and career opportunities for girls and young women. Access to quality education and outcomes among ethnic and rural girls are of particular interest as they are often forced to stay at home and take on household chores.

**Sixth**, the COVID-19 pandemic has caused many schools to close across the country, leading to a disruption in education for children. With changes in the form of learning, children have faced many difficulties and disturbances in learning. One of the barriers for students was the lack of electronic devices, which limited their access to e-learning platforms. This occurred in both urban and rural areas, especially among EM students. According to UNICEF statistics, only 15% of children in EM areas had electronic devices. The digital divide would further widen the gap in learning and development opportunities between regions. Lack of access (equipment) to e-learning would cause children, especially girls, to drop out of school early to work, enter forced marriage, and become victims of many forms of violence. The pandemic could threaten the achievements of GE in education that have been gained in recent years. Therefore, measures to support and encourage students especially EM girls to continue their study post-pandemic are required.

## 3.5.2. Ensure minimal healthcare

### 3.5.2.1. Policy review applying a gender equality lens

In the period 2012-2020, Viet Nam continued to promulgate many laws and policies to ensure GE in minimal healthcare. Specifically:

The Constitution 2013 provides for healthcare for children (Articles 37 and 58). Children's healthcare policies in Viet Nam stipulate that all children should receive healthcare, with priority given to children under special circumstances, children from poor households, near-poor households, EM children, and children living in border communes, mountainous areas, islands and communes with extremely difficult socio-economic conditions.

The Law on Health Insurance 2014 (amended) stipulates that employers shall pay health insurance premiums for all employees with labour contracts of three months or more. The Law specifies the State's support policies with free health insurance for some groups of beneficiaries such as the poor, children under six years old, the elderly, people with disabilities and people over 80 years old.

The Law on Children 2016 provides for children's healthcare, including: The State shall implement policies and measures to advise, screen, diagnose, and provide antenatal and neonatal care and treatment; reduce child mortality rate, especially infant mortality rate; eliminate customs and practices that cause harm or adverse influence on children's health (Clause 4, Article 43); The Government shall pay or assist children to pay a health insurance premium (Clause 5, Article 43). In addition, special measures to protect women's health are also mentioned. Clause 2, Article 43 of the Law on Children affirms that the Government shall ensure the implementation of measures for carrying out periodical examination for pregnant women and children according to age level; according to Clause 3, Article 43: the provision of consultancy, protection and taking care of health and nutrition of pregnant women, mothers who have to bring up children (especially children under 36 months of age and abused children) shall be prioritised commensurate with socio-economic development in each period.

Policies to ensure access to minimal healthcare for women and children in Viet Nam can be summed up in four component groups: (i) Disease prevention through the National Expanded Program on Immunisation for all children free of charge in public health facilities, (ii) Medical examination and treatment covered by the health insurance; (iii) Improved child nutrition status, and (iv) Maternal healthcare, reproductive healthcare, and infant healthcare.

#### *Policies on children's healthcare by age*

- The National Target Program on Healthcare in the period 2012-2015<sup>186</sup> includes projects directly related to children, including: expanded immunisation; maternal healthcare, improved child nutrition status and improved communication capacity and monitoring and evaluation of the program implementation.
- The National Strategy to Protect, Care, and Improve Public Health in the period 2011 - 2020, with a vision to 2030<sup>187</sup> affirms the Government's policies on child healthcare, especially children under six years old, children in difficult circumstances; ensures access to quality basic healthcare services for other vulnerable groups.
- The National Programme 'Care for Comprehensive Child Development in Early Years at

186 Decision No. 1208/QĐ-TTg dated 04 September 2012

187 Decision No. 122/Q-ĐTTg dated 10 January 2013

Home and in Community Phase 2018-2025' ensures that children up to the age of eight are fully developed physically, mentally, and spiritually; that they have equal access to comprehensive developmental care support services appropriate to their ages in order to realise children's rights and contribute to the development of the national human resources.

### ***Policies on nutrition***

- In implementing the policy on improving the nutritional status of children, the Government promulgated the National Strategy on Nutrition for the period 2011-2020 with a vision to 2030.<sup>188</sup> The strategy has a comprehensive approach in all aspects to reduce child malnutrition in a sustainable way, including: communication, nutrition education, human resource training; maternal malnutrition prevention; prevention of micronutrient deficiency; school nutrition; prevention of nutrition-related non-communicable diseases (NCD); nutritional security, household food and meeting nutritional needs in case of emergency; and nutritional monitoring.
- The Master Plan to Develop Physical Strength and Stature of Vietnamese People in the period 2011-2030<sup>189</sup> has the goal of strengthening reproductive healthcare, maternal and newborn health, significantly reducing the rate of malnutrition to improve the basic indicators of 5-year-old children and ensure the criteria for assessing the physical fitness and body stature of adult Vietnamese youth.
- The National Action Program for Children for the period 2012-2020 identifies the goals of child healthcare, including: reducing the U5 stunting rate to 23% by 2020; reducing the U5 underweight rate to 10% by 2020, striving so that over 95% of commune health stations have midwives or obstetrician-gynaecologists by 2020.<sup>190</sup>

### ***Policies on reduction in child mortality***

- The Prime Minister has just signed the Decision No. 1493/QD-TTg approving the Program 'Intervention to reduce U5 mortality rate by 2030', with priority given to difficult mountainous and EM areas. Specific contents of interventions include Care for women during pregnancy, during and after childbirth; newborn care: Strictly follow professional procedures promulgated by the Ministry of Health; care for U1 and U5 children: Effectively handle infectious diseases, prevent accidents and injuries, control emerging diseases/epidemics and newly re-emerged vaccination-related diseases.
- The National Action Program for Children 2021-2030, effective from 7 January 2021, has set the target to reduce the infant mortality rate per 1,000 live births to under 9.5 by 2025, and under 9 by 2030; reduce the infant mortality rate per 1,000 live births to 12.5 by 2025, and 10 by 2030; reduce the U5 mortality rate per 1,000 live births to under 18.5 by 2025, and under 15 by 2030.

188 Decision No. 226/QD-TTg dated 2 February 2012.

189 Decision No. 641/QD-TTg dated 28/4/2011. The project implements key directives in four cities, a number of delta and mountainous provinces in all three regions of the North, Central and South: Hanoi, Hai Phong, Da Nang, Ho Chi Minh City, Lao Cai, Thanh Hoa, Gia Lai, Quang Ngai, Bac Lieu, Binh Duong.

190 Decision No. 1555/QD-TTg.

- Policies on vaccination
- The National Expanded Program on Immunisation, implemented in Viet Nam since 1981, aims to provide free immunisation services to children U1 children, protecting them from common and highly fatal infectious diseases.

#### ***Policies to ensure primary healthcare for women***

- In the period 2012-2020, Viet Nam continued to successfully implement the National Target Program on Population and Family Planning for the period 2012 - 2015 and the Strategy on Population and Reproductive Health of Viet Nam for the period 2011- 2020 clearly stipulating the goals, targets and solutions to improve maternal and newborn health and reproductive healthcare. From 2017, the Viet Nam Population Strategy by 2030 has shifted the focus from population and family planning to population and development. This is a turning point in the population policy of the Party in the current situation to improve population quality associated with maternal and child healthcare. Notably, the Strategy clearly states to ensure migrants' adequate and equitable access to basic social services. The strategy also proposes a solution to 'Review, adjust and improve the quality of planning on socio-economic development, urban, economic zones, industrial parks and export processing zones based on the full consideration of the migration of population factors, removing regulations that hinder adequate and equitable access to basic social services for migrants and migrant workers.

#### ***Health insurance policies***

The Party and State have given special attention to the policies on health insurance and the goal of universal health insurance, such as: the Resolution No. 68/2013/QH13 dated 29 November 2013 of the National Assembly on promoting the implementation of legal policies and laws on health insurance to target at universal health insurance; Decision No. 1167/QĐ-TTg dated 28 June 2016 of the Prime Minister on adjusting the HI targets assigned for implementation in the period 2016-2020; the Resolution No. 20-NQ/TW dated 25 October 2017 on strengthening the protection, care and improvement of people's health in the new situation, etc.

#### ***Policies to ensure the maintenance of medical services in the context of COVID-19***

With the outbreak of COVID-19, the Ministry of Health issued policies on medical examination and treatment services, specifically:

The Project on 'Telemedicine' 2020-2025<sup>191</sup> aims to ensure that 'all people are managed, advised, examined, treated and professionally supported by doctors from the commune level to the central level; people have access to quality medical services of a high level at grassroots medical facilities. Medical facilities receive regular and ad hoc professional support from senior-level hospitals via the IT platform; contributing to pandemic prevention, reducing the overload of senior-level hospitals, improving the quality and efficiency of medical examination and treatment and people's satisfaction.' This policy has helped the poor and those living in remote and hard-to-reach areas to continue to have access to equal and high-quality healthcare services.

To ensure the continuous provision of medical examination and treatment services for people living with HIV, the Ministry of Health issued the Official Letter No. 1563/ĐY-TAIDS dated 25 March 2020 on the treatment and provision of ARV drugs for HIV patients during COVID-19

191 Decision No. 2628/QĐ-ĐY-TAIDS of MOH dated 22 June 2020

time; The Viet Nam Administration of HIV/AIDS Control (VAAC) also issued guidelines to ensure that people living with HIV/AIDS and people who treat opioid addiction with methadone have full access, such as: the Official Letter No. 178/AIDS-DT dated 27 March 2020 on the Temporary Guidance on ARV drug treatment for HIV-infected people in the situation of COVID-19 pandemic, and the Official Letter No. 213/AIDS-DT; the Official Letter No. 190/AIDS-DT dated 31 March 2020 on examination and provision of ARV drugs to treat HIV/ADS patients during the COVID-19 pandemic.

However, other healthcare needs in the context of COVID-19 of women and girls have not been given similar attention such as needs for healthcare, especially women's reproductive healthcare; children's vaccination has not been fulfilled due to psychological concerns about the spread of the pandemic and the blockage policy when an infected case was detected; as well as social distancing policy when COVID-19 waves hit.

In summary, in the period 2012-2020, there were achievements and limitations in assuring minimal healthcare for women and girls as follows:

#### **Achievements:**

**First**, laws and policies in the health sector do not contain provisions that are directly gender discriminatory. There are a number of regulations that have an indirect impact on women's access to health benefits, such as: According to Article 13 (3) of the Law on Health Insurance, all family members must participate in health insurance. This form of compulsory family health insurance can increase the number of women participating in health insurance compared to the form of voluntary individual health insurance because with individual voluntary health insurance, in many cases women are not prioritised (UNFPA, 2020).

**Second**, policies to ensure access to basic healthcare services for mothers and children (during pregnancy, childbirth, and raising children under five years old) remain a focus in the health policy system, and have had strong impacts on promoting GE in social protection for women and children in this area.

#### **Limitations:**

**First, a number of provisions of the Law on Health Insurance are indirectly impacting on equal access to healthcare of women and children.** For example, Clause 3, Article 22, the Law on Health Insurance stipulates that patients who visit medical examination and treatment facilities other than their registered primary facilities mentioned in their health insurance cards will not be fully financially covered by health insurance. Meanwhile, the Law on Health Insurance requires registration of medical examination and treatment facility according to permanent residential addresses. As such, this provision has a negative impact on migrants, including migrant women and girls (UNFPA, 2020).

**Second, the laws and policies to ensure basic healthcare for children lack gender-responsive provisions, leading to a lack of special intervention measures to mitigate the severity of health issues for certain groups of boys and girls** (e.g., nutrition, child mortality, etc.). Therefore, it is necessary to promote evidence-based policies that take into account gender factors in child healthcare.

**Third, there is a lack of information, statistics and evidence that take into account gender difference in some areas of maternal and child healthcare**, especially in-depth analyses on the causes of difference in health condition, risks, and patterns of vulnerability to men's and women's health. Data on primary healthcare for pregnant women in recent times has not been published regularly, and especially has not been disaggregated by urban/rural areas, regions, and ethnic groups to show the differences among the geographical regions and population

groups, whereas women in rural, mountainous areas and women of EM groups having small population are often more vulnerable.

### 3.5.2.2. Status of minimal health guarantee for women and girls in the period 2012-2020

#### a) Child healthcare

##### *Reduce the rate of child malnutrition and overweight and obesity*

Having good care to prevent malnutrition is also one of the basic rights of children in the Law on Children of Vietnam. Reducing the rate of malnutrition is a concern of local governments at all levels and included in the resolutions of the Party and Government at all levels. Malnutrition prevention has become one of the important tasks of the authorities at all levels in the country, with specific support in terms of human and material resources, which has also been implemented by most provinces.

***Viet Nam has made some progress in reducing the prevalence of malnutrition among children; however, malnutrition is unevenly distributed across regions and is more noticeable among boys.***

In 2019, the rate of stunted children (height/age) under five years of age nationwide was 19.9%, down -5.0 percentage points compared to 2014 (24.9%). The average annual rate of decline among stunted children was 0.5% and declined sharply in the last two years. Thus, Viet Nam was successful in bringing the rate of children under five years of age with stunting to a level lower than the average level in Asia (21.2%)<sup>192</sup>, which was classified as 'medium' according to the World Health Organisation (WHO) category (< 20%). According to statistics in 2018, one out of seven children under five years of age was underweight, and for every 100 children under five years old, 6.1 children were thin.<sup>193</sup> The level of maternal education had a strong relationship with child malnutrition, contributing 43% to malnutrition.<sup>194</sup> The higher the mother's education level, the lower the child's risk of falling into malnutrition types.

192 The rate of children under five years old with malnutrition in Asia in 2020 was 21.4%. Source: UNICEF Data Warehouse. Search: <https://data.unicef.org/topic/nutrition/malnutrition>, dated 10/9/2021.

193 <http://viendinhduong.vn/viewpdf.aspx?n=/2016/TL%20SDD%202015.pdf>; <https://www.gso.gov.vn/default.aspx?tabid=723>

194 Summary of the International Nutrition Policy and Strategy Research Institute (IFPRI).

**TABLE 18. PERCENTAGE OF U5 MALNUTRITION, BY GENDER (%)**

	2014	2015	2016	2017	2018	2019
Rate of U5 underweight (weight for age <-2SD)	14.5	14.1	13.9	13.4	13.2	12.4
Male	15.0	14.5	14.2	13.7	14.2	13.0
Female	14.1	13.8	13.6	13.0	12.5	12.1
Gender difference (F - M)	-0.9	-0.7	-0.6	-0.7	-1.7	-0.9
Rate of U5 stunting (height for age <-2 SD)	24.9	24.6	24.5	24.2	24.3	19.9
Male	26.7	24.9	24.7	24.9	24.6	20.1
Female	23.1	22.6	22.5	22.6	23.3	18.0
Gender difference (F - M)	-3.6	-2.3	-2.2	-2.3	-1.3	-2.1
Rate of U5 wasting (weight for height <-2SD)	6.8	6.4	6.3	6.2	6.1	5.1
Male	7.5	6.9	6.8	6.9	6.5	5.6
Female	6.2	5.8	5.7	5.8	5.7	4.6
Gender difference (F - M)	-1.3	-1.1	-1.1	-1.1	-0.8	-1

Source: Statistical Year Book 2019, GSO.

Boys are affected more than girls in all three types of malnutrition (underweight, stunting and thinning), the difference is highest in the group of stunted children. According to statistics, there was 14.2% of boys were underweight, compared to 12.5% of underweight girls. The rate of stunted boys was 24.6%, compared to 23.3% in stunted girls. The rate of thin boys was 6.5% and 5.7% for thin girls, with a slight difference of 0.8%.

Gender difference in malnutrition among children under five years old is not so clear in Viet Nam, similar to the global general picture (Stunting: 31.2% female, 33.5% male, difference of 2.3%; Underweight: female 11.5%, male 12.8%, difference of 1.3%).<sup>195</sup> However, it is worth noting that the higher risk of malnutrition among boys occurs in many countries and most regions of the world. In the thinning form, the proportion of thin boys is higher than that of girls in all regions. As for stunting form, the proportion of stunted boys is higher than that of girls in all regions except South Asia. For underweight form, the rate is higher for boys than for girls in all regions, except Central America and South Asia. Although international studies show gender differences in the status of malnutrition in children, few studies explain the reasons for this difference. Among the studies that offer explanations, the reasons are varied and lack scientific evidence. Accordingly, most believe that the main cause is from society (gender-biased eating habits and practices), a few explain the reason related to biological

195 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives.

differences (immune system, endocrine system, disease risk). Future research needs to explore the reasons for these gender differences and the implications for child nutrition policies and practices (Thurstans S, et al, 2020).

With the results of the period 2012-2020, Viet Nam achieved the stunting rate of children under five years of age below the threshold of 20% by 2020, but there will be many challenges to achieve the stunting rate of 15% by 2030 (equivalent to an average reduction of -1% per year) and maintain thinning and overweight rates below 5% by 2030 according to the SDG 2.2 implementation roadmap.<sup>196</sup> The rate of malnutrition in children under five years of age in both boys and girls was higher than the target set at 10% by 2020.<sup>197</sup> Malnutrition was unevenly distributed among regions; remained high and decreased slowly in rural areas, among ethnic minorities and concentrated mainly in three regions: Central Highlands, North Central Coast and Northern mountainous region, whose root cause was poverty. Therefore, it is necessary to accelerate income growth with breakthrough policies to improve malnutrition and raise awareness of nutrition practices for mothers raising young children in mountainous areas, remote areas, among ethnic minorities (UNICEF, 2018).

Viet Nam is facing a double burden of nutrition. In recent years, while the rate of malnutrition remains high, the rate of overweight and obesity has increased rapidly from 8.5% in 2010 to 19.0% in 2020. The prevalence of overweight and obese children has seen an increase by age, from 7% in children under five years of age to 19% in children 5-19 years old. **Most overweight and obese children are boys and live in urban areas** where socio-economic conditions are favourable and developed. Without any intervention, it is estimated that by 2030, Viet Nam will have about 1.9 million obese children (UNICEF, 2021). Besides improving the environment leading to the risk of obesity, and policies to control the increased risk of obesity, it is also necessary to pay attention to gender-based eating practices to control the rate of overweight and obesity among high-risk boys.

**Micronutrient deficiency:** Micronutrient deficiency in children is still high. Nationally, the prevalence of zinc deficiency in children aged 6-59 months in 2020 was 58.0%, which was classified as a severe public health issue as assessed by WHO. This rate was still very high for children aged 6-59 months in the Northern Uplands (67.7%) and the Central Highlands (66.6%). Especially in the urban area, in the past five years (2015-2020), the zinc deficiency rate in children aged 6-59 months was an issue of significance in public health (49.6%) and has hardly improved.

**Vitamin A deficiency:** The rate of vitamin A deficiency among children aged 6-59 months across the country decreased at a mild public significance level (9.5%), this rate was still the highest in Northern mountains (13.8%) and Central Highlands (11.0%). The rate of preclinical vitamin A deficiency in children 5-9 years old (4.9%) was of mild public health significance as assessed by WHO. Interventions with high-dose vitamin A capsules have been implemented for decades, but the prevalence of preclinical vitamin A deficiency in children 6-59 months of age has remained mild and has decreased slowly in recent years. This suggests that mid- and long-term supportive interventions are needed to maintain achievement and address preclinical vitamin A deficiency. The rate of preclinical vitamin A deficiency in children may be aggravated if the nationwide high-dose vitamin A program is completely ceased.

**Anaemia:** In 2019, the rate of anaemia among children aged 6-59 months across the country decreased to a mild public significance level at 19.6%, this rate was still highest in the Northern mountainous areas (23.4 %) and Central Highlands (26.3%). The rate of anaemia in children 5-9 years of age was 9.2%, in children 10-14 years of age was 8.4%, all of which were of mild public

196 Decision 3929/QĐ-BYT, Roadmap for implementation of VSDGs 2.2 up to 2020.

197 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11th Central Committee of the Communist Party of Viet Nam on a number of social policy issues for the period 2012-2020.



health significance as assessed by WHO.

### ***Ensure children under one year of age are fully immunised***

Implementing complete immunisation for children is a way to prevent diseases and ensure health status towards comprehensive development for children. It is estimated that vaccination prevents between two and three million deaths each year.<sup>198</sup> It can be said that this is one of the most effective and economical ways to invest in health. Through vaccination campaigns, even 'hard-to-reach' and vulnerable populations can access immunisation.

The WHO Children's Immunisation Program<sup>199</sup> recommends that all children need to be vaccinated against tuberculosis, diphtheria, tetanus, pertussis, polio, measles, hepatitis B, and diseases caused by Hib bacteria, pneumococcus, rotavirus and rubella.<sup>200</sup>

The statistics in Viet Nam regarding vaccination to date have not been disaggregated by sex, so it is not possible to give specific figures on the proportion of boys and girls vaccinated in this field. The percentage of children under one year of age who were fully immunised with vaccines in Viet Nam reached 94.6% in 2010 and increased to 96.8%<sup>201</sup> in 2020. The rate of fully immunised children under one year of age from 2010 until now has always been maintained at approximately 95% nationwide. With this result, Viet Nam exceeded the target set out in Resolution 15-NQ/TW and achieved VSDG 2.2. The Central Highlands had the lowest vaccination coverage rate (96.5%) while the Red River Delta had the highest (98.9%). In 2018, the Expanded Program on Immunisation successfully deployed the IPV (polio) vaccine. From 2018 to now, more than 2 million children have been safely vaccinated with a dose of polio vaccine at five months of age nationwide.

In mountainous areas, ethnic minorities have lower vaccination coverage than the national rate (under 80%). This is due to the lack of physical and technical facilities for vaccination work; difficult traffic; language and cultural barriers of ethnic minorities, causing ethnic minority parents not knowing or unable to have their children vaccinated on time and fully. To ensure fairness in the enjoyment of health services by children in particular and the people in general, there are many policies for ethnic minorities and mountainous areas to bring vaccination closer to ethnic minorities. As a result, the whole country has no longer 'white villages, white communes on expanded vaccination' since 1995 and still remains a full vaccination rate of over 90% so far. Thanks to these great achievements, Viet Nam has been recognised by the international community in terms of expanded immunisation in developing countries.<sup>202</sup>

### ***Reduced child mortality rate***

Over the past 25 years, Viet Nam has made significant progress in improving child survival rates. In the period 2012-2020, the child mortality rate continued to decrease, but the rate of reduction slowed down considerably compared to the previous period.<sup>203</sup> There is still large

198 "Immunization highlights in 2015.", WHO, dated 27 June 2016, searched on 23 Aug 2018. <http://www.who.int/immunization/highlights/2015/en/>.

199 "WHO Recommendations on Routine Immunization - Summary Tables", WHO, dated 22 Aug 2018, searched on 23 Aug 2018. [http://www.who.int/immunization/policy/immunization\\_tables/en/](http://www.who.int/immunization/policy/immunization_tables/en/).

200 In addition, the HPV vaccine is recommended for girls 9 to 14 years of age<sup>2</sup>; however, MICS has not yet surveyed the coverage of this vaccine because the methodology is under development.

201 GSO, 2020. Statistical yearbook summary 2020.

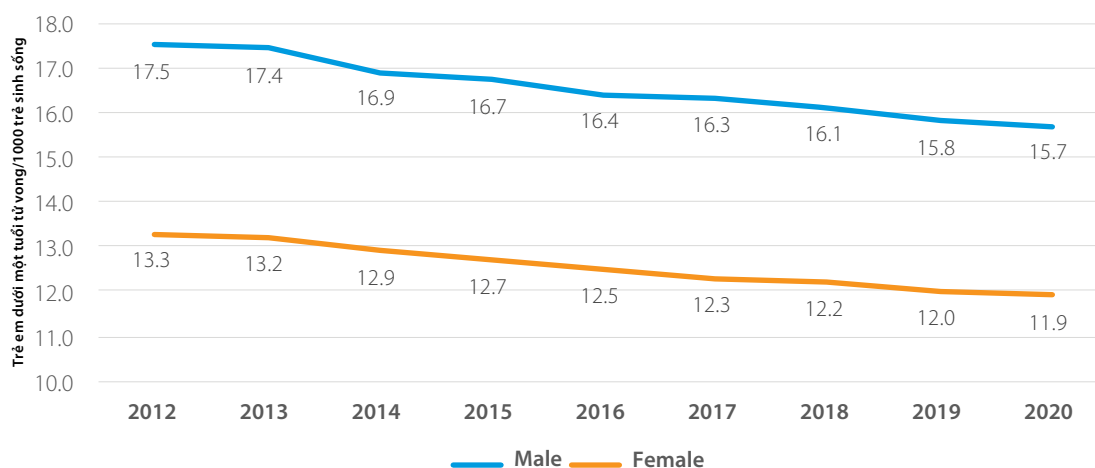
202 MOH. Decision 4282/QĐ-BYT on Communication plan on vaccination for the period 2014-2016.

203 In the period 2012-2020, although the child mortality rate continued to decrease, the rate of reduction has slowed down considerably compared to the previous period. Specifically, in the period 2005 - 2010, the average mortality rate of reduction of the children under five years of age was 0.6‰ per year, however, in the recent period, the average reduction rate was only 0.23‰ per year. Similarly, the infant mortality rate under 1 year of age decreased from 1.4‰ per year on average in the period 1990-2010 to 0.15‰ per year

disparities in mortality among boys and girls, among regions, between Kinh/Hoa and ethnic minorities.

*Mortality of children under one year old:* In the period 2012-2020, the mortality rate of boys and girls under one year of age showed a decrease, but the mortality rate of boys under one year of age was always higher than that of girls under one year of age. Specifically, the mortality rate (per 1,000 live births) of children under one year old decreased from 17.5 in 2012 to 15.7 in 2020 for boys, and from 13.3 in 2012 to 11.9 in 2020 for girls.

**FIGURE 17. MORTALITY RATE OF CHILDREN UNDER ONE YEAR OLD, BY SEX**



Source: Statistical Year Book 2020, GSO, MICS 2016.

*Mortality of children under five years old (U5 mortality):* The mortality rate of children under five years old decreased from 30.1 in 2012 to 27.1 in 2020 per 1,000 live births for boys, and from 15.9 to 14.1 per 1,000 live births for girls.

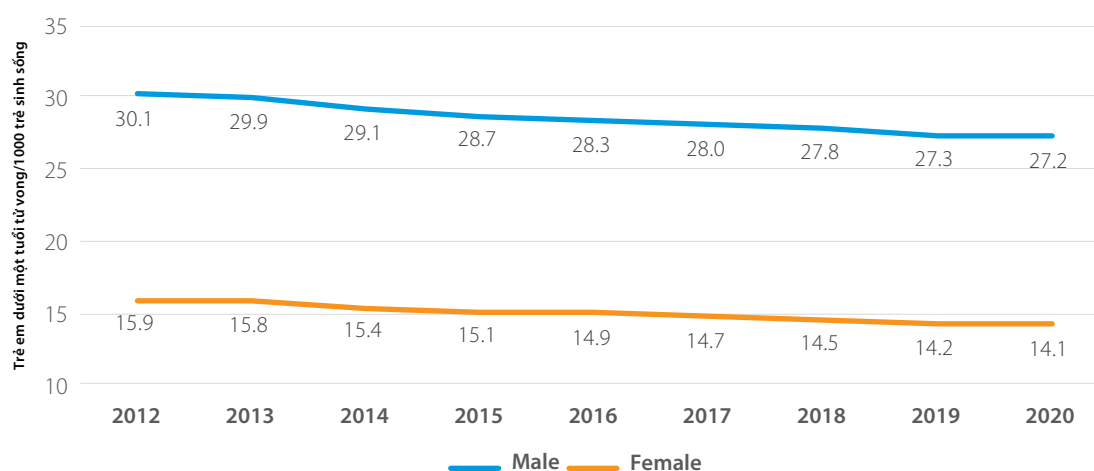
In the period 2002-2012, the mortality rate of boys under five years old was about twice as high as that of girls under five years old; the mortality rate of children under five years old was twice as high in rural areas than in urban areas; was highest in the Central Highlands and the Northern Midlands and Mountain areas (32.0 and 30.3) and higher than the national average (22.3).<sup>204</sup> Although ethnic minorities accounted for 15% of the total population, the mortality rate of children under five years old of this group was 3.5 times higher than that of the Kinh people.<sup>205</sup>

.....  
in the recent period.

204 Statistical Yearbook 2020, GSO.

205 UNICEF (accessed: <https://www.unicef.org/vietnam/vi/ch%C4%83m-s%C3%B3c-s%E1%BB%A9c-kh%E1%BB%8Fe-b%C3%A0-m%E1%BA%B9-tr%E1%BA%BB-em>, on 10 September 2021)

**FIGURE 18. MORTALITY RATE OF CHILDREN UNDER FIVE YEARS OLD, BY SEX**



Source: Statistical Year Book 2020, GSO, MICS 2016.

**Infant mortality:** The only data source for this indicator to date is the MICS in Viet Nam. According to SDGCW Viet Nam 2020-2021, the infant mortality rate was six and the mortality rate of infants over one month of age was four per 1,000 live births in the five years prior to the time of the survey. Compared to 2014, the mortality rate of infants under one month of age in 2020-2021 decreased by only about one third compared to 2014 (in 2014 it was 11.95/1,000 live births).

The mortality rate of boys over one month of age was much higher than that of girls. In 2020-2021, the mortality rate of boys over one month of age per 1,000 live births was 5, 2.5 times higher than that of girls; this rate in 2014 was 14.69 for boys and 8.99 for girls. This number may not accurately reflect infant mortality because, many cases of infant mortality and stillbirth go unreported, especially in rural and mountainous areas where most of population are ethnic minorities.<sup>206</sup>

Many factors associated with child mortality identified in the 2014 MICS<sup>207</sup> report were the mother's age at birth, the number of children in the family, and the interval between births. Specifically:

- Child mortality rates were high among mothers aged under 20 and 35 and older, at 25‰ and 27‰ respectively for infant mortality.
- The mortality rate among children born fourth (or later) was much higher than that of children born third (or earlier): 55% and less than 11.5‰, respectively.
- The interval between births/birth spacing was a strong determinant of child mortality. The infant mortality rate in the group with the birth interval of under 2 years was 28.1‰, much higher than the group with the birth interval of two years i.e. 16,8‰, and the group with a birth interval of three years i.e. 7‰, the group with the birth interval of four years or more i.e. 11.4‰.

206 Statistics Yearbook 2020, GSO.

207 MICS 2014.

## b) Ensure minimal medical care for women

- *Longevity*

The average life expectancy of Viet Nam is continuously increasing, the average life expectancy of men is always lower than that of women. According to the results of the Population and Housing Census 2019, the average life expectancy of Vietnamese people in 2019 was 73.6 years old; in which, life expectancy of men increased from 70.4 years in 2011 to 71.0 years in 2019, and of women from 75.8 to 76.3 years. The increase in life expectancy shows the achievements in improving the quality of the population, on the other hand, shows the increasing need to ensure health care for the elderly, including elderly women.

- *Medical examination and treatment covered by health insurance cards*

The policy on universal HI in recent years has contributed to an increase in the percentage of people having Health Insurance cards. According to a report by Viet Nam Social Security, as of November 2020, there were 86.4 million people participating in Health Insurance nationwide, accounting for more than 89.2% of the population participating in Health Insurance.<sup>208</sup> Statistics from the Ministry of Health show that by 2020, about 78.8% of commune health stations had sufficient conditions for medical examination and treatment covered by Health Insurance; and were able to perform at least 80% of the list of technical services of the commune level.<sup>209</sup>

The rate of ethnic minorities participating in Health Insurance reached 93.5%; in which the urban area was 86.6%, -7.8 percentage points lower than the rural area i.e. 94.4%. **There is no difference between men and women in Health Insurance participation rates.**<sup>210</sup> Health insurance policy in recent years has given priority to supporting ethnic minorities living in difficult and extremely difficult socio-economic areas to receive Health Insurance premiums from the state and enjoy 100% of medical examination and treatment costs under Health Insurance.

The percentage of female migrants with Health Insurance cards (69.8%) was higher than that of men (64.8%). The proportion of urban migrants with Health Insurance (70.3%) was higher than that of rural migrants (61.9%).<sup>211</sup> Migrant women and female workers were those who faced many difficulties and barriers in accessing and fully enjoying Health Insurance benefits.

About one-third of migrants having no Health Insurance card is a big challenge for healthcare. The main reasons for not having a Health Insurance card are: difficulties in accessing medical examination and treatment services by Health Insurance due to regulations on registration of Health Insurance at the place of permanent residence registration, leading to limited Health Insurance benefits when using HI in locations other than their primary registered facilities/routes, and the high HI premiums.

The awareness and understanding of the benefits of HI is limited. The assessment of information and knowledge needs of female workers jointly conducted by the ILO and the Viet

208 Circular 39/2017/TT-BYT dated 18/10/2018 of MOH promulgating the basic medical service package for the grassroots health care level. Accordingly, the basic medical service package paid by the Health Insurance fund includes 78 services for medical examination and treatment and 241 drugs that the commune health station must provide.

209 Circular 39/2017/TT-BYT dated 18/10/2018 of MOH promulgating the basic medical service package for the grassroots health care level. Accordingly, the basic medical service package paid by the Health Insurance fund includes 78 services for medical examination and treatment and 241 drugs that the commune health station must provide.

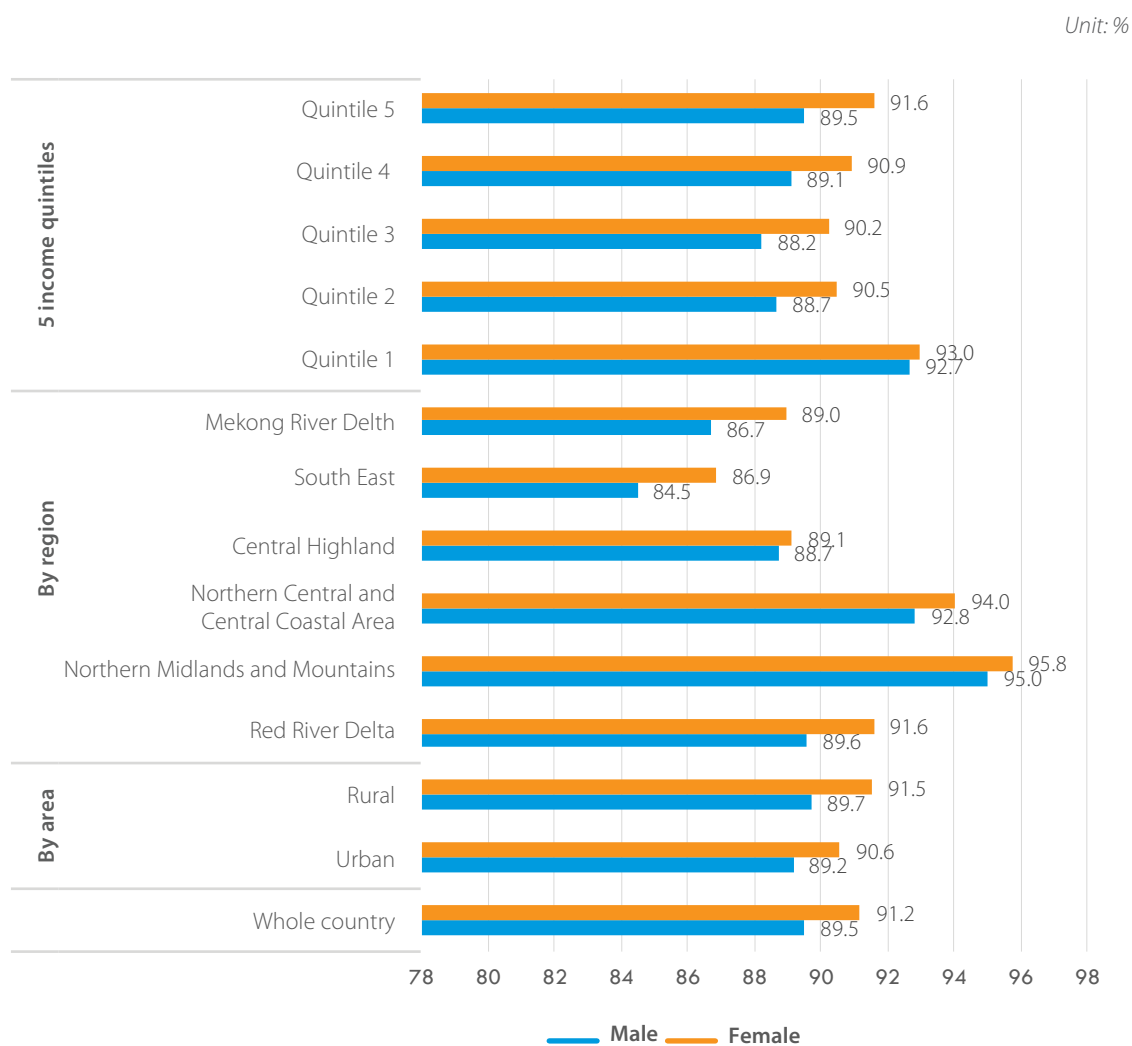
210 Results of the survey of 53 ethnic minorities in 2019.

211 Results of the National Internal Migration Survey 2015.

Nam General Confederation of Labour in 2020<sup>212</sup> shows that although female workers' general understanding of basic social security regimes was quite good with 80% of participants knowing about paid sick leave, paid maternity, HI, and occupational accident and disease benefits, their understanding of the detailed benefits, conditions and procedures for enjoying HI benefits was quite limited, only 57% of employees were aware of the entitlement to maternity leave and only one third of participants were aware of how many sick days they are entitled to. Participants were also unaware of the co-payment mechanism and about 40% of respondents were unaware of their contribution to HI.

The results of the 2020 Household Living Standards Survey show that up to 91.2% of women and girls had HI cards or free health care certificates, higher than 89.5% of men and boys. If segregated by groups of socio-economic regions, regions and income quintile, the percentage of women and girls with HI cards or free health care certificates was higher than that of men and boys (see Figure 19 for details).

**FIGURE 19. PERCENTAGE OF PEOPLE HAVING HEALTH INSURANCE CARDS OR FREE HEALTHCARE CERTIFICATES BY AREA, REGION, INCOME QUINTILE**



Source: Viet Nam Household Living Standards Survey, GSO

212 Research conducted by ILO in 02 provinces Bac Ninh and Binh Duong, 2020.

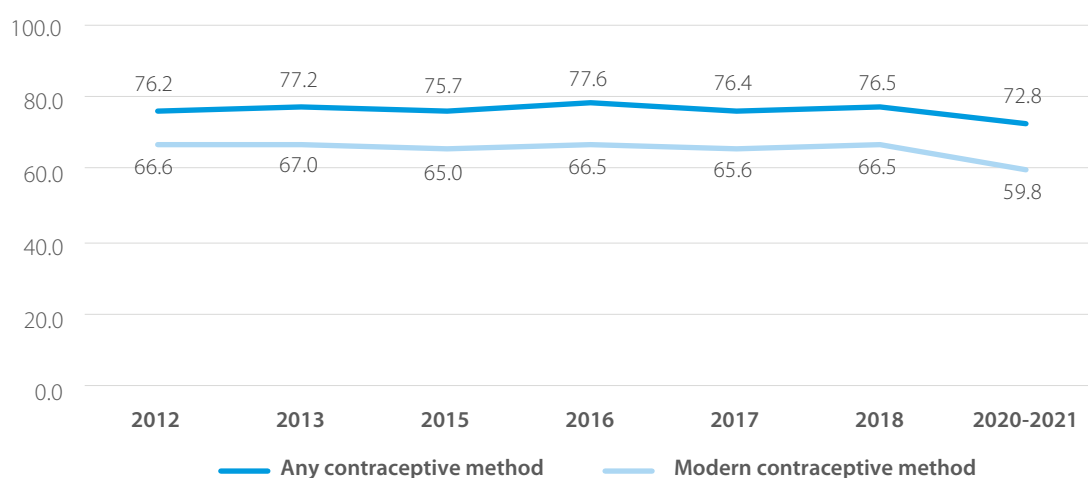
The level of Health Insurance usage among vulnerable women remained low. More than half of female workers with Health Insurance cards used health facilities which were not their initial primary registered facility. The main reasons were that their primary registered facilities in the HI cards were far from home, inconvenient service hours, long waiting time and poor service quality.<sup>213</sup>

- *Use of contraceptive methods*

Family planning is one of the most cost-effective public health interventions to reduce maternal morbidity and mortality and to help improve equity, equality, and empowerment for all women. Family planning helps prevent unplanned pregnancies, early pregnancies, and late pregnancies, thereby minimizing the need for abortion and reducing the risk of death from causes related to pregnancy and delivery. Wider birth spacing and managing the number of children will create conditions for better care and education of children.

In the period 2012-2020, the rate of Vietnamese women aged 15-49 years using any contraceptive method fluctuated over the years. In 2020-2021, 72.8% of women aged 15-49 years who were married or living together as husband and wife used any contraceptive method, down -3.4 percentage points compared to 2012; in which the rate of modern contraceptive use was 59.8% in 2020-2021, down -6.8 percentage points compared to 2012.

**FIGURE 20. THE RATE OF CONTRACEPTIVE METHOD USE IN 2012-2021 (%)**

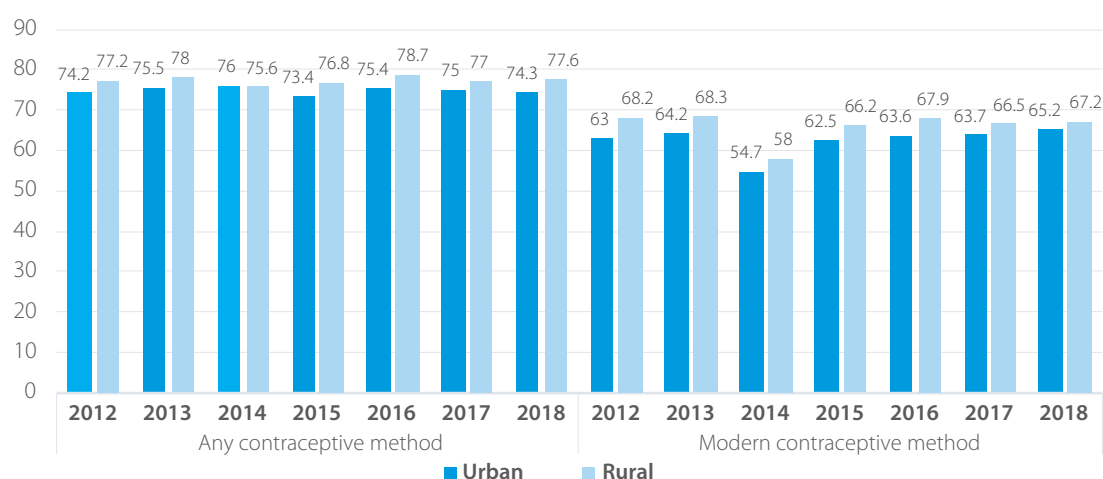


Source: GSO, Major findings: The 1/4/2018 Time – Point Population Change and Family Planning Survey on 1/4/2018 and SDGCW 2020-2021.

213 Ibid.

Notably, the rate of contraceptive use was higher in rural areas. The rate of using any contraceptive method in rural areas was higher than in urban areas +3.3 percentage points (77.6% compared to 74.3% in 2018). In which, the rate of modern contraceptive use in rural areas was higher than in urban areas by +2.0 percentage points (67.2% compared to 65.2% in 2018). The rate of modern contraceptive use was quite high in socio-economically disadvantaged areas such as the North Central and Central Coast, the Northern Midlands and Mountain areas (66.1% and 68.1% in 2018), and in groups of women with lower levels of education such as no schooling (72.6%), incomplete primary school (71.3%) and primary school graduate (69.5%).<sup>214</sup> However, urban women and Kinh women had a better understanding of the risks of contraceptives than rural women and EM women though the majority of rural and EM women also had knowledge about the risks of family planning measures (UNFPA, 2017). Lack of adequate knowledge about the correct use of contraceptives could carry risks of complications, side effects, intermittent use and failure of the method.

**FIGURE 21. THE RATE OF CONTRACEPTIVE USE, BY RURAL/URBAN AREA, 2012-2018 (%)**



Source: GSO, Major findings: The 1/4/2018 Time – Point Population Change and Family Planning Survey, 2018.

The above figures prove that family planning programs in the last period were invested in and focused on by the State, especially in rural and mountainous areas. Rural women and EM women had better awareness and practice on contraception, thereby helping to improve reproductive health and be more active in giving birth. As a result, fertility decreased significantly in this region and thereby reduced the overall fertility rate of the country over the past 10 years.

- *Healthcare for pregnant and breastfeeding women*

*Improved micronutrient deficiency among pregnant women:* The rate of zinc deficiency in pregnant women decreased to 63.5% but remained at a level of severe public health significance as assessed by WHO. The zinc deficiency rate was even higher among pregnant women in the Northern mountainous areas (81.9%) and the Central Highlands (63.9%).<sup>215</sup> The prevalence of micronutrient deficiencies of severe public health significance could decline in tandem with improvements in socio-economic conditions (mountainous areas and Central Highlands), but without specific interventions, it was unlikely to fall further to medium public health significance level.

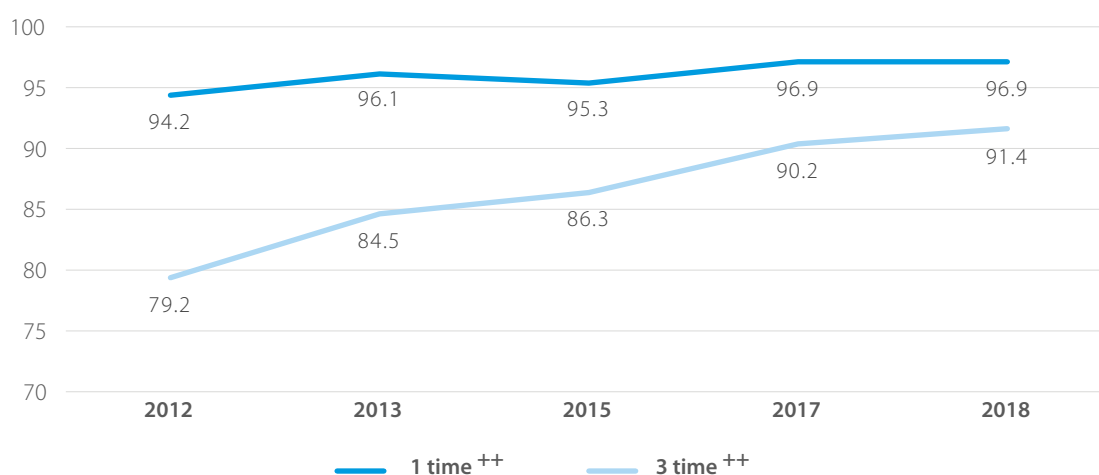
214 GSO, 2018. The 1/4/2018 Time – Point Population Change and Family Planning Survey

215 Source: National General Nutrition Survey 2019-2020.

*Full prenatal check-ups:* In Viet Nam, the State encourages and creates favourable conditions for all pregnant women to have regular prenatal check-ups. According to the regulations of the Ministry of Health, pregnant women need prenatal check-up at least three times in three trimesters. However, WHO recommends that all pregnant women receive at least four prenatal check-ups before delivery, with the first check-up occurring during the first three months of pregnancy (<16 weeks of gestation). Prenatal check-ups help prenatal planning and safe childbirth with the support of qualified medical staff.

The rate of pregnant women having at least one prenatal check-up for the most recent birth was 96.9% in 2018, an increase of +2.6 percentage points compared to 2012. In which, the rate of three prenatal check-up or more was significantly improved in the period 2012-2020, from 79.2% in 2012 to 91.4% in 2018.

**FIGURE 22. PERCENTAGE OF PRENATAL CHECK-UPS OF THE LAST BIRTH, BY NUMBER OF PRENATAL CHECK-UPS**

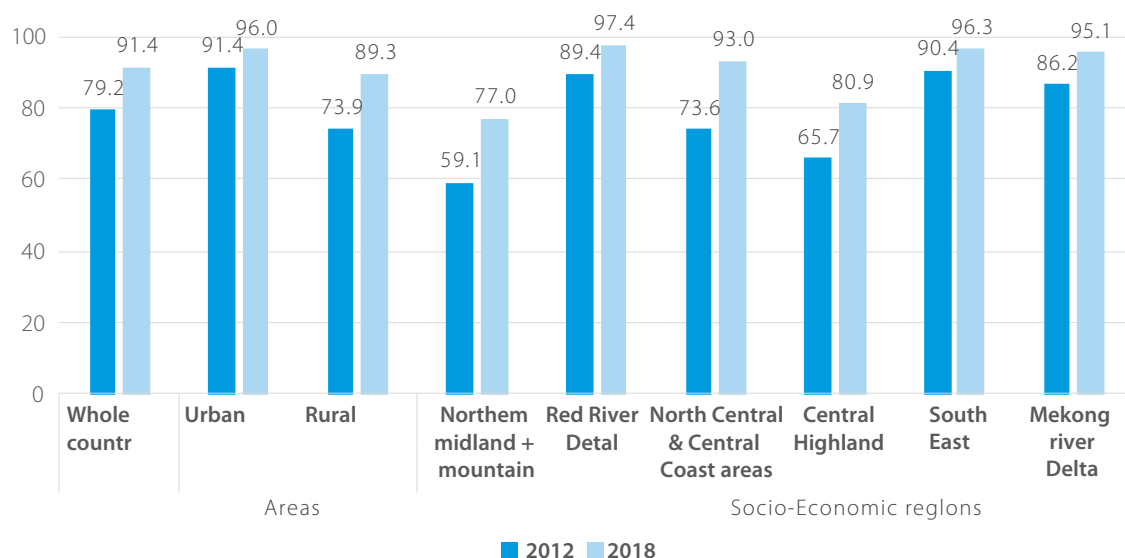


Source: Population and Family Planning Survey, 2012-2018, GSO

During the period 2012-2018, the rate of three prenatal check-ups or more increased significantly in both urban and rural areas as well as all socio-economic regions. Notably, the increase in rural areas increased faster than in urban areas (+15.4 percentage points in rural areas compared to +4.6 percentage points in urban areas). Similarly, the increase in the rate of three prenatal check-ups or more varied widely among socio-economic regions. North Central and Central Coast regions had the highest increase (+19.4 percentage points), followed by Northern Midlands and Mountain areas (+17.9 percentage points), Central Highlands (+15.2 percentage points), and the lowest was in the Southeast, an increase of +5.9 percentage points compared to 2012



**FIGURE 23. RATE OF THREE OR MORE PRENATAL CHECK-UPS OF THE LAST BIRTH, BY REGION, SOCIO-ECONOMIC REGION, 2012, 2018 (%)**



Source: Population and Family Planning Survey, 2012-2018, GSO

It can be seen that disparities among regions in prenatal check-up rates have improved significantly over the years, but the gap was still large and increased with the number of prenatal check-ups. The rate of at least one prenatal check-up for the most recent birth of rural women was 2.3 percentage points lower than that of urban women (96.2% versus 98.5%). This gap was up to 6.7 percentage points for the rate of three prenatal check-ups or more. The difference between the regions with the highest prevalence (Red River Delta) and the region with the lowest prevalence (Northern Midlands and Mountain areas, where the majority of ethnic minorities are concentrated) was 8.5 percentage points for one prenatal check-up or more, and up to 20.4 percentage points for three prenatal check-ups or more.

The results of the Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Vietnam 2019 show that the percentage of EM women aged 10-49 years old going to clinic for medical examination and treatment during pregnancy reached 88.0%, an increase of +17.1% compared to 2015 (70.9%).<sup>216</sup> Thus, the percentage of EM women receiving prenatal check-ups at health facilities was only 3.4% lower than the national rate (91.4% in 2018). However, the disparity between EM groups in the rate of women with prenatal check-ups was still large, ranging from 45.3% (La Hu) to 100% (Ngai, Pu Peo, O Du and Ro Mam).

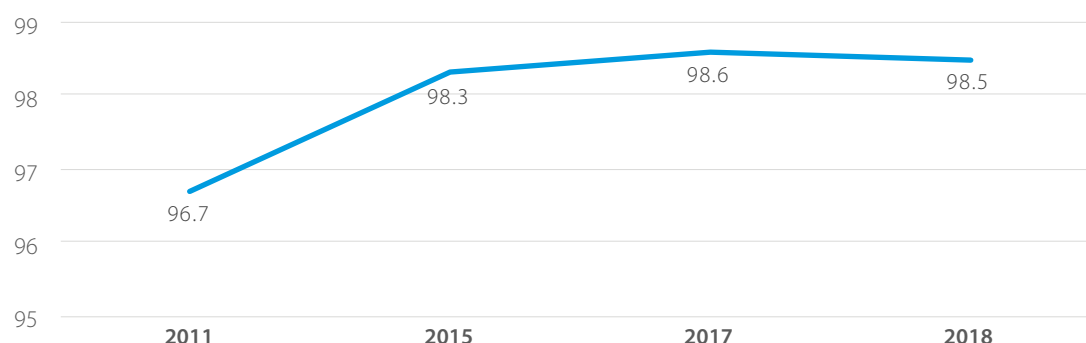
**Tetanus vaccination:** In 2018, 87.6% of pregnant women got vaccinated against tetanus twice or more, lower than in 2017 (by 2.8%) and 2012 (by 5.4%).<sup>217</sup> Some gastrointestinal diseases, encephalitis, many infectious diseases, especially those that can be prevented by vaccines were significantly reduced.

**Care by medical staff during childbirth:** The proportion of women giving birth who were cared for by medical staff in 2011 reached 96.7% and increased to 98.5% in 2018.

216 In 2015, this indicator was calculated from the age of 12-49 years old: "Proportion of women aged 12-49 years of age who go to health facilities for antenatal care"

217 Health Statistics Yearbook 2018.

**FIGURE 24. PERCENTAGE OF WOMEN RECEIVING CARE FROM MEDICAL STAFF DURING CHILDBIRTH (%)**



Source: Maternal and Child Health Department, Health Statistics Yearbook 2011, 2015, 2018, GSO

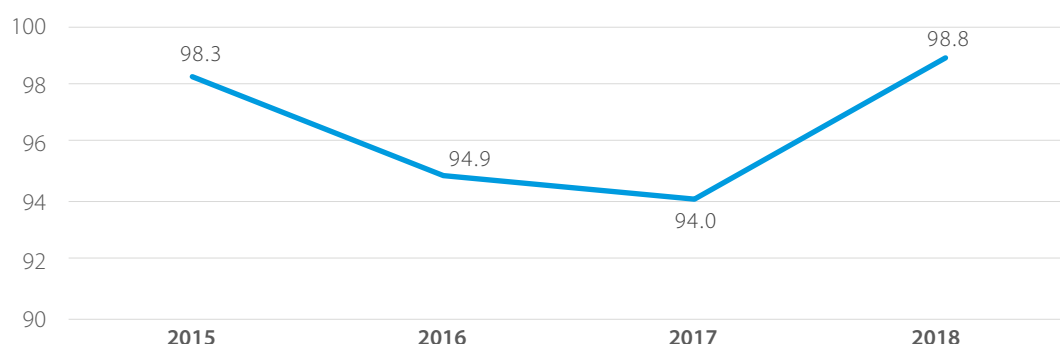
Since the Ministry of Health only published national data, this report used data from the Viet Nam Multiple Indicator Cluster Survey 2014 (MICS) to analyse the status of women receiving support during childbirth classified according to their characteristics: place of residence, ethnicity, and group of living standards. According to the results of the 2014 MICS survey, women aged 15-49 who were ethnic minorities, or belonged to the poorest 20% of households, or lived in the Northern Midlands and Mountainous Areas and the Central Highlands were more disadvantaged during delivery, two - three out of ten women gave birth without the help of a doctor, nurse or midwife.

**Percentage of births attended by skilled medical staff**

In 2018, the percentage of births assisted by skilled medical staff was 98.8% (WHO, 2018), an increase of +4.8 percentage points compared to 2017.

In the period 2015-2018, this rate tended to increase slowly and were unstable, it decreased from 98.3% in 2015 to 94.0% in 2017 and then increased to 98.8% in 2018.

**FIGURE 25. PERCENTAGE OF BIRTHS ATTENDED BY SKILLED MEDICAL STAFF (%)**



Source: Synthesised from Health Statistics Year Books 2015, 2016 and WHO 2017, 2018

*Delivery at a medical facility and home delivery:* The situation of women giving birth at health facilities improved significantly. The rate of EM women aged 10-49 years giving birth at health facilities reached 86.4%, up to +22.8% compared to 2015; however, it was still significantly lower than that of Kinh women, which was over 99%. However, the differences in this ratio between urban areas and rural areas, between socio-economic regions and between ethnic groups were still quite large.<sup>218</sup>

Thanks to the efforts of the grassroots healthcare network, the percentage of EM women aged 10-49 who gave birth at home without a professional helper in 2019 was reduced to 9.5%, a sharp decrease by - 26.8 percentage points compared to 2015; however, it was still significantly higher than the rate of Kinh women i.e. under 0.5%.<sup>219</sup>

There are many reasons why EM women do not have medical staff to take care of them during childbirth and decide to give birth at home (UNFPA, 2017), including:

- The long-standing cultural practice of ethnic minorities holds that childbirth is a natural human process, and there is a wish to give birth close to home, close to family. EM women tend to avoid antenatal care, do not want to have their pregnancy managed, and do not want to give birth at a health facility except in the case of complications.
- Travel costs and risks due to the long distance to medical facilities, difficulty in accessing medical staff and healthcare facilities are also among the main reasons why ethnic minority women want to give birth at home and have limited access to prenatal check-up services.
- Lack of medical staff who are capable and willing to support home births. The medical staff of commune health stations usually do not provide home birth support services, except in the case of complications or emergencies. Many communes do not have EM village midwives who have been trained in midwifery skills or in performing prenatal care and delivery in the village. In communes with village midwives, some of them are too young, inexperienced, and lack the necessary equipment to support a safe delivery.

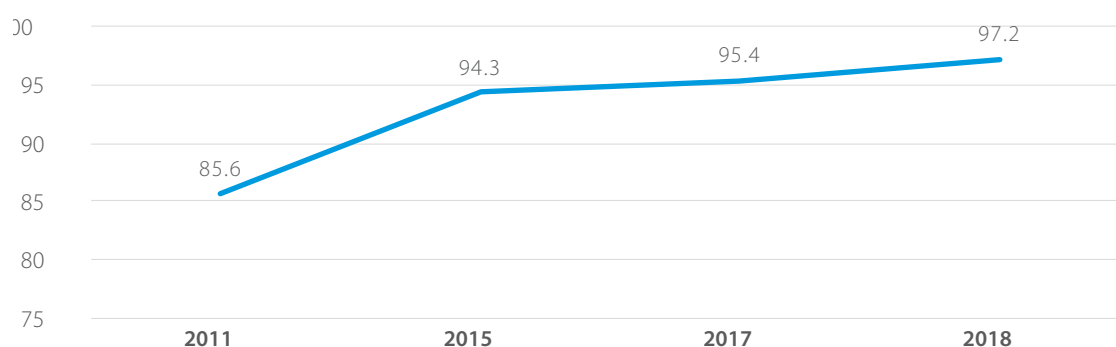
For the above reasons, many EM women continue to give birth at home and are supported only by older 'unprofessional midwives' who live in the village but have not been trained in midwifery.

*Postpartum examination:* The proportion of women with postpartum examination increased significantly from 85.6% in 2011 to 97.2% in 2018.

218 GSO, 2019. Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Viet Nam 2019.

219 GSO, 2019. Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Viet Nam 2019.

**FIGURE 26. THE RATE OF POSTPARTUM EXAMINATION (%)**



Source: Maternal and Child Health Department, Health Statistics Yearbook 2015, 2018, GSO

**Reduced maternal mortality:** Inadequate access to healthcare services during pregnancy, childbirth and post-delivery are major causes of maternal and neonatal mortality. In the period 2012-2020, maternal mortality decreased to 46 cases per 100,000 live births in 2019, a decrease of 23 cases per 100,000 live births compared to 2015.<sup>220</sup> However, this rate in EM and mountainous areas were still three times higher than the whole country's average and this rate in some EM groups were still four times higher than the rate of Kinh women.<sup>221</sup> In particular, the obstetric mortality rate among the Mong, Thai, Ba Na, Tay, Dao and Nung ethnic groups was four times higher than that of the Kinh. This disparity is due to limitations in the healthcare system, especially in remote and disadvantaged areas, for example, commune health centres and village midwife networks are limited in community outreaching, as well as in the delivery of comprehensive sexual and reproductive health services, and basic antenatal care (detection and referral of high-risk pregnancies), obstetric emergency and neonatal care. These facilities are also lacking at the district level.<sup>222</sup>

EM women often do not seek healthcare services because of the long distance from their homes to healthcare centres, low quality of medical services, language barriers; because they cannot afford the services and medicines, and want to be examined by female medical staff.<sup>223</sup>

**Exclusive breastfeeding for the first six months:** The rate of exclusive breastfeeding for the first six months significantly improved, increasing from 19.6% in 2010 to 45.5% in 2020, of which in urban areas this rate was 55.7%, in rural areas this rate was 40.3%, and in rural mountainous areas this rate was 42.7%.<sup>224</sup>

220 Health Statistics Yearbook 2015, The Viet Nam Population and Housing Census 2019, GSO.

221 Report of the Ministry of Health on the implementation of the national target on Gender Equality in 2019.

222 Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW's Recommendation Comments on Viet Nam Joint Report 7-8, Paragraph 32, 2015.

223 Jones, N., Dual threat: Social standards of gender and ethnicity intersect to shape the lives of adolescent Hmong girls in Viet Nam, August 2013.

224 Source: National Nutrition Survey 2010 and 2019-2020.

### *Impacts of the COVID-19 pandemic*

The persistent COVID-19 pandemic has created gaps and challenges in the delivery of sexual and reproductive health information and services. The reduction in resource allocation for these services has been affecting the health of women and girls.

- The COVID pandemic has disrupted the healthcare system, especially in the areas of reproductive and sexual health. On the one hand, those with access to sexual and reproductive healthcare have delayed having children in times of financial uncertainty and crisis. On the other hand, disruptions in the provision of contraceptives coupled with lockdown were expected to cause a dramatic increase in the number of unintended pregnancies among the most vulnerable populations. According to a UNFPA study conducted in March 2021, an estimated 12 million women worldwide experienced disruption in access to family planning services due to the impact of the COVID-19 pandemic. Poor women were the most vulnerable. The pandemic crippled healthcare systems, especially in the area of reproductive health in many countries around the world.
- The COVID-19 pandemic will have a negative impact on fertility in the coming period and could upset the progress that Viet Nam has made over the past decades. UNFPA highlighted five factors that the pandemic could impact on fertility: high mortality rates, limited access to family planning services, increased homework burden on women, economic recession and instability, and childbirths less likely to be cared for by qualified medical staff.
- *Increased maternal mortality:* The UNFPA study (2020) also indicates the possibility of maternal mortality increasing from 44% to 65% due to negative consequences of COVID-19, i.e., 298 to 443 more mothers would die in a year without immediate and well-controlled interventions.
- *Increased number of unexpected pregnancies:* due to the lack and stagnation of the medical supply service system, women could not apply modern contraceptive methods. Viet Nam estimated that in the first quarter of 2020, COVID-19 resulted in the reduction in the application of clinical family planning measures by 20% and non-clinical measures by 10% in the most disadvantaged areas.

### **3.5.3. Ensure access to information of the poor and poor regions, especially women and girls**

#### **3.5.3.1. Policy review applying a gender equality lens**

In the period 2012-2020, the Government issued many policies to achieve the goal of ensuring GE in access to information for the poor and poor regions. In recent years, women and girls are the beneficiaries and receive more attention. Specifically:

The introduction of the Law on Access to Information 2016<sup>225</sup> has provided an opportunity to promote information transparency in general and narrow the information gap among EM communities in particular: '*1. All citizens shall be equal, not discriminated against in exercising the right to access information... 6. The State shall create favourable conditions for people with disabilities, people living in border areas, islands and mountains regions and areas with extremely difficult socio-economic conditions to exercise the right to access information.*' (Article 3).

225 Law No. 104/2016/QH13 dated 6 April 2016 and took effect on 1 July 2018

The revised Law on Advertising 2018 regulates *'advertising that is discriminatory based on ethnicity, racially discriminatory, infringing freedom of belief, religion, expressing gender and disability-based prejudice'* as one of the prohibited acts in advertising activities (Clause 6, Article 8).

The Decision No. 800/QĐ-TTg dated 2 July 2018 of the Prime Minister adjusting and supplementing a number of contents of the National Strategy on Gender Equality 2011-2020 also sets new targets to replace the Target 1 of Objective 5, as follows: *'Strive to have at least two propaganda columns on gender equality every month on the grassroots information system in communes, wards and townships by 2020'*.

The Master Plan on Socio-Economic Development in EM and Mountainous Areas 2021-2030 (the Resolution No. 88/2019/QH14 dated 18 November 2019) with specific target to 2025 : *'...100% of ethnic minorities have access to television and radio...'*

Article 2 of Decree No. 13/2018/ND-CP dated 23 January 2018 of the Government providing details and measures for the implementation of the Law on Access to Information prescribes measures to create favourable conditions for people living in border areas, islands, mountainous areas, regions with extremely difficult socio-economic conditions to exercise their right to access information, specifically as follows: *'1. The provision of information is carried out in many forms suitable to the audiences and conditions in border areas, islands, mountainous areas, and areas with extremely difficult socio-economic conditions, including: a.) Communicate via the e-portal, the website of the State agency (if any); b) Communicate through the central and local radio and television systems and other local news transmission systems; radio and television programs in ethnic languages and other mass media in the local areas; c) Develop thematic documents, leaflets and publications; where necessary and feasible, they can be conveyed in EM languages; d) Organise seminars and community activities to share information with citizens; sharing experiences on activities of providing information to border areas, islands, mountainous areas, regions with extremely difficult socio-economic conditions; e) Integrate information provision activities in cultural and political events of agencies and localities, in plans on the dissemination and education on laws, and communication of new policies of State agencies in the local area; f) Increase the time for transmission and broadcasting of bulletins for information related to mechanisms and policies of people living in border areas, islands, mountainous areas, regions with extremely difficult socio-economic conditions.'* Thus, these effective measures will create favourable conditions for women living in border areas, islands, mountainous areas and areas with extremely difficult socio-economic conditions to access information.

The National Target Program on Socio-Economic Development in EM and Mountainous Areas 2021-2030 (NTP-SEDEMA), phase I: 2021-2025 will focus on the objectives of *'... realise gender equality and address pressing issues facing women and children;...'* Regarding access to information, the NTP has set a target that by 2025, 100% of ethnic minorities will have access to television and radio. To achieve this goal, the Program has also set out Project 4 on investment in essential infrastructure serving production and life in EM and mountainous areas, etc. Investment in infrastructure construction will be prioritised to extremely difficult communes and villages. Therefore, women and girls living in these areas will have the opportunity to access information. However, in order for women and girls to have full and favourable access to information, the implementation of the Project should include a gender impact assessment.

### **3.5.3.2. Status of women and girls' access to information in the period 2012-2020**

One of the barriers to women's development and advancement is the limited access to information sources. In rural areas, areas with extremely difficult socio-economic conditions, border areas, and islands, it is more difficult for women to access information sources.

Access to media and information technology includes reading newspapers, listening to the radio and watching television as well as the use of mobile phones, computers and the Internet.

### ***Access to media (newspapers, radio, television)***

In Viet Nam, there is no difference between women and men aged 15-49 in weekly access to means of communication i.e., newspapers and television (both 50% with reading newspapers and 76% with watching television); meanwhile, the percentage of women aged 15-49 who listened to the radio weekly was only 8%, -3 percentage points lower than men aged 15-49 (11%) and only 5.4% of women aged 15-49 weekly accessed all three means, -1.3 percentage points lower than men aged 15-49.<sup>226</sup>

Compared with the results of MICS 2014,<sup>227</sup> except for the rate of women aged 15-49 reading newspapers in 2020-2021 which increased by 13.4 percentage points (in 2014 it was 36.6%), the remaining rates of women aged 15-49 watching TV and listening to the radio weekly decreased compared to 2014, with the decrease of -19.3 percentage points in the rate of watching television and -19.6 percentage points in the rate of listening to the radio.

There are large differences between groups of different urban and rural areas, educational levels, and wealth quintiles in access to media (reading newspapers, listening to radio and watching television). In 2020-2021, the rate of women aged 15-49 with access to all three types of means in urban areas was +7 percentage points higher than that of women aged 15-49 in rural areas (91% versus 84%).

Women with higher levels of education and women living in better-off households have more access to the media. Specifically, the rate of women aged 15-49 with a college/university level or higher reading newspapers, listening to the radio and watching TV weekly was twice as high as that of women aged 15-49 without a degree (96% versus 43%), and the rate of women aged 15-49 in the richest quintile was nearly 1.5 times higher than that of the poorest ones (96% versus 67%).<sup>228</sup>

By households, the devices most households use to receive information are televisions. In 2020, more than 85.1% of female-headed households used television, -4.7 percentage points lower than that of male-headed households.<sup>229</sup>

### ***Use of means of information technology and communication***

The use of means of information technology and communication considered here include the use of mobile phones, computers/laptops and the Internet.

#### ***Use of mobile phones***

In 2020-2021, the rates of women and men aged 15-49 who used a mobile phone in the past three months were quite similar, 96.8% for women and 97.0% for men.

There was a large difference in the use of mobile phones among groups of women aged 15-49 with different characteristics: socio-economic regions, urban-rural areas, education levels, wealth quintiles and ethnicity.

In 2020-2021, almost all women aged 15-49 in urban areas used mobile phones i.e. 99%, which was +3 percentage points higher than women aged 15-49 in rural areas. 100% of women aged 15-49 with a college/university degree or higher and 99% of women living in the highest

226 UNICEF & UNFPA, 2021. SDGCW survey: Communication, information technology and Internet.

227 UNICEF & GSO, 2015. MICS 2014, Final report. Hanoi, Viet Nam.

228 UNICEF & UNFPA, 2021. SDGCW 2020-2021: Communication, Information Technology and Internet.

229 GSO, 2020. Viet Nam Household Living Standards Survey 2020. Viet Nam Household Living Standards Survey

wealth quintile used mobile phones, in contrast to only 70% of women aged 15-49 without a degree and 88% of women aged 15-49 in the poorest quintile. The Southeast region has the highest rate of women aged 15-49 using mobile phones (98.9%), followed by the Mekong Delta (98.2%), and the Central Highland was at the bottom (87.9%).<sup>230</sup>

In terms of households, the percentage of female-headed households using phones to access information in 2020 was 92.9%, -4.3 percentage points lower than male-headed households, an increase of 14.0 percentage points compared to 2012.<sup>231</sup>

The results of the Survey on the Socio-economic Situation of 53 EM Groups in Viet Nam 2019 also show that up to 88.4% of female-headed EM households used phones (landlines and/or mobile phones), an increase of +18.7 percentage points compared to 2015, but still lower than that of male-headed EM households (93.3%). Among socio-economic regions, the Central Highlands had the lowest percentage of EM households using a telephone/mobile phones, at 84.6% (male-headed households: 86.5% and female-headed households: 78.1%).

#### Use of computers/laptops

In 2020-2021, 30.9% of women aged 15-49 used a computer in the past three months and lower than that of men aged 15-49 years (32.1%). The rate of women aged 15-49 using computers was highest in the Red River Delta (40.5%) and lowest in the Northern Midlands and Mountain areas (18.69%).

By households, in 2020, only 20.9% of female-headed households used computers, +0.6 percentage points higher than that of male-headed households and an increase by +1.1 percentage points compared to 2012. This shows that, in the period 2012-2020, the increase in the rate of female-headed households using computers was quite protracted. Furthermore, in 2020, only 31.4% of female-headed households in urban areas used computers, -2.8 percentage points lower than that of male-headed households in urban areas but three times higher than that of female-headed households in rural areas.<sup>232</sup>

Among EM households, the results of the Survey on the Socio-economic Situation of 53 EM Groups in Viet Nam 2019 also show that there were 10.3% of EM households using computers (male-headed households: 9.1% and female-headed households: 14.3%), an increase of +2.6 percentage points compared to 2015 (7.7%). Among socio-economic regions, the Central Highlands had the lowest rate of EM households using computers at 5.0% (male-headed households: 5.1% and female-headed households: 4.8%) and the rate of EM households using computers in the North Central and the Central Coast was 5.7% (male-headed households: 5.6% and female-headed households: 5.9%).

#### Access to Internet

The SDGCW 2020-2021 results show that 81.3% of women aged 15-49 used the internet in the past three months, -1.7% lower than that of men aged 15-49 (83.0%).

There are differences among groups of women aged 15-49 who used the internet with respect to socio-economic regions, living areas and especially among groups of educational and training levels and income quintile.

In 2020-2021, the percentage of women aged 15-49 who used the internet in the past three months in urban areas was 92%, +17 percentage points higher than women aged 15-49 in rural

230 UNICEF & UNFPA, 2021. SDGCW 2020-2021: Communication, Information Technology and Internet.

231 GSO, 2020. Viet Nam Household Living Standards Survey 2020.

232 GSO, 2020. Viet Nam Household Living Standards Survey 2020.



areas (75%). The highest internet use rate belonged to women aged 15-49 in the Southeast region, at 91.2% and the lowest belonged to women aged 15-49 in the Central Highlands, at only 60.2%.

99% of women aged 15-49 with a college/university degree or higher used the internet, nearly six times higher than women aged 15-49 without a degree (17%). And 97% of women aged 15-49 in the richest quintile used the internet compared to 49% in the poorest one.

By households, although the rate of female-headed households using the internet was lower than that of male-headed households, it was still increased in the period 2016-2020. In 2020, 77.7% of female-headed households used the internet, -5.9 percentage points lower than male-headed households but it represented an increase of +25 percentage points compared to 2016. Only 87.3% of female-headed households in urban areas accessed the internet, -4.6 percentage points lower than male-headed households in urban areas (91.9%), but +19.2 percentage points higher than female-headed households in rural areas.<sup>233</sup>

In 2019, 61.3% of EM households used the internet (male-headed households: 61.4% and female-headed households: 59.9%), an increase of +54.8 percentage points compared to 2015 (6,5%). It can be said that this is a very strong growth in access to information in EM areas, especially the difference between male and female-headed EM households is very small, at only 1.5 percentage points. Among socio-economic regions, the Central Highlands was the area having the lowest rate of EM households with internet access, at 46.1% (male-headed households: 47.6% and female-headed households: 40.9%) and the rate of EM households with internet access in the North Central and Central Coast was 50.0% (male-headed households: 51.2% and female-headed households: 44.3%).

From the results of the above situational analysis, it is shown that women in rural areas with a low educational level, poor women, and EM women still face many difficulties and barriers in accessing and using modern information sources. Another study in 2017 by CARE in the five communes of Cao Bang, Bac Kan and Dien Bien also further confirmed that, although ethnic minorities (who make up the majority of the population in these three provinces) could access many types of information, in general women had much less access to information than men, and the satisfaction level with this information varied widely. According to the same study, EM women were still lagging behind men whereby men were the main participants in village meetings. Men also had greater access to different sources of information such as thematic training, printed materials (brochures, posters, etc.), bulletins and small libraries. Because these information sources were usually located at the communal People's Committee office, women - who had less travel and mobility than men - had less access to these resources.<sup>234</sup>

In fact, some difficult areas have not been covered by radio, television and commune radio broadcasts. There are still poor female-headed households who do not have equipment to receive information such as television, radio, etc. On the other hand, due to their remote living, difficult life, and burden of family work, very few women arrange their time and housework to go to public places (village, and commune cultural houses etc.) or to the house of village heads or commune officials to receive information. Therefore, there is still a gap in access to information among poor women and EM groups living in remote and isolated areas, with inconvenient transportation. The awareness of the specific women's groups is low, a proportion of women are illiterate and do not understand Vietnamese (Kinh language), so the results and effectiveness of information and communication remain limited. Besides the distance and difficult terrain for transportation, another barrier preventing women from accessing information is outdated customs and concepts for women.

233 GSO, 2020. Viet Nam Household Living Standards Survey 2020.

234 <https://www.care.org.vn/luat-tiep-can-thong-tin-cua-viet-nam-tao-co-hoi-thu-hep-khoang-cach-thong-tin-cho-cac-dan-toc-thieu-so/?lang=vi>

### 3.5.4. Ensure clean water for women and girls

#### 3.5.4.1. Policy review applying a gender equality lens

Over the years, the Government of Viet Nam has always made efforts to improve the supply of clean water and domestic water to local people, in which the objectives of GE in access to clean water and domestic water have been integrated in poverty reduction policies and policies for EM and mountainous areas.

The Decision No. 2085/QĐ-TTg dated 31 October 2016 of the Prime Minister approving specific policies to support socio-economic development in EM and mountainous areas for the period 2017-2020 sets a target *'...basically solve the shortage of domestic water for poor EM households and poor households scattered in extremely difficult areas...'*

The Master Plan on Socio-Economic Development in EM and Mountainous Areas 2021-2030 (the Resolution No. 88/2019/QH14 dated 18 November 2019) sets specific goals to 2025: *'... 90% of ethnic minorities have access to hygienic water...'*

The National Target Program on Sustainable Poverty Reduction 2016-2020 (Decision No. 1722/QĐ-TTg dated 2 September 2016) focused on accelerating poverty reduction in the poorest regions and improving living standards and livelihoods of the poor, especially those living in remote, mountainous and EM areas. The solution was implemented through focusing on synchronous investment in socio-economic infrastructure following the new rural development criteria in order to increase access to basic social services and improve essential infrastructure in poor districts, communes and villages in extreme difficulty such as transportation, schools, health stations, small irrigation, domestic water and creating conditions for people to participate in the implementation of the Program's activities to have more income through creating public jobs in order to promote the effectiveness of the invested essential infrastructure works. This would contribute to reducing disaster risks, adapting to climate change, and improving market access. Poor households, near-poor households and households just escaping poverty, together with local people and communities in poor districts and communes, are the target groups of the Program's interventions, with priority given to poor ethnic minorities and poor women.

The NTP-SEDEMA 2021-2030, phase I: 2021-2025 focuses on the objectives to *'... realise gender equality and address pressing issues facing women and children;...'* Regarding clean water, the Program sets a target that by 2025, 99% of ethnic minorities will have access to hygienic water. To achieve this goal, the Program has also set out Project 1 on addressing the shortage of residential land, housing, production land, and domestic water. The beneficiaries of Project 1 are EM households; poor households of Kinh ethnic group living in extremely difficult communes, extremely difficult villages in EM and mountainous areas, who face difficulties in accessing domestic water. Priority is given to poor EM households on the list of ethnic groups that still face many difficulties and have specific difficulties; poor female-headed households, etc.

The National Strategy on Rural Water Supply and Sanitation to 2030, with a vision to 2045<sup>235</sup> sets out the objective to: *'ensure rural people have access to and use clean water supply services equitably, Protect health, reduce diseases related to water and sanitation, improve the quality of life, ensure social protection for rural people, narrow the gap between rural and urban areas...'* The strategy has also set a target that *'by 2045, strive so that 100% of rural people have access to clean water...'* Women and girls - who are responsible for most of the water fetching work in the households and the use of water in households such as housework, healthcare and personal care, - benefit most from the Strategy. However, the Strategy remains 'gender-neutral', with

235 Decision No. 1978/QĐ-TTg dated 24 November 2021 of the Prime Minister.

no specific gender targets to improve gender issues in the field of rural water and sanitation during this period.

### 3.5.4.2. Status of women and girls' access to clean water in the period 2012-2020

Thanks to the promotion of the implementation of the above policies, the situation of households and people using clean and hygienic water has improved significantly.

In the period 2012-2020, the percentage of female-headed households and male-headed households using hygienic water sources for drinking and eating<sup>236</sup> increased and ***the percentage of female-headed households using hygienic water sources for eating and drinking was higher than that of male-headed households***. In 2020, the percentage of female-headed households using clean and hygienic water was 93.6%, which was +4.2 percentage points higher than male-headed households and represented an increase of +12.6 percentage points compared to 2012.

There are differences in access to hygienic water sources between urban and rural areas. In 2020, the percentage of female-headed households using hygienic water sources for eating and drinking in urban areas reached 98.8%, +10.5 percentage points higher than female-headed households in rural areas, and +1.2 percentage points higher than male-headed households in urban areas.

Improved access to clean water in 2012-2020 benefited women, who undertook the majority of household water collection work and distributed water in the family such as water for housework, water for healthcare and for personal care, which was in line with gender norms. The difficulties associated with the lack of safe tap water particularly affect women from poorer households. Lack of sanitation and personal hygiene also affected the health of women and the children and elderly under their care. Furthermore, it affected a woman's ability to handle menstrual hygiene privately and with dignity. In the context of the Covid pandemic in 2020, the need for careful sanitation and hygiene only increased the burden on women having no access to water supply and sanitation. However, ***there are still a number of groups of migrant women living in renting rooms, poor women, and EM women living in areas with extremely difficult socio-economic conditions, difficult regions, and people still face difficulties in accessing clean and hygienic water, even in favourable areas such as urban areas***. That is the group of migrant women living in rooming houses, poor women, EM women living in areas with extremely difficult socio-economic conditions, difficult regions, etc.<sup>237</sup>

The results of the Viet Nam SDGCW 2020-2021 show that 98.1% of the population of households in the country used improved water sources,<sup>238</sup> with 99.6% of the population in urban areas and 97.2% in rural areas. This rate was the lowest in the Northern Midlands and Mountain areas

236 The author considered that hygienic water is water taken from sources: tap water into the house, tap water into the yard, tap water into public tap water areas, drilled wells, protected dug wells, protected streams, water purchased from water truck, water purchased from water tankers. Unhygienic water is water that is taken from sources such as unprotected dug wells, unprotected streams, rainwater, surface water (rivers, streams).

237 UN Women. 2020. *An Independent Gender Review and Impact Assessment of the National Target Programme on New Rural Development (NTP-NRD) for the period of 2010-2020*. Hanoi: UN Women.

238 Population using improved water are those who use any of the following types of water: tap water (home or yard, neighbor's house, public tap), bore well water, protected well water, protected spring water, rainwater and bottled or distributed water.

Bottled water (bottled and bagged water) and distributed water (water tank trucks and carts with pails or buckets) are considered improved water under the new SDG definition.

(93.9%), compared to other regions.

The difference between urban and rural areas could be clearly seen in the use of tap water leading into the house or into the yard. While only 22.4% of the rural population used tap water in their homes or yards, this figure in urban areas was nearly 6/10 (58.8%). This difference was also seen in different ethnic groups, the highest rate of the population using tap water in their homes or yards belonged to the Kinh/Hoa group (38.9%) and the lowest rate belonged to the Mong group (3.2%). The use of tap water leading into the house or yard was directly proportional to the education level of the household head and to the household's wealth quintile.

The SDGCW 2020-2021 results also show that 97.8% of the household used basic drinking water services, of which 95.3% of household members had an improved water source in the house and 2.6% of household members spent a maximum of 30 minutes to get water. The rates of use of basic drinking water services were lower in the Northern Midlands and Mountain areas (93.8%) and the Central Highlands (94.2%). This rate among household members from other ethnic groups was also lower than that of the national average (82.8% versus 97.8%). The use of a basic drinking water service was correlated with the education level of the household head and the household's wealth quintile. Regarding the time to collect water from improved water sources, data shows that in the Central Highlands, family members had to walk more than 30 minutes to fetch water, higher than the national average (1.7% versus 0.2%).

Among households with no water source in the houses/yards, female members aged 15 and over were more likely to go to fetch water for the family than male members (34.2% versus 23.6%). In the Central Highlands, of the 15% of members of household who did not have a source of drinking water in the house, more than half of the women aged 15 years and older (54.7%) went to collect water for their families (see Table 19 for further details).

The level of education of women is inversely correlated with the key responsibility for collecting water, which means that the more educated women are, the less responsible they are for collecting water. The 2020-2021 results show that 43.9% of women without a degree were responsible for regular water collection compared to 24.3% of women with intermediate education. And the rate of women mainly responsible for collecting water was higher than that of men at all levels (see Table 19).

**TABLE 19. PERCENTAGE OF HOUSEHOLD MEMBERS HAVING NO DRINKING WATER SOURCES IN THE HOUSE AND THE DISTRIBUTION OF THAT PERCENTAGE, BY PERSONS MAINLY IN CHARGE OF DRINKING WATER COLLECTION FOR DOMESTIC USE**

	Percentage of household members having no drinking water sources in the house	Number of hh members	Persons usually collecting drinking water					Total	Number of household members having no drinking water sources in the house
			Women (15+)	Men (15+)	Girls under 15 years old	Boys under 15 years old	NA/No data/ No water collection		
Overall	3.2	47832	34.2	23.6	1.0	1.5	39.8	100.0	1531
Area									
Urban	1.3	16496	35.4	13.3	0.0	0.0	51.3	100.0	219
Rural	4.2	31336	34.0	25.4	1.1	1.7	37.7	100.0	1312
Region									
Red River Delta	0.9	11796	33.4	31.8	0.0	0.0	34.8	100.0	108
Northern Midland and Mountain	3.1	6041	22.6	28.0	0.2	1.2	48.0	100.0	186
North Central and Central Coast	3.8	9683	19.2	24.1	0.5	0.4	55.8	100.0	370
Central Highland	15.5	2943	54.7	24.2	2.8	3.6	14.7	100.0	457
South East	2.5	9016	33.3	17.2	0.0	1.3	48.2	100.0	226

	Percentage of household members having no drinking water sources in the house	Number of hh members	Persons usually collecting drinking water					Total	Number of household members having no drinking water sources in the house
			Women (15+)	Men (15+)	Girls under 15 years old	Boys under 15 years old	NA/No data/ No water collection		
Mekong River Delta	2.2	8355	27.1	20.2	0.0	0.0	52.8	100.0	184
Education level of household head									
No schooling/degree/certificate	9.3	2458	43.9	28.5	4.4	3.0	20.2	100.0	229
Primary school	4.3	9280	38.7	24.4	1.2	1.0	34.7	100.0	404
Lower secondary school	3.0	17582	31.6	27.4	0.0	1.7	39.3	100.0	519
Upper secondary school	2.9	9300	24.3	17.5	0.0	1.1	57.1	100.0	269
Secondary apprentice	1.5	2029	(45.1)	(20.5)	(0.0)	(0.0)	(34.4)	100.0	31
College, university and higher	1.1	7044	(31.7)	(3.4)	(0.0)	(0.0)	(64.9)	100.0	79

Note: Due to the small number of unweighted observations, the 'Unknown/No Information' subdivision under the 'Drinking Water source' is not presented in the table.

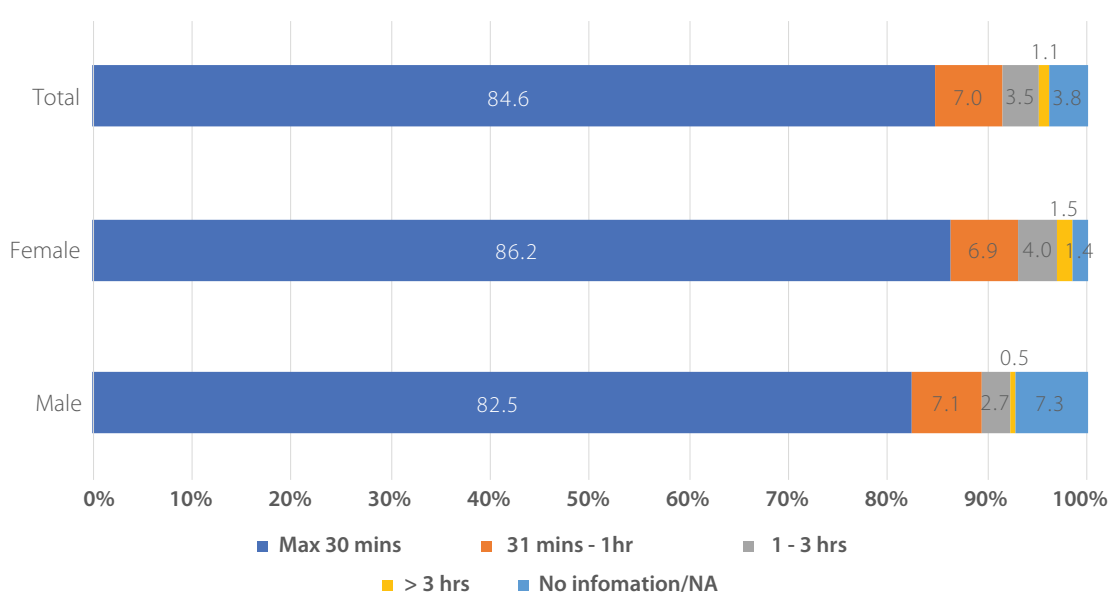
(\*) Represents data that have not been calculated based on the denominator of 24 (or less) unweighted observations.

() Represents data that were based on the denominator of 25 to 49 unweighted observations.

## Time to collect water

The average time to collect water of households using improved water sources was up to 30 minutes (round trip), in which, the time of female members usually spent on fetching water accounted for 86.2%, i.e., +3.7 percentage points higher than male members.

**FIGURE 27. DISTRIBUTION OF PERCENTAGE OF AVERAGE TIME ON WATER FETCHING, BY PERSONS IN CHARGE OF WATER FETCHING, VIET NAM SDGCW 2020-2021**



Source: Results of Viet Nam SDGCW 2020-2021

In addition, although women are very interested in clean water, and are the main users of water in the household, women's participation in decision-making on clean water supply and sanitation remains very low, whereas clean water initiatives have rarely considered gender difference in household labour division, especially in poor EM and rural communities.<sup>239</sup> Women, especially disadvantaged women, often occupy a negligible proportion in important and decision-making positions in the government and mass organisations, from village, communal, district to provincial level. Therefore, in important decisions related to clean water, the voice of women only accounts for a small proportion of the total, mainly from representatives of the Women's Unions.<sup>240</sup>

The results of the Survey on the Socio-economic Situation of 53 EM Groups in Viet Nam 2019 show that there were still 13.7% of EM households (male-headed households: 14.2% and female-headed households: 11.6%) facing difficulty in accessing safe water sources for domestic

239 UN Women. 2020. *An Independent Gender Review and Impact Assessment of the National Target Programme on New Rural Development (NTP-NRD) for the period of 2010-2020*. Hanoi: UN Women. Hanoi: UN Women.

240 The data source used in this section based on the results of the GSO's MICS Report 2014.

use. Welcome news is that, compared to 2015, the rate of EM households having difficulty in accessing domestic water decreased by more than half, a decrease of -17.0 percentage points (in 2015 the rate was 30.7%). The percentage of EM households having difficulty in accessing domestic water in rural areas was 15.1% (male-headed households: 15.3% male head and female-headed households: 14.3%), nearly four times higher than the corresponding rate of EM households in urban areas i.e., 3.9% (male-headed households: 4.4% and female-headed households: 3.0%). In general, the percentage of male-headed EM households facing difficulty accessing domestic water was higher than the corresponding rate of female-headed EM household. Among the socio-economic regions, the North Central and Central Coast area, the Central Highlands, and the Northern Midlands and Mountain areas had the highest rate of EM households facing most difficulty accessing domestic water, at 25.1% (male-headed households: 25.4% and female-headed households: 23.6%), 20.2% (male-headed households: 19.8% and female-headed households: 21.7%) and 12.1% (male-headed households: 12.7% and female-headed households: 9.4%) respectively.

The current statistical system on clean water and sanitation does not require gender disaggregation, making it very difficult to collect and analyse data on rural women and girls. The distance to safe drinking water sources is also an important gender-related indicator as it can shed light on the time women spend collecting water.<sup>241</sup>

### 3.5.5. Ensure minimal housing for women and girls

#### 3.5.5.1. Policy review applying a gender equality lens

In the period 2012-2020, Viet Nam further implemented and promulgated a number of policies related to ensuring minimal housing for people in order to improve living standards and to support poor households so that they have stable and safe housing, contribute to hunger eradication and sustainable poverty reduction of poor households with housing difficulties. Women and girls are the beneficiaries and priorities of these policies. Specifically:

The Decision No. 33/2019/QĐ-TTg dated 14 November 2019 of the Prime Minister amending and supplementing several articles of the Decision No. 33/2015/QĐ-TTg dated 10 August 2015 of the Prime Minister on housing support policy for poor households in the period 2011-2015 amends the funding source for housing support for poor households, including rural women living in poor households.

The Decision No. 2085/QĐ-TTg dated 31 October 2016 of the Prime Minister approving specific policies on support for socio-economic development in EM and mountainous areas for the period 2017-2020 sets the objectives: *'Complete projects on settled agriculture and fixed residence as per the approved plans to continue to arrange the population in order to stabilise life and develop production for the remaining EM households with nomadic farming and residence according to Decision No. 1342/QĐ-TTg dated 25 August 2009 of the Prime Minister.'*

The Master Plan on Socio-Economic Development in EM and Mountainous Areas 2021-2030 (the Resolution No. 88/2019/QH14 dated 18 November 2019) has specific goals to 2025: *'...Basically complete the settled agriculture and fixed residence work; arrange to help 90% of households to migrate unplanned stabilizations. Make planning, arrange, relocate and arrange 60% of EM households living scatteredly in special-use forests, remote and isolated areas, areas at risk of flash floods and landslides. Basically, address the shortage of residential land and productive agricultural land for EM people.'*

The NTP-SEDEMA 2021-2030, phase I: 2021-2025 focuses on the objectives to *'... realise gender equality and address pressing issues facing women and children.'* Regarding housing, the Program

241 UNEP Regional Office for Asia and the Pacific, UNEP 2015; IPCC 2015.



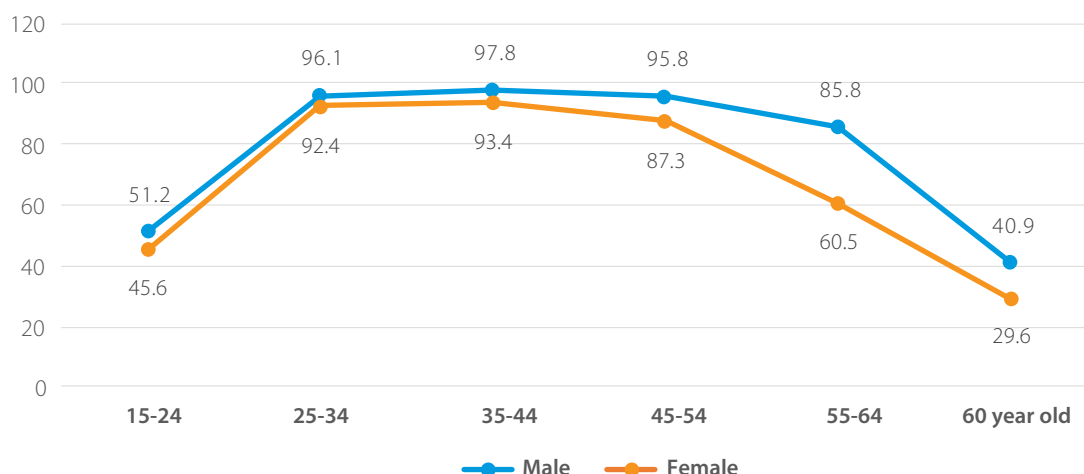
has set Project 1 with the goal of supporting residential land and house building for poor EM households; poor Kinh households living in extremely difficult communes and villages who do not have residential land or houses or have temporary or dilapidated houses... Poor female-headed households are the priority target group of the Project.

However, the current housing support policies do not cover the whole country, but only support poor households in EM, mountainous areas and poor districts.

### 3.5.5.2. Status of access to housing of women and girls in the period 2012-2020

In the period 2012-2020, *the percentage of female-headed households and male-headed households living in temporary and non-permanent houses tended to decrease, and the percentage of female-headed households living in this type of housing was lower than that of male-headed households.* In 2020, the percentage of female-headed households living in temporary/unstable houses was 8.6%, or -0.5 percentage points lower than that of male-headed households, a decrease of -5.7 percentage points compared to 2012.

**FIGURE 28. PERCENTAGE OF HOUSEHOLDS LIVING IN TEMPORARY/ NON-PERMANENT HOUSES, BY MALE/FEMALE- HEADED HOUSEHOLD, 2012-2020 (%)**



Source: The author calculated based on the VHLSS 2012-2020

In terms of urban-rural areas, 7.7% of female-headed households in urban areas were living in temporary/non-permanent housing, -1.8 percentage points lower than that of female-headed households in rural areas (9.5%), and -1.0 percentage points lower than male-headed households in urban areas (8.7%).

The results of the Survey on the Socio-economic Situation of 53 EM Groups in Viet Nam 2019 show that the housing situation of female-headed EM households tended to improve, as the percentage of female-headed EM households living in non-permanent and primitive housing in 2019 has decreased by -4.8 percentage points since 2015 (14.1% in 2019; 18.9% in 2015). The percentage of female-headed EM households living in non-permanent or simple housing in 2019 was also lower than the corresponding percentage of male-headed EM holds (17.1% and 14.1% respectively). The percentage of EM households living in non-permanent or simple


housing in 2019 was 16.5%, 2.4 times higher than that of Kinh holds i.e., 6.9%.

Regarding migrant women, at present, statistics on housing of people in general and migrant workers in particular have not been sex-disaggregated analysed and reported on a regular and complete basis. This presents a difficulty in assessing the current situation of housing access of migrant women and girls. The current housing statistical system does not require sex disaggregation of data, making it difficult to collect and analyse data on female migrants' access to housing.

The results of the Population and Housing Census of Viet Nam 2019 show that the majority of migrants lived in permanent or semi-permanent houses/apartments (97.2%); in the whole country, only about 2.8% of migrants had to live in non-permanent or simple housing.

The Red River Delta and the Southeast were the two leading regions in the country in terms of the percentage of migrants living in permanent or semi-permanent housing, at 99.7% and 99.2% respectively. This is easy to understand because these regions include the two leading economic cities of the country i.e., the capital Hanoi and Ho Chi Minh City. The Northern Midlands and Mountain areas and the Mekong River Delta are the two regions with highest rates of migrants living in the non-permanent or simple housing, at 10.6% and 10.4% respectively. In general, the condition of housing of migrants is better than that of non-migrants. This could be clearly seen when comparing the percentages of holds with non-permanent or simple house of these two population groups. The percentage of migrants living in non-permanent or simple housing was only 2.8%, while that rate of non-migrants remained at 7.3%. There is no major difference between the housing quality of inter-provincial migrants and inter-district migrants as well as within-district migrants.

Regarding migration flows, people migrating to urban areas had significantly better housing conditions than those migrating to rural areas. About 99% of migrants from rural to urban areas lived in permanent or semi-permanent housing. Meanwhile, only 96% of migrants from urban to rural areas lived in permanent or semi-permanent housing. This can also explain the trend of migrants' selection of destinations in urban areas.



CHAPTER 4.  
**ORIENTATION FOR THE  
DEVELOPMENT OF VIET NAM  
SOCIAL PROTECTION IN 2021-  
2030, WITH A VISION TO  
2045, AND PROMOTION OF  
GENDER EQUALITY IN SOCIAL  
PROTECTION DEVELOPMENT IN  
THE COMING PERIOD**

## 4.1 ORIENTATION FOR THE DEVELOPMENT OF THE VIET NAM SOCIAL PROTECTION SYSTEM IN 2021-2030 AND VISION TO 2045

---

### 4.1.1 Approaches

Some approaches to developing the social protection system in Viet Nam in the period 2021-2030 and a vision to 2045 include:

**First**, every citizen has the right to social protection.

In terms of human rights, the right to social protection is one of the most fundamental human rights. It is a natural need to exist and develop. Therefore, the Constitution 2013 stipulates that 'Citizens have the right to social protection' (Article 34), which is an objective necessity, and is both a development goal of the country and is in line with the world's progressive trend.

The rights-based approach to ensure people's social protection is a new approach in the contemporary world and has been adopted by many countries. This method is different from the traditional methods as it not only pays attention to the goals of social protection of the people but also the process and selection method to achieve these goals and be considered in a systematic structure of social protection.

In essence, this approach takes the standards of people's right to social protection as the foundation to determine outcomes and takes the principles as the conditions and frameworks for the action process aiming at the fulfilment of results i.e. to protect people.

The approach to a right to social protection is largely different from the approach to social protection targeting the 'poor'. Social protection programs are developed on the basis that people are 'citizens' rather than on the basis of poverty level. Empowerment programs have higher coverage and are usually universal. In contrast, poverty reduction programs often have a high rate of omission of targeted beneficiaries. Therefore, developing countries, including Viet Nam, need to shift from an approach to addressing poverty to a rights-based approach to social protection.

From the perspective of GE, social protection policies are gradually being addressed based on the human right to security. Better assurance of the rights of women, children and other marginalised people means that men and women, boys and girls enjoy equal opportunities throughout the life cycle, which helps enhance and ensure women and girls' fair and equal opportunities to access and enjoy social protection.

**Second**, the social protection system is in line with international standards and the general trend of countries around the world.

The rights-based approach to social protection is standardised and enshrined in many United Nations' international conventions and conventions of the International Labour Organisation (ILO), especially the Convention 102 (1952) of the General Conference of the International Labour Organisation: Social protection (Minimal Standards). Article 22 of the 'Universal Declaration of Human Rights' (1948) of the United Nations states: *'Everyone, as a member of society, has the right to social security and is entitled to realisation, through national effort and international co-operation and in accordance with the organisation and resources of each State, of the economic, social and cultural rights ...'* Article 25 of this Declaration further states that *'(i) Everyone has the right to a standard of living adequate for the health and well-being of her/himself and of her/his family, including food, clothing, housing and medical care and necessary 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 her/his control; (ii) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.'*

According to the above approach, in the social protection system in Viet Nam, there are still 'gaps' that need to be further 'filled', and women and girls remain the vulnerable group. It is necessary to integrate gender in the orientation for the development of the social protection system in the coming period. Specifically:

- Viet Nam's social protection has been rights-based using a universal approach, covering the entire population, especially in health and education. However, due to limited resources for investment in social protection, priority now must be given to the poor, the vulnerable, those in remote areas, ethnic minorities, etc. and women and girls have been among the priority groups in several social protection policies in recent times; however, the universal social protection coverage remains low.
- The social protection system in Viet Nam with the general multi-layered model and structure including the basic pillars in accordance with the Resolution No. 15-NQ/TW dated 1 June 2012 of the 11<sup>th</sup> Central Committee of the Communist Party of Viet Nam on 'a number of social policy issues for the period 2012-2020' is in line with the common world trend, but is not very flexible; the relationship and cohesion as well as sharing among social protection pillars are not tight enough to support each other in preventing, minimizing and overcoming risks for people.
- The social protection system with specific policies designed for each target group has initially been based on life-cycle and linked to risks for each age group, however these policies have not been closely linked together to support and share risks among generations, based on each stage of human development and life cycle.
- Social protection policies must ensure minimal living standards for all people according to national standards. However, in reality, in Viet Nam, the social protection policies have not yet guaranteed that all people can enjoy similar living standards and each type of policy introduces different standards, such as the poverty line, the social assistance standard, the standards for basic social services, etc., resulting in disparities in the benefit levels among different target groups. The beneficiary omission coefficient remains high, a large number of people living below the minimal living standards have not yet benefited; it is necessary to have policies to support the vulnerable groups emerged due to the risks of climate change, natural disasters, epidemics and environmental disasters. Women and children are the most vulnerable group in these risk scenarios.

**Third**, the approach to inherit and continue to develop and complete the current social protection system.

The awareness of the people's right to social protection through different Party congresses from the Doi Moi (Reform) until now is the inheritance and constant development in line with the country's socio-economic development level in the context of socialist-oriented market economy and step-by-step following the international standards in the integration process.

In particular, in the Resolution No. 15-NQ/TW of the Central Committee of the Communist Party of Viet Nam on 'a number of social policy issues for the period 2012-2020', for the first time, the Party has had strategic-level awareness, views and solutions for human rights-based social protection. It is the basis and orientation for the institutionalisation into mechanisms, policies

and laws of the State and is coming into life, with the consent and support by the people. Therefore, the Strategy for the development of the social protection system for the period 2021-2030 needs to inherit the current awareness, views, orientations and social protection policies to continue completing and moving to a new higher level in the period 2021-2030.

#### **4.1.2. Orientation for development of the social protection system in the period 2021-2030, with a vision to 2045**

In the period of 2021-2030, with a vision to 2045, Viet Nam attempts to perfect its social protection policy towards a people-oriented economy, and to develop a multi-layer Social Safety Net based on the ILO social protection floor model.

*The first tier is basic social protection which provides basic security, income security and basic living conditions for people.* Social protection is confirmed to be a fundamental human right, and the first layer in the social protection model is responsible for ensuring a basic level of human security for everyone. In fact, the first tier - basic social protection - targets sectors of the population with security vulnerability including children, the elderly, the people with disability (PWD) with no income, the poor, and the unemployed or underemployed who cannot ensure their own social protection. Basic social protection ensures access to basic welfare services, even though these people may not contribute.

On the first tier of Social Safety Net, the basic social safety tier consists of four parts:

- *First, universal healthcare through universal health insurance coverage.* All people in a society are entitled to medical care and have health insurance to reimburse the cost when they are unfortunately sick or ill. For those who have jobs and income, they must pay compulsory health insurance premiums and receive care via that health insurance. For those who have a lack of income, they are supported with all or part of the cost of health insurance from the Health Insurance Fund, subsidies from the State budget or from other funding sources.
- *Second, social protection for children.* Children are the future of the country and have their minimal security rights guaranteed, such as secured food, adequate nutrition, clothing and access to basic social services, such as education, healthcare, housing, clean water, and information. The minimal social protection for children will focus mainly on the following objectives: ensure that children do not suffer hunger, ensure adequate nutrition, reduce child malnutrition; ensure that children of school age enter education, work towards the universalisation of general education; children under six years of age receive free medical care in all cases; 100% of orphans and vulnerable children are cared for at social security establishments or raised by volunteer individuals and households. Those who raise orphans are provided with a child support allowance from the Child Care Fund (sourced from the State budget and socialisation fund).
- *Third, social protection for the elderly, people with disabilities, and people unable to work.* The elderly and disabled are a group of people who have no source of income due to their health conditions. Some elderly people are entitled to a pension due to past contributions during their working time. For the elderly without a pension and the disabled, social protection basically guarantees the minimal income for this group of people through social pensions or social benefits whose funding sources come from the social pension fund, support from the State budget and other sources of social mobilization and non-budget funding. Due to the very high percentage of elderly people without a pension in Viet Nam (over 50%), it is not feasible to immediately provide social pensions or retirement benefits. Therefore, the reform of the protection model aims at expanding the beneficiary group

of social assistance gradually with a roadmap, based on the financial security capacity of the State budget and social mobilisation. Along with that, it is necessary to increase the retirement age, and at the same time, encourage the elderly to do jobs that are suitable for their health to both have more income and exercise physically for better health, live a happy and useful life.

- *Fourth, social protection for the poor, unemployed or underemployed.* This is the group of people with working capacity but are jobless, unemployed, or underemployed to secure their livelihood. Social protection basically supports this group of people to help them secure their income while they are unemployed or underemployed through benefits/subsidies, such as unemployment benefits, and at the same time create good conditions for them to find a job, change jobs, have a job to earn income or be self-employed to secure a living. However, social protection for this group needs to be limited and strictly managed to avoid their abuse and dependence.

In fact, basic social protection on the first tier mainly focuses on disadvantaged groups such as orphans, poor households, the elderly without pensions, people with disabilities, etc. who cannot guarantee a basic livelihood. In fact, the first tier of the social protection model aims at those in the employment support and poverty reduction system; social assistance system and basic social service delivery system.

For those who are able to work, the guarantee of income when at risk or when retired is based on social protection on the second and third tiers.

*On the second tier, social protection is based on the compulsory or voluntary contributions of employees.* The pillar of the second tier is the SI system based on the contributions of employees and employers. Accordingly, all employees and employers participate in SI contributions at the prescribed rate and are entitled to SI benefits in case of loss of income due to illness, disease, loss of working capacity, maternity, or retirement. The level of SI benefits is partly based on the contribution level and partly on the principle of sharing among the SI participants. The 'contribution-enjoyment' regime ensures fairness between the public and private sectors, between compulsory SI and voluntary SI. In addition to SI, this group of people often have conditions to enjoy basic (and advanced) social services, job support when losing their jobs, and social assistance when facing risks.

If the second tier is based on compulsory and voluntary social protection according to a predetermined level, the *third tier is advanced social protection for individuals and households who want to enjoy higher social protection benefits.* Households and individuals can buy more SI to have a high pension when they are old or can buy additional health insurance for better care. They can also contribute to have good social services in the form of socialisation.

With this safety net, all people can be guaranteed minimal social protection, everyone has a guaranteed income and access to basic social services, which means promoting opportunities to achieve GE and care about vulnerable groups in society, including women and girls. This is the foundation for the development of an economy for people in Viet Nam.

## 4.2. CHALLENGES TO GENDER EQUALITY IN THE SOCIO-ECONOMIC CONTEXT IN THE PERIOD 2021-2030, WITH A VISION TO 2045

---

### 4.2.1. Current challenges in the new socio-economic context

- The challenge of 'middle income trap'. The fact that Viet Nam becomes a middle-income developing country is an opportunity and an important condition for the development of the social protection system in the period 2021-2030. However, Viet Nam is still a developing country with lower middle income and faces great challenges in terms of growth and socio-economic development so as not to fall into the 'middle-income trap'. It is necessary to focus resources and have breakthrough solutions to maintain a high and sustainable growth rate, improve growth quality, increase the size of the gross domestic product (GDP) and average GDP per capita, based on that generate a premise and basic conditions for implementing a rights-based approach to universal social protection as provided for by the Constitution.
- The challenge of an aging population. Viet Nam is in the 'golden population' period. This is a huge advantage. However, since 2017 when the elderly population has accounted for 10% of the whole country's population, Viet Nam quickly became a country with an aging population. According to the World Bank (WB) assessment, Viet Nam is starting to become one of the fastest aging countries in the world. If in 2010, there was only one elderly person in every 11 Vietnamese people, by 2030 there will be one elderly person in every six people. Thus, after only about 15 years, Viet Nam's population will transit from a young population to an aging population, while Viet Nam is not yet a rich country (countries in the world must go through many decades, or even centuries before this transition takes place). A rapidly aging population will put great pressure on social protection policies as the number of beneficiaries of social protection increases rapidly.
- The challenge of climate change impacts. Climate change, especially global warming and sea level rise, will lead to an increase in the frequency and extreme intensity of natural events, such as droughts, floods, storms, tsunamis, etc. followed by disasters against human, production activities, etc. Viet Nam was forecasted to be one of the five countries most prone to climate change. When the sea level rises by one metre, it will affect 12% of the area, 10.5% of the population of Viet Nam, may inundate 7% of agricultural land, including 60% - 70% of the Mekong River Delta area, etc. resulting in many serious consequences for agriculture, farmers, rural areas and the whole country. Preparing for and responding to climate change is a huge challenge for Viet Nam in the socio-economic development, especially in ensuring social protection.
- The challenge of international integration. International integration in the globalisation trend is an objective necessity and a great opportunity for the development of Viet Nam. However, the process of international integration also creates fierce competitive pressure in human resources, employment, regional and global labour market, etc. In that context, the migration process, labour mobility/migration and movement from rural to urban areas and towards the international market is progressively increasing, posing many problems for policies to ensure social protection.
- The challenge of institutional reform. The social protection policy must be completed in order to overcome the current irrationalities. Synchronisation with other relevant laws and



the domestication of international commitments when joining the ASEAN Free Trade Area (AFTA), Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP), etc. is a huge pressure to the institutional reform and the design of innovative social protection policies in 2021-2030.

- The challenge of service system. Along with diversifying social protection, increasing social protection coverage in Viet Nam will also increase the demand for public services on social protection. While the quality requirements are increasingly high, the responsiveness of this service system remains limited even in the period 2021-2030.

#### 4.2.2. Challenges for gender equality in the coming period

**First, gender prejudice represents a major barrier to the efforts to promote GE.** Although communication on gender awareness-raising has received much attention in the past 10 years, gender prejudices are still quite common among the public, even among some cadres and civil servants. That is also one of the important reasons why some of the Strategy's targets in various fields were not achieved as expected. Communication on GE using mass media has been promoted and changed in recent years, however, the media's engagement for a GE course is still very limited in both communication, content and format. Therefore, raising awareness of and changing gender prejudices must be prioritised within the Strategy in the new period.

**Second, gender inequality in economy, labour and employment limits women's development and contribution opportunities:** Gender gaps still exist in the fields of economy, labour and employment. Specifically, the percentage of the female labour force who have received professional and technical training is very low and lower than that of the male labour force; the largest gender gap is observed in groups of the vocational training levels. Female workers account for a high percentage of workers doing jobs that do not require professional and technical qualifications, or jobs that are not fully protected by labour laws, and they are not subject to compulsory SI and unemployment insurance participation.

Up to 98% of female-owned enterprises are SMEs, and not eligible to access official loans/funding. Women face many difficulties in entrepreneurship and access to start-up support resources.

In the disadvantaged groups of workers, female workers account for a larger proportion of the total, specifically: female workers who are illiterate, re-illiterate, have low education, have not received professional and technical training, and informal female workers. In which, the most disadvantaged group is EM female workers with multi-dimensional disadvantages due to gender, ethnicity, illiteracy and poverty factors. Although female workers in industrial parks have a stable and better income than agricultural workers, their housing and living conditions are not guaranteed; they face difficulties in access to basic social services such as healthcare, and reproductive healthcare, education, culture and spiritual life.

Some trends in the labour market in the coming time may cause consequences or deepen gender inequality. The Industrial Revolution 4.0 with automation technology and artificial intelligence will gradually replace workers; that can affect employment in industries that are using a lot of untrained female workers such as garment, leather shoes, and electronic assembling. Climate change and sea level rise have been strongly impacting and will impact on agricultural production, especially traditional agricultural production with outdated and small-scale technology. Rural female workers, EM female workers accounting for a large proportion in this area will face the risk of income reduction and loss of traditional livelihoods.

The root cause of this situation is the prejudice of officials of State management agencies, businesses and employees about the role and capacity of women in the economy, business

leadership, and technical expertise.

**Third, gender inequality in education - training, scientific research and human resource development is limiting women's opportunities to quality jobs and development:** Despite the gender gap in education-training has been narrowed in recent years, gender inequality issues in education, training and research in the coming period tend to be different from those in the previous period. For general education, gender inequality focuses on ethnic minorities. Furthermore, to ensure a radical change in society's perception of GE, it must begin in education, through the teaching of GE content formally in the preschool curriculum and general education. In the context of intensive and extensive international integration and the Industry Revolution 4.0, GE in education–training is in a close relationship with scientific research and human resource development. Therefore, this is also a gender issue that needs to be prioritised in the coming period.

**Fourth, gender inequality in healthcare and access to health services:** The policy on people's healthcare and major achievements of the health sector over the years have contributed to narrowing the gender inequality in healthcare and access to health services. However, there are still some issues that need to be further improved in the coming period, especially sexual/reproductive healthcare for different population groups.

For many years, reproductive healthcare programs have mainly focused on women with little attention paid to men's sexual-reproductive healthcare needs while men are increasingly facing problems. That few men apply safe sex measures leads to more sexually transmitted diseases (STD), including HIV.<sup>242</sup> Male infertility is also raised as an issue by experts.<sup>243</sup> Family planning measures and counselling networks on reproductive healthcare for men are limited. To date, there are only a few public health facilities that are capable of providing sexual reproductive healthcare services for men and are concentrated mainly at the central level.

A significant proportion of adolescents and young people have not yet had access to sexual and reproductive healthcare information and services, resulting in many teenage girls and young women's unexpected pregnancy, forcing them to seek an abortion or become a mother before adulthood,<sup>244</sup> while young men face a risk of STDs, including HIV.<sup>245</sup>

These two problems are still the problems that have persisted for many years. The model of friendly sexual and reproductive health counselling services for adolescents has been

242 Men make up nearly 70% of all people living with HIV in Viet Nam. The trend of HIV transmission through sex is increasing, especially among men who have sex with men. Particularly in the first 10 months of 2019, the number of new infections transmitted via sex accounted for 67.2%.

243 A nationwide study in Viet Nam conducted by the National Hospital of Obstetrics and Gynecology and Hanoi Medical University in 2015 on 14,300 couples of childbearing age (15-49) in eight provinces representing eight eco-regions shows that in Viet Nam, the infertility rate of couples of childbearing age is 7.7%. An estimated one million couples are infertile, of which causes starting from men account for 50%.

244 According to the Maternal and Child Health Department, Ministry of Health, each year in our country, about 250,000 - 300,000 abortions are officially reported. Meanwhile, about 20-30% of abortions are of unmarried women and 60-70% are students, mostly aged 15-19. According to WHO assessment, Viet Nam's rate of adolescent abortion is high compared to Southeast Asian countries. In addition, Viet Nam is also one of the five countries with the highest abortion rate in the world.

[https://soyte.hanoi.gov.vn/an-toan-thuc-pham/-/asset\\_publisher/4IVkx5Jltnbg/content/nao-pha-thai-o-tuoi-vi-thanh-nien-tiem-an-nhieu-rui-ro-cho-suc-khoe](https://soyte.hanoi.gov.vn/an-toan-thuc-pham/-/asset_publisher/4IVkx5Jltnbg/content/nao-pha-thai-o-tuoi-vi-thanh-nien-tiem-an-nhieu-rui-ro-cho-suc-khoe)

245 Out of the total of 8,479 new HIV infection cases in the first 10 months of 2019, cases of 16-29 age group accounted for 40.1%, more than 70% were male.

developed many years ago and is effective in some provinces,<sup>246</sup> but it remains a pilot model. To expand access for many more adolescents and young adults, this model needs replicating in communal health facilities, especially in areas with industrial parks or factories where many young workers live.

The lack of sexual and reproductive healthcare services for the lesbian, gay, bisexual and transgender (LGBT) community drives many members of this community to seek unsafe services or go abroad and pay very high fees to meet their needs.

**Fifth, gender inequality in the family** is still a major common problem. The family is also a place where many unequal gender norms and stereotypes persist. In addition to the role of income-generating workers, women are still required to bear the additional burden of housework and the responsibility of taking care of family members. The family is also the place where harmful gender practices occur, whose root cause is prejudice that lead to gender specific inequitable practices such as fetal sex selection, child marriage, and forced marriage.

**Sixth, gender-based violence (GBV)** includes domestic violence against women, child violence and sexual abuse, sexual harassment, and trafficking in women and children. Survivors of gender-based violence can be women, girls, men and boys, however, worldwide as well as in Viet Nam, survivors are predominantly women and girls. Poor people, PWDs, and LGBTs are usually groups at higher risk of GBV than others. GBV is a serious violation of human rights, it is both a consequence of gender inequality and a challenge against efforts to achieve GE. Therefore, the elimination of GBV has always been one of the important goals of global and national action programs.

**Seventh, solutions to respond to climate change, natural disaster risks, infectious diseases and environmental disasters have not yet considered the needs and interests of each gender.** In fact, women are the group most vulnerable to risks related to climate change, natural disasters, infectious diseases/epidemics/pandemics and environmental disasters, because they often do jobs that are more related to those risks. Women also have more limitations than men in accessing information and knowing response measures.

**Eighth,** the State management capacity in GE is not equal and is still perfunctory: (i) The system of documents and guidelines on gender mainstreaming has not yet been consistent; (ii) The capacity to implement gender mainstreaming of ministries, branches and localities has been slowly improved; and (iii) The quality control of gender mainstreaming has not been strict.

The capacity of the State management apparatus in GE at all levels is not guaranteed in both quantity and quality, not on par with their assigned functions and tasks. Most GE officers are undertaking concurrently many unrelated tasks, and the time spent on GE work is inadequate. There is a high rotation rate among GE cadres, as such their knowledge, skills and experience to perform tasks are insufficiently accumulated. Although capacity-building activities for GE cadres are carried out fairly often, the quality has not yet been focused. Attention to the Party Executive Committee and the local authorities, especially the heads of agencies/organizations, does not meet expectations. Furthermore, most ministries, branches and provinces have failed to dedicate adequate resources (staff, funding) on GE work.

---

246 Since 2007, the Ministry of Health has developed the program for “Providing adolescent friendly health services”, at that time there were 25 provinces and cities nationwide piloting this model with about 50 service points providing health services for adolescents, integrated in health facilities (leading hospitals, healthcare centres, district-commune health facilities) or in social organizations with operating funding mainly supported by international organizations, <https://www.tienphong.vn/khoe-dep-suc-khoe/dich-vu-suc-khoe-than-thien-cho-tuoi-vi-thanh-nien-94193.tpo>

The system of GE service delivery and support at all levels is in the process of formulation, and there remains many strategic difficulties in terms of the mechanism and apparatus to be used, service provider organisation, and resources. Areas with a high demand for GE support services include areas with gender inequality or areas at high risk of gender inequality; the areas with many industrial parks; EM and mountainous areas.

*Finally*, the statistics and information on GE have not yet assured effective support for the State management of GE at all levels. Agencies and organisations have not paid due attention to the collection of sex-disaggregated data and information to serve the research, planning and budgeting. A national database on GE has not yet been established. There is insufficient capacity and resources for the generation of statistics and information on GE.

### 4.3. POLICY RECOMMENDATIONS ON GENDER MAINSTREAMING IN SOCIAL PROTECTION DEVELOPMENT IN THE COMING PERIOD

---

#### 4.3.1. Recommendations on employment and income security for women

*First*, continue to complete the system of laws and policies on economy, labour and employment. Specific solutions:

- Continue to complete the system of laws and policies on economy, labour and employment to ensure the consistency of the legal system and domesticate international labour standards in line with the level of socio-economic development towards the economic integration of Viet Nam.
- Change the approach to formulating and completing policies from ‘protecting female workers’ to ‘guaranteeing and promoting GE’ in the entire relevant legal and policy system.

*Second*, the functional authorities need to strengthen the propaganda and communication of labour law policies for business owners and workers so that they strictly implement the provisions of the laws. At the same time, it is necessary to strengthen the inspection, examination and monitoring of the implementation of regulations applicable to female workers to ensure the realisation of female workers’ rights in the workplace. Discrimination against female workers on the grounds of maternity or marital status should be punishable by law.

*Third*, continue to review and assess the need for employment and vocational training services of groups of disadvantaged women in poor areas, low-educated women, EM women, and migrant women to design and adjust products and services accordingly. Develop diverse and flexible forms of vocational training, which are linked to job creation for female workers, to help women access the jobs currently dominated by men. In addition, promote women to study Science – Technology – Engineering - Mathematics (STEM) occupations, automation, etc. to meet the market needs of the international economic integration.

*Fourth*, create conditions for women to have full and equal access to resources to support entrepreneurship, start-up, SME development; especially support resources from the State budget. Focus on supporting women in start-up, entrepreneurship in the fields and industries of production, business and services having local strong traditional products, especially in EM and mountainous areas.

*Fifth*, diversify solutions to support women to have full and equal access to policies and programs relative to vocational education in order to improve the quality of female human

resources, gradually narrowing the gender gap in the labour force in the field. Determine and ensure the implementation of targets on the percentage of female students enrolled in key industries and occupations; at different training levels, from intermediate and college; at high-quality vocational schools funded/invested and supported by the State budget; and in agricultural, fishery and forestry extension activities funded by the State budget, especially in EM and mountainous areas.

**Sixth**, strengthen support solutions for disadvantaged groups of female and male workers to have full and equal access to policies and programs to promote and support the shifting from informal employment to formal employment.

**Seventh**, study and develop GE service delivery models, which focus on supporting job creation, job shifting, minimal income security and sustainable poverty reduction for female workers of poor households, near poor households; rural female workers and EM female workers.

**Eighth**, strengthen the inspection of the implementation of policies to ensure and promote GE in the economy, labour and employment; the implementation of policies/benefits for female employees in enterprises, production, business and service establishments.

**Ninth**, promote corporate social responsibility of businesses employing female workers in the implementation of social protection policies for women and girls.

**Finally**, regarding the preferential credit policy: increase the amount of unsecured loans and loan terms to suit the specific production-business-service plans of the women's groups.

#### **4.3.2. Recommendations on gender equality promotion in poverty reduction**

**First**, change the approach to gender mainstreaming in poverty reduction programs and policies. Emphasise that the principle of 'prioritising women' is an inadequate approach to GE in poverty reduction. Therefore, it is necessary to fully and effectively integrate gender into the NTP-SPR and poverty reduction policies in general.

**Second**, concretise gender mainstreaming in poverty reduction programs and policies into specific mechanisms and regulations, including adequate budget and resource allocation to the practical implementation of gender mainstreaming. It requires the commitment of the leaders to ensuring gender mainstreaming, and at the same time clear/specific sanctions for those who do not implement gender mainstreaming. In some necessary cases, it is possible to apply some measures to promote GE such as stipulating the minimal rate of women's participation in some fields, activities of the Program, and policies.

**Thirdly**, institutionalise the participatory planning process in the Program, ensure the voice and participation of women's groups. This is the most basic and important mechanism to ensure that women have a voice and a role in the decision on the use of resources from poverty reduction programs and policies. There is a need for consistent guidance from the central government on the participatory socio-economic development planning process at the commune level which provides specific provisions on the role of women specifically and that of the Women's Union in general in the process, on how to promote women's voices, to meet the minimal percentage of women participating in village planning meetings, and appropriate monitoring mechanisms.

**Fourth**, there is a critical need to build capacity in gender mainstreaming among officers in charge of poverty reduction. Capacity-building activities should focus on gender mainstreaming methods and skills in the implementation of poverty reduction programs and policies. In terms of methods, there is a need for innovation in the approach to capacity-building for poverty reduction officers. The learning approach applied should be participatory,

providing opportunities for learners to learn and acquire new skills by benchmarking with their practical experience and practice. Cultural and gender sensitive issues need to be included in the training content, as a result implementation officers will have the appropriate knowledge, respect and skills to understand, consider the diversity in local customs, especially practices related to gender relations.

**Fifth**, promote gender-responsive communication on poverty reduction, highlight the benefits of gender mainstreaming in sustainable poverty reduction. There is a need for in-depth content on GE to contribute to reducing or transforming gender norms in poverty reduction; strengthen communication on cases of successful EM women in poverty reduction/escaping.

**Sixth**, recommendations to provinces: (i) *innovate to apply the participatory and gender-mainstreamed planning*; (ii) *ensure that certain resources are assigned/allocated to women directly responsible for the implementation and benefits*; (iii) *pilot guiding the implementation of the principle of 'prioritising women' in the NTP-SPR at the local level*; and (iv) *develop a capacity-building program for grassroots staff on gender mainstreaming and capacity-building training under that program*.

**Seventh**, recommendations for development partners: strengthen technical assistance to the Government of Viet Nam to promote GE in the NTP-SPR in particular and in poverty reduction programs and policies in general, especially post-2020 poverty reduction programs and policies. *This technical assistance can be provided through the review of good practices, lessons learned on gender mainstreaming in poverty reduction, and sharing of assessment results, and thereby participating in dialogues for gender-responsive policy development. Some specific support includes (i) Gender-responsive budget promotion and implementation in the NTP-SPR and policies for poor and near-poor households; (ii) Capacity building for grassroots staff in gender mainstreaming in the implementation of the NTP-SPR and policies; and (iii) Capacity building for the Women's Union to take on the role of representing the voices of poor women's groups in the NTP-SPR.*

### 4.3.3. Recommendations on social insurance policy on gender equality

***The SI coverage expansion should pay attention to areas where many female workers have not yet participated in SI***

Although there is a legal framework on universal SI coverage, the expansion of SI participants still faces limitations and obstacles, failing to achieve the goal of *'strive to have about 50% of the labour force participate in SI by 2020'*.<sup>247</sup> Therefore, on the one hand, it is necessary to continue to adjust and supplement groups which are capable of participating in compulsory SI, including: owners of individual business households; business managers; people joining the sharing economy that generate new labour relations without labour contracts (Grab, etc.). On the other hand, it is necessary to continue to adjust regulations, policies, and regimes in a timely and suitable manner, in line with the need for and ability to participate in the SI of the groups that account for a high percentage of the labour force but have a low SI participation rate, especially for women in areas with employment relations; areas without employee protection; rural workers; self-employed workers; family workers, etc.

247 Resolution No. 15-NQ/TW dated 1 June 2012 of the 11th Central Committee of the Communist Party of Viet Nam on several social policy issues for the period 2012-2020; Resolution No. 21-NQ/TW dated 22 November 2012 of the Politburo on strengthening the leadership of the Party in the work of social insurance and health insurance in the period 2012 - 2020

***The amendment and supplementations of SI policies should pay attention to the participation needs and capacity of female groups, including:***

***Regarding voluntary SI***

- According to the retirement regime of voluntary SI, it requires participants to pay SI premiums for 20 years in order to be eligible for a monthly pension. This gestation period is long, and requires the economy to create and maintain jobs for workers. Voluntary SI participants must take care of their immediate needs, and do not receive timely support in cases of sickness, workplace accident, maternity, etc. This condition on contribution duration, together with the difficult economic situation, have discouraged voluntary SI participants from continuing to pay the SI premiums to pursue the enjoyment of future retirement benefits in old age.
- There is a big difference in benefits between compulsory SI and voluntary SI systems. Voluntary SI offers two benefits i.e., pension and survivor, while the immediate risks of loss of income such as illness, maternity, child rearing – which directly affect a workers' personal life - are not insured. Meanwhile voluntary SI premium payers still have to pay and wait too long to enjoy the pension and death benefits, which discourages them from participating in voluntary SI. Therefore, in order to increase the attractiveness of the policy as well as to meet the needs of the participants, it is necessary to consider some additional short-term regimes, especially the maternity benefits in voluntary SI to meet the needs of the participants i.e., when a risk occurs, insurance will pay, timely support for women paying voluntary SI premiums, which contributes to ensuring that all women are equal in participating in and benefiting from the maternity regime.

***Regarding compulsory SI***

- ***Amend regulations on lump sum SI allowance to limit the increase of SI participants leaving the system (including many female employees).*** Regulations allowing lump sum SI allowance will discourage employees from accumulating SI payment periods to enjoy a monthly pension at retirement age, failing to meet the goals of SI, and affecting their own social protection when workers are old. Therefore, it is necessary to amend the regulations on enjoying lump sum SI allowance in order to minimise the number of people claiming for lump sum SI allowance; for example a regulation which says that, eventually, lump sum SI allowance shall only be provided in cases where a worker reaches his/her maximum working age but is not eligible for pension and does not wish to continue paying, or there should be regulation stipulating that lump sum SI allowance amount would be lower if claimed by a worker of working age.
- ***Maternity benefits:*** further increase the provisions on maternity leave for male workers in the direction that reduces the mother-centred policy and shifts towards childcare undertaken by both parents.
- ***Retirement benefits:*** amend the conditions for enjoying the retirement benefits in the direction that gradually reduces the minimal number of years of SI premium payment to be eligible to draw pension benefits i.e., from 20 years to 15 years, and targeting at 10 years, to be suitable female workers to participate in SI. Future pension adjustment options should take into account the goal of reducing the gender gap in pensions.

### **Regarding the organisation of implementation**

- Continue to strengthen gender-responsive communication and propaganda on policies on compulsory and voluntary SI, HI, UI, occupational accident and occupational disease insurance; ensure that the most vulnerable groups of men and women can access information and promote their participation in the SI system.
- Strengthen the systems capacity to provide gender-responsive services.
- Review the gender-responsiveness of the current statistical indicator system of SI; propose additional statistical sex-disaggregated indicators; or add the mandatory requirement of sex-disaggregated data to the current indicators.

#### **4.3.4. Recommendations on promoting gender equality in social assistance**

**First**, social assistance policies need to ensure a human rights-based approach for both men and women, and boys and girls. In the formulation and implementation of social assistance policies and the provision of social work services, it is necessary to fully pay attention to the needs and actual conditions of each of these target groups.

**Second**, it is necessary to study and develop social assistance norms and social allowance coefficients based on the minimal needs of the target groups of social assistance, which consider the different needs of women and men, and boys and girls.

**Third**, it is necessary to regulate the standardisation of social work services in the field of GE, develop standards for each type of service and consistently apply them throughout the country. It is necessary to strengthen the capacity of Centres for Social Work Services to ensure the standardised delivery of GE services, and develop training materials, technical and professional guidelines for staff providing social work services in GE.

**Fourth**, the social assistance statistics data should be fully sex-disaggregated. In reports on social assistance work, it is necessary to mention the GE aspect, especially the status of participation and enjoyment of social assistance policies and services in general and services in GE in particular.

**Fifth**, recommendations for development partners: strengthen technical assistance to the Government of Viet Nam to promote GE in social assistance such as: support studies to provide theoretical and practical basis for the development of social assistance standards/norms and social assistance coefficients/amounts based on the minimal needs of the SA beneficiaries, which takes into account the different needs of women and men, boys and girls; support the development of standards for different types of social work services in the field of GE.

#### **4.3.5. Recommendations to ensure a minimal level of basic social services for women and girls**

##### **Ensure minimal education**

**First**, accelerate gender mainstreaming in education policies to promote gender-sensitive policy measures, with more attention to the characteristics of men and women in different regions, under different economic circumstances, and facing different risks, etc., in order to target substantive equality between men and women in terms of opportunities and the ability to access education.



**Second**, mainstream GE into the draft legal documents on education and training identified to have contents related to GE or gender inequality-related issues or gender-based discrimination.

Strengthen appropriate compensation policies specifically for women of different groups such as groups of female cadres, civil servants, public employees, rural women, female workers (especially workers in industrial zones, export processing zones, non-state workers), etc.

**Third**, review and assess the schooling status and needs of girls and boys in some key locations (for example, the Northern mountainous region and the Central Highlands). Review the school dropout status, focusing on girls in EM areas and girls in extremely vulnerable situations.

**Fourth**, promote the GE agenda, mobilise the community, implement awareness raising and information sharing campaigns targeting at families and schools to encourage and mobilise children to go to schools, create favourable conditions for the inclusion of girls under special circumstances.

**Fifth**, review, assess the current status and identify the needs for illiteracy eradication of men and women aged 15 and over (with focus on provinces with high illiteracy rates). Promote guidance and counselling programs for teachers working with EM girls and girls in extremely vulnerable situations.

**Sixth**, continue to develop, disseminate and organise training on the use of guidelines on gender mainstreaming in the curricula, textbooks with gender-related editing templates in the textbooks (including contents, images, languages, etc.) to the boards of compilation and appraisal of general education programs and textbooks.

Develop schemes and projects on the methods for teaching/training on gender and GE in pedagogical training institutions.

Ensure the balance between men and women in training courses at all levels in the national education system.

**Finally**, mobilise and use effectively the financial resources for GE work. Strengthen research on GE in the education sector. Promote multilateral and bilateral international cooperation on GE in education.

#### *Ensure access to basic healthcare*

**First**, promote GE mainstreaming into laws, policies, programs and plans, ensure basic healthcare for children that take into account gender difference, which can serve as a basis to propose interventions to specifically address health disadvantages among some certain groups of boys and girls. (e.g., obesity and mortality in boys, etc.).

**Second**, strengthen the provision of reproductive and sexual healthcare services for women and men. Especially, provide flexible, accessible and free reproductive healthcare services for women and men in EM areas.

**Third**, improve facilities and build health professional capacity of the grassroots health system in rural, EM and mountainous areas; at the same time, ensure the provision of friendly services for rural and EM women: (i) health workers can communicate in EM languages; (ii) services provided are suitable to the traditional culture, customs and practices of the EM people.

**Fourth**, continue to reduce EM maternal mortality rate by improving the quality and availability of reproductive healthcare, and maternal and child healthcare services in EM areas. Specific solutions include (i) Enhance EM women's access to quality maternal healthcare services

before, during and after childbirth by improving service quality and coverage, and relevance (in terms of culture/language) of reproductive healthcare, maternal and newborn healthcare services in EM areas; (ii) Strengthen propaganda, raise awareness and understanding of EMs, especially EM women of childbearing age of reproductive healthcare, maternal, newborn and child healthcare. Advocate EMs to quit local practices of home-delivery; and apply the practice of delivery with trained health staff attendance (iii) Allocate adequate resources from the national budget to healthcare with a focus on EM mothers and children.

**Fifth**, need to have an inter-disciplinary approach to reduce the stunting rate among EM children, specifically: (i) a diet that ensures nutrition suitable for physical and mental development of children by age; and (ii) effective maternal and child healthcare services, access to clean water, public sanitation and personal hygiene, and eradication of child marriage and consanguineous marriage.

**Sixth**, enhance access to sexual and reproductive healthcare information and services of female and male juveniles in rural, EM and mountainous areas. The content of information should include knowledge of contraceptive methods; the dangers of early marriage, and early pregnancy; HIV/AIDS prevention; and prevention and treatment of sexually transmitted diseases (STD).

**Finally**, consolidate the database system on maternal and child healthcare.

*Ensure other basic social services (access to information, clean water, housing)*

**First**, actively implement support and preferential policies on house construction, clean water and information in rural areas, areas with difficult socio-economic conditions, remote areas, EM and mountainous areas. Specifically:

- Focus on solutions for access to information for groups in EM and mountainous areas;
- Focus on solutions for housing access for female migrant workers in industrial zones, export processing zones, etc.
- Focus on gender mainstreaming in clean water programs such as Program 135, etc.

**Secondly**, promote gender-responsive budgeting in the formulation and implementation of policies, programs and projects on infrastructure development. Conduct gender analysis and social inclusion analysis, based on which identify the most vulnerable groups with respect to access to clean water, housing and information, thus programs and policies can focus on these target groups.

**Third**, develop a sex-disaggregated database on access to basic social services (taking into account age, income, ethnicity, culture, geography, etc.).

## REFERENCES

1. 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives (Access: <https://globalnutritionreport.org/reports/2020-global-nutrition-report/> on 11/9/2021)
2. Addati, Laura, Umberta Cattaneo, Valeria Esquivel and Isabel Valarino. Care work, and Care Job for the Future of Decent Work (Geneva: ILO, 2018).
3. Viet Nam Social Insurance, Report on the direction of implementation of social insurance in September 2019.
4. Viet Nam Social Insurance, Five-year socio-economic development plan 2021-2025 of the Social Insurance industry.
5. Legal documents on social insurance and unemployment insurance policies for the period 2011-2020.
6. Government of Viet Nam (2011). National strategy for Gender Equality for the period 2011-2020.
7. ILO –Viet Nam Women’s Union, Gender Impact Assessment in the amendment of the Law on Social Insurance of Viet Nam. July 2021.
8. ILSSA and UN WOMEN, (2015), Social Protection for Women and Girls in Viet Nam.
9. ILSSA, Report on gender equality trends in the field of salary and social insurance for the period 2011 -2020 and forecast for the period 2021 - 2023, Hoang Thu Hang NVTX 2020.
10. ILSSA, Labour and Social Trends Report 2017, 2018, 2019.
11. Ministry of Labour - Invalids and Social Affairs, Viet Nam Labour Market Update Bulletin No. 27, Q3/2020.
12. Ministry of Labour - Invalids and Social Affairs, Report on impact assessment of the revised Law on Social Insurance policy.
13. Ministry of Labour - Invalids and Social Affairs, Summary assessment report on Law on Social Insurance 2014 for the period 2016 -2020.
14. Ministry of Labour - Invalids and Social Affairs, Draft proposal to develop the Law on Social Insurance (amended), April 2021.
15. Viet Nam National Assembly (2006). Law on Gender Equality.
16. Susan Thurstans et al. 2020. Boys are more likely to be undernourished than girls: a systematic review and meta-analysis of sex differences in undernutrition.
17. Circular 06/2021/TT-BLDTBXH dated 7 July 2021 amending and supplementing a number of articles of Circular 59/2015/TT-BLDTBXH dated 29 December 2015 of the Minister of Labour - Invalids and Social Affairs The Society detailing and guiding the implementation of a number of articles of the Law on Social Insurance on compulsory social insurance.
18. General Statistics Office (GSO), Results of Population and Housing Survey 2019.

19. General Statistics Office, 2020, Labour Force Survey – Q3/2020.
20. General Statistics Office, Situation and factors affecting fertility in Viet Nam, Hanoi, 2021.
21. Committee for Social Affairs of the National Assembly, Research on solutions to expand social insurance coverage for informal workers in Viet Nam (2018 -2020).
22. UN Women, 2021. Data on women and men of all ethnic groups in Viet Nam for the period 2015-2019: Through the results of the Survey on the Socio-economic Situation of 53 Ethnic Minority Groups in Viet Nam 2019.
23. UN Women, 2021. Policy brief: Gender issues of ethnic minorities in Viet Nam.
24. UNFPA, 2017. Viet Nam Midwifery Report 2016.
25. UNFPA, 2020. Impact of COVID 19 on maternal health and family planning in Viet Nam
26. UNFPA, Ministry of Labour - Invalids and Social Affairs, Review of 10 years of implementing the Law on Gender Equality, Hong Duc Publishing House, 2020.
27. UNFPA, Ministry of Health, Exploring Barriers to Accessing Maternal Health and Family Planning Services in Ethnic Minority Communities in Viet Nam, Hanoi, 2017.
28. UNFPA, Ministry of Health, Exploring Barriers to Accessing Maternal Health and Family Planning Services in Ethnic Minority Communities in Viet Nam, Hanoi, 2017.
29. UNFPA, General Statistics Office, 2015 National Internal Migration Survey: Key Results, Thong Tan Publishing House, Hanoi, 2016.
30. UNICEF, Prevention of Overweight and Obesity in Children: Landscape Analysis and Priority Actions in Viet Nam, Hanoi, 2021.



**Institute of Labour Science  
and Social Affairs**

No 02, Dinh Le, Hoan Kiem District, Ha Noi  
Tel: +84 24 38242074  
<http://ilssa.org.vn>



**United Nations Entity for Gender Equality  
and the Empowerment of Women (UN Women)**

Viet Nam Country Office  
304 Kim Ma, Ba Dinh, Ha Noi, Viet Nam  
Tel: +84 24 38500100  
<http://vietnam.unwomen.org>