



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme document for Viet Nam

Proposed UNFPA assistance: \$28 million: \$20 million from regular resources and \$8 million through co-financing modalities and/or other, including regular resources

Programme period: 5 years (2006 – 2010)

Cycle of assistance: Seventh

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	14	7	21
Population and development	5	1	6
Programme coordination and assistance	1	-	1
Total	20	8	28

I. Situation analysis

1. Despite a declining population growth rate over the past decade, the population of Viet Nam, estimated at 82 million, grew by 1.3 per cent in 2004. Seventy-four per cent of the population lives in rural areas and over half of the population is under 25. Average life expectancy at birth is 71.7 years for men and 75 years for women.

2. Although poverty has been reduced over the last 10 years, nearly 30 per cent of households still live below the poverty line, surviving on less than \$1 a day. Poverty is greater in rural areas, where 35 per cent of households fall below the poverty line, compared to 6 per cent in urban areas.

3. The total fertility rate fell from 2.33 children per woman in 1999 to 2.23 children per woman in 2003. The contraceptive prevalence rate in 2003 was 75.3 per cent for all methods and 63.5 per cent for modern methods. The intrauterine device was the most popular modern method. Twenty-two per cent of pregnancies are terminated through abortion.

4. The Ministry of Health reported a maternal mortality ratio of 95 deaths per 100,000 live births in 2002. However, a national study revealed a maternal mortality ratio of 165 deaths per 100,000 live births, with even higher figures in mountainous and remote areas. There is a high rate of reproductive tract infections (RTIs). The HIV prevalence rate in the general population was approximately 0.23 per cent in 2003; it is higher among commercial sex workers (6 per cent in 2002) and injecting drug users (30 per cent).

5. Although knowledge about contraceptive methods is increasing, access to contraceptive services by young people is limited. Vietnamese youth are at high risk for unwanted pregnancies, unsafe abortions and sexually transmitted infections (STIs), including HIV/AIDS. It is estimated that half of all new HIV infections occur among young people. Youth participation in decision-making on

population, reproductive health, family planning and gender policy issues is limited.

6. Socio-economic change has contributed to increased internal migration, especially from the countryside to urban areas. Migrants are especially vulnerable to unwanted pregnancies, STIs and HIV/AIDS.

7. Viet Nam has a history of gender equality. Nevertheless, gender inequalities must still be addressed, especially in the approach to population, reproductive health and family planning issues. Traditional stereotypes about women and men persist, and there is a lack of sex- and age-disaggregated data and gender-specific information.

8. Despite advances in the area of reproductive health, including sexual health and family planning, significant gaps remain: (a) adolescents, youth, migrants, ethnic minorities and people living in remote areas lack access to gender-sensitive reproductive health information and services; (b) many service delivery points are unable to provide gender-sensitive reproductive health services and to comply with national reproductive health standards and clinical guidelines; (c) large segments of the population do not utilize the health network and have not adopted safe reproductive health practices; (d) there is a lack of up-to-date data on population, reproductive health and gender, and the use of existing data in planning, monitoring and evaluation is limited; and (e) there is a need to improve capacity at all levels to plan, coordinate, monitor and evaluate.

II. Past cooperation and lessons learned

9. UNFPA assistance to Viet Nam began in the late 1970s. The sixth country programme (2001-2005), approved for \$27 million, was aligned with the objectives of the comprehensive poverty reduction and growth strategy, the national reproductive health strategy, and the population strategy (2001-2010).

10. One of the key lessons learned from the previous programme was the importance of successful national execution in promoting local initiative, enhancing ownership of the programme, and strengthening the implementation capacity of the Government. Another lesson learned was the need to tailor interventions to meet the needs of the central and provincial levels of government and to take a stronger gender-mainstreaming approach. Although overall monitoring and evaluation improved, local monitoring and evaluation requires improvement. A final lesson learned was the need to avoid duplication by improving coordination between United Nations partner agencies and other stakeholders.

III. Proposed programme

11. The goal of the proposed programme is to contribute to improving the quality of life of the Vietnamese people through: (a) improved quality of and access to reproductive health services; and (b) improved implementation of policies and programmes related to population and development, reproductive health and gender mainstreaming.

12. UNFPA is guided by and promotes the principles of the Programme of Action of the International Conference on Population and Development (ICPD) and the Platform for Action of the Fourth World Conference on Women. The proposed programme conforms to national development goals as set out in the comprehensive poverty reduction and growth strategy, the socio-economic development strategy (2001-2010), the national five-year development plan (2006-2010), the national strategies on population and reproductive health (2001–2010), and the safe motherhood master plan (2003-2010).

13. The proposed programme is harmonized with the programme cycles of the United Nations Children's Fund (UNICEF) and UNDP. It takes into account the development challenges identified in the common country assessment (CCA) and the priority areas of the United Nations Development Assistance

Framework (UNDAF), 2006-2010, which create possibilities for greater inter-agency collaboration and joint programmes.

14. Building on the experience of the previous country programme, the interventions will be directed mainly at the provincial and community levels. The programme will also support national-level interventions. The programme will focus on seven provinces, selected according to criteria agreed upon by the Government and UNFPA, which include: (a) a high incidence of poverty; (b) a low contraceptive prevalence rate; (c) high rates of maternal and infant mortality, STIs and RTIs; (d) large migrant populations; (e) underserved ethnic minorities; (f) sustainability; (g) continuity of the previous programme; (h) local government support; and (i) possibilities for joint programmes with United Nations partner agencies. Selection was also based on the need to build local capacity; monitor and evaluate the programme; and provide replicable interventions.

15. The programme will have two components – reproductive health, and population and development – and will adhere to a rights-based approach. In order to better monitor progress towards gender equality, the programme will help partners develop and implement gender-mainstreaming initiatives.

Reproductive health component

16. The outcome of this component is improved quality and utilization of gender-sensitive reproductive health information and services, including sexual health and family planning, for the population, particularly adolescents and youth, ethnic minorities and migrants. This responds to the UNDAF outcome that calls for improved quality of delivery and equity in access to social and protection services. To improve the effectiveness and efficiency of interventions, the programme will ensure the availability of reproductive health services while increasing the demand for these services. In addition, the programme will address issues such as gender

roles, traditional stereotypes and gender-based violence.

17. Output 1: Increased availability of high-quality, gender-sensitive reproductive health information and services, including family planning and sexual health. This output focuses on increasing the availability of reproductive health information and services, particularly for adolescents, youth, ethnic minorities and migrants in UNFPA-supported provinces. The programme complies with the national standards and guidelines for reproductive health services and aims to strengthen national and local capacity to provide maternal and neonatal care; family planning; prevention and management of RTIs and STIs; HIV/AIDS prevention; and adolescent reproductive health services.

18. In remote and ethnically populated areas, the programme will enable service delivery points to manage obstetric and neonatal complications and operate referral systems for emergency obstetric care. In addition, the programme will support the integration of youth-friendly information, counselling and services into the existing health-care network. The programme will address the specific reproductive health needs of ethnic minorities and migrants, and will strengthen national and local training capacity. HIV prevention information will be integrated into health education activities. The programme will also support voluntary counselling and referral services.

19. Output 2: Increased demand for high-quality, gender-sensitive reproductive health information and services. This output seeks to increase the demand for reproductive health information and services, particularly among adolescents, youth, ethnic minorities and migrants. It also aims to improve knowledge and awareness of reproductive health issues for policymakers, local authorities, teachers and parents, in order to ensure effective programme implementation. Through behaviour change communication, the programme will promote healthy and responsible sexual and reproductive

health behaviour. Local sociocultural determinants will be taken into account in designing and implementing the programme.

Population and development component

20. The outcome of the population and development component is an enhanced population, reproductive health and family planning policy environment in line with the ICPD, the Millennium Development Goals (MDGs), the Platform for Action of the Fourth World Conference on Women, and the Convention on the Elimination of All Forms of Discrimination against Women. This outcome responds to national priorities to sustain programmes on population, reproductive health and family planning, and gender. It also contributes to the following UNDAF outcomes: (a) government economic policies support growth that is more equitable, inclusive and sustainable; and (b) policies, laws and governance structures effectively support rights-based development to realize the values and goals of the Millennium Declaration.

21. Output 1: Strengthened capacity of central institutions to review and formulate population and reproductive health policies that promote the ICPD Programme of Action, the MDGs, the Platform for Action of the Fourth World Conference on Women and the Convention on the Elimination of All Forms of Discrimination against Women. The programme will support key partners in reviewing existing population, reproductive health and gender-related policies, laws and strategies. Based on lessons learned, the Government intends to formulate new policies on population, reproductive health and family planning that mainstream gender issues.

22. The programme will strengthen the capacity of key partners to promote the ICPD, the MDGs, the Platform for Action of the Fourth World Conference on Women, and the Convention on the Elimination of All Forms of Discrimination against Women. Through advocacy efforts, the programme will help to formulate policy guidelines at the provincial level and will encourage the creation of an

enabling environment for population and development, reproductive health, family planning, and gender at the community level.

23. Output 2: Strengthened capacity of central institutions and selected provinces in providing and utilizing sex- and age-disaggregated data and information on population, reproductive health, family planning and gender. The programme will support the utilization of official data on population, reproductive health, family planning and gender, and will provide technical support for the 2009 census. In addition, the programme will strengthen the national capacity to provide training on population and development issues. The programme will seek to improve the integration of such issues into policy formulation and development planning.

24. Output 3: Strengthened capacity of central institutions and selected provinces in managing, coordinating and implementing gender-responsive programmes and policies on population, reproductive health and family planning. The programme will strengthen the capacity of key national and provincial agencies to manage and coordinate gender-responsive programmes and policies on population, reproductive health and family planning. The programme will help these organizations as well as non-governmental organizations (NGOs) to monitor and evaluate the implementation of such policies and programmes at the local level. A results-based management approach will be used to improve the capacity to plan and manage programmes. The programme will provide technical assistance to key partners to ensure gender-responsive programming, based on national gender-mainstreaming guidelines.

IV. Programme management, monitoring and evaluation

25. The aid management and coordination agencies of the Government consist of the Ministry of Planning and Investment, the Ministry of Finance, the Ministry of Foreign Affairs and the Office of Government. The

Ministry of Planning and Investment will serve as the focal point. National and provincial government agencies will execute and implement the programme. NGOs will also participate in programme implementation. UNFPA will provide technical assistance and will undertake monitoring and evaluation activities. It will also procure commodities and equipment when requested. UNDP, UNICEF, UNFPA and government aid management agencies will agree on the modality for resource transfers according to United Nations guidelines on harmonization and simplification.

26. To improve monitoring at the national level and in selected provinces, UNFPA and relevant government agencies will strengthen results-based planning, monitoring and evaluation. UNFPA will also track programme indicators and support the monitoring and evaluation of UNDAF outcomes. The Government, UNFPA, donors and programme partners will undertake regular field visits to selected programme sites.

27. The UNFPA country office consists of a representative, an assistant representative, a national programme officer and five administrative support staff. Programme funds will be earmarked for four national programme posts, a programme associate and four administrative support posts, within the framework of the approved country office typology. The office will also recruit junior professional officers and United Nations volunteers. The UNFPA Country Technical Services Team in Bangkok, Thailand, will provide technical backstopping.

RESULTS AND RESOURCES FRAMEWORK FOR VIET NAM

National priority: Marked improvement in the reproductive health status of the population and a narrowing of the gap between regions and target groups, by better meeting changing reproductive health needs over the life cycle, and doing so in ways that are sensitive to the diversity of local communities, with particular attention to disadvantaged areas and target groups (national strategy on reproductive health, 2001-2010) UNDAF outcome: improved quality of delivery and equity in access to social and protection services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Improved quality and utilization of gender-sensitive reproductive health information and services, including sexual health and family planning, for the population, particularly adolescents and youth, ethnic minorities and migrants</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Increased contraceptive prevalence rate for modern contraceptive methods ▪ Increased proportion of births attended by skilled health personnel ▪ Increased proportion of youth, ethnic minorities and migrants using reproductive health services ▪ Increased proportion of clients with RTIs diagnosed, treated and counselled 	<p>Output 1: Increased availability of high-quality, gender-sensitive reproductive health information and services, including family planning and sexual health</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Increased % of service delivery points offering more than three modern methods of contraception, including condoms ▪ Increased % of service delivery points offering appropriate diagnosis, treatment and counselling for RTIs following the national standards and guidelines for reproductive health care services ▪ Increased % of service delivery points providing youth-friendly reproductive health care services ▪ Increased % of emergency obstetric care facilities complying with steps to treat major obstetric complications as identified in the national standards and guidelines for reproductive health care services ▪ Increased proportion of service delivery points providing reproductive health care counselling services ▪ Increased % of service delivery points offering basic neonatal emergency care ▪ Increased proportion of service providers able to provide reproductive health-related counselling on violence against women ▪ Increased % of clients expressing satisfaction with quality of health care services <p>Output 2: Increased demand for high-quality, gender-sensitive reproductive health information and services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Increased proportion of people having adequate knowledge of more than three modern contraceptive methods ▪ Increased proportion of people who can recognize danger signs during pregnancy, delivery and post-delivery ▪ Increased proportion of people having adequate knowledge of STI/HIV prevention ▪ Increased proportion of people who prefer to have skilled health personnel at delivery (by ethnicity and in mountainous areas) ▪ Increased proportion of fathers and mothers who accept having their adolescent children access adolescent reproductive health information and services ▪ Increased % of young people, ethnic minorities and migrants receiving reproductive health and family planning information ▪ Increased % of men and women who discuss reproductive health issues, including the prevention of domestic and reproductive health-related violence, with their spouses or partners 	<ul style="list-style-type: none"> ▪ Ministry of Health; Viet Nam Commission for Population, Family and Children ▪ Provincial authorities ▪ Related provincial agencies, organizations and NGOs 	\$21 million (\$14 million from regular resources and \$7 million from other resources)

