

Country Programme Performance Summary, CP9 of Viet Nam

A. Country Information		
Country name: Viet Nam		
Category per decision 2013/31: Yellow	Current programme period: 2017-2021	Cycle of assistance: 9

B. Country Programme Outputs Achievement

The approved 9th Country Programme (CP9) has contributed to the achievement of three UNFPA Strategic Plan (SP) Outcomes and four Outputs. A strategic choice was made to focus on three outcome areas: (i) Adolescents and Youth (SP outcome 2) as the country has the largest number of young people in history; (ii) Gender equality and women's empowerment (SP outcome 3) for the achievement of CPD, ICPD agenda and SDGs; and (iii) Population dynamics (SP outcome 4), which is directly linked to upstream and policy work, which was called for given Viet Nam's middle income country status.

Under the Adolescent and Youth (A&Y) outcome, CP9 aimed at achieving the Output "Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescent and youth development issues". In partnership with the Ministry of Home Affairs (MoHA) as well as other Ministries, the National Assembly, the UN agencies and civil society organizations including the Youth Union and other youth-led organisations, the Output was designed to achieve universal access to sexual and reproductive health, focusing on evidence-based policy advocacy and addressing the rights of vulnerable young people including ethnic minority youth. It was to foster policy-level change towards holistic youth development including: (a) revision and implementation of the youth law; (b) promotion of youth participation in policy-making processes; (c) policy-level support to comprehensive sexuality education; (d) policy advice on enhancing young people's access to sexual and reproductive health information and services, including HPV; and (e) gender mainstreaming in youth policies and programmes.

For Gender Equality and Women's Empowerment outcome, the Output was designed as: "Enhanced policy environment to prevent gender-based violence and harmful practices and enable the delivery of multi-sectoral services through strengthened partnership with civil society organisations." The Output was to be achieved by strengthened collaboration with the Ministry of Labour, Invalids and Social Affairs (MoLISA) and other Ministries, the National Assembly, the UN agencies, and civil society organisations. Policy and technical advice was to be provided towards changing cultural norms, advocating for women's rights and addressing gender-based violence and harmful practices. It was to support for: (a) developing national guidelines and standards for multi-sectoral services; (b) strengthening pre-service and in-service training programmes for gender-based violence prevention and response; (c) developing guidelines for social workers to work with male perpetrators; (d) institutionalizing the piloted minimum intervention package and multi-sectoral coordination mechanisms to address gender-based violence; (e) developing and implementing new initiatives on engaging men and boys related to gender-based violence (GBV) and harmful practices and promoting better access to health services for vulnerable women and girls; and (f) advocating for the revision of domestic violence prevention and control law.

With regard to the Population Dynamics outcome, two outputs were envisaged: (1) Strengthened evidenced base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health and reproductive rights; and (2) Improved policy environment to integrated population dynamics and health and social data into policies and programmes to advance human rights, redress inequalities and achieve equitable sustainable development. Together with the General Statistics Office (GSO) of the Ministry of Planning and Investment (MPI) and other related Ministries, the National Assembly, the UN agencies and civil society organisations, the PD Output 1 was to focus on: (a) 2019 Population and Housing Census and its in-depth data analysis; (b) national surveys on adolescent sexual and reproductive health, family planning and in-depth data analysis of 2015 national surveys on migration and ethnic minorities; (c) monitoring of localized SDGs indicators; (d) improvements in civil registration and vital statistics; and (e) generation and analysis of data and policy research. The PD Output 2 was to generate support for the use of data and evidence for policy-making through multi-stakeholder policy dialogue and knowledge sharing. It was also to ensure the inclusion of

vulnerable groups including youth, the elderly, women, ethnic minorities and migrant workers in policy-making, implementation and monitoring.

During the CP9 implementation, the funds mobilized from development partners, private sector entities, and the UN global funds such as SDG Fund and MPTF were also aligned with the relevant CP9 outcomes for the achievements of the CP9 Outputs.

It should be noted that an independent Mid-term Review (MTR) of the 9th Country Programme was conducted in 2019 (following the CPE Handbook) for better programming in 2020 and 2021 and to inform the formulation of the new country programme document (the 10th Country Programme). The One Strategic Plan Evaluation (OSPE) was also conducted in 2020 to provide more information at the higher level of UN's contributions including UNFPA/CP9 to inform a new UNSDCF (2022 – 2026).

Output 1 (AY): Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescents and youth (A&Y) development issues.

Strategic focus areas of interventions: Youth development (including youth law advocacy, youth participation, preparation of youth development index, and comprehensive sexuality education). The programme performance also focused on evidence-based policy advocacy, addressing the rights of vulnerable young people.

Indicators	Baseline	Target	End-line data
AY 2.1.1: Availability of rights- and evidence-based recommendations for revision of youth law and related policies, including on unmet sexual and reproductive health needs of young people	No	Yes	[YES] <i>The rights and evidence-based recommendations were provided and used for the revised youth law and related policies. The revised youth law was approved in June 2020</i>
AY 2.1.2.: Availability of policy and programme recommendations to improve the national comprehensive sexuality education (CSE) curricula and their implementation in line with international standards	No	Yes	[YES] <i>The technical guidelines on CSE (in line with international standards for textbook writers and school teachers of secondary education curriculum) was finalised for appraisal and approval, by the Ministry of Education and Training)</i>
AY 2.1.3: National platforms for active youth participation (focus on disadvantaged adolescents and youth) in planning and decision-making on law and policies in place	No	Yes	[YES] <i>Young people, especially the disadvantaged adolescents and youth, were involved in and actively participated in the contribution to the policy development through the national platforms including national conferences, workshops, and policy dialogue sessions.</i>
AY 2.1.4: Number of guidelines and monitoring tools for gender mainstreaming in national and subnational policies and programmes for young people developed and effectively used	0	2	[0] <i>This indicator was not implemented because according to the government policies/guidelines, gender must be mainstreamed into the national and subnational policies and programmes already (this was also confirmed at the MTR of CP9, however their full application in all policies and programmes remain to be a challenge).</i>

Key Achievements

As highlighted in the MTR¹ report, the A&Y programme made progress towards participatory, evidence- and rights-based national laws, policies and programmes. It achieved tangible results via the development of rights-based youth law through an inclusive and participatory process. The policy efforts were focused on the primary beneficiaries who were adolescents and youth, particularly vulnerable adolescents and youth including unmarried young migrants, out-of-school youth, young people with disabilities, LGBTI youth, young people with HIV, and youth in remote locations. Especially, the UN Youth Advisory Group (YAG), which consisted of 30 young people including vulnerable youth, was established and trained by the Viet Nam Youth Union (VYU). UNFPA co-chaired the UN thematic group on A&Y (TGAY), coordinating various interventions and activities supported by the UN agencies in Viet Nam.

Additional information on the results achieved:

- (i) The Youth Development Index (YDI) was updated for monitoring youth development and informing youth development policies and initiatives;
- (ii) The revised Youth Law was approved by the National Assembly in June 2020, better defining the rights of youth. UNFPA provided extensive financial and technical support, particularly to address vulnerabilities of adolescents and youth. It is the one of the most progressive law in the region;
- (iii) UNFPA facilitated Viet Nam's efforts to host the online ASEAN Youth Dialogue Conference in 2020, given Viet Nam's ASEAN chairmanship role. The Youth Law was extensively disseminated in provinces, which was cited as one of the shortfalls in the review process of the previous Youth Law. UNFPA also provided support to MoHA to develop the National Strategy for the implementation of the Youth Law, as well as planned Government Decree on Volunteerism;
- (iv) The school-based sexuality and reproductive health education (CSE) curriculum of Viet Nam was revised, and the national technical guideline on CSE (aligned with international standards) was finalised for appraisal and approval;
- (v) The online self-learning programme on CSE at vocational training institutions was finalized and piloted in selected training institutions. This is an important tool which will be expanded in coming years to reach out-of-school youth, particularly under COVID-19 social distancing environment;
- (vi) The National Action Plan on Adolescent and Youth Sexual and Reproductive Health (2020-2025) was approved and issued by the Ministry of Health.

Output 2 (GEN): Enhanced policy environment to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services through strengthened partnership with civil society organizations

Strategic focus areas of interventions: Gender-based violence (GBV) and Harmful Practices, the sex ratio at birth (SRB) and child marriage. The programme focused on providing policy advice and technical assistance to the Government, NGOs/CSOs and selected provinces towards changing cultural norms, advocating for women's rights, and addressing GBV and harmful practices. Gender equality and human rights are prominent in the One strategic plan (OSP) for Viet Nam (UN Viet Nam's CF). UNFPA co-chaired the Gender Working Group of the UNCT Viet Nam.

Indicators	Baseline	Target	End-line data
GEN 3.1.1: Number of policy papers and guidelines on gender-based violence and harmful practices developed and used for law and policy development and programming	0	6	[more than 6] <i>The policy briefs and guidelines were developed with the new and updated data evidence from research studies for communication advocacy (details at: https://vietnam.unfpa.org/en/publications/factsheet-sex-imbalances-birth-viet-nam-trends-and-variations)</i>
GEN 3.1.2: Number of new initiatives on men and boys engagement related to gender-based violence and harmful practices with civil society organizations and private sector	0	3	[3] <i>The 'Fatherhood Programme' was piloted, innovative communication to engage men and boys in prevention and responses to GBV, and prevention of GBSS, and the National communication campaigns conducted,</i>

¹ It is noted that the MTR of CP9 was conducted by an independent consultant team and followed the CPE methodologies of UNFPA.

GEN 3.1.3: Gender indicators included in the national statistical indicators in line with SDGs and international standards	<i>No</i>	<i>Yes</i>	[Yes] <i>The Gender indicators were included in the VSDG framework for monitoring and reporting by the country</i>
GEN 3.1.4: Number of evidence-based recommendations on gender-based violence, harmful practices and sex work available and used for policy advocacy and policy development	0	5	[5] <i>Evidence-based recommendations from the national VAWG survey, 2019 population census and population surveys, review on laws/policies were shared at the workshops/meetings and used for discussion on related policy/laws GBV and SRB/GBSS. More details at (as examples)</i> <i>https://vietnam.unfpa.org/sites/default/files/pub-pdf/4_eng-policy.pdf</i> <i>https://vietnam.unfpa.org/sites/default/files/pub-pdf/20210301_final_srb_factsheet_eng_1.pdf</i>

Key Achievements

The programme has made valuable contributions to human rights and gender equality as guiding principles in the development of evidence-based policy-making and programming. The MTR of CP9 pointed that UNFPA also partnered, for the first time, with civil society organisations (CSOs) to strengthen the latter's involvement in the struggle to end GBV. Funding from the Korea International Cooperation Agency (KOICA) helped develop and pilot community-based guidelines to support victims of domestic/gender-based violence, as well as a model to engage fathers/men in child rearing and domestic violence prevention. Viet Nam has made considerable progress in improving gender equality and putting human rights in the national agenda. However, one challenge area, as noted in the MTR report, was to include the rights of sex workers and LGBTIQ populations into related laws. UNFPA supported the Government to collect and use the new research data and evidence through the National Study Violence against Women and Girls (VAWG) – Viet Nam is the only country in the world so far which conducted the VAW National Study for the second time allowing for better monitoring and trend analysis - and the independent 10-year review of the implementation of the gender equality law in Viet Nam, as well as the availability of most updated SRB/GBSS data for better communication and advocacy. With respect to gender equality, UNFPA contributed to the development and piloting of an essential services package (ESP) for victims of violence, piloting the responsible fatherhood model, as well as strengthening the network of civil society organisations (CSOs) working on GBV. This is also to help Viet Nam accelerate progress towards the SDG, aligned with the key principles of the SDG 'Leave no one behind'. While the CP9 focused largely on national level interventions, the provincial support was also generated for piloting, for future upscaling, a One-Stop Service Center model to provide integrated services to GBV survivors. Working with government and other stakeholders at the national level (e.g. MoLISA, MoCST, Farmers Union, Youth Union, and local NGOs/CSOs) was both effective and timely when the Government was reviewing legislation and policies that fall under the UNFPA's mandate.

Additional information on the results achieved:

- (i) The national and sub-national capacity was enhanced for the prevention of GBV and harmful practices, especially to promote and attract the participation of men in the prevention and response to violence against women in selected provinces (e.g. Quang Ninh, Bac Giang, Quang Binh, and Vung Tau);
- (ii) Essential services for GBV survivors (health, justice, police, social and coordination) were improved, and Dignity kits, which provides not only basic items but includes critical information and communication materials for GBV survivors and women at risk of violence, were introduced for the first time in Viet Nam, as part of UNFPA's response to COVID-19 pandemic and natural disasters such as floods. Partnerships with the Farmer's Union, given its extensive nation-wide network and capacity, were proven to be effective for the distribution of dignity kits;
- (iii) The GBV service delivery points (SDPs) were established under the project support in Quang Ninh province (Anh Duong House: One Stop Service Center) and in Da Nang City (the temporary sheltering at hotels, considering COVID-19 context). The supermarket model was also introduced as part of COVID-19 response, as even in social distancing, women were allowed to go to supermarkets to purchase essential items, which facilitated the reach women at risk of violence;
- (iv) Effective communication activities were conducted via mass and social media towards behavioural change on GBSS/SRB missing female babies, GBV, and Domestic Violence Prevention and Control (DVPC). In particular,

given COVID-19 social distancing, SMS text messages were used to call attention of population groups, esp. that of vulnerable women, which were proven to be highly effective. It is estimated that more than 10 million people were approached via the report “Joining to end violence against women and children” on VTV 1 and the talk shows on the topic of “Domestic violence: stay silent or speak out” on VOV1 and the series of articles published in electronic newspapers (such as Family and Children Magazine, Labour and Social Magazine, Labour and Social Newspaper);

(v) The ‘Fatherhood Programme’ was piloted and continued in Hanoi, Quang Ninh, and Quang Binh. This model was expanded to 2 new locations, after the piloting phase;

(vi) Joint activities effectively implemented with other UN agencies, under the project financed by the Australian DFAT, to combine violence against women (VAW) and violence against children (VAC) in COVID-19 emergency context. UNFPA is a coordinating agency for the VAW project in Viet Nam that contributed to eliminate violence against women in Viet Nam under Covid-19 emergency context.

Output 3 (PD1): Strengthened evidence base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health and reproductive rights.

Strategic focus areas of interventions: Population Census, Sustainable Development Goals (SDG) indicators, and Civil Registration Vital Statistics System (CRVS). The CP9 highlighted that data and evidence was a prerequisite for effective policy advocacy and policymaking, especially in Viet Nam, and that scientific evidence is a powerful tool for policy change.

Indicators	Baseline	Target	End-line data
PD 4.1.1: Availability of technical recommendations for 2019 population census	No	Yes	[YES] <i>The technical input provided for ensuring the quality of the 2019 population census.</i>
PD 4.1.2: Availability of updated evidence on inequalities in access and utilization of sexual and reproductive health services including family planning	No	Yes	[YES] <i>The new and updated data and evidence from the research studies and surveys were collected and used for communication advocacy and planning purpose.</i>
PD 4.1.3: National SDG monitoring framework with indicators related to International Conference on Population and Development established and effectively utilized	No	Yes	[YES] <i>Technical and financial support provided to nationalizing ICPD-related indicators for SDG 3, 5, 16, and 17 and mainstreaming SDG indicators into the 2019 population census, the national survey on VAW, and the national survey on SDGCW (UNFPA jointed UNICEF to support the GSO)</i>
PD 4.1.4: Availability of technical recommendations for improvements of the civil registration and vital statistics system discussed and considered by the Government	No	Yes	[YES] <i>Technical advice were provided and discussed to improve the CRVS at the national workshops/Meetings that were conducted by MOJ (in partnership with Vital Strategies under the Bloomberg Philanthropies initiative).</i>

Key Achievements

As highlighted in the MTR report, the strategic support by UNFPA for the 2019 population and housing census, national population household surveys, the 2nd national women’s health and violence against women and girls (VAWG) survey, the national survey on SDGCW (jointed with UNICEF), quick assessment on situation of the people who were severely affected by floods and typhoons, and other population surveys have helped to provide the most updated population data with evidence for policy development and programmes. The UN was consulted by the Government on all VNR draft versions. The UN Data for Development Working Group led by UNFPA (2017-2018) provided technical input (e.g. consolidated SDG data and reports) to the VNR development team. Especially, the ICPD-related indicators (i.e. SDG 3, 5, 16, and 17) were included in the Viet Nam SDG (VSDGs) framework for monitoring and reporting by the Government. UNFPA also assisted the Ministry of Justice (MoJ) on the modernization of the Civil Registration and Vital Statistics (CRVS) system, through the support on the National Plan of Actions on CRVS, focusing on building capacity on data analysis. This administrative data could provide an alternative source of data to measure progress on different issues and for different vulnerable populations.

Additional information on the results achieved:

- (i) The 2019 population census was conducted with UNFPA support. The population census data was disseminated by different ways (e.g. dashboard, monographs, population projection, video, infographic factsheet) to decision making at the national and lower levels;
- (ii) The policy briefs with the most updated population data (e.g. VAWG, SRB, and TFRs) were used by the elected national assembly members for discussion at the policy dialogues of the national assembly (NA);
- (iii) The technical input on CRVS provided to MoJ for meeting the international standards and guidelines and linkage with the available population databases;
- (iv) The joint rapid needs assessment was conducted to provide emergency information for floods response in 2020 especially for SRH care and GBV prevention in Thanh Hoa, Nghe An, Ha Tinh, Quang Binh and Quang Tri, Da Nang); and
- (v) UNFPA joined UNICEF to support the general statistics office (GSO) to conduct the SDG survey on children and women (SDGCW). This is also to update the related SDG indicators under the UNFPA mandate.

Output 4 (PD2): Improved policy environment to integrate population dynamics and health and social data into policies and programmes to advance human rights, redress inequalities and achieve equitable sustainable development

Strategic focus areas of interventions implemented: Inequalities in sexual reproductive health (SRH), Cervical cancer, and Advocacy for comprehensive population and health-related laws, and ageing. The programme supported the usage of data and evidence for the entire policy cycle through multi-stakeholder policy dialogues and knowledge sharing. This is also to strengthen linkages between central and subnational governments in UNFPA-mandate areas, and support the inclusion of vulnerable groups in policymaking, implementation and monitoring.

Indicators	Baseline	Target	End-line data
PD 4.2.1: Availability of new rights- and evidence-based recommendations for development/revision and monitoring of population law, resolutions on population and development and related policies	<i>No</i>	<i>Yes</i>	[YES] <i>The new rights-and evidence-based recommendations on population issues were considered by the Government (MOH) and the National Assembly for discussions on draft population law, resolutions, and related policies.</i>
PD 4.2.2: Availability of new rights- and evidence-based recommendations for development/revision and monitoring of policies and guidelines on universal access to sexual and reproductive health services, including cervical cancer prevention, for ethnic minority women and girls	<i>No</i>	<i>Yes</i>	[YES] <i>The new rights- and evidence-based recommendations were used by the Government (MOH and DOHs) for the development and revision of the related guidelines (SRH, Cervical cancer, and HPV)</i>

<p>PD 4.2.3: Number of new international cooperation initiatives on ageing, family planning and adolescent sexual and reproductive health for evidence-based policy advocacy and programme development</p>	<p>0</p>	<p>10</p>	<p>[7] Achieved: <i>These included (1) a joint cross border study between China and Viet Nam on addressing gender biased sex selection; (2) FP2020 (for FP services for migrant workers); (3) MSD and GAVI (for HPV vaccination for adolescent girls), (4) French Research Institute for Development (IRD) for a C-Section study and Gutmarcher Institute (for an abortion study); (5) HelpAge International cooperation (for elderly/aging); (6) IT application for population census between the statistics offices of Viet Nam and Sri Lanka; and (7) Addressing Gender Biased Sex Selection and related harmful practices, whereby Viet Nam is in 05 countries in Asia.</i></p> <p>[3] On going: <i>These included (1) The framework of Bloomberg Philanthropies Data for Health Initiative to continue supporting Government' efforts to improve the civil registration and vital statistics (CRVS); (2) DFAT-funded project on Violence against Women and Children – in collaboration with UNICEF and UN Women; (3) The MSD (Asia) to support the Mother programme in Viet Nam.</i></p>
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Key Achievements

The programme heavily focused on policy advocacy (in comparison with the previous CPs), especially in providing the new rights-based recommendations with the most updated population data and research evidence to the government partners. This included the policy advocacy efforts for the development and revision of 3 laws (i.e. the revised youth law, laws related to gender equality/gender-based violence, and the draft population law) and their related policies (SRH/FP, MCH, AY, Ageing, SRB/GBSS, and population ageing). The recommendations included the social protection issues of the vulnerable population. For example, important population issues were analyzed on the basis of rights and gender equality described in the report of the Viet Nam Fatherland Front (VFF) on people's feedback and recommendations to the Politburo, the Party Central Secretariat, the President, and the Chairperson of the National Assembly'. It should also be noted that UNFPA provided its policy advice and technical support to the MOH including the development of the population law as per National Assembly's agenda. Faced with COVID-19, special attention was paid to vulnerabilities of disadvantaged populations such as ethnic minorities and migrant workers. Urgent support was provided to strengthen technical capabilities of service providers in remote locations, and emergency procurement was made as per needs assessment done by the Ministry of Health (MoH). The tele-health mobile application was also developed to facilitate access to information and services for pregnant mothers in remote and mountainous locations, especially with information on pregnancies, antenatal care visits schedules, danger signs and risks.

The programme also promoted the South-South and North-South knowledge exchange and cooperation to support evidence-based policymaking. The Viet Nam's experience in introducing innovation and IT technologies was shared with other countries including Sri Lanka through exchanges of visits.

Additional information on the results achieved:

- (i) With policy and advocacy efforts, the roll-out plan of HPV vaccine (2020-2025) of 02 provinces (Quang Ninh and Can Tho) was approved with the allocation of the local provincial budget in 2020, and for the mountainous provinces the plans will be approved in 2021;
- (ii) The plan on prevention and screening of cervical cancer in 6 provinces were approved in 2019 for implementation;
- (iii) The tele-health intervention through the development and use of a Mobile App was piloted to increase the health consultation/communication between SRH care providers and clients, especially in the social distancing period of the COVID-19 pandemic period. This became possible with funding from the UN Multi-Partner Trust Fund for COVID-19, and urgent training was also conducted to ensure continuous provision of SRH care and services.

- (iv) The review report on the implementation of national programme on SRH (2016 – 2020) was developed with UNFPA’s technical support for improvement of the quality SRH services in the new period (2021 – 2025) such as the national actions plan on the maternal and child health care (2021-2025);
- (v) The National Project on Health Care for Older Persons till 2030 was developed with UNFPA support and approved by the Prime Minister in 2020. The national review report on the national programme for elderly was used for development of the new national programme of actions for the older people (2021 – 2030);
- (vi) The international cooperation, sharing policies and lessons learnt about a response to population ageing and meeting the needs of older persons was strengthened through the international workshops of the ASEAN as supported by UNFPA. Taking the role of Viet Nam as ASEAN chair in 2020, the workshop was organized with the topic of healthy aging and life cycle approach.

C. National Progress on Strategic Plan Outcomes²	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Contraceptive prevalence rate (total)	75.7%	2014	76.5%	2019	
Proportion of demand for contraception satisfied (total)	NA	2016	78.1%	2019	It was estimated for 2019 (FP2020)
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	More than 90%	2015	95.4%	2019	95.4% (urban: 98.2%, rural: 94.0%), Low proportions (under 40%) for the ethnic minority groups (GSO, 2019 population census).
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	(1)	2015	(1) updated	2018	National standards and guidelines on SRH/FP of MOH updated and reflected this
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No , (2012)	2012	No (declining trend, as NIDI survey report, 2020)	2020	The financial data analysis in the reports on financial flow surveys of NIDI indicated the declining trends from 2016 to 2020
Summary of National Progress					
<p>The maternal mortality ratio (GSO/MoH) was 46 cases per 100,000 live births in 2019, a fall of 23 cases per 100,000 live births compared to the year 2009 (MMR was 69). These results suggested that the country is on track to achieve its goal of reducing its MMR ahead of the stated target in the National Action Plan to implement the 2030 Agenda (45 cases per 100,000 live births by 2030). However, MMR was three to four times higher for ethnic minority groups, as estimated in some reports. Access to maternal and child health services has led to a significant reduction in MMR, but MoH’s Maternal Mortality Audit in 2014 found that deaths of mothers were often due to avoidable mistakes in EMONC. The impact of the COVID-19 on national maternal mortality should not be ignored. It was estimated, per UNFPA’s Technical Brief, that from a total of 677 maternal deaths that were expected to happen in the country in 2020 (before the pandemic), an additional 298 maternal deaths might occur in the best-case scenario (increase by 44% compared to the baseline with no COVID-19), or 443 additional maternal deaths (increase by 65%) may occur in the worst-case scenario in 2020. MMR will follow a similar trend, increasing to 62/100,000 or 69/100,000, respectively, from the national baseline of 46/100,000 [UNFPA, MoH 2020].</p>					

² The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

According to the GSO's 2018 national population change survey, the contraceptive prevalence rate reached 76.5% (urban: 74.3%, rural: 77.6%) and 66.5% (urban: 65.2%, rural: 67.2%) for modern methods. The most popular contraceptive method used is the intra-uterine device (IUD), which was quite high (46.0%) in 2018. Other contraceptive methods (pills, injectable and implants) have tended to increase, and the rate of traditional contraceptive use (period abstinence or withdrawal) was 12.9% in 2018. Among women not using contraceptives, the reason to "want more children" accounted for 42.7%, and the reason of "being pregnant" accounted for 13.2%.

The proportion (%) of women giving birth with health staff assisted for the last birth was 95.4% (urban: 98.2%, rural: 94.0%) by 1 April 2019. However, very low proportions (under 40%) was observed for the ethnic minority groups of Mong, Mang, and Ha Lu (GSO, 2019 population census). According to GSO (2018), the rate of obstetrical check-up for 3 times or more was 91.4% (urban: 96.0%, rural: 89.3%), the highest in the Red River Delta (97.4%) and the lowest, once again in the Northern Midlands and Mountains (77.1%). According to the Midwifery report of MOH (2016), the proportion of deliveries involving C-section (caesarean delivery) was estimated at 27.5% (2014), while MoH/MCH statistics for 2015 put the figure at 30%. These rates were very high, because WHO recommended an average of no more than 10-15% of births by C-section, for optimal maternal and neonatal outcomes.

UNFPA's Contributions

The CP9 did not have the separated outputs to contribute to this SP outcome. However there were many activities implemented to support the Government in the areas of SRH, and as data above demonstrate, Viet Nam has progressed very well in improving SRH indicators. The CP9 also addressed unmet need of adolescents and youth for family planning as a strategic commitment of UNFPA.

Among these, most notable is the fact that now provincial authorities are keen to approve, and allocate their budgets for, HPV and cervical cancer matters, as a result of UNFPA's advocacy and provision of technical advice. It should also be noted that private sector partnerships were developed to enable this, per financial contributions received from MSD. Building on concrete results achieved, it is likely that UNFPA Viet Nam's proposal to MSD Mothers to target ethnic minorities to improve their SRH status is approved.

For the rest of CP9, it is critical that the maternal mortality situation is closely monitored by UNFPA, so that the negative impact of COVID-19 is mitigated. While Viet Nam has progressed well to improve the SRH indicators in general, vulnerabilities still exist in parts of the country, especially for ethnic minorities and migrant workers. UNFPA's above contributions in tele-health and emergency procurement measures can make a significant contribution to minimise the negative impact of COVID-19 in Viet Nam.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	55%	2014 (MICS)	Will be updated in 2021	2021 (SDGCW survey)	UNICEF and UNFPA supported the Government to conduct the SDGCW survey
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2015	Yes	2020	UNFPA support for revision of the youth law

Summary of National Progress

According to the 2019 Population and Housing census, the proportion of young people aged 16-30 (grouped for the Youth Law of the government) accounted for 22.8 % of the total population. The country continues to be in a demographic window of opportunity, with one dependent person per two persons in working-age groups (2009 – 2040). The Adolescent Birth Rate (births per 1,000 women aged 15-19) was 29‰ (1999 census); 24‰ (2009 census); and 35‰ (2019 census). The

government also prioritized this aspect for Vietnamese youth by setting the target: “Reduce unmet needs for modern contraceptives by 17% by giving access to contraceptives to 1,800,000 adolescent and youth per year.”

The proportion of ever married people aged 15 and over was 77.5%, and the currently married population was 69.2% (urban: 65.6%, rural: 71.1%). Across the nation, 9.1% of females aged 20-24 married for the first time before they turned 18. The Northern Midlands and Mountain areas and Central Highlands regions had the highest proportion of females aged 20-24 married for the first time before they turned 18, with 21.5% and 18.1%, respectively [GSO, 2019 population census]. This is the demonstration of early and child marriage existing in parts of the country.

According to the CCA 2020, “young people, like in many Asian and other cultures, are expected to be obedient, cooperative and subject themselves to the decisions of adults. This undermines the agency, self-esteem and confidence of young people and discourages the development of youth leadership”. The Vietnamese Youth Development Strategy for 2011-2020 provides the groundwork for relevant ministries and sectors to provide a holistic response to young people’s needs and rights. The Department of Youth Affairs led the efforts to implement it, working with the media, Ho Chi Minh Communist Youth Union (HCMCYU) and other organisations to communicate on the strategy. As a result, all ministries or ministry-level agencies and all provinces issued their own youth development programmes. The recently approved revised Youth Law (commencing January 2021) provides the opportunity for youth to prioritise their needs in an integrated and cross-cutting manner, including aspects of education, participation and empowerment in for example climate change. It legalizes youth participation, has designated March as Youth Month, and supports youth dialogues with national/local leaders as well as specific mentioning of state budget for youth”.

In particular, the Youth Development Index (YDI) was completed and is available to the national and subnational decision-makers. A key objective for line ministries and Provincial People’s Committees is to integrate youth development indicators into their sectoral and provincial socioeconomic development plans.

UNFPA’s Contributions

The CP9 has stressed the importance of deepening the youth focused policy development and the protection of young people’s rights, as well as SRH for vulnerable groups. The UNFPA’s contributions are to improve the national policy environment, including the youth development of Viet Nam. These included: (i) support for the revision of the youth law and related policies/programmes; and (ii) technical advice and support for updated Youth Development Index (YDI) that is for monitoring of youth development and informing youth development policies and initiatives. The key finding of MTR highlighted that the CP9 clearly focuses on reaching adolescents and youth, including adolescents and marginalized groups. This commitment to these target populations, especially young people, is evidenced through multiple activities, outputs and outcomes geared specifically toward them. In particular, based on UNFPA’s advice, the Ministry of Home Affairs (MoHA) is taking a lead to develop a set of indicators to monitor the progress of implementing the revised Youth Law, which is in line with ASEAN’s youth index. Extensive efforts were also made to make sure that the Law was disseminated as widely as possible with provincial authorities and youth organisations.

The MTR of CP9 also pointed out that UNFPA has also used its comparative advantage effectively for policy development and advocacy to achieve CP9 outputs and outcomes, and contributed to achieving the results outlined in UN one strategic plan (OSP) and the UNFPA Strategic Plan. It has facilitated the exchange of international and regional expertise through study tours and conferences to help develop national capacity.

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2015	Yes	2016 - 2020	National strategy (10 years) and national action plans (5 years) on gender equality of MOLISA, MOH, approved and implemented
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted	NA	2014	Viet Nam has implemented 175	2018	

recommendations on reproductive rights from the previous reporting cycle			recommendations (96.2% of accepted recommendations); of which, 159 have been fully implemented and 16 others partially implemented.		
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	NA 32%	2010	26%	2019	More information at https://vietnam.unfpa.org/sites/default/files/pub-pdf/5_eng-factsheet_1.pdf

Summary of National Progress

Global Gender Gap Index (2019): Viet Nam was ranked 87 out of 153 countries and ranked 9 of 20 countries in the region (Global Gender Gap Report, 2020). The country has given priority to gender equality and women’s empowerment in the 2013 Constitution, the 2006 Law on Gender Equality, and the 2007 Law on Prevention and Control of Domestic Violence as well as related strategies and action plans. Preserving “family harmony” remains a key factor, making women hesitant to report domestic violence.

According to the 2019 study on violence against women and girls (VAWG) of GSO/MoLISA: 62.9%, nearly two in three women experienced physical, sexual, psychological (emotional and controlling behaviours) and/or economic husband/partner violence at some point in their life, and 31.6% currently (in the last 12 months). 3.4% of the women who had ever been pregnant had been beaten during at least one pregnancy. In the last pregnancy in which these women were beaten, nearly all were beaten by the father of the child (97.9%). Almost one in five of these women (18.2%) were kicked or punched in the stomach, thereby posing a risk to the unborn child. The sexual violence by a husband/partner was experienced by 13.3% of women, and 5.7% currently (in the last 12 months). It is noted that the lifetime sexual violence (13.3%) increased from 2010 (9.9%). 90.4% of women who experienced physical and/or sexual violence by husbands did not seek any help. Only a very few (4.8%) went to the police. This was almost the same in 2010 where 87.1% did not seek assistance. 18% (Almost a fifth) of women beaten during pregnancy were kicked or punched in the abdomen, thereby placing their unborn baby at risk of harm.

It is estimated that violence against women in Viet Nam costs the national economy, equivalent to 1.81% of GDP. Economic costs include visible costs, such as out of pocket expenses for health care, transport, housing, damaged goods and absenteeism from the workforce, as well as invisible costs (the productivity loss).

The sex ratio at birth (SRB) is maintained at a quite high level of 111.5 boys per 100 girls (GSO, 2019). According to the State of the World Population Report 2020, the country is facing unbalanced SRB with about 40,800 female births estimated to be missing every year. There is evidence that prenatal sex selection is in use, as most women want to know the sex of the fetus early. The national legal and policy frameworks clearly discourage and ban pre-natal sex selection, but strong patrilineal and patrilineal family structures tend to insist on persistent son preference in Viet Nam. However, the experts and GSO also made projections that the SRB is likely to decline from 112.0 (years 2019 – 2024) to 108.8 (years 2024 – 2029) and 107.0 (by the year 2030).

UNFPA’s Contributions

In the CP9, there was a separated outcome and output for GBV and Harmful practices. The finding of MTR highlighted that the programme is making valuable contributions to human rights and gender equality as guiding principles in the development of evidence-based policies and programmes. In particular, the MTR found solid evidence that human rights and gender equality had been integral to programme implementation, as evidenced by the results achieved under each of the CP9 Outputs. Importantly, with the technical and financial support of the Australian Government, UNFPA supported the

government to conduct the second national study on Violence against Women in Viet Nam (2019). This study enables a better understanding of what has changed since the first study in 2010, as well as what has not, and what needs to be in place for strengthening gender equality and ending gender-based violence in Viet Nam. Additionally, in the policy development, UNFPA supports the government to review the implementation the Law on Gender Equality. The review report focused on the assessment of the Law's consistency in relation to international human rights standards and other Vietnamese laws and the effectiveness of the implementation of the Law efforts by duty bearers since it came into effect from 2007 to 2019. It focused on identifying key gaps to inform the revision of the Law and ensure better implementation and provided recommendations for the Law amendment and supplementation.

UNFPA is a co-chair with UNWOMEN of the UN Thematic group to coordinate and provide technical advice to the national partners. Also, UNFPA led the project funded by the Government of Australia with participating UN agencies (UNICEF and UN Women) to contribute to eliminating Violence against Women and Children in Viet Nam under COVID-19 emergency context.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2009	Yes	2019	UNFPA supported 5 population censuses (1979, 1989, 1999, 2009, and 2019) as well as national population surveys
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2016	Yes	2018	The population change and family planning surveys conducted annually.
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	Yes	2015	Yes	2019	UNFPA supported MoH to conduct the national review
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets?	Yes	2015	Yes	2020	National strategies and national programmes on SRH and population (2021 – 2030)

Summary of National Progress

After years of growth, Viet Nam's population reached 96.2 million in April 2019 (increased by 10.4 million compared to 2009 population census), with 34.4% (of the total population) living in the urban area (65.6% of residents living in the rural area). Viet Nam is currently ranked as the third most populous country in Southeast Asia (after Indonesia and the Philippines), the eighth in Asia, and the fifteenth in the world. The total fertility rate (TFR) was 2.09 children per woman (1.83 in urban areas, 2.26 in rural areas), slightly below the replacement fertility, and indicating that the country has maintained stable fertility rates over the last decade. The TFR was 6.3 children per woman (early 1960s) and the Government (GSO, 2014) estimated that the TFR would decline in the 2014–2030 period, and will reach 1.68 in 2035, after which it will remain stable to the end of the projection period in 2049.

With the high Life Expectancy at Birth and declining TFR, the country is also experiencing population ageing. The pace of ageing is among the fastest globally. Among the 10 ASEAN countries, Viet Nam's population aging index ranked the third (just lower than Thailand and Singapore). According to the 2019 population census (population ages 60 and over) was 11.9%

(11.4 million persons aged 60 and over), increased from 6.9% (the year 1979). Viet Nam is among the most rapidly ageing countries in the world. It was estimated to increase to 16.6% by 2029 and 26.1% by 2049 (MoH/GOPFP).

UNFPA's Contributions

According to the conclusion of the MTR of CP9, UNFPA has made a strong contribution to improving the availability of quality data that can be used for policy advocacy (laws and other policies) that can translate into programming to address inequalities. In the first half of CP9, UNFPA's support focused on evidence generation. For the second half of CP9, it was crucial that UNFPA's support to government partners focused on supporting the government to use the evidence for policy and decision-making, plans of action and mechanisms to ensure that law and policies are implemented at subnational level. Increasing capacity to collect and report quality disaggregated data as well as use population data at national and provincial level is a core area of UNFPA support.

With the longstanding partnership with GSO and MPI under the Population and Development outcome, allows to continue to develop national capacity to produce and analyse national data via census and other national surveys to inform the development of policies and legislation. While GSO demographic surveys contributed to all CP9 outcomes, the focus of UNFPA support in CP9 is also on supporting national household surveys to allow for reporting on localized SDG indicators related to sexual and reproductive health and gender equality. During CP9, UNFPA joined UNICEF to conduct the SDG survey for children and women (SDGCW), which is based on the latest model of combining MICS, DHS and RHS. The results are scheduled to be released in 2021.

UNFPA led the UN Data for Development Working Group to provide SDG-related data and reports to the Voluntary National Report (VNR) development team. Also, UNFPA actively participated in the development of a joint submission to the SDG Fund, in partnership with the UN/RCO, ILO, UNDP and UNICEF.

D. Country Programme Resources (est. by Dec. 2021)						
SP Outcome (Choose only those relevant to your CP)	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Youth policies and programmes, and increased availability of comprehensive sexuality education	\$3,400,000	\$2,070,532	\$2,500,000	\$526,564	\$5,900,000	\$2,597,096
Advanced gender equality, women's and girls' empowerment, and reproductive rights	\$3,700,000	\$3,263,294	\$2,500,000	\$5,813,277	\$6,200,000	\$9,076,571
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	\$7,900,000	\$5,418,983	\$1,800,000	\$2,664,874	\$9,700,000	\$8,083,857
Programme coordination and assistance (PCA)	\$1,200,000	\$1,132,412			\$1,200,000	\$1,132,412
	\$16,200,000	\$11,885,221	\$6,800,000	\$9,004,715	\$23,000,000	\$20,889,936

Total (incl. estimated data for OR in 2021)				(includes projected amount in 2021)		
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