

SYSTEMATIZE AND EVALUATE THE IMPACT OF SOLUTIONS AND POLICIES ON PHYSICAL DEVELOPMENT, CONTRIBUTING TO IMPROVING THE QUALITY OF HUMAN RESOURCES FOR ETHNIC MINORITIES FROM 1986 TO THE PRESENT

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The article has systematized and assessed the impact of solutions and policies on the physical development of ethnic minorities from 1986 up to now in three specific stages. Phase 1: From 1986 to 2000; Phase 2: From 2001 to 2010; Phase 3: From 2011 to the present. In each period, the article systematizes and assesses the impact of policies and solutions on both the direct and indirect impacts on the physical strength of ethnic minorities. Based on that, the article has proposed solutions and policies to develop the physical strength of ethnic minorities, contributing to improving the quality of human resources for ethnic minorities, meeting practical development needs today and the following years in ethnic minority areas.

Keywords: Ethnic minorities; Systematize and evaluate the impact; Solutions and policies on physical development.

1. Introduction

Physical development is an important factor to improve the quality of human resources, serving the industrialization and modernization of the country; gradually improve the quality of our race and increase the healthy life expectancy of Vietnamese people in general and for ethnic minorities in particular. In the renovation years, along with the implementation of socio-economic development goals, the physical development of the people has always been of great concerns to improve the quality of human resources in Vietnam in general and for ethnic minorities in particular, meeting the requirements of building and defending the nation in the new situations. Over the past 30 years, our Party and State have had many specific solutions and policies to encourage and support ethnic minorities in health care and physical development. Despite the achieved results, the physical development policy for ethnic minorities still has certain limitations, directly affecting the physical development process and the quality of human resources in ethnic minority areas. Therefore, the comprehensive study of solutions and policies for physical development, and its impact assessment on the physical development process of ethnic

minorities from 1986 up to now, in order to help our Party and State to have scientific foundation for formulating and organizing the implementation of the system of physical development policies, raising the quality of ethnic minority human resources now and in the following years is particularly necessary.

2. Research overview

Systematizing and assessing the impact of solutions and policies on physical fitness development of ethnic minorities is a new research topic with no previous research on this subject. In recent years, only a number of research projects (mainly scientific and technological projects) have mentioned systematization issues, such as: State-level research project “Systematization and evaluation of studies on ethnicity and ethnic affairs in Vietnam from 1986 to the present” by Assoc. Prof. Dr. Tran Trung. The project has systematized and evaluated studies on ethnicity and ethnic affairs in Vietnam from 1986 to the present; The project “Systematizing and evaluating studies on ethnic policies of Vietnam from 1986 up to now” by Dr. Trinh Quang Canh has also systematized and evaluated studies on ethnic policies of Vietnam from 1986 to the present. The

article “Systematizing and evaluating basic and urgent issues about international cooperation in ethnic affairs” by Vu Hong Phong, published in the December 2017 issue of the Journal of Ethnic Minorities Research has systematized researches on international cooperation in ethnic affairs and the author has pointed out gaps in the basic and urgent issues of international cooperation in ethnic affairs in recent years. The article “Systematizing and evaluating research works on ethnic affairs” by Tran Trung and Vu Thi Thanh Minh, published in the Journal of Ethnic Minorities Research, June 2018 has systematized and evaluated research works on ethnic affairs from 1986 to the present, thereby proposing a strategic orientation of ethnic work to 2025 and a vision to 2030... In general, the above-mentioned research works have systematically, comprehensively and deeply evaluated research works in the field of ethnic affairs and ethnic policies. Therefore, the systematization of policies as well as solutions to implement physical development policies for ethnic minorities from 1986 up to now needs to be implemented.

3. Research method

The paper uses the scientific methodologies of dialectical materialism, historical materialism, statistical methods and analytical methods. In particular, mainly statistical and analytical methods are used to review and analyze policies and solutions on physical development of ethnic minority areas from innovation to the present.

4. Research results

4.1. Systemize solutions and policies to develop the physical strength of ethnic minorities from the renovation time to the present

4.1.1. Direct policies on physical development of ethnic minority areas from 1986 up to now

Firstly, the health policy, community health care from 1986 up to now

- From 1986 to 2000, there are 4 groups of policies on health, health care for ethnic minorities:

(1) The national expanded immunization program has been in place since 1985, with 100% of the communes being vaccinated.

(2) Strategy on people’s health care, with priority given to border provinces, Northern mountainous region, Central region and Tay Nguyen

(3) Program on reduction of hospital fees for people (Decree No. 95/CP, August 27, 1994 of the Government), according to which the patients in communes recognized by the Commission on

Ethnic Minorities and Mountainous Areas as upland areas are subjects exempted from paying a part of hospital fees).

(4) Socio-economic development program of extremely difficult communes, mountainous, deep-lying and remote areas (Decision No. 135/1998/QĐ/TTg of July 31, 1998 of the Prime Minister).

- 2001-2010 period includes 3 major policy groups, namely:

(1) Population and family planning program have been integrated with reproductive health policy. This program aims to reduce the rate of population growth (the Government issued Decision 71/2001/QĐ-TTg continues to bring the target program on population and family planning in the new period).

(2) Health care policy for the poor in general and the ethnic minorities in particular (Decision No. 139/2002/QĐ-TTg on medical examination and treatment for the poor).

(3) Malaria prevention and control program; Program to prevent and control goiter; HIV/AIDS prevention program; Proposal on minimizing child marriage and inbreeding

- From 2010 to now, there are 5 major policies:

(1) Investment policies for grassroots health care in poor, mountainous and disadvantaged areas, where many ethnic minorities and poor households live: Decree No. 117/2014/ND-CP dated 08/December 2014 regulations on commune, ward and township health; Accordingly, the commune health center (CHC) is a medical unit of the district health center, commune health officer of the district health center to rotate and coordinate human resources between the district and the commune, improve quality. quality and performance of the commune health stations (CHS).

(2) Health insurance policy (The Law on Health Insurance was amended and supplemented in 2014, there are 17 cases of free health insurance card, among which are ethnic minorities who are living in areas with difficult socio-economic conditions.)

(3) Policies to support ethnic minorities to have children in compliance with the population policy

Implementing the provisions of Clause 3, Article 17 of the Law on Gender Equality, the Ministry of Health has submitted to the Government for promulgation Decree No. 39/2015/ND-CP stipulating the support policy for poor poor women being ethnic minorities minorities have children according to the population policy.

(4) Policies on implementing the model of village birth attendants and ethnic minority village birth attendants in disadvantaged areas

Decision No. 75/2009/QĐ-TTg; The Ministry of Health issued Circular No. 07/2013/TT-BYT dated March 8, 2013 defining standards, functions and duties of village health workers.

(5) A number of health and community health programs

- Extended vaccination program
- Maternal and child healthcare program
- Population and family planning program

Secondly, the policies on developing physical training and sports in ethnic minority areas from 1986 up to now

- In 1986-2000 period, there are 05 major policies:

(1) Development policy of physical training and sports (PE) (Mentioned in the Political Reports of the Fourth National Congress of the Communist Party of Vietnam, V and VI).

(2) Development of various forms of physical training and sport among the whole people (Directive 112-CT, May 9, 1989 of the Chairman of the Council of Ministers)

(3) The policy of widely developing the sports and physical movement in the new conditions (Directive No. 36-CT / TW, March 24, 1994 of the Central Secretariat)

(4) Planning and developing the Sports Industry. Directive No. 133 / TTg, March 7, 1995

(5) Socialization of educational, healthcare, cultural and sports activities (Resolution of the Eighth National Congress of the Party and Government, Resolution No. 90 / CP of August 21, 1997, Decree No. 73/1999 / ND-CP, August 19, 1999.

- In the period of 2000-2010, there are 05 main policies:

(1) Enhance the physical status and strength of Vietnamese people (Viewpoints, directions and tasks of the IX Party Congress)

(2) The Tenth National Congress of the Communist Party of Vietnam (2006) defined more specifically the directions and tasks of physical training and sports development as follows: "Promote physical training and sports activities both in scale and quality"

(3) Formulate a plan for the development of mass sports (National Assembly of the Socialist Republic

of Vietnam, XI, passed the Law on Physical Training and Sports at the 10th session from October 17 to November 29) 2006. In the Law on Sports and Physical Training, there is a responsibility for the Committee for Physical Training and Sports and the People's Committees at all levels to formulate plans for the development of mass sports).

(4) Prioritize investment in sport development in areas with extremely difficult socio-economic conditions, preserve and develop ethnic sports (prescribed in the Law on Sports and Physical Training of the 11th National Assembly, session) 10th, No. 77/2006/QH11, November 29, 2006)

(5) Continuing socialization of sport and gymnastics (Resolution No. 05/2005/NQ-CP)

-The period from 2010 up to now includes more than 10 major policies, mainly focusing on the following areas:

Decision 2198/QĐ-TTg, dated December 3, 2010, approving the strategy on Vietnam's physical training and sport development up to 2020,

Decision No. 641/QĐ-TTg, April 28, 2011; Article 1. Approving the overall project on physical development and stature of Vietnamese people in the 2011-2030 period (hereinafter referred to as the Scheme for short), with the following principal contents: Vietnamese stature in the next 20 years to improve the quality of human resources, and serve the cause of industrialization and modernization of the country; gradually improve the quality of pot varieties and increase the healthy life expectancy of Vietnamese people".

Decision No. 1174/QĐ-BVHTTDL of April 5, 2011 of the Minister of Culture, Sports and Tourism approving the Program of coordination in directing and organizing the implementation of the "Strategy for developing physical activities and sports of Vietnam until 2020".

Decision No. 2160/QĐ-TTg dated 11/11/2013 of the Prime Minister Approving the "Planning on development of Vietnam's physical training and sport until 2020, orientation to 2030"

4.1.2. Indirect policies to support physical development of ethnic minority areas from 1986 up to now

Besides the direct impact policies, from 1986 up to now, many policies have indirectly impacted on the physical strength of the people such as: Population policy; economic development policies, hunger eradication and poverty reduction; policies on education and training; policies on training and

retraining ethnic minority cadres; financial policy; cultural policy...

4.2. Assessing the results and impacts of solutions and policies on physical development of ethnic minority people from renovation time to present

The Party and the State have issued many policies related to physical development of ethnic minorities. This includes both direct and indirect policies. These policies have had a great impact on the physical development of the people in general and for ethnic minorities in particular.

4.2.1. Positive impact

Thanks to the attention, leadership of the Party and the State's policies, along with the efforts of the people, the economy in ethnic minority and mountainous areas has had a clear development leap, the economic structure of Provinces have shown a positive shift, people's livelihoods are increasingly diversified, their incomes are raised, their lives are constantly improved, and the poor households are reducing rapidly in number. From 2016 to the present, the Government and the Prime Minister have issued 41 documents mentioning policies to support socio-economic development in ethnic minority and mountainous areas including 15 projects and direct policies of 12 ; Until now, there are 118 documents, including 54 projects and policies that are still in effect, directly supporting socio-economic development in ethnic minority and mountainous areas. By the end of August 2018, 1,052 communes in ethnic minority and mountainous areas had been recognized as meeting new rural standards, reaching 22.29%. The Party and the State have issued many policies related to physical development of ethnic minorities, and have gradually supplemented and completed policies on people's healthcare, development of physical education and school sports. The authorities also built up a plan on the development of physical training and material foundations in the physical training and sport sector, adding support function of the physical training and sport establishments of all levels; encourage organizations and individuals to participate in the development of school physical education and sports, construction of school facilities for physical training and sports, participating in sponsorship and support for the implementation of the Scheme's goals and the tasks of each program. The State has adopted appropriate capital support policies and mechanisms to mobilize the involvement of society, schools and enterprises to produce more quantity of nutritious food products, first of all milk and eggs for children

with enough nutrients for physical development and physical condition.

Current practices in ethnic minority areas show that the implementation of policies has had many positive effects on physical development of ethnic minorities. It is specifically expressed as:

First of all, the policies have contributed to improving the physical condition of ethnic minorities. Improving physical strength, especially the stamina and strength of the majority of young people has markedly developed, narrowing the gap compared to the majority ethnic group.

Secondly, forming a movement of the whole society to take care of physical development and stature of Vietnamese people; to expand activities of healthy cultural, sports and entertainment activities, helping people to develop equally on physical and mental aspects.

Thirdly, ethnic minorities and poor households have more and more opportunities to access quality basic health care services, thus the quality of human resources is increasing.

The maternal mortality ratio has decreased more than tripled from 233/100,000 live births in 1990 to 69/100,000 live births in 2009 and continues to decline to around 58/100,000 live births in 2015. Child mortality rate the number of children under 1 year old has decreased nearly three times (from 44.4 ‰ in 1990 to 14.5 ‰ in 2016), the mortality rate for children under 5 has decreased by more than two times (from 58 ‰ in 1990 to 21.8 ‰ years 2016). Underweight malnutrition among children under 5 decreased steadily and steadily from nearly 50% in 1990 to 33.8% in 2000 and continued to decline to 17.5% in 2010 and 13.8% in 2016. Severe malnutrition is 32% in 2019.

Fourthly, the lives of ethnic minorities have improved markedly and physical strength of the people is increasingly improved. People's health care has made great progress.

Through many specific programs and policies in the period of 2016 - 2018, the Government has invested in construction of 433 commune health stations in ethnic minority and mountainous areas; issue free health insurance cards for ethnic minority people; strengthening preventive medicine and appointing doctors to work at commune health stations, reaching 69.2%. The Government has also developed and implemented the Scheme to reduce child marriage and inbreeding in 22 provinces in ethnic minorities and mountainous areas, in order to protect and improve the quality of the ethnic minorities which is in a decline.

4.2.2. *Limitations:*

Living conditions in some ethnic minority areas still face difficulties, affecting people's health.

The percentage of households with access to hygienic water is 86.7%, to sanitary toilets is 54%. Among those households, the rate of those using clean water and hygienic toilets is very low: Lai Chau 17.2% and 14.3%; Son La 29.7% and 22.1%; Ha Giang is 32.2% and 22.0% ... Due to unsafe living conditions and living habits, ethnic minorities often face the 10 following diseases: Dermic/intestinal/gynecological/otorhinolaryngological diseases; infection with worms, tapeworms; anemia, malnutrition... In mountainous, remote areas, each household experience water shortage for 2 months every year. Most households use rainwater and spring water, which are not hygienic, especially in the context of the current polluted environment. According to reports of 42 mountainous & ethnic minority provinces, 370,152 ethnic minority households have not yet used hygienic water. There are also 11 ethnic minority groups with between 30% and 50% of households having no access to clean water every day. This situation is also a huge challenge in health care and improving the quality of life of ethnic minorities living in mountainous areas and areas with especially difficult conditions.

- Physical condition and stature of ethnic minority people are small and weak

In general, the status and stature of ethnic minorities are weak and smaller than the common level of the whole country, especially some ethnic groups with low developmental level, residing in extremely disadvantaged areas with high undernutrition rates among children (the underweight / malnourished rate among children under 5 years old for the Northern Midlands and Mountains and Central Highlands are respectively 25.9% and 27.4%). Some extremely difficult ethnic groups have malnutrition rates higher than 40% (Ede, Mong, Ro Mam, Pu Peo, O Du, Brau, Mang, La Hu). About 37% of ethnic minority children under 5 are malnourished (SDD), compared to 22% of the Kinh majority. This rate is much higher for remote areas and some ethnic groups (Ede 28.6%, Mong 33.9%, Mang - 40.03%, La Hu - 44%, Co Lao - 47.37% ...). High malnutrition rate is one of the causes affecting the physical, intellectual development... of ethnic minority human resources.

The level of access to health services remains difficult, "the rate of being granted a health insurance card is high but the rate of medical examination and treatment is low, the proportion of pregnant

women receiving regular medical checkups is only 71%, the figure for home births is 36.3% , for malnourished children is 32%; nearly 1/3 of ethnic minority households have no access to hygienic water sources; more than 15.3% of ethnic minority households live in temporary houses, especially there are 14 ethnic groups with the proportion of temporary houses being nearly 50%; Two-thirds of ethnic minority households do not have hygienic toilets ... The whole area has 4,114 communes with health stations, 1,335 of which being semi-solid health stations and temporary houses needing to be upgraded and solidified.

This rate is much higher than the national average, 1 year old is 30 (compared to 14) and 5 years old is 39 (compared to 16); under 5 years old, in 2011, ethnic minority children died 3 times more than the Kinh (nearly 39% compared to 12%)

- Low life expectancy:

Northern Midlands and Mountains (70 years) and Central Highlands (69.1 years). Some provinces have low life expectancy average such as Lai Chau- 63.8 years old, Ha Giang- 66.3 years old, Kon Tum- 66.2 years old ... Ethnic groups such as the Mong- 64.3 years old; Thai- 69.2 years old, other ethnic minorities around 67.8 years old. Some ethnic groups with very few people in the extremely difficult areas has the average life expectancy of only 50-55 years old, with the life expectancy of men being much lower than that of women.

These factors have a direct impact on the physical development process of ethnic minorities. In particular, its negative effects have limited the physical development of ethnic minorities. Among the factors affecting the physical development of ethnic minorities, there are many factors that are considered to have a great influence such as poverty (78.48%); State policies on population - family planning, health care, education (65.77%). Customs and practices (62.84%); Health care for women and children (62.10%) ...

4.3. *Proposing some solutions and policies to develop the physical strength of ethnic minority people in the coming time*

On the basis of systematization and assessing the impact of solutions and policies on physical development for ethnic minorities from 1986 up to now, in order to develop well the physical fitness of ethnic minorities, contributing to improving the quality of ethnic minority human resources, in our opinion, from now until 2030, the following solutions and policies should be implemented:

4.3.1. *Proposing some solutions*

- Improve the quality of community health care for physical development of ethnic minorities

- Develop physical training and sports to increase physical strength for ethnic minority people

- Promote Economic development, improve the lives of the people, facilitate physical development for ethnic minorities

- Improve and protect the environment of ethnic minorities

- Implement appropriate mechanisms and policies to mobilize resources for physical development of ethnic minorities

4.3.2. *Proposing some policies*

- Health care and Health promotion policies

Continue to implement the current mechanisms and policies: (i) Effectively implement policies, programs, and projects to achieve the goals of the “National Strategy for Protection, Care and Improvement of people’s health in the 2011-2020 period, with a vision to 2030”, in which priority should be given to ethnic minority people in difficult and extremely difficult areas; (ii) Strengthen management, improve the quality of health care services for ethnic minorities, especially in the fields of preventive medicine, reproductive health and HIV/AIDS prevention; train and improve professional skills of village health workers, practice population - family planning; strengthen and consolidate the grassroots health network. Building health facilities combining military - civilian medical in difficult and extremely difficult areas; (iii) Implement effectively communication and education activities suitable to each target group, region and each ethnic group. Expand and improve the quality of education on population and reproductive health inside and outside the school. Well combine mass media with direct communication through the population collaborator network. Expand the provision of counseling services and pre-marriage health checkups for ethnic minority youth. Implementing well “Scheme to reduce child marriage, inbreeding marriage among ethnic minorities”. Implementing the policy of purchasing health insurance for the poor and ethnic minority households.

Amendment and supplementation of mechanisms and policies: Considering the proposal to amend Clause 1, Article 2 of the Government’s Decree No. 20/2010/ND-CP, dated March 8, 2010, in the direction of narrowing the object to have a third child

only applies to ethnic minorities with populations below 1,000.

Studying to develop and promulgate new mechanisms and policies: (i) Policies to encourage and support women in disadvantaged areas and particularly difficult periodic antenatal check-ups and giving birth at health facilities; (ii) Policies to improve the physical condition and stature, encourage children to go to school through the “free milk drinking” nutrition support in difficult communes and villages and disadvantaged areas.

- Education and training policy

Continue to implement the current mechanisms and policies: (i) Organize the effective implementation of programs and policies to achieve the objectives of the 2011-2020 Education Development Strategy, in which prioritizing targets for ethnic minorities, disadvantaged areas and extremely difficult areas; (ii) Improve the quality of education in ethnic minority areas, especially preschool education; strengthening the system of school and classroom systems, prioritizing standardization of boarding and semi-boarding schools; allocating enough teachers for ethnic minority areas, in the immediate future for poor districts, developing a team of ethnic minority teachers. Ensuring the fair flow in the system of boarding schools and vocational training schools, secondary schools, colleges and universities to meet the needs of training and developing ethnic human resources; (iii) Organize the effective implementation of the Project “Literacy elimination till 2020” approved by the Prime Minister in Decision No. 692/QĐ-TTg, dated May 4, 2013 in key areas. such as Northern Mountains, Central Highlands and Southwest, focusing on ethnic minority groups with low quality of human resources.

To amend and supplement mechanisms and policies: (i) Expanding semi-boarding ethnic minority schools in ethnic minority and mountainous areas (prioritizing poor districts firstly); to build a district boarding ethnic minority school connecting the lower secondary school and upper secondary school. (ii) Supplementing enrollment mechanisms and policies of ethnic minority universities to prioritize the training of ethnic minority students to ensure the proportion is consistent with the region’s ethnic population structure; (iii) Revise the recruitment policy to focus priority on ethnic minority groups with very low human resource quality and local ordering;

Study and formulate and promulgate new mechanisms and policies: Policies to support

the promotion of postgraduate study for ethnic minority students, especially ethnic minorities, who have not yet been trained at postgraduate level ; Policies on training and retraining young ethnic minority people during the performance of military service so that when they go home from the army, they become a source of cadres participating in grassroots administrations.

- Vocational training and employment policies
- + Regarding vocational training policies:

Continue to implement the current mechanisms and policies: (i) Focus on giving priority to ethnic minority areas to achieve the goals of the “Vocational Training Development Strategy for the period 2011-2020”; ensure equality in vocational training opportunities, reduce disparities in vocational training, employment and income levels between ethnic minority and middle areas

Continuing to implement the current mechanisms and policies: (i) Implementing the priority policies for recruiting, allocating and arranging the use of ethnic minorities working in the main system agencies. especially, in ethnic minority and mountainous areas; (ii) Focus on effectively implementing the tasks of creating jobs for ethnic workers under the Prime Minister’s Decision No. 1956 / QD-TTg of November 27, 2009, approving the Project on vocational training for rural labor to 2020 and policies related to vocational training and job creation; (iii) Promote the implementation of policies to support labor export of ethnic minorities; (iv) Continue to implement policies to support young people to borrow capital for apprenticeship, create jobs and go to work for a definite time abroad, give advice, support young people to start businesses and start a career according to the Decision 103/2008/QD-TTg dated July 21, 2008 of the Prime Minister.

Modification and supplementation of mechanisms and policies: Amending the Prime Minister’s Decision No. 1956/QD-TTg of November 27, 2009, approving the Scheme on vocational training for rural laborers up to 2020 in the direction of amending supplementing the mechanism of funding support for vocational training enterprises for ethnic minority laborers after signing long-term labor contracts with enterprises; Enhancing the role and responsibility of local governments in vocational training and job creation.

Studying to develop and promulgate new mechanisms and policies: (i) To have policies to support ethnic minority students graduating from universities, colleges and professional secondary

schools (job recommendation, credit preferences, incentives for organizations and enterprises employing ethnic minority laborers, land and administrative procedures when establishing businesses, farms ...); (ii) Develop specific policies to attract and encourage businesses to invest in ethnic minority and mountainous areas; support businesses to train and employ local laborers, especially ethnic minorities; attaching responsibilities of agencies and units employing ethnic minority laborers in training and fostering laborers; (iii) Develop a project to develop a team of entrepreneurs, ranchers, and ethnic minority business owners.

- Policies to reduce poverty and improve the living conditions of ethnic minorities

Continue to effectively implement current policies on sustainable poverty reduction;

Develop regional socio-economic development models to focus resources for public investment, conditional support for poor households to develop their livelihoods, develop production, increase incomes, sustainably escape poverty;

Effectively implement support policies on housing, daily-life water, environmental sanitation, ensuring living environment.

- Policies to mobilize investment capital sources, support the physical development of ethnic minority people

The state budget is the main resource for the development of human resources for ethnic minorities until 2020, with a vision to 2030;

Promote socialization and promote internal resources in the community and people; mobilize capital from businesses and organizations, legalize their responsibilities for ethnic minority development;

5. Discussion

Localities should allocate local budgets (both investment and non-business expenditures) for the implementation of the Scheme on building and developing the grassroots health network in a new situation according to Decision 2348/QD-TTg dated December 5, 2016 by the Prime Minister; prioritize the allocation of central budget capital under the national target program on building new rural areas to invest in commune health stations that do not meet national standards.

Ministries and sectors should take initiative in reviewing the system of legal documents on physical development for ethnic minorities. Modify, supplement or propose amendments and

supplements in a timely manner, creating consistency and stability of the apparatus, organization and operation of grassroots health facilities.

The Ministry of Health shall coordinate with the Ministry of Home Affairs, the Ministry of Finance, the Vietnam Social Insurance and the concerned ministries and branches in promulgating appropriate legal documents aiming to: Reform the organization of the medical and mechanical system. to operate in the direction of prioritizing investment and raising the operational efficiency of district health centers and commune health stations in providing primary health care, disease prevention and health promotion services; Carry out comprehensive and continuous health care. At the same time, renovating the financial mechanism for grassroots health care to ensure adequate financial resources for health service delivery, focusing on primary health care services towards focusing on investing resources for medical facilities; adjust budget allocation criteria based on performance and output targets and improve the payment method to encourage the effective provision of primary health care services at the grassroots level. facility.

Training human resources for grassroots health services according to job placement; implement policies to attract and maintain health human resources at grassroots levels; strengthen rotation of health workers in two directions from bottom to top, top to bottom. Promote communication in the community with the aim of changing behaviors and implementing a healthy lifestyle as well as encouraging people to use health services at the grassroots level; building a health information system to ensure the comprehensive and continuous provision of health services to serve the operation of commune health stations operating on the principle of family medicine, implementing health management. Strengthen the capacity of grassroots health service delivery; promote health counseling activities in disease prevention. Ensure adequate supply of drugs and basic equipment for grassroots health care.

Strengthen the implementation of policies

on hunger eradication and poverty alleviation, improve livelihoods, reproductive health care, invest in education to raise the intellectual standards for ethnic minority people, to well carry out propaganda, mobilize ethnic minority people to eat clean, to stay clean, invest to improve the quality of life, in order to improve the physical and mental health of the people.

6. Conclusion

During the renovation years, our Party and State have issued many guidelines and policies for comprehensive socio-economic development in ethnic minority and mountainous areas; taking economic development as a foundation, developing socio-culture is a breakthrough, focusing on human resource development in ethnic minority and mountainous areas, promoting hunger eradication and poverty reduction, raising people's intellectual standards and improving improve the material and spiritual life of people of all ethnic groups. A series of socio-economic development programs and projects have been carried out synchronously and comprehensively in the fields of ethnic minority and mountainous areas. That created a great change in our ethnic minority and mountainous areas. The socio-economic infrastructure system is prioritized for investment and has important changes; rapid poverty reduction; Social policy and social security were promoted; The material and spiritual life of the people is constantly being improved. These results have directly and comprehensively impacted the physical development process of ethnic minorities. Along with the positive impacts, contributing to physical development, stature of ethnic minorities, the shortcomings and limitations of solutions and policies also cause negative impacts on physical development and stature of ethnic minorities. Therefore, for ethnic minorities to develop well physical, contribute to improving the quality of human resources in ethnic minority areas, it is necessary to have a suitable and synchronous system of solutions for a sufficiently long time, sufficient resources. to remove step by step difficulties and inadequacies.

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Results of the sample survey of the State-level project “*Research on solutions, policies on development of structure and contribution to improving the quality of human resources of indigenous people by 2030*”

HỆ THỐNG HÓA VÀ ĐÁNH GIÁ TÁC ĐỘNG CỦA CÁC GIẢI PHÁP, CHÍNH SÁCH PHÁT TRIỂN THỂ LỰC, GÓP PHẦN NÂNG CAO CHẤT LƯỢNG NGUỒN NHÂN LỰC CÁC DÂN TỘC THIỂU SỐ TỪ NĂM 1986 ĐẾN NAY

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Tóm tắt

Bài viết hệ thống hóa và đánh giá tác động của các giải pháp, chính sách tới sự phát triển thể lực người dân tộc thiểu số từ năm 1986 đến nay theo 3 giai đoạn cụ thể. Giai đoạn 1: từ năm 1986 đến năm 2000; giai đoạn 2; từ năm 2001 đến năm 2010; giai đoạn 3: từ năm 2011 đến nay. Trong từng giai đoạn, đều hệ thống hóa và đánh giá tác động của các chính sách, giải pháp trên cả hai phương diện tác động trực tiếp và tác động gián tiếp tới thể lực của đồng bào các dân tộc thiểu số. Trên cơ sở đó, bài viết đề xuất các giải pháp, chính sách nhằm phát triển thể lực đồng bào dân tộc thiểu số, góp phần nâng cao chất lượng nguồn nhân lực các dân tộc thiểu số, đáp ứng nhu cầu thực tiễn phát triển hiện nay và những năm tiếp theo ở vùng dân tộc thiểu số.

Từ khóa

Dân tộc thiểu số; Hệ thống hóa, đánh giá tác động; Giải pháp, chính sách phát triển thể lực.