

Vietnam Child Right Working Group

Supplementary Report on Vietnam's
Implementation of the United Nations
Convention on the Rights of the Child for
2019-2022

Hanoi, August 2022

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Preamble

From 2019 through 2022, the COVID-19 pandemic has had a significant influence on the lives of people all across the world, including in Vietnam. Children are at a lower risk of poor health outcomes from COVID-19, but the 'shadow' impact of the pandemic has increased risks to children, resulted in worse outcomes for children and this is especially so for those who were already vulnerable. A large number of children became orphaned when their parents and/or caregivers died from COVID-19. As of February 2022, there were 4,335¹ orphaned children throughout the country due to COVID-19. According to the Ministry of Health, over 20% of those afflicted with COVID-19 are under the age of 18 (equivalent to nearly 500,000 children)². Social distancing regulations resulted in a shift to online learning. Violence against children both online and within families has increased and the online environment has also changed as compared to the past. As a result of the pandemic's detrimental effects, the Vietnamese Government has made numerous steps to mitigate the immediate and long-term effects of the COVID-19 outbreak on children. The Prime Minister issued Directive 36/CT-TTg on December 31, 2021, to reinforce options for protecting and caring for COVID-19-affected children and some other social welfare policies.

In February 2020, the Child Rights Working Group (CRWG) sent the United Nations Committee on the Rights of the Child (CRC Committee) the Supplementary Report of social organizations and NGOs on the results of the implementation of the United Nations Convention on the Rights of the Child in Vietnam from 2012 to 2017 and updated to 2019. The CRWG also submitted an additional report in 2021, updating information on the implementation of children's rights in the context of the COVID-19 pandemic's impact.

To update information on the implementation of children's rights in Vietnam, the CRWG have prepared this additional report on the implementation of the CRC Convention for the period from June 2019 to June 2022, at the request of the CRC Committee.

¹ Reports from DOLISA in Vietnam, February 2022

² <https://vietnamnet.vn/hon-4-000-tre-em-mo-coi-gan-500-000-be-mac-COVID-19-2018898.html>

This report will focus on updating the following contents:

1. Violence against children
2. Child protection on the Internet
3. Children's access to quality education in the context of COVID-19
4. LGBTI+ children
5. Child nutrition
6. Children using and being affected by tobacco and new tobacco products

This report is the result of consultation with 28 social organizations and NGOs (both online and in-person) and was endorsed by the organizations listed below:

No.	List of organizations
1	CBM Vietnam
2	ChildFund Vietnam
3	Catholic Relief Services (CRS)
4	HealthBridge Foundation of Canada, Vietnam Office
5	Management and Sustainable Development Institute (MSD)
6	Save the Children International in Vietnam
7	SOS Children's Villages Vietnam
8	SUN CSA Vietnam (contributing to the Nutrition related content)
9	Plan International Vietnam
10	The Institute for Studies of Society, Economy and Environment (iSEE)
11	Vietnam Association for Protection of Child's Rights (VACR)

Violence against children

Violence and abuse against children is one of the most serious issues that have arisen in recent years. According to the Ministry of Labour, Invalids, and Social Affairs report, over 4,000 children experienced abuse between 2019 and 2021. There was a sharp increase in the number of reports of child abuse from June 2020 to June 2021, with more than 2,200 incidents reported, when compared with 1700 incidents from June 2019 to June 2020³. However, according to figures from a CRWG member organization, there was a total of 104 occurrences of child abuse cases reported and registered for management across all 26 northern mountainous communes in 2021⁴. This may indicate significant under-reporting of child abuse in other regions that were outside of the scope (or resources) of this report.

According to the survey report reviewing development targets conducted by the General Statistics Office in 2021, the percentage of children aged 1-14 years old who had been exposed to any form of physical punishment in the 1 month preceding the survey time was 68.4%, which was higher than the rate in 2014⁵. According to the report of the National Child Helpline 111, the percentage of children experiencing violence by family members grew by 5.3% in 2021 compared to 2020, accounting for the highest rate of 72.8% among all types of violent abuse⁶.

The report of UN Women and UNFPA in 2021 also mentions the issue of violence against children during the COVID-19 era. Of the 224 girls and 175 boys aged 11-14 who took part in the survey, 73.4% reported encountering at least one kind of violence during the COVID-19 pandemic. With a prevalence of 66.9%, psychological violence is the most common type of violence. Girls had a higher rate of experiencing violence than boys in all three forms of violence, notably emotional violence (girls: 68% vs boys: 65.5%); being ignored/neglected (19.3% girls vs 15.8% boys); and experiencing any form of violence (girls 74.1% vs boys 72.5%)⁷.

However, only approximately 20.6% of abused children seek help. Children in urban regions, in particular, seek help at a higher rate than children in rural areas, with rates of 23.0% and 18.1%, respectively⁸. This rate is consistent with the findings of the National Child Helpline, 111. In 2021, the Helpline got 507,681 calls, however, only 35,385 calls were recorded as receiving counseling, accounting for around 7% of all calls⁹.

This situation is explained by a number of reasons as follows:

³ Minister Dao Ngoc Dung, MOLISA delivered a speech at the presentation session on "Strengthening the implementation of policies and laws on prevention and control of violence against children" chaired by the Committee for Culture and Education in collaboration with the Committee on Social Affairs and the Committee on Justice of the National Assembly on the morning of February 22, 2022

⁴ ChildFund, 2021. Internal report of the Child Protection project on Improving the effectiveness of the Child Protection System

⁵ General Statistics Office, summary results of the survey on sustainable development goals for children and women in Vietnam 2020-2021.

⁶ National Child Helpline, 2021. Annual report

⁷ UNICEF, UNWomen, UNFPA and Hanoi Medical University, 2020. Rapid assessment of violence against women and children due to the impact of COVID-19 and recommendations for necessary support and response activities

⁸ ibis 7

⁹ Ibis 6

Low implementation of laws and policies: Vietnam has issued a number of legal documents and national programs on children in the last two years¹⁰, as well as technical instructions on multidisciplinary and specialized cooperation in accepting and handling cases of child abuse¹¹. However, due to an insufficient local budget, an unclear inter-sectoral coordination mechanism, and inefficient monitoring and accountability in the implementation of child protection programs and goals, the implementation of national policies and programs continues to encounter many challenges. As of April 2022, only 13 of 63 provinces have issued a decision to implement a coordinating mechanism to support and act on behalf of children who are victims of violence¹². There is currently a significant disconnect between those who provide child protection services and those who need them, as well as a restriction on the participation of private and non-public service providers as a result of the government's failure to define the list and standards of child protection support services up until this point¹³.

Lack of availability and quality of services for children experiencing violence: There is a significant lack of professional resources. Only 32 of 63 provinces have Social Work Centers to assist children who have experienced violence and abuse. At the district level, there are only 42 child protection service providers as of 2019 (per total of 705 districts or equal administrative units nationwide)¹⁴. There are 4,713 school counseling points and 2,434 community counseling points¹⁵. Furthermore, there is a shortage of staff in charge of child protection at the grassroots level, with just 16% of district-level staff in charge of child protection and 11% of commune-level staff in charge of child protection¹⁶. The capacity of grassroots child protection officers in preventing and responding to child protection occurrences in the community remains weak.

Community acceptance of physical punishment: It is the duty of many – including parents, caregivers and teachers to realize children's right to be protected from all forms of violence and abuse in the family, school and community. Despite this, it is still a frequent practice in society for caregivers of children to use physical punishment, and society views this method of child education as an effective tool. Because the such punishment and violence are seen by the community as the family's own concern, the community does not object to it or report it. Parents are lacking parenting skills and communication skills with their children.

Child participation in decision-making: Children do not have the necessary knowledge and skills to fully recognize potential risks, respond to violence and abuse, and seek support. Child

¹⁰ Including: Decision 23 - National action plan for children in the period of 2021-2030; Decision 1863/2019 on the action plan to prevent violence against children; Resolution 121/2020 of the National Assembly on strengthening the effectiveness and efficiency of the implementation of legal policies on the prevention of child abuse; Directive No. 36/CT-TTg of the Prime Minister on strengthening measures to protect and care for children affected by the COVID-19 pandemic;

¹¹ Joint Circular No. 01/2022/TTLT-VKSNDTC-TANDTC-BCA-BQP-BLDTBXH stipulating coordination among competent agencies in receiving and handling denunciations and information about crimes and petitions for initiation investigation, prosecution and first-instance trial of cases of sexual abuse of persons under 18 years of age; Circular 3133 of the Ministry of Health regulating the process of receiving, examining and screening cases related to child abuse.

¹² <http://www.molisa.gov.vn/Pages/tintuc/chitiet.aspx?tintucID=231307>

¹³ Nguyen Hai Huu, 2022 Report on building a list of child protection services

¹⁴ <https://moha.gov.vn/danh-muc/linh-vuc-chinh-quyen-dia-phuong-dia-gioi-hanh-chinh-26074.html>

¹⁵ Department of Children, 2020. Report on the results of the implementation of the National Action Program for Children in the period 2012-2020

¹⁶ Government Office Report 161/BC-CP. Report on the implementation of children rights and responsibilities of different Ministries and other agencies relating to children from July 2020 to December 2021.

participation in decision-making processes to address child protection has not been promoted properly.

Recommendations:

1. Strengthen the monitoring of implementation of child protection policies, regulations and programs; responding to child abuse cases; adding child protection indicators in local socio-economic development plans and monitoring their implementation of these indicators; evidence-based assessment of process and performance results to amend policies and programs accordingly; periodic updating and reporting of national data disaggregated by gender, age, target group, abuse and violence against children.
2. Ensure appropriate budget allocation for child protection work at all levels, especially the budget for salary payment and specialized training in social work for staff and collaborators engaged in child protection work.
3. Promote the standards and rules about the roles and responsibilities of professional child workers and build capacity for local staff who work with children¹⁷;
4. Improve the effectiveness of the inter-sectoral coordination mechanism; between state agencies and social organizations, NGOs, businesses and other stakeholders in child protection, prevention and responding to child abuse cases.
5. Develop minimum standards for child protection services, including child protection services in emergencies which are accessible to parents and caregivers, especially for children with disabilities.
6. Promote professional child protection services at the provincial/district level to ensure connection and referral, provision of child protection services as well as technical support and supervision for community-based services;
7. Create friendly, high-quality, and easy-to-reach counseling services for children, parents, and caregivers in the community and at schools. These services could include child protection counseling points in the community, psychological counseling points/rooms at schools, and trusted addresses in the community; and diversify different types of public and private child protection services. Develop the capacity building programs for parent and to-be-parents or pre-marital trainings at community.
8. Strengthen the coordination mechanism between schools and communities in identifying, reporting, supporting and referring cases of child abuse.
9. Encourage people, parents/caregivers, teachers, and children to report suspected cases of abuse and violence against children to the authorities as well as the communal child protection standing group.
10. Promote the effective and actual participation of children in the process of developing, implementing, monitoring and evaluating the implementation of the Child Protection Program through models such as Children's Council, Children's Forum, Children's Club, etc.
11. Promote living values and life skills education programs that teach children how to protect themselves, how to solve conflicts in a positive way, and how they can actively contribute to solve child protection problems.

¹⁷ Notice of Government Office No. 324/TB-VPCP dated August 29, 2018

Child protection on the internet

Vietnam is among the countries with the most internet users in the world, accounting for 70% of the whole population¹⁸. In 2021, approximately 68.72 million people in Vietnam have access to the Internet in which the number of 6 to 14-year-old-children accounts for 17%, while the 15-24 group accounts for 23%¹⁹. There are clear benefits for people in Vietnam with online access to information and social networks. In the context of COVID 19 with social distancing and movement restriction, internet access has helped children engage in education. However, internet access has also created other problems, such as violence, exploitation, and sexual abuse of children²⁰.

In 2021, Vietnam was in the top third of the countries in the South-East Asia region that had images and videos online related to child sexual abuse. More than 700,000 pictures of child sexual abuse from Vietnam were recorded by the international CSAM system²¹. A survey of 1,725 children in 5 mountainous provinces of Vietnam found 91% of them has accessed the internet. Yet just 10% of them think they know how to stay safe online while 47% have experienced at least one form of cyber violence in the past six months. As a result, 43% of them said they are scared and don't feel like talking about their problems and asking for help²². The issue is similar in urban context, with approximately half of the 1,300 children surveyed in Dong Anh District said they had experienced abuse on social networks by both strangers and people they know²³. Online abuse continues to increase. Between 2020 and 2022, the number of cases of child abuse reported to the National Child Protection Hotline 111 through the Internet has doubled. There were 229 cases in 2020 compared with 458 cases in 2021. In the first half of 2022 there are 244 cases already reported²⁴.

Vietnam has made tremendous efforts to improve laws and policies on protecting children in the online environment. These include but not limited to:

- The Law on Children passed in 2016; the Law on Information Technology passed in 2006;
- Decree 56/2017/ND-CP passed in 2017;
- The Law on Cyber security passed in 2018 and
- Decision No. 830/QĐ-TTg to approve the "Program to protect and support children to interact in a healthy and creative way in the online environment from 2021 to 2025" signed in June 2021²⁵.

The legal documents approved recently by the Government have shown a high commitment to protecting children in the online world. They have also clearly defined the roles and responsibilities of all parties involved in the program's implementation, monitoring, and

¹⁸ <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=VN>

¹⁹ <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=VN>

²⁰ Ministry of Labour, Invalids and Social Affairs (MOLISA) and UNICEF, 2016. Online Child Protection Capacity Assessment

²¹ <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=VN>

²² Plan International and ISDS, 2021. Ethnic minority girls, boys, young women and men use the digital space to understand and claim their rights, access support services and raise their voice towards policy makers

²³ Plan International, MSD and Light, 2021. Report on children's feedback on children's work and gender equality in Dong Anh

²⁴ National hotline for child protection, 2021. Annual report

²⁵ [Vietnam launches first programme on child protection online | Society | Vietnam+ \(VietnamPlus\)](#)

cross-sectoral coordination. However, according to the report "Assessment of the Legal and Policy Framework Related to the Protection of Children from Online Sexual Abuse"²⁶, there remain some gaps in the legal frameworks. There are no uniform regulations on "child sexual abuse material" (CSAM), "online child solicitation" and penalties for possession of CSAM – an internationally recognized standard²⁷. There is a lack of attention given to criminalizing behaviours of grooming and online abuse; sanctions for acts of grooming, abusing and exploiting children in the online environment are lacking and are not effective as a deterrent; ability to control harmful information posted on websites and social networks.

The Vietnam Network for Child Online Protection (VN-COP) was established in April 2021. To date, there have been a number of actions that aim to promote public awareness about the dangers for children online. However, the majority of these activities are spontaneously initiated and carried out by the members, while working mechanisms, approaches and methods have not been shared and coordinated.

Children, particularly those in vulnerable groups, are unaware of the severity and impact of social media and technology on their safety and development as a whole. They don't have enough information or necessary skills for proactive prevention, early detection of risk factors, and seeking support. In an online survey, 52.8% of the children reported a lack the skills to prevent and combat bullying, isolation, and online abuse, while another 49.6% believe they need to improve their skills in securing their personal information²⁸.

Parents/caregivers, educators, and members of the community lack the information and essential skills to be active partners in prevention, early identification, and problem-solving. A poll conducted by a member of the CRWG revealed that only 8.6% of parents and 32.5% of instructors have a basic understanding of online child sexual abuse²⁹. The rapid development of many forms of social networks and digital technology require that parents and teachers update their knowledge of social networks and digital technology. The families and communities should bear in mind that detrimental gender attitudes and practices still persist that jeopardize efforts in the protection against child abuse online. For instance, keeping silent to protect the family's honor when their daughters have been sexually harassed and abused, blaming the victim, and making comments about women and girls' bodies that make them feel ashamed are still considered acceptable in the Vietnamese cultural and social environment.

Social workers, local government staff and service providers do not have enough skilled capacity in managing cases with gender perspective. Process and services are not yet consistent enough with Standard Operating Procedures (SOPs). Therefore, the roles and duties of the stakeholders at each stage of the process should be clearly defined, especially in monitoring implementation.

A multi-disciplinary working mechanism is not yet clearly defined. For instance, Decision 830, titled "Program to Protect and Support Children to Interact Healthy and Creatively in the Online Environment for the Period of 2021-2025," has not yet clearly defined the roles,

²⁶ World Vision International in Vietnam, 2021. Review Of The Legal Framework And National Policies On Protecting Children From Online Sexual Exploitation And Abuse

²⁷ VACR and ECPAT international, 2018. Sexual Exploitation of Children in Viet Nam submission for Universal Periodic Review of the human rights situation in Viet Nam

²⁸ Vietnam Association for Protection of Child's Rights, 2021. *Online Quick Survey Report on "Children's Rights in the Digital Environment"*

²⁹ World Vision International in Vietnam, 2021. Tackling online child sexual exploitation evaluation report

responsibilities and accountabilities of service providers. In addition, international cooperation in cyber safety is not yet strong. The coordination between authorities in Vietnam and foreign institutions/organizations is not effective.

Recommendations:

1. Clarify regulations and policies related to child protection in cyberspaces, including: clearly defining forms and acts of grooming, abusing and exploiting children in the online environment; regulations on handling and criminalizing child abuse in the online environment; development of inter-sectoral and international coordination to strengthen the mechanism for information sharing and handling of child abuse cases.
2. Strengthen the prevention of online violence, abuse and exploitation of children for children, parents/carers and teachers: Children need to learn more about how to use the internet in a safe and effective way. Interaction with children needs to fit the needs and situations of children who live in cities, on farms, in the mountains, and in vulnerable situations. Also, parents, guardians, teachers, and school officials need to be up-to-date on the digitization trend and types of interactions children have in cyberspace. They need to know how to help children actively share information, prevent problems, and identify early risk factors.
3. Strengthen the roles and responsibilities of telecommunications agencies, digital platform providers, and social networks in keeping children safe in cyberspace by passing and enforcing policies to protect users, especially children.
4. Build the skills of people who work in child protection at all levels to find and deal with cases of child online abuse, especially child protection officers at the local level and school staff. In the child protection service system, special attention is paid to adding special skills in problem-solving and coordination for specific focal points like police, cybersecurity, and telecommunications service providers that are complex and involve many different fields.
5. Strengthen the role of national and international NGOs and UN agencies in connecting professional groups, gathering resources, and sharing and learning from international experiences that can be used in Vietnam in a flexible and useful way. The government of Vietnam should consider joining the INHOPE, a global network combating online child sexual abuse, for sharing information and reporting CSAM.

Children's access to quality education in the context of COVID-19

More than 21 million Vietnamese children were affected by school closures caused by COVID-19³⁰. The education system has applied various forms of distance learning (online, TV, radio) to ensure that children's learning is not interrupted and that children can continue to access learning activities more flexibly while still adhering to the educational curriculum framework and within the prescribed school year. According to the Ministry of Education and Training's summary, as of September 12, 2021, 26 out of 63 provinces/cities across the country were organizing online learning (some provinces only maintain online learning in some certain areas, while others did not apply distancing but still at high risks continued to maintain online learning). The number of students studying online was estimated as of 7.35 million. It was projected that 1.5 million students in 26 provinces/cities required further assistance because they do not have access to internet connection for online learning.

³⁰ <https://www.unicef.org/vietnam/stories/placing-children-heart-viet-nams-COVID-19-response>.

Effective implementation of online education necessitates a synchronized investment of resources, time and efforts from all related stakeholders. During the period of school closure caused by COVID-19 (from the beginning of 2020 to the end of 2021,) online education in Vietnam encountered numerous obstacles as below:

Firstly, regarding to information and technology infrastructure, across Vietnam, 70% of the population has access to networked telecommunications³¹. Through the "*Connection and Computers for Children*" program, the Vietnamese government has made significant efforts to provide children with online education. However, students in rural areas, particularly those in isolated schools and mountainous areas who do not have internet access, were unable to attend online classes despite having learning equipment. According to CRWG's online survey with 1,056 children aged 9 – 17 on the impact of the COVID-19 on children, 49% of children reported that they had difficulties in studying online, their learning was interrupted due to network errors and could not access online classes; 22% of surveyed children found it difficult to complete homework and exams online³².

Secondly, regarding to the device access, from the State Management Assessment Report in the third quarter of 2021, Ministry of Information and Communication, it showed that there were 123 million mobile phone subscribers in Vietnam, of which 90,3 million were smartphone subscribers (accounting for 73.4% of mobile phone subscribers). In particular, 53.5 million people aged 15 and older use smartphones, equivalent to 84.6% of the total number of people aged 15 or older who use phones³³. It means almost every family in Vietnam has at least one mobile phone, however, this doesn't mean that students will always be able to learn online. Online learning will work better on a personal computer which is connected to the internet. The number of households in rural areas with computers and the number of low-income households with computers are both much lower than in urban areas. Even in Ho Chi Minh City, the biggest city in the country, about 75,000 students can't meet the requirements for online learning³⁴. Moreover, there aren't enough age-appropriate and child-friendly learning materials for children of ethnic minorities and children with disabilities, and it's hard for them to get access to online education.

Thirdly, regarding to readiness in online teaching, setting up online education has been challenging because there aren't enough facilities and qualified teachers who know how to utilize technology in their work. Teachers, especially those in remote areas, are not ready for online teaching, 93% of them said that they had never used technology in their classes before COVID-19³⁵. When teaching online, teachers have to spend time and effort to rebuild lesson plans and materials and also learn new information and skills. Teachers who have been teaching for a long time find it very hard to adapt and change their teaching methods.

Fourthly, regarding to access to education of pre-schoolers, preschool education has been interrupted for a long time affecting about 4 million children, especially those in cities and industrial areas. It's hard to set up preschool education activities online, and it's not suitable or not accessible equally to all children, especially 5-year-olds, children from ethnic

³¹ <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=VN>

³² Vietnam Association for Protection of Child's Rights, 2021. Quick online survey on the impact of COVID-19 on children

³³ <https://vneconomy.vn/dien-thoai-smartphone-da-phu-song-hon-73-nguoi-dung-vien-thong-di-dong.html>

³⁴ <https://giaoduc.net.vn/giao-duc-24h/khoang-75-000-hoc-sinh-tp-ho-chi-minh-khong-du-dieu-kien-hoc-tren-internet-post220764.gd>

³⁵ Assessment of socio-economic impact of the COVID-19 pandemic on children and families in Vietnam in a few words.pdf (unicef.org)

minorities, children who live in mountainous areas, children who live in areas with hard socio-economic conditions, and children who come from families with difficult situations. With preschoolers, there aren't many ways for the teacher and the child to interact and learn. Also, in the context of the pandemic, preschoolers have not been thought of as a priority group in the efforts to support children maintain their access to education. Most children play by themselves or with their siblings at home. Some children learn letters, numbers, and how to play games at home with the support of their parent or an older sibling³⁶.

Fifthly, impact on mental health and wellbeing of children. There has been little attention paid to the mental health conditions of children. Children's mental health is greatly affected by prolonged disruptions to school, their relationships with friends and social interactions are also disrupted, they have to study online for hours every day and for a long time. Lack of flexibility, passivity, lack of physical movements, communication and interaction also have a big effect on children's mental health. The results of the CRWG survey show that 48% children felt pressure from parents in 2020 and 27.3% in 2021. 32.5% of children feel that their parents were not close and cared about them when they were alone, and 29% of children think that learning online or through TV is bad for their health³⁷.

The most recent survey conducted by the Institute of Mental Health showed that 11% of 6,407 students between the ages of 11- 17 said they had thought about suicide in the past year³⁸. According to a report from the World Health Organization in 2021, people in Vietnam are also worried about the number of teens who commit suicide. This is especially true for children, where suicide rates rose after 2020 and 2021 because of the COVID-19 pandemic and the lockdown and social distancing that caused. To date, there has been little exhaustive research on the effects of COVID-19 on children, particularly those who are vulnerable. In the context of social distancing, children with developmental disabilities, children in difficult circumstances, and children living in remote and ethnic minority areas who are inherently vulnerable are at greater risk of being adversely affected in life, learning, and accessing other support services, particularly their right to access to quality education.

Recommendations

1. The education sector should be well prepared for online education in responding to future disruptions due to the occurrence of emergencies and other disasters, which can be supplement for direct education.
2. The sector should have the specific strategies and solutions to ensure quality education including educational online platforms which are accessible and appropriate for all children, regardless of age, ethnicity, ability, location or other circumstance.
3. Build capacity for administrators and teachers on how to use information and technology effectively in the design and implementation of online teaching.
4. Build a monitoring system (including mechanisms, indicators and monitoring tools) for e-learning to ensure that online education activities are supervised according to plan and quality assurance.

³⁶ Children's Rights Working Group, 2020. Report on the results of a rapid assessment of the impact of the COVID-19 pandemic on children

³⁷ Vietnam Association for Protection of Child's Rights, 2020. Quick online survey on the impact of COVID-19 on children

³⁸ Alarming teen suicide rate on the rise (tinmoi-247.com) [Báo động tỷ lệ tự sát trong thanh thiếu niên ngày càng gia tăng \(tinmoi-247.com\)](https://tinmoi-247.com/bao-dong-ty-le-tu-sat-trong-thanh-thieu-nien-ngay-cang-gia-tang)

5. Promote school psychological counseling activities and expand with different initiatives so that many students can have access.
6. Raise awareness for parents and caregivers about the importance and the right to education of all children, create favourable conditions for children to study, and ensure that all children have equal access to education.
7. Mobilize social resources and increase support for vulnerable children in the community to ensure their right to education and access to quality education.
8. Promote corporate social responsibility in development and investment in education sector. Developing user-friendly, affordable electronic platforms and electronic devices for online learning which are suitable for low- and middle-income people.

LGBTI+ children

In the third-cycle of the UPR, Vietnam accepted recommendation from Chile (38,109, A/HRC/41/7) to “Develop legislation against discrimination basing on sexual orientation and gender identity” and Malta (38.97, A/HRC/41/7) to “Take further steps to ensure the protection of all vulnerable groups in society including lesbian, gay, bisexual, transgender and intersex persons”³⁹ Even though they are mentioned in the national implementation plan, these two recommendations are not mentioned in the Mid-Term Report on the Implementation of the Recommendations approved by Vietnam's third-cycle UPR⁴⁰. The Anti-Discrimination Law has not yet been in discussion up to May 2022. Gender identities and sexual orientations are not included as grounds for protection from discrimination in Vietnam’s current legal framework.

The 2015 Civil Code legalized the right to legally gender recognition and access to health care services for gender affirmation procedures⁴¹. The Ministry of Health is in charge of developing the draft Law on Gender Affirmation so that Article 37 of the 2015 Civil Code can be put into practice. Transgender children over the age of 16 will be able to access hormone therapy with parental consent, according to the draft version by March 2022⁴².

The Law on Marriage and Family 2014 doesn’t recognize marriage for same-sex couples⁴³. In Vietnam, the legal framework for adoption and surrogacy for humanitarian reasons doesn't include same-sex cohabitation or the rights of children of same-sex couples^{44 45}. Children whose parents are in a same-sex relationship can only be legally the children of one of them (through adoption or a pre-existing parent-child relationship). This causes many legal risks in raising, caring for, and protecting children while living together or after splitting up. Parents

³⁹ Human Rights Council, Summary of recommendations for Vietnam in the third cycle.

<https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session32/VN/Recommendations.docx>

⁴⁰ Vietnam, Voluntary Midterm Report on the Implementation of the Recommendations Approved in the third-cycle UPR

https://www.ohchr.org/sites/default/files/2022-04/VietNam_Implementation_Third_Cycle.pdf

⁴¹ Civil Code 2015. Article 37. <http://hethongphapluatvietnam.net/law-no-91-2015-gh13-dated-november-24-2015-the-civil-code.html>

⁴² Project on Gender Transformation. Article 6. <https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Luat-Chuyen-doi-gioi-tinh-500252.aspx>

⁴³ Marriage and Family Law. Article 8. <https://thuvienphapluat.vn/van-ban/Quy-en-dan-su/Luat-Hon-nhan-va-gia-dinh-2014-238640.aspx>

⁴⁴ Decree 12/2003/ND-CP. Article 4. <https://thuvienphapluat.vn/van-ban/The-thao-Y-te/Nghi-dinh-12-2003-ND-CP-sinh-con-theo-phuong-phap-khoa-hoc-50513.aspx>

⁴⁵ Marriage and Family Law. Article 95. <https://thuvienphapluat.vn/van-ban/Quy-en-dan-su/Luat-Hon-nhan-va-gia-dinh-2014-238640.aspx>

who are LGBTI+ also faced with challenges in raising and caring for their children due to a lack of understanding from relatives, teachers and friends, affecting the learning and development of children. Same-sex couples who have legally married abroad and have children together are also not recognized in Vietnam.

Recommendations

1. Have a clear plan and schedule timeline for developing and putting into effect the Anti-Discrimination Law, which covers sexual orientations and gender identities and ensure the best interest of the child.
2. Put into effect the Law on Gender Affirmation, making it possible for transgender and gender-diverse children and youth to access proper health care services and ensure the best interest of the child.
3. Research and amend laws on health care access for transgender and intersex children, based on the principle of respecting their right to physical integrity and self-determination, in line with international standards and the Guidelines for Transgender Health Care (SOC 7) and ensure the best interest of the child.
4. Amend the Law on Marriage and Family 2014 to ensure the best interests of children of same-sex couples by recognizing same-sex marriages, creating the legal basis to recognize the adoption of same-sex couples and same-sex marriage that took place and certified in other countries.
5. Strengthen communication about sexual orientations, gender identities, gender expressions, and respecting gender diversities for children and communities. Strengthen communication about parenting solutions of LGBTI+ people, raise awareness of community on the existing LGBTI+ families, as well as improve the quality of counseling services that give LGBTI+ parents information about giving birth and raising children.
6. Improve the quality of psychological support services, ensure the accessibility of online services and their confidential measures to address the needs of LGBTI+ children to ensure the best interest of the child. Organize training and capacity-building programs to ensure that the staff of the psychological support service system have the knowledge and essential skills in providing services for LGBTI+ people and LGBTI+ children.

Child nutrition

The Convention on the Rights of the Child (CRC) and the Vietnam Children Law 2016 recognize that all children have the right to healthy food and adequate nutrition, to ensure children's survival, health, and development. In recent decades, Vietnam has achieved tremendous progress in reducing the prevalence of malnutrition. According to the General Nutrition Survey 2019⁴⁶, the percentage of malnourished children, including underweight and stunting, has decreased dramatically over the last ten years. Underweight fell from 17.5% in 2010 to 11.5% in 2020, and stunting fell from 29.3% in 2010 to 19.6% in 2020. Furthermore, the micronutrient problem in pregnant women, lactating women, and children has improved. In particular, the percentage of children under the age of five with vitamin A deficiency fell to

⁴⁶ National Institute of Nutrition, 2020. General Nutritional Survey.

9.5% by 2020. The rate of anemia in pregnant women fell from 36.5% in 2010 to 25.6% in 2020. Anemia in children under the age of five has dropped from 29.2% in 2010 to 19.6% in 2020.

However, Vietnamese children still face some ongoing nutritional problems.

Low breastfeeding rate

According to the 2019 General Nutrition Survey 2019, while exclusive breastfeeding in the first 6 months doubled after 10 years (from 19% in 2010 to 45% in 2020), the continued breastfeeding rate until 24 months of age remains low (26% in 2020), and even lower among female workers in industrial zones⁴⁷. Despite Decrees 100/2014/ND-CP and 70/2021/ND-CP governing the promotion and use of nutritional products for young infants, feeding bottles, and pacifiers, advertisement violations of breast milk substitutes remain serious, particularly on digital platforms. In 2021, 4,032 advertising violations were detected out of 16,872 posts by breastmilk substitute companies on digital platforms⁴⁸. Furthermore, kindergartens and preschools for children from 6 to 18 months old in the industrial zones are scarce and of poor quality, forcing many female workers to wean their children early in order to send them to their grandparents in hometowns. Female workers who work long hours do not have access to workplace lactation rooms and stop breastfeeding early. In Vietnam, the annual loss due to not breastfeeding is estimated at 1,282 million USD⁴⁹.

Inequities in nutrition and health care among ethnic groups

While stunting and underweight have dropped dramatically over the last decade, the outcomes have been unequal across geographic regions and ethnic groups. There is a significant variation in stunting rates between ethnic minority children living in the northern mountainous region and the Central Highlands with Kinh children living in other regions. According to the endline evaluation report done by a CRWG member organization in 2020 in 10 communes in 4 districts of Son La and Yen Bai provinces, the rate of malnourished children under 5 years old is 40.6%, with 53.0% of Hmong children stunted⁵⁰. According to the World Bank report⁵¹ "Persistent malnutrition among ethnic minority populations in Vietnam" 2020" the difference in stunting rates between ethnic minorities and the Kinh population expanded from 14.3 percentage points in 2010 to 16.4 percentage points in 2015. This discrepancy is growing and is indicative of inequities in nutrition and health care among ethnic groups, particularly among ethnic minority mothers and children. There are numerous reasons for the significant disparity in stunting rates between ethnic minority and Kinh children, including the nutrition program is unfocused, ineffective, and lack coordination among stakeholders; caregivers' limited knowledge and practice in caring for children during the first 1,000 days of life; and ethnic minority groups, in particular, have limited access to the health system due to endogenous and exogenous barriers⁵².

⁴⁷ Alive & Thrive, 2022. Survey at 14 factories in 9 provinces of Vietnam

⁴⁸ Alive & Thrive, 2022. Report of ad violation by VIVID, an AI technology

⁴⁹ <https://www.aliveandthrive.org/en/the-cost-of-not-breastfeeding>

⁵⁰ Save the Children; 2020. End-of-term evaluation report of the project: Integrating and improving children's nutritional status in the northern mountainous region, implemented in four districts of Son La and Yen Bai provinces.

⁵¹ World Bank, 2020. Persistent malnutrition among ethnic minorities in Vietnam

⁵² Mbuya, Nkosinathi V. N., Stephen J. Atwood, and Huynh Nam Phuong. 2019. Persistent malnutrition in ethnic minority communities in Vietnam, Issues & interventions. INTERNATIONAL DEVELOPMENT RESEARCH

Increase in children with overweight and obesity

Overweight and obesity are becoming more common among people of all ages, especially school-aged children in both urban and rural areas. According to the National General Nutrition Survey 2019, the prevalence of overweight and obesity among Vietnamese children has gone from 8.5% in 2010 to 19% in 2019⁵³. This is a 2.2-fold increase (in 2020). Male students are more likely to be overweight or obese than female students, and the rate is higher in cities (26.8%) than in rural areas (18.3%) and in mountain areas (6.9%)⁵⁴. According to the World Health Organization, the fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended including an increased intake of energy-dense foods that are high in sugars^{55 56}. Most of the sugar intake comes from sugar-sweetened beverages, which make up 40% of the free sugar that teenagers eat. Results from systematic reviews, meta-analyses and cohort studies show that consumption of too many sugar-sweetened beverages is what leads to being overweight or obese. Based on the global school-based student health survey conducted in Vietnam, 33.96% of Vietnamese students consumed carbonated soft drinks at least once a day in 2019, which is more than in 2013 (which was 30, 17%). Besides, up to 17.09% of students eat fast food three or more times a week. This number has doubled since 2013. (8.84%)⁵⁷. Because there are no regulations against or limits on advertising sugary, high-salt, or ultra-processed foods or beverages to children, children are often exposed to unhealthy food and drink environments. Vietnam also doesn't have a specific policy on how to control and manage the use and consumption of sugar-sweetened beverages.

Recommendations

1. Improve nutrition health policies and monitor their implementation, including:
 - Formulate policies on production and distribution of food fortified with micronutrients in order to supplement micronutrients for mothers and children, especially in mountainous areas and ethnic minorities;
 - Review and apply the package of nutrition counselling and care for mothers and children to provide a reference for a basic payment/cost when applying the local budget and the budget from the National Target Program on socio-economic development in ethnic minority and mountainous areas;
 - Develop a mechanism to ensure that products for the treatment of severe acute malnutrition for children are covered by Health Insurance;

Washington, Address: World Bank. doi:10.1596/978-1-4648-1432-7 License: Creative Commons Attribution CC BY 3.0 IGO

⁵³ National Institute of Nutrition, 2020. General Nutritional Survey.

⁵⁴ https://moh.gov.vn/tin-noi-bat/-/asset_publisher/3Yst7YhbKASj/content/bo-y-te-cong-bo-ket-qua-tong-ieu-tra-dinh-duong-nam-2019-2020

⁵⁵ Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *American journal of public health*. 2007 Apr; 97(4):667-75

⁵⁶ Te Morenga L, Mallard S, Mann J. 2013. Dietary sugars and body weight: systematic review and meta analysis of randomised controlled trials and cohort studies. *BMJ* 346:e7492

⁵⁷ WHO Regional Office for the Western Pacific. 2022. Report of the 2019 global school-based student health survey in Viet Nam. Available from: <https://apps.who.int/iris/handle/10665/353552>

- Develop guidelines for monitoring and handling violations of breastmilk substitute promotion on digital platforms to enhance the enforcement of Decree 100/2014/ND-CP and Decree 70/2021/ND-CP;
 - Ensure the enforcement of Decree 145/2020/ND-CP on female labour rights;
 - Develop and finalize regulations and policies to limit the consumption of sugar-sweetened beverages such as imposing an excise tax on sugar-sweetened beverage as recommended by the World Health Organization;
 - Develop regulations to limit children's access to unhealthy foods, especially at school, and develop and finalize regulations and policies on school meals so that students can eat meals that are safe, healthy, and nutritious;
 - Issue regulations on food nutrition labeling and nutritional warning information on product packaging to limit the consumption of foods and beverages high in sugar, salt, fat, etc.
 - Develop policies to increase investment, encourage development and monitor the quality of kindergartens and preschools that receive children from 6 months old, especially in industrial zones so female workers can continue to breastfeed their child until 24 months as a WHO's recommendation.
2. Improve technical solutions to increase awareness and change behavior of parents/caregivers about nutritional care for children, especially in the first 1,000 days of life, and diversify forms of communication suitable for each audience and time.
 3. Ensure financing for nutrition interventions in the National Targeted Program for Socio-Economic Development in Ethnic Minority and Mountainous Areas; and increase investment from the local budget for nutrition activities.
 4. Increase the participation of social organizations and non-governmental organizations in implementing medical examination and nutrition support packages for children under six years old in poor households and children in extremely difficult circumstances.

Children using and being affected by tobacco and new tobacco products

The World Health Organization (WHO) has emphasized that tobacco use affects children's health, survival, and development, and tobacco control is an effective intervention that contributes to ensuring children's rights⁵⁸. According to the WHO report, tobacco use and exposure to second-hand smoke have devastating impacts throughout childhood and adolescence, starting from conception. There is a link between birth defects, stillbirths, premature births, and infant deaths when a pregnant woman smokes or is exposed to secondhand smoke. Children who breathe in secondhand smoke are more likely to get lung infections, asthma, otitis media, sudden infant death syndrome, poor lung function, and many other diseases. When kids and teens start smoking when they are young, it has a lot of negative effects on their health, brain development, ability to learn, and ability to work⁵⁹.

⁵⁸ <https://www.who.int/publications/i/item/9789240022218>

⁵⁹ <https://www.who.int/news/item/16-03-2021-new-brief-outlines-devastating-harms-from-tobacco-use-and-exposure-to-second-hand-tobacco-smoke-during-pregnancy-and-throughout-childhood>

Vietnam is one of the countries with the most smokers in the world. In 2020, 15.4 million people in Vietnam smoked⁶⁰. A lot of children are also exposed to second-hand smoke: The 2019 Global School-based Student Health survey in Viet Nam found that up to 66.16% of 13–17-year-old students were exposed to secondhand smoke, and up to 15.59% of students were exposed to passive smoking every day in the past seven days⁶¹.

Vietnam has made much progress over the years in improving tobacco control laws and policies, and protecting children from secondhand smoke. Since 2004, Vietnam has become a Party to the World Health Organization's Framework Convention on Tobacco Control, and passed the Law on Prevention and Control of Tobacco Harms, which went into effect on May 1, 2013. The number of adults and teens who use tobacco products has gone down. The rate of smoking among adult men went down from 47.4% (2010) to 42.3% (2020)⁶²; the rate of smoking among 13–17-year-olds went down from 4.7% (2013) to 2.7% (2019)⁶³. Secondhand smoke is also much less common in places like workplaces, medical facilities, schools, public transportation, and indoor areas⁶⁴.

However, there are still a number of shortcomings that pose challenges to the prevention and control of tobacco harms in Vietnam.

High prevalence of smoking

The smoking rate among men remains high (42,3% in 2020), and the rate of exposure to secondhand smoke in public settings is still high, particularly in restaurants (78,1%), and hotels (86.2%)⁶⁵. The prevalence of smoking among teenagers (13 to 17 years of age) has declined, but only among male adolescents (from 8.78% in 2013 to 4.56% in 2019), while it has increased slightly among female adolescents (from 1.1% in 2013 to 1.16% in 2019)⁶⁶.

New tobacco products

The use of new tobacco products (e-cigarettes and heated tobacco products) is increasing among adolescents, both boys and girls. According to the 2019 Global School-based Student Health Survey (GSHS), 3.62% of boys and 1.53% of girls are current e-cigarette users. Notably, despite the recent emergence of new tobacco products in the Vietnamese market, the proportion of female teenagers who use e-cigarettes is significantly higher than the proportion who use traditional cigarettes (1.53% and 1.16% respectively)⁶⁷. The proportion of e-cigarette use among teenagers is especially high in big cities; according to a survey conducted by the Institute of Health Strategy and Policy (Ministry of Health) in 2020⁶⁸, the rate of e-cigarette use among 8th through 12th-grade students in Hanoi is 8.35%. (12.39% boys and 4.8% girls). In addition, the use of electronic cigarettes is associated with other social problems, such as narcotics and other addictive substances. In recent years, emergency

⁶⁰ Tobacco Harm Prevention and Control Fund, Hanoi School of Public Health. Investigation on tobacco use among adults in 2020

⁶¹ Ministry of Health, World Health Organization (2019). Student health survey in school, 2019

⁶² Tobacco Harm Prevention and Control Fund, Hanoi School of Public Health. Investigation on tobacco use among adults in 2020

⁶³ Ministry of Health, World Health Organization. Health survey of school students in 2019.

⁶⁴ Ministry of Health, World Health Organization. The 2015 Global Adult Tobacco Survey (GATS)

⁶⁵ Tobacco Harm Prevention and Control Fund, Hanoi School of Public Health. Investigation on tobacco use among adults in 2020

⁶⁶ Ministry of Health, World Health Organization. 2019. Health survey of school students.

⁶⁷ Ministry of Health, World Health Organization. 2019. School student health survey.

⁶⁸ Institute of Health Strategy and Policy, 2020. Research on health risk behaviors of middle and high school students in Hanoi

cases of cannabis (a type of narcotics) poisoning from e-cigarettes have been documented at Bach Mai Hospital and Drug Assessment Center, Institute of Criminal Science belonging to the Ministry of Public Security, as reported by a number of news outlets^{69 70}.

There are many reasons leading to this situation, namely:

Firstly, inspection and punishment of violations in the sphere of tobacco harm control are still weak due to the lack of sufficient participation by relevant authorities. Specifically, the following violations are still common:

- smoking in prohibited areas;
- advertising of tobacco products including e-cigarettes, heated cigarettes, and other new tobacco products on online channels;
- sale of illegal tobacco products including electronic, heated tobacco, and other new tobacco products;
- selling tobacco products within 100 meters of a school gate;
- selling tobacco to minors under the age of 18; etc.

Second, one of the main reasons for the high rate of, and slow decline of the smoking rate in Vietnam is that cigarettes are still very cheap. The cheapest pack of cigarettes in Vietnam costs only about 6000 VND, which is about \$0.26 USD. Most packs cost less than 20,000 VND (equivalent to 0.86 USD). In 2017, WHO data show that Vietnam's prices for cigarettes are one of the 15 lowest in the world. Vietnam's tax rate on the retail price of cigarettes is only 38.8% (2020), which is lower than the average of middle-income countries (59%), equal to half of most ASEAN countries (Thailand: 78.6%, Singapore: 67.1%, Indonesia: 62.3%)⁷¹, and far from the WHO recommendation of 70% of retail price (WHO 2020). Taking inflation into account, the price of cigarettes has barely gone up and has even gone down over the past 20 years. While Vietnam's per capita income is steadily going up every year, tobacco prices are becoming more and more accessible, making it easier for people with less money, like children, to buy it.

Third, e-cigarettes and heated cigarettes are dangerous products that tend to be used by young people and could hurt an entire young generation. In the meantime, the government hasn't issued any policy to prevent and strictly control these products yet.

Recommendations:

1. Strengthen the enforcement of the Law on Prevention and Control of Tobacco Harms, which was effective in 2013, pushing inspections, examination, and strict handling of violations, with a focus on violations of smoke-free regulations, tobacco advertising, promotion, and sponsorship, and the sale of smuggled tobacco products.
2. Raise the excise tax on cigarettes effectively to reduce the affordability of tobacco products, and to make it harder for young people to buy cheap cigarettes. Taxes and prices are cost-effective measures recommended by the WHO and World Bank to reduce tobacco consumption and prevent illness and death related to tobacco⁷².

⁶⁹ E-cigarettes and the road to synthetic drugs (baothanhhoa.vn)

⁷⁰ Drugs mixed in e-cigarettes (Vnexpress)

⁷¹ [WHO, 2021. Report on the global tobacco epidemic](#)

⁷² [WHO, 2021. Report on the global tobacco epidemic](#)

3. Develop a policy to ban e-cigarettes and heated tobacco products in Vietnam to protect the young Vietnamese generation from the harmful effects of tobacco. This is a recommendation for Vietnam that is in line with the recommendation from the Ministry of Health, the World Health Organization in Vietnam, and public health groups.
4. Raise awareness for parents, teachers, and children about consequences of e-cigarettes and heated tobacco products and their responsibilities in preventing children accessing and using these products.

Annex: List of organizations participated in the consultation workshop

- ACDC
- Alive & Thrive
- Ánh Dương club
- AQT
- Association for People with disability
- Âu Lạc club
- Bac Giang Association for Protection of Child's Rights
- Bac Lieu Association for People with disability, Protection of Child's Rights and poor patients
- Binh Dinh Association for People with disability and Protection of Child's Rights
- Can Tho Association for Charity and Protection of Child's Rights
- CBM Vietnam
- Center for CAIP prevention
- Center of career guidance and support for children's integration
- Center for children and development
- ChildFund Vietnam
- Foundation for children with disability Vietnam
- FTM Vietnam
- Funny Kids
- Save the Children in Vietnam
- Ha Tinh Association for People with disability and orphan children
- HealthBridge Foundation of Canada
- Institution for Family and Gender studies
- iSEE
- ISDS
- Management and Sustainable Development Institute (MSD)
- SOS Children's Villages Vietnam
- Plan International in Vietnam
- Tra Vinh Association for People with disability, victims of agent orange/dioxin
- World Vision International in Vietnam