

VIETNAM
POPULATION STRATEGY
2001 – 2010

TABLE OF CONTENTS

List of Abbreviations	iv
Foreword.....	v

Part One: Implementation Status of the Population and Family Planning Strategy to the Year 2000.....	1
I. Achievements	1
1. The objective on fertility reduction was achieved earlier than planned.....	1
2. Social awareness of and behaviour towards PFP have improved.....	2
3. The population and family planning network has been set up and upgraded from the central down	2
4. The information/education/communication (IEC) component of the programme has been expanded and intensified.....	2
5. Family planning service provision basically has met the needs of users in terms of diversification, convenience and safety.	3
6. A number of population-related policies have been enacted and effectively implemented.	3
II. Limitations and Constraints	4
III. Lessons Learnt	5
1. The principal reasons for the success of the PFP programme.	5
2. The principal factors that have limited the programme's success.	5

Part Two: Issues to be addressed in the Population Strategy for 2001 - 2010.....	7
I. Social and Economic Context	7
II. Population Challenges to Sustainable Development	8
1. The large population size and its continued growth are barriers to national development.	8
2. Achievements in fertility reduction are not solid.	8
3. The shift from a young population to an old population both creates opportunities and poses challenges for social and economic development.....	8
4. Vietnam is not yet able to provide the human resource base necessary for industrialisation and modernisation.....	9

5. Uninhibited migration and seasonal movement of the labour force pose a great challenge to sustainable development in the country.....	9
Part Three: Orientation, Guiding principles, Objectives, Solutions and Implementation	11
I. Primary Orientation of the Population Strategy for 2001-2010.....	11
II. Guiding Principles.....	12
III. Objectives	13
1. Overall objective.....	13
2. Specific objectives	13
3. Principal indicators to be achieved by 2010	13
IV. Solutions	15
1. Strengthen leadership, organisation and management	15
2. Promote IEC for behavioural change	16
3. Improve the quality of reproductive health/ family planning and services delivery systems.....	18
4. Improve the quality of population data and information.....	20
5. Raise intellectual standards, strengthen the role of the family and gender equity	21
6. Strengthen social mobilisation and enact policies on population and development	23
7. Use finances effectively	24
8. Improve training and research	25
V. Implementation	27
1. Stages of the Strategy Implementation	27
2. Action programmes	27
3. Responsibilities of ministries, sectors, public service and mass organisations	29
Annexes.....	31
Annex 1: Principal Population/Family Planning Indicators.....	32
Annex 2: Population Projections for Vietnam and Eight Geographical and Economic Regions According to the Target Programme for 2010 and 2020	31
Annex 3: Responsibilities for Verifying and Reporting Objectives	31
Annex 4: The Status of Vietnam’s Population Programme	31
Annex 5: Vision 2020.....	31

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immune-deficiency Virus
IEC	Information/Education/Communication
MARD	Ministry of Agriculture and Rural Development
MOCI	Ministry of Culture and Information
MOF	Ministry of Finance
MOET	Ministry of Education and Training
MOLISA	Ministry of Labour, Invalids and Social Affairs
MOJ	Ministry of Justice
MOH	Ministry of Health
MPI	Ministry of Planning and Investment
MPS	Ministry of Public Security
MSTE	Ministry of Science, Technology and Environment
NCPFP	National Committee for Population and Family Planning
PFP	Population and Family Planning
RH	Reproductive Health
TFR	Total Fertility Rate
VNFF	Vietnam Fatherland Front

Foreword

According to the Census of Population and Housing of 1 April 1999, the population of Vietnam was 76.3 million, an increase of 11.9 million over the 1989 census. From 1989-1999, Vietnam experienced an annual average population growth rate of 1.7%, a decrease of 0.5% from 1979-1989. The total fertility rate (TFR), i.e. the average number of children per woman of reproductive age, declined significantly from 3.8 in 1989 to 2.3 in 1999, suggesting that replacement fertility (2.1 children per woman) can be reached by 2005, though the population will continue to increase by 1 to 1.1 million per annum until 2010 because of the young age structure. The rapid decline in fertility began with the launching of the Population and Family Planning Strategy to the Year 2000 and the adoption of the Resolution on Population and Family Planning at the Fourth Meeting of the Party Central Committee, Seventh Session.

During the past decade, the achievements of Vietnam's population and family planning programme have spurred the country's social and economic development by eliminating hunger, reducing poverty and raising the per capita gross domestic product (GDP). However, the composition of the population in terms of size, structure, standard of living and distribution remains a great potential threat to sustainable development, both at present and in the future. The challenge, therefore, for the first decade of the twenty-first century will be to address all these aspects of composition and not to focus solely on size as in the past. This will be done in the orientation of Population, Reproductive Health and Development.

The Vietnam Population Strategy for 2001-2010 aims to enhance the achievements of The Population and Family Planning Strategy to the Year 2000. It is part of the social and economic strategy and an important basis of the human development strategy of the Party and the State. The strategy is also intended to address the close link of population issues and the development priorities of the country in the first decade of the twenty-first century and the points of reference of the International Conference on Population and Development (ICPD) in Cairo in 1994. Unquestionably, achieving the objectives of the population strategy will improve the quality of life of the people and will consequently generate a productive human resource base for the industrialisation and modernisation of the country.

Part One

Implementation Status of the Population and Family Planning Strategy to the Year 2000

I. Achievements

The population and family planning (PFP) strategy to the year 2000 was approved on 3 June 1993 by the Prime Minister and was effectively implemented. Both the Party and the State as well as the international community have highly appreciated the achievements of the PFP programme over the years. The National Committee for Population and Family Planning (NCPFP) was awarded a First-Degree Labour Badge of Honour by the President of the Socialist Republic of Vietnam, and in 1999, Vietnam was awarded the United Nations Population Award. The following are the remarkable accomplishments of the seven-year programme.

1. The objective on fertility reduction was achieved earlier than planned.

The goal was to have a population of approximately 82 million by the year 2000 by reducing the TFR to 2.9 or less and to achieve replacement fertility level by the year 2015. From 1989-1992, the TFR did not decline. However, after the launch of the PFP strategy in 1993, the TFR declined dramatically from 3.8 in 1989 to 2.67 in 1992-1996⁽¹⁾ and to 2.3 in 1999, and the population was approximately 78 million in mid-2000. This will facilitate the attainment of replacement fertility by the year 2005 at the latest, ten years ahead of the schedule set out in the Resolution on Population and Family Planning adopted at the Fourth Meeting of the Party Central Committee, Seventh Session.¹ Excessively rapid population growth has essentially been curbed, and as a result, its immense pressure on social and economic development has begun to ease. Many resources that would have been used for food, clothing, housing, transportation, education, health care and employment have thus been saved.

¹ NCPFP. "Demographic and Health Survey 1997." Hanoi. 03/1999.

2. Social awareness of and behaviour towards PFP have improved.{tc "2. Social awareness of and behaviour towards PFP have improved."}

Party units, authorities and mass organizations from central to grassroots levels have regarded PFP work as an integral part of the social and economic development strategy and as a fundamental contributor to improving the quality of life of individuals, families and the society as a whole.

The people's perception of marriage and childbearing has positively changed. Increasingly, people are marrying later, delaying childbearing and having fewer children spaced farther apart in order to have healthy, dutiful offspring. The majority of women are aware that practising family planning is a means of safeguarding their own health and of developing their full potential and opportunities to participate in political, social and economic activities. This awareness will indirectly help to improve their status in the family and in society.

This change in awareness has resulted in a change in family planning behaviour. There was a rapid rise in the contraceptive prevalence rate (CPR) among couples of reproductive age from 53.75% in 1993 to 75.31% in 1997.⁽²⁾ That was an average increase of 5.4% per annum and was 2% higher than the yearly target. Condom use increased from 1.2% in 1988 to 5.6% in 1998. In the same period, the rate of tubectomy acceptors increased from 2.7% to 8.1% while oral pill users rose from 0.4% to 5.9%.⁽³⁾ In terms of method mix, IUDs, condoms, oral pills, vasectomies and tubectomies are currently available, and injectables and Norplant are being widely introduced.

3. The population and family planning network has been set up and initially upgraded.{tc "3. The population and family planning network has been set up and initially upgraded."}

The Population and Family Planning Strategy to the Year 2000 established a PFP system from central to grassroots levels and gradually strengthened its functions, responsibilities and working disciplines. The PFP committees at all levels have become active consultative bodies to Party units and authorities. All ministries, branches, sectors and mass organisations have PFP units. The full-time population workers in the system have been upgraded in terms of both quantity and quality. A network

of population collaborators has also been deployed in villages, hamlets, sub-hamlets, tribes and neighbourhoods in an attempt to reach every household.

4. The information-education-communication (IEC) component of the programme has been expanded and intensified.{tc "4. The information/education/communication (IEC) component of the programme has been expanded and intensified."}

Many social organisations and individuals have been mobilised to participate in IEC activities in various forms. Among these are mass media networks (radio, television and newspapers) and individual motivators, volunteers, religious leaders, tribal heads, influential community members, full-time population workers and population collaborators. A range of population and family planning (PFP) communication models has been developed to suit specific target groups. IEC products are richly modulated in both form and content. Population education is integrated into curricula in schools, colleges, universities and civil and military institutions.

5. Family planning service provision basically has met the needs of users in terms of diversification, convenience and safety.{tc "5. Family planning service provision basically has met the needs of users in terms of diversification, convenience and safety."}

The public family planning service delivery system has been improved and strengthened at the central level, at provincial hospitals, in provincial maternal and child health centres, in district health centres, in regional clinics and in commune health centres. The fundamental need for family planning services has been met. At present, all provincial family planning facilities and 93% of district health facilities can perform sterilisation techniques. All district family planning facilities and 68.7% of commune health centres can provide IUD insertions and treatment for gynaecological problems. The private sector and non-governmental organisations have been mobilised to assist in providing reproductive health and family planning services. Community-based distribution of non-clinical contraceptives such as oral pills and condoms, social marketing outlets and mobile delivery teams have also been used to provide services.

6. A number of population-related policies have been enacted and effectively implemented.{tc "6. A number of population-related policies have been enacted and effectively implemented."}

Policies that directly benefit family planning acceptors and service providers and regulations concerning allowances for PFP personnel have helped promote active community participation in the PFP programme. Many social and economic policies promulgated to serve the renovation programme have also created a favourable, positive environment for the achievement of the PFP programme objectives.

II. Limitations and Constraints

There are four principal areas of concern:

1. Some programme solutions have proven to be unsuitable for remote, isolated and poor areas. In preceding years, the Population, Reproductive Health and Family Planning Programme (RH/FP) was successful only in urban and in developed rural areas while it faced tremendous difficulties in poor, remote and isolated areas. The TFR in these areas is between 1.7 and 1.9 times higher than the national average, while the contraceptive prevalence rate is only 60%. As many as 56.3% of pregnant women have never had antenatal check-ups, and only 42% of deliveries were attended by health workers. The reproductive tract infection (RTI) rate is as high as 70.6%. In these areas, there was insufficient quantity and quality of IEC interventions and the RH/FP delivery system was inadequate to provide convenient, safe, diversified, high-quality services.
2. In recent years certain part of the National Population Programme has proven to be still unbalanced. Due to the high pressure of rapid population growth on social and economic development and the negative impact on improvement of the living standards of the people, the PFP programme has only concentrated on fertility reduction through family planning and not paid due attention to the structure, quality and distribution of the population as well as other aspects of reproductive health.
3. The institutional arrangement of the population programme has only recently been established and has yet been stabilized. Population staff has been recruited from various sectors, lack of systematic professional

training and experience to effectively do their jobs. There is also a shortage of staff especially in heavily populated and inaccessible areas. There aren't enough full-time population workers, and very few of the existing ones are on the State payroll, particularly at district levels. Monthly allowances for full-time population workers in communes are quite small, and the workers do not have social and health insurance. As a result, many are not committed, so every year about 25%-30% resign or change jobs.

4. Population indicators are not effectively integrated into the planning and development of social and economic policies, and the allocation of resources for the programme has not yet reached the level needed to expand activities. Although from 1993-1995 there was a constant increase in allocations, it was not enough to meet the programme requirements.

III. Lessons Learnt

1. The principal reasons for the success of the PFP programme. {tc "1. There are three principal reasons for the success of the PFP programme."}

- 1.1. The Resolution on Population and Family Planning adopted at the Fourth Meeting of the Party Central Committee, Seventh Session reflected the burning desire of the people to bring about economic, spiritual and health benefits for individuals, families and the society as a whole. The resolution, therefore, was welcomed and actively executed by government branches, sectors, social and public service organisations and by various groups in the society. Party units and authorities at all levels were directly involved in the leadership and management of the programme, allocating resources and implementing the PFP system at all levels with a specific focus on the network of population collaborators at the grassroots level. The government was strongly committed to the programme, and that facilitated the realisation of policies and resolutions on PFP at the lowest levels.
- 1.2. The Population and Family Planning Strategy to the Year 2000 was implemented when the country enjoyed rapid social development and economic growth as a result of the comprehensive renovation agenda. Economic growth and social development in recent years have served as the basis for improved quality of life, for hunger eradication and poverty reduction, for greater availability of health care and for improved educational levels in all parts of the country. These gains have been the primary reasons for the achievement of the objectives of the PFP programme.
- 1.3. The objectives and solutions of the PFP Strategy to the Year 2000 were suited to the social and economic conditions of the country. The management mechanism established via targets orientated programme on improving managerial capacity, IEC and family planning service delivery, has indeed proven effective. The approach has concentrated more resources for the grassroots level and ensured strong support from and smooth co-operation among branches, sectors, public service, social and non-governmental organisations.

2. The principal factors that have limited the programme's success. {tc "2. There are three principal factors that have limited the programme's success."}

- 2.1. Traditional beliefs and customs relating to family size and sex preference are still deeply rooted. "Having a son at all costs" dominates behaviour among many people in many areas, particularly remote, isolated and poor ones.
- 2.2. There is not yet an all-sided and comprehensive policy on population and development. The PFP programme has not expanded and reoriented in a timely fashion, and a system of appropriate policies has not been developed accordingly. While the TFR is approaching replacement level, there are no suitable policies and solutions to harmoniously deal with the issues of population size, quality and distribution. A number of social and economic policies are also not consistent with the existing population policy.
- 2.3. Resources allocated have not met existing needs. The policy for managing resources contains some irrelevancies, and monitoring and assessment are still ineffective.

Part Two

Issues to Be Addressed in the Population Strategy for 2001 -2010

I. Social and Economic Context

The Vietnam Population Strategy for 2001-2010 will be implemented in the context of the remarkable economic, political and social achievements the country has made. Thanks to the implementation of its ten-year socio-economic strategy (1991-2000), the economic growth has recorded its highest rate ever, and the GDP has doubled.⁽⁴⁾ Social equity has improved significantly as the rate of poor households has dropped sharply from 30% in 1992 to just 10% in 2000.²⁽⁵⁾ Life expectancy and educational levels have also improved. Vietnam's status in the international arena has been substantially strengthened and enhanced due to the explicit, open renovation policy of the Party and the State.

To continue enhancing these achievements, Vietnam has adopted the Social and Economic Development Strategy for 2001-2010. It aims to industrialise and modernise the country, to combat poverty and backwardness and to make firm strides towards making Vietnam a wealthy, sound nation that is home to an equal, democratic, civilised society. The priorities of the Population Strategy 2001-2010 were set on the basis of these goals.

Despite these successes, based on international criteria Vietnam remains a poor country. Its development is still far below that of middle-income countries in the region and in the world. The economy of Vietnam faces arduous challenges, among them low quality, effectiveness and competitiveness of production.³ Furthermore, poverty levels, unemployment and underemployment are still high. There is also a big disparity in socio-economic development between urban and rural areas and among regions, and there is severe environmental pollution. The large and still growing

(4) (5) MPI. "Strategy on Social and Economic Development for 2001-2010" (draft). Hanoi. 2000.

population, its inadequate quality and unbalanced distribution all pose great challenges to sustainable development and to improving the quality of life.

³II. Challenges of the Population Issue to Sustainable Development

1. The large population size and its continued growth are still great barriers to national development. {tc "1. The large population size and its continued growth are still great barriers to national development. "}

With a population of 76.3 million as of 1 April 1999, Vietnam is the second most populous country in Southeast Asia and the thirteenth most populous in the world. The potential for growth is still high because the population structure is young and the number of women of reproductive age (15-49) will continue to increase from 21.1 million in 2000 to 25.5 million in 2010.⁽⁶⁾ Although fertility has rapidly declined over the last decade and continues to do so, the population will continue to increase by an average of 1 to 1.1 million a year in the coming decade until it stabilises, which will probably happen mid twenty-first century.⁽⁷⁾ Fertility reduction from now until 2010 will be a decisive factor in whether the population stabilises at a high or at a low level.⁴ It could ultimately end up at either over 122 million or at less than 113 million.⁽⁸⁾ The outcome will radically affect the sustainability of socio-economic development as well as the overall well being of the Vietnamese people.

2. Achievements in fertility reduction are not really solid. {tc "2. Achievements in fertility reduction are not really solid. "}

The rate of women having three children or more is still high and its reduction is slow, in fact, it accounted for one-third of births in 1999. Fertility levels differ greatly among provinces. Only 20 cities and provinces have reached replacement fertility or less while fertility levels remain high in the Northern Mountainous, Central Northern, Central Coast and Central Highlands regions. The CPR for modern methods is at a mediocre 55.8% while the CPR for traditional, inefficient methods is as high as 19.5%. Male dominance remains a barrier to accepting small family size. Unwanted pregnancies and abortions, especially among adolescents, are becoming issues of great concern. Furthermore, there appeared a tendency to rest on the past achievements assuming that goals have been met, and investment for the programme tend to decline.

(6)(7)Annex 2 Population projections for Vietnam and 8 geographical and economic regions.

(8) GSO. Survey on Household Living Standards in Vietnam, 1997-1998

3. The shift from a young population to an old population both creates opportunities and poses challenges for social and economic development.{tc "3. The shift from a young population to an old population both creates opportunities and poses challenges for social and economic development.⁵"}

Due to rapid fertility reduction and to an increase in life expectancy, Vietnam's population has begun to age. The median age will rise from 23.2 years in 2000 to 27.1 years in 2010. The population under the age of 15 will decrease from 26.0 million in 2000 to 21.8 million in 2010.⁽⁹⁾ Nevertheless, the proportion of young people is still considered to be high and thus poses a great challenge to families to bring up and to society to provide education and employment for future generations. The population over 60 years of age will also increase from 6.3 million in 2000 to 6.9 in 2010⁽¹⁰⁾ creating greater needs for social security and health care. The population between the ages of 15-59 will grow from 45.4 million in 2000 to 58.7 million in 2010.⁽¹¹⁾ Once appropriately trained and employed, they can be hugely beneficial to the country, or otherwise, they may become a great burden on national development.

4. Vietnam is not yet able to provide the base of human resource with high quality necessary for industrialisation and modernisation.{tc "4. Vietnam is not yet able to provide the base of human resource with high quality necessary for industrialisation and modernisation."}

The physical qualities of the Vietnamese people are a constraint, at present, especially those of height, weight and endurance. In 1998, 8% of new-borns weighed less than 2.5 kilogramme.⁽¹²⁾ In 1999, 36.7% of children under five years of age were suffering from malnutrition.⁽¹³⁾ It is also critical to note that 1.5% of the total population is physically or intellectually disabled.⁽¹⁴⁾ The number of people infected with HIV/AIDS is on the increase. The mean number of years of schooling per capita in 1997-1998 was only 6.2 years.⁽¹⁵⁾ The per cent of skilled workers is less than 20% as compared to 50% and above in other countries.⁽¹⁾ This leads to deficiencies in the attainment of scientific knowledge and in learning new technological skills. Only 2.09% of the total population has a degree from university/college, while a meagre 0.06% possesses a postgraduate.⁽¹⁶⁾

5. Uninhibited migration and seasonal movement of the labour force pose a great challenge to sustainable development in the country.{tc "5. Uninhibited migration and seasonal movement of the labour force pose a great challenge to sustainable development in the country."}

Though spontaneous migration and seasonal movement of the labour force have some positive effects, they are outweighed by the increasing problems of provision of basic social services, environmental pollution, misuse of natural resources and the escalation of social evils. Up until the present, such movement has not been managed either to optimise potential benefits or to control negative influences on the sustainable social and economic development of the country.⁴

(9) (10)(11) (12)(15) (16) GSO. "Survey on Household Living Standards in Vietnam, 1997-1998."

(13) MOH. Statistical data provided by the MCH/FP Department. Hanoi. 1999

(14) MOH. "Reproductive Health Programme." Hanoi. 1998

Part Three

Orientation, Guiding principles, Objectives, Solutions and Implementation.

I. Primary Orientation of the Population Strategy for 2001-2010

The population strategy is an integral part of the Social and Economic Development Strategy for 2001-2010. At the beginning of the twenty-first century, many human development strategies (Education and Training; People's Health Care and Protection; and Reproductive Health Care etc.) will be implemented. The population strategy for 2001-2010 will concentrate on the following urgent and, at the same time, long-term tasks in the field of population that will ultimately contribute to the realisation of the Social and Economic Development Strategy for 2001-2010 as well as that of the other strategies.

- Slowing rapid population growth so that the population will stabilise at a sound level.
- Systematically and progressively dealing with population, quality, structure and distribution so that human resources really become a strong, valuable asset to the country in the present as well as in the future.
- Establishing and completing the national population registration system to make full use of population indicators and to facilitate the integration of these into policy development and planning.

II. Guiding Principles

1. The population programme constitutes an important part of the national development strategy and forms the foundation for improving the quality of life of individuals, families and the society as a whole, as well as decisively contributes to industrialisation and modernisation of the country.
2. A crucial task in the population programme is systematically, progressively and focally to link the size and the quality of population, population growth and the development of human resources, and population distribution, migration and socio-economic development.

Priority will be given to help poor, remote and isolated areas with high fertility rates to deal effectively with population issues and to improve local living standards.

3. Investment in the population programme means investment for sustainable development that brings about direct, evident social and economic benefits. Therefore, the State ensures sufficient resources for population work and at the same time tries to mobilise community participation and international assistance.
4. Efforts should be directed towards: strengthening of IEC on population and development in close coordination with provision of reproductive health and family planning care in a comprehensive and effective manner; consolidating the family as the primary health producer; and fostering gender equity and equality in matters relating to reproductive health and family planning. These are fundamental solutions to ensure the sustainability of the population and development programme.
5. Strengthening the leadership and supervision of Party units and authorities at all levels coupled with increasing social mobilisation are decisive factors in the successful implementation of the population and development programme.

III. Objectives

1. Overall objective{tc "1. Overall objective"}

To have small, healthy families as a means to stabilise the population size at an appropriate level in order to have a prosperous, happy life. To improve the quality of population and to develop highly qualified human resources to meet the requirements of industrialisation and modernisation so as to contribute to the rapid, sustainable development of the country.

2. Specific objectives{tc "2. Specific objectives"}

Objective 1:

To firmly sustain declines in fertility in order to reach replacement fertility for the country as a whole by 2005 at the latest and by 2010 at the latest for remote, isolated and poor areas so that the population size, structure and distribution will suit social and economic development level s by 2010.

Objective 2:

To improve the physical, intellectual and spiritual aspects of the population in order to reach the mid-level on the advanced human development index (HDI) by 2010.

3. Principal indicators to be achieved by 2010

- The TFR will reach replacement level (TFR was 2.5 children in 1998⁽¹⁷⁾);
- The rate of natural growth will decline to 1.1% (1.43% in 1999⁽¹⁸⁾);
- The total population will not exceed 88 million (76.3 in 1999⁽¹⁹⁾);
- The CPR of modern methods will increase to approximately 70% (55.8% in 1997⁽²⁰⁾);
- The infant mortality rate will decrease to 25‰ (36.7‰ in 1999⁽²¹⁾);
- The maternal mortality rate will decline to 70 per 100,000 live births (100 per 100,000 live births in 1998⁽²²⁾);
- The abortion rate will be reduced by 50% (approximately 935,000 cases in 1998⁽²³⁾);
- Efforts will be made to raise the HDI from 0.664 points in 1998⁽²⁴⁾ to between 0.700-0.750 points, the world's mid-level on the advanced HDI;
- The average life expectancy will rise from 66.4 years in 1998⁽²⁵⁾ to 71 years;
- Raise the human development index from 0.664 points in 1998 to the mid-level on the advanced human development index (HDI), i.e. 0.700-0.750 points;
- The average years of schooling will increase from 6.2 years in 1998⁽²⁶⁾ to over nine years on the basis of making lower secondary education universally available and compulsory;
- The GDP per capita will double as compared to the present;

(17)(18)(19)(21) GSO. "Census on Population and Housing in 1999." *The Steering Committee of the Census on Housing and Population*. Hanoi. 01/2000.

(20) NCPFP. "Demographic and Health Survey 1997." Hanoi. 03/1998.

(22) MOH. *Statistical data provided by the MCH/FP Department*. Hanoi. 1999

(23) MOH. *Yearly Health Book 1998*. Medical Publishing House. Hanoi. 1999.

(24)(25) (27) UNDP. 1999. "Human Development Report 1998."

(26) GSO. "Survey on Household Living Standards in Vietnam, 1997-1998."

- The gender development index (GDI) will rise from 0.668 points in 1998⁽²⁷⁾ to 0.700 points;
- The malnutrition rate of children under five years will decline from 36.7% in 1999⁽²⁸⁾ to 25%;
- New cases of HIV/AIDS will be reduced;
- Effort will be made to reduce the per cent of babies born with deformities resulting from genetic causes or from Agent Orange etc.;
- The per cent of poor households (according to existing Vietnamese standards) will decrease from 10% in 2000 to 5%;
- Poverty will basically be eliminated and hunger will be basically eliminated by 2005;
- The unemployment rate in urban areas will not exceed 5% (presently, 7%⁽²⁹⁾);
- Working hours in rural areas will increase from 70% at present⁽³⁰⁾ to 80%-85%;
- The per cent of trained labourers will rise to 40% (presently, 20%⁽³¹⁾);
- The majority of the population will be registered according to indicators on the national population database;
- The need to use population data in policy, social and economic development planning will be met;
- The urban population will account for 35-40% of the total;
- Seventy-five per cent of free migrants will be registered;⁶

(28) MOH. *Statistical data provided by the MCH/FP Department. Hanoi. 1999*

(29)(30)(31) MPI. *“Strategy on Social and Economic Development for 2001-2010” (draft). Hanoi. 2000.*

IV. Solutions

There are three categories of solutions: pre-conditional, basic and conditional. Pre-conditional solutions include leadership, organisation and management. Basic solutions are comprised of IEC, behavioural change communication, reproductive health and family planning, improvement in intellectual standards, enhancement of the family role and of gender equity, acceleration of social mobilisation and establishment of a system of policies on population and development. Conditional solutions consist of improving the quality of population data and information, financing, training, and research.

1. Strengthen leadership, organisation and management

The organisational system for the population programme will be fully completed, upgraded, strengthened and stabilised at all levels, especially at the grassroots level, so that the system can ensure the success and effectiveness in organising, managing and implementing the population and development programme. The leadership of Party units and authorities at different levels will be strengthened. State management of the population programme will be effectively exercised, and co-operation between State agencies and other organisations involved in the population programme will be maximised.

1.1. Upgrade, strengthen and stabilise the organisational system for the population programme from central to grassroots levels in order to achieve the objectives of the Population Strategy for 2001-2010.

The system will respond to a comprehensive shift in programme content and to the requirements of administrative reform. Both State management and co-ordination of activities in the fields of population and reproductive health/family planning will be properly exercised. The functions, responsibilities and powers of the NCPFP will be extended to respond to new requirements and tasks. The quality of personnel will be upgraded through training that will enable them to effectively manage and execute the population and RH/FP programme.

1.2. Strengthen the leadership of Party units and authorities in the population programme.{tc "1.2. Strengthen the leadership of Party units and authorities in the population programme."}

Party units and authorities at all levels will enhance their leadership by issuing resolutions, directives, plans of actions and other documents on implementing population work with objectives and methods suitable to each locality and sector. Regular monitoring and evaluation will be carried out, and key cadres will be assigned to directly guide local population work.

Population variables and indicators will be integrated into policy development and social and economic development planning at all levels.

1.3. Fully execute sectoral and regional management mechanism and develop plans from the bottom up so that localities can allocate and mobilise resources, and managing the implementation of plans suitable to their conditions as well as to the country's overall requirements. {tc "1.3. Fully execute sectoral and regional management mechanism and develop plans from the bottom up so that localities can allocate and mobilise resources, and manage the implementation of plans suitable to their conditions as well as to the country's overall requirements. "}

The clear assignment of responsibilities between the central and local levels and between sectors will be based on the following principles:

- The central level is responsible for developing and issuing laws, ordinances, strategies, policies, plans of action and guidance as well as for resource mobilisation, monitoring, evaluating the implementation of laws, ordinances, strategies and policies;
- The local level is responsible for the implementation of laws, ordinances, strategies, policies and plans of action, for the organisation of population and family activities, for resource utilisation and for the outcome and efficiency of programme implementation.

1.4. Make resource allocation public; concentrate resources for grassroots level and increase the effectiveness of resource utilisation.{tc "1.4. Make resource allocation public; concentrate resources for grassroots level and increase the effectiveness of resource utilisation."}

Based on programme goals, orientation, competent guidance and on actual local conditions, localities will develop plans and submit them to higher levels for consideration and approval. The principle of grassroots

democracy should be strictly observed to ensure the efficient and economical utilisation of resources according to objectives.

1.5. Ensure the monitoring, supervision and periodical evaluation on the basis of using uniform indicators so as to increase the efficiency of programme implementation.{tc "1.5. Ensure the monitoring, supervision and periodical evaluation on the basis of using uniform indicators so as to increase the efficiency of programme implementation."}

Mechanism for monitoring and evaluation will be developed scientifically, and resources allocated to the programme will be managed in a uniform manner. A system of indicators, particularly for evaluating programme quality, will be developed and made perfect in order to provide timely, adequate and accurate information for the direction and co-ordination of programme activities. It is important to closely co-operate with other sectors when assessing the effectiveness and impact of the population programme on other social and economic programmes.

2. Promote behavioural change communication

Sustained behavioural change in population and RH/FP issues will be gained by providing comprehensive, unbiased and accurate information in formats appropriate for each region, area and target group. Attention will be given to counseling, dialogue and interpersonal communication to reach couples of reproductive age, men, youth and adolescents. A special focus will be on areas with difficult social and economic conditions and on target groups with limited awareness. Various forms of population education in and outside school will be expanded and improved in quality.

2.1. Increase the number of people in target groups who voluntarily change behaviour and who maintain appropriate RH/FP behaviour, firstly women of reproductive age, men, youth and adolescents and particularly those in remote, isolated and poor areas.{tc "2.1. Increase the number of people in target groups who voluntarily change behaviour and who maintain appropriate RH/FP behaviour, firstly women of reproductive age, men, youth and adolescents and particularly those in remote, isolated and poor areas."}

Target groups will be classified on the basis of their characteristics. Communication objectives, measures and evaluation indicators used to

assess desired behavioural change will be specified for each group. Effective messages, channels, sources of communication, and measures suitable to each region, area and target group will be developed.

Communication activities will be conducted in a synchronised manner with content and methods appropriate to the characteristics and educational levels of each target group in order to raise awareness, create needs and increase the number of people who change RH/FP behaviour consistently. Further efforts will be made to motivate people who have changed their RH/FP behaviour to sustain the change and to advocate and motivate others to change theirs. Use of mass media will be increased, and the effectiveness of interpersonal communication, particularly counseling and dialogue, will be maximised in order to achieve a synchronous impact of all channels and forms of communication.

It is important to strengthen and to increase the effectiveness of communication interventional models in remote, isolated areas and in areas inhabited by ethnic minorities or people with limited awareness through allocating additional resources for the development of suitable communication materials and messages, conducting IEC campaigns integrated with RH/FP service delivery, setting up communication models integrating RH/FP and gender equity. Communication activities will also be integrated into the activities of mass-organisations, social and non-governmental organisations and of communities.

2.2. Provide more effective information to leaders at all levels.{tc "2.2. Provide more effective information to leaders at all levels."}

Periodically, information with appropriate content and formats will be provided to Party leaders and authorities to secure their stronger commitment to and support for the comprehensive implementation of the population programme. Use of mass media, meetings and dialogue between Party leaders and authorities at all levels with population staff and citizens to attain two-direction information so that all population policies and guidelines will be truly by the people, of the people and for the people.

2.3. Diversify forms and methods and raise the quality of education and training on population, RH/FP, sex and gender both in and out of school.{tc "2.3. Diversify forms and methods and raise the quality of education and training on population, RH/FP, sex and gender both in and out of school."}

It is important to expand and upgrade the contents and to renovate teaching methodology on population, RH/FP, sex and gender in and out of school at all levels of the national education system. It is also important to provide knowledge, to create correct awareness and behaviour and to develop suitable life skills in reference to population and sustainable development, RH/FP, sex and gender. Development of appropriate peer education and counselling on the above issues will be encouraged for each specific target group. Education on population and sustainable development, RH/FP, sex and gender should meet actual life needs on the one hand, and should be in accordance with the orientation of preserving and fostering national identity and values.

Provision of information and counselling on population, RH/FP, sex and gender to teachers and parents will be encouraged.

Population and sustainable development, RH/FP, sex and gender equity will be introduced into training curricula of schools of politics in order to increase the awareness of learners and to facilitate the integration of population and development factors into policies on sustainable development.

2.4. Make full use of the study and research's achievement to better the quality of IEC programs. Periodically assess behavioural changes in target groups with an aim to adjust the contents of communication programmes as necessary.{tc "2.4. Make full use of the study and research's achievement to better the quality of IEC programs. Periodically assess behavioural changes in target groups with an aim to adjust the contents of communication programmes as necessary."}

The findings of studies and surveys will be effectively utilised to design and to implement IEC activities appropriate to the characteristics of each target group in order to achieve greater efficiency and sustainability.

Assessing behavioural change should be based on objectives and on evaluation indicators designed for each target group. Assessments must be carried out both before and after communication campaigns. The results will be the basis to further renovate IEC intervention to attain higher efficiency.

3. Improve the quality of reproductive health and family planning services and delivery systems{tc "3. Improve the quality of reproductive health and family planning services and delivery systems"}

The quality of RH/FP services and delivery systems will be improved within the framework of primary health care in order to meet the RH/FP needs of clients, to minimise unwanted pregnancies and to reduce rapidly the incidence of abortion/menstrual regulation, particularly among adolescents, thus, contributing to improvement of population quality.

3.1. Fully meet the RH/FP needs of people and improve the quality of services to ensure fertility reduction in a healthy manner and a rapid decline in the incidence of abortion/menstrual regulation.

Types of services and counselling will be diversified to fully meet the RH/FP needs of clients. Types of service delivery suitable to each locality or target group will be selected and utilised with a special focus on areas with high fertility. Adequate attention will be given to providing services to youth and to adolescents. The technical skills of mobile teams in mountainous, remote, isolated and difficult areas will be improved. Suitable, convenient and easily accessible facilities providing RH/FP services and counselling will be established at grassroots levels. Social marketing will be expanded and improved, contraceptives will be widely marketed and effective community-based distribution of contraceptives will be further developed.

Comprehensive and accurate information on contraceptives will be provided to clients to help them to choose the most suitable methods. Adequate attention will be given to temporary methods for young clients. New contraceptive methods will be introduced gradually. Contraceptive methods for males and proper guidance in the use of natural methods will be given particular attention.

The quality of the existing FP service delivery system will be upgraded and gradually expanded and improved until it is comprehensive, of high quality and appropriate to each stage of programme development. It is important to enhance the technical capacity and counselling skills of FP staff, to modernise equipment and to apply advanced techniques to meet high requirements of the programme.

3.2. Improve the quality of maternal and child healthcare. {tc "3.2. Improve the quality of maternal and child healthcare. "}

Information, education and counselling models for maternal and child health care will be developed. The aim will be to change customs and to increase the knowledge and understanding of women about health care and safe motherhood before and during pregnancy, and after childbearing.

During pregnancy, efforts will be made to improve diets, to offer immunisations, to prevent diseases and to increase the number of women

getting at least three check-ups. Safe delivery practices and breastfeeding will be promoted.

Children's health will be enhanced by promoting the expanded immunisation programme, by preventing malnutrition, by improving preventive and curative measures against diseases that cause high child mortality rates such as diarrhoea, acute pneumonia, and malaria and by reducing the number of still-births and the infant and child mortality rates.

The entire society will be mobilised for maternal and child health care, including the state health care system, private health facilities, trained traditional birth attendants and community members.

3.3. Reduce the rate of reproductive tract infections (RTIs), limit the spread and gradually get sexually transmitted diseases (STDs) and HIV/AIDS under control.{tc "3.3. Reduce the rate of reproductive tract infections (RTIs), limit the spread and gradually get sexually transmitted diseases (STDs) and HIV/AIDS under control."}

Information on basic hygiene, women's hygiene and safe sex will be widely disseminated. Hygienic conditions will be improved, and clean water will be supplied. At grassroots levels, RTI and STD diagnostic and treatment services will be offered to clients of reproductive age. In the immediate future, priority will be given to the examination and treatment of gynaecological diseases for IUD acceptors, particularly those in rural, remote, isolated areas and in poor urban neighbourhoods.

Communication, education and guidance on safe sex and HIV/AIDS prevention will be promoted, and sufficient condoms to be supplied for this purpose. Early diagnosis of HIV-infection among high-risk groups like prostitutes and drug users is important.

3.4. Expand reproductive health and family planning programmes and upgrade their quality. {tc "3.4. Expand reproductive health and family planning programmes and upgrade their quality. "}

Important aspects of the prevention and treatment of infertility, breast cancer, reproductive tract cancer and women's and men's RH-related diseases will be addressed. Attention should be given to the treatment of menopause-related diseases and to the application of advanced biomedical techniques of andrology (genetic).

Information and counselling will be given to high-risk couples to gradually reduce the number of intellectually and physically disabled due to

genetic causes, especially to the consequences of the use of Agent Orange. Genetic screening will be piloted and offered to this special segment of the population.

Advanced bio-medical techniques such as in-vitro fertilisation, genetic screening and sperm storage as well as traditional herbs and oriental medicine will be gradually introduced in the RH/FP field.

4. Improve the quality of population data and information{tc "4. Improve the quality of population data and information"}

The capacity to collect, to process and to disseminate population data and information will be enhanced. Population registration and management systems in relevant ministries and agencies will continue to be improved so that the national population database can soon be connected to other databases to evaluate the implementation of the population strategy and programmes and to effectively integrate population indicators into socio-economic policy development and planning as well as to adjust population distribution relevant to population changes.

4.1. Establish a dynamic, computerised, shared population database to serve as a core in exchange of data and information with other population-related specialised databases. {tc "4.1. Establish a dynamic, computerised, shared population database to serve as a core in exchange of data and information with other population-related specialised databases."}

A shared population database operating on a large-scale computer network will be established and managed and will interact with other databases to facilitate rapid searches for information on individuals.

First, the population will be registered. Then basic changes in the status of every individual throughout his or her lifetime will be regularly entered to ensure adequate and accurate data available at any time.

4.2. Complete the population specialised management information system (MIS) containing population policies and assessment indicators for assessing the implementation of the population strategy and programme at all managerial levels.{tc "4.2. Complete the population specialised management information system (MIS) containing population policies and monitoring indicators for assessing the implementation of the population strategy and programme at all managerial levels."}

Necessary indicators, including those for evaluating progress and impact, will be added to the existing MIS to evaluate the implementation of the strategy and the programme.

Full-time staff at all levels will be equipped with the necessary knowledge and technical skills to collect adequate, accurate data and information and to process, store and supply reliable data and information in a timely manner.

4.3. Integrate population indicators into policy development and planning to achieve sustainable economic and social development with a population of an appropriate size and distribution.{tc "4.3. Integrate population indicators into policy development and planning to achieve sustainable economic and social development with a population of an appropriate size and distribution."}

Diverse, adequate population data and information will be supplied and made full use of in a timely fashion to meet the needs for evaluation of the implementation of the population strategy at all levels and to ensure the integration of population indicators into administrative management and into legislation protecting the legitimate rights and interests of the people.

Analysis of population dynamics and the timely identification of imbalances in population structure and distribution and in free migration will help to provide solutions for problems in these areas and to adjust the development of policies to manage the effects of population flow and the planning of social and economic development in line with population changes thereby ensuring sustainable development.

5. Raise people's intellectual standards, strengthen the role of the family and establish gender equity{tc "5. Raise people's intellectual standards, strengthen the role of the family and establish gender equity"}

Raising intellectual standards of people, strengthening the role of the family and establishing gender equity will contribute to improving the physical, intellectual and spiritual lives of the people.

5.1. Generate a favourable environment for raising people's intellectual standards.{tc "5.1. Generate a favourable environment for raising people's intellectual standards."}

People's access to information in the natural and social sciences, in advanced techniques and technology from both domestic and overseas sources will increase.

It is important to expand the scope and to improve the quality of education in schools and universities including offering vocational training and post-graduate studies. This will raise educational levels, increase professional and technical qualifications and enhance the social and economic knowledge of the people thereby ensuring a productive human resource base for the industrialisation and modernisation of the country.

5.2. Establish a legal environment to ensure gender equity.{tc "5.2. Establish a legal environment to ensure gender equity."}

Social policies to improve the status of women and to enable their empowerment will be developed and enforced. Men will be encouraged to share responsibilities with women in RH/FP, housework and child rearing. Equal opportunities for health care and education should be made available to girls and to women.

Laws will be formulated and supplemented to prevent violence against and abuse of women and girls, especially forced prostitution and trafficking.

To collect and analyse gender-specific information to serve as a basis for developing policies and programmes that fully take the gender factor into account.

5.3. Promote gender equity in education and training, and in the assignment of employment.{tc "5.3. Promote gender equity in education and training, and in the assignment of employment."}

Gender equity should be taken into consideration in revised policies on education and training to attract all children reaching school age to school, especially girls. The per cent of girl students with secondary or higher education will be increased, and there will be a special focus on vocational training for girls.

Priority will be given to training and employing female labourers. Demand for labour and the structure of the workforce by sector and occupation will be revised according to age and sex in order to attract more labourers and to ensure appropriate labour utilisation, particularly of females. Gender issues should be integrated into the development and implementation of labour policies in remote, isolated or extremely difficult areas in order to take full advantage of the population structure and to contribute to appropriate population distribution.

5.4. Strengthen institutional factors of family and improve family welfare.{tc "5.4. Strengthen institutional factors of family and improve family welfare."}

Education, advocacy, motivation and encouragement are important for improving relationships among generations in the family and for contributing to the building of a prosperous, healthy, cultural, equal, progressive and happy family. The family is the most important guardian of the health and of the material and spiritual lives of its members and is the best defence against social evils especially drug abuse.

Legislation and community rules should be enacted or revised to battle violence in the family. Models for integrating family counselling and RH/FP counselling will be established to fortify the institutional factors of the family.

Family health care will be enhanced by mobilising the participation of the public and private health sectors and of all family members themselves.

Special health care will be provided for old people, especially for dealing with such common disorders as osteoporosis, menopause, heart disease, and cancer. Counselling and service delivery at home for old people will be encouraged. A people's fund for the aged will be initiated. Further efforts will be made to complete and implement health-appropriate social policies to serve lonely old people in their working lives and in retirement so that they can contribute their accumulated rich experience to social development, and they can set good examples for children.

Family welfare will be improved by integrating the population programme into other programmes such as employment generation, hunger elimination and poverty reduction, agriculture extension, forestry, fisheries and vocational training. Families will be encouraged and helped to apply new technology and production modes to increase social productivity and legitimate wealth.

6. Strengthen social mobilisation and enact policies on population and development{tc "6. Strengthen social mobilisation and enact policies on population and development"}

Society as a whole will be mobilised to participate in the population programme by creating favourable conditions for every individual and every family to voluntarily and actively take part in this programme. A system of policies on population and development will be established in order to create a legislative basis and a motivating force to accelerate the implementation of

the population programme. A population ordinance to increase the effectiveness of state management on the population programme will soon be promulgated.

6.1. Enact a system of policies relating to population issues.{tc "6.1. Enact a system of policies relating to population issues."}

Further efforts will be made to guide, finalise, thoroughly grasp and fully comply with the existing PFP policies on improving living standards and on population distribution that are currently set out in the constitution and in laws, ordinances, decrees and regulations on families. Law enforcement will be intensified to protect the legal rights, interests and obligations of citizens and violations of laws should be address properly.

A population ordinance and other policies relating to the population size, quality and distribution will be developed. Proposals will be made to amend those social and economic policies that do not support the population policy. New policies will be introduced to encourage family planning acceptance and to encourage families to bring up healthy, well-educated children. Such policies will provide a motivating force for families to strive to become happy and prosperous.

A favourable legal environment will be generated by establishing policies and by ensuring that every citizen is interested in exercising his/her right and responsibility to participate in a national population registration system.

6.2. Motivate and mobilise wider participation by the people and by society in the population programme, establish community responsibility, and promote inter-sectoral co-ordination under the leadership of the Party and the State.{tc "6.2. Motivate and mobilise wider participation by the people and by society in the population programme, establish community responsibility, and promote inter-sectoral co-ordination under the leadership of the Party and the State."}

Further efforts will be made to increase the participation of various sectors, mass-organisations and social organisations in the population programme. Such participation will be based on clear assignments, on decentralisation and on co-ordination within the unified programme of action under the leadership of the Party and State.

Mass-organisations and non-governmental organisations, private institutions, communities and individuals will be encouraged and facilitated to participate in population work.

6.3. Increase the role of the community. {tc "6.3. Increase the role of the community. "}

The community will be guided and encouraged to work out village rules and procedures that create public opinion that supports realising the goals of a stable population size, higher standards of living and good population management. Policies on emulation and reward will be revised to encourage individuals, families, communities and organisations to participate in population activities.

The participation of the private health sector will be encouraged and mobilised. In the immediate future, necessary steps will be taken to give legal support for and technical training to private health facilities that provide RH/FP services and counselling.

6.4. Mobilise voluntary contribution of institutions, communities and citizens for population work. {tc "6.4. To mobilize voluntary contribution of institutions, communities and citizens to population work. "}

To increase mobilization of resources outside the State budget for population work by encouraging voluntary contribution of social institutions, business units and citizens.{tc "To increase mobilization of resources outside the State budget for population work by encouraging voluntary contribution of social institutions, business units and citizens."}

7. Financial allocation{tc "7. Financial allocation"}

Resources will be appropriately allocated and effectively utilised. In the immediate future, the State budget will provide for population activities and, at the same time, resources will be sought from other domestic and overseas sources for this purpose. In the long term, efforts will be made to achieve an average annual investment of 0.6 USD per capita of which the State budget will account for 60-80%, and the rest will come from other domestic and overseas sources.{tc " Resources will be appropriately allocated and effectively utilised. In the immediate future, the State budget will provide for population activities and, at the same time, resources will be sought from other domestic and overseas sources for this purpose. In the

long term, efforts will be made to achieve an average annual investment of 0.6 USD per capita of which the State budget will account for 60-80%, and the rest will come from other domestic and overseas sources."}

7.1. Mobilise financial resources from various sources under the unified control of the State and authorities at all levels. {tc "7.1. Mobilise financial resources from various sources under the unified control of the State and authorities at all levels. "}

In the immediate future, the State will allocate a budget for population activities and, at the same time, will encourage contributions from other domestic and overseas sources. The budget for population and RH/FP work will reach an average annual investment of 0.6 USD per capita, of which 60-80% will come from the State budget and voluntary contributions in various forms from social organisations, businesses, collectives, communities and individuals will be encouraged to ensure that key population and RH/FP contents are achieved. Community funds for population activities that seek such voluntary contributions will be established. Co-operation with other governments, international organisations, NGOs and individuals will be further expanded.

A mechanism to charge for RH/FP services will be devised and gradually applied to those who can afford to pay. Policies on fees for providing population and RH/FP related information will be developed to charge those organisations, collectives and individuals who use such information and data including counselling services for re-investment of population programme to ensure its sustainability and also contribute to the practice of social equity.

7.2. Utilise and manage financial resources.{tc "7.2. Utilise and manage financial resources."}

All financial resources will be managed in a unified manner according to the Law on Budget and to other financial regulations. Resources will be utilised based on programme priority and the current mechanism of financial management. Monitoring and supervision will be strengthened to ensure the economical and efficient use of resources and to deal timely with their misuse.

7.3. Produce, import and supply contraceptives, equipment and IEC materials.{tc "7.3. Produce, import and supply contraceptives, equipment and IEC materials."}

Existing contraceptive production facilities will be strengthened and new ones will be built so that the production of main contraceptives with high quality can become self-sustaining. Selected contraceptives will continue to be imported. The effectiveness of the contraceptive distribution system will be increased through the public health network, the private sector, community-based distribution and commercial channels.

The adequate, timely production of IEC materials suitable for specific target groups will be based on appropriate decentralisation among sectors at central and local levels. The quality of IEC materials will be improved through pre-testing and evaluation before mass production. Supplies of teaching equipment, instruments and materials for population and RH/FP education will be adequately met.

7.4. Increase the effectiveness of the RH/FP logistics system from the central to the grassroots levels.{tc "7.4. Increase the effectiveness of the RH/FP logistics system from the central to the grassroots levels."}

The RH/FP logistics system will be completed based on the reasonable and effective use of the existing logistics networks of various sectors at all levels.

A management information system for RH/FP logistics will be established.

8. Training and research{tc "8. Training and research"}

Improve the quality of training for population personnel at all levels to meet the requirements of the Strategy. Previous scientific studies of practical significance will be fully utilised and new studies will be conducted to provide a scientific and practical basis for implementing the Strategy.

8.1. Improve the quality of specialised population training system in both methodology and content to meet the new requirements of population work.{tc "8.1. Improve the quality of specialised population training system in both methodology and content to meet the new requirements of population work."}

Population programme managers from central to local levels will be trained based on decentralisation. Programme managers at the central level will be trained in programme analysis, policy development, monitoring and supervision. Managers at provincial/city and district levels will be trained in the planning, management and co-ordination of population, development and RH/FP activities. Population personnel at commune/ward levels will be trained on basic counselling skills and in organising implementation of activities.

Further efforts will be made to train staff in charge of population work in other sectors, public service and social organisations on how to integrate population work into their own activities. A pool of population experts will be formed from staff with domestic and overseas training. Attention will be given to training population personnel at the central and provincial levels in the use of information technology. This kind of training will gradually be expanded to the district/precinct levels.

Periodic monitoring and evaluation of training will be conducted to allow for the timely revision of training contents and methods to make them appropriate to the development needs of the programme.

8.2. Link research and practice to systematically implement various forms of research and make use of available research achievements to mobilize internal strengths and international assistance in order to conduct high quality research to serve the present needs and to prepare the basis for further development of the programme.
{tc "8.2. To closely link research and practice to systematically implement various forms of research and make use of available research achievement to mobilize internal strengths and international assistance in order to conduct researches with high quality to serve the present needs and to prepare the basis for further development of the programme. "}

Research capacity will be improved through the gradual formation of a pool of qualified researchers. Co-operation among scientific research institutions and organisations in the field of population, development and RH/FP will be enhanced under the unified co-ordination of one organisation.

Various types of research (basic, operational and in-depth) will be carried out. Priority will be given to studies related to policy development and duplication of such research should be avoided. Research results will be disseminated and applied in a timely manner. Scientific and technical advances will be used for population, development and RH/FP researches.

The capacity of research institutions will be enhanced by technology transfers and by expert training. Exchange and application of selected research results from domestic and overseas organisations will be fostered.

Special attention should be paid to the management of scientific researches in the fields of population, development and RH/FP by strengthening the capacity of the science council in supervising and evaluating research implementation and results.

V. Implementation

1. Stages {tc "1. Stages "}

Stage 1 (2001-2005): {tc "Stage 1 (2001-2005)\": "}

Every effort will be made to achieve firmly sustainable fertility reduction, especially in areas with high fertility, in order to reach replacement fertility for the country as a whole by 2005 at the latest. Pilot models and methods for improving the quality of population will be conducted. IEC activities aimed at changing reproductive behaviour and RH/FP service delivery will be concentrated in remote, isolated and mountainous areas with high fertility by organising integrated campaigns. The national population database will be established on the basis of expanding pilot models that have already been successfully implemented.

Stage 2 (2006-2010): {tc "Stage 2 (2006-2010)\": "}

All contents of the RH/FP programme will be synchronously and successfully implemented to sustain replacement fertility. Further efforts will be made to complete and to expand interventional models and methods to promote high quality of the population. The population database will be completed nation-wide.

2. Action programmes {tc "2. Action programmes "}

- a) Strengthening the managerial capacity of population staff and personnel
 - Objective: To upgrade skills by providing training in sound managerial practices and to improve State population management by reinforcing the organisational structure of the population system, effective work plans, sound management mechanism and policy development.
 - Implementing agency: The National Committee for Population and Family Planning
 - Key co-operating agency: Ministry of Education and Training
 - Duration: 2001-2010

- b) Behavioural change communication
 - Objective: To create sustained behavioural change in relation to population and RH/FP by providing adequate, suitable information to specific target groups.

- ❑ Implementing agency: The National Committee for Population and Family Planning
 - ❑ Key co-operating agencies: Ministry of Education and Training, Ministry of Culture and Information, mass media agencies, Vietnam Fatherland Front and its members.
 - ❑ Duration: 2001-2005
- c) Reproductive health and family planning
- ❑ Objective: To meet the needs for and quality requirements of RH/FP services by increasing the use of modern contraceptive methods and by extending services to difficult areas; to improve the counselling and technical capacity of service providers and to realise RH goals.
 - ❑ Implementing agency: Ministry of Health
 - ❑ Key co-operating agencies: The National Committee for Population and Family Planning, Vietnam Family Planning Association.
 - ❑ Duration: 2001-2010
- d) Improving the quality of population information and data
- ❑ Objective: To strengthen the capacity to collect, to process and to disseminate population information and data; to link the population database with other databases; to provide adequate information and data to facilitate the integration of population indicators into policy development and social and economic development plans.
 - ❑ Implementing agency: The National Committee for Population and Family Planning
 - ❑ Key co-operating agencies: Ministry of Science, Technology and Environment, Ministry of Public Security, Ministry of Justice, Ministry of Agriculture and Rural Development, Ministry of Planning and Investment, Ministry of Finance, General Statistics Office.
 - ❑ Duration: 2001-2010
- e) Research on issues related to the quality of population
- ❑ Objective: To accelerate research work and to apply scientific and technical advances on a pilot basis to improve the physical lives and living conditions of the Vietnamese people; to propose appropriate policies on human resource development; to establish and strengthen genetic health care services and social security.
 - ❑ Implementing agencies: The National Committee for Population and Family Planning, Ministry of Health.

- Key co-operating agencies: Ministry of Science, Technology and Environment, Ministry of Defence.
- Duration: 2001-2010

- f) Integrating population issues into sustainable family development through credit-saving activities and the development of family economy
 - Objective: To establish a model integrating population issues and family planning activities into the development of the family by forming credit-saving groups at the community level. The goal is “A family healthy, wealthy, civilised, equal and happy with fewer children.” To mobilise community participation in reinforcing the family institutional status and in developing family economy.
 - Implementing agency: The National Committee for Population and Family Planning
 - Key co-operating agencies: State Bank of Vietnam, Vietnam Women’s Union,
 - Duration: 2001-2010

- g) Strengthening reproductive health/family planning services in poor, difficult, remote and isolated areas.
 - Objective: To generate demand for reproductive health/family planning services and to increase access to services for people living in difficult, remote, isolated areas and areas with high fertility; to improve information and counselling and to provide high quality services to people in these areas.
 - Implementing agency: The National Committee for Population and Family Planning, Ministry of Health
 - Key co-operating agencies: Ministry of Agriculture and Rural Development, Ministry of Labour, Invalids and Social Affairs, Committee for Ethnic Minorities and Mountainous Regions, Vietnam Fatherland Front and its members.
 - Duration: 2001-2005

3. Responsibilities of ministries, sectors and mass organisations{tc "3. Responsibilities of ministries, sectors and mass organisations"}

- ◆ **The National Committee for Population and Family Planning** is a subordinate body of the government that has the function of State administration and management and that co-ordinates the nation-wide

implementation of the population programme. The NCPFP guides, monitors and supervises the implementation of the population strategy. The Committee is the key institution responsible for the establishment and execution of the following activities:

- (a) developing human resource programme and enhancing the managerial capacity of population personnel;
- (b) promoting behavioural change communication;
- (c) increasing the quality of population information and data;
- (d) integrating population issues into sustainable family development through credit-saving activities and the development of family economy;
- (e) increasing reproductive health/family planning services in poor, difficult, remote and isolated areas;
- (f) implementing the RH/FP programme in collaboration with the Ministry of Health.

◆ **The Ministry of Health** is responsible for the followings:

- (a) organising and monitoring the implementation of the RH/FP programme;
- (b) completing and upgrading the network of RH/FP service delivery down to communes/wards;
- (c) providing health staff and personnel with technical training and refresher courses in RH/FP;
- (d) conducting related scientific studies and applying relevant results;
- (e) developing and implementing an RH/FP programme;
- (f) carrying out studies on the issues relating to the quality of population, in collaboration with NCPFP;
- (g) increasing RH/FP services for people in poor, difficult, remote and isolated areas.

◆ **The Ministry of Planning and Investment** is responsible for integrating population indicators into social and economic development programmes and, in collaboration with the Ministry of Finance, for allocating resources for the population and RH/FP programmes.

◆ **The Ministry of Finance** is responsible for allocating adequate budget resources to realise the goals of the population strategy and for monitoring and supervising budget expenditures according to the budget law and other existing regulations.

◆ **The Ministry of Education and Training** is responsible for implementing activities relating to education and training described in

the strategy, particularly education on population, reproductive health, gender and sex both in and out of schools.

- ◆ **The Ministry of Agriculture and Rural Development** is responsible for integrating population issues into agricultural, forestry, fisheries and rural development programmes.
- ◆ **The Ministry of Labour, Invalids and Social Affairs** is responsible for training and utilising labourers. In collaboration with MOH and NCPFP, it deals with the RH/FP issues of couples that have a high risk of genetic disease or suffer from the effects of Agent Orange. It also integrates population issues into programmes on hunger elimination and poverty reduction.
- ◆ **The Ministry of Justice and Ministry of Public Security** in collaboration with the NCPFP and concerned ministries and organisations are responsible for developing and promulgating policies on population and development and for registering population changes.
- ◆ **The Ministry of Science, Technology and Environment** in collaboration with the NCPFP is responsible for conducting studies relating to the population programme, particularly those that aim to improve population quality. Together with the NCPFP and concerned ministries and organisations, the Ministry is also responsible for developing policies that link population distribution with the preservation of the environment.
- ◆ **The Ministry of Culture and Information** is responsible for organising, managing and mobilising mass media and cultural institutions to widely disseminate policies and regulations on population and development.
- ◆ **The Vietnam Fatherland Front** and its members are responsible for mobilising all social strata and groups to realise the goals of the population strategy in their own areas. In particular, the Vietnam Women's Union will be involved in activities to ensure gender equity and to enhance the health status and welfare of the family. The Youth Union will take part in activities relating to adolescent health care. The Elderly Association will participate in activities of elderly health care. The Vietnam Family Planning Association will get involved in the RH/FP care of disadvantaged groups.
- ◆ **Other ministries, sectors, public service and mass organisations** are responsible for implementing the strategy according to their assigned functions and responsibilities.

