VIETNAM SPOTLIGHT

In this Spotlight, the main focus is on ethnic minority children.

Introduction

Ethnic minority children in Vietnam have been facing a consistently large gap in nutrition and education in comparison with the majority group, despite the country’s rapid economic growth and progress in child care and protection.

The disparity between the Kinh majority group and ethnic minority communities has kept widening as a result of the uneven economic growth distribution. Poverty is a growing and persistent challenge among ethnic minority communities. They accounted for 47% of the total poverty headcounts in 2010, an increase from 29% in 1998. By international standards, 66.3% of minorities were poor in 2010, versus 13% of the Kinh majority.

By 2012, ethnic minorities accounted for two thirds of the poorest 10%. This represents an increase from a half of the country’s 10 percent poorest groups in 2006 and is probably the clearest example of the challenge of a growing disparity. The gap continued to expand, and in 2014, the average monthly income in the South East - where Ho Chi Minh City is located - was two and a half times higher than that in the Midland and Northern Mountains and twice as high as in the Central Highlands, the regions dominated by ethnic minorities.

Figure 1: Monthly average income in some regions, 1999-2014

![Monthly income by region, Vietnam 1999-2014](source: General Statistics Office database)

1 World Bank, 2012 Vietnam Poverty Assessment
3 General Statistics Office income database
In 2008, around one third of all children under 16 in Vietnam lived in poverty, which was equivalent to around seven million children. High rates of multi-dimensional child poverty were found among children living in rural areas, children of ethnic minorities and children living in the North West, Midland and Northern Mountains. The prevalence of child poverty among ethnic minority children is 62% in comparison with 22% among the Kinh or Hoa majorities.

Figure 2: Child poverty in Vietnam in 2008

![Chart showing child poverty in Vietnam in 2008]

Overview to social exclusion

Social exclusion in ethnic minority children is evident. In 2012, the literacy rate among ethnic minorities was 13% below their Kinh counterparts, at 84%.

At age 12, 99% of the Kinh children attend school, while the rate among children from ethnic minority groups is 88%. Ethnic minority children from poor families tend to drop out of school to help their parents make a living. They complete fewer grades of school and do less well in math tests. The Vietnam Multiple Indicator Survey 2014 showed that 70% of ethnic minority children completed secondary education, while the rate for Kinh children was 94.4%.

Surveys have shown a striking gap in nutrition between the Kinh majority children and ethnic minority children. Only 14% of Kinh children at age five to 12 suffered from stunting in 2013, compared with

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4 General Statistics Office, Survey on Household Living Standards 2008 and 2010
5 Vietnam Millennium Development Goals Report 2013
6 Young Lives, Education and Learning: Round 4 Preliminary Findings in Vietnam
7 Young Lives, Education and Learning: Round 4 Preliminary Findings in Vietnam
52% of their ethnic minority counterparts.8 Energy intake deficit exists in poor communes in remote and mountainous areas, and the situation is more prevalent among ethnic minority children. Less than 10% of children from ethnic minority groups have access to dairy products, while up to 54% of ethnic majority children do. In addition, 36% of ethnic minority children did not have access to safe drinking water as of 2013.9

In 2010, just 38% of pregnant women in the Northern Midlands and Mountains and the Central Highlands had four or more antenatal care visits to healthcare providers, compared to 75% of their Kinh counterparts in the Red River Delta and 87% in the South East.10

**Barriers to education and nutrition**

*Income poverty* among ethnic minority families has resulted in their children’s malnutrition and poor education. In 2012, these communities accounted for about two thirds of the country’s poorest 10%. Poverty has prompted secondary school students to drop out of school to work. Many families cannot afford their primary school children’s lunch at school, resulting in their children quitting the afternoon class and ultimately dropping out of school. Surveys have found that many ethnic minority families face food insufficiency for two to three months a year between the two harvests, not to say ensuring nutritious meals for their children.

**Education:**

- **Difficulties with language.** While Vietnamese is the official language at schools, this is not the first language for many children of ethnic minority groups, making it difficult for them to understand and participate in learning. There are not enough teachers who can speak the languages of ethnic minorities to support the children.

- **Insufficient infrastructure investment in mountainous and remote areas.** Ethnic minority children may spend hours walking on mountain trails to get to school every day, while many communities and children do not have access to adequate school infrastructure such as solid buildings, boarding facilities, functional rooms, water and sanitation.

- **A lack of a flexible and localized curriculum.** Vietnam uses a single curriculum for all the schools in the country. The absence of a culturally contextualized curriculum for ethnic minority groups has been posing challenges to achieve quality education for these groups.

**Nutrition:**

- **Poor sanitation.** This is one of the main reasons for the high stunting rate in mountainous areas. Unhygienic conditions and practices and poor sanitation systems result in incipient diarrhea and other digestive-related disease among children.

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8 Young Lives, Nutrition and Health: Round 4 Preliminary Findings in Vietnam
9 Young Lives, Nutrition and Health: Round 4 Preliminary Findings in Vietnam
10 Countdown Equity Analyses 2015
Limited knowledge and awareness of nutrition. Bad practices in nutritional care for children and expectant mothers in mountainous areas and health staff’s limited knowledge about nutrition has made it difficult to improve the nutritional situation in these areas.

Guarantees for all

Vietnam’s campaign will focus on advocating for larger public investment in improving the quality of ethnic minority children’s lives, particularly their nutrition and education. We will call for inclusive economic development to reduce the economic inequality that ethnic minority groups have been experiencing. In line with the global campaign of “Every Last Child”, the campaign also aims to raise the public’s awareness of the need for further actions to better ethnic minority children’s lives.

Policy recommendations

Vietnam has started to offer exclusion-sensitive policies for people from ethnic minority groups, including children. The health insurance that government provides to ethnic minority people in poor areas covers 95% of their healthcare expenses and the insured pay the rest. They also receive a food subsidy during hospitalization. However, the services covered by the insurance have been known for poor quality and long waiting periods. Bribery has become so common a practice that it has prompted the Ministry of Health to launch a campaign that encourages health workers to say no to bribery.

In addition, Vietnam’s socio-economic development plans tend to group ethnic minority people as the poor that need support to reduce poverty and to improve their healthcare and education services, while lacking specific measures to deal with the issues faced by this population.

Similarly, the National Nutrition Strategy towards 2020, approved in 2012, pledges to give priority to disadvantaged children. There was an absence of specific measures targeting ethnic minority children despite the overwhelming rate of stunting among this population, compared with that of their Kinh counterparts.

In addition, the issue Vietnam faces is not always a lack of policies, but poor implementation. This is the case for most policies in the country, as a result of a lack of accountability and poor capacity. It is not unusual for a government agency to issue new policies without detailing the measures to monitor and assess the impacts. The poor implementation sometimes results from the policies themselves, which do not take into account the beneficiaries’ needs and the localities’ situations.

Policy recommendations

Create inclusive economic development and reduce inequality

Ethnic minority children in Vietnam will continue to face malnutrition and lag behind in education unless the country manages to reduce the unevenly distributed economic growth. It is necessary to allocate more government funds to economic development in poorer regions, offering preferential policies related to land leasing and business taxation and reducing the their economic isolation by linking them to other regions with economic corridors.
Offer exclusion-sensitive policies and improve social service quality

It is necessary to further invest in schools and healthcare facilities and improve teacher and health worker quality in remote areas. The government should enforce the local officials’ accountability to ensure better implementation of its policies at provincial and communal levels. The private sector should get involved in improving service quality. Besides, government agencies should build exclusion-sensitive policies, such as allowing ethnic minority languages to be used as official teaching languages and designing programs targeting micronutrient deficiencies among ethnic minority children.

Invest in infrastructure

There is an urgent need to further invest in local infrastructure in the ethnic minority-dominated regions, particularly those supporting children’s lives. More solid school buildings, bridges and roads connecting the mountainous communes with the townships are in need in the Midland and Northern Mountains and the Central Highlands. The funds from foreign development aid loans should be focused on the infrastructure in these areas, as well as the economic hubs in the Red River Delta and South East.

Education

First, design a flexible national curriculum that gives room to localizing the content, bringing the local culture into the classroom. Second, integrate the mother tongue-based and multilingual approaches to the curriculum for pre-service and in-service education in pedagogy colleges. Third, officially recognize ethnic minority languages as the teaching language in ethnic minority regions. Fourth, disseminate the model of teaching assistants speaking ethnic minority languages to schools with ethnic minority children.

Nutrition

First, build localized and customized nutrition plans for the ethnic minority-dominated regions, based on malnutrition research of each ethnic minority group and region. Second, raise the awareness and knowledge about nutrition and healthcare among ethnic minority parents and local health workers. Third, move the focus of dealing with malnutrition from underweight to stunting. Vietnam has been on the right track to deal with underweight, thanks to “tying” provincial officials’ responsibility with reducing the prevalence of underweight in their management area. Underweight prevalence has been placed as an indicator in provincial and municipal authorities’ socio-economic plans. Now stunting remains a serious issue. It is necessary for Vietnam to do the same for stunting.