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## **Strategic Direction Paper**

**UNFPA 9<sup>th</sup> Country Programme  
Viet Nam (2017 – 2021)**

**Hanoi, October 2016**

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## Purpose

This Strategic Direction Paper (SDP) was developed to elaborate the programme design, strategies and management modalities outlined in the 9th country programme document (CPD). The paper is meant to assist the development of the Detailed Project Outlines (DPOs) and biennial/annual work plans as well as to serve as a basis for implementing, monitoring and evaluating the CPD. Because the CPD is a very high-level document with a limited length, SDP is necessary to further explain the content of the CPD in detail, serving the purpose of the Country Programme Action Plan (CPAP), which is not mandatory for Delivering as One countries. The development of the paper was undertaken in close consultation with the Government Aid Coordination Agencies (GACA).

## Part I. Overall country programme approach

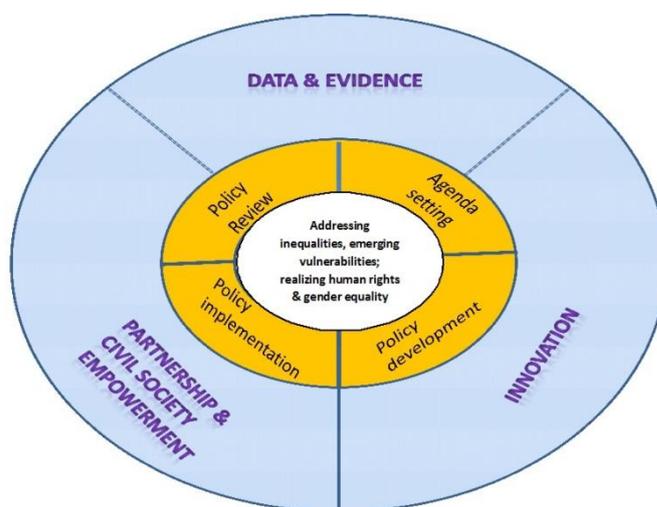
The overall approach of the country programme can be explained in the diagram below. At the core of the programme is inequality, emerging vulnerability, human rights and gender equality. Throughout the CPD, it is emphasized that the programme addresses inequality, which is relevant to the unfinished MDGs and the key principles of the SDGs: *Leave no one behind*. Particularly in the lower middle income country context of Viet Nam, it is important to focus on the inequality as the national socio-economic situation on average has been significantly improved while inequalities persist in some parts of the country, including ethnic minority regions. Also throughout the CPD, it discusses a new kind of vulnerabilities, which are emerging in the recent years. They include the near poor and the elderly, who constitutes an increasing large portion of population in middle-income Viet Nam, young migrants, those who are at risk of climate change impact, and so on. The focus on inequality and emerging vulnerability is in line with human rights and rights-based approach to programming. As noted in the CPD, human rights-based approach is applied throughout the programming processes (planning, implementing, monitoring and evaluation).

The second layer shows the so-called “policy cycle”. It starts with the agenda setting stage, which includes identification of problems, setting an agenda for policy making, and policy research. This stage is very important because at this early stage, there are often opportunities to frame the problems or issues and to strategize different approaches, which affect subsequent policy debate. The next stage is policy development. It includes policy negotiation, policy formulation and policy organization. Needless to say, it is important to promote evidence-based policy making during this process. The third stage is about policy implementation. UNFPA will not be directly involved in policy implementation as this is primarily the responsibility of duty bearers (the States). However, as it is well recognized that there are challenges in policy implementation in Viet Nam, the Country Office would work with relevant partners to tackle the challenges at a policy level. The fourth is policy review, which includes monitoring and evaluation of the policy implementation to ensure policy accountability. The policy review should feed into the new phase of policy agenda setting and/or policy development. In reality, these four phases may not be linear because a large number of factors usually influence policy processes. Moreover, a decision of the government or parliament may change the course of the cycle significantly. Nevertheless, the policy cycle is a useful tool that shows a common progression of a policy process, and help UNFPA and its partners to plan for policy-level interventions.

The third layer includes three key approaches of the country programme. First, the CPD has a very heavy focus on data and evidence. Data and evidence are powerful tool for policy advocacy and policy development. Generation and analysis of data and evidence are also one of the comparative advantages of UNFPA, as noted in the Country Programme Evaluation (CPE). Building on the achievements during the current CPD, the Country Office continues to promote evidence-based policy and programme development. Another important approach that the programme employs is partnership, particularly

empowerment of civil society and facilitating space for effective involvement of civil society. In line with the SDGs, particularly SDG 17, in the rapidly changing and closely interlinked world, it is critical to continuously build and strengthen partnership with a wide range of stakeholders to address complex challenges. Civil Society Organizations (CSOs) are extremely important partners in CP9 because as the country further grows economically and socially, people of Viet Nam are demanding more voice in the national socio-economic development processes. Through various channels, CSOs have been facilitating people’s participation in decision making process at different levels, and in oversight of policy implementation. In addition, partnership with academic institutions (universities and research institutes) will be developed to produce quality research for evidence-based policy advocacy; with the national media sector to raise the public awareness on population and development issues and to promote policy dialogue and advocacy, particularly on inequalities and vulnerabilities; and with the private sector, given their increasingly important role not only for economic growth but also for social development, to mobilize support needed to achieve the CPD. Strengthening North-South and South-South collaborations will also be emphasized for the purpose of knowledge, experience, technology and information exchange as well as capacity development. This can be done through promotion of networking between governments, national institutions, civil society organizations, and academic institutions. Third, the programme looks for every opportunity to use innovation. According to the UN Innovation Network, there are 9 principles of innovation: 1) Design with the user; 2) Understand the ecosystem; 3) Design for scale; 4) Build for sustainability; 5) Be data driven; 6) Use open data, open standards, open source, open innovation; 7) Reuse and improve; 8) Address privacy and security; and 9) Be collaborative. In other words, here innovation is not only about technological innovation, but also about the way the CPD is delivered. Together with its partners, the Country Office will look into new ways to approach long-standing and emerging development challenges where UNFPA can make the most impact within the limited resources.

The diagram, which is named “Golden Eye”, shows the very integrated nature of the CP’s approach. In order to effectively deliver on the key results described in the CPD, all elements of “Golden Eye” need to be considered, and they are also linked to each other. For example, the second layer of policy cycle and the third layer of key approaches relate to each other. All three principles can contribute to effective initiatives at all stages of the policy cycle. Therefore, the diagram should be understood as a visualization of the Country Programme’s integrated approach.



## Part II. Proposed Programme

### 1. Overview

As a lower middle-income country, Viet Nam is categorized as a “pink country” under the UNFPA corporate resource allocation framework. This means that the Country Programme needs to almost solely focus on policy advocacy. While the current CPD already has an emphasis on policy-level work, CP9 has an even stronger focus on upstream policy engagement.

The country programme align with three Strategic Plan (SP) outcomes and four SP outputs. The decision to select these outcomes and outputs were made based on the Assessment of the Situation of Population and Development (ASPD), the Country Programme Evaluation (CPE) and discussion within the Country Office and with partners, including the UN Country Team. A strategic choice was made to exclude the Outcome 1 of the SP on sexual and reproductive health (SRH), as it mainly focuses on service delivery. Another key change, compared to CP8, is the emphasis on adolescents and youth (Outcome 2 of the SP). In Viet Nam, the importance of investing in young people gained more attention in the recent years, and thus the Country Office considered that it was an opportune moment to expand the youth component of our work in CP9. Gender equality and women’s empowerment were selected as another key element of the programme because women have a critical role to play under all SDGs. In addition, SRH inequalities amongst vulnerable populations as well as other population emerging issues cannot be comprehensively addressed without promoting for gender equality and addressing linkage between gender issues with social economic factors. The SP Outcome 4 was identified as the most relevant result for the CP9 because it is directly linked to the policy-level work that the programme focuses on in the lower middle-income country context. Under the Outcome 4 on population dynamics, two outputs were selected based on the recognition that the first output is more about data generation and analysis while the second output is on policy advocacy (use of data and evidence) for many issues of relevance for UNFPA.

The three outcome areas are closely interlinked. During the process of developing this paper, interlinkages of various issues were identified, and emphasized in the following section of this paper. For example, it was observed that the component on gender equality and the work on SRH should be closely integrated because SRH-related policies should include gender perspectives, including specific support to GBV victims.

Another important issue is how to address one of the main barriers of Viet Nam’s socio-economic development: policy implementation gaps. This issue was also highlighted in the CPE recommendations. Viet Nam has a solid set of legal frameworks on many of the issues that the Country Office works on. However, it is observed that the challenge is in implementation of the laws and policies. Many of the interventions address this particular challenge, for example, focusing on strengthening inter-sectoral coordination and on the parliamentary oversight of the laws and policies, but more needs to be done to narrow the gaps in cooperation with partners. There is a need to continue the dialogue among relevant stakeholders including civil society organizations as the gaps have complex dimensions, which require coordination and collaboration of multiple actors.

In addition, while data and evidence are important basis for policy advocacy, as described above, there is a need to be strategic in identifying data gaps and to maximise investment of limited resources in the most strategic gaps. There seems to be insufficient coordination in this regard, and there are many parallel surveys and studies, which could have been better planned and executed. At least at the UN agency level, there has been efforts to coordinate the data-related work through the inter-agency working group on Data for Development, which UNFPA chairs, but given the upcoming monitoring of the SDG indicators, a stronger multi-stakeholder coordination system may be needed.

Overall, the Country Programme reflects the interlinked nature of the SDGs, and CPD provides a framework to ensure accountability for many integrated initiatives. The following section covers nine strategic focus areas for interventions, but they should not be read as nine separate issues, but a cohesive package of support to the country with multiple focus areas. Effective realization of interventions in these focus areas will contribute to Outcome 2 (Adolescents and Youth), Outcome 3 (Gender Equality and Women’s Empowerment) and Outcome 4 (Population Dynamics), as presented in the below table or the Results and Resource Framework in the Annex.

## RESULTS, FOCUS AREAS, NP/NIP/CIP/PP AND RESOURCES (2017-2021)

UNFPA strategic plan outcome	Country programme outputs	Focus areas (SDP)	NP/NIP/CIP/PP
<p><b>SP Outcome 2: Adolescents and Youth</b> 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 services.</p>	<p><b>Output 1:</b> Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescents and youth development issues</p>	<ul style="list-style-type: none"> <li>• <b>Focus Area 1:</b> Youth development (including youth law advocacy, youth participation, youth development index, comprehensive sexuality education)</li> </ul>	<p><b>NP:</b> MOHA <b>NIP:</b> Youth Affairs Department (MOHA) <b>CIPs:</b> Central Center for Youth, VYU, Parliamentary Committee for Youth and Adolescents Issues – PCYAI; Dept of Secondary Education of MOET; Vocational Training Department- MOLISA <b>PPs:</b> Vietnam Chamber of Commerce and Industry (VCCI); CSOs</p>
<p><b>SP Outcome 3: Gender Equality and women’s empowerment</b> Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</p>	<p><b>Output 1:</b> 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</p>	<ul style="list-style-type: none"> <li>• <b>Focus Area 2:</b> Gender-based violence (GBV)</li> <li>• <b>Focus Area 3:</b> Harmful Practices (Sex ratio at birth (SRB) and child marriage)</li> </ul>	<p><b>NP:</b> MOLISA and CSO <b>NIP:</b> MOLISA, CSO (Dept of Gender Equality) <b>CIPs:</b> MOCSTs, VFU, PCSA, CSO <b>PPs:</b> MOH; VWU; Dept of Social Vices Prevention of MOLISA; VYU; CEMA; Dept of Child Protection; Vietnam Association of Elderly – VAE; Vietnam National Committee on Ageing – VNCA; CSO</p>
<p><b>SP Outcome 4: Population dynamics</b> 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</p>	<p><b>Output 1:</b> Strengthened evidence base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health and reproductive rights</p>	<ul style="list-style-type: none"> <li>• <b>Focus Area 4:</b> Population Census, Civil Registration and Vital Statistics (CRVS) system</li> <li>• <b>Focus Area 5:</b> Sustainable Development Goals (SDG) indicators</li> </ul>	<p><b>NP:</b> MPI/GSO <b>NIPs:</b> GSO <b>CIPs:</b> PCSA, VFF <b>PPs:</b> MOJ, CCPE</p>
	<p><b>Output 2:</b> 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</p>	<ul style="list-style-type: none"> <li>• <b>Focus Area 6:</b> Inequalities in sexual reproductive health (SRH)</li> <li>• <b>Focus Area 7:</b> Cervical cancer</li> <li>• <b>Focus Area 8:</b> Advocacy for comprehensive population and health-related laws</li> <li>• <b>Focus Area 9:</b> Ageing</li> </ul>	<p><b>NIPs:</b> MOH <b>CIPs:</b> Dept. MCH, GOPFP <b>PPs:</b> PCSA, Dept of Health insurance, Dept. of Social Protection of MOLISA</p>

## 2. Outcomes, Outputs, Focus Areas, and key interventions

### OUTCOME 2: Adolescents and Youth

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 services.

**Output 2.1:** Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescents and youth development issues

### Focus Area 1: Youth development (including youth law advocacy, youth participation, youth development index, comprehensive sexuality education)

#### *Context and expected changes*

Viet Nam has been experiencing a period of demographic dividend, recording the highest proportion of young people in the country's history. According to the 2014 Inter-Census Population Survey, young people aged 10-29 make up approximately 33% of the general population. This provides a unique opportunity for Viet Nam's socio-economic development, but also with substantial challenges.

About 27% of the population who are under 24 years of age is now joining the workforce. However, Viet Nam has not yet picked up on the international development trend whereby governments try to work more on integrating youth-related policy issues (eg. education; employment) in national development plans, with the assistance of development partners. In this context, investing in young people and their development to take advantages of the demographic dividend is critical for the sustainable development of the country. Holistic youth development requires comprehensive approaches to deliver relevant services, opportunities, and supports so that young people, particularly adolescent girls, can develop to their full potential.

In addition, available data show that about one-third of Vietnamese young people continue to face barriers in accessing sexual and reproductive health information and services, resulting in health and social consequences such as abortion (adolescents and youth account for 30% of total abortion cases nationwide) or HIV infection (40% of cases aged under 29)<sup>1</sup>. This is due mainly to the serious lack of effective comprehensive sexual education (CSE) designed to meet their needs.

#### *Key challenges*

##### *Youth related laws, policies and programmes*

Although Viet Nam passed Youth Law in 2005, most provisions of the law have not been implemented in practice. In addition, youth development needs are not well reflected in the law. Therefore the 2005 Youth Law is to be revised to ensure it is youth centred, human rights and evidence based. According to the ASPD, Viet Nam lacks of an overall strategic approach to youth policy. If the relevant policy settings relating to youth are not appropriate, the restructuring and economic growth that the government is seeking though changes in education and employment may not be achieved. Not only is further policy work required but a policy process that involves a more coordinated and interactive focus on all aspects of policies that affect youth is needed.

##### *Youth Participation*

Despite efforts to improve the participation of youth in the development of youth related policies and programmes, their meaningful representation and participation, particularly amongst vulnerable groups in

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<sup>1</sup> MOH report in 2014

national and subnational discussion forums remain limited. There is a need to form an official mechanism to ensure their active participation in policy dialogues at National Assembly, Party, line ministries and relevant sub-national levels to discuss their actual needs, taking into account the lessons learned and best practices from other countries.

It is discussed that Vietnamese youth are often not active to work for community development. Although many of them attained good education levels, they are not proactive in socio-economic initiatives. There is a need to help them develop their full potentials so that they contribute their best to the community and society development. It also notes that to develop the full potentials of adolescents and youth, particularly adolescent girls, important issues of education, employment, sexual and reproductive health and comprehensive sexuality education, child marriage, gender equality, GBV and other related issues should be well addressed in youth related laws, policy and programmes.

#### *Data on youth*

There has been lack of data on youth in various sectors causing difficulties for the development and monitoring the implementation of youth related policies and programmes as well as tracking accountabilities of concerned organizations and agencies. Therefore, it is important to support the concerned sectors in using the approved National Youth Index tool for the development of the quality national database on youth development.

#### *Comprehensive Sexuality Education*

In schools, current sexuality education programme focuses mostly on biological aspect and reproduction at the expense of a comprehensive knowledge of other CSE issues. In addition, integrating CSE into overly full curriculum and the reliance on the traditional class-based teaching methods have proved to be ineffective. For out-of-school young people, access to CSE is even much more limited.

Sexuality education being a non-core element of the learning curricula and teacher-training being inconsistent in this area, previous investments in sexuality education within the school system, including by UNFPA, have not been able to turn the deficit in access to sexual and reproductive health and rights-information and life skills-training around.

International experiences show that information and communication technologies (ICT) are increasingly recognized as an important health promotion tool worldwide. Viet Nam has a very high and increasing rate of mobile phone and internet users. Application of ICT is considered a promising, complementary channel for the delivery of CSE programmes to adolescents and youths in both in and out of schools. However, the potential of ICT has not been fully utilized to promote CSE in Viet Nam.

#### ***Justification for UNFPA to work in this area***

UNFPA has worked on the area of adolescents and youth for over 30 years. Its vision on young people is straightforward: "A world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence."

In Viet Nam during the CP8, UNFPA has been a leading UN agency on youth related issues. Taking advantages of having strong partnership with National Assembly (NA), Ministry of Home Affairs (MOHA), Ministry of Health (MOH) and Youth Union (YU), it uses initiatives on ASRH as an entry point to address comprehensive development of youth in the country. Particularly, it supports MOHA to develop and monitor the implementation of the national youth development strategy for the period 2011-2015. Moreover, it provides quality evidence on the current youth situation through the first National Youth Development Report to advocate for the revision of Youth Law. In addition, it provided technical assistance for MOHA to develop a national list of youth development indicators. UNFPA takes a leading role in coordination of UN Working Group on Young People. With these comparative advantages, UNFPA is in a

good position to advocate the government to apply international good practices when developing and implementing national laws, policies and programmes on comprehensive youth development.

Regarding CSE, UNFPA already supported MOET to incorporate adolescent reproductive health education into education programmes at the teacher training colleges (1997-2001) and school textbooks (2001-2005). For the period 1998-2006, under EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHYIA), UNFPA supported the Youth Union and CSOs in advocacy and behavior change communication on reproductive health for young people. In the current programme 2012-2016, UNFPA has supported the Ministry of Labour, Invalid and Social Affairs (MOLISA) to integrate CSE into vocational training programmes, and the Youth Union in piloting youth-led initiatives on SRH. In addition, UNFPA collaborated with UNESCO to organize an exhibition on CSE in 2012.

### ***Key strategies/approaches***

In the CP9, UNFPA will provide technical support to build up a quality database on youth development that will help the government in developing and monitoring the implementation of youth related laws, policies and programmes. UNFPA will support the NA and MOHA in advocacy and in monitoring the works of different sectors on youth development.

By applying innovative approaches, UNFPA will provide technical recommendations to support national youth development programmes that promote rights, responsibilities and contributions of youth to the development of the society, especially through youth-led initiatives, building on young people's creativity.

Together with traditional government partners and other stakeholders, UNFPA will build up partnership with youth-led CSOs and the private sector to deliver programmes on youth development. Through south-south and north-south collaborations, UNFPA will apply lessons learnt from other countries together with evidence and data generated from youth-led initiatives to advocate for the active participation of youth in law and policy making, and in programme development, implementation and monitoring.

UNFPA will partner with the Government and CSOs in providing CSE programmes to both in- and out-school young people. In the initial phase of the new CPD, UNFPA will dedicate resources to an in-depth analysis by key partners on a strategic roadmap to eliminate the knowledge and life skills gaps. UNFPA CO will also collaborate closely with UNESCO and UNICEF to ensure that the piloted CSE will have synergy with their education programmes and meet the international standards.

### ***Proposed key interventions***

#### **1.1 Support to generate quality evidence on youth development**

Support to create national youth database based on secondary data collected from national population based surveys, including the Youth Development Index, and various qualitative and quantitative studies. Collected data will be disaggregated and presented in a user-friendly manner. The database will help MOHA develop a national youth development report series and to track progress and ensure accountabilities on youth development at national and provincial levels. It will also support a review of the implementation of the National Youth Development Strategy for the period 2011-2020 and the development of the next national strategy for the period 2021-2030.

*Partner: MOHA*

#### **1.2 Develop internet-based CSE programmes**

UNFPA will support an assessment of the comprehensiveness and effectiveness of the current sexuality education curricula and dialogues on CSE-related policies and strategies with key partners including the participation of adolescent and youth. Based on the findings, UNFPA will support MOET and other partners to pilot an internet based CSE programmes to be applied at high schools and vocational learning institutions. From the lessons learned from the piloted model, UNFPA will support evidence-based advocacy for national and sub-national investment on CSE.

*Partners: MOET, CSOs*

### **1.3 Develop National Action Plan on provision of youth friendly SRH services**

UNFPA will support the review of the implementation of the existing youth friendly service plan (developed in 2007) and the development of the new 5 year action plan (linked with Focus Area 2 on inequalities on SRH)

*Partners: MCH/MOH and CSOs*

**1.4 Support evidence-based advocacy targeting the NA, line ministries and general public** for the development of evidence- and rights based Youth Law and related sub-law documents as well as monitoring its implementation at sectoral and local levels. In addition, it will support multisectoral coordination of MOHA to track accountabilities of relevant national and sub-national organizations and agencies in the implementation of the youth law and policies.

*Partners: MOHA, Paliarmentary Committee on Youth, Adolescents and Children, Youth Union and CSOs*

**1.5 Support Youth Parliament Initiative based on experiences from other countries** to provide opportunities for Vietnamese adolescents and youth to use their elected voice to bring about social change through meaningful representation in various policy discussion forums including NA regular meetings and campaigning. In addition, it will support national Y-PEER<sup>2</sup>, a global youth network, and through them to support youth led organizations with advocacy activities on comprehensive youth development.

*Partners: Paliarmentary Committee on Youth, Adolescents and Children, Youth Union, CSOs.*

**1.6 Support regular national competitions on youth led initiatives on community development.** The competitions will promote for pro-activeness and creativeness of youth and their valuable contributions to the society and community development. This activity will be implemented in partnership with youth-led CSOs and relevant private service providers. It is expected that youth led initiatives will create strong national youth movements on active participation of youth including vulnerable youth groups and call for their contributions in findings and solutions for various issues of concern, especially of ethnic minority and migrant youth groups. The lessons learned from the initiatives will help the government develop national guidelines on operation of youth-led initiatives.

*Partners: MOHA, CSOs, Youth Union*

## **OUTCOME 3: Gender Equality and women's empowerment**

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

**Output 3.1:** 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

### **Focus Area 2: Gender-based violence (GBV)**

#### **Context and expected changes**

Viet Nam has made good progress on its gender equality targets under MDG 3. The legal framework for gender equality and women's empowerment is also strong. However, the manifestation of gender

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<sup>2</sup> Y-PEER is youth network of young people from more than 700 non-profit organizations and government agencies in more than 50 countries initiated by UNFPA on the use of an integrated approach to working with young people, with the active participation of young people themselves.

inequality such as violence against women and girls (VAW) remains. The fundamental cause of violence against women is gender inequality which translates into unequal power and control over resources between men and women.

Prevalence of domestic VAW remains high, yet still unaddressed. About 58% of ever-married women aged 18-60 reported that they had experienced some forms of violence at least once in their lifetime by their husbands or intimate partners, while 87% of them never sought help from formal service or authority; 5% of ever-pregnant women had experienced physical violence in at least one pregnancy<sup>3</sup>. A woman's education level, economic level, husband's age and location impact on her risk of violence. Violence is more common in rural areas with over 60% of women experiencing it. GBV is also a particular problem in some ethnic communities<sup>4</sup>.

Other types of GBV outside of family setting have been overlooked. Adolescent girls and young women are especially at risk of various forms of GBV including sexual violence, sexual abuse, rape, incest, harmful practices such as child marriage and cyber violence. They are at risk at home, at work, in the school, or on the street.

Traditional culture and gender stereotypes are major barriers to gender equality and ending GBV. Cultural subordination of women, which fosters for negative attitudes towards women and stereotypes, is deeply entrenched. Men play very important role to sustain or change these cultural norms and gender stereotypes. However, communication on GBV towards, and inclusion of men and boys in policy and programs to promote for gender equality and elimination of GBV is still limited.

### **Key challenges**

There are gaps in legislative, policy and the inter-sectoral and national-subnational coordination. Lack of understanding of inter-linkages between forms of GBV that multiply gendered vulnerabilities to additional forms of violence results in the situation whereby different types of GBV are addressed by different line ministries in a disjointed way.

A major obstacle for developing policies, programs, monitoring and evaluation, and tracking of accountability on addressing GBV is the lack of reliable and comparable data. Apart from domestic VAW, national data on other forms of GBV is not available yet. There is no national mechanism to compile data on GBV collected by different line ministries into a comprehensive statistical database. Furthermore, there is a lack of policy analysis to provide decision makers with important information on how policies work in practice and their effects on economic, environmental, social and other driving factors of GBV.

The direct links between GBV and poor Sexual Reproductive Health (SRH) outcomes has not been paid sufficient attention. GBV, particularly in the case of sexual violence and rape, has not yet been included in the national programme on SRH to systematically address women's needs for sexual and reproductive health services.

Violence against sex workers as well as the high risks of GBV survivors in exposing to engagement in sex work have not been paid much attention in policy development and programming, neither on policy and programme on sex work nor on GBV.

CSOs make significant contribution to address GBV in Viet Nam, particularly at the grass-root level. However, there are still barriers for their participation at policy level to better support to the Government to bridge the gaps between policy development and policy implementation.

Women's access to legal aid and protection remains limited. Only 43% of disclosed domestic violence cases came to the attention of the police; only 12% of reported cases resulted in criminal charges and only 1% of reported cases led to conviction; 77% of cases were not brought to the attention of legal aid providers<sup>5</sup>.

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<sup>3</sup> General Statistics Office, *Results from the National Study on Domestic Violence against Women in Viet Nam: Keeping silent is dying*, 2010.

<sup>4</sup> UNFPA, Fact Sheet 1 on the *National Study on Domestic Violence against Women 2012*.

<sup>5</sup> UNODC, *Research on Law Enforcement Practices and Legal Support to Female Victims of Domestic Violence in Viet Nam*, 2011

One of the key challenges related to this is the negative aspect of the traditional norm of “happy family”, which often discourages women to seek justice.

#### **Justification for UNFPA to work on this issue.**

UNFPA’s comparative advantages in Viet Nam includes extensive working experience in population, reproductive health, and gender equality for over 30 years. Since 2004, UNFPA Viet Nam has expanded its work to support the Government to address VAW at both central and provincial levels. Since then, UNFPA has taken a convening role, in the UN system, for providing technical assistance on this issue. UNFPA has consistently advocated the interconnections between culture, gender and human rights and has successfully applied culturally sensitive and rights-based approaches in its programme support to the Vietnamese national and provincial agencies and CSOs.

UNFPA has rich experience in joint delivery and joint support to the Government in promoting gender equality and equity with other development partners during the 2009-2011 MDG Achievement Fund funded UN-Government Joint Programme on Gender Equality (JPGE), wherein UNFPA was the Managing Agent.

During the eighth Country Programme (2012-2016), UNFPA has supported Government to develop a minimum intervention package (MIP) on domestic violence (DV) for nationwide scaling up. It focuses on three components of prevention, health-sector response and community based referral system. In addition, as a convener of the UN GBV working group, UNFPA has continued to coordinate support from UN agencies including UN Women, UNODC, IOM, ILO, UNESCO, and UNDP to the Government for a national response to DV.

Furthermore, UNFPA has a comparative advantage in building strong partnerships with Government partners. UNFPA provides quality international and national evidence to support appropriate policy development and implementation. UNFPA also mobilizes development partners, CSOs and relevant stakeholders to engage men and boys in addressing various forms of discrimination and VAW/G, and promoting human rights of women and girls.

#### **Key strategies/approaches**

*Approach:* An integrated approach will be applied to ensure the effective prevention and response to GBV. It is based on the following premises:

- All human beings are entitled to equal rights and protections.
- Gender mainstreaming is a strategic response to the widespread denial of women’s and adolescent girls’ human rights.
- Culturally sensitive approaches involve communities in supporting human rights in many cultural contexts and support the sustainability of development initiatives.
- Economical driving factors of GBV are analyzed for policy and programme development, and economic costs of GBV are used for advocacy, policy influencing as well as for working with private sectors<sup>6</sup>.

*Key strategies:* GBV is addressed at every step of policy cycle:

- Agenda setting: Provide evidence from policy research to identify problems; provide policy options; conduct advocacy/lobby, negotiation, dialogues, and communication campaign to create public pressure for inclusion of concerned issues in policy agenda.
- Support policy review: Offer technical assistance to Government to conduct policy review, policy analysis to inform for policy revision or formulation, as well as to improve the prevention and response to GBV.

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<sup>6</sup> [http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)  
[http://www.unfpa.org/sites/default/files/resource-pdf/finalUNFPA\\_CSJ\\_Book\\_20130221\\_Data.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/finalUNFPA_CSJ_Book_20130221_Data.pdf)  
<http://www.unfpa.org/featured-publication/gbvie-standards>

- Support policy formulation: Provide policy advice, evidence from data/research, policy recommendations, and bring international experts and experiences from other countries to support the Government in process of policy formulation.
- Strengthen law enforcement (policy implementation): Strengthen partnership and networking; empower and support CSOs' participation in policy development and implementation; engage men and boys, and celebrities in IEC and BCC; optimizing 'people-centeredness'; strengthen the public's demand for availability and quality of GBV related services.

### ***Proposed key interventions***

#### **2.1 Agenda setting:**

Advocate for:

- Moving beyond DV
- A single Government agency with authority to address GE, GBV, and DV
- Revision of DV Prevention and Control Law and related laws
- A national statistical database on GBV
- Regularly conducted national surveys to ensure availability of GBV/VAW data
- Standardized services on GBV
- Health sector response to sexual assault
- Government response to rape in marriage
- Increase women's access to justice; Gender responsive budgeting
- Policy for men's engagement in promoting for gender equality and ending gender based violence

*Partners: MOLISA, MOCST, MOH, VN Youth Union, Father Union, VN Women Union, CSOs*

**2.2 Policy review:** Support development of suitable quantitative and qualitative indicators on GBV which are in line with SDGs and international standards, and inclusion of these indicators in national statistical indicators;

Building evidence base through surveys, policy analysis, and research on driving factors contribute to GBV and positive practices in the same culture text, which promote GE and non-violence, social change and behavior change;

Collecting service-based data and costing of services from existing piloting models conducted by different organizations/NGOs; Developing documentation on lessons learnt and good practices based on existing interventions.

*Partners: MOLISA, MOCST, MOH, GSO, CSOs*

#### **2.3 Policy formulation:**

Provide evidence base and technical assistance to ensure gender responsiveness and human rights based approach, and its principles included in formulation of Population Law, the Law on Sex Work, revision of DV Prevention and Control Law, and related policies;

Support south-south and north-south collaboration on policy formulation.

*Partners: MOLISA, MOCST, MOH, MOET, NA, CSOs*

#### **2.4 Policy implementation:**

- Support institutionalizing the MIP on DV;
- Standardizing services for survivors;

- Strengthening health sectors response to GBV, especially SRH services for victims of rape and sexual assault;
- Integrating women's and adolescent girls' human rights, especially the rights of sex workers, female migrant workers, in national and sub-national policy and legislation;
- Developing long term communication strategy and plan; Developing Fatherhood and Parenting Programmes; Strengthening partnership with Government and CSOs and networking with CBOs alliances, media, celebrities, and development partners in prevention and response to GBV.

*Partners: MOLISA, MOCST, PCSA, MOH, VN Famer Union, CSOs*

### **Focus Area 3: Harmful Practices (Sex ratio at birth (SRB) and child marriage)**

#### ***Context and expected changes***

##### *SRB imbalance*

In the last decade, SRB in Viet Nam has increased at a fast pace and reached 112.2 boys for every 100 girls born in 2014 (the normal ratio is 104-106 boys per 100 girls)<sup>7</sup>. Prenatal sex selection has been identified as the major cause of SRB imbalance in Viet Nam. The primary factor driving prenatal sex selection behavior among many couples is son preference rooted in the traditional culture of Confucianism and patriarchal family systems. There are several reasons for son preference that include taking care of parents, support from sons in old age (as there is lack of social protection system), religious and social requirements from sons and their role in ancestor worship and other important life events. Sons enhance the parents' status in society and are usually favored in land and property inheritance.

The issue has received attention from the Vietnamese Government in recent years. It was mentioned in the Population Ordinance, the Government Decree No. 104/2003/ND-CP prohibit identification and disclosure of information on the fetal sex, and sex selective abortion, and the Law on Gender Equality. Early this year, the Government approved the Proposal on Addressing SRB imbalance for period 2016-2025. Despite legal changes and strong community awareness-raising efforts, the entrenched cultural preference (with some exceptions) for sons is shifting only slowly<sup>8</sup>.

#### ***Key challenges:***

- The Government intervention programs more focus on the phenomena of SRB imbalance and overlook social/economic factors;
- Collaboration among line ministries and sectors in addressing SRB imbalance is poor;
- There is no evidence from other countries on good practices or failure in addressing the issue;
- There is no scientific data on the possible consequences of imbalanced SRB;
- It takes time to changing people's mindset towards son preference;
- It is hard to implement policies prohibiting provision of sex selection services.

A key challenge in relation to SRB is the balance between ensuring law enforcement which bans prenatal sex selection and protecting women's reproductive rights. The draft Population Law, which was recently withdrawn from consideration by the National Assembly until 2017, did include extensive provisions that were intended to reduce SRB imbalance including restricting women's right to abortion. These provisions were unlikely to be effective, and ran counter to women's reproductive rights. Moreover, as UNFPA has

<sup>7</sup> IPS 2014.

<sup>8</sup> Nicola Jones, Elizabeth Presler-Marshall and Tran Thi Van Anh, *Early Marriage Among Viet Nam's Hmong: How Unevenly Changing Gender Norms Limit Hmong Adolescent Girls' Options In Marriage And Life*.

warned, stronger laws and enforcement action to limit prenatal sex selection may only have served to force more women into having an illegal and often risky backyard abortion<sup>9</sup>.

### ***Child marriage (CM):***

Although the Law on Marriage and Family sets the minimum age of marriage for women at 18, the proportion of young women aged 15-19 who are married or in union increased from 5.4% in 2006 to 10.3% in 2014<sup>10</sup>. The ratio of CM remains high among ethnic minorities and in mountainous areas<sup>11</sup>. According to administrative data system of MOH and CEMA, in some communes, the CM rate is over 50%. Among ethnic minority communities, H'Mong people have the highest CM ratio of 33%, followed by Thai people of 23%. The GSO data indicates that 9 provinces report more than 5% of the male population aged 15–19 ever married; and 14 provinces have more than 5% of the female population aged 15–17 ever married<sup>12</sup>. CM closely relates to dropping out of school and childbirth at an early age. 73% women aged 15-19 years who are married or in union had no or only primary education. The cause of CM may be part of local tradition, or parents may believe it safeguards their daughters' future, which poverty or conflict may propel. But more often than not, CM is the outcome of lack of life choices. The poverty limits girls' access to education, vocational training and job opportunities. However, the Government's ongoing approach to address child marriage mainly focuses on communication and education to change culture related to child marriage rather than addressing this issue in a larger context of poverty reduction, such as, through support to social and economic development for communities where child marriage is prevalent. In addition, the current solutions do not provide sexual and reproductive health programmes for sexually active adolescents (married, de facto and unmarried) in order to reduce adolescent pregnancy.

### ***Key challenges***

The Government has attempted to address the issue but there are still some gaps:

- There is no data/evidence on prevalence and driving factors of CM in Viet Nam;
- There is no data on CM related policy and legal framework, stakeholders and their interventions, and barriers for addressing the issue;
- There is no evidence on effectiveness of government working mechanism in response to CM; and
- Current solutions mainly focus on information and communication to change culture related to CM rather than addressing this issue in a larger context of poverty reduction and social and economic development.

### ***Justification for UNFPA to work in this area***

UNFPA has played an active role in discussions of SRB issue in Viet Nam. UNFPA supported the VCPFC (Viet Nam Commission of Population, Family and Children - predecessor of General Office of Population and Family Planning) to hold the first national discussion of SRB in 2006 focusing on the SRB situation and methodological issues to estimate SRB in Viet Nam. In 2008, UNFPA supported the second national consultation workshop on policy to address SRB issue. In 2010, UNFPA supported the MOH to organize an international workshop on SRB in Hanoi. Within the framework of CP8, UNFPA has supported Government to develop an intervention package on addressing SRB imbalance for nationwide scaling up. It focuses on three components of IEC/BCC, promoting the value of girls, and strengthening the data collection and reporting on SRB.

Currently UNFPA headquarters is implementing the global programme on GBSS which can provide opportunity to bring international expertise and experience to support the Government of Viet Nam to address this issue.

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<sup>9</sup> UNFPA, Quick Assessment on Situation of Population and Development in Viet Nam (ASDP), 2015.

<sup>10</sup> Results from the Multiple Indicator Cluster Surveys in Viet Nam, 2006, 2011 and 2014.

<sup>11</sup> MICS 2014 shows 29.5% for ethnic minorities and 6.5% for Kinh/Hoa; 22.6% and 14.8% for Northern Midlands and Mountain areas and Central Highlands area respectively.

<sup>12</sup> GSO Monograph, *Age-Sex Structures and Marital Status of the Population of Vietnam*, 2011

UNFPA is very strong in providing data/evidence as well as moving from data to action, and is actively engaged in efforts to address CM in many countries. In Viet Nam, evidence base on CM is inadequate, and there is still a gap in understanding of the link between CM and particular ethnic communities. UNFPA and UNICEF are conducting a situation analysis and a mapping exercise on CM that may provide further evidence on the issue.

### ***Key strategies/approaches***

*Approach:* An integrated approach will be applied to ensure the effective prevention and response to harmful practices. It is based on the following premises, in addition to the ones noted under the GBV section:

- SRB imbalance and CM are analyzed in the larger context of fast economic growth.
- The increase of social protection for older people that will contribute to reduce pressure for having sons.

*Key strategies:* SRB imbalance and CM are addressed at every step of policy cycle:

- Agenda setting: Provide evidence from policy research to identify problems; provide policy options; conduct advocacy/lobby, negotiation, dialogues, and communication campaign to create public pressure for inclusion of concerned issues in policy agenda.
- Support policy review: Offer technical assistance to Government to conduct policy review, policy analysis to inform for policy revision or formulation, as well as to improve the intervention to address SRB imbalance and CM.
- Support policy formulation: Provide policy advice, evidence from data/research, policy recommendations, and bring international experts and experiences from other countries to support the Government in process of policy formulation.
- Strengthen law enforcement (policy implementation): Strengthen partnership and networking; empower and support CSO's participation in policy development and implementation; engage men and boys, and celebrities in IEC and BCC; increase the Government optimizing 'people-centeredness'.

### ***Proposed key interventions***

#### **3.1: Agenda setting:**

- Advocate for national responsive budgeting that invests more in promoting gender equality and increasing values of women and girls;
- Strengthening social protection system for older people to release demand of having son;
- Government strategy to cope with consequences of SRB imbalance;
- Addressing SRB imbalance and CM in a larger context of social economic development; Scaling up the pilot model on addressing SRB imbalance in CP8.
- Identify problems and driven factors of CM in specific cultural contexts, and provide evidence to delay early marriage, empower adolescent girls and advocate the
- Government to provide sexual and reproductive health programmes for sexually active adolescents.

*Partners:* MOLISA, MOH, MOET, CEMA, VN Youth Union, VN Father Union, CSO

#### **3.2 Policy review:**

- Support conducting qualitative research to have deeper understanding of SRB imbalance from

different perspectives;

- Research on social and behavior change related to son preference, and consequences of SRB imbalance to recommend for policy revision of development;
- Documentation of good and failure practices on addressing SRB imbalance;
- Policy review, policy analysis, and mapping exercises on the gaps of policy, data, programme, and government system's response to CM to inform decision-makers for policy development and programming.

*Partners: MOH, MOLISA, GSO, CSOs*

### **3.3 Policy formulation:**

- Provide evidence base and technical assistance to: ensure SRB imbalance included in Population Law and upcoming related policies;
- Develop coping strategy to consequences of SRB imbalance;
- Integrate women's and adolescent girls' human rights in national and sub-national policies and legislations;
- Ensure data collection systems such as the Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) collect sufficient and appropriate data to inform public policy and decision-making processes that aim to end CM;
- Develop a national guideline on addressing CM;
- Develop a policy framework and action plan that outlines a package of measures for eliminating CM including women's rights and empowerment; poverty reduction and development; and educational and employment opportunities.
- Support south-south and north-south collaboration on policy formulation.

*Partners: MOLISA, MOH, CEMA, MOET, MOHA, Youth Union, CSOs*

### **3.4 Policy implementation:**

- Support Developing Fatherhood and Parenting Programs;
- Strengthening data collection and reporting system to monitor the trend of SRB imbalance and CM;
- Strengthening partnership with Government and CSOs and networking with CBOs alliances, media, celebrities, and development partners in addressing imbalanced SRB and CM.

*Partners: MOLISA, MOH, CEMA, MOET, MOHA, PCSA, CSOs*

## **OUTCOME 4: Population dynamics**

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

**Output 4.1:** Strengthened evidence base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health and reproductive rights.

## Focus Area 4: Population Census, Civil Registration and Vital Statistics (CRVS) system

### *Context and expected changes*

UNFPA has supported Viet Nam conducting the Population and Housing Census in every 10 years since 1979. The Census produces demographic and socio-economic data of the country's population, including information on population size, structure, and dynamics, which is used by the Government as the most important data source for the development of policies, strategies and programmes. The latest Census produced in 2009 for example was used for the assessment of the implementation of the 2005-2010 Socio-Economic Development Plan (SEDP), the formulation of the 2011-2015 SEDP, and the monitoring of MDG achievements. Still, there are concerns on the quality of the census data and its accessibility. Particular interests from the government are to improve data collection and data quality through the use of ICT, and the development of integrated database, including both the censuses and the Civil Registration and Vital Statistics.

### *Key challenges*

Although the national capacities for census data collection and analysis has substantially increased over the past decades, concerns remain over the quality of the data. Until the most recent census, paper-based data collection was still applied as the only method. High cost and low efficiency of data collection as well as some data inaccuracies are therefore the consequences. The General Statistics Office (GSO), the national organization responsible for conducting the census, is exploring ways to improve data collection and data quality through the application of new technologies, for example using tablets that instantly calculate and transmit the data to the GSO and eliminating data errors.

Another issue of concerns is limitation in data disaggregation and analysis. It is a common practice that only a few publications, the most important one is the report on the census major findings, are produced by GSO after the census was completed. One reason is the relative weak capacity of the GSO in data analysis, particularly regarding population and development topics. Also, the census data is not linked to data produced by other population-based surveys to form a comprehensive population data base. In the context of the MIC, such a data system should be developed and stored on-line to increase accessibility and timeliness of the data. With the 2030 Sustainable Development Agenda, Viet Nam needs to ensure availability of quality data to measure progress towards achieving the Sustainable Development Goals (SDGs), especially regarding to inequalities and human rights. Utilization of innovative approaches, such as big data and administrative data, is needed to identify trends and emerging opportunities and threats related to population dynamics and development.

One important data source that can be linked to the census data base is the Civil Registration and Vital Statistics (CRVS). Globally, CRVS data (including information on birth, death, cause of death and other vital events) is well used to set targets and evaluating socio-economic plans, including monitoring health and population intervention programmes. In 2014, the Ministerial Conference on CRVS held in Bangkok forged a high-level political commitment for the improvement of CRVS systems and the implementation of the Regional Action Framework which advocates for universal civil registration and the generation of accurate, complete and timely vital statistics. Viet Nam, similar to many countries across Asia and the Pacific, still lacks a well-functioned CRVS.<sup>13</sup> The Government has now committed to improve the system and developed the National Plan of Action for the period 2015-2024 based on the regional CRVS framework.

<sup>13</sup> <http://www.cpc.unc.edu/measure/resources/publications/fs-15-139>

<http://www.who.int/bulletin/volumes/88/1/08-061630/en/>

### ***Justification for UNFPA to work in this area***

UNFPA's expertise in data generation and analyses, particularly regarding population and development, is highly valued in Vietnam. In responding to UNFPA global mandate to support national statistical organizations, UNFPA has provided strong assistance to the GSO to conduct four censuses, one Inter-Censal Population Survey, and many other population-related surveys. Under CP9, UNFPA CO's continuing assistance for GSO with the 2019 Census will be critical to assure its quality and utilities.

Given the importance of having a well-functioned CRVS system, UNFPA Country Office has worked with other UN agencies to support the Vietnamese Government to advocate and develop the National Plan of Action on CRVS, period 2015-2024.

### ***Key strategies/approaches***

- UNFPA will focus its support on provision of technical recommendations for both 2019 Census to ensure quality of data collection and the application of well-established technologies in data collection to increase its efficiency and data accuracy; and to post-census data mining in order to produce sufficient evidence for various policies relevant to UNFPA mandate.
- UNFPA's support for implementation the CRVS Plan of Action will focus on CRVS database development, and disaggregation of vital statistics to inform the development of policies and programs, delivery of essential public services, and promotion of government's accountability and transparency. Vital statistics produced from a complete civil registration system, such as official statistics from other reliable administrative sources, will also be indispensable in monitoring the SDGs.
- UNFPA CO will also capitalize on technical assistance drawn from APRO/ UNFPA Headquarter to support the GSO in both the census and CRVS. South-South collaboration will also be considered.
- UNFPA will partner with relevant UN agencies to provide collective support to assure information relevant to SDGs is included in both census and CRVS data.

### ***Proposed key interventions***

#### **4.1 Technical supports for 2019 population census:**

##### Preparatory phase:

Support the development of population census framework and data collection tools.

Develop quality assurance guidance to assure the conduct of census is complied with international recommendations.

Provide support for monitoring, mobilizing participation of other UN agencies during the data collection phase.

Provide ToT training to ensure quality of data collection, including sharing good practices/support the use of technology in data collection through technical assistance from APRO/UNFPA Headquarter or North-South/South-South collaboration.

Support mapping data needs for policy making through policy dialogues/data user workshops.

Advocate for important and sensitive information (disability, youth, birth and death registration, maternal and pregnancy death, etc.) will be included in the census.

#### Data collection phase

Monitoring the quality of data collection using guidance on quality assurance

#### Post census support

Technical support for data analysis, including in-depth analysis of issues in SRH, adolescents and youth, gender, inequalities and vulnerabilities, and population projections

Support for disseminating key findings/results (monographs, factsheet, infographics, policy briefs, press releases).

Technical support for a census database to increase extensive use.

Advocate for utilize the census data for policy development and dialogues.

Support for linking census data with data from other surveys.

*Partners: MPI/GSO*

#### **4.2 Technical support for CRVS includes:**

Technical assistance to implement CRVS Plan of Action 2015-2024 with a focus on development of CRVS database and data disaggregation that will be used in monitoring relevant SDGs indicators as well as identify emerging population issues for decision making.

Advocate for improvement of inter-sector collaboration including statistical, health, and justice sectors, to ensure birth, death, and cause of death will be registered and recorded and vital statistics will be disaggregated for policy making.

*Partners: MOJ, MPI/GSO*

### **Focus Area 5: Sustainable Development Goals (SDG) indicators**

#### ***Context and expected changes***

Two hundred and thirty indicators for measuring progress on the 17 Sustainable Development Goals (SDGs) were proposed at the 47th session of the United Nations Statistical Commission (SC) in March 2016. The resulting decision, "Data and Indicators for the 2030 Agenda for Sustainable Development", identified national ownership as key to achieving the SDGs, emphasizing that national reviews should be voluntary and country-led, and should take into account national realities. Each country therefore must localize the internationally defined indicators to its own context. In addition, the SC's decision stressed the importance of strengthening national statistical capacities to localize and produce data for monitoring and reporting.

Viet Nam has already started this localization process as part of the implementation of the 2030 Agenda (as indicated by the Resolution No. 98/2015/QH13 dated 10 November 2015 of the National Assembly on the 2016 Socio-Economic Development Plan). The Government has assigned the MPI to coordinate with ministries and localities to develop an action plan for implementing Agenda 2030, which will be submitted to the National Assembly for approval.

UN agencies and other development partners take great interest in supporting the GoV in localizing SDGs indicators as this task is crucial for monitoring SDG achievements. The One Strategic Plan 2017-2021 will

use some SDG indicators as outcome indicators for four focus areas that the UN will support the Government. With technical assistance from UNDP, the GSO has conducted a mapping exercise on SDG's indicators to review existing statistics/indicators, identify data gaps, and provide suggestions for localizing SDG indicators. With UNFPA's initiatives and support, GSO organized a development partners meeting to share the country's road map to localize the objectives for period 2016-2017. GSO will complete localizing SDGs indicators and submit to Prime Minister for approval in 2017.

### ***Key challenges***

GSO faces challenges to optimally execute the following steps of the localization process: (1) translating the internationally defined SDG indicators into ones that are more concrete and locally contextualized, (2) defining and validating specific metrics of progress for these indicators; and (3) determining the source(s) of data corresponding to each metric. As such, it is important for GSO to receive timely support from the UNFPA and other UN agencies to develop well-designed local indicators which will be essential for monitoring national progress towards achievement of the SDGs. They can also be used for developing and monitoring multiple socio-economic policies and strategies that fit into the 2030 Agenda—the ultimate goal of which is to “leave no one behind”.

Among the SDGs, indicators relevant to climate change (under the Planet Focus Area) are particularly important given the fact that Viet Nam is among the countries that are most vulnerable to the impact of climate change in the world. Failing to make progress on those indicators will block the country from fully achieve the SDGs. The impacts of climate change on the most vulnerable populations are of serious concern including: women, youth, seniors, migrants, ethnic minorities, and the poor. Yet there are insufficient data on specifically how these populations will be differentially affected by climate change, and how their geographical distribution overlaps with exposure to climate change related hazards. Where data do exist, they are rarely incorporated into policy and planning for climate change resilience. A population lens is therefore critical to effectively designing policy and allocating funding to prepare for climate change. With integration of demographic and hazard exposure data, policy makers could identify which groups in which locations are the most vulnerable or at greatest risk—and could employ population projections to protect tomorrow's most vulnerable communities. This would enable far more efficient and cost-effective targeting of policy and planning, both in disaster risk management and in longer term adaptation work.

### ***Justification for UNFPA to work in this area***

UNFPA is well-positioned to support GoV in localizing and monitoring progress on the SDGs. First, the SDGs is a global mandate for the UN. Second, during the development of the SDGs indicators, which started in 2014, UNFPA has worked with a wide range of partners from both inside and outside of the UN system to put forward a priority list of 16 ICPD-based priority SDG indicators in the final list of global indicators in the Post 2015 Monitoring Framework, spreading across 10 ICPD relevant goals and specific targets. These indicators include MMR, skilled birth attendance, need for FP satisfied with modern methods, Adolescent birth rate, universal health coverage, GBV from a current or former intimate partner, child marriage, birth registration, contraceptive use, women's informed decisions on sexual relations, contraceptive use and reproductive health care, and population census. In Vietnam, these indicators are already well reflected in the UN One Strategic Plan period 2017-2021. Third, UNFPA has expertise and extensive experience in the generation and analysis of data that will be critical to this process. Finally, GSO, the national statistics office mandated by GoV to lead localization of SDG indicators and UNFPA have an ongoing strong partnership.

Regarding SDGs and climate change, UNFPA is also well-positioned to support the Government in leading the integration of population data into climate change policy and planning in Vietnam. UNFPA possesses expertise in the analysis and use of population (dynamics) data for policy-level assistance. During the CP8, UNFPA has worked with MPI and GSO to incorporate population data into national development planning; and developed an working paper on the use of various data to examine the relationship between population dynamics and climate change. In the future, UNFPA can build on those partnerships to increase the emphasis on population-informed climate change planning. The CO can also mobilize expertise from

Asia Pacific Regional Office (APRO)/UNFPA Headquarters or other country offices in the region to support the Government.

#### **Key strategies/approaches**

- Use the One UN strategy as an institutional framework for inter-agency coordination in supporting GoV on SDG indicator localization and monitoring.
- Partnership with other line ministries (in addition to MPI/GSO) to advocate for integration of ICPD-based priority SDG indicators, especially 15 indicators which UNFPA commits to, into national statistics system for monitoring achievements of SDGs.
- Advocate for ensuring population data are integrated into climate change policies and planning.

#### **Proposed key interventions**

##### **5.1 Support for nationalization of SDG indicators**

Technical support to (1) translate the internationally defined SDG indicators into ones that are more concrete and locally contextualized, (2) defining and validating specific metrics of progress for these indicators; and (3) determining the source(s) of data corresponding to each metric, or generating this data if not available.

##### **5.2 Integration of SDG indicators into national and sectoral statistics indicators**

Advocate for integration of ICPD-related SDG indicators into national and sectoral (for instance health indicators of HMIS) statistics indicators, ensuring regular collection of data corresponding to SDG indicators

##### **5.3 SDGs monitoring**

Support for monitoring SDGs achievements through development of in-depth analysis papers on ICPD-related SDGs indicators.

*Partners: MPI/GSO*

##### **5.4 Integration of population data into climate change policies and planning**

Advocate for ensuring population data are integrated into climate change policies and planning. This effort will include five components: (1) Awareness raising about the importance of collecting population data and incorporating it into policy and planning; (2) Analysis of existing data to identify vulnerability “hot spots” for intervention and/or further research; (3) Identification of data gaps so that research can be aligned with policy and planning needs; (4) Provision of technical assistance to improve collection of population data via both traditional and innovative methods; and (5) interpret data and communicate its implications for policy and planning to decision makers.

*Partners: MPI/GSO, MONRE*

**Output 4.2:** 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

## **Focus Area 6: Inequalities in sexual reproductive health (SRH)**

#### **Context and expected changes**

Viet Nam has achieved a number of Millennium Development Goals, including maternal mortality ratio (MMR), which is reduced from 233 per 100,000 live births in 1990 to 60 per 100,000 live births in 2014. However, this ratio remains very high in mountainous areas where ethnic minorities reside (for instance, in Lai Chau, MMR is 459/100,000 and in Cao Bang 333/100,000). There are continuing challenges in

overcoming key disparities in SRH such as in MMRs, family planning (FP) and birth rates in some regions and provinces. Disparities include inequities in access to SRH information and services and a lack of availability, accessibility and quality of RH care in these areas. Poor collaboration and weak inter-linkages of health intervention programmes with economic, education and social protection programmes widen the inequality.<sup>14</sup>

The existing health policies have not taken into consideration socio-cultural and local specificities of these provinces. Although most ethnic minorities are covered by national health insurance, they still do not utilize the services provided at public health facilities, mainly due to a lack of confidence towards quality of public health facilities, high indirect costs (cost transportation and other opportunity costs) and out-of-pocket costs as well as other cultural barriers (for example, health providers do not speak ethnic minority languages).

### **Key challenges**

Lack of skilled human resources is a one of the key contributing factors to high MMR in mountainous areas. However, the government does not have effective policies that attract skilled health providers to remain in remote areas. Particularly, although ethnic minority midwives (EMM) is considered by MOH as a cultural solution on skilled human resource to respond to the needs for maternal services of ethnic minority women, the policies on deployment of trained EMMs are not implemented in many ethnic minority provinces; consequently, many trained EMMs are not officially utilized and paid appropriate allowance. It requires strategic and sustainable solutions to maximize the potential contribution of the EMM in preventing maternal deaths these areas.

National data shows that unmet needs for contraceptives amongst the unmarried is very high (35%) compared to 11.7% of the married population. It is estimated that about one million unwanted pregnancies occur every year as a consequence of high contraceptive failure rate and high unmet need of quality modern FP services. Compared to other population groups, migrants often face more difficulties in accessing FP services. Convenience in terms of timing to receive services, service provision settings and financial constraints are considered as the main barriers.<sup>15</sup> Currently, GOPFP/MOH is piloting an initiative that encourages migrant workers to use FP services using a voucher scheme (one of cash transfer mechanisms) in some selected provinces. The progress of the piloting voucher scheme shows the potential positive change. However, it is difficult to scale up the initiative due to lack of national policies on financial assistance to migrant workers. In addition, it notes that the public health facilities can provide FP services for migrant workers during office hours only. Therefore, it is necessary to involve the participation of CSOs and private providers to effectively deliver contraceptives and FP services to migrant workers at workplace, residence or outside office hours.

Viet Nam is one of 20 countries in the world that are mostly affected by climate change and frequent natural disasters, which place the SRH of affected populations, particularly women and youth, under difficult situations. However, there has been nearly no available assessments or data on the capacity of health care network, including their awareness of the MISP (Minimum Initial Service Package) on SRH in emergencies in the potentially affected areas, causing difficulties in developing preparedness plans or timely response to the needs of vulnerable populations when disasters occur. With current rapid climate change and rising severity, there is a need to conduct a review on the implementation of the National Action Plan to identify the needs for further improving life-saving SRH and GBV services for vulnerable populations, especially women and girls, as part of their rapid response efforts when disaster strikes. There is also a need to coordinate with concerned UN agencies to build synergies and inter-linkages with ongoing disaster preparedness efforts.

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<sup>14</sup> Quick Assessment on Population and Development, UNFPA Viet Nam, 2015

<sup>15</sup> Initial findings of the national FP survey

### ***Justification for UNFPA to work in this area***

In the past cycles, UNFPA has provided technical and financial supports to MOH and relevant partners in Viet Nam to address the inequalities in accessing SRH services amongst vulnerable groups including ethnic minorities and migrant workers. In the CP7, UNFPA supported MOH to develop the National Action Plan for health sector response to natural disasters for the period 2011-2020 (that includes SRH responses). In CP8, UNFPA, in collaboration with WHO, provided its technical support to MOH in the development of the action plan for the period 2014-2020. At the sub-national level, in CP8, it supported maternal health interventions in Ninh Thuan and Kon Tum and interventions that provide FP services for migrant workers in three provinces of Nam Dinh, Long An and Nghe An. It also supported the government to review the achievement of health MDGs with inequality lens in 2012, which resulted in the issuance of a Prime Minister's Resolution on national efforts to achieve MDG targets at ethnic minority areas in November 2013.

### ***Key strategies/approaches***

UNFPA will generate quality evidence on inequality situation of vulnerable populations for advocacy and policy development. Together with other development partners, advocacy for a comprehensive health strategy, including the SRH/FP for ethnic minority people in Viet Nam, is needed. This requires continuous evidence building, advocacy and policy-related works to address health inequalities and monitoring progress to ensure effective implementation of approved laws, policies, and guidelines.

Given the high and affordable accessibility to mobile phone and internet in recent years, even for vulnerable populations, UNFPA will promote ICT-based innovative approaches (for instance the use of social media) to reach under-served populations. ICT-based models that help increasing communication between service providers and clients, or improving quality of SRH services for vulnerable populations will be piloted for advocated for wider application.

In addition, partnership and networking with CSOs and private providers will be promoted to ensure rapid responses to the SRH needs of vulnerable groups and healthy development and contribution of these sectors in provision of FP/SRH services. Finally, UNFPA will advocate the government to develop client centred and culturally sensitive guidelines on service provision for ethnic minorities in mountainous regions. UNFPA will also continue to utilize various fora to engage with a wide range of stakeholders, including the Health Partnership Group and Reproductive Health Affinity Group.

### ***Proposed key interventions***

#### **6.1 Addressing inequalities in maternal health amongst ethnic minorities**

##### ***Evidence generation***

Provide technical support for MOH to monitor and track inequalities in maternal health, particularly quality of services at sub-national levels among ethnic minority population in mountainous areas. Recommended studies are as follows:

- Support in-depth analyses of existing data of the National Survey on Maternal/FP amongst ethnic minorities to produce thematic monographs on SRH inequalities, and the repeated survey (to be conducted in 2020).
- Support reporting maternal mortality audits in ethnic minority regions
- Support a qualitative study on reasons for not using health insurance amongst ethnic minorities.
- Support a study on SRH financing in the context of the MIC status

*Partners: MoH, CEMA, CSOs, research institutes*

##### ***Policy advocacy and policy development on maternal health***

Evidence based advocacy for increase of national and sub-national budget for SRH/FP particularly for ethnic minorities and migrants and inclusion of SRH services in benefit package of health insurance.

Support to update national guidelines on maternal mortality and guidelines on SRH, EmOC and referral system in ethnic minority regions.

Support pilot ICT-based interventions to improve the performance of EMM for better access and utilization of SRH services amongst ethnic minorities, including M&E, and advocate for scale-up (partly use mobilized fund).

Support the development of national guidelines on culturally sensitive service delivery at CHC in ethnic minority regions.

Support the coordination of the Reproductive Health Affinity Group and Health Partnership Group to address SRH vulnerabilities in various policy discussion fora.

Support the coordination of H6 on RMNCH in Viet Nam for the implementation the Global Strategy 2.0, including the development of new partnerships to promote health inequality

*Partners: MOH, National Assembly, CEMA*

## **6.2 Addressing inequalities in accessing FP services of migrant workers**

### *Evidence generation*

- Support in-depth analyses of existing data of the National Survey on Quality of Family Planning to produce thematic monographs on FP inequalities, and the repeated survey (to be conducted in 2020).
- Support studies on unmet needs on FP of migrant workers (to be integrated into other national surveys).

### *Policy advocacy and development*

Support evidence based advocacy for increasing national and subnational budgets for maternal health and FP of migrant workers.

Advocate for FP2020 initiative to address the FP needs of vulnerable populations and coordinate proposal development with local CSOs for rapid responses to the needs of vulnerable populations (with funding from FP2020).

Support the development of national guidelines on voucher schemes to facilitate access and utilization of modern FP methods amongst migrant workers.

Support MOH/GOPFP on national coordination on maternal and FP amongst government agencies, development donors, CSOs and private sectors to address the FP needs of vulnerable groups.

Support to develop national standards and quality assurance policies for FP commodities and services.

*Partners: MOH, CSOs*

## **6.3 Advocacy for addressing SRH and GBV in humanitarian settings**

### *Evidence generation*

Support a review of the capacity of the health networks to respond to health/SRH/GBV needs of affected populations in areas most affected by disaster/climate changes.

Review the implementation of the National Action Plan for health sector response to natural disasters for the period 2014-2020 (together with other UN agencies and/or using mobilized fund)

Partners: MOH

#### Policy advocacy

Advocate for national preparedness and rapid response mechanism to effectively address SRH needs of vulnerable populations in natural disasters/climate change conditions.

Call for financial supports when disasters occurs (rapid responses to disasters)

Partners: MOH

## Focus Area 7: Cervical cancer

### Context and expected changes

Cervical cancer is a sexually transmitted disease and a leading cause of women's death in the middle income and developed countries. In 2012, there was an estimate of 528,000 new cervical cancer cases and 266,000 women died from cervical cancer around the world. Global evidence indicates that primary and secondary prevention of cervical cancer help significantly to reduce women's deaths and disabilities.<sup>16</sup> In Viet Nam, around 2,500 people died from cervical cancer a year (around 50% of the MMR), and there is an estimate of about 10 cervical cancer related deaths per day<sup>17</sup>. The system of screening and early detection is limited and is being piloted. There is a low rate of early detection and no guidelines for early treatment. HPV vaccines are not yet widely deployed. Although cervical cancer becomes a leading cause of women's death in Viet Nam, this issue has not yet considered as a priority in the government's health care agenda.<sup>18</sup>

### Key challenges

The current immunization service delivery system in Viet Nam is highly efficient in maintaining the high coverage of immunization and has the capacity to include HPV vaccine into the routine national immunization program. However, currently, HPV vaccine has not yet been integrated into the national EPI programme due to financial constraints.

Existing evidence shows that Vietnamese women and adolescent girls have low awareness and knowledge about cervical cancer and the benefits of HPV vaccine. For example, a study on RTIs and cervical cancer across 8 provinces/cities in Viet Nam in 2014 found that only 1% of women and girls in this study were aware about cervical cancer. Another study in 2012 found that even after an intensive education programme on HPV, only 50% of both mothers and daughters knew that HPV causes cervical cancer.

Viet Nam has the 2010 National Cancer Strategy and the National Guidelines on Cervical Cancer Prevention and Treatment since 2011 but the guideline has not been yet updated in line with international standards. Its monitoring and supervision has not been implemented at local levels.

There is a low rate of early detection and no guidelines for early treatment. HCM Public Health Institute research found around 1% detection rate but stressed the importance of continuing with screening. Although early diagnosis and treatment of cervical cancer help reduce mortality and morbidity, they are not covered by the current health insurance package, thus posing a major barrier that prevents women from having these services at health facilities.

<sup>16</sup> WHO (2013). Cervical Cancer Estimated Incidence, Mortality and Prevalence Worldwide in 2012.

<http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>

<sup>17</sup> Vietnam Association of Preventive Medicine (2010). Cervical Cancer: Fatal but preventable.

[http://www.yhth.vn/824\\_s824.aspx](http://www.yhth.vn/824_s824.aspx)

<sup>18</sup> Quick Assessment of Situation of Population and Development, UNFPA Vietnam, 2015

### ***Justification for UNFPA to work on this issue***

Cervical cancer is one of the major SRH issues outlined in ICPD. In 2011, UNFPA HQ issued programme guidance for countries on comprehensive cervical cancer prevention and control, including the integration of HPV vaccine delivery into the health systems, advocacy, and community mobilization on cervical cancer prevention and control.

In CP8, UNFPA supported a study on cervical cancer that provides evidence for the development of the National Plan of Actions on Cervical Cancer Prevention and Control for the period 2016-2020. In addition, UNFPA supported the MOH in developing the National Guideline of Cervical Cancer Diagnose and Treatment.

### ***Key strategies/approaches***

In partnership with WHO, UNICEF and PATH, UNFPA will provide technical support to build up quality evidence base of cervical cancer and cost-benefit of HPV vaccine to advocate for its inclusion in the National Expanded Immunization Programme. UNFPA will also support analyzing the cost structure of early diagnosis and treatment of cervical cancer to advocate for its inclusion into the Health Insurance Benefit Package. UNFPA will support advocacy to raise public awareness of cervical cancer through various communication channels with a message “cervical cancer is preventable and curable”. In addition, UNFPA will support the MOH to monitor the implementation of the National Action Plan on Cervical Cancer and Control at all levels, ensuring timely responses from the health sector to the demands of prevention, screening and early treatment.

### ***Proposed interventions***

#### **7.1 Generation of evidence**

- Conduct a study on cost-benefit of HPV vaccine in the context of Viet Nam.
- Technical support to analyze cost structure analysis of early diagnosis and treatment of cervical cancer for its inclusion in a preferable health insurance benefit package.

#### **7.2 Advocacy and policy development**

Support for evidence based advocacy to NA, MOF, Viet Nam Social Securities (VSS) and MOH:

- To include HPV vaccine in the National Expanded Immunization Programme and/or health insurance package for adolescent girls (as part of ASRH package, linked with Output 2.1).
- To raise public awareness on cervical cancer prevention and control and to gain the support of relevant authorities to increase national and sub-national budget on cervical cancer.

Support to include cervical cancer prevention including HPV vaccination in comprehensive sexuality education (CSE) programmes for in and out-of school adolescents and youths (in line with CSE development process, linked with Focus Area 1, Output 2.1).

Support MOH to update the National Guideline of Cervical Cancer Counseling and Early Diagnose in line with the updated WHO guidance.

Support the development of sub-national action plans on cervical cancer prevention and control and the monitoring of its implementation at local levels.

*Partners: MOH (National Institute for Hygiene and Epidemiology and MCH), VSS, MOET, Women’s Union, CSO, private sector*

## **Focus Area 8: Advocacy for comprehensive population law and health-related laws**

### ***Context and expected changes***

Through the discussion of various drafts of a Law on Population since 2012 as well as policy advocacy efforts to promote the ICPD principles for many years, in January 2016, the Central Communist Party of Viet Nam has recommended shifting Viet Nam's population policy focus from family planning to population and development. As such, it plans that the Politburo to submit a proposal to the 12<sup>th</sup> Central Executive Committee of the Communist Party for consideration on issuing a new Party's Resolution on Population and Development by October 2017, and a draft Law on Population in the direction of population and development will be submitted to the National Assembly for first review in 2018. Thus it is important that human rights and Viet Nam's commitments to ICPD be well reflected in the drafts of Party's Resolution and Law on Population.

In the Ministry of Health's policy development agenda for 2016-2020, the Health Insurance Law and the Law on Medical Examination and Treatment have been planned to be revised to effectively meet the needs of population for health care, including sexual, reproductive health and family planning.

### ***Key challenges***

Ministry of Health/GOPFP is assigned by the GoV as the focal organization to develop a draft Law on Population. With the shift of the focus of population policy from birth control to population and development, the scope of the draft law is still under discussion. Several important issues need to be considered to address in the draft law include fertility, population quality, imbalanced SRB, free mobility of population with portable social benefits, rapid ageing population, abortion and universal access to SRHR.

The UN Committee on Economic, Social and Cultural Rights has called for the removal of birth control regulation in national laws "so as to respect the right of everyone to freely and responsibly decide on the number and spacing of children and to have means to do so". The draft law needs to remove the regulation on the number of children. Also, there is no need for the country to maintain the two-child policy especially when the country's fertility rate has decreased over decades and been at the replacement level for more than 10 years.

Population quality is also one of the focus and concern in the draft population law. Population quality is defined by the GoV as the reflection of population's physical, intellectual and mental characteristics, which focuses very much around physical development of population (weight and height), Human Development Index and disability. This concept could lead to further discrimination and violation of human rights of people with disabilities that go against Viet Nam's commitments to international treaties.

The benefit package under the current Health Insurance Law does not cover most SRH services such as family planning, diagnosis and treatment of RTI/STI and HIV, diagnose and testing of cervical cancer, vaccine, GBV examination and treatment, etc. In addition, for those services which are covered, only a portion of the total cost of care is supported, leaving a high out-of-pocket spending for patients. It also notes that there has been no standardized procedure to review and decide the benefit package. There are also no clear terms of reference for the review committee on benefit package. In reality, most members of the committee are medical professionals from big tertiary hospitals and authorities from Ministry of Health while representatives from primary health care levels and consumer and patient associations are often not included.

Rights to health care and universal health coverage (including SRH/HIV), especially for the most vulnerable groups such as ethnic minority, young migrants, people with HIV and people with disability, have not been fully addressed in the current Law on Medical Examination and Treatment. In addition, the lack of regulations on establishing professional councils (including midwifery professional council) and periodically

licensing for practitioners to ensure high-quality health services and adequate human resource leads to limited access to health care, including SRHR and family planning, by various population groups. These gaps create barriers to continuous improvement of health service quality and active participation of health professionals in human resource strategy for health sector. Concrete evidence and recommendations to revise this law are needed to ensure human rights, including SRHR and family planning, are well reflected and fully obtained.

### ***Justification for UNFPA to work in this area***

UNFPA is the leading UN agency working on population and development. Ensuring that the Population Law and population related laws reflect people's SRHR and other population rights, and ICPD commitments, is UNFPA's mandate. With more than 30 years working in Viet Nam on population and development, UNFPA continues to be a key partner to the GoV in providing support in this area.

In previous programme cycles, UNFPA has supported GoV in developing many policies and programmes relating to population, including integration of population into development planning, consistently applying gender- and human rights based, and culturally sensitive approach. In the CP8, UNFPA has been successfully advocating for shifting the focus of population policy from family planning to population and development, as noted earlier.

In previous and current programme cycles, UNFPA has supported Ministry of Health (MOH) and line ministries to develop a number of laws and sub-law documents including decrees, directives and guidelines in the SRH field, including the National Strategy for Protection of People Health Care 2011-2020 and the 5 year health sector plans (2011-2015; 2016-2020) to ensure SRHR issues are fully reflected in these policy documents. UNFPA has also actively participated in the formulation and revision of the Health Insurance Law. In addition, UNFPA has experience in design and conducting initiatives that facilitate the removal of barriers for ethnic minorities and migrant workers to access maternal and FP services. UNFPA has good collaboration and networking with national authorities from Viet Nam Social Security (VSS) and Ministry of Health (MOH) and related development partners including WHO, WB and EU.

### ***Key strategies/approaches***

UNFPA applies a gender- and human right based approach in policy development, especially focusing on reflecting ICPD commitments in the draft law and related policies. UNFPA support will advocate at national and sub-national levels, to support both the Party's Resolution which will provide an overall direction and guideline to population policies, and the draft Population Law. In addition, UNFPA aims to ensure that SRHR and human rights are well reflected in health related policies

UNFPA will influence the policy cycle in all stages from identify the issues to be considered in the draft laws and related policies, providing evidence and technical support to inform policy formation, suggesting on policy options, implementation and monitoring.

In addition, UNFPA will collaborate and strengthen partnership with government partners, development partners and donors, CSOs, and private sectors in promoting policy debates and social dialogues, increasing the participation of all population groups, and advocating for equitable and efficient use of scarce resources towards effective and sustainable policy measures.

### ***Proposed key interventions***

#### **8.1 Provision of evidence**

Provide evidence and recommendations on population and development issues and scope to be included in the Party's resolution and draft population law, especially demographic dividend, SRB, migration, population ageing, abortion and universal access to SRHR.

Support researches and reviews of international approaches and policy options (including implementation and delivery) to provide recommendations on specific issues and concerns in the draft Population Law, and

measures to maintain fertility rate and replacement level while completely remove the stipulation of number of children in the law.

Support studies on cost and price structure and cost-benefit analysis of SRH and GBV services to provide evidence to advocate for inclusion of these vital services in the benefit package under Health Insurance;

Support studies on review the implementation and impact assessment of the Law on Medical and Examination focusing on SRHR to identify gaps and provide evidence-based recommendations for revision.

*Partners: MOH/GOPFP, PCSA, CCPE, VFF, CSOs, Research institutes*

## **8.2 Provision of direct technical support in the Party's Resolution and draft Law on Population**

Mobilizing international and national experts to provide suggestions/comments on the Party's Resolution and the draft Law on Population.

Providing direct technical support to the drafting team to ensure human rights and ICPD commitments are well reflected.

*Partners: MOH/GOPFP, CCPE*

## **8.3 Policy Advocacy**

Provide support in advocating and communicating the party's resolution and draft population law to wider audience to promote public feedback and opinions on the drafted policies.

Promote social debates and dialogues on issues of concern, including number of children, population quality, abortion and access to SRHR, ageing and SRB.

Support evidence based advocacy to include SRH/GBV services in the benefit package to be covered by health insurance, and in collaboration with World Bank, ADB, EU, WHO and other development partners, lobby for development and/or revision of Health Insurance Law (tentatively during 2019-2020) and other related regulations to reflect the changes in benefit package.

Advocate for a nationally standardized procedure on reviewing and making decision on health insurance benefit package and the permanent membership and active participation of representatives from primary health care levels, communities and patients in the decision making process.

Share international experiences and support evidence-based advocacy for fully reflecting SRHR in the revision of Law on Medical Examination and Treatment, promoting comprehensive SRH and family planning for all, and facilitating active participation of health professions in health policy development and implementation.

*Partners: MOH/GOPFP, PCSA, CCPE, VFF*

## **Focus Area 9: Ageing**

### ***Context and expected changes***

Viet Nam's rapid population ageing continues and is projected to accelerate in the future. Currently, people aged 60 and above comprise 10.5% of the total population, and this rate will increase to 20% by 2038 when Viet Nam will begin its 'aged phase'. In the next 20 years, Viet Nam has to be ready for an aged population. Thus, it is important for the country to develop strategic plans and policies in responding to and preparing for this demographic shift.

Current legal framework and policy measures on ageing are still falling short. Since 2010, income has consistently increased for all age groups except for those aged 65 to 80. For those 80 and above, even though income has increased, their level of income is still trapped in the poorest quintiles. Poverty rate in older people accounted for 17%, higher than the average poverty rate of the country. The data reveals the disparities in income security for seniors, and illustrates the unfinished MDGs in poverty reduction. In addition, labour force participation among older people is increasing over time and was up to 36% for women and 47% for men in 2014, respectively. Moreover, nearly all of these individuals were working full time in 2014 and a large proportion was in the informal sector, facing lower average incomes, greater instability of work, less access to pension programs, and less protection by regulations ensuring a safe working environment. A more comprehensive social protection system is needed to address disparities in older people and ensure the achievement of SDGs.

### ***Key challenges***

Many seniors, especially the oldest population, are living alone. In 2014, 3.2% of older people and 16.4% of those 80 and over were living alone. This number is expected to rise due to rapid population ageing, increased migration by younger people, and fewer married couples living with older generations. Therefore, the needs for support and care for older people will increase very fast in the future. The feminization of ageing also suggests that women have greater difficulties and less access to support in older age as compare to their male counterparts. In addition, there is a gap in emergency response policies in that they do not consider age-specific needs and characteristics. As such older persons become more vulnerable in humanitarian situations and often are unable to recover. Moreover, the need for social care of older person is increasing, in terms of infrastructure and human resources (social workers, care workers and care providers). However, policy for development of care facilities (both public and private) does not exist. Policy work on older people needs to be extended to further exploring health and social care and humanitarian response options, including ensuring older people's right to freedom from discrimination and violence.

Ageing population issues need to be integrated development planning, among others, to take full advantage of the "demographic dividend"-period in which a population bonus will co-exist with a transition to an ageing population, that will both strengthen the economy and reduce vulnerability among older people. Also, relaxation of policies and regulation on controlling the number of children in population policies would contribute to slow-down the speed of population ageing.

### ***Justification for UNFPA to work in this area***

Since 2010, UNFPA has become the leading UN agency in population ageing and issues on older people. In the CP8, UNFPA's expertise in research and policy advocacy relating to population and ageing and social protection are acknowledged and highly appreciated in Viet Nam.

One of UNFPA's comparative advantages is its expertise in providing data and evidence and policy analysis on population ageing. UNPA has effectively advocated in raising the awareness on population ageing and the need to have policy responses to this demographic trend. UNFPA has successfully worked with Government partners, such as MOLISA and MOH, in development and implementation of national policies and programmes relating to ageing and older people.

Another UNFPA strengths of UNFPA is mobilizing international and national experts, sharing international experience on policy responses to population ageing to inform policy development, implementation and monitoring. UNFPA has developed partnerships with government bodies and played a leading role in collaborating with other UN agencies, development partners and other organizations in advocating for a policy agenda on population ageing, facilitating South-South and North-South cooperation.

With UNFPA's expertise and the needs in addressing disparities for the most vulnerable groups including older people, UNFPA continues to work with and provide technical support to GoV in securing a healthy and active ageing future.

### ***Key strategies/approaches***

UNFPA applies a life-cycle and human rights based approach toward population ageing, addressing issues of the current old generation as well as focusing on developing solid policy foundation and development planning to prepare for an aged population. The emphasis is to support the GoV and advocate at national level on planning and implementation of strategic policies and programmes to well prepare for the future.

UNFPA aims to influence the policy cycle in all stages (agenda setting, policy formation, implementation and review) to make sure that population ageing and older people issues are taken into account in development policies and planning, and a comprehensive strategy for social protection for aged persons to be developed. UNFPA will continue to collaborate and partner with other development partners to provide evidence, conduct advocacy and policy-related work toward improved social protection measures.

UNFPA will partner with private sector and business in responding to ageing, identifying challenges and opportunities, and suggesting strategies and actions to prepare for an aged population.

### ***Proposed key interventions***

#### **9.1 Macro assessment**

Support to develop and disseminate a macro scan of Viet Nam population by 2040 on population ageing to identify the issues and potential impacts of ageing, and to discuss on possible call for actions and integration of older people issues in development planning in responding to and preparing for this population trend.

#### **9.2 International experience sharing**

Support review of international experience and policy models on institutional and non-institutional care and social work system to provide suggestions and recommendations for development of a comprehensive care framework for older people in Viet Nam

Share international experience on policy and practice responding to ageing population.

#### **9.3 Policy advocacy**

Technical support to ensure that older people's rights are reflected in the Law on Older People and related policies and programmes, including recommendations/options for law enforcement and implementation.

*Partners: MOLISA/SPD, MOH/GOPFP, VAE, VCCI*

## **Part III. Programme Coordination, Management, and Implementation**

### **1. Programme Coordination and Management**

Under the harmonized UN programming process, the overall ownership of the UNFPA-funded country programme is assumed by the government. In this aspect, UNFPA and the Government of Viet Nam, through the Ministry of Planning and Investment as the coordinating entity, will be jointly responsible for coordination and management of the programme, following UNFPA guidelines and procedures, the harmonized project and programme management guidelines (HPPMG), and a results-based management approach.

The country office will earmark the required programme funds to ensure an adequate staffing structure, with the required capacity and skills for technical and policy advisory services, advocacy, monitoring of policy implementation and strategic communication, and for programme/project management in particular.

For effective programmatic and operational coordination, the country office continues to maximize the benefit of a shared location with other United Nations organizations at the Green One UN House. The regional office, UNFPA headquarters divisions and external partners will provide additional technical, operational and programme support.

## **2. Implementation Modalities**

Guided by the partnership plan, UNFPA will harness partnerships with government partners, CSOs, academia, the private sector, the media, and international partners. The programme will be delivered through national and direct implementation modalities. UNFPA will work with a small number of implementing partners, including CSOs. The country office will explore innovative ways to monitor and evaluate programme results, particularly on how to measure results of policy advocacy work.

Specifically, guided by the UNFPA programme policies and procedures and the Harmonized Approach to Cash Transfers to IPs (HACT), the following implementation modalities are available:

- i. National implementation modality (NIM): when UNFPA provides funds to National Implementing Partners (IP) to implement one or more of the outputs in the programme. Under NIM, three cash transfer modalities can be applied:
  - a. Direct Cash Transfer or Advance to the IP prior to the start of activities (using FACE);
  - b. Reimbursement to the IP after activities have been completed; and
  - c. Direct payment to vendors or third parties for obligations incurred by the IPs on the basis of requests signed by the designated official of the IP.
- ii. Direct Implementation Modality (DIM): under this modality, UNFPA can directly implement activities or:
  - a. Provide funds to an entity to procure goods or services;
  - b. Provide funds to a UN agency to undertake ad-hoc, one time inter-agency activities.

The country office will select the most appropriate implementation and cash transfer modalities and partners required to achieve the country programme outputs in discussion and agreement with the MPI. This selection must be based on overall assessment of the country's public financial management system and micro assessments of each IP's financial management capacity.

## Annex: Results and Resources framework (2017-2021)

<p><b>National priority:</b> Improve capability, health, morale and lifestyle of people to develop a high-quality labour force.</p> <p><b>Sustainable Development Goals:</b> Ensure healthy lives and promote well-being across all ages.</p> <p><b>One Strategic Plan - outcome 1.2 (draft):</b> By 2021, all people, particularly the most vulnerable, benefit from inclusive and equitable health systems, services and the promotion of healthy environments.</p>					
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Key Interventions (summary)	Partners	Indicative resources
<p><b>Outcome 2: Adolescents and Youth</b> 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 services.</p> <p><u>Outcome indicator(s):</u> <i>Laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services in place.</i> <i>Baseline: No; Target: Yes</i></p>	<p><b>Output 2.1:</b> Improved national policy environment to conduct participatory and evidence-based advocacy for rights-based national laws, policies and programmes on adolescents and youth development issues</p>	<p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 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. Baseline: No; Target: Yes</li> <li>• Availability of policy and programme recommendations to improve the national comprehensive sexuality education curricula and their implementation in line with international standards. Baseline: No; Target: Yes</li> <li>• National platforms for active youth participation (focus on disadvantaged adolescents and youth) in planning and decision-making on law and policies in place. Baseline: No; Target: Yes</li> <li>• Number of guidelines and monitoring tools for gender mainstreaming in national and subnational policies and programmes for young people developed and effectively used. Baseline: 0; Target: 2</li> </ul>	<p><b>Contribute evidence for advocacy</b> and generate data for youth development strategy (2021 – 2030) through a national youth database, in-depth analyzed by age, ethnicity, occupation, residence status, period reviews, youth development index to track the progress and accountabilities on youth development.</p> <p><b>Advocacy for</b> the development of evidence- and rights based Youth Law and related sub-law documents as well as monitoring its implementation at sector and local levels.</p> <p><b>Promote south-south cooperation</b> and exchange of good practices through support Youth Parliament initiative to provide opportunities for Vietnamese adolescents and youth to use their elected voice to bring about social change through meaningful representation in various policy discussion forums.</p> <p><b>Advocate for and involve young people</b> in related policy development, partnership with youth supported CSOs and relevant private service providers through support regular national competitions on youth led initiatives on community development. This includes participation of vulnerable youth groups, especially of ethnic minority and migrant youth groups.</p>	<p>Ministries of Home Affairs; Health; Education and Training; Labour, Invalids and Social Affairs; Committee for Ethnic Minority Affairs; Parliamentary Committee on Culture, Youth, Adolescents and Children; United Nations agencies; civil society organizations (CSOs), the private sector; the media</p>	<p>\$5.9 million (\$3.4 million from regular resources and \$2.5 million from other resources)</p>
<p><b>National priority:</b> Effectively implement gender equality and women’s advancement; promote and protect children’s rights.</p> <p><b>Sustainable Development Goals:</b> (5) Achieve gender equality and empower all women and girls.</p>					

<b>One Strategic Plan outcome 4.2</b> (draft): By 2021, protection of human rights is strengthened with improvements to the justice system, greater adherence to the rule of law, increased gender equality, and effective prevention of all forms of discrimination and violence.					
<p><b>Outcome 3: Gender Equality and women’s empowerment</b> Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Gender equality and gender-based violence national action plans that integrate reproductive rights with specific targets and national public budget allocations. Baseline: No; Target: Yes</li> <li>Proportion of actions taken on Convention on the Elimination of All Forms of Discrimination against Women recommendations from the previous reporting cycle. Baseline: 0; Target: 50%</li> </ul>	<p><b>Output 3.1:</b> 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</p>	<p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of policy papers and guidelines on gender-based violence and harmful practices developed and used for law and policy development and programming. Baseline: 0; Target: 6</li> <li>Number of new initiatives on men and boys engagement related to gender-based violence and harmful practices with civil society organizations and private sector. Baseline: 0; Target: 3</li> <li>Gender indicators included in the national statistical indicators in line with SDGs and international standards Baseline No; Target: Yes</li> <li>Number of evidence-based recommendations on gender-based violence, harmful practices and sex work available and used for policy advocacy and policy development Baseline: 0; Target: 5</li> </ul>	<p><b>Advocate for</b> the implementation of existing laws (GE, DVPC) and institutionalization of policies and programme that engage with men and boy, gender equality and reproductive rights through a partnership with Government and CSOs and networking with CBOs.</p> <p><b>Technical support</b> to ensure the quality evidence based recommendations on GBV, harmful practices (SRB, CM) and sex work for policy advocacy and policy development.</p> <p><b>Advocate to</b> ensure the gender responsiveness and human right based approach, and its principles included in formulation of Population Law, the Law on Sex Work, revision of DVPC law, and related policies.</p>	<p>Ministries of Labor, Invalids and Social Affairs; Health; Education and Training; Home Affairs; Public Security; Committee for Ethnic Minority Affairs; Parliamentary Committee on Culture, Youth, Adolescents and Children; Parliamentary Committee on Social Affairs; United Nations agencies; CSOs; private sector; the media</p>	<p>\$ 6.2 million (\$3.7 million from regular resources and \$2.5 million from other resources)</p>
<p><b>National priority:</b> Perfect legal system, and assure its comprehensiveness, coherence and transparency to meet needs for socioeconomic development and international integration.</p> <p><b>Sustainable Development Goals:</b> (3) Ensure healthy lives and promote well-being across all ages; (5) Achieve gender equality and empower all women and girls; (13) Take urgent action to combat climate change and its impacts; (17) Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p> <p><b>One Strategic Plan outcome 4.1</b> (draft): By 2021, participatory and transparent decision-making processes and accountable institutions are strengthened, with policies and implementation mechanisms that are responsive to all people, particularly vulnerable groups, women, youth and children</p>					
<p><b>Outcome 4: Population dynamics</b> 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</p>	<p><b>Output 4.1:</b> Strengthened evidence base to address inequality in policy advocacy on population and development, climate change, sexual and reproductive health</p>	<p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Availability of technical recommendations for 2019 census Baseline: No; Target: Yes</li> <li>Vailability of updated evidence on inequalities in access and utilization of sexual and reproductive health</li> </ul>	<p><b>Technical supports</b> to 2019 population census for ensuring the quality of 2019 population census as the international standard and providing data for relevant SDG indicators. Technical support will also be for post census support</p>	<p>General Statistics Office; Ministries of Health; Education and Training; Labor, Invalids and Social Affairs; Culture Sports and Tourism; Committee for</p>	<p>\$6.5 million (\$5.5 million from regular resources and \$1.0 million from other resources)</p>

<p>and reproductive rights, HIV and gender equality</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Number of new outcome documents of high-level global and regional intergovernmental meetings that address sexual and reproductive health, reproductive rights, gender equality, and the needs of adolescents and youth and population dynamics, to which Viet Nam provided contributions in line with the International Conference on Population and Development. Baseline: 0; Target: 3</li> <li>Number of national household surveys conducted that allow for reporting on localized SDG indicators related to sexual and reproductive health and gender equality. Baseline: 0; Target: 1</li> </ul>	<p>and reproductive rights</p>	<p>services including family planning Baseline: No; Target: Yes</p> <ul style="list-style-type: none"> <li>National SDG monitoring framework with indicators related to International Conference on Population and Development established and effectively utilized Baseline: No; Target: Yes</li> <li>Availability of technical recommendations for improvements of the civil registration and vital statistics system discussed and considered by the Government Baseline: No; Target: Yes</li> </ul>	<p><b>Technical support for CRVS</b> includes technical recommendations for improvement of inter-sector collaboration including statistical, health, and justice sectors to ensure birth, death, and cause of death will be registered and recorded. This is also linked with the population database with updated 2019 population census.</p>	<p>Ethnic Minority Affairs; United Nations agencies; academia; CSOs; private sector; the media</p>	
	<p><b>Output 4.2:</b> 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</p>	<p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Availability of new rights- and evidence-based recommendations for development/revision and monitoring of population law, resolutions on population and development and related policies Baseline: No; Target: Yes</li> <li>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 Baseline: No; Target: Yes</li> <li>Number of new international cooperation initiatives on ageing, family planning and adolescent sexual and reproductive health for evidence-based policy advocacy and programme development Baseline: 0; Target: 10</li> </ul>	<p><b>Technical advices</b> in providing rights- and evidence-based recommendations for development/revision, law/policy enforcement, implementation monitoring of population law, resolutions on population and development and related policies. This is also for a better universal access to sexual and reproductive health services; cervical cancer prevention for ethnic minority women and girls; people's rights are reflected in the Law on Older People and related policies and programmes.</p> <p><b>Promote South-south cooperation and exchange of best practices</b> on ageing, family planning and adolescent sexual and reproductive health through review of international experience and policy models on institutional and non-institutional care and social work system framework, including costing and delivery system to provide recommendations for development of a comprehensive care framework for older people.</p>	<p>Ministries of Planning and Investment; Health; Education and Training; Culture, Sports and Tourism; Labor, Invalids and Social Affairs; Committee for Ethnic Minority Affairs; Parliamentary Committee on Social Affairs; Vietnam Fatherland Front; Central Committee for Popularisation and Education; United Nations agencies; academia; CSOs, private sector; the media</p>	<p>\$3.2 million (\$2.4 million from regular resources and \$0.8 million from other resources)</p> <p>_____</p> <p>Total for programme coordination and assistance:</p> <p>\$1.2 million from regular resources</p>