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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Viet Nam

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| Proposed indicative UNFPA assistance: | \$26.5 million: \$10.5 million from regular resources and \$16.0 million through co-financing modalities or other resources |
| Programme period: | Five years (2022-2026) |
| Cycle of assistance: | Tenth |
| Category: | Tier III |
| Alignment with the UNSDCF Cycle | United Nations Sustainable Development Cooperation Framework, 2022-2026 |

I. Programme rationale

1. Since the introduction of the Doi Moi (“Renewal”) policies in 1986, Viet Nam, with a population of over 96 million people (2019), has been transformed from one of the poorest nations into a lower-middle-income country. It is one of the fastest-growing economies in Asia, with a dynamic, highly open market economy within a socialist orientation and a one-party political system. The GDP per capita increased 2.7 times between 2002 and 2018; more than 45 million people have emerged from absolute poverty. Despite the COVID-19 pandemic, Viet Nam is one of the few countries in the world to achieve positive economic growth (2.9 per cent) in 2020. The Government aims to achieve the Sustainable Development Goals (SDGs) through its new Socio-Economic Development Strategy, 2021-2030.

2. The demographic shifts, as identified in the Common Country Analysis, are twofold. First, in the 2019 census, Viet Nam recorded the highest proportion of young people in the country’s history, creating the potential for a demographic dividend. A total of 20.4 million Vietnamese young people aged 10-24 years account for 21 per cent of the population, and the demographic window is projected to last until 2039. To take advantage of this opportunity requires prioritization on youth development, empowerment and participation. Second, in the same 2019 census, data shows that the process of population ageing is progressing rapidly, caused by mortality and fertility declines. Life expectancy at birth stands at 73.6 years (71 years for men and 76.3 years for women), and the total fertility rate has nearly halved (from 3.8 in 1989 to 2.09 in 2019). As a result, people aged 60 and above now account for 11.9 per cent of the population, which is projected to increase to 20 per cent by 2036. It means that the transition of Viet Nam from an “ageing” to an “aged” population will occur within just 20 years.

3. The Analysis highlights the importance of addressing inequality to achieve the SDGs in Viet Nam, and the Cooperation Framework, therefore, pays close attention to the needs of the most vulnerable and disadvantaged population groups in its theory of change through four thematic areas of focus: (a) inclusive social development; (b) climate change, disaster resilience and environmental sustainability; (c) shared prosperity through an economic transformation; and (d) governance and access to justice. Those left furthest behind include women and girls, adolescents and youth, the elderly, ethnic minorities, migrant workers, people with disabilities and survivors of gender-based violence.

4. In the areas of inclusive social development, disparities exist in sexual and reproductive health and rights (SRHR) status. While the maternal mortality ratio has declined from 233 per 100,000 live births in the 1990s to 46 per 100,000 live births in 2019, it is 2-3 times higher among ethnic minorities. A modelling analysis conducted by UNFPA in 2020 estimated a possible increase in the maternal mortality ratio by 44-65 per cent as part of the negative impact of the COVID-19 pandemic. While Viet Nam has maintained, nationally, the total fertility rate at replacement level over the past 15 years, as per state population policy (which changed its focus from family planning to population and development), regional variations exist between urban and rural areas, and between northern and southern provinces.

5. Likewise, the unmet need for family planning is higher among ethnic minorities (19-31 per cent) and migrant workers (29.5 per cent) against a national average of 7 per cent. It is estimated that 80 per cent of people with disabilities have never met health workers recently, suggesting a high possibility of their SRHR needs are not being met. Young people are particularly vulnerable, where the unmet need for modern contraceptives stands at 29.6 per cent and the adolescent birth rate at 11 per 1,000 girls aged 15-19 years. They lack adequate and comprehensive information and services, and the situation is accentuated among ethnic minorities and people with disabilities. Moreover, cervical cancer has emerged as the second most common cancer affecting SRHR status for women with mortality – three times higher than that of pregnancy and childbirth – but no financing mechanisms exist to support programmatic interventions.

6. Viet Nam has invested heavily in its public healthcare system, and health spending, including on sexual and reproductive health, has increased with the country’s economic

growth in recent years. However, adequate financing policies and strengthened subnational public financial management are needed to achieve universal health care for SRHR services. The HIV prevalence in Viet Nam has been substantially reduced and remains low, currently estimated at only 0.23 per cent.

7. With the speed of the ageing process, the existing social protection system has not been able to accommodate the needs of the elderly, and the life-cycle approach is called for to address population ageing. The poverty rate of older persons is 8.8 per cent, double the national average, and it is worse among ethnic minorities and elderly women. The incidence of disability also increases with age, and 80 per cent of people with disabilities are old people aged 60 and above. Currently, 48 per cent of older people are not covered by social protection schemes; the current social care system provides institutional care only for 10,000 older people; and only 1.3 per cent of those aged 60-79 receive support from the national pension system. Such a situation places the elderly in an extremely vulnerable position, also exposing them to domestic violence.

8. Concerning governance and access to justice, even though Viet Nam ranks 65th out of 188 countries in the Gender Development Index, strong manifestations of gender inequality such as gender-based violence (GBV), gender-biased sex selection and vulnerability to harmful social norms remain. The 2019 National Study on Violence against Women found that nearly 2 in 3 women experienced one or more forms of intimate partner violence in their lifetime; and 40.3 per cent, non-partner, sexual/physical violence. Child sexual abuse is also high, estimated at 4.4 per cent. GBV is costing the country 1.81 per cent of GDP caused by productivity loss. More than 90 per cent of women never seek help due to the socio-cultural stigma associated with GBV, which is hidden in society. There is also a lack of service provision and multisectoral response measures for GBV survivors. The prevalence of violence is higher for people with disabilities. In addition, the sex ratio at birth in Viet Nam is 111.5 boys per 100 girls, which is the third highest in Asia, resulting from strong son preference, fertility decline and limitation, and increased availability of reproductive technology. Gender-biased sex selection persists in the country, and it is estimated that 45,900 girls are missing every year; by 2034, 1.5 million men may experience a “marriage squeeze”. The new national programme on the prevention and response to GBV has been approved, and revision is underway for the Domestic Violence Prevention and Control Law to ensure consistency with international standards based on a survivor-centred approach.

9. The midterm review of the previous country programme highlighted the following lessons learned: (a) the targeted approach to address existing gaps, particularly to those at risk of being left behind has to be ensured; (b) broadening partnerships with civil society and the private sector can deliver innovative interventions and digital transformation; (c) given the vulnerability in Viet Nam to climate change (the seventh most at-risk country in the 2015 Global Risk Climate Index) and high exposure to natural hazards (INFORM risk index 2021), the comparative advantages of UNFPA to address SRHR and GBV in emergencies can add value to build back better for SDGs; and (d) there is a need to build on the capabilities of UNFPA in addressing sensitive issues, including SRHR and population policies, by providing evidence and data from surveys, administrative data and civil registration and vital statistics. UNFPA has expertise and experience in supporting the achievement of the voluntary national commitments made at the Nairobi Summit on ICPD25. These include comprehensive SRHR interventions, youth development, gender-based violence and other harmful practices, protection of the elderly and data transformation for the population-related policies, in line with ICPD principles.

10. Given the history of Viet Nam as a pilot ‘delivering as one’ country, UNFPA has a strong foundation to make significant contributions to enhance coherence and synergies within the United Nations coordination groups, particularly concerning inclusive social development, governance and access to justice, youth development and gender equality.

II. Programme priorities and partnerships

11. The proposed programme, designed following extensive consultations with the Vietnamese government and other national and international stakeholders, supports the implementation of the National Plan of Action for the Viet Nam Sustainable Development Goals for the Decade of Action and the new Socio-Economic Development Plan, 2021-2026, under the Socio-Economic Development Strategy 2021-2030 framework, which place greater attention to population dynamics and population issues. It is aligned with the UNSDCF under two outcome areas, to achieve the UNFPA transformative results of zero preventable maternal deaths, zero unmet need for family planning and zero GBV and other harmful practices. Rights-based, gender-sensitive, and people-centred approaches will be used, and interventions concerning humanitarian preparedness and response will be mainstreamed across all intervention areas of the proposed programme. In line with the focus of the Vietnamese Government, priority attention will be placed on digital transformation and data revolution by effectively using information communication technology, particularly to reach those furthest behind. Experience from the COVID-19 pandemic has allowed piloting telehealth, short text messages (SMS)-based alerts on SRHR and GBV, the use of mobile application “S-Health” for healthy ageing, online comprehensive sexuality education for adolescents, youth and people with disabilities, and data transformation for the census and surveys, which will be further advanced and expanded in the proposed programme.

12. Under the United Nations development system reform agenda, the proposed programme will make direct contributions to (a) inclusive social development; and (b) governance and access to justice, under “leaving no one behind” and reduce inequality and vulnerabilities. UNFPA will contribute to joint initiatives for addressing SRHR, youth development, GBV, social protection and SDG data, working closely with United Nations agencies, such as the International Labour Organization, UNDP, UNESCO, UNICEF, UN-Women and WHO. UNFPA interventions will be targeted towards SRHR, particularly for adolescents and youth, as well as social protection for the elderly under the UNSDCF outcome 1. Support for youth development, SDG data, GBV and other harmful practices, including gender-biased sex selection, will be provided under the UNSDCF outcome 4. Together with other United Nations agencies, joint action will be undertaken across the humanitarian-development nexus, given the country’s vulnerability to climate change-related natural hazards. UNFPA will ensure its priority intervention in SRHR, GBV and the protection of the elderly, and promote the engagement of young people in disaster response and recovery, as per the newly approved Youth Law. It will include elements of emergency preparedness, mitigation, adaptation, prevention and response towards resilience-building, transition and recovery from disasters. UNFPA will work closely with the United Nations agencies as well as through the local international community concerning monitoring and follow-up actions of the Convention on the Elimination of all Forms of Discrimination against Women and the Universal Periodic Review for human rights.

13. To support the delivery of the voluntary national commitments of Viet Nam made at the Nairobi Summit on ICPD25, UNFPA will combine policy and advocacy and evidence-based policymaking, developing national capacities, tapping into partnership development with traditional as well as non-traditional development partners, such as the Association of Southeast Asian Nations (ASEAN), and sharing international knowledge on best practice and technical expertise, including South-South and triangular collaboration. Programme implementation will be ensured in collaboration with the Government ministries, the National Assembly, provincial authorities, the Vietnam Farmer’s Union, the Vietnam Youth Union, academic institutions, the media and civil society organizations (CSOs). Partnerships with the private sector will be explored further, particularly for SRHR in ethnic-minority regions and related to the roll-out of cervical cancer screening and human papillomavirus programmes at national and subnational levels, as well as for strengthening civil registration systems. UNFPA will continue to partner with key policymakers, the Political Party and influencers to leverage their support and advocacy for population policies to be in line with

ICPD principles and to address long-standing issues such as GBV, son preference, and gender-biased sex selection, which are deeply rooted in the country's socio-cultural context.

14. Under the proposed programme, UNFPA will continue to respect national ownership, and an emerging concept such as a "life-cycle approach" will be used for population ageing, benefitting from the ongoing demographic dividend to promote socio-economic growth. The programme will contribute UNSDCF outcomes as follows:

15. UNSDCF Outcome 1: By 2026, people in Viet Nam, especially the poor and those at risk of being left behind, will benefit from inclusive, gender-responsive, disability-sensitive, equitable, affordable and quality social services and social protection systems, will have moved further out of poverty in all its dimensions, and will be empowered to reach their full potential (SDGs 1-4 and 6).

16. UNSDCF Outcome 4: By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law, and the protection of and respect for human rights, gender equality, and freedom from all forms of violence and discrimination, in line with international commitments (SDGs 5, 10 and 16).

A. Adolescents and youth

17. Output 1. An enabling environment is created to support comprehensive youth development and participation, including in disaster management policies and programmes and to advance the ICPD Programme of Action.

18. This output contributes to the reduction of unmet need for family planning (Strategic Plan Outcome 1) and the UNSDCF Outcome 4 by focusing on youth empowerment and participation, including in disaster management policies and programmes. It will be achieved by (a) expanding mechanisms/platforms for dialogue between policy/decision-makers and young people, particularly vulnerable youth, including ethnic minorities, migrant workers, and young people with disabilities; (b) capacitating young people on their effective participation in dialogue sessions at national and subnational levels; (c) partnering with youth-led organizations, especially those led by vulnerable youth, in the implementation and management of the Youth Law as well as its national and provincial implementation plans and for humanitarian action; (d) promoting and advocating for young people in decision-making positions; and (e) monitoring youth development through data generation and the use of national youth development indicators, which are regularly compared with other ASEAN countries.

B. Population ageing and social protection

19. Output 2: The integrated and coherent social protection system is enhanced, applying life-cycle and gender-transformative approaches for ageing and meeting the individual needs of the most vulnerable groups.

20. This output contributes to reducing the unmet need for family planning (Strategic Plan Outcome 1) and the UNSDCF Outcome 1 by implementing and further investing in the work carried out through the SDG Fund for social protection, in partnership with ILO, UNDP and UNICEF. It aims to address existing gaps towards the gender-sensitive, lifecycle-based social protection system into old age, as population ageing progresses rapidly in Viet Nam, as well as to expand the usage of the mobile application "S-Health" for promoting healthy ageing. In humanitarian situations, the special needs of older persons, especially older people with disabilities, will be supported. The output is designed to be achieved by (a) developing the legal and policy framework, adopting life-cycle and gender transformative approaches for the protection of the rights of individuals into old age and their empowerment and social inclusion in development and humanitarian settings, particularly concerning access to high-quality health care, prevention and response to domestic violence, employment opportunities and financial security; (b) developing a comprehensive care system, including institutional and community care, focusing particularly on vulnerable groups, such as ethnic minorities,

people with disabilities, and survivors of domestic violence; (c) supporting evidence-based policymaking on ageing and care as well as communication to the public on ageing, taking life-cycle and gender-transformative approaches; and (d) facilitating private-sector investment in the provision of care for older persons and the application of digital technology in elderly care.

C. Equitable access to sexual and reproductive health and rights

21. Output 3: Vulnerable groups, including ethnic minorities, adolescents and youth, people with disabilities and migrant workers, have increased equitable access to comprehensive and gender-transformative SRHR information and services, including in the humanitarian-development nexus.

22. This output makes contributions to the reduction of preventable maternal deaths (Strategic Plan Outcome 2) and the UNSDCF Outcome 1 by providing evidence-based advocacy and technical assistance for policy-making in SRHR, particularly to advance the delivery of the voluntary national commitments for the Nairobi Summit on ICPD25 and to achieve the UNFPA transformative results of zero preventable maternal deaths, with particular attention to achieving universal health coverage and providing access to high-quality SRHR information and services among vulnerable populations, including ethnic minorities, migrant workers, people with disabilities, and adolescents and youth. Digital technologies will continue to be used for the expansion of telehealth, particularly for women in remote locations, and online comprehensive sexuality education, including life-skill education and its mobile application for in-school and out-of-school youth. International expertise will be brought in to strengthen national capacities in SRHR to effectively prepare for and respond to emergencies such as the COVID-19 pandemic and natural disasters.

23. The focus of the programme will be on (a) data generation, analysis and transformation for policies, guidelines and tools that address the special needs of vulnerable populations; (b) elaboration of innovative financing mechanisms, including private-sector financing and subnational public financing, particularly to address emerging SRHR issues such as cervical cancer screening and human papillomavirus vaccinations; (c) application of digital technologies such as “telehealth” to cover hard-to-reach remote and ethnic minority locations; (d) enhancing the health information management information system; (e) strengthening mechanisms for humanitarian preparedness and response to ensure the protection of vulnerable populations; and (f) supporting a multisectoral approach to SRHR for young people and a nation-wide roll-out of comprehensive sexuality education and life-skill education, including HIV prevention, including through e-learning for in-school and out-of-school youth as well as young people with disabilities.

D. Data and evidence for policy and programme-making

24. Output 4: Evidence-based and rights-based policy and programme-making, budgeting and monitoring are strengthened based on data production, analysis and use.

25. This output contributes to the reduction of preventable maternal deaths (Strategic Plan Outcome 2) and the UNSDCF Outcome 1 by placing data transformation high in the socio-economic development agenda of Viet Nam and making data and evidence as prerequisites for solid policy and decision-making in addressing inequalities and supporting the process of achieving the SDGs. UNFPA will focus on the generation and use of data by mainstreaming the use of demographic intelligence in formulating and implementing development strategies, policies and programmes. The proposed programme will use innovation for data technologies and communication platforms to speed up the data generation process and minimize human errors by (a) improving the capacity of data producers to collect, analyse and disseminate disaggregated data on population and sexual and reproductive health issues to fully achieve the demographic dividend potential; (b) equipping policymakers with knowledge and skills on application of new data sources; (c) exploring new data sets (new surveys, big data, sectoral and intersectoral administrative data) and data communication and management (data dashboards) to support evidence-based

population policy development, which can also be used for disaster management and climate action; (d) developing capacities for data utilization to support evidence-based advocacy and policy development; and (e) preparing investment cases for SRHR, particularly to strengthen public financial management systems at subnational levels for ensuring adequate budget allocation and expenditures for SRHR.

E. Gender-based violence and harmful practices

26. Output 5: Harmful attitudes that accept violence and perpetuate gender inequality, especially those of young people, are transformed to reduce GBV and other harmful practices, including in the humanitarian-development nexus.

27. This output will contribute to the reduction of gender-based violence and other harmful practices (Strategic Plan Outcome 3) and the UNSDCF Outcome 4 by providing policy options and technical advice to the Government, CSOs and private-sector entities towards changing socio-cultural norms to address GBV, harmful practices, and gender inequality and to promote women's rights. To achieve the UNFPA transformative results of zero violence against women and girls and other harmful practices, it will prioritize (a) evidence-based advocacy and technical advice for the revision of the Law on Domestic Violence Prevention and Control and other related laws and policies, in line with international best practices, where appropriate; (b) evidence-based community mobilization initiatives in the context of digital transformation, targeting particularly young people and adolescents, with the participation of men and boys, to prevent GBV and harmful practices, focusing on vulnerable groups; and (c) pilot and innovative evidence-based male engagement strategies to address toxic masculinity and help to develop healthy relationships.

F. Multisectoral response to gender-based violence and other harmful practices

28. Output 6: A multisectoral response is strengthened to address gender-based violence and other harmful practices at national and subnational levels.

29. This output contributes to reducing gender-based violence and other harmful practices (Strategic Plan Outcome 3) and the UNSDCF Outcome 4 by strengthening the ongoing efforts to develop comprehensive and coordinated national and subnational systems to provide high-quality multisectoral services for survivors of GBV. The proposed programme will generate support for (a) expansion and institutionalization of one-stop service centres by State agencies, which provide, in line with the United Nations Essential Service Package guidelines, integrated services, including health and psychological care, social services, police protection and legal advice; (b) development of national guidelines for a multisectoral coordinated GBV response, clarifying roles and responsibilities of each sector and establishing a referral mechanism for survivor-centred service provision, including to people with disabilities, ethnic minorities and migrant workers; (c) strengthened governance for multisectoral coordination at national and subnational levels, applicable across the humanitarian-development nexus; and (d) strengthened GBV administrative data systems to ensure survivor-centred data collection, to enhance GBV programming.

III. Programme and risk management

30. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework. UNFPA and the Government of Viet Nam, through the Ministry of Planning and Investment as the coordinating agency, will be jointly accountable for the management of the proposed programme, and will plan, monitor and evaluate programme implementation using a results-based management approach. UNFPA will contribute to the UNSDCF coordination mechanisms by participating in and chairing (on a rotational basis) the United Nations results groups, theme groups, and working groups for ensuring the effective coordination of UNSDCF implementation.

31. Building on its long-standing presence in the country, UNFPA will partner with the Government, other national institutions and CSOs in the programme implementation, in line with the UNFPA comparative advantages and technical competencies as well as the principles of national ownership and mutual accountability. Country office staff will provide technical, programmatic and management expertise and seek additional support from the regional office and headquarters, as necessary. UNFPA will ensure a high level of expertise in the country office, fully meeting international standards. The proposed programme will be nationally executed but it may be replaced by direct execution, if necessary, for part or the entire programme, to enable a response to a force majeure.

32. Although it is increasingly challenging given the lower-middle-income country status of Viet Nam, the proposed programme will rigorously explore resource mobilization opportunities from traditional partners as well as from private-sector entities, particularly for SRHR (cervical cancer screening and human papillomavirus introduction; increasing access of vulnerable groups to high-quality SRHR care and services) and for civil registration and vital statistics. South-South and triangular cooperation will be emphasized, within the context of regional integration among ASEAN countries. Opportunities continue to exist for joint programming and joint resource mobilization with other United Nations agencies, including through the SDG Fund and the Multi-Partner Trust Fund frameworks.

33. The implementation of the proposed programme will not be undertaken without any risks, which have to be managed effectively. Particularly, resource mobilization is one of the risks, resulting from the lower-middle-income country status of Viet Nam and the possibility of a global recession in the post-COVID-19 era. UNFPA will continue to strengthen resource mobilization and partnership development capabilities, including through innovative financing mechanisms, and explore cost-saving measures such as the expanded use of digital technologies for programme implementation. Viet Nam is susceptible to the negative impact of climate change and natural disasters or pandemics like COVID-19, and this can pose a notable risk, easily disrupting programme delivery and possibly diverting existing financial and technical resources. UNFPA will strengthen contingency planning, fully utilizing the global surge in financing facilities to minimize such negative effects.

IV. Monitoring and evaluation

34. Programme monitoring and evaluation will be a joint responsibility of UNFPA and the Government, closely tracking progress, ensuring accountability of programme resources, and promoting adaptive learning and knowledge management. The result-based management approach to planning, monitoring and evaluation of the programme will use a well-defined results framework. A programming monitoring and tracking tool will be developed and implemented during the programme cycle. Field monitoring visits and quarterly technical meetings will be held with relevant implementing partners. Innovative monitoring and evaluation activities will be explored, including online visits, digital consultations and real-time data management for expected results. Annual programme reviews will take place with stakeholders to critically assess the programme contribution to UNSDCF outcomes, UNFPA Strategic Plan outcomes and national development priorities, based on data and evidence from the national statistical system. An independent country programme evaluation will be conducted in the penultimate year, ensuring a transparent and participatory process, in line with UNFPA evaluation policy guidelines. It will be complemented by thematic evaluations, including on GBV and SRHR interventions for ethnic minorities and migrant workers.

35. UNFPA will provide data on its contributions to the UNSDCF outcomes and be an active player for joint monitoring of the UNSDCF as well as for the UNSDCF evaluation through the results and monitoring and evaluation groups. Together with other United Nations agencies, UNFPA will promote a result-based management culture towards a robust United Nations Viet Nam monitoring and evaluation framework, and support national institutions for national SDGs monitoring and voluntary national reporting, where necessary. UNFPA will continue to be a learning organization, and knowledge accumulated and lessons learned from the monitoring and evaluation activities will be used to strategically shape policy support, advisory and programme design and implementation over the next cycle.

RESULTS AND RESOURCES FRAMEWORK FOR VIET NAM (2022-2026)

| NATIONAL PRIORITY: Promote cultural and social development, implement social progress and equity, and constantly improve people's material and spiritual life. | | | | |
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| UNSDCF OUTCOME: By 2026, people in Viet Nam, especially the poor and those at risk of being left behind, will benefit from inclusive, gender-responsive, disability-sensitive, equitable, affordable and quality social services and social protection systems, will have moved further out of poverty in all its dimensions and will be empowered to reach their full potential (SDGs 1-4 and 6). By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law and the protection of and respect for human rights, gender equality and freedom from all forms of violence and discrimination, in line with international commitments (SDGs 5, 10 and 16). | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> • Score of Youth Development Index <i>Baseline: 0.63 (2016); Target: 0.88 (2026)</i> • Proportion of population covered by social protection floors/ systems (SDG indicator 1.3.1) <i>Baseline: 42.8 per cent (2021); Target: 55 per cent (2026)</i> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1) <i>Baseline: 72.2 per cent (2019); Target: 75 per cent (2026)</i> | Output 1. An enabling environment is created to support comprehensive youth development and participation, including in disaster management policies and programmes, and to advance the ICPD Programme of Action. | <ul style="list-style-type: none"> • Number of national and subnational plans approved to implement the Youth Law, with a special focus on addressing needs of vulnerable young people <i>Baseline: 0 (2020); Target: 1 National Plan of Action for the Law; 1 National Plan of Action for the Strategy; and 63 provincial plans of action (2026)</i> • Number of regional youth dialogue platforms established <i>Baseline: 0 (2020); Target: 3 (northern, central and southern regions) (2026)</i> | Ministry of Home Affairs, Ministry of Health, National Assembly, Youth Union and other youth-led organizations, civil society organizations (CSOs) | \$1.4 million (\$0.7 million from regular resources and \$0.7 million from other resources) |
| | Output 2. Integrated and coherent social protection system is enhanced, applying life-cycle and gender-transformative approaches for ageing and meeting the individual needs of the most vulnerable groups. | <ul style="list-style-type: none"> • Existence of the revised Law on the Elderly, with provisions on social inclusion and older persons' rights <i>Baseline: Revision proposal of the Law of the Elderly submitted (2020); Target: The Law is approved (2026)</i> • Number of new solutions and innovations piloted to enhance social and economic participation and care of older persons <i>Baseline: 0 (2020); Target: 2 (2026)</i> • Level of age extension of social assistance coverage for older persons <i>Baseline: Social pension covers people aged 80+ (2020); Target: Social pension covers people aged 75+ (2026)</i> | Ministry of Labour, Invalids and Social Protection, Ministry of Health, CSOs | \$2.6 million (\$1.4 million from regular resources and \$1.2 million from other resources) |
| NATIONAL PRIORITY: Promote cultural and social development, implement social progress and equity, and constantly improve people's material and spiritual life. | | | | |
| UNSDCF OUTCOME: By 2026, people in Viet Nam, especially the poor and those at risk of being left behind, will benefit from inclusive, gender-responsive, disability-sensitive, equitable, affordable and quality social services and social protection systems, will have moved further out of poverty in all its dimensions and will be empowered to reach their full potential (SDGs 1-4 and 6). By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law and the protection of and respect for human rights, gender equality and freedom from all forms of violence and discrimination, in line with international commitments (SDGs 5, 10 and 16). | | | | |

| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction of preventable maternal deaths has accelerated. | | | | |
|---|--|--|---|---|
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 46 per 100,000 live births (2019); Target: 42 per 100,000 live births (2026)</i> • Adolescent birth rate <i>Baseline: 35 per 1,000 women aged 15-19 years (2019); Target: 33 per 1,000 women aged 15-19 years (2026)</i> • Number of new population-based surveys/research conducted for decision-making and monitoring of SDGs <i>Baseline: 0 (2020); Target: 3 (2026)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of births attended by skilled health personnel <i>Baseline: 96 per cent (2021); Target: 98 per cent (2026)</i> | <p>Output 3. Vulnerable groups, including ethnic minorities, adolescents and youth, people with disabilities and migrant workers, have increased equitable access to comprehensive and gender-transformative SRHR information and services, including in the humanitarian-development nexus.</p> <p>Output 4. Evidence-based and rights-based policy and programme-making, budgeting and monitoring are strengthened based on data production, analysis and use.</p> | <ul style="list-style-type: none"> • Number of provinces with innovative initiatives aiming to increase access of vulnerable populations to SRHR information and services <i>Baseline: 0 (2020); Target: 10 (2026)</i> • Number of provinces with approved cervical cancer prevention plans applying innovative financing mechanisms, including national and subnational state budgets <i>Baseline: 3 (2020); Target:12 (2026)</i> • Number of provinces that implement approved national guidelines on comprehensive sexuality education and life-skills education in secondary and vocational schools, and introduce CSE and LSE initiatives for out-of-school vulnerable youth <i>Baseline: 0 (2020); Target:10 (2026)</i> • Proportion of women aged 15-49 years residing in areas of humanitarian situations who receive SRH information and services <i>Baseline: 0 (2020); Target:25 per cent (2026)</i> • Existence of population and development policies and strategies aligned with international standards <i>Baseline: National Fertility Adjustment programme (2020); Target: Population Law drafted in line with ICPD principles (2026)</i> • Number of evidence-based policy briefs developed and used for advocacy to increase domestic resource mobilisation and public revenue for ICPD at national and subnational levels <i>Baseline: 0 (2020); Target:4 (2026)</i> | <p>Ministry of Health, Ministry of Home Affairs, Ministry of Education and Training, Provincial authorities, Youth Union and other youth-led organizations, CSOs</p> <p>Ministry of Health, National Assembly, Vietnam Communist Party, General Statistics Office, Ministry of Justice, research institutes</p> | <p>\$6.5 million (\$3.7 million from regular resources and \$2.8 million from other resources)</p> <p>\$1.9 million (\$1.6 million from regular resources and \$0.3 million from other resources)</p> |
| NATIONAL PRIORITY: Promote cultural and social development, implement social progress and equity, and constantly improve people’s material and spiritual life. | | | | |
| UNSDCF OUTCOME: By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law and the protection of and respect for human rights, gender equality and freedom from all forms of violence and discrimination, in line with international commitments (SDGs 5, 10 and 16). | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in gender-based violence and harmful practices has accelerated. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |

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| <p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Sex ratio at birth <i>Baseline: 112.1 boys per 100 girls (2020); Target: 110 boys per 100 girls (2026)</i> Percentage of GBV victims seeking assistance from any support services <i>Baseline: 9.6 per cent (2019); Target: 50 per cent (2026)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months <i>Baseline: 27.8 per cent (2019); Target: 20 per cent (2026)</i> | <p>Output 5. Harmful attitudes that accept violence and perpetuate gender inequality, especially those of young people, are transformed to reduce GBV and other harmful practices, including in the humanitarian-development nexus.</p> | <ul style="list-style-type: none"> Existence of the revised Law on Prevention and Control of Domestic Violence, in line with international standards <i>Baseline: Revision under consideration (2020); Target: The Law is approved and implementation started (2026)</i> Number of provinces implementing evidence-based innovative initiatives addressing discriminatory gender and socio-cultural norms, GBV and harmful practices, including in disaster management <i>Baseline: 3 (2020); Target: 8 (2026)</i> | <p>Ministry of Labour, Invalids and Social Affairs, Ministry of Culture, Sports and Tourism; Farmer's Union, Youth Union, CSOs</p> | <p>\$6.4 million (\$0.9 million from regular resources and \$5.5 million from other resources)</p> |
| | <p>Output 6. A multisectoral response is strengthened to address gender-based violence and other harmful practices at national and subnational levels.</p> | <ul style="list-style-type: none"> Number of new one-stop service centres providing timely and high-quality GBV services per United Nations Essential Service Package guidelines <i>Baseline: 1 (2020); Target: 6 (2026)</i> Availability of coordinated multisectoral GBV service provision protocols approved by subnational actors <i>Baseline: Drafting of guidelines and protocols in progress (2020); Target: Guidelines and protocols approved and implemented at subnational levels (2026)</i> | <p>Ministry of Labour, Invalids and Social Affairs, provincial authorities, CSOs</p> | <p>\$6.5 million (\$1.0 million from regular resources and \$5.5 million from other resources)</p> <p>Programme coordination and assistance: \$1.2 million from regular resources</p> |