FINAL REPORT

THE SIXTH COUNTRY PROGRAMME OF COOPERATION BETWEEN VIET NAM AND THE UNITED NATIONS POPULATION FUND (2001 - 2005)

HANOI - 2006

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PREFACE

In December 2005, the Government of the Socialist Republic of Viet Nam and the United Nations Population Fund (UNFPA) completed the Sixth Country Programme (CP6) of Cooperation (1/2001-12/2005). Upon completion, the Government and UNFPA conducted a review to appraise programme implementation, record achievements, identify lessons learned and discuss how to sustain programme outputs. This review provided an opportunity to propose some basic orientations for the Seventh Country Programme (CP7) between the Government and UNFPA in 2006-2010.

A report was prepared for the Review Meeting of CP6 (2001-2005) on 24 August 2006 and covers four main areas. First, it provides background information on how CP6 was implemented and addressed CP6 goals and management objectives. Second, it reviews the implementation and outputs of activities of the two CP6 components, the Sub-Programme on Reproductive Health (RH) and the Sub-Programme on Population and Development Strategies (PDS). This part also assesses factors that directly impact CP6 implementation such as management, monitoring and evaluation, and resources. Third, it provides lessons learned following implementation of CP6. Fourth, it presents recommendations for sustainability of CP6 and for implementation of CP7. Complementing the report are annexes that provide additional and more detailed information.

This Report was compiled by Professor Nguyen Dinh Cu and Dr. Bui Thi Thu Ha in collaboration with the Government Aids Coordinating Agencies (GACA), various Ministries and departments, UNFPA and individuals concerned.

Professor Cu and Dr. Ha reviewed all CP6 project documents including work plans, annual reports, mid-term review, external report, final report, evaluation reports of projects implemented by Ministry of Health, Ministry of Education and Training, Commission for Population, Family and Children, end-line surveys of provincial projects, other related documents on reproductive health and population and development and interviews with key persons in executing agencies. Based on lessons learned they recommend best implementation practices for adoption in the next Programme (CP7).

We would like to thank the many agencies, organizations and individuals who participated in the process of writing this Report and contributed to the success of the Programme Review.

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LIST OF ABBREVIATIONS

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
CHCs	Commune Health Centers
CP6	The 6th Country Programme
CST	Country Support Team UNFPA Bangkok
FF	The Fatherland Front
FP	Family Planning
GACA	Government Aid Coordination Agencies
GSO	General Statistics Office
HCMA	The Ho Chi Minh National Academy of Politics
HIV	Human Immuno-Deficiency Virus
HMIS	Health Information System
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MDGs	Millennium Development Goals
MOET	The Ministry of Education and Training
MOFA	The Ministry of Foreign Affairs
MOFI	The Ministry of Finance
MOH	Ministry of Health
MPI	Ministry of Planning and Investment
NBC	New Born Care
NSG	The National Standards and Guidelines for Reproductive Health Care Services
ODA	Official Development Aid
OVIs	Objective Verification Indicators
PCPFC	Provincial Commission for Population, Family and Children
PCSA	The Parliamentary Committee for Social Affairs
PDS	Population and Development Strategy
RaFH	Centre for Reproductive and Family Health
RH	Reproductive Health
RHIYA	Reproductive Health Initiative for Youth in Asia
RTI	Reproductive Tract Infections
SM	Safe Motherhood
STI	Sexually Tract infections
UN	United Nations
UNDAF	UN Development Assistance Framework
UNFPA	United Nations Population Fund
VAM	Viet Nam Association of Midwives
VCPFC	Vietnam Commission for Population, Family and Children
VINAFPA	The Viet Nam Family Planning Association
WB	World Bank
WU	Women's Union

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EXECUTIVE SUMMARY

CP6 supported the Vietnamese Government's implementation of the Strategies on Population and Reproductive Health (Pop/RH) formulated with UNFPA assistance under CP5. CP6 focused on building national capacity for improving RH care and creating a favourable policy environment for implementation of Pop/RH activities. CP6 shifted the focus on population activities from fertility reduction to quality of life and reproductive health.

CP6 consisted of two Sub-Programmes namely, Reproductive Health (RH), and Population and Development Strategies (PDS). Advocacy, Information-Education-Communication (IEC), and gender issues were integrated into the two Sub-Programmes as crosscutting issues.

The two Sub-Programme objectives were operationalized into 16 interlinked and specific outputs, and organized into 21 different projects.

Overall coordination at the national level was managed by GACA, with MPI as the focal point, and with participation from the Government's Office, the Ministry of Finance and the Ministry for Foreign Affairs. These agencies also coordinated other programmes related to RH/PD components, outside CP6. In the provinces, the Provincial People's Committees (PPC) were responsible for managing all community project activities.

The total budget approved for CP6 was USD 27 million, of which over USD 20 million came from UNFPA regular fund, and nearly USD 7 million from other sources. The Government committed VND 120 billion (both in cash and in kind, equivalent to some USD 8 million and took responsibility for coordinating about 75% of the CP6 budget. UNFPA coordinated programme and project technical backstopping.

The implementation of CP6 reflected important policies promulgated in the last few years such as: *the Comprehensive Poverty Reduction and Growth Strategy, the Government's Resolution No. 17 on ODA Management and Usage, the Population Ordinance, the Law on Statistics, and the National Assembly's Law on Monitoring Activities, Strategy on Population and Strategy on Reproductive Health, 2001-2010.* At the operational level, CP6 was supported by a series of strategies, plans, and regulations specifying responsibilities and technical standards in the Pop/RH field, either issued during CP5 or developed during CP6.

Many of the designed activities of CP6 were well implemented and achieved desirable results. A more supportive policy environment for programme implementation was created from local up to the highest levels in the National Assembly. Guidelines, key messages, training curricula, IEC/BCC advocacy materials for PDS/RH were developed. Several training courses were conducted using these materials.

Co-execution and decentralization of management to the provincial level and technical

departments/institutions provided opportunities for strengthening local government capacity. National experts played a significant role in providing technical backstopping.

M&E activities, based on objective verification indicators (OVIs) improved, particularly those under the direction of GACA, UNFPA and the project management board. However, feedback from some districts and communes suggested that, following completion of training courses, support and supervision of M&E project activities continued to be irregular and inadequate.

Late approvals of some CP6 projects led to delays in project implementation. Disbursement of project funds fell below expectation in the years 2001 and 2002 and increased notably during the last 3 years of the programme with the highest component spent in 2004 and 2005. Funding of several uncompleted CP5 central projects was extended into 2001-2002.

Delayed implementation reduced affected project timelines from 5 years to 3.5 years, and in some cases, the pressure to complete activities within the shorter period impacted on the quality of service delivery.

CP6 was enriched by the addition of 5 new projects funded by new donors although to some extent this input was counteracted by a failure to mobilize funds from some original donors. The new donors preferred to contribute to new initiatives rather than sharing funds with existing projects.

Lessons learned from CP6 should be heeded in the next programme particularly in terms of design, planning of activities, coordination, building capacity and financial management.

To sustain and expand existing activities to other provinces, efforts should made: (1) to revise and update the IEC/BCC guidelines/materials/curricula on PDS/RH in accordance with the needs of local communities, (2) to maintain networks of technical experts at different levels for implementation of activities; (3) to continue integration of IEC/BCC with RH services in youth counseling centres and in other educational programmes, and; (4) to mobilize resources from additional and alternative sources to ensure continuation of CP6 activities particularly those related to NSG on RH services.

In CP7, in targeting groups such as ethnic minorities, adolescents, migrants etc and also policy makers, community leaders and parents, the Government and UNFPA should place more emphasis on building culturally sensitive awareness of RH/FP issues etc.

The Government, local authorities and related agencies, should continue to provide input through the development of more supportive policy, regulations and guidelines that integrate PDS/RH content into the educational system.

Prior to project commencement, signature of approval for CP7 should be confirmed and a baseline survey conducted to design appropriate OVIs.

UNFPA should continue to play an important and supportive role in assisting the Government to implement national strategies on population and reproductive health. From the outset of CP7, UNFPA and Government should pursue a consistent strategy for mobilization of bi-lateral and other prospective donor funds.

I. INTRODUCTION

National context

Since the ICPD in 1994, the Government of Viet Nam has strived to implement key elements of the Programme of Action. By the end of 2000, the Government had adopted the revised population policy and a new national reproductive health care strategy (2001-2010) both of which incorporated many elements of the broader ICPD framework.

In recent years, there have been significant efforts to improve access to primary health care. These include a notable increase in the number of communal health centres and medical practitioners; the development and implementation of the *National Safe Motherhood Master Plan and Breast-feeding* strategies aimed at reducing morbidity, mortality and malnutrition among mothers and infants; public health interventions that contribute towards reduction of infant and maternal mortality.

However, despite these inputs, the maternal mortality ratio continues to be high at 165/100 000, with rates well above the national average in the Central Highlands and the Northern Mountainous Region, where ethnic minority populations reside.

The contraceptive user-rate among married women increased from 58 per cent in 1988 to 76.9 per cent in 2005 with IUDs the prevalent method (41 percent). However, contraceptive choice and access continues to be limited and inadequate in many remote areas and among adolescents and young unmarried adults. Viet Nam has a high abortion rate of 56 percent of total live births (MOH sources). Statistics show that the abortion rate is increasing among youth and adolescent groups. Post-abortion counseling services are virtually non-existent.

The high incidence of reproductive tract infections (RTIs) and sexually transmitted infections (STIs) is alarming. HIV/AIDS continues to be of great concern to the Government. Estimates predict 300,000 HIV infected persons in 64 provinces and cities by 2010. The incidence of HIV is particularly high among vulnerable populations. Injecting drug users dominate the epidemic with males and youth being more at risk.

In 2001 the estimated population of Viet Nam was 78,686,000 with a fertility rate of 2.25. This statistic suggests an urgent need to integrate population, reproductive health and gender concerns into socio-economic development policies and programmes, including those related to an aging population.

CP6 was aligned to the Millennium Development Goals (MDGs) and addressed issues of poverty reduction and growth strategy. The Government introduced the Population Ordinance and Law on Statistics and the National Assembly's Law on Monitoring Activities. The Government proposed draft Laws on Adolescents, Youth and Gender to the National Assembly.

The National Committee for Population and Family Planning and the Committee for Protection and Care of Children merged to become the Commission for Population, Family and Children (VCPFC). The VCPFC provided support for foundation strategies on population and reproductive health in Viet Nam.

The Government's Resolution No.17 on ODA Management and Usage clearly established that the Ministry of Planning and Investment would continue to act as the focal point for GACA, and that concerned government agencies would continue to play a national executing role.

A series of programmes, strategies, plans, and regulations specifying responsibilities in the Pop/RH field, were developed and published. For example, *National Standards and Guidelines for RH Care Services, and Decision No. 385 on RH Technical Tasks in Health Centres*, constitute a judicial basis as well as a technical reference for improving quality of care at all levels in the health care network. The *Strategy on Behaviour Change Communication in Population/Reproductive Health/Family Planning for 2001-2005* published by the VCPFC provides information and services for both individual and family that encourage voluntary behaviour change. This publication specifies communication objectives for specific audience groups, including men, women, adolescents, governmental authorities, and reproductive health/family planning service providers. It lays out specific strategies to strengthen staff capacity, and to promote inter-relationship between communication and service provision. *The National Safe Motherhood Master Plan 2003-2010*, approved in June 2002, also represented an important step in implementing the *Strategy on RH Care*.

The information contained in these publications contributed towards CP6 population development and reproductive health activities. The Pop/RH initiative was central to the Viet Nam national development strategy, whereby each citizen is accorded the "reproductive right": to be well - informed about RH issues and to receive quality RH services. This initiative was in accordance with the shift in focus from fertility reduction and family planning to quality of life and reproductive health.

The orientation of CP6

Since the 1970s the United Nations Population Funds has provided support to the Government of Viet Nam. UNFPA is the leading organization in assisting the Government to strengthen its population outreach capacity through the introduction of reproductive health initiatives that focus on policy development and raising technical implementation standards to a nationwide level.

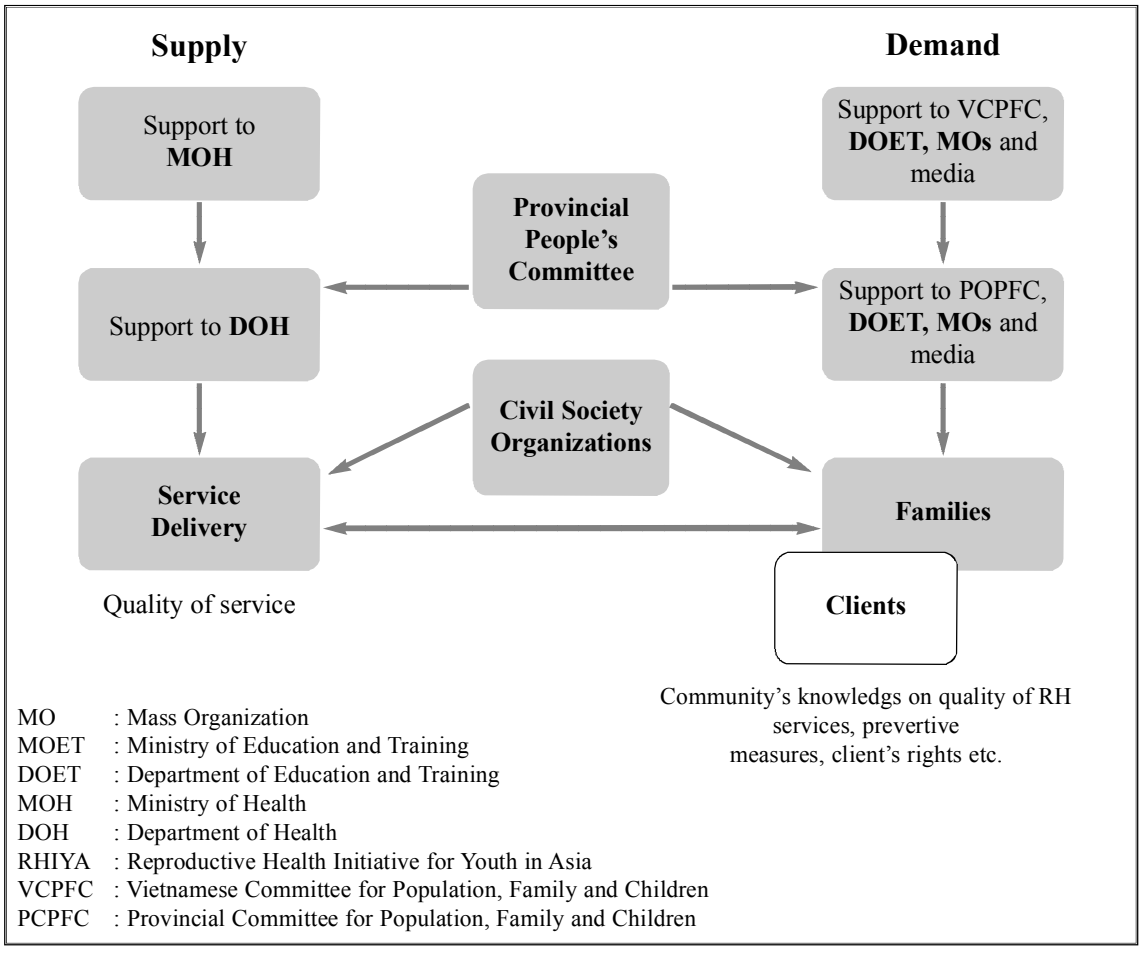
Programme structure of CP6: goal, outcomes, outputs

Structure: CP6 consisted of two sub-programmes: reproductive health and population and development Strategies. Advocacy and gender were addressed as cross cutting in both programmes.

The RH sub-programme aimed (a) to deliver quality RH care services, including information and counseling services and (b) to distribute gender sensitive IEC materials on RH issues and encourage behavior change that would promote sexual and reproductive health for women, men and adolescents, especially those belonging to disadvantaged groups.

The PDS sub-programme aimed to improve integration and implementation of national strategies on population, RH, gender and development. The goals of the two sub-programmes were operationalised into 16 outputs, and organized into 21 projects.

The interactive supply and demand content of CP6 was aligned to the result based management approach, for application at all levels from central to local. On the supply side, CP6 aimed to foster change in the RH care system by improving the quality of RH services and respecting client rights. On the demand side, at the community level, the CP6 aimed to increase awareness of client rights by promoting change in RH and preventive care behaviour.



MOH and VCPFC were the main technical supporting agencies of the CP6 programme at the central level. Other organizations and agencies at the central level included the Ministry of Planning and Investment, the Ho Chi Minh National Academy of Politics, Viet Nam Commission for Population, Family and Children, Ministry of Health, Ministry of Education and Training, the Women's Union, the Farmer's Union, Youth Union, Parliament and the Viet Nam Family Planning Association.

At the lower level, the main supporting agencies included the Provincial People Committees (PPC) in 12 provinces: Ha Giang, Yen Bai, Phu Tho, Hoa Binh, Quang Nam, Tien Giang, Binh Phuoc, Thai Binh, Da Nang, Khanh Hoa, Binh Duong, Binh Dinh, Ha Tay, Quang Tri and Kien Giang.

One project (executed by VCPFC), comprised 8 sub-projects for implementation by the following agencies: The Fatherland Front (FF), the Parliamentary Committee on Social Affairs (PCSA), VCPFC, the Women's Union, the Youth Union, the Farmer's Union, the General Federation of Labor, and the General Statistics Office (GSO).

Management and coordination

Most CP6 projects were co-executed by both the Government and UNFPA under the coordination of MPI. The Government executed about 75% of the workload and took responsibility for activities such as training, developing materials, implementation at local levels, and equipment installation. UNFPA input was focused primarily on procurement of essential drugs and equipment and provision of international experts, technical training and attendance of officials at international conferences.

Monitoring and evaluation (M&E) tools were developed based on log frame objective verification indicators. M&E activities were conducted to review project progress. Baseline and end line surveys were conducted to measure project achievement.

Programme resources

Initially, the CP6 was allocated a total USD 20 million from UNFPA regular resources with commitment of USD 7 million from co-financing activities. Notably, during the implementation period an additional USD 10 million was mobilized from new donors. However, most of these funds were allocated to new projects. USD 4 million of the committed USD 7million donor budget remained immobilized for existing UNFPA projects. The Government contribution was in cash, kind, and manpower totaling VND 120 billions (equivalent to USD 8 million). Financial support from other donors included the Netherlands, New Zealand, the EC, Denmark, Italy, Luxemburg, Switzerland, Japan and Canada.

II. FINDINGS

2.1. Reproductive Health Sub-programme

Output 1: MOH capacity for managing and providing RH/FP technical inputs and training at provincial and lower levels and VCPFC responsibility for Population and Family Planning in implementing a social marketing programme, strengthened.

Conclusion: *Overall, the designed activities in the CP6 were well implemented and achieved the desirable results. The training manuals, guidelines developed took a comprehensive approach, aimed at strengthening both the technical as well as management capacity of RH service providers. The capacity of MOH and VCPFC in providing technical and management inputs for RH/FP activities at lower levels, as well as the VCPFP capacity to implement social marketing of contraceptives, were strengthened. Nevertheless, some further improvement is needed on HMIS components, training manuals and supervision activities and ownership of MOH on HMIS component.*

Recommendation: *(a) To revise training curricula and manuals of some courses to meet practical needs; (b)To improve supervision at different levels; (c) to broaden VCPFC application of the document on State Management of Contraceptive Social Marketing to assist programmes on social marketing of contraceptive; (d) to strengthen MOH ownership of HMIS software to ensure effective implementation at designated localities.*

In 2002 the MOH approved the National Standards and Guidelines on Reproductive Health Services (NSG). This document clearly defined standards for pro-active RH services including counseling, client rights and service provider responsibility. Together with Decision No.385 on RH technical tasks in health centres, the NSG constituted a legal basis as well as a technical reference point for improving quality care at all levels in the health care network in Viet Nam. Training manuals were developed and training courses organized to strengthen technical capacity of health providers on RH services.

National Stardards and Guidelines on RH services

A training manual entitled "National Guidelines on RH Services" was developed with assistance from Pathfinder International to improve provider skills in counseling, infection control, the interpretation of partograph, essential obstetric and antenatal care, delivery, and post partum care, client rights and management of complications for mothers and newborns. Training materials included trainee manuals, teaching guides for trainers and visual teaching aids. The Hanoi School of Public Health developed a manual on quality management of RH services. However, user-feedback suggested that the manual and related training courses were too theoretical, lacked practical application guidelines and did not allow for adequate post-training supervision.

Contents of the Training Package on National Standards and Guidelines on RH Services

Module 1 :General guidelines including crosscutting issues such integrated counseling
Module 2 :Safe motherhood
Module 3 :Family planning
Module 4 :Reproductive tract infections including STDs
Module 5 :Adolescent reproductive health

Contents of the Training Package on Quality Management of RH Services

Module 1 :Introduction to Management & Reproductive Health Quality Management
Module 2 :Managers Virtues and skills
Module 3 :Planning for RH programmes.
Modules 4:Supportive supervision
Module 5 :Monitoring and evaluation
Module6 :Client Oriented Provider Efficiency

The training manual on "Logistic management in RH services" is the first ever developed in Vietnam. This has been found particularly useful for drug and equipment management activities in the field of RH services.

A publication entitled *"National Guidelines on Monitoring, Supervision and Evaluation on RH Services"* was developed and disseminated to all provinces for implementation nationwide. The guidelines were based on unique indicators to meet the needs of service delivery points and contribute towards quality monitoring and evaluation at all levels.

The MOH Centre for Health Education was responsible for developing BCC training curricula. National and international experts provided support to the Center in developing the curricula. A training manual on changing behavior of health providers was developed for distribution throughout the country. The manual aimed to help RH providers to deliver more efficient RH services while, at the same time, respecting client rights. However, feedback from trainees reported limited opportunities to apply BCC concepts in the workplace, due to inadequate follow up training and supervision.

Training of trainers

The training of trainers (TOT) approach was adopted. Core trainers from central and provincial levels conducted training courses for key health providers in selected provinces.

Training courses

Doctors specializing in obstetrics, gynecology, dermatology and paediatric services from the National Obstetrics and Gynaecological Hospital, Tu Du hospital, Hanoi Medical University, Hue General Hospital and National Institute of Dermatology and Venereology received training on National Guidelines on RH. In turn these doctors took responsibility for conducting RH training for prospective provincial core trainers, i.e., doctors and paediatricians from obstetrics departments, dermatological hospitals, MCH/FP centers, and secondary medical schools. In turn, the provincial core trainers conducted refresher training in 12 provinces on RH services, including SM, FP, RTIs/STDs, adolescent reproductive health and counseling.

Supervision

The central trainers participated in supervision visits at the provincial level. This proved useful and effective in providing immediate support to participants, not only in solving problems with technical aspects of RH care but also in coaching appropriate teaching methodology. Supervision feedback helped to improve RH services in terms of organization and technical capacity. The integration of supervisory and technical guidance activities helped to maintain quality RH services at all levels.

Behaviour Change Communication

National and international consultants together with the IEC Centre of the MOH developed a manual on BCC and advocacy. This manual was printed and distributed to all health facilities throughout the country but specifically in the CP6 provinces. The training manual provided instruction on RH services delivery with an emphasis on client rights.

HMIS

The HMIS was designed to improve management in hospitals and local communities. Two provinces (Tien Giang and Da Nang) applied HMIS in all districts, but application was much lower in other provinces. The nine new reporting forms aimed to reduce overlap among different health programmes at local levels and ease the burden of recording and analyzing data. The hospital management software component of HMIS was applied in the areas of reception, inpatient management and pharmacy. However, in some provincial hospitals the HMIS software component ceased to function after 30 December 2005, due to license lapse that occurred because MOH had not initiated discussion on ownership of HMIS software with technical counterparts prior to installation.

Increasing social marketing programme

VCPFC organized different activities such as training workshops for population workers, to strengthen their social marketing management capacity. VCPFC published a manual entitled "Social marketing and government management on social marketing of contraceptives" and conducted related training courses. However, some provinces reported (e.g. Da Nang), that the high mobility of population collaborators impacted negatively on project implementation.

Output 2: *Capacity of VCPFC, MOH and mass organisations, mass media and NGOs to broaden the scope of IEC and advocacy interventions and provide technical inputs to lower levels in IEC planning and implementation, strengthened.*

Output 4: *Information on preventive measures for policy makers, service providers and the general public on the consequences of MR/abortion, increased.*

Conclusion: *the capacity of VCPFC, MOH, mass media agencies and NGOs was strengthened. The scope of IEC/BCC was broadened to cover different channels and target groups, with unifying message content on RH/PD, adding new topics such as gender equity and domestic violence prevention. The information on consequences and prevention of abortion was disseminated to several target audiences: policy makers, service providers and general audience. Some limitations in the coordination and delivery of IEC/BCC messages were identified.*

Recommendation: *(1) further strengthening of capacity in technical, monitoring and supervision of IEC/BCC activities; (2) better coordination among collaborative institutions/agencies involving in IEC/BCC to avoid duplication of activities; (3) diversification of communication channels.*

Training manual

VCPFC developed a comprehensive advocacy and BCC training programme on Pop/RH/FP issues. The content of the training included high-priority topics such as Pop/RH, participatory teaching methods, advocacy and BCC methods, and roles and responsibilities of agency leaders. The contents were developed by a team of experienced national and international experts, elaborated in 13 curricula and adapted to each group of trainees. Subsequently, the training curricula for provincial training were adopted by another VCPFC project supported by the World Bank, suggesting the first sign of programme sustainability.

Training courses on IEC/BCC

IEC/BCC training courses on Pop/RH were conducted at the local level for participants working in the population sectors such as population collaborators, village health workers, and others from mass organizations. Several monitoring and technical backstopping visits were conducted from the central to lower levels. Nevertheless, the provinces still require increased technical backstopping from the central level to strengthen their capacity in IEC/BCC activities such as developing IEC materials, post training activities etc.

EC/BCC materials

At the central level, VCPFC, MOH, PCSA, FF and other mass organizations developed over 20 documents (primarily booklets, pamphlets and flipcharts) on BCC and advocacy for communities and their leaders. These materials delineated the RH content of the Government's Population and RH Strategies, including Safe Motherhood, FP, RTIs/STIs/HIV/AIDS, ARH, and abortion rates reduction. In addition, information on the possible consequences of abortion and means of preventing unwanted pregnancies were regularly propagated through mass communication channels, to raise awareness among policy makers and community members.

IEC/BCC materials also addressed new topics such as gender equity and domestic violence prevention. Additionally, some provinces designed their own materials to comply

with specific local needs. Binh Phuoc province developed a TV programme on IEC/BCC in their ethnic language. Quang Nam included RH content in a provincial committee resolution. Binh Dinh regularly updated IEC/BCC on RH on provincial news programmes and websites. More leaflets than the booklets were produced. Although booklets provided more detailed information and leaflets were considered a better investment of funds. However, resources for the production of IEC/BCC materials on similar topics could be better coordinated to reduce overlap.

IEC/BCC at the local levels

FF and other mass organizations integrated Pop/RH advocacy and BCC activities into their campaigns and regular activities such as the Citizens' Movement to Build A New Cultural Life, various women's clubs, youth clubs, agricultural encouragement clubs, and the trade union of enterprises. Their activities increased citizen support for new Pop/RH content, especially around sensitive issues such as ARH and gender-based domestic violence. Many articles on SM/NBC and RH were published in the national newspaper 'Health and Life' *(Suc khoe va Doi song)* and 'Health Safety' *(An toan Suc khoe)*. These newspapers are published on a weekly basis for distribution to village health workers including those in remote areas.

Several RH-related conferences were organized for different target groups to establish uniform RH advocacy and BCC intervention techniques. The MOH targeted policy makers in the National Assembly and health providers to introduce concepts of client-oriented behaviour change. Most agencies demonstrated commitment to Pop/RH care strategies and formulated programmes adapted to their respective needs.

IEC/BCC materials were distributed to project sites. These included posters, pamphlets, leaflets and cassette tapes and dissemination of information through different media channels such as TV, radio and even mobile radio in remote areas.

Achievements of IEC/BCC activities

The end-line survey confirmed strengthened capacity of mass organizations in conducting advocacy and BCC activities on Pop/RH. After training, about 50-70 percent of participants reported increased engagement in these activities on a monthly basis and 70-90 per cent, quarterly. Similarly a number of CHCs provided IEC/BCC materials for client use.

The proportion of men and women aware of at least 4 contraceptive methods increased from baseline 50 per cent to 70 percent in all provinces. However, some reverse trends were identified namely in Phu Tho, Hoa Binh, Ha Giang, Da Nang and Khanh Hoa provinces where less than 50 per cent of men and women could name either the 3 danger signs in pregnancy, or 3 ways to prevent HIV/AIDS or identify client rights. These issues should be addressed in CP7. The proportion of women and men who received RH information from village health workers, increased in all provinces during CP6, except Ha Giang and Binh Phuoc (see Annex).

Output 3: ARH education, RH information for adolescents and youth, education and services in selected localities, strengthened.

***Conclusion**: ARH education was strengthened through diversifying channels: (1) integration of ARH within 4 subjects and extra-curricula at upper secondary schools, (2) integration of ARH issues into the teaching of Geography, Biology, Educational Psychology, and Politics education programmes of central-level pedagogical colleges on a pilot basis, (3) in Youth Union activities (counseling/IEC) and (4) ARH awareness and support for MOET managers and teachers, (5) ARH included in the NSG for RH services.*

***Recommendation**: (1) MOET should improve collaboration with other technical sectors in building expertise and support for ARH; (2) ARH components in textbooks of 4 subjects and teaching curriculum at the pedagogical college should be revised and improved; (3) strengthening of IEC/BCC monitoring and technical support for Youth Union and counseling centers should continue.*

ARH education strengthened the availability of RH information for adolescents and youth and improved service delivery in selected localities both within and outside the school system.

Within the school system: (a) MOET integrated ARH into upper secondary schools and (b) piloted education programmes in central-level pedagogical colleges

MOET integrated ARH topics into the upper-secondary (grades10-12) national curricula subjects: Geography, Biology, Civics and Philology. MOET introduced the ARH extra-curricula activities to upper secondary schools in 12 project provinces.

MOET also developed self-study guidance manual and guide book to assist teachers in the classroom. The contents included information on STDs, prevention of unwanted pregnancies, HIV/AIDS, condoms, oral contraceptive methods, emergency contraceptive pills and consequences of abortion. ARH contests, conducted in 11 provinces, showed increased student awareness of these issues.

There were, however, a number of inherent flaws related to integrated curricula teaching in that teachers were not always able to focus on ARH due to other subject demands. Further, the level of ARH integration depended on the will/perception of teachers in recognizing its value and importance. Feedback suggested a need for more updated teaching aids and reference materials. Most of the ARH integrated information contained in the 4 subject textbooks was found useful, but several weak points remained. For example, the information on ARH mainly focused on (1) pathological aspects of RH and contained poorly/ clarified/ confusing/wrong concepts and statements; (2) information was sometimes insufficient or even incorrect; (3) the use of outdated statistics, and; (4) poorly written Vietnamese.

An end-line survey showed that after the introduction of ARH in schools, the number of students exposed to integrated curricula instruction in the majority of provinces, (with the exception of Phu Tho and Hoa Binh), increased markedly (70-90%). Rapid assessment confirmed more than 60 per cent of students in all schools were aware of basic ARH issue such as STDs/HIV/AIDS, condoms and pills, oral emergency pills (see Annex).

The MOET piloted integrated ARH issues into the teaching of Geography, Biology, Educational Psychology, and Politics programmes in the central-level pedagogical colleges in Hanoi, Hue and Ho Chi Minh City. However, pilot training revealed weaknesses that included an over-emphasis of theory at the expense of practical experience, inadequate information on ARH in the training materials, lack of teaching aids (e.g. video and audio equipment), and lack of extra-curricula activities for application in the schools.

In addition the students and teachers did not have access to sufficient reference books and self-learning materials in the college libraries.

Outside school system: (a) the Youth Union conducted IEC/BCC activities on ARH (b) MOET managers and teachers, supported by different agencies, increased awareness of ARH education.

The Youth Union organized activities such as conferences and workshops to orientate members on issues and new approaches in ARH. The Union also disseminated ARH information via mass communication channels and compiled ARH materials such as booklets on life skills, and Question & Answer flyers to inform and instruct members, youth and adolescents, and youth counseling services within communities. ARH activities were included in the Youth Union's annual review.

On average, about 70 to 90 percent of key youth members at different levels received monthly instruction on IEC/BCC issues. Data collected on the proportion of youth able to access ARH information through community channels, was limited to 5 provinces. Over 70 percent of youth received ARH instruction in Phu Tho and Tien Giang, but results were lower in Thai Binh, Binh Phuoc and Yen Bai (see Annex).

CP6 supported a number of youth counseling centres established during CP5, and developed several new Youth Union and VCPFC centres in some cities and provinces. Counselor-training guidelines provided instruction on establishment, operation and management of RH/ARH counseling centres. Guideline materials included: counseling skills on safe sex, life skills, condom use and other contraceptives appropriate for adolescents, and the possible consequences of abortion. In particular, young people found the centers attractive as a means of accessing counseling services either by telephone or through direct communication.

Following implementation of IEC/BCC activities on ARH, a comparison between the base line and end-line surveys confirmed a significant increase in the proportion of adolescent's aware of the existence of counseling facilities. However, at the completion of CP6, overall ARH awareness remained relatively low. Only 20-50 percent of adolescents could identify at least 4 contraceptive methods or 3 client rights related to RH (see Annex). This figure strongly suggests that adolescent access to accurate behaviour change information continues to be limited. Improved methods of IEC/BCC information and delivery should be incorporated in future programmes.

ARH topics were integrated in training materials for NSG for RH Care Services, and RH/BCC. The EU sponsored Reproductive Health Initiative for the

1998-2002 period contributed information and youth-friendly ARH services. Sexual reproductive health needs and rights of adolescents and young people were included in the 2005 Youth Law with active participation of Youth Union.

MOET organized several advocacy activities to promote ARH education, including conferences, forums, and mass media bulletins. These activities created a supportive environment for the integration of ARH content into the main educational curriculum and extra-curricula activities in upper- secondary schools and teacher training universities.

Output 5: *Minimum package of quality, gender-sensitive RH services at local levels (family planning, pre-natal, delivery and post-natal and newborn care, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH) in selected provinces, provided.*

Output 6: *Integration of IEC, counseling and RH/FP services at the commune level, including private sector and NGO outlets conducting RH counseling in selected provinces, improved.*

(Output 5 and Output 6: Two outputs are analyzed jointly because they are integrated in the trajectory of implementation).

Conclusion: *The combination of training on NSG on RH services, integrated IEC/BCC and infrastructure upgrades contributed to increase proportion of minimum package of quality, gender sensitive at local levels. However, some improvement is needed for services as well as infrastructure, particularly in remote and mountainous provinces.*

Recommendation: *MOH and other relevant agencies should continue to provide refresher training courses and supervision to ensure quality services are provided in UNFPA provinces and nationwide.*

The minimum RH package included services (Family planning, ANC, delivery and post-natal care, prevention of STDs/HIV/AIDS, ARH) and information on gender sensitive issues, public health counseling services and local NGOs.

As part of the minimum package of RH services for local health clinics, the following activities were implemented:

- Training courses on NSG, quality management of RH services, logistic management of RH services, changing behavior of health providers;
- IEC/BCC training for RH service providers, population leaders, mass organizations, population collaborators, village health workers;
- Upgrading infrastructure of service delivery points, where conditions fell below basic needs, through provision of basic medical equipment and essential drugs;
- Implementing the NSG for RH services at the provincial level;
- M& E activities and technical support at the provincial level.

Achievement of programme

The end-line survey indicated that the majority of CHCs provided minimum obstetric care for the clients, except in Ha Giang. The proportion of district health centres (DHCs), with capacity to provide comprehensive and essential obstetric care varied from 20 up to 90 percent. Marked variations were noted in provincial capacity for delivery of quality care and services.

The end-line survey indicated a significant increase in the proportion of service providers with ability (1) to interpret the sampled partograph correctly, (2) to attain national standard knowledge on care of mothers within the first 24 hours, (3) to perform all 9 steps of antenatal care check up following NSGs, (4) to acquire correct knowledge on treatment of vaginal discharge, (5) to conduct contraceptive counseling for mothers within first week after delivery, (6) to cope with hemorrhage during delivery.

However, in some provinces, at the district level, the knowledge of health providers on treatment of vaginal discharge and post-natal maternal counseling on contraception methods showed a reverse trend (see Annex).

The RH/PD topic was integrated into IEC/BCC material for RH services at all levels. Most provincial health facilities put up a notice board to display information on types of service available at their premises although this was less evident at the district and commune levels. The majority of CHCs provided IEC/BCC materials related to gender issues, with some commune exceptions in Thai Binh province (see Annex).

Many CHCs (107) were upgraded with new delivery rooms and provided with basic medical equipment and essential drugs. However, more than 50 percent of CHCs in Hoa Binh and Binh Phuoc provinces continue to lack clean water. In Phu Tho and Ha Giang provinces 50 percent of CHCs were without toilets and counseling corners.

Equipment distributed included ultrasound machines, 5 obstetric monitors, 19 colposcopes, 15 incubators etc. A number of provinces without emergency transportation to enhance RH care were provided with new ambulances. A number of motorbikes were supplied to facilitate project monitoring and delivery of mobile RH services. Despite these inputs, Binh Phuoc, Da Nang, Ha Giang and Khanh Hoa reported a lack of neonatal resuscitation claves in more than 50 per cent of their CHCs. Likewise, in Hoa Binh, Binh Phuoc and Yen Bai provinces more than 50 percent of CHCs lacked equipment for insertion/removal of IUDs (see Annex).

A comparison between baseline and end-line results shows an increased demand for RH services in health facilities. Specifically, there was (1) an increase of between70 - 90 per cent in the proportion of deliveries completed with assistance from trained health personnel in all provinces, except Ha Giang (about 50 percent); (2) an increase in the proportion of women who made at least 3 antenatal visits during their most recent pregnancies (more than 90 percent) in almost all provinces, with the exception of Ha Giang (45.2 per-

cent); (3) in the majority of provinces between 70 and 90 percent of pregnant women were vaccinated against tetanus; (4) almost two-thirds of couples in all provinces reported using at least one modern contraceptive method with rate of pill and condom use around 20 percent, except in Ha Giang (only 5 percent); (5) the VCPFC distributed almost 200 million condoms to meet the needs of local communities. Seventy million of these were supplied by UNFPA and the rest by Government and other donors.

Also implemented, was the integration of IEC, counseling and RH/FP services into the activities of mass organizations, the private health sector and NGOs. VINAFPA and a national NGO working in the area of RH/FP services implemented a model for integrating RH/FP counseling and IEC services within communities, paying special attention to gender equality and prevention of domestic violence in Ha Noi, Thai Binh, Ninh Binh and Quang Binh. First reviews showed that the integration model increased client access to and utilization of community services. The quality and sustainability of the integrated model should continue in Phase 2 of the project.

Output 7: *National capacity for conducting and applying operational research (OR) on reproductive health issues for improving quality of care and access to RH services, strengthened.*

Conclusion: *the research capacity of a small number of national organizations was strengthened. Though funding was relatively small, research results made an essential contribution to project implementation.*

Recommendation: *Central organization activities should be coordinated to ensure sharing and optimum utilization of research findings leading to improved RH health service delivery.*

The initial design of output 7 included a training workshop on operation research (OR) and funding of the best OR proposal with prioritized topics. Although these activities were not implemented, some research and assessments were carried out by different partner institutions as follows:

- Centre for Environmental Research and Health reviewed the implementation of NSG
- Research Centre for Rural Population and Health and the National Hospital of Obstetric and Gynecology implemented the intervention study on prevention of HIV/AIDS at RH clinics and facilities.
- Research Centre for Rural Population and Health conducted a review study on the quality of reproductive health services in 11 UNFPA provinces
- HCMA and VCPFC conducted training needs assessment
- MOET conducted a needs assessment of extra-curriculum activities on ARHE
- MOH conducted a baseline study on SM models
- Evaluation of 5 years of implementing strategies on RH and Population
- Evaluation of 4 projects implemented by VCPFC, MOH, MOET and HCMA

- VCPFC and HCMA conducted a training needs assessment to assist in the design of a training programme to meet the needs of participants.

In order to strengthen national capacity for operational research, relevant training courses should be conducted for project members to promote better understanding of the objectives, content and implication of OR in project implementation. Project managers should identify problems and solutions to improve the quality of project activities.

Topics selected for OR implementation were relevant to the needs of the project. Research data, particularly the results of baseline surveys in 12 provinces, were applied. In many provinces, results and monitoring indicators were used for readjustment of OVIs in planned intervention.

Although only 2 per cent of the total budget was allocated to OR, the capacity of participating research institutions was strengthened significantly.

Output 8: *Medical education with focus on preventive measures in RH and on client-centered approaches, re-oriented.*

Conclusion: *5 new textbooks on RH, with more client-oriented approach and emphasis on preventive care for midwives at secondary medical schools, were approved by MOH for nationwide application. Pilot activities in project provinces indicated that the programme was appropriate and necessary for effective midwifery training.*

Recommendation: *MOH should follow up with new teaching program and some further actions should be taken to ensure the new program is applicable throughout the whole country.*

CP6 developed a RH training programme for secondary midwifery based on the National Standards and Guidelines for RH Care Services. The programme included textbooks and teaching aids and tools. The programme structure included lectures on theory and applied practice to improve health workers' knowledge, skills, attitudes and interactive behavior when examining and treating women. There was stronger emphasis on preventive content rather than treatment. The programme teachings shifted focus on students and teachers to the client. Competence-based training methods for secondary midwives were

applied. A bank test on assessment of competencies for midwifery was developed, approved by MOH for nationwide application and piloted in some secondary medical schools.

To implement the revised training programme for secondary midwives at nationwide level, 23 national and 208 provincial trainers were trained. All schools adopted a plan to apply the revised training curricula in the new two-year midwifery course. The equipment and teaching models provided by the project were highly appreciated. However, there was a need to provide more teaching models for clinical procedures and anatomy. Support supervision using new textbooks and competence-based assessment was organized for the provincial secondary medical schools to assist implementation of the new programme.

The development of a new curriculum responded to the need for change in traditional midwifery methods and provided an opportunity to familiarize students with national standard guidelines on RH. The holistic approach and philosophy of midwifery curriculum was relatively new to Viet Nam midwifery training system. However, it was welcomed and appreciated by the national consultants. The new curriculum should be tested by teachers and health managers before practical application. It will take time to implement the proposed MOH activities that include:

- Training manual developed for competency based midwifery training
- Further education support to prepare both teachers and hospital staff (mentors and managers) in the use of the competency frame
- The development of a student-centred midwifery strategy for theoretical assessment
- Drafting of a pilot strategy and evaluation process for dissemination of results

To expand the programme throughout the country, training materials should be supplied to all schools including those outside the specified project provinces. Mechanisms for monitoring and implementation of the programme should be clearly defined to enable teachers to prepare the subjects. This requires time, resources and commitment from MOH. The continued support from Government and UNFPA for expansion of the programme is valuable.

2.2. Population and Development Sub-programme

Output 1: *Policies, programme and strategies supporting RH and reproductive rights, equality of opportunity among various groups in society and sustainable development, brought to the forefront.*

Conclusion: *The Population Ordinance, Programmes and Strategies supporting RH care and reproductive rights, equality of opportunities between various groups in society, and sustainable development compiled in the last 5 years (2001-2005), provided solid grounding for implementation of PD and RH strategies. VCPFC completed the review of documents related to population and reproductive health. However, the number of policy documents was lower than expected, with some still in the drafting process*

Recommendation: *Responsible agencies and organizations at all levels should closely supervise and provide feedback on the development of documents related to policy implementation, to ensure implementation of the population ordinance and strategies on RH/PD, particularly at the grassroots level. There is also a need to finalize the policy documents developed during CP6, and to develop new policy documents that meet realistic needs.*

CP6 provided technical and financial supports to certain activities within the population development strategy such as:

Population Ordinance: on 9 January 2003, the National Assembly Standing Committee passed the Population Ordinance (No. 06/2003/PL-UBTVQH11) and on 22 January 2003, the President signed a proclamation of the Ordinance (No. 01/2003/L-CTN). The Population Ordinance is the highest-level legal document on population ever issued in Viet Nam. PCSA, VCPFC and relevant agencies and organizations actively advocated and mobilized the support of government leaders and public opinion, enabling the approval and issuance of the Ordinance.

Population Resolution 104/2003/ND-CP: on 16 September 2003, the Government passed a Resolution (No. 104/2003/ND-CP) laying out details and guidelines for implementing some of its components. Strategy on IEC/BCC on RH/PD during 2006-2010 was approved on the Decision 01/2006/QD-DSGDTE dated 17/3/2006 by Minister Chairman of VCPFC.

Ministries, departments, organizations and provinces participating in CP6 developed the Action Plan of Implementation of Strategy of RH and Population for 2001-2010. Some population groups such as farmers, adolescents and youth received IEC/BCC information on RH/PD. However, migrant groups did not receive adequate attention or services related to IEC/BCC. The survey on migrants indicated low awareness of FP and HIV/AIDS prevention compared to other provinces. Some provinces adopted the results - based management approach in developing a feasible action plan.

CP6 provided technical and financial support for the evaluation of population strategy. At the end of 2004, after the promulgation of the Population Ordinance in Viet Nam, the issue of population increase was discussed. However, on March 28, 2006, in a presentation from GSO on population, including the PCSA's report on implementation of population ordinance, and particularly Dr. Gigi Santow's report on population in Viet Nam,

indicated some relief for policy makers regarding estimations of population increase.

VCPFC organized the review of implementation of population strategy (2001-2005). The review showed the progress, limitations and recommendations related to implementation of the population strategy 2006-2010. With support from UNFPA, Dr. James Knowles provided excellent review papers on this topic. The MOH conducted similar activities in its review of RH strategy (2001-2010). The Standing Committee on Social Affairs reviewed the migrant policies and some studies on migrants were conducted. Some ministries and agencies participating in CP6 reviewed policy documents on implementation of population and RH strategy. These reviews form the basis for developing policy and improved strategic implementation in the period 2006-2010.

VCPFC initiated the review of population policy documents. In some cases, this process was slowed down by the need to get consensus from the different ministries

Output 2: *Political support for policy makers from central to local levels, especially those in UNFPA-supported provinces, to improve the quality of RH care and raise community awareness, increased.*

Conclusion: *The types and contents of advocacy were diversified and adapted to the needs of different target groups. Political support to policy makers from the central to local levels for the improvement of quality RH care community demand and awareness showed a significant increase in UNFPA-supported provinces. Some laws were drafted.*

Recommendation: *(1) there is a need to lobby for approval for some new laws on gender equality, combating domestic violence and on residency; (2) supervision should be strengthened for dissemination of Pop/RH-related advocacy messages at all levels to ensure that new Pop/RH issues receive proper concern and attention.*

After the promulgation of the Population Ordinance, the VCPFC developed a booklet to help the understanding of implementers.

A series of workshops and conferences on population strategy 2001-2010 and on RH strategy 2001-2010 and other sensitive topics such as migrants, domestic violence were organized at all levels from central down to district and commune. VCPFC and MOH collaborated in organizing these workshops. An information package on these two strategies was developed and disseminated in the workshops. The participants were the Party leaders, National Assembly, and peoples committees, FF, mass organizations and mass media representatives. Through these workshops and conferences, the leaders were made aware of the shift of population and RH programme from family planning into the reproductive health area, from quantity to quality. Some recommendations from conferences/workshops were well accepted by the leaders and related organizations. All provinces at all levels developed appropriate guidelines on implementation of the two strategies on population and RH.

The prevention of stigmatization of people living with HIV/AIDS was integrated into some Party and Governmental reports in central and regional workshops. Reports were prepared by the Central Commission on Cultural Ideology to bring the message to larger audience.

Along with the conferences and workshops for leaders mentioned above, a large number of advocacy materials for Population and RH issues were compiled and sent to leaders of ministries, departments and organizations at all levels from central to commune. These included materials on the key contents of the Population Ordinance and the VCPFC video "Communications to Disseminate the Population Ordinance", the PCSA bulletin "Population Problems Today", the Youth Union Bulletin "Adolescent Voice", materials on gender equality in the family and the Women's Union Bulletin, the Farmer's Union "Questions and Answers on RH for Males", the booklet "Pop/RH Care for Fatherland Front" for agencies, cadres and religious communities of the Fatherland Front, the set of prototype advocacy materials (for provinces to adapt) propagating the Strategy on RH Care by MOH. All materials were based on the unified Core Messages on Population and RH, in compliance with the message contents.

Central agencies and organizations participating in CP6 worked closely with media channels such as Viet Nam Television, Voice of Viet Nam Radio, Viet Nam News Agency, Labor Newspaper, Women of Viet Nam, Countryside Today, Pioneer Youth Newspaper, Health & Life, Pupils' Flowers and other newspapers and magazines, to submit and publish sections, articles and other news with the purpose of disseminating knowledge and stimulating discussion on the pressing problems in the Pop/RH field.

Provincial project management boards used baseline survey findings to make their IEC activities more appropriate and persuasive. In disseminating Pop/RH information they collaborated with provincial radio, television, newspapers and cultural information agencies. Newspapers at central and local levels facilitated discussion in the public domain of issues still considered sensitive, such as adolescent sexual health, providing contraceptives to adolescents, reproductive rights, quality of RH care, the responsibility and participation of males and females reproductive health. Such actions created public support for implementing the strategies on Population and RH. There is also a need to target general editors of some newspaper who paid insufficient attention to the Pop/RH programmes.

HCMA conducted a series of advocacy activities including workshops on the two strategies to introduce the Population Ordinance to general editors responsible for the new special section on population and development in newspapers and important journals of the Party, newsletter "Population and Development" for training activities in HCMA and other provincial political schools. Under the HCMA's leadership and management, this advocacy contributed to improving knowledge and support of RH/PD activities.

Many communication campaigns in support of the Strategies on Population were organized for special occasions such as World Population Day, Viet Nam's Population Day, Viet Nam's Family Day, Women's Union Day, the Youth Union Day, and the Farmer's

Union Day. On these occasions, local leaders at all levels were present and delivered speeches supporting Pop/RH issues, with emphasis on quality RH care, the responsibility and participation of men, the potential harm of abortion (consequences and prevention of unwanted pregnancy), and ARH issues.

Mass media channels provided good coverage of these events. Notably, the advocacy activities of various organizations helped to raise population issues in forum discussions at the National Assembly and created an enabling environment for the passage of the Population Ordinance through the Standing Committee of the National Assembly, and put the issue of formulating a Gender Equality Law, Law on Prevention of Domestic Violence and Residence Law onto the agenda of the National Assembly Meeting on May, 2006.

Output 3: *Activities to raise awareness of population, reproductive health and rights, and gender issues integrated into training systems for government officials, mass media agencies and mass organizations.*

Conclusion: *HCMA, Academy of Mass Media - training centre for leaders of the party, the government, mass organizations and mass media agencies contributed to raising awareness on population, reproductive health and rights, and gender issues through an integrative programme that: 1) published textbook and conducted training courses on RH/PD, (2) integrated RH/PD/gender content into different subjects such as Philosophy, Economic Development, Scientific Socialism and Party History (3) continued their training programme for other leading cadres and mass media. The training courses were developed and trainers were well trained and experienced in CP5 and CP6, the training materials were provided. The integration of RH/PD into training programme for government officers, mass organization and mass media. This programme achieved very high sustainability. Nonetheless, some activities were implemented later than planned, and achieved a lower than expected level of coordination and integration among institutions on RH/PD issues.*

Recommendation: *The HCMA and Academy of Mass Media, training institutions for Youth and for Women Leaders should continue to improve the integrated training programme on RH/PD/gender and publish training manuals for wider application in other training universities and institutions. This will help to utilize and sustain the project's products. Notably, the selection of participants for training courses should be based on the objectives of the courses. More active teaching method should be applied in such courses. In addition, there is a need for the networks of universities, colleges, institutions and academies offering RH/PD and gender development to share experiences, knowledge and materials.*

CP6 developed curricula on Population, RH and Development, that targeted leading Party Officials, the Government, and Mass Organizations and Officials working in mass media. The curriculum was officially published at the end of 2005 for training in the Institute of Sociology of the HCMA (including the Central Academy; and the Sub-Academies of

Journalism and Communication in Ha Noi, Da Nang, Ho Chi Minh City and in academy-printed media). The programme was based on the Strategies on Population and RH, and on the ICPD Programme of Action. HCMA piloted teaching guidance materials that accompanied the programme. In addition to formulating programme for studies on Pop/RH, the Academy began to integrate Pop/RH contents into 6 subjects and 4 special subjects. This activity was supported by the leaders, trainers and training institutions. A number of training workshops on Pop/RH and gender and development were organized for managers, communication experts and teachers in academies. However, stricter criteria should be developed for selection of suitable workshop participants. There should be increased focus on gender and RH topics and active teaching methods.

New Pop/RH contents were incorporated into on-going training programme for the Women's Union and the Youth Union. A preliminary blueprint of the programme on Pop/RH contents (with a special focus on ARH, including HIV/AIDS) for the training system of the entire Youth Union and central school for women's cadres was piloted in the provinces.

The Women's Union expanded its member training programme on Pop/RH, gender equality and prevention of domestic violence to become an annual event. Some inconsistencies in the network for sharing information and experiences on Pop/RH teaching and research were identified in training programmes conducted in universities and academies.

Output 4: *Specialized capacity of relevant government agencies at the central and provincial levels to plan, implement, and coordinate effective and sustainable advocacy efforts and activities, strengthened.*

Conclusion: *The technical capacity of the VCPFC and provincial CPFC (PCPFC) in CP6 provinces to plan, implement and coordinate effective and sustainable advocacy efforts was strengthened through training and compiling advocacy and BCC materials.*

Recommendation: *VCPFC and PCPFC in CP6 provinces should review the application of results - based management to communication activities, as well as provide refresh training to officials who manage communication programmes. The trainers, who were trained under CP6, should be utilized for other activities. The supervision of communication activities at local levels should be strengthened.*

VCPFC formulated the National Strategy for Advocacy and Behaviour Change Communication for Population and Reproductive Health. A plan to produce advocacy and BCC materials was discussed and approved by agencies and organizations participating in VCPFC's project. VCPFC established a task force to assist in formulating this plan. The group reviewed existing materials and delegated production responsibilities for different types of materials to various agencies and organizations to avoid overlaps and waste of resources. The group also commented on advocacy and BCC materials, to ensure materials were particularized for different audiences yet carried consistent messages.

At the central level, a team of 42 national trainers was established to undertake training on Pop/RH advocacy and BCC activities, including management. In turn, the team trained a core group of 156 trainers from the 12 provinces of CP6 (each province had on average a group of 13 core trainers, all population workers), thus increasing the training capacity of each province. Moreover, the national team of trainers also provided training in provinces outside CP6. In future, VCPFC should employ their trainers for longer periods.

The training programme on managing Pop/RH advocacy and BCC was carried out in all CP6 provinces. VCPFC population managers drawn from various levels were trained in planning, managing, implementing, and coordinating Pop/RH advocacy and BCC. They were trained in results-based management for the first time. Separate training materials on managing advocacy and BCC activities in Pop/RH for population workers were also introduced for the first time. The curriculum was taught in provinces throughout the country. The programme trained 2600 commune population workers.

IEC/BCC support from central projects for provincial projects focused mainly on training activities. At the lower levels in particular, there was only limited access to IEC/BCC materials and supervision following completion of training courses. This impacted negatively on the level of implementation activity.

Output 5: *Capacity to analyse, disseminate and utilize socio-economic and population data as well as research results for planning and policy-making, strengthened.*

Conclusion: *The Ministry of Planning and Investment's specialist capacity to analyse and utilize socio -economic and population data as well as research results for planning and policy-making was strengthened through training on using the Handbook on Integrating Population Variables into Development Planning for planners in all provinces. Most of the training courses were conducted at the end of 2005. Up to now the MPI has yet to introduce guidance on integration of Pop/RH into the planning activities.*

Recommendation: *MPI should quickly institutionalise the integration of Pop/RH and gender and development in the planning process, and continue to collaborate with other research institutions and universities to revise and improve the Handbook. Training courses for planners to instruct in Handbook use should be organized.*

The *Handbook on Integrating Population Variables into Development Planning* was completed in CP5. In CP6, this Handbook was updated, and pilot classes were organized in 64 provinces for planners in the fields of planning, education, labor and health care. Training courses were conducted at the end of 2005, although evaluation is not yet complete. There were no training courses for planners implemented at the commune level.

The MPI mobilized lecturers from the National Economics University to draft the training materials and to serve as lecturers for pilot classes that would instruct methods of

integrating population and development and appropriate use of the Handbook. In the future, MPI and the University should broaden their collaboration thereby raising their capacity to integrate population and development issues.

Relevant officers of MPI were trained in using Rapid/Spectrum software to predict population development and define development needs. With training, the planners were able to use this software. More importantly, each planner became aware of the relationship between population and development within the planning process. The training program was completed at the provincial levels, and should be continued in the lower levels in CP7.

MPI initiated integrated advocacy for population-development into some of its annual conferences. This allowed conference representatives to make an immediate connection between their own planning work and population factors. Integrated advocacy reduces expenses (compared to independent advocacy conferences), and is more realistic. Up to now the MPI has not institutionalised the integration of Pop/RH and gender and development in the planning process and this has impacted on its effectiveness at the local levels.

Output 6: *Data system, information management capabilities and capacity for dissemination of population related data to support population and socio-economic planning and policy making strengthened. (The GSO was main agency responsible for this output)*

Conclusion: *Data systems, the ability to manage information, and the capacity to disseminate population data to support the formulation of plans and policies on population and socio-economic development reached a new level. The coordination between the provision and utilization of information improved.*

Recommendation: *In addition to the improvement of quality of information on the website, GSO needs to improve its work on information dissemination though alternative channels. The capacity for Pop/RH and gender and development data analysis among provincial planners should be strengthened. Findings and research data need to be analysed and provided to policy-making agencies for consideration in general but also for drafting specific laws on gender equity, prevention of domestic violence and residency.*

The National Assembly passed The Law on Statistics, and the Government issued Resolutions to guide the implementation of some of its components. These represented important conditions for strengthening management and information dissemination. CP6 provided technical support for the preparation of decrees guiding implementation of laws.

A basic database on population and development, consisting of 200 indicators, was formulated and disseminated on the website: http://www.gso.gov.vn. This was an important

means of providing information on Pop/RH gender and development. By June 2006, more than 600 000 people accessed the database. According to GSO, 40% of people use the data for macro planning, 21% for micro planning, 31% for research and training purpose and the rest for personal interest and other purposes. Information was provided also in CD-ROMs and publications. However, the means of disseminating information needs to be improved particularly for those who are not specialized in statistics.

To support planning and policy making, an investigation on migrants began in 2004. The results were used in compiling reports and 3 special analyses for development of policy on migrants and particularly for the finalizing the law on residency. UNFPA mobilized technical assistance for this investigation.

Capacity to analyze and utilize information for the integration of population dynamics into development policies was strengthened through training and workshops. These included three training courses, the first on methods of analysis in population studies and development for 67 statistics workers from provinces throughout the country and the second, on exploiting and using the 1999 Population Census data provided to central agencies and third, a workshop for recipients and producers to discuss effective ways of disseminating information. While these activities helped the statistics practitioners to provide information appropriate to user needs they also reflected a need to improve provincial planner capacity for analysing data on Pop/RH/gender and development.

Output 7: *Capacity of government agencies responsible for population/FP to encourage effective implementation of national population regulations, including monitoring and evaluation and to achieve national ICPD population and development goals, strengthened.*

Conclusion: *the capacity of VCPFC to effectively implement national population regulations, including monitoring and evaluation to achieve national population and development targets and those of the National Conference on Population and Development, was strengthened by using tools to assist planning, managing, monitoring and implementation of umbrella projects within 8 sub-projects from different government organizations, political agencies. However, the training manual for strengthening the capacity in policy development was developed later than scheduled in the plan.*

Recommendation: *VCPFC should complete materials on managing, planning, monitoring, supervising and evaluating implementation of national strategies, programmes and policies, and conduct training on these materials. At the same time, they should continue to strengthen the capacity of training institutions of the VCPFC. In CP7, the VCPFC should coordinate the umbrella projects with different government organizations and agencies to strengthen capacity to implement population strategy.*

CP6 provided technical support for other VCPFC projects to integrate Pop/RH through credit-savings and developing family income. One hundred and fifty provincial-level managers of CPFC, the Women's Union, the Farmer's Union and the Bank of Social Affairs in 30 provinces received training based on the integration model. Materials on population-development-RH compiled by the Women's Union and Farmers' Union in CP5 were printed and used for training. Preliminary evaluations indicated that after training, trainees were in a better situation to support, guide, and train their communities by applying the population-development integration model.

VCPFC developed and provided training courses for managers using two important materials put together by CPFC. They were: (a) guidance materials on results-based management to help different levels and departments plan, monitor and evaluate implementation; and (b) toolkit on monitoring and supervising the implementation of national strategies, programme and policies; and guidance on using the toolkit for the standardization of the activities and tasks delegated to participants in implementing the strategies, programme and projects on population and development. Progress on developing these two materials was slower than planned, and has not yet been applied at local levels.

The VCPFC was the main organization to coordinate and implement the umbrella project with participation from different government organizations and agencies such as the Commission on Social Problems of National Assembly, GSO, and other mass organizations such as FF, WU, Labor Union, Youth Union and the Farmers Union. Through the implementation of activities, coordination and implementation capacity improved.

Output 8: *Institutional capacity for national execution and co-ordination of population programme implementation, strengthened.*

Conclusion: *The capacity of agencies participating in CP6 to implement national regulations and coordinate the population programme was improved. Government ODA management agencies strengthened proper and timely guidance and support for implementing decentralization and national execution to agencies organizations and provinces*

Recommendation: *The government and UNFPA should update the Handbook on National Execution (NEX) and the Handbook on Accounting, adding contents on changes in management, the ATLAS financial reporting system, and guidance to facilitate coordination and management of programmes and projects. Concurrently, because the ATLAS system has just been implemented and will continue to be upgraded, the Government and UNFPA need to continue training projects to meet new requirements. Supervision should be strengthened and diversified.*

The process of training in results-based management (RBM) methodologies and the use of log frames for managers who participated in CP6 began at the end of CP5 and extended to the beginning of CP6. The log frames of the programme, sub-programme and projects developed by local project staff proved feasible and provided much help for managing and monitoring, even though results-based management was relatively new to the UNFPA Viet Nam programme. The UNFPA office in Ha Noi and Country Support Team (CST) in Bangkok provided direct support for trainings on RBM. In addition, the UNFPA Ha Noi office regularly guided project workers in this approach. MPI and UNFPA organized training in the use of two project management tools, NEX and the Handbook on Accounting. The compilation of NEX was well supported by the UNFPA office and by national and international experts. After careful editing, both documents are designed for use as effective management tools for project implementation. However, at the time of writing, only the Handbook on Accounting had being comprehensively applied. The management stipulations in NEX are undergoing adjustments by UNFPA and other UN agencies, and only sections on general regulations not subject to change, are in use. Delay in updating NEX has caused certain difficulties for project management. ODA management agencies also need to update the Handbook on accounting to reflect recent changes in UNFPA financial regulations. Training courses for project officers on the use of the two Handbooks, have been conducted to positive effect.

A new UNFPA programme and financial management system (ATLAS) has been in effect since 2004. To assist projects in adapting to ATLAS, MPI and MOFI collaborated with UNFPA in organizing 3 courses to train project personnel on changes and use of financial forms.

2.3. Programme management

2.3.1. State management and coordination

In the last few years, Government has provided a solid basis for CP6 programme implementation with the introduction of new regulation and guidelines on ODA regulation management and utilization (Decree No. 17/2001/ND-CP; No. 06/2001/TT-KH and No. 70/2001/TT-BTC).

GACA played a significant role in coordinating the programme from initial approval through to implementation, supervision and evaluation. The close collaboration between GACA and the UNFPA country office impacted positively on the quality and progress of CP6. Joint meetings and supervision visits provided opportunities to share information and to discuss solutions for the problems that occurred during implementation. These also set up an advocacy forum for seeking funds from other donors for the RH programme.

The programme design included many outputs and activities that attempted to cover too large a geographic area. The large number of activities proved difficult to coordinate and manage efficiently. In some cases, the provision of services was compromised further by poor infrastructure, lack of health facilities, equipment and youth counseling centers.

2.3.2. Programme coordination

The central executing and implementing agencies MOH and VCPFC were responsible for activities related to technical RH services and advocacy for PDS.

MOH provided technical assistance on training and supervision on implementation of NSG on RH services. However, coordination among RH programs was limited.

VCPFC, in collaboration with other organizations such as FF, PCSA and other mass organizations produced core messages and IEC/BCC materials for Pop/RH development and provided training and supervision on these topics for different provinces and organizations. VCPFC also collaborated with other projects such as VIE01/P12 and the WB supported Family Health Project to ensure better utilization of resources.

MOET integrated ARH topics into 4 textbooks during the educational reform process. This was not limited to project provinces and contributed towards improvement of ARH knowledge throughout the country.

At provincial levels, the Department of Health and PCPFC collaborated in implementing activities in Pop/RH such as meetings, training, IEC/BCC activities, supervision etc. Some feedback has reported a need to enhance local coordination capacity.

2.3.3. Execution

The co-execution and decentralization of management to the provincial level and technical departments/institutions proved a good model and strengthened capacity of local organizations to take responsibility for coordination and mobilization of resources and to

take advantage of technical support from UNFPA and other relevant agencies. The co-execution between UNFPA and implementing agencies created a support mechanism for project implementation and capacity.

National experts provided a significant contribution towards implementation of activities. All provincial projects reported receiving good technical support from the central projects such as VIE/01/P10 and VIE/01/P12.

Collaboration was observed among provincial projects. Inter-provincial exchange visits were found useful for sharing information and experiences. Coordination with other projects from other donors reduced duplication and strengthened capacity of existing projects. For instance, project VIE/01/P15 in Thai Binh province collaborated with the Women's Union to implement a model of prevention of domestic violence in Vu Lac commune of Kien Xuong district. This project was funded by the Swiss government.

Other NGOs in Viet Nam actively participated in project implementation such as Save the Children. US/Path provided training on competency based assessment for the SM programme in three Provinces and VINFPA integrated RH services with IEC/BCC activities.

Overall, the evaluation showed good results in strengthening national capacity for programme execution. Indeed, over 75% of programme resources were executed by government agencies, contributing towards a sense of ownership. A few concerns were expressed regarding the management unit of the project on Safe Motherhood whereby delegation of tasks among management units was unclear. The RH department did not take a coordinating lead on SM/NB components, nor identify needs and support requirements of relevant agencies.

The UNFPA country office provided active support and guidance whenever necessary, particularly at the local levels. The office collaborated with MPI, MOFI and MOH to conduct and plan training courses on project and financial management, adapting and developing IEC materials, and utilizing data from the baseline survey to adjust OVIs for M&E activities.

UNFPA invited international experts from CST Bangkok to participate in implementation of CP6 activities. A small number of international consultants were invited to support MOH and MOET in designing log frames for the sub-programmes, baseline survey, NSG, guideline on M&E for RH services, population ordinance and advocacy IEC/BCC materials. Although support from CST was short-term, overall it was effective and appropriate.

2.3.4. Capacity building

2.3.4.1. Management capacity

The capacity of the project management board was strengthened. Given the large scope of the projects, increased staffing was required to ensure better management, supervision,

and activities. In comparison to the previous programme, this represented a big improvement, thanks to guidance from GACA and the UNFPA country office.

All projects set up their own offices and separate accounts. Project staff were recruited through an open and transparent selection process. However, some projects did not follow stipulated financial procedures. Some projects employed only part-time staff or reported recruitment difficulties that caused delays in starting activities. Poor coordination, delayed management decisions and poor supervision all impacted on the overall quality of project outputs.

Planning skills for project management need to be addressed. Too few activities were conducted at the beginning of the project cycle and too many at the end. Late finalization of the training manual at the central level, affected provincial training on NSG and ARH and also the implementation of NSG or IEC/BCC activities.

Supplies of medical equipment were delayed due to low quality of supplies purchased outside Viet Nam. Some projects received only one quarter of essential drugs compared to expected levels (Yen Bai, Quang Nam in 2004-2005). In turn, this affected not only the quality of activities but also delayed their completion while contracts for supplementary supplies were negotiated.

During implementation, some projects faced the risk of staff changes. In Da Nang, there was a serious problem with staff changes among mobile population collaborators.

2.3.4.2.Technical capacity

In general, technical capacity at the central level improved. An increased number of national experts provided technical backstopping for project activities with desirable results. They were involved in developing training curricula, guidelines on NSG on RH services and designing quality IEC/BCC messages on Pop/RH development. In the CP6 provinces, capacity for management, supervision and implementation of Pop/RH activities improved. Several provincial trainers were trained on Pop/RH, and minimum packages on RH that included gender sensitive and IEC/BCC activities on Pop/RH, were provided. However, technical capacity at national and provincial levels need strengthening particularly in providing gender sensitive RH services.

At the local level, many health providers were trained in the implementation of the NSG/IEC/BCC to provide better quality RH services. Nevertheless, some projects reported limited RH skills of health providers and this led to difficulties in applying NSG. At the central level, supervision and gender-sensitivity issues need to be addressed and improved to ensure the delivery of quality RH services.

2.3.5. Sustainability and national ownership

The CP6 was a comprehensive programme that supported implementation of the two

national strategies on Pop/RH. VCPFC and MOH were the key implementing partners. The major impact of CP6 was reflected in 12 provinces. The future challenge will be to sustain this impact and expand delivery to other provinces. However, with government support, improved technical capacity and resources, there is good reason to believe in the potential of projects to achieve their goals nationwide.

Further upgrading of infrastructure and essential equipment will contribute towards ensuring the quality of RH services. Training manuals, guidelines and documents, and IEC/BCC materials developed during the CP6 should be applied to projects targeted on RH care in CP7 2006-2010. A monitoring checklist should be used for strengthening capacity of local staff.

Health provider/trainer networks and experts on RH/PD activities should continue to provide technical and supervision assistance in the provinces.

The Women's Union, FF, Youth Union should continue to integrate IEC/BCC with their regular activities including male involvement.

The key factor for the sustainability of RH/PD lies in the commitment of the Government to institutionalize the programme within the government system. This commitment should be clearly translated into policies and instructions.

2.3.6. Monitoring and evaluation

Overall monitoring and evaluation of the programme rested with the UNFPA country office and government agencies. UNFPA applied a results-based approach to management and monitoring of the programme using OVIs. The baseline and end-line survey results proved critical for assessment of project performance. GACA and UNFPA conducted annual joint project monitoring visits. However, these visits tended to be too few to allow sufficient data/information collection.

The central level management board conducted M&E visits to provincial areas with a primary focus on training supervision. However, these visits proved insufficient and feedback suggested an inconsistency in the quality of information disseminated.

The provincial management board also conducted supervision visits using checklists to account for new or refurbished infrastructure, equipment supplies and implementation of activities. These visits proved supportive, but also suggested that provincial monitoring should be accelerated both in frequency and quality. Programme monitoring was gradually integrated with national monitoring and supervision to ensure

better service delivery. However, the integration process was more effective in some provinces than others.

A baseline survey on quality and utilization of RH services was conducted in 12 project provinces and provided an overall picture prior to planned intervention. The results of the survey were used for training, planning, IEC/BCC activities, monitoring and supervision to improve the quality of RH services.

End-line surveys were conducted in 11 provinces of CP6 (except Binh Dinh). Surveys were also conducted in 3 new project provinces (Ben Tre, Ninh Thuan and Kon Tum), to be used as baseline surveys for CP7. The results of the end-line surveys showed that about 80% of monitoring indicators changed for the better. The CP6 intervention may have contributed to this improvement in project performance.

Baseline/end-line surveys, annual project reports and the 2004 mid-term review served as essential tools for M&E purposes and contributed towards the realization of the CP6 goals, as delineated in the logical framework matrices. All relevant stakeholders participated in the 2004 midterm review.

The mail survey appraisal was conducted with former participants of all training courses supported by UNFPA during CP6. The response rate was 76% reflected the positive impact of training courses. However there is a need to place more emphasis on post training application and skills.

2.4. Programme Resources

2.4.1. UNFPA regular funds

The financial status at December 31 2005 is presented in the Table 1.

Table 1. Financial status

	Approved by Head Quarter (1)	Allocated by Project Documents (2)	Actual total fund available by 31 December, 2005 (3)	Actual total expenditure by 31 December, 2005 (4)	Implementation rate (=4/3)
Regular Fund from UNFPA Head Quarter	20,000,000	20,429,661	20,754,118	20,508,267	98,8%
Mobilized Funds for Projects already Designed	7,000,000	6,781,794	2,901,012	2,794,425	96%
Mobilized Funds for New Projects	-	9,639,789	9,639,789	7,089,816	73,5%
Total	**27,000,000**	**36,851,244**	**33,294,919**	**30,392,508**	

Note: Three of the four new projects will continue their operation in 2006 and 2007, therefore only a proportion of total budget was spent.

It is notable that CP6 funding resources increased from the original allocation USD 27 million to almost USD 37 million during the 5-year period. Most of the additional funding was allocated to new projects whereas only 43% of funds intended for designed projects were mobilized. In part, this could be due inadequate strategies for mobilizing the resources from both government and donors.

Table 2. Expenditure by years, regular and mobilized fund

Years	Regular fund	Mobilized fund
2001	3,635,544	0
2002	2,315,391	0
2003	3,985,321	1,287,255
2004	4,614,312	4,832,822
2005	5,726,216	3,764,164
Total	**20,508,267**	**9,884,241**

The expenditure by years is shown in table 2. The regular fund spent in the first years (2001 and 2002) of the programme was low compared to the remaining years. This was due to delay in approval of projects and, following approval, delayed implementation of the designed activities.

2.4.2. Mobilized fund from donors

GACA and UNFPA built successful partnerships with bilateral donors by matching the donors' interests and priorities. Financial support from other donors came from the Netherlands, New Zealand, Denmark, Canada, Switzerland, Japanese International Cooperation Agency (JICA), Luxemburg, Italian Government and the European Union. Furthermore, UNFPA also had a MoU with the World Bank (WB), the Asian Development Bank (ADB) and JICA to avoid overlaps and duplication of their support at the provincial level.

CP6 funds were allocated to 18 projects and several CP5 projects that had extended into 2001. Among the 18 projects, 14 projects required mobilized funds at different rates according to priorities set for respective project provinces. The table below presents the mobilized funds for CP6 programme

Table 3. Mobilized fund from donors

Project	Funding structure		Status of funding mobilisation
	UNFPA regular funds (USD)	Need to mobilize (USD)	Mobilised so far (USD)
VIE01P02	1,002,300	200,000	0
VIE01P03	1,000,500	200,000	17,325
VIE01P04	1,628,280	181,520	0
VIE01P05	1,611,832	199,224	89,105
VIE01P06	1,455,467	454,199	35,051
VIE01P07	1,623,909	175,301	21,000
VIE01P08	800,600	199,000	0
VIE01P09	919,300	460,000	57,487
VIE01P10	1,685,500	610,000	853,980
VIE01P12	2,831,900	1,696,850	188,374
VIE01P15	70,500	896,000	421,882
VIE01P16	38,300	504,900	334,806
VIE01P17	34,600	500,000	487,706
VIE01P18	51,200	504,800	394,296
Total	**14,754,188**	**6,781,794**	**2,901,012****

Nearly USD 7 million was committed by other donors for the 14 projects. In fact, only USD 3 million was mobilized. The mobilization rates for donors were 43%. The donors who contributed to these projects are presented in Table4.

Table 4. Donor's contribution in existing CP6's projects

Donors/government	Mobilized fund	Projects
Denmark	350,685	VIE01 P15
	165,375	VIE01 P03/P05/P06/P07/P10/P15
Netherlands	1,499,610	VIE01/P10/P16/P17/P18
Canada	70,255	VIE01P06/P15/P16/P17/P18
Italy	300,000	VIE01/P10
Switzerland	199,377	VIE01/P10/P09/P12
Japan	179,487	VIE01/P05/P15/P16/P18

Most donors preferred to contribute to new projects. The information is shown in Table 5.

Table 5. Donor's contribution in new CP6's projects

Projects	Focus	Funds	Sources of fund
VIE/02/P19	Supplying 70 million condoms for province	1,750,000	UNFPA New York
VIE/03/P20	Maternal and health in Binh Dinh	2,993,760	New Zealand's
VIE/03/P21	Safe motherhood	1,733,025	Netherlands
VIE/00/P63	Supporting VINAFPA, phase I (2001-2003)	348,911	Luxemburg
	Supporting VINAFPA, phase I (2001-2003)	404,000	
Adolescent Initiative Programme (RHIYA)		2,405,093	EU
Material production support		5,000	UNAIDS
Total	**9,639,789**		

2.4.3. Mobilized funds from government

According to project documents, Government committed VND 120 billion (both in cash about USD 2 million, in kind about USD 6 million). However, less than USD 2 million was actually disbursed. The rate is 82%. This is quite high and reconfirms the strong commitment from government on Pop/RH programme.

Table 6. Government contribution in CP6 in cash, equivalent to USD

PROJECT	Project agreement	Government contributed
VIE01P03	114,000.0	73.3
VIE01P04	170,000.0	201,800.0
VIE01P05	174,000.0	129,000.0
VIE01P06	207,333.0	19,872.0
VIE01P07	666,666.0	679,504.0
VIE01P08	418,132.0	275,700.0
VIE01P10	124,752.0	85,570.0
VIE01P11	266,700.0	162,517.08
VIE01P15	20,040.0	19,330.0
VIE01P12		
VIE01P16	49,340.0	43,101.0
VIE01P17	19,800.0	19,800.0
VIE01P18		361,800.0
Total	**2,230,763.0**	**1,835,550.3**

2.5. Summary of Achievements

Contributions to policy development

- Reproductive rights (e.g. freedom to choose a contraceptive method and to decide the number and spacing of children) included in the 2001-2010 National Population Strategy, and the 2003 National Population Ordinance.
- Key elements from the Programme of Action of the ICPD incorporated into the first-ever National Strategy on Reproductive Health Care (2001-2010).
- Sexual and reproductive health rights and needs of adolescents and young people included in the 2005 Youth Law.
- Population and development, and reproductive health issues integrated into the training curricula of the Ho Chi Minh Political Academy, the National Academy of Journalism, leadership training institutions of the Youth and Women's unions and teacher training colleges.
- Capacity of national and provincial planners to integrate population data into socio-economic development planning improved.
- Results of the annual population change surveys and the 2004 Viet Nam Migration Survey included in the programme formulation and implementation.

Contributions to improving the quality of reproductive health care:

- First ever clinical standards and guidelines on reproductive health care services including counseling formulated, approved and implemented at national level.
- First phase of a National Safe Motherhood Master Plan (2003-2005) implemented.
- A National Advocacy and Behaviour Change Communication Strategy for population and reproductive health formulated and implemented.
- Reproductive health education integrated into the curricula of schools (Grades 10 -12).
- Monitoring and evaluation guidelines on reproductive health care formulated and implemented at national level.
- The proportion of service delivery points with capacity to provide minimum package of RH services, increased.

Contributions to promoting gender equality

- Domestic violence highlighted in advocacy and community mobilization activities of the Ho Chi Minh Political Academy, the Parliamentary Committee for Social Affairs, the Viet Nam Commission for Population, Family and Children, the Women's Union and other mass organizations

Management

- UNFPA and national agencies collaborated with international agencies in mobilizing resources, coordinating activities and reducing overlap and duplication.

- UNFPA worked with GACA to mobilize domestic resources including support from both central and local levels.
- ODA management introduced new regulations and guidelines to assist in project implementation.
- Decentralization was a good model for strengthening management and execution capacity at all levels.
- National and international experts provided significant technical backstopping to project implementation at the lower levels.
- Under the two sub programmes (RH and PDS), central projects collaborated in developing IEC/BCC materials and conducting training courses.
- Results-based management approach was used in conducting monitoring and evaluation of projects.
- In overview of management, implementation of activities was based on the component projects rather than programme outputs.

Financial resources

- The Government contribution in both cash and kind, assisted programme implementation and improved national execution.
- During the course of the programme, 5 additional projects were funded by new donors.

Sustainability

- The integration of RH/PD and IEC/BCC within the activities of different organizations and agencies, encouraged a high level of sustainability.
- Advocacy training for health providers, population collaborators, policy makers and upper secondary school teachers introduced successful intervention strategies that in turn contributed towards raising awareness and attitudes of target groups on RH/PD related issues.
- Textbooks/manuals/IEC/BCC developed during the programme, will continue to be used in training courses and classrooms.
- Experienced trainers will continue to provide technical support and conduct training courses.
- Newly-purchased and installed equipment will continue to contribute towards maintaining quality service delivery.

III. LESSONS LEARNED

Several lessons were learned during implementation and evaluation of CP6 that should be addressed in the next Country Programme.

Design

The design of CP6 was aligned with the development strategy of Viet Nam and with RH/PD strategies in particular. These strategies were integrated with IEC/BCC activities at both central and provincial levels. The results - based management design of CP6 increased demand for services from local communities. The intervention model enhanced RH service quality and delivery. The design of central and provincial projects linked technical support and management with the central and lower levels.

Issues:

- the geographic scope of the programme proved too extensive to allow effective implementation of all proposed RH activities, particularly those in remote and mountainous areas.
- limited involvement of national partners in designing project activities.

Management/Coordination

Decentralization of project management improved execution capacity at all levels and encouraged a sense of project ownership. National and international experts played a significant role in providing technical backstopping. The proportion of service delivery points with capacity to provide the minimum package of RH services, increased.

UNFPA collaborated with international agencies in mobilizing resources and coordinating activities to minimise duplication and overlaps. UNFPA also worked with GACA in mobilizing resources and support from central and local levels.

New ODA management regulations and guidelines provided the basis for project implementation. Decentralization proved a good model for strengthening management and execution capacity at all levels. National and international experts played significant roles in providing technical backstopping.

Issues:

- provincial project implementation depends on strong technical input and central level support. This was not always available;
- inadequate service delivery particularly in remote and mountainous areas where MMR remains high and unsustainable, HIV/AIDS cases are increasing and ARH has not been properly addressed;
- high mobility and lack of motivation of population collaborators and village health workers precluded quality training input and consistent follow-up supervision;
- reports from some projects of poor post-delivery counseling, inadequate sterilization procedures and inadequate focus on gender sensitive issues.

Financial Resources

Financial regulation followed both UNFPA and the Ministry of Finance guidelines.
Issues:

- financial reports did not adopt a unified and simplified format;
- unequal expenditure of funds by fiscal year resulted in uneven completion of many activities towards the end of the programme due to low disbursement of funds in previous years;
- provincial and central level project management relied too heavily on UNFPA and other involved agencies for mobilization of resources;
- lack of collaboration was evident between partner agencies of the UN and other public and private stakeholders. This resulted in some duplication of outputs.

Planning

When planning interventions at different levels and for specific target audiences, deeply rooted cultural practices such as those reflected in attitudes about gender should be considered, especially when constructing programmes aimed at behaviour change.

Baseline and endline surveys using log frame and OVIs were important for monitoring programme performance. The surveys represented an improvement on the previous programme and should be extended to the next programme.

At the end of each implementation year, a tripartite Review meeting between UNFPA, GACA and each respective implementing partner, was conducted to review progress and to agree a plan of action for the following year.

Issues:

- plan of action was limited in terms of gender integration particularly in the BCC programme for ethnic minorities;
- planning and evaluation activities did not involve all levels;
- audience research was not conducted prior to implementation of BCC activities;
- implementation of project activities took much longer than anticipated;
- limited coordination of inputs in developing the scope of work and contract details;
- inadequate clarification of reporting expectations in both central and provincial level contracts;
- joint planning and coordinated inputs less cost-effective and more administratively cumbersome than anticipated.

Implementation

GACA and UNFPA relied on a results-based management approach for monitoring and evaluation. Measurable indicators were used to monitor change before and after intervention. Key M&E activities included baseline surveys, mail surveys, midterm review, end-line surveys, final evaluation of some central projects and the this Report.

The Government (National Execution Modality) was responsible for implementing approximately 75% of project activities.

All component projects applied the results-based management approach and were completed/closed by December of the last year (2005) of the programme.

Issues:

- limited communication skills of some local level IEC/BCC providers;
- inadequate counseling skills and competencies of some health providers;
- comprehensive MOH support and guidance not provided in all phases of project implementation;
- evidence of problems with installation and licensing/ownership of HMIS software;
- insufficient provision in training courses of technical training models for delivery and resuscitation of newborns and video training course on NSG on RH ;
- inadequate time allowed for conducting TOT at the central level and for revision and development of appropriate IEC/BCC training materials;
- feedback from the ARH pilot programme suggested RH information was too general with inaccurate HIV/AIDS presentation and insufficient emphasis on life skills;
- ARH material did not address sexuality and love appropriately;
- ARH material referred negatively to technical aspects and consequences of unwanted pregnancies;
- strong focus on ARH knowledge but too little emphasis on changing behaviour of vulnerable populations such as youth and school leavers;
- the role of parents in delivering ARH education, inadequately addressed.

IV. RECOMMENDATIONS

4.1. Management

Coordination

- MPI should continue to act as focal point for programme coordination.
- Preparation for programme approval should be accelerated to ensure timely approval.
- UNFPA should continue to take a lead in coordinating RH/PD activities.
- UNFPA and the Government should continue to advocate for increased bi-lateral funding for both existing and new projects.
- The geographic scope and number of provinces included in the next programme should be reduced to enhance qualitative rather than quantitative project activity.
- Efforts to obtain support and involvement of policy makers, leaders and mass organization on RH/PD should be expanded.
- In recruiting senior staff, project management unit should clearly delineate tasks and responsibilities.
- The two technical ministries should collaborate to avoid duplication of resources.
- The National Execution Manual for project management should be revised and updated.

Monitoring and supervision

- M&E using OVI indicators, Baseline and Endline Surveys, Midterm Review and Annual Review Meetings should be continued.
- Supervision of post-training project activities should be intensified, regularized, diversified and insists on timely reporting and feedback.
- M&E training at the local level should be improved both qualitatively and quantitatively
- The next programme should consider ways of reducing mobility of population collaborators and village health
- Gender integrated BCC activities should be more clearly defined and developed
- Programme databases should be regularly updated, analyzed and shared with all programme partners.

4.2. Financial resources

- Funds should be consistently disbursed for the duration of the project.
- UNFPA budget ceiling should be increased to ensure the goals of the CP7 are met.
- UNFPA and the Ministry of Finance should coordinate their respective financial regulations and adopt a unified reporting format.
- Partner agencies of the UN and other public and private stakeholders should collaborate to minimize project overlap and duplication. For these partnerships to be effective, joint planning, common data sets and coordinated inputs should prove cost-effective and less administratively cumbersome

4.3. Sustainability of programme

- IEC/BCC guidelines/materials/curricula on RH/PD should be revised and updated to meet the respective needs of local communities especially in the designated CP7 provinces.
- IEC/BCC materials should be distributed to research and training institutions and other local agencies as required
- The manual on integration of population variables in development planning should be institutionalized
- A network of technical experts with capacity to adapt to different needs and levels of project implementation should be developed and maintained
- Integration of IEC/BCC in RH services for youth counseling centers, educational programmes, regular activities of mass organizations such as the Fatherland Front, Women Union and Youth Union etc, should be continued.
- Equipment provided and installed during CP6 should be regularly maintained
- Licensing /ownership of HMIS software should be clearly defined prior to installation
- Financial input should be mobilized from both existing commitments and alternative sources

ANNEX A. COUNTRY PROGRAMME 6 - LOGICAL FRAMEWORK MATRIX

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
GOAL To contribute to attainment of a higher quality of life for the Vietnamese people through improved reproductive health, a harmonious balance between population dynamics and sustainable socio-economic development, and achievement of equal opportunities in social development	By the end of 2005: • IMR decreased from 37 to 31/1000 live births • MMR decreased from 100 to 80/100,000 live births • TFR decreased from 2.3 (in 1996) to replacement level • Gender and Development Index 0.559 increased by at least 8% • Human Development Index 0.560 increased by at least 8 %	• Inter-census demographic and RH survey • UNDP Human Development Report • GSO statistical reports • MOH and NCPFP annual reports	• Continued government commitment to RH • Sustained economic growth
Specific objectives **Reproductive health** To contribute towards strengthening the quality of RH care through increased utilisation, by women, men and adolescents, particularly among disadvantaged groups, of: (a) Quality integrated RH services, including information and counselling; and (b) Gender-sensitive RH information, education and communication promoting behavioural changes towards healthy reproductive and sexual practices including prevention of HIV/AIDS.	• CPR for modern methods increased from 56 % to 65 % • Incidence of abortion declined from 56 % to 54 % of live birth • CPR for male methods increased from 6% to 9% • Percentage of births assisted by trained personnel increased from 73.2% to 85% • Percentage of pregnant women receiving ante-natal care increased from 66 % to 75 % • Number of men and adolescent to be at least doubled in visiting health facilities/CHC for counselling and treatment of RH-related issues/diseases	• Inter-censual demographic and RH survey • Service statistics • MOH and NCPFP annual reports • Health sector reviews	• Adequate supplies of contraceptives • Timely endorsement of new RH strategy for implementation
Population and Development Strategies To contribute towards improved integration and implementation of population, RH including HIV/ADS and gender and development policies, programmes and strategies.	• Increased adoption of broader ICPD perspectives and approaches in statements by key policy makers and media practitioners at national, provincial and commune levels regarding population issues	• Official (policy) statements • Population and RH/FP policy and strategy documents, guidelines and regulations	• The vertical structures do not inhibit inter-sartorial collaboration and the institutionalisation of integrated,

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
	• Increased application, within the national population and RH/FP programmes, of the principles and paradigms contained in the ICPD PoA • Appropriate creation of access to population, socio-economic related data for planning staff, policy makers and researchers at central and 61 provinces. · Increased utilisation of population information including sex-disaggregated population data, in the formulation of general and sectorial development policies, strategies and programmes at central and provincial levels • Increased consideration of population, RH and gender concerns in sectorial development policies and plans • Development and implementation of social and economic development strategies that are sensitive to anticipated long-term changes in the Vietnamese population.		• multi-disciplinary approaches in the design and implementation of social and economic development prorammes
1. RH Outputs 1.1 Capacity of the MOH for managing and providing technical inputs for RH/FP activities at provincial, district and commune levels; and the Committee for Population and Family Planning in implementing a contraceptives social marketing programme strengthened.	• Orientation and training given to managers at central and provincial levels on RH/FP framework stated in Pop/RH National strategy • Standardized guidelines and protocols on gender-sensitive reproductive health (including services for adolescents, STIs/HIV/ AIDS, IEC and counselling) • Development and implementation of regulations and criteria system for referral at different levels of the health system • Development and implementation of guidelines and care quality system aiming at improving RH/FP services • In-service basic and refresher training plans on the standardised guidelines and protocols developed and implemented at central and provincial levels.	• Training curricula and training reports • Standardized guidelines and protocols (RH, referral and QOC) • Updated national HMIS/LMIS • Monitoring and evaluation reports including CST/CTA mission reports • Sector reviews.	• Authorities committed to the broader RH approach including FP • Strong inter-agency collaboration between MoH and NCPFP

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
	• MIS which was improved in CP5 officialised • Current logistics MIS reviewed and strengthened for MOH taking into account changes in contraceptives provision switched to Committee for pop/FP • Monitoring and supervision system updated • A social marketing system for the provision of contraceptives designed and operationalised • Access to regular and periodical quality RH services established and systematised		
1.2 Capacity of the Committee for Population and Family Planning, MOH, mass organisations, mass media and NGOs strengthened to broaden the scope of IEC and advocacy interventions and provide technical inputs to lower levels in IEC planning and implementation	• Orientation and training on the broader gender-sensitive RH issues and new advocacy and IEC approaches organized for IEC planners • A research-based long-term strategic plan for RH/FP advocacy and IEC developed for use at all levels • IEC messages and materials developed/ revised to include broader RH issues • At least 2 national media campaigns on issues of male involvement in RH/FP and women's empowerment conducted (to complement other campaigns supported by the World Bank and other donors) • Localised IEC interventions addressing the broader RH issues carried out • Special messages and materials for ethnic minorities developed • Orientation and training on IEC and counselling organised	• Long-term IEC strategic plan for RH/FP • New IEC materials on RH/FP • Specific IEC messages and materials for ethnic minorities • Monitoring and Evaluation reports including evaluations on impact of media campaigns and CST/CTA mission reports • Training reports	• Authorities of the concerned agencies are committed to addressing sensitive issues in RH/FP in IEC interventions • Concerned agencies are willing to adopt and make use of IEC plan in IEC programme development.

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
1.3 Effective ARH education in school strengthened and greater availability to adolescent and youth RH information, education and services improved	• Gender-sensitive ARH education curricula for secondary schools developed, tested and used in selected provinces on a pilot basis • All selected teachers from the pilot provinces trained and capable of using the materials • At least 70 % of trained students (both in-school and out-of-school) know effective means of preventing unwanted pregnancies and STIs/HIV/AIDS • ARH education integrated into the programmes of Teacher Training Colleges • ARH materials adapted for use among out-of-school youth on a pilot basis • Broader programme including peer education for out-of-school adolescents (homeless children) in selected urban areas developed and implemented • Services for youth through public health sector outlets established. • Services for youth through NGO's outlets established	• ARH curricula and training materials • Studies covering teachers and students (in-school and out-of-school youth) • Pre and post training evaluations • Staff report on ARH training and counselling • Report on visit to RH centres (e.g. No. of condoms, service hours for ARH care, IEC materials on ARH available at public health outlets	• Local authorities and parents in selected areas are willing to endorse ARH education in and out of school • Teachers are committed to address ARH education in their daily work • Endorsement of local authorities for the outreach programme for youths • MOH support for ARH services
1.4 Increased information on the consequences of MR/abortion and preventive means, among policy makers, service providers, and the general public	• Policies and directives reducing reliance on abortion and MR as a fertility regulation method promulgated and implemented. • Service providers promoting contraception as a means of reducing unwanted pregnancies. • No. of SDPs offering post-abortion/MR counselling and services • At least 75 % of reproductive age population aware of the adverse effects of abortion and preventive measures	• Directives, official documents and guidelines • Service statistics • Inter-censual demographic and RH survey	• Incentive system for service providers does not work against the reduction of abortion and MR, or can be modified satisfactorily

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
1.5 A minimum package of quality, gender-sensitive RH information, counselling and services available in the primary health care system at the local public and NGOs, including at least: (a) family planning, (b) pre-natal, delivery and post-natal care, (c) RTIs/STIs and HIV/AIDS prevention (d) ARH	• At least 75 % of SDPs in the selected provinces covered offering this minimum package. • At most 10 % of SDPs stock-out of RH essential drugs • CPR of modern contraceptives increased by 5% of which condom use accounts for 10% and vasectomy 1.5 % • 75 % of family planning clients receiving counselling on contraceptives. • 50 % of pregnant women receiving at least 2-3 contacts for quality prenatal services • Women have an average of at least 1 post-natal visits • At least 75 % of service providers trained for the provision of gender-sensitive services and counselling • 75 % of SDPs providing RH information	• Official decrees and directives on unification • Service statistics and clinical records • RH situation analysis • Interviews • MOH and NCPFP annual reports • Inter-censual demographic and RH survey.	• Government provides adequate supplies of a range of contraceptives • Provincial and district authorities are willing and able to provide or secure the basic infrastructure for integrated services.
1.6 Integration of IEC, counselling and RH/FP services improved at the commune level. gprivate sector and NGO outlet	• Service providers in the SDPs trained to provide information and counselling on gender-sensitive RH/FP and effective use of IEC materials • IEC and counselling materials available in all SDPs, private and NGO facilities • IEC officially included in the responsibilities of commune-level service providers	• Training plans • Training reports • IEC and counselling materials • SDP records on use and distribution of materials • Job descriptions of commune-level service providers	• Availability of skilful trainers on counselling • Service providers are willing to provide counselling services, even in the absence of pecuniary incentives
1.7 Improved national capacity for conducting applied researches on RH-related issues aiming at improving quality of care and access to RH	• Researchers from MOH, NCPFP and relevant institutions trained on OR techniques. • OR conducted on issues of critical importance to the RH programme, including expansion of contraceptive choice, reduction of MR/abortion, identification of effective approaches to meeting ARH needs, improvement of the acceptability of male methods, determinants of maternal mortality and prevention of STIs and HIV/AIDS	• Workshop reports • OR proposals • Research reports • Programme documents	• Researchers and programme managers are interested in conducting OR for RH programme development

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
	• Findings were disseminated to planning staff, policy makers and programme managers, and integrated into programme planning.		
1.8 Medical/health education re-oriented to focus on preventive measures in RH and on clients-centred approaches	• Agreement on reorienting medical/health education secured • Framework outlining reorientation plan prepared and endorsed • Official multi-sartorial body established to review and revise existing curricula and materials.	• Official decree and/or endorsement.	• Commitment of health and education authorities to such a re-orientation • Medical/health personnel and trainees are willing to consider social and cultural dimensions of health in their work
2. PDS Outputs 2.1 Developing policies, programmes and strategies in supporting RH and reproductive rights, equal opportunities among different social groups and sustainable development	• NA deputies, policy makers, planners and decision makers of the Government, NGOs, mass organisations and mass media were given information on population policy and RH strategy, ICPD PoA, PoA of Beijing conference on Pop/RH and other gender issues in Viet Nam • Policy guidelines and regulations relating to RH/FP revised in line with the ICPD and the new population policy and RH strategy • Existing policies and legislation reviewed and proposals for revision drafted to increase gender sensitivity. • Advocacy for strengthening lobbying role of local institution NGOs in RH	• Advocacy materials • Advocacy seminar reports • Revised policy guidelines and regulations • Project monitoring and evaluation reports	• Key decision makers at cross-sartorial and sartorial levels are committed to the broad framework provided by the ICPD PoA as a basis for policy guidelines and regulations
2.2 Awareness creation on population, reproductive health and rights and on gender issues incorporated into the training system for officials of Government, mass media and mass organisations	• Short-term courses on population, RH, reproductive rights, gender and sustainable development issues organised at the Ho Chi Minh. Academy of Politics (HCMAP) and Sub-Academy of Journalism and communication (SAJC), using the ICPD PoA as the basic framework • Courses adapted and integrated into training curriculum of HCMA, sub-academy and its provincial schools.	• Training curricula and materials • Course outlines • Project monitoring and evaluation reports	• Authorities of the targeted training systems are committed to the development of courses on population, RH and gender issues using a broad ICPD framework

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
2.3 Technical capacity of Committee for pop/FP and appropriate government agencies at the central and provincial levels strengthened for planning, implementing and co-ordinating effective and sustainable advocacy efforts and activities	• Standard guidelines on RH/FP advocacy developed and applied • Selected staff from relevant agencies at the central and provincial levels, including mass organisations, mass media and NGOs trained in advocacy planning and implementation • No. and types of research-/data-based advocacy messages and materials developed and distributed to policy makers, planners and media networks • At least three central and six regional advocacy seminars/meetings on key issues of RH/FP organised	• Advocacy guidelines • Training curriculum and training plans • Advocacy materials, e.g. media kits, kits for parliamentarians, mass organisations, etc. • Agenda and reports of advocacy seminars	• Sufficient commitment and availability of staff to be trained as advocates of RH/FP issues
2.4 Improved analysis, dissemination and utilization of population and related socio-economic data and research results for planning and policy-making	• Census and survey data relating planning and policy making was analysed comprehensively • Existing social and economic policies and strategies reviewed in the light of new population and RH data and concerns, including gender • Advocacy on adaptation of social and economic policies and strategies to population, RH and gender concerns carried out among planners and policy makers • Workshops on population, reproductive health, gender and socio-economic development and planning issues organised for planners and policy makers from central and provincial levels • Mechanism for strengthening collaboration between data producers and users put in place to ensure better utilisation of census and survey data for planning and policy making	• Study reports • Recommendations and materials on changes in policy and strategy development • Workshop reports • Sub-programme and project monitoring reports	• Processing of census and survey data will be completed on schedule to enable timely release of data
2.5 Data systems, information management capabilities and capacity for dissemination of population-related data strengthened to support population and socio-economic planning and policy making	• Policies and procedures relating to the dissemination of population-related data reviewed and enhancements instituted • Efficient arrangements for making population data easily accessible at central (MPI and sartorial ministries) and provincial levels established	• Revised directives and guidelines on data dissemination • Sub-programme/project monitoring reports	• The relevant authorities are committed to the principle of improving data dissemination and facilitating access for data users

HIERARCHY OF AIMS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATIONS	CONDITIONS
	• Inter-censual demographic and reproductive health survey (2004) conducted and data and results disseminated	• Survey report and distribution lists • Mid-term review and project/sub-programme evaluation reports	• Availability of resources from Government and other donors to enable the provision of technical assistance by UNFPA. in their work
2.6 Capacity of the Committee for Population / FP strengthened for the efficient implementation of the national population policy, including monitoring and evaluation of progress towards the attainment of national and ICPD population and development goals	• Population policy/programme monitoring indicators identified and agreed among the different partners (Ministries, mass organisations, mass media, NGOs, UNFPA) • Database for programme monitoring indicators developed, made functional, and linked to RH quality of care indicators • Mechanism for regular sharing of information among population programme partners developed and operationalised.	• List of indicators • Database of indicators • Sub-programme/project monitoring and evaluation reports	• Willingness of sartorial authorities to collaborate in improving population programme co-ordination, sharing of information, and pooling of data for monitoring and evaluation
2.7 Institutional capacity for national execution and for co-ordination of population programme implementation strengthened	• Training on national execution modalities and procedures carried out for relevant staff of all UNFPA-supported projects • Training on the Programme Approach and on the use of logical framework techniques in programme design and implementation prepared and implemented for staff or all UNFPA-supported projects • Training on project/programme management organised and conducted for relevant staff of all UNFPA-supported projects • Co-ordination meetings involving key officials of UNFPA-funded sub-programmes and component projects organised regularly • Bottlenecks relating to project approval and execution (at both Government and UNFPA levels, relating to functions such as accounting, disbursement, monitoring and reporting) identified and addressed • Arrangements for enhancing the co-ordination of population programmes supported by different donors instituted and functioning.	• Workshop/training reports • Reports of meetings • Memoranda of understanding • Project/programme monitoring reports	• Commitment of Government and the various donors active in the population field to minimise duplication while building on each partner's comparative advantages, improving transparency and the sharing of information

ANNEX B. RH SUB-PROGRAMME OUTPUT ANALYSIS

RH OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
Output 1: Capacity of the MOH for managing and providing technical inputs for RH/FP activities at provincial and lower levels and the VCPFC responsible for Population and Family Planning in implementing a social marketing programme strengthened.in social development	Clinical standard guidelines and protocols on RH services (Safe Motherhood, MR/Abortion complication management, FP, RTIs and HIV/ARH, and counseling) developed and endorsed by MOH	Completed	
	Training curriculum on RH standards including counseling skills developed	Completed	
	Training materials development in health service management (including M&E), behaviour changes for service providers and logistic management developed	Completed	
	TOT on National standards health management, behaviour change, counseling skills, logistic for key trainers developed	Completed	
	Unified HMIS system with RH/FP indicators applied by MOH	Partly completed	Software at district levels was not properly functioned
	System of monitoring and supervision and evaluation for RH programme put into operation system	Not fully operated	Guideline on M&E approved for nationwide application
	A social marketing system for the provision of contraceptives designed and operationalised	Not fully completed	Sufficient activities were not designed to achieve this
	Social marketing strategy endorsed and disseminated	Completed	
	Access to regular and periodically quality RH services established and systemised	Not fully operated	Not all RH services were applied the NSG due to constrains in infrastructure, health staffs etc
	Distribution of contraceptives increased at least two times higher than the current situation	No data	
	Cost recovery from social marketing for condom distribution increased from 6-12%	No data	

RH OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
Output 2. Capacity of the VCPFC, MOH and mass organisations, mass media and NGOs strengthened to broaden the scope of IEC and advocacy interventions and provide technical inputs to lower levels in IEC planning and implementation *Capacity of VCPFC, MOH and mass organisations, mass media and NGOs to broaden the scope of IEC and advocacy interventions and provide technical inputs to lower levels in IEC planning and implementation, strengthened.*	Orientation and training on the broader gender-sensitive RH issues and new advocacy and IEC approaches organized for IEC planners and NGO's.	Completed	
	IEC/BCC training materials for HWs, focusing on RH/FP BCC skills compiled	Completed	
	BCC training materials for IEC staff, focusing on RH/FP BCC skills compiled	Completed	
	Sample materials on BCC in RH/FP compiled and distributed for utilisation at provincial level	Completed	
Output 3. Effective ARH education in school strengthened and greater availability to adolescent and youth RH information, education and services improved	Educational materials for ARH text books, guidelines for extra-curriculum activities on ARH, out of school activity guidelines), ARH counseling for youth and adolescents developed and utilized	Completed	
	ARH education included as component of National education	Completed	Integrated in 4 subjects in upper secondary school
	Number of adolescents accessing ARH services twofold increased	Not fully completed	(less than 2 times)
	ARH telephone hotline input into operation	Partly completed	In some provinces only
Output 4. Information for policy makers, service providers and the general public on the consequences of MR/abortion and preventive measures, increased	Advocacy documents for policy makers on MR abortion consequences for women's health developed and disseminated	Completed	
	Materials for information dissemination to the public on MR/abortion consequences for women's health developed	Completed	
	Information on MR/abortion consequences for women's health disseminated to the public through health service providers, NGOs, mass organizations with appropriate methods	Completed	

RH OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
Output 5. Minimum package of quality, gender-sensitive RH services at local levels (family planning, pre-natal, delivery and post-natal, and new-born care, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH) in selected provinces, provided	At least 75 % of SDPs in the selected provinces covered offering this minimum package	Not fully completed	Hoa Binh not completed
	CPR of modern contraceptives increased by 5% of which condom use accounts for 10% and vasectomy 1.5 %		Unable to measured at this point of time, condom usage was accounted for more than 10% except Ha Giang
	75 % of family planning clients receiving counseling on contraceptives	Completed	Unable to measured at this point of time,
	50 % of pregnant women receiving at least 2-3 contacts for quality prenatal services	Low	
	50% of mothers receiving at least 1 post-natal visits	Completed	Many provinces were not achieved (Phu Tho, Ha Giang, Yen Bai, Binh Duong, Quang Nam etc)
	50 % of SDPs providing ARH information		Youth union's activities
Output 6. Integration of IEC, counseling and RH/FP services at the commune level, including private sector and NGO outlet conducting RH counseling in selected provinces, improved.	IEC and counseling materials available in all SDPs	Completed	
	Health education activities officially included in the responsibility of commune level service providers	Completed	
	75% service providers at commune level implemented Pop/RH advocacy and BCC after being given training	Completed	
Output 7. National capacity for conducting and applying operational research (OR) on reproductive health issues for improving quality of care and access to RH services, strengthened	Researchers from MOH, NCPFP and relevant institutions trained on OR techniques	No	No activity designed for this
	OR conducted on selected topics	Completed in selected topics	
	OR findings disseminated to planning staff, policy makers and programme managers	Completed for some researches (baseline in 12 provinces)	
Output 8. Medical/health education with focus on RH preventive measures and client- centered approach, re-oriented.	Agreement on reorienting medical/health education at ministerial level secured	Completed	
	Framework outlining reorientation plan prepared and endorsed	Completed	
	RH training curricula revised/updated to be in line with new RH orientations, approaches	Completed	5 subjects for midwifery in secondary medical schools

ANNEX C. POPULATION AND DEVELOPMENT STRATEGY SUB-PROGRAMME OUTPUT ANALYSIS

PDS OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
Output 1. Policies, programme and strategies supporting RH and reproductive rights, equality of opportunity among various groups in society and sustainable development, brought to the forefront.	NA deputies, policy makers, planners and decision makers of the government, NGOs, mass organizations and mass media at central levels, especially UNFPA-supported provinces, were given information on new population policy and RH strategy, and other issues related population, RH and gender in Vietnam	Completed	
	At least 10 guidelines and regulations on implementation of policy, strategy related RH/FP revised in line with the ICPD and the new population policy an RH strategy	Partly	1 on health policy and 6 on population development
	Plan of action aiming at execution of population and RH strategy at provincial level prepared or amended, and promulgated of necessary	Completed	Should be specified in UNFPA projects
Output 2. Political support for policy makers from central to local levels, especially those in UNFPA-supported provinces, to improve the quality of RH care and raise community awareness, increased	Number of statement made by Government leaders, policy makers, provincial and local leaders expressing supports for RH care service quality, men's responsibility in RH, abortion consequences and other concerns on ARH	Completed	This is very important output. Should have more indicators for this output
Output 3. Activities to raise awareness of population, reproductive health and rights, and gender issues integrated into training systems for government officials, mass media agencies and mass organizations.	Currently existing training textbooks on population/FP utilized at the HCMA of politics ad Sub-academy of Journalism and communication (SAJC) revised, focusing on selected topics of population, RH, gender, using the ICPD PoA as the basic framework	Completed	Should combine these two indicators (one and the below)
	Population/RH and Reproductive right, and gender utilized in training system for government officials studying at HCMAP and SAJC	Completed	
	Textbooks adapted and integrated into training curriculum of HCMA, sub-academy and its provincial schools	Partly completed	

PDS OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
Output 4. Specialized capacity of relevant Government agencies at the central and provincial levels to plan, implement, and coordinate effective and sustainable advocacy efforts and activities, strengthened	Training materials on advocacy for RH/FP developed and applied	Completed	
	Advocacy skill training for staff selected from relevant agencies at central and provincial levels, including personnel of mass organizations, mass media, NGOs	Completed	
	At least 2 workshop on advocacy for RH/FP held for key trainers at central and provincial levels	Completed	
	At least 1 workshop on advocacy for RH/FP held for IEC staff of each relevant body at provincial level	Completed	
Output 5. Capacity to analyse, disseminate and utilize socio-economic, population data and research results for planning and policy-making, strengthened.	In-depth analysis given to census and survey data related planning and policy making	Completed	50% training courses organized 33% of participants MPI organized 14/18 courses P09: 26/42 courses
	Studies on existing social and economic policies and strategies conducted in the light of new population and RH data and concerns, including gender	Completed	
	Advocacy on adaptation of social and economic policies and strategies to address population, RH and gender concerns carried out among planners and policy makers	Partly	
	Workshop on population, reproductive health, gender and socio-economic development and planning issues organized for planners and policy makers at central and provincial levels	Completed	
	Mechanism for strengthening collaboration between data producers and users put in place to ensure better utilization of census and survey data for planning and policy making	Partly	Should be more specific: the collaboration between researchers and data users should be maintained through regular meeting for better planning
Output 6. Data system, information management capabilities and capacity for dissemination of population related data to support population and	Policies and procedures related to the dissemination of population- related data reviewed and enhancements institutes	Completed	

PDS OUTPUTS	OBJECTIVELY VERIFICATION INDICATORS	STATUS OF A CHIEVEMENT	COMMENTS
socio-economic planning and policy making strengthened. (The General Office of Statistics was main agency responsible for this Output)	Efficient arrangement for making population data easily accessible at central (MPI and sectorial ministries) and provincial levels established	Completed	
	Inter-censual demographic and reproductive health survey (2004) conducted and data and results disseminated	Completed	
Output 7. Capacity of government agencies responsible for population/FP to encourage effective implementation of national population regulations, including monitoring and evaluation and to achieve national ICPD population and development goals, strengthened	Population policy/programme monitoring indicators identified and agreed among the different partners (ministries, mass organizations, mass media, NGOs, UNFPA)	Completed	
	Database for programme monitoring indicators developed, made functional	Completed	
	Mechanism for regular sharing of information among population programme partners developed and operationalised	Completed	
Output 8. Institutional capacity for national execution and co-ordination of population programme implementation, strengthened	Training on national execution modalities and procedures carried out for relevant staff of all UNFPA supported projects	Completed	
	Training on the programme approach and on the use of logical framework techniques in programme design and implementation prepared and implemented for staff or all UNFPA/supported projects	Completed	
	Coordination meetings involving key officials of UNFPA- funded sub-programmes and component projects organized regularly (every 6 months or whenever it is necessary)	Partly	Could be reformulated like organize annual meeting or when necessary for key leaders of policy making agencies in implementation of UNFPA projects
	Bottlenecks relating to project approval and execution (at both government and UNFPA levels, relating to functions such as accounting disbursement, monitoring and reporting) identified and addressed	Partly	Similar to the above indicator
	Arrangement for enhancing the coordination of population programme supported by different donors instituted and functioning	Not implemented	

ANNEX D. MONITORING INDICATORS OF CP6

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
OVIs of Baseline (2003) and End line (2005)										
Proportion of deliveries given at health facilities		88.1	98.3		83.8	95.2		90.5	94.3	
Proportion of deliveries assisted by health staff		89.5	99.0		94.3	96.2		100.0	100.0	
Proportion of women having at least 3 antenatal visits during the last pregnancy		87.1	94.3		85.2	92.8		88.1	99.0	
Proportion of women with full tetanus vaccination during the last pregnancy		81.9	83.7		79.5	73.7		86.7	73.8	
Proportion of couples currently using at least one modern contraceptive method		54.8	64.4		74.5	75.2		64.8	72.3	
Proportion of couples (1) currently using pills		9.0	12.2		9.8	13.0		15.5	18.7	
Proportion of couples currently using condoms .		12.1	19.1		18.6	20.0		17.9	20.4	
Immediate Objective 1: Increase support from leaders at all levels and participation of community into implementation of National Strategies on Population and RH through improving capacity of Department of Health (DOH), Provincial Committee for Population, Family and Children (PCPFC), massorganizations and mass media in implementing advocacy and BCC activities										
Output 1: Capacity to implement advocacy and BCC activities on RH and Population of health sector at levels strengthened	Trained health staff at all levels quarterly implemented advocacy on pop and RH.			75.0			75.0			75.0
	CHCs monthly implemented BCC (including out-reach) on Pop and RH			75.0			75.0			75.0
	Health facilities at all levels have IEC/BCC materials available and used to communicate clients.			90.0			90.0			90
	Proportion of women and men receiving information on RH issues from village health workers	61.9	80.0		73.1	78.4		46.7	49.3	

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 2: Capacity to implement advocacy and BCC activities on Population and RH of PCPFC, and mass organizations (FF, WU, PU, and TU) improved.	The trained CPFC and mass organization staff (at provincial and district level) monthly implemented advocacy on RH and population.			70.0 70.0			70.0 70.0			70.0 70.0
	The trained population collaborators and mass organization motivators did outreach activities on RH and population issues weekly.			70.0						
	Population collaborators and mass organization motivators were reported to have enough necessary document (basing on a list of document) to carry out BBC activities									
	The trained population collaborators and mass organization motivators reported having required BCC materials (a list of materials) for their BCC activities.									70.0
	The communicators of mass organizations monthly carry out population and RH activities at community.					70.0				
	Hamlets and villages have at least 01 set of necessary document (basing on a list of document) to carry out BBC activities						90.0			
	Proportion of women and men receiving information on RH issues from population collaborators and village health workers	61.2	89.9		80.0	84.8		30.2	61.7	
	Percent of women knowing at least 4 contraceptive methods	50.5	79.9		60.0	68.9		60.5	63.8	

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Percent of men knowing at least 4 contraceptive methods	55.7	50.7		63.3	44.4		43.6	43.5	
	Percent of women knowing at least 3 of 6 danger signs in pregnancy	27.1	26.8		6.7	7.2		1.9	6.2	
	Percent of men knowing at least 3 of 6 danger signs in pregnancy	11.0	340		2.4	5.3			2.9	
	Proportion of women knowing the three selected ways (2) to prevent HIV infection	16.9	14.8		10.2	5.7		16.3	10.6	
	Proportion of men knowing the three selected ways to prevent HIV infection	9.1	4.8		7.7	5.5		1.0	8.3	
	Proportion of women and men knowing at least 3/10 clients' rights on RH	15.2	48.6		15.5	7.9		2.6	8.2	
Output 3: Capacity to implement advocacy and BCC activities on Population and RH of Department of Culture and Information (DOCI), and Mass Media improved	Proportion of the community members receiving information on RH and population issues from commune radio stations/ television /newspapers			75.0						50.0
	Proportion of the community members receiving information on RH and population issues from commune radio stations				29.0		35.0			
	Proportion of the community members receiving information on RH and population issues from district radio/television stations				86.5	90.0				
	Proportion of the community members receiving information on RH and population issues from newspapers				77.0	85.0				
	Proportion of the community members receiving information on RH and population issues from mobile teams in remote areas or commune loudspeaker in plain areas		70.0			30.0			40.0	

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 2: Strengthen Education on ARH and accessibility of adolescents to information and ARH services										
Output 4: Capacity to access information and ARH services of in-school adolescents strengthened through extra-curriculum activities	Students in schools under the project support knowing the basic knowledge on ARH issues: STDs/HIV/AIDS; condoms and pills; oral emergency pills; consequences of abortions as defined in the questionnaire.			60% at least			60% at least		60.0	60.0
	Proportion of adolescents (15-19 years) receiving information on RH issues from teachers	88.8	85.8		89.3	69.0			71.5	86.0
Output 5: Capacity to access information and ARH services of youth and adolescents strengthened through YU's activities	The trained YU key members at provincial, district and commune levels monthly-implemented BCC activities.			75.0			75.0			75.0
	Proportion of the community youth/ adolescents receiving information on RH and population issues from youth union.		75.0					71.5	86.0	
	Percent of adolescents (15-19 years) knowing at least 4 contraceptive methods	20.0	49.5		17.1	18.6		14.8	14.8	
	Percent of those adolescents (15-19 years) who do not know where to obtain condoms	16.2 29.1	14.4 47.1		29.5 12.4	11.0 21.9		26.7 10.5	17.1 16.7	
	Proportion of adolescents (15-19 years) knowing at least 3 clients' rights on RH									

SELECTED INDICATORS			PHU THO			HOA BINH			TIEN GIANG		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 3: Minimum package of quality, gender-sensitive RH services including components of family planning, pre-natal, delivery and post-natal, and newborn cares, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH provided at state and private health service delivery points											
Output 6: Capacity to provide quality RH service providers at all levels improved	Proportion of CHCs providing minimum package of RH services		3.4	60.0		6.7	50.0		23.7	42.4	
	Proportion of CHCs providing BEOC		0	43.3			53.3		10.0	50.0	
	Proportion of DHCs providing CEOC		25.0	50.0		50.0	75.0			25.0	
	Proportion of service providers who interpreted the sampled partograph correctly as specified in the National Standards	Province	13.3	53.3		20.0	86.7	20.0	100.0		
		District		55.0		70.0	70.0	38.9	100.0		
		Commune	13.6	41.7		10.0	36.7	15.3	84.7		
	Proportion of service providers attaining the National Standards for knowledge on care of mothers within the first 24 hours	Province	86.7	86.7		53.3	80.0	80.0	100.0		
		District	65.0	80.0		80.0	78.9	88.9	100.0		
		Commune	44.1	76.7		30.0	60.0	69.5	84.7		
	Percentage of service providers having correct knowledge on the treatment of the vaginal discharge syndrome	Province	53.3	60.0		40.0	53.3	33.3	86.7		
		District	65.0	35.0		79.0	50.0	94.4	30.0		
		Commune	49.1	83.3		45.6	88.3	57.6	64.4		
	Percent of service providers counseling to mothers within the first week of delivery on contraceptive methods	Province	13.3				46.0	33.3	66.7		
		District	20.0	20.0			20.0	55.6	40.0		
		Commune	17.2	30.0			48.3	57.6	78.3		

SELECTED INDICATORS			PHU THO			HOA BINH			TIEN GIANG		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	DHCs and CHCs implementing COPE/action learning strategies				75.0		75.0				75.0
Output 7: Improve facilities, equipment and BCC materials to be able to provide minimum package of RH services in the National standards	Proportion of service providers knowing how to deal with hemorrhage during delivery	Province		100.0				66.7			
		District		85.0				45.0		90.0	97.9
		Commune	10.0	86.7				78.3			
	Proportion of health facilities with a board to inform about types of services provided at the SDP	Province									
		District									
		Commune	10.0	66.7		6.7	90.0		3.3	96.7	
	Proportion of CHCs have clean water source sufficient to use in the whole year		76.7	96.7		80.0	66.7		76.67	93.3	
	Proportion of CHCs having a toilet for clients' use		56.7	43.3		33.3	30.0		53.3	96.7	
	Proportion of CHCs having the four selected infection prevention conditions (*)		43.3	66.7		20.0	40.0		73.3	93.3	
	Proportion of CHCs having a counseling/corner (including enough chairs for group counseling, ensuring privacy, posters hung neatly on the walls)		31.8	50.0		9.1	44.4		54.2	79.3	
	Proportion CHCs having full sets of equipment as per the National standards	delivery assistance	40.0	80.0		46.7	63.3		40.0	66.7	
		neonatal resuscitation claves		66.7			70.0		20.0	63.3	
		insertion/removalof IUDs	43.3	80.0		30.0	40.0		36.7	80.0	

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	CHCs having project IEC/BCC materials related to gender issues			80.0			100.0			70.0
Immediate objective 4: Strengthen capacity of DOH, PCPFC and concerned organizations in planning, monitoring and evaluating implementing of national strategies on Population and RH										
Output 8: Capacity of DOH, PCPFC and concerned organizations indeveloping and implementing of provincial Action Plans on population and RH strengthened	Population/RH activities in the provincial action plan implemented as scheduled..			75.0						
	All implementing organizations/agencies at provincial level take part in development of the provincial Population/RH plan.									
	Activities in the provincial action plan implemented as scheduled.						75.0			75.0
	Number of guidelines, regulations and Action Plans to implement policies/strategies related to Population and RH revised in line with ICPD's directions and national strategies on Population and RH in the province signed and put into effect.									
	Number of organizations involved in making the provincial plan of action on population and RH									
Output 9: Capacity of DOH, PCPFC and concerned organizations in monitoring and evaluation of provincial Action Plans on population and RH strengthened	An annual monitoring and evaluation plan designed and implemented to monitor and evaluate the implementation of the national strategies on population and RH in the province.									
	Each institution has an annual plan for monitoring and evaluation.									

SELECTED INDICATORS		PHU THO			HOA BINH			TIEN GIANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Proportion of the recommendations implemented after each monitoring/supervision visit:			60.0			80.0			
	Number of monitoring/supervision visits with written reports (on both regular activities of the province and the project activities) by the provincial health service, the provincial commission for population, family, and children, and other concerned bodies						100.0			
Output 10: Capacity in managing and implementing the project strengthened	The projects' activities conducted as scheduled.			Over 75%			Over 75%			Over 75%
	Project activities monitored and evaluated by the provincial project management board and higher levels.			50 % at least			50% at least			50% at least
Output 11: The unified HMIS applied in province	DHCs applying HMIS in planning and reporting.						20.0			100.0

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
OVIs of Baseline (2003) and End line (2005)										
Proportion of deliveries given at health facilities		89.1	88.6		79.	85.2		95.7	95.7	
Proportion of deliveries assisted by health staff		99.1	99.		88.6	93.3		97.1	99.0	
Proportion of women having at least 3 antenatal visits during the last pregnancy		90.5	95.7		71.	67.9		85.7	93.3	
Proportion of women with full tetanus vaccination during the last pregnancy		71.0	73.8		72.4	50.7		73.8	75.7	
Proportion of couples currently using at least one modern contraceptive method		58.4	69.1		59.1	64.5		65.2	66.2	
Proportion of couples (1) currently using pills		14.6	16.0		9.5	13.3		4.0	5.0	
Proportion of couples currently using condoms .		19.6	23.9		12.9	18.1		25.0	30.0	
Immediate Objective 1: Increase support from leaders at all levels and participation of community into implementation of National Strategies on Population and RH through improving capacity of Department of Health (DOH), Provincial Committee for Population, Family and Children (PCPFC), massorganizations and mass media in implementing advocacy and BCC activities										
Output 1: Capacity to implement advocacy and BCC activities on RH and Population of health sector at levels strengthened	Trained health staff at all levels quarterly implemented advocacy on pop and RH.			75.0			75.0			75.0
	CHCs monthly implemented BCC (including out-reach) on Pop and RH			75.0			75.0			75.0
	Health facilities at all levels have IEC/BCC materials available and used to communicate clients.			90.0			90.0			90.0
	Proportion of women and men receiving information on RH issues from village health workers	86.6 (85.2 for W, 87.9 for M)	72.4 (94.3 for W, 50.5 for M)		66.0	49.1		69.3	53.8	

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 2: Capacity to implement advocacy and BCC activities on Population and RH of PCPFC, and mass organizations (FF, WU, PU, and TU) improved.	The trained CPFC and mass organization staff (at provincial and district level) monthly implemented advocacy on RH and population.			70.0			70.0			70.0
	The trained population collaborators and mass organization motivators did outreach activities on RH and population issues weekly.			70.0			70.0			70.0
	Population collaborators and mass organization motivators were reported to have enough necessary document (basing on a list of document) to carry out BBC activities			70.0			70.0			70.0
	The trained population collaborators and mass organization motivators reported having required BCC materials (a list of materials) for their BCC activities.									
	The communicators of mass organizations monthly carry out population and RH activities at community.									
	Hamlets and villages have at least 01 set of necessary document (basing on a list of document) to carry out BBC activities									
	Proportion of women and men receiving information on RH issues from population collaborators and village health workers	61.9	69.0		54.8	59.7		52.4	51.2	
	Percent of women knowing at least 4 contraceptive methods	77.6		54.8	46.4		94.8	81.4		

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Percent of men knowing at least 4 contraceptive methods		62.6		39.1	54.0		71.4	51.9	
	Percent of women knowing at least 3 of 6 danger signs in pregnancy	32.0	20.5		2.4	5.7		21.4	28.6	
	Percent of men knowing at least 3 of 6 danger signs in pregnancy	1.4	2.9		1.9	10.9		4.3	10.0	
	Proportion of women knowing the three selected ways (2) to prevent HIV infection	41.2	30.5		5.1	2.9		41.2	53.1	
	Proportion of men knowing the three selected ways to prevent HIV infection	22.4	4.3		1.5	38.7		22.4	13.5	
	Proportion of women and men knowing at least 3/10 clients' rights on RH	35.3	37.5		6.4	19.8		16	42.6	
Output 3: Capacity to implement advocacy and BCC activities on Population and RH of Department of Culture and Information (DOCI), and Mass Media improved	Proportion of the community members receiving information on RH and population issues from commune radio stations/ television /newspapers						75.0			
	Proportion of the community members receiving information on RH and population issues from commune radio stations									
	Proportion of the community members receiving information on RH and population issues from district radio/television stations									
	Proportion of the community members receiving information on RH and population issues from newspapers									
	Proportion of the community members receiving information on RH and population issues from mobile teams in remote areas or commune loudspeaker in plain areas					65.0				

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 2: Strengthen Education on ARH and accessibility of adolescents to information and ARH services										
Output 4: Capacity to access information and ARH services of in-school adolescents strengthened through extra-curriculum activities	Students in schools under the project support knowing the basic knowledge on ARH issues: STDs/HIV/AIDS; condoms and pills; oral emergency pills; consequences of abortions as defined in the questionnaire.			60% at least		65.0	65.0			60% at least
	Proportion of adolescents (15-19 years) receiving information on RH issues from teachers	83.3	87.2		89.3	82.3		91.8	92.4	
Output 5: Capacity to access information and ARH services of youth and adolescents strengthened through YU's activities	The trained YU key members at provincial, district and commune levels monthly-implemented BCC activities.						80.0			
	Proportion of the community youth/ adolescents receiving information on RH and population issues from youth union.					50.0				
	Percent of adolescents (15-19 years) knowing at least 4 contraceptive methods		16.7		13.8	7.2			18.1	
	Percent of those adolescents (15-19 years) who do not know where to obtain condoms		35.7		38.1	32.4			8.1	
	Proportion of adolescents (15-19 years) knowing at least 3 clients' rights on RH		42.4			1.9			23.3	

SELECTED INDICATORS			BINH DUONG			BINH PHUOC			DA NANG		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 3: Minimum package of quality, gender-sensitive RH services including components of family planning, pre-natal, delivery and post-natal, and newborn cares, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH provided at state and private health service delivery points											
Output 6: Capacity to provide quality RH service providers at all levels improved	Proportion of CHCs providing minimum package of RH services		21.7	45.0		28.8	36.2		43.3	38.3	
	Proportion of CHCs providing BEOC (3)		3.3	10.0			6.7				
	Proportion of DHCs providing CEOC (4)					100.0	75.0		75.0	75.0	
	Proportion of service providers who interpreted the sampled partograph correctly as specified in the National Standards	Province	33.3	46.0		40.0	53.3		40.0	33.3	
		District	26.3	80.0		15.0	70.0		30.0	40.0	
		Commune	45.0	53.3		23.7	34.5		28.5	65.0	
	Proportion of service providers attaining the National Standards for knowledge on care of mothers within the first 24 hours	Province	93.9	100.0		86.7	86.7		86.7	93.3	
		District	79.0	95.0		95.0	100.0		100.0	100.0	
		Commune	73.3	78.3		61.0	69.0		66.7	85.0	
	Percentage of service providers having correct knowledge on the treatment of the vaginal discharge syndrome	Province	66.7	53.3		33.3	46.7		46.7	66.7	
		District	47.4	45.0		50.0	50.0		55.0	65.0	
		Commune	45.0	51.7		40.7	34.5		41.7	40.0	
	Percent of service providers counseling to mothers within the first week of delivery on contraceptive methods	Province	46.7	40.0		73.3	20.0		13.3	46.7	
		District	57.9	50.0		75.0	40.0		15.0	40.0	
		Commune	43.3	81.4.		32.2	32.8		23.3	46.7	

SELECTED INDICATORS			BINH DUONG			BINH PHUOC			DA NANG		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
DHCs and CHCs implementing COPE/action learning strategies					75.0			75.0			75.0
Proportion of service providers knowing how to deal with hemorrhage during delivery			89.5	89.5				83.9			
Output 7: Improve facilities, equipment and BCC materials to be able to provide minimum package of RH services in the National standards	Proportion of service providers knowing how to deal with hemorrhage during delivery	Province									
		District									
		Commune									
	Proportion of health facilities with a board to inform about types of services provided at the SDP	Province	50.0	100.0		50.0	100.0		100.0	100.0	
		District		100..0			50.0		50.0	100.0	
		Commune	23.3	90.0		56.7	83.3		10.0	90.0	
	Proportion of CHCs have clean water source sufficient to use in the whole year		100.0	96.7		86.7	66.7		96.7	96.7	
	Proportion of CHCs having a toilet for clients' use		90.0	96.7		90.0	40.0		76.7	86.7	
	Proportion of CHCs having the four selected infection prevention conditions (*)		30.0	76.7		63.3	60.0		30.0	73.3	
	Proportion of CHCs having a counseling/corner (including enough chairs for group counseling, ensuring privacy, posters hung neatly on the walls)		40.0	96.4		62.1	76.7		78.6	86.2	
	Proportion CHCs having full sets of equipment as per the National standards	delivery assistance	80.0	96.7		76.7	66.7		70.0	80.0	
		neonatal resuscitation claves	6.7	80.0		40.0	40.0		30.0	43.3	
		insertion/removal of IUDs	86.7	90.0		10.0	40.0		80.0	96.7	

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	CHCs having project IEC/BCC materials related to gender issues			70.0			100.0			70.0
Immediate objective 4: Strengthen capacity of DOH, PCPFC and concerned organizations in planning, monitoring and evaluating implementing of national strategies on Population and RH										
Output 8: Capacity of DOH, PCPFC and concerned organizations in developing and implementing of provincial Action Plans on population and RH strengthened	Population/RH activities in the provincial action plan implemented as scheduled..									
	All implementing organizations/agencies at provincial level take part in development of the provincial Population/RH plan.									
	Activities in the provincial action plan implemented as scheduled.						75.0			
	Number of guidelines, regulations and Action Plans to implement policies/strategies related to Population and RH revised in line with ICPD's directions and national strategies on Population and RH in the province signed and put into effect.						10.0			
	Number of organizations involved in making the provincial plan of action on population and RH						15.0			
Output 9: Capacity of DOH, PCPFC and concerned organizations in monitoring and evaluation of provincial Action Plans on population and RH strengthened	An annual monitoring and evaluation plan designed and implemented to monitor and evaluate the implementation of the national strategies on population and RH in the province.						4.0			
	Each institution has an annual plan for monitoring and evaluation.						40.0			

SELECTED INDICATORS		BINH DUONG			BINH PHUOC			DA NANG		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Proportion of the recommendations implemented after each monitoring/supervision visit:						100.0			
	Number of monitoring/supervision visits with written reports (on both regular activities of the province and the project activities) by the provincial health service, the provincial commission for population, family, and children, and other concerned bodies						4.0			
Output 10: Capacity in managing and implementing the project strengthened	The projects' activities conducted as scheduled.			Over 75%			Over 80%			Over 75%
	Project activities monitored and evaluated by the provincial project management board and higher levels.			50 % at least			50% at least			50% at least
Output 11: The unified HMIS applied in province	DHCs applying HMIS in planning and reporting.			10.0			25.0			100.0

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
OVIs of Baseline (2003) and End line (2005)										
Proportion of deliveries given at health facilities		35.2	51.9		67.6	89.0		88.1	90.5	
Proportion of deliveries assisted by health staff		42.9	57.7		82.9	97.6		93.3	92.4	
Proportion of women having at least 3 antenatal visits during the last pregnancy		36.2	45.2		82.9	90.5		80.1	91.9	
Proportion of women with full tetanus vaccination during the last pregnancy		48.1	60.6		72.9	80.5		70.0	65.7	
Proportion of couples currently using at least one modern contraceptive method		57.0	66.3		53.6	62.7		60.1	70.0	
Proportion of couples (1) currently using pills		13.6	13.2		15.2	21.2		2.4	4.0	
Proportion of couples currently using condoms .		4.8	5.0		19.0	24.8		12.2	30.2	
Immediate Objective 1: Increase support from leaders at all levels and participation of community into implementation of National Strategies on Population and RH through improving capacity of Department of Health (DOH), Provincial Committee for Population, Family and Children (PCPFC), massorganizations and mass media in implementing advocacy and BCC activities										
Output 1: Capacity to implement advocacy and BCC activities on RH and Population of health sector at levels strengthened	Trained health staff at all levels quarterly implemented advocacy on pop and RH.			75.			70.0			75.0
	CHCs monthly implemented BCC (including out-reach) on Pop and RH			75.0						75.0
	Health facilities at all levels have IEC/BCC materials available and used to communicate clients.			90.0						90.0
	Proportion of women and men receiving information on RH issues from village health workers	70.0	54.2			51.7		80.0	91.2	

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 2: Capacity to implement advocacy and BCC activities on Population and RH of PCPFC, and mass organizations (FF, WU, PU, and TU) improved.	The trained CPFC and mass organization staff (at provincial and district level) monthly implemented advocacy on RH and population.			70.0						70.0
	The trained population collaborators and mass organization motivators did outreach activities on RH and population issues weekly.			70.0			70.0			70.0
	Population collaborators and mass organization motivators were reported to have enough necessary document (basing on a list of document) to carry out BBC activities									
	The trained population collaborators and mass organization motivators reported having required BCC materials (a list of materials) for their BCC activities.			70.0			70.0			70.0
	The communicators of mass organizations monthly carry out population and RH activities at community.									
	Hamlets and villages have at least 01 set of necessary document (basing on a list of document) to carry out BBC activities									
	Proportion of women and men receiving information on RH issues from population collaborators and village health workers	76.8	69.7		43.5	59.4		74.5	87.4	
	Percent of women knowing at least 4 contraceptive methods	26.2	31.3		46.2	60.5		84.8	80.5	

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Percent of men knowing at least 4 contraceptive methods	29.7	19.0		61.9	60.0		51.0	72.4	
	Percent of women knowing at least 3 of 6 danger signs in pregnancy	1.4	4.3		4.8	18.5		10.0	18.1	
	Percent of men knowing at least 3 of 6 danger signs in pregnancy	1.4	1.4		8.1	6.7		9.1	12.4	
	Proportion of women knowing the three selected ways (2) to prevent HIV infection	3.6	16.7		2.6	26		19.6	34.0	
	Proportion of men knowing the three selected ways to prevent HIV infection	6.1	0		26.6	28		6.4	18.8	
	Proportion of women and men knowing at least 3/10 clients' rights on RH	6.0	17.9		6.9	42.6		6.0	19.0	
Output 3: Capacity to implement advocacy and BCC activities on Population and RH of Department of Culture and Information (DOCI), and Mass Media improved	Proportion of the community members receiving information on RH and population issues from commune radio stations/ television /newspapers					60.0	60.0			
	Proportion of the community members receiving information on RH and population issues from commune radio stations									
	Proportion of the community members receiving information on RH and population issues from district radio/television stations									
	Proportion of the community members receiving information on RH and population issues from newspapers									
	Proportion of the community members receiving information on RH and population issues from mobile teams in remote areas or commune loudspeaker in plain areas				80.8	82.7				

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 2: Strengthen Education on ARH and accessibility of adolescents to information and ARH services										
Output 4: Capacity to access information and ARH services of in-school adolescents strengthened through extra-curriculum activities	Students in schools under the project support knowing the basic knowledge on ARH issues: STDs/HIV/AIDS; condoms and pills; oral emergency pills; consequences of abortions as defined in the questionnaire.		60.0	60.0						60% at least
	Proportion of adolescents (15-19 years) receiving information on RH issues from teachers	64.8	91.5					83.6	89.9	
Output 5: Capacity to access information and ARH services of youth and adolescents strengthened through YU's activities	The trained YU key members at provincial, district and commune levels monthly-implemented BCC activities.			75.0					75.0	75.0
	Proportion of the community youth/ adolescents receiving information on RH and population issues from youth union.									
	Percent of adolescents (15-19 years) knowing at least 4 contraceptive methods	8.8	12.9			17.7		31.4	39.1	
	Percent of those adolescents (15-19 years) who do not know where to obtain condoms	60.8	31.0			23.9		32.4	13.8	
	Proportion of adolescents (15-19 years) knowing at least 3 clients' rights on RH	0.5	12.4			18.7		31.1	33.8	

SELECTED INDICATORS			HA GIANG			KHANH HOA			QUANG NAM		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 3: Minimum package of quality, gender-sensitive RH services including components of family planning, pre-natal, delivery and post-natal, and newborn cares, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH provided at state and private health service delivery points											
Output 6: Capacity to provide quality RH service providers at all levels improved	Proportion of CHCs providing minimum package of RH services		21.7	66.7		17.5	33.9		13.3	20.0	
	Proportion of CHCs providing BEOC (3)			13.3			10.0			0	
	Proportion of DHCs providing CEOC (4)		25.0	100.0		50.0	70.0		25.0	75.0	
	Proportion of service providers who interpreted the sampled partograph correctly as specified in the National Standards	Province	60.0	86.7		13.3	40.0		60.0	66.7	
		District	30.0	80.0		15.0	50.0		45.0	65.0	
		Commune	10.0	36.7		14.0	59.3		16.7	58.3	
	Proportion of service providers attaining the National Standards for knowledge on care of mothers within the first 24 hours	Province	73.3	100.0		73.3	100.0		100.0	100.0	
		District	55.0	95.0		90.0	85.0		90.0	95.0	
		Commune	51.7	73.3		66.7	78.0		66.7	81.7	
	Percentage of service providers having correct knowledge on the treatment of the vaginal discharge syndrome	Province	53.3	100.0		66.7	33.3		40.0		
		District	90.0	70.0		90.0	50.0		40.0		
		Commune	61.7	58.3		77.8	61.0		36.2		
	Percent of service providers counseling to mothers within the first week of delivery on contraceptive methods	Province	13.3	33.3		26.7	46.7		46.7	66.7	
		District	15.0	25.0		40.0	20.0		45.	60.0	
		Commune	15.0	35.0		21.1	55.9		21.7	36.7	

SELECTED INDICATORS			HA GIANG			KHANH HOA			QUANG NAM		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
DHCs and CHCs implementing COPE/action learning strategies					75.0			75.0			75.0
Proportion of service providers knowing how to deal with hemorrhage during delivery					57.9			90.0	80.0 (P), 70.0 (D) 45.0 (C)	100.0 (P) 100.0 (D) 83.3 (C)	
Output 7: Improve facilities, equipment and BCC materials to be able to provide minimum package of RH services in the National standards	Proportion of service providers knowing how to deal with hemorrhage during delivery	Province								80.0	
		District								100.0	
		Commune								90.0	
	Proportion of health facilities with a board to inform about types of services provided at the SDP	Province	50.0	100.0			100.0		50.0	100.0	
		District	50.0	100.0		25.0	75.0		50.0	100.0	
		Commune		60.0		6.7	43.3		6.7	86.7	
	Proportion of CHCs have clean water source sufficient to use in the whole year		50.0	70.0		73.3	80.0		76.7	86.7	
	Proportion of CHCs having a toilet for clients' use		23.3	46.7		53.3	53.3		76.7	86.7	
	Proportion of CHCs having the four selected infection prevention conditions (*)		6.7	20.0		3.3	66.7		43.3	46.7	
	Proportion of CHCs having a counseling/corner (including enough chairs for group counseling, ensuring privacy, posters hung neatly on the walls)		36.4	42.9		34.8	41.4		44.4	60.0	
	Proportion CHCs having full sets of equipment as per the National standards	delivery assistance	33.3	86.7		63.3	80.0		66.7	76.7	
		neonatal resuscitation claves	30.0	23.3		10.0	30.0			16.7	
		insertion/removal of IUDs	26.7	73.3		43.3	80.0		93.3	83.3	

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	CHCs having project IEC/BCC materials related to gender issues						95.0			
Immediate objective 4: Strengthen capacity of DOH, PCPFC and concerned organizations in planning, monitoring and evaluating implementing of national strategies on Population and RH										
Output 8: Capacity of DOH, PCPFC and concerned organizations in developing and implementing of provincial Action Plans on population and RH strengthened	Population/RH activities in the provincial action plan implemented as scheduled..									
	All implementing organizations/agencies at provincial level take part in development of the provincial Population/RH plan.									
	Activities in the provincial action plan implemented as scheduled.									
	Number of guidelines, regulations and Action Plans to implement policies/strategies related to Population and RH revised in line with ICPD's directions and national strategies on Population and RH in the province signed and put into effect.			75.0						75.0
	Number of organizations involved in making the provincial plan of action on population and RH									
Output 9: Capacity of DOH, PCPFC and concerned organizations in monitoring and evaluation of provincial Action Plans on population and RH strengthened	An annual monitoring and evaluation plan designed and implemented to monitor and evaluate the implementation of the national strategies on population and RH in the province.									
	Each institution has an annual plan for monitoring and evaluation.									

SELECTED INDICATORS		HA GIANG			KHANH HOA			QUANG NAM		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
	Proportion of the recommendations implemented after each monitoring/supervision visit:									
	Number of monitoring/supervision visits with written reports (on both regular activities of the province and the project activities) by the provincial health service, the provincial commission for population, family, and children, and other concerned bodies									
Output 10: Capacity in managing and implementing the project strengthened	The projects' activities conducted as scheduled.			Over 75%			Over 75%			Over 75%
	Project activities monitored and evaluated by the provincial project management board and higher levels.			At least 50%			At least 50%			At least 50%
Output 11: The unified HMIS applied in province	DHCs applying HMIS in planning and reporting.			10.0			10.0			10.0

SELECTED INDICATORS		THAI BINH			YEN BAI		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
OVIs of Baseline (2003) and End line (2005)							
Proportion of deliveries given at health facilities		100.0	100.0		81.4	85.7	
Proportion of deliveries assisted by health staff		100.0	100.0		94.8	91.0	
Proportion of women having at least 3 antenatal visits during the last pregnancy		95.7	97.1		84.8	89.5	
Proportion of women with full tetanus vaccination during the last pregnancy		69.1	71.9		83.8	95.2	
Proportion of couples currently using at least one modern contraceptive method		74.3	78.3		58.3	66.7	
Proportion of couples (1) currently using pills		7.6	7.1		8.8	11.7	
Proportion of couples currently using condoms .		10.5	16.0		13.1	19.5	
Immediate Objective 1: Increase support from leaders at all levels and participation of community into implementation of National Strategies on Population and RH through improving capacity of Department of Health (DOH), Provincial Committee for Population, Family and Children (PCPFC), massorganizations and mass media in implementing advocacy and BCC activities							
Output 1: Capacity to implement advocacy and BCC activities on RH and Population of health sector at levels strengthened	Trained health staff at all levels quarterly implemented advocacy on pop and RH.			75.0			75.0
	CHCs monthly implemented BCC (including out-reach) on Pop and RH			75.0			75.0
	Health facilities at all levels have IEC/BCC materials available and used to communicate clients.			90.0			90.0
	Proportion of women and men receiving information on RH issues from village health workers		93.1	95.7		62.2	68.1

SELECTED INDICATORS		THAI BINH			YEN BAI		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 2: Capacity to implement advocacy and BCC activities on Population and RH of PCPFC, and mass organizations (FF, WU, PU, and TU) improved.	The trained CPFC and mass organization staff (at provincial and district level) monthly implemented advocacy on RH and population.			70.0			70.0
	The trained population collaborators and mass organization motivators did outreach activities on RH and population issues weekly.			70.0			70.0
	Population collaborators and mass organization motivators were reported to have enough necessary document (basing on a list of document) to carry out BBC activities				70.0		
	The trained population collaborators and mass organization motivators reported having required BCC materials (a list of materials) for their BCC activities.			70.0			
	The communicators of mass organizations monthly carry out population and RH activities at community.						
	Hamlets and villages have at least 01 set of necessary document (basing on a list of document) to carry out BBC activities						
	Proportion of women and men receiving information on RH issues from population collaborators and village health workers	93.1	95.8		82.8	81.9	
	Percent of women knowing at least 4 contraceptive methods	77.1	85.7		77.6	74.3	
	Percent of men knowing at least 4 contraceptive methods	74.8	94.4		31.0	46.7	
	Percent of women knowing at least 3 of 6 danger signs in pregnancy	18.6	66.8		29.5	71.9	
	Percent of men knowing at least 3 of 6 danger signs in pregnancy	31.0	75.7		1.0	6.7	
	Proportion of women knowing the three selected ways (2) to prevent HIV infection	13.3	31.4		40.4	47.6	
	Proportion of men knowing the three selected ways to prevent HIV infection	12.4	42.9		4.8	12.3	
	Proportion of women and men knowing at least 3/10 clients' rights on RH	15.5	68.1		24.5	43.8	

SELECTED INDICATORS		THAI BINH			YEN BAI		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 3: Capacity to implement advocacy and BCC activities on Population and RH of Department of Culture and Information (DOCI), and Mass Media improved	Proportion of the community members receiving information on RH and population issues from commune radio stations/ television /newspapers			80.0			40.0
	Proportion of the community members receiving information on RH and population issues from commune radio stations						
	Proportion of the community members receiving information on RH and population issues from district radio/television stations						
	Proportion of the community members receiving information on RH and population issues from newspapers						
	Proportion of the community members receiving information on RH and population issues from mobile teams in remote areas or commune loudspeaker in plain areas		65.0				
Immediate objective 2: Strengthen Education on ARH and accessibility of adolescents to information and ARH services							
Output 4: Capacity to access information and ARH services of in-school adolescents strengthened through extra-curriculum activities	Students in schools under the project support knowing the basic knowledge on ARH issues: STDs/HIV/AIDS; condoms and pills; oral emergency pills; consequences of abortions as defined in the questionnaire.			60.0		60.0	60% at least
	Proportion of adolescents (15-19 years) receiving information on RH issues from teachers	93.8	90.0		85.7	85.7	
	The trained YU key members at provincial, district and commune levels monthly-implemented BCC activities.			75.0			75.0
Output 5: Capacity to access information and ARH services of youth and adolescents strengthened through YU's activities	Proportion of the community youth/adolescents receiving information on RH and population issues from youth union.		50.0			70.0	
	Percent of adolescents (15-19 years) knowing at least 4 contraceptive methods	21.9	20.5		12.9	4.8	
	Percent of those adolescents (15-19 years) who do not know where to obtain condoms	8.1	2.4		19.5	32.4	
	Proportion of adolescents (15-19 years) knowing at least 3 clients' rights on RH	17.1	46.2		9.3	9.5	

SELECTED INDICATORS			THAI BINH			YEN BAI		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Immediate objective 3: Minimum package of quality, gender-sensitive RH services including components of family planning, pre-natal, delivery and post-natal, and newborn cares, RTIs/STIs treatment and HIV/AIDS prevention, counseling and ARH provided at state and private health service delivery points								
Output 6: Capacity to provide quality RH service providers at all levels improved	Proportion of CHCs providing minimum package of RH services		6.7	28.3		8.3	40.0	
	Proportion of CHCs providing BEOC (3)		0	53.3		3.3	20.0	
	Proportion of DHCs providing CEOC (4)		100	50.0		50.0	100.0	
	Proportion of service providers who interpreted the sampled partograph correctly as specified in the National Standards	Province	60.0	60.0		53.3	73.3	
		District	70.0	40.0		75.0	55.0	
		Commune	33.3	60.0		25.0	63.3	
	Proportion of service providers attaining the National Standards for knowledge on care of mothers within the first 24 hours	Province	93.3	93.3		80.0	80.0	
		District	95.0	90.0		70.0	89.5	
		Commune	88.3	95.0		66.7	90.0	
	Percentage of service providers having correct knowledge on the treatment of the vaginal discharge syndrome	Province	73.3	73.3		66.7	73.3	
		District	65.0	65.0		80.0	80.0	
		Commune	55.0	51.7		65.5	78.3	
	Percent of service providers counseling to mothers within the first week of delivery on contraceptive methods	Province	40.0	53.0		13.3	26.7	
		District	55.0	50.0		15.0	10.0	
		Commune	15.0	48.3		12.1	45.0	
	DHCs and CHCs implementing COPE/action learning strategies		65.0		75.0			75.0
	Proportion of service providers knowing how to deal with hemorrhage during delivery					80.0 (P) 85.0 (D) 75.0 (C)		86.7(P) 90.0 (D) 83.3 (C)

SELECTED INDICATORS			THAI BINH			YEN BAI		
			2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 7: Improve facilities, equipment and BCC materials to be able to provide minimum package of RH services in the National standards	Proportion of service providers knowing how to deal with hemorrhage during delivery	Province	80.0	82.1		80.0	86.7	
		District				85.0	90.0	
		Commune				75.0	83.3	
	Proportion of health facilities with a board to inform about types of services provided at the SDP	Province				50.0	100.0	
		District				50.0	75.0	
		Commune	6.7	96.7		200.	80.0	
	Proportion of CHCs have clean water source sufficient to use in the whole year		93.3	96.7		93.3	86.7	
	Proportion of CHCs having a toilet for clients' use		43.3	90.0		23.3	46.7	
	Proportion of CHCs having the four selected infection prevention conditions (*)		80.0	85.0		56.7	70.0	
	Proportion of CHCs having a counseling/corner (including enough chairs for group counseling, ensuring privacy, posters hung neatly on the walls)		34.8	41.4		70.4	57.1	
	Proportion CHCs having full sets of equipment as per the National standards	delivery assistance	83.3	80.0		70.0	36.7	
		neonatal resuscitation claves	93.3	93.3		20.0	23.3	
		insertion/removal of IUDs	73.3	93.3		56.7	20.0	
	CHCs having project IEC/BCC materials related to gender issues				10.0			
Immediate objective 4: Strengthen capacity of DOH, PCPFC and concerned organizations in planning, monitoring and evaluating implementing of national strategies on Population and RH								

SELECTED INDICATORS		THAI BINH			YEN BAI		
		2003	2005	Rapid Assessment	2003	2005	Rapid Assessment
Output 8: Capacity of DOH, PCPFC and concerned organizations in developing and implementing of provincial Action Plans on population and RH strengthened	Population/RH activities in the provincial action plan implemented as scheduled..						
	All implementing organizations/agencies at provincial level take part in development of the provincial Population/RH plan.						
	Activities in the provincial action plan implemented as scheduled.			75.0			75.0
	Number of guidelines, regulations and Action Plans to implement policies/strategies related to Population and RH revised in line with ICPD's directions and national strategies on Population and RH in the province signed and put into effect.						
	Number of organizations involved in making the provincial plan of action on population and RH			15.0			
Output 9: Capacity of DOH, PCPFC and concerned organizations in monitoring and evaluation of provincial Action Plans on population and RH strengthened	An annual monitoring and evaluation plan designed and implemented to monitor and evaluate the implementation of the national strategies on population and RH in the province.						
	Each institution has an annual plan for monitoring and evaluation.						
	Proportion of the recommendations implemented after each monitoring/supervision visit:			50.0			
	Number of monitoring/supervision visits with written reports (on both regular activities of the province and the project activities) by the provincial health service, the provincial commission for population, family, and children, and other concerned bodies						
Output 10: Capacity in managing and implementing the project strengthened	The projects' activities conducted as scheduled.			Over 70%			Over 70%
	Project activities monitored and evaluated by the provincial project management board and higher levels.			At least 50%			At least 50%
Output 11: The unified HMIS applied in province	DHCs applying HMIS in planning and reporting.						40.0

ANNEX E. MAIN FINDING OF PROJECTS VIE01/P10; P11; P12 AND P21

Main findings of Project VIE/01/P10

Evaluation study carried out by Mrs. Hoang Thuy Lan & Mrs. Nguyen Hoang Yen on December 2005.

Output 1: MOH capacity for coordinating RH-related activities was strengthened. Training courses on NSG on RH services for key health providers were conducted. Supervised implementation of NSG was achieved. However, workshops designed to coordinate RH care activities between national and international organizations were not completed as scheduled due to lack of capacity and a clear guidance.

Recommendation

(i) RH services should be more specifically identified in the design of the next country programme
(ii) Partnerships above the level of the Department of RH should be established with relevant ministries and institutions.

Output 2: The unified HMIS disseminated nationwide and applied in a number of UNFPA-supported provinces. This output was partly achieved. The hospital management component improved reception, inpatient management and pharmacy facilities. However, the community health component of the developed software failed.

Recommendation

Version 2 of HMIS should address:

(i) the functional errors associated with hospital management community software;
(ii) resolve the MIS code issue for community health;
(iii) refine all reports;
(iii) meet the reporting needs of the therapy and planning department of MOH

Output 3. MOH capacity in managing, monitoring and evaluation of RH services was strengthened. Under coordination and leadership of MOH, different training manuals were developed such as national guidelines on monitoring, supervision and evaluation on RH, manual on quality management of RH service, behaviour change on RH services. Training courses were conducted based on the TOT approach.

Recommendation

Trainee feedback suggests:

(i) COPE manuals should be less theoretical and include more practical guidance on quality RH management;
(ii) follow-up training and supervision of health workers should be intensified to ensure improved effectiveness of training courses.

Output 4. Technical Backstopping and supervision of the quality of training

The Center for Health Education (CHE) supported training and implementation of BC

activities at the provincial level. The Hanoi School of Public Health (HSPH) supported training of health service management. The National Obstetric and Gynaecological hospital and Tu Du hospital provided technical backstopping for provincial core trainers in implementing the National guidelines manual and RH services. Supervision proved useful and effective in providing immediate support to core trainers in solving problems with technical aspects of RH care and teaching methodology.

Output 5: Several RH-related policies and documents revised or developed

During the implementation of the project, MOH developed the National Master Plan for Safe Motherhood and the National Plan of Action for Adolescent Reproductive Health Care. The National Plan of Action for Newborns Care is currently under development.

Output 6: Capacity of PMB for implementation, monitoring and evaluation of project activities was strengthened, but requires further input

There was insufficient staff to meet the management task demands, mainly due to the complexity of the bidding procedures. The project manager expressed concern about the many difficulties associated with adjustment to the new financial system of UNFPA, Atlas.

Output 7: Capacity of MOH in refresher training for RH service provider on National Guidelines on RH services was strengthened

Refresher national training materials on " National Standard Guidelines on RH services" were developed, in collaboration with Pathfinder International, for service providers nationwide. Training materials included trainee manual, teaching guides for trainers and visual teaching aids. The same curriculum was used for training of population workers at all levels.

Recommendation

(i) trainers should ensure communal midwives and obstetric assistant doctors receive priority training in practicing key competencies.

(ii) visual aids and training materials were adequate but an increased variety of teaching models for technical procedures should be developed on delivery, newborn resuscitation etc.,

(iii) videos (e.g. the video on newborn care) should be updated according to national guidelines, for demonstration of technical procedures.

Output 8: The RH training curricula for midwives at secondary medical schools were revised and applied nationwide

RH training curriculum for midwives at secondary medical schools was updated according to the National Guidelines on RH services and approved by MOH for application nationwide.

Recommendation

(i) a training manual on Competency based midwifery should be developed to prepare both teachers and hospital staff (mentors and managers) in use of the competency frame.

Output 9: MOH capacity in implementing advocacy activities on RH was strengthened.

Advocacy materials on RH care, RH articles and IEC materials were well received by provincial management boards and service providers. Prototypes including leaflets, posters and training materials were adapted by the provincial Center for Health Information Education Communication to suit local needs. The project supported the development and dissemination of messages, relating to BCC advocacy and on RH related issues, in a column of "Health and Life" newspaper.

Output 10: MOH capacity in conducting BCC activities in RH related areas was strengthened.

The MOH Center for Health Education was contracted to develop training curricula and to deliver a BCC training program to provincial core trainers. National and international experts were contracted to support the center in developing this curricula. However, application of the BCC approach continues to be limited and poorly documented due to weak facilitation skills, and lack of immediate follow-up training supervision

Recommendation

(i) provincial health authorities should provide clear BCC guidance and endorsement in writing at the completion of training courses.

Output 11: Selected operation research on RH was conducted and applied

Research on measures to reduce HIV/AIDS transmission in RH settings and a final survey on the quality and utilization of RH services at local levels are currently being carried out. The implementation of this Output was delayed due to administrative work related to the bidding process.

Main findings of Project VIE/01/P11

The Evaluation study was carried out by Institute for Social Development Studies on March 2006.

Activities were carefully designed, based on consultations, piloting, testing and application in all 11 provinces and 2 cities of the UNFPA country programme.

Objectives

Implementation of population and ARH education in upper-secondary schools.

The first objective focused on activities for the development of integrated curricula, ARH sections in 4 textbooks - Geography, Biology, Civics, Philology- teachers' manual, teaching kits, consultation workshops, and pilot teaching. A self-study guidance manual and guide book and an assessment checklist were developed. ARHE extra-curriculum activities were conducted in the pilot schools. A number of flaws inherently related to integrated curricula teaching were reported as follows:

(i) insufficient ARH information incorporated in the textbooks;
(ii) teachers schedules did not allow sufficient time for ARH studies due to the other subject commitments;

(iii) integration of ARHE depended on the will/perception of teachers;
(iv) student opinion indicated a definite need for increased usage of teaching aids and availability of reference materials.

The second objective focused on integration of ARH issues into the teaching of Geography, Biology, Educational Psychology, and Politics education programmes of central-level pedagogical colleges ,on a pilot basis.

Activities included production of training materials on ARH and training courses for students at 3 pedagogical colleges in Hanoi, Hue, and Ho Chi Minh City. However, student feedback after completion of the pilot training reported too much theory and too little practice, inadequate ARH information ,lack of teaching aids (e.g. video and audio equipment), and lack of extra-curriculum activities for application in schools. There were also too few reference books and materials in the college libraries to facilitate self-learning..

The third objective aimed to strengthen ARHE awareness through support and training of MOET managers and teachers. Activities included advocacy workshops for MOET leaders and key officials from all DOETs in 11 provinces and 2 cities, communication activities at schools, and information, education and communication (IEC) programmes with the mass media. Additional contributions came from workshops, overseas visiting tours, national and international technical assistance, and other related logistic arrangements.

Recommendation

(i) MOET should increase collaboration with other sectors and international organizations working on ARH (health, mass organizations, NGOs) to capitalize on their expertise and support;
(ii) MOET's policies and instructions on ARHE should be officially issued and institutionalised in the school system;
(iii) ARH textbook information should be revised to take account of respective and relevant student needs and issues, including HIV/AIDS and sexual health;
(iv) extensive in-service teacher training and pre-service teacher training should be conducted at pedagogical colleges;
(v) revised package of ARHE materials should be suitable for distance learning

Main findings of Project VIE/01/P12

Evaluation study carried out by Assoc. Professor Pham Bich San, Dr. Nguyen Thanh Liem, Dr. Trinh Hoa Binh, and Ms. Ho Thuy Linh. MA and Ms. Le Phuong Hoa. MA from OSEC Office on February 2006.

Summary

This project was designed for implementation over 37 months with one long term and 3 short term objectives. Under each objective, the outputs and specific activities were planned. Overall, the project achieved its objectives and produced good results. All 8 col-

laborating institutions in this project completed their activities. Capacity for policy making and supervision improved significantly. However, planning capacity continues to be limited. Advocacy and IEC capacity achieved remarkable improvement. Some coordination skills improved marginally. Evaluation and technical assistance require further input. All collaborated institutions received political and societal support in implementing population strategy.

Objectives

The first objective on strengthening capacity in policy decision making, planning, coordination, supervision, evaluation and technical assistance in implementation of population strategy in Vietnam, was partly achieved. GSO information management capacity improved. However, the dissemination of a population database remains limited. Some inconsistencies between objectives, outputs and activities were identified, particularly in the dissemination of the database on population and planning. The coordinating role of VCPFC was limited in facilitating workshops. There was inadequate harmonization of the needs and demands of other collaborated institution and this affected project partner performance.

The second objective focused on strengthening advocacy and IEC in behavior change on Pop/RH/FP of VCPFC and related agencies and increasing political, societal supports in implementation of Pop strategy in Vietnam. Training courses and training manual, IEC materials and counseling were the most important outputs of project. The projects produced 13 books on Pop/RH, and there were usefully applied in training courses. A limited number of manuals was produced by other collaborated institutions. The umbrella coordination mechanism of project was limited. Although VCPFC coordinated activities of 7 other institutions there was no evidence that they were inter-linked. This resulted, in some cases, of an overlap in target population activities. Some important population groups such as migrant and temporary residents did not receive attention from any of the collaborated institutions. Similar training manual /IEC materials were produced by different institutions on the same topics.

The third objective aimed to strengthen capacity in information management and dissemination of the GSO population database to support planning and policy making on Population and socio-economic development. This was partly achieved. The demand for the database was lower than anticipated due to lack of information. The VCPFC was unable to create a demand for this database among the collaborated institutions.

Main findings of Project VIE/03/P21

Evaluation study carried out by Tran Thu Ha. Tran Dinh Dung, Tran Thu Huong, Nguyen Thu Trang, and Tran Tuan from Research and Training Center for Community development (RTCCD) on April 2006.

This is the biggest project on SM/NBC implemented in Vietnam. Overall, the project was successful. The project aimed to improve the quality of obstetric care, strengthen SM and NBC related activities in order to reduce maternal and neonatal mortality in Vietnam. The

project piloted an SM/NB program in six districts of three provinces Ha Tay, Quang Tri and Kien Giang. Four main activities were carried out namely: (i) increased availability of and access to SM/NBC services; (ii) improved quality of SM/NBC services; (iii) increased community awareness and acceptability of SM/NBC services; and (iv) enabled supportive environment on SM/NBC.

The pilot implementation aimed to establish good intervention models, based on best practices and lessons learned for the SMNP phase II. In addition, 22 other provinces were involved in the project for TOT training activity only (training the provincial core trainers), and aimed to prepare a large technical core trainer group for phase two.

The MOH and UNFPA jointly executed the project. UNFPA received direct funding from the Royal Netherlands Embassy that was then transferred to four partners (three provinces and MOH) and two sub-contractees (PATH and SC/US) to finance provincial technical support. The MOH coordinated and implemented project activities.

The first objective - to strengthen capacity for effective management of SM/NBC activities at the central, regional and provincial levels was only partly achieved. The respective coordination roles of the two co-executing agencies were not adequately clarified at the beginning of the project, and this created confusion among partners. At the provincial level, there was no documented evidence of that training capacity had been strengthened in any of the 22 designated provinces.

The second objective - to implement prioritised and comprehensive SM/NBC interventions in selected localities and draw lessons learned for phase II was fully achieved. Several training courses on SM/NBC for key health providers were conducted. CHCs were upgraded and equipped with necessary medical equipment for SM/NBC

The third objective - to implement advocacy and IEC/BCC activities that would increase SMNP awareness and support of decision makers and the community was fully achieved. Nine hundred and sixty nine health workers including WU members, population collaborators and representatives of community based organization were trained on IEC/BCC and SM/NBC. Fifty six articles and 4000 radio spots on the topic of SM/NBC were broadcast in provinces

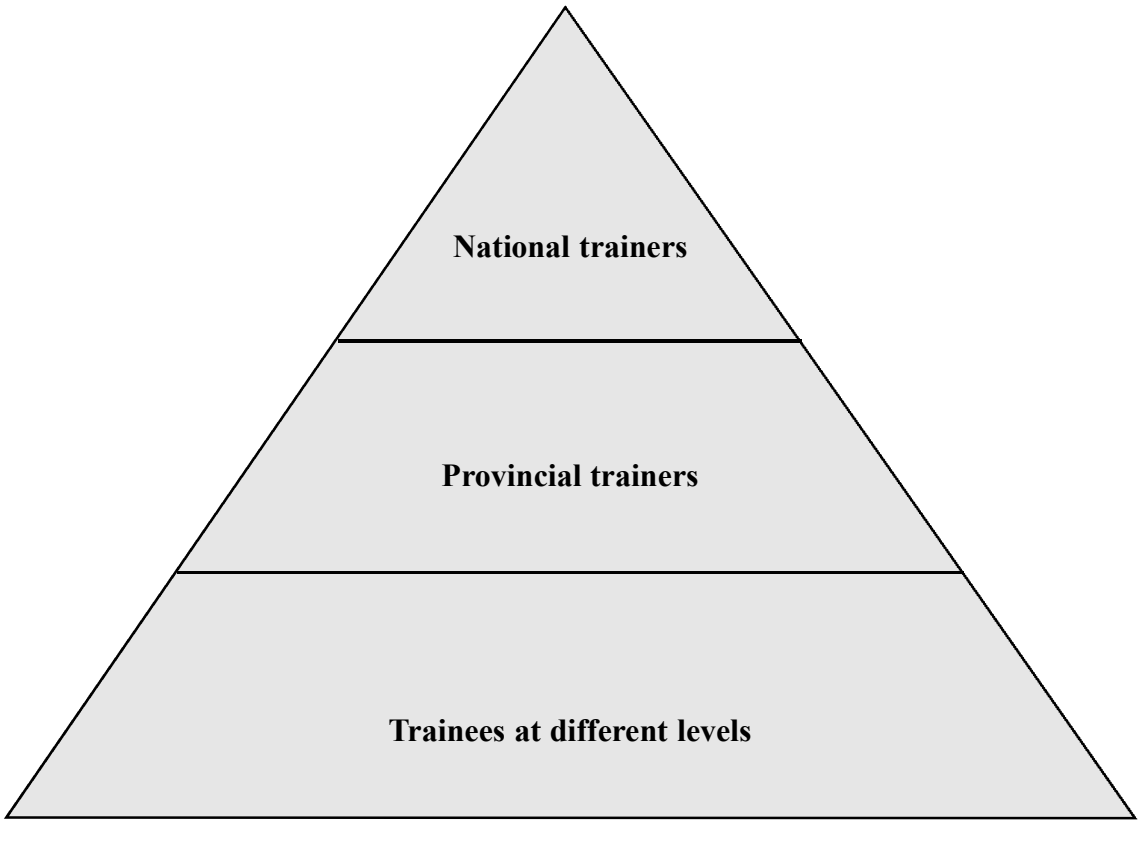
The fourth objective - to prepare for phase II of SMNP was partly achieved. Workshops to disseminate national training packages on SM/NBC, monitoring and evaluation tools, IEC/BCC materials, were organized. The design for phase II of national plan on SMP implementation was almost finalized.

ANNEX F. LIST OF KEY DOCUMENTS FOR FINAL REVIEW OF CP6

#	NAME OF DOCUMENTATIONSSELECTED INDICATORS
A	**Basic document of the CP6**
	Mid-term review report of CP6
	The sixth Country Program document
	Sub-programs (RH and PDS)
	COAR 2001, 2002, 2003, 2004, 2005
	Final project reports of component projects (20 projects)
	Monitoring Reports and Technical Consultancy Reports
	MOU concerning cost sharing and multi-bi funding
	Financial reports of component projects including summary of audit reports
	Evaluation Project Reports of VIE/01/P10, VIE/01/P12, VIE/01/P11, VIE/01/P21
B	**Documents concerning the implementation of CP6**
	Component project documents including Log frame of provincial projects
	Database of project provinces including maps of provinces, districts, communes
	Baseline Survey and End-line survey reports (11 reports)
	National strategy on Reproductive Health Care 2001-2010
	National strategy on population, 2001-2010
	Population ordinance, VCPFC, 2003
	National plan on safe motherhood, MOH, 2003-2010
	National Standards and Guideline for Reproductive Health care services
	HMIS document, MOH, 2003
	MOU of cooperation with WB, with ADB, with JICA
	Health Statistics yearbooks, MOH 2000, 2001, 2002, 2003, 2004
	Program Portfolio (project profiles of CP6)
	BCC strategy in Vietnam
	Decree on RH technical RH 385, MOH
	CCA and UNDAF, CPD7, CPAP of CP7
C	**General documentations**
	Demographic and Health Survey 2002, Vietnam
	Comprehensive Poverty reduction and Growth Strategy (CPRGS) and Millennium Development Goals (MDG)
	1999 Population & Housing Census Vietnam, GSO
	Government Decree 17, on ODA, 2001
	National strategy on HIV/AIDS, Vietnam, 2020
	Report on result of Population Projections, Vietnam 1999-2024. GSO
	Internal Migration & Unbanization in Vietnam
	Human Development Report, UNDP NW
	Statistic Law of GSO
	National Youth strategy of VN, and SAVY report
	National Plan of Action on Youth of VN Youth Union

#	NAME OF DOCUMENTATIONSSELECTED INDICATORS
D	**Publication/production from the projects**
	13 modules on BCC training manuals on population (VCPFC)
	Flipcharts on RH for village health workers
	CD video on population
	Key Concepts in Population Ordinance, produced under p12
	Visual Aid Kit for teaching ARHE in schools produced under p11
	Extra training curricula on ARH, school system
	Ho Chi Minh academy's materials on RH and population
	Training package on Behavior change for health personnel in implementation of national standards and guideline on RH
	Teaching aids and video on national standards and Guideline on RH
	Training on management of RH quality
	Training modules on RH standard
E	**Key documents of CP7**
	Country programme document (CPD 7)
	Country programme action plan (CPAP of CP7)

ANNEX G. SUMMARY OF FINDINGS ON TRAINING ACTIVITIES IN 11 PROVINCES CP6



ANNEX H. FINANCIAL STATUS OF CP6 PROJECTS AT THE END OF PROGRAMME

PROJECT ID	REGULAR FUND BY PROJECT DOCUMENTS	2001	2002	2003	2004	2005	EXPENDITURE FOR CP6	BUDGET FOR WHOLE CP6	ION RATE =AO/AQ
VIE01P01PU0074	237,120	0	75,584	83,674	141,500	151,955	452,713	486,208	93%
VIE01P01PG0099	180,980		30,171	30,975	47,247	60,248	168,641	178,798	94%
VIE01P01	**418,100**	**0**	**105,755**	**114,649**	**188,747**	**212,203**	**621,353**	**665,006**	**93%**
VIE01P02PU0074	162,600		65,975	39,004	38,053	17,519	160,551	162,319	99%
VIE01P02PG0099	839,700		63,982	186,020	281,059	268,128	800,089	100%	
VIE01P02	**1,002,300**	**0**	**129,957**	**225,023**	**319,112**	**285,647**	**959,739**	**962,408**	**100%**
VIE01P03 -PU0074	189,600		86,796	33,504	41,972	61,598	223,870	224,644	100%
VIE01P03 - PG0099	810,900		69,796	282,542	306,467	292,253	951,568	100%	
VIE01P03	**1,000,500**	**0**	**156,592**	**316,046**	**348,439**	**353,851**	**1,174,927**	**1,176,212**	**100%**
VIE01P04 - PU0074	376,850	74,671	186,431	36,025	5,775	49,534	352,436	350,721	100%
VIE01P04 - PG0099	1,251,430	0	155,584	297,333	492,955	280,404	1,226,276	100%	
VIE01P04	**1,628,280**	**74,671**	**342,015**	**333,358**	**498,730**	**329,938**	**1,578,711**	**1,576,996**	**100%**
VIE01P05 - PU0074	373,990	51,839	185,592	29,479	29,735	30,202	326,847	328,334	100%
VIE01P05 - PG0099	1,237,842	0	121,260	341,716	374,258	367,492	1,204,742	100%	
VIE01P05	**1,611,832**	**51,839**	**306,852**	**371,195**	**403,993**	**397,694**	**1,531,573**	**1,533,076**	**100%**
VIE01P06 - PU0074	216,300	51,067	129,657	54,654	33,082	95,655	364,115	366,267	99%
VIE01P06 - PG0099	1,239,167	0	94,468	348,916	398,164	463,387	1,310,411	100%	
VIE01P06	**1,455,467**	**51,067**	**224,125**	**403,570**	**431,246**	**559,042**	**1,669,049**	**1,676,678**	**100%**
VIE01P07 - PU0074	394,250	87,579	214,458	37,995	17,690	32,059	389,782	390,985	100%
VIE01P07 - PG0099	1,229,659	0	130,807	248,946	393,287	422,213	1,208,938	99%	
VIE01P07	**1,623,909**	**87,579**	**345,265**	**286,941**	**410,977**	**454,272**	**1,585,035**	**1,599,923**	**99%**
VIE01P08 - PU0074	187,200	3,846	78,188	38,983	40,827	64,200	226,044	225,505	100%
VIE01P08 - PG0099	613,400		83,741	173,437	169,802	227,574	656,924	100%	

PROJECT ID	REGULAR FUND BY PROJECT DOCUMENTS	2001	2002	2003	2004	2005	EXPENDITURE FOR CP6	BUDGET FOR WHOLE CP6	ION RATE =AO/AQ
VIE01P08	**800,600**		**3,846**	**161,929**	**212,420**	**210,629**	**291,774**	**880,597**	**882,429**
VIE01P09 PU0074 - FPA9	216,000		409	54,216	12,279	39,786	106,690	106,819	100%
VIE01P09 PG0099 - FPA9	703,300		119,342	128,832	201,684	182,769	632,627	634,811	100%
VIE01P09	**919,300**	**0**	**119,751**	**183,048**	**213,963**	**222,555**	**739,317**	**741,630**	**100%**
VIE01P10 - PU0074	672,000		66,583	177,001	92,403	159,096	495,083	499,212	99%
VIE01P10 - PG0099	1,013,500		47,747	222,282	211,337	316,006	819,785	97%	
VIE01P10	**1,685,500**	**0**	**114,329**	**399,283**	**303,740**	**475,102**	**1,292,454**	**1,318,996**	**98%**
VIE01P11 - PU0074	133,600		3,591	14,829	7,464	82,431	108,315	123,846	87%
VIE01P11 - PG0099	863,600		133,065	312,611	269,876	223,316	939,061	100%	
VIE01P11	**997,200**	**0**	**136,656**	**327,440**	**277,340**	**305,747**	**1,047,183**	**1,062,907**	**99%**
VIE01P12 PU0074 - FPA9	486,550		36,164	195,319	137,864	261,163	630,510	635,128	99%
VIE01P12DS PG0099 - FP	219,300		21,914	70,680					
VIE01P12QH PG0001 - FP	861,900		44,738	282,952					
VIE01P12MT - PG0002	182,540		0	55,863					
VIE01P12LD - PG0003	168,800		0	40,430					
VIE01P12TK - PG0004	164,150		0	63,406					
VIE01P12PN PG0005 - FP	234,850		0	28,935					
VIE01P12ND - PN4282	247,300		0	47,159					
VIE01P12TN - PN4358	266,510 **9**		0	39,660	578,433				
Subtotal PG0099	0	66,652	629,085	968,359	2,312,432	97%			

PROJECT ID	REGULAR FUND BY PROJECT DOCUMENTS	2001	2002	2003	2004	2005	EXPENDITURE FOR CP6	BUDGET FOR WHOLE CP6	ION RATE =AO/AQ
VIE01P12	**2,831,900**	**0**	**66,652**	**629,085**	**716,297**	**1,229,522**	**2,873,039**	**2,947,560**	**97%**
VIE01P14 - PU0074	81,400		86	1,528	5,174	30,820	37,608	39,011	96%
VIE01P14 - PG0099	405,900		8,490	50,264	45,162	128,384	232,300	284,857	82%
VIE01P14	**487,300**	**0**	**8,576**	**51,792**	**50,336**	**159,204**	**269,908**	**323,868**	**83%**
VIE01P15 - PU0074	0		0	0	2,607	72,135	74,742	77,748	96%
VIE01P15 - PG0099	70,500		0	0	99,243	136,561	235,819	100%	
VIE01P15	**70,500**	**0**	**0**	**0**	**101,850**	**208,696**	**310,546**	**313,567**	**99%**
VIE01P16 - PU0074	7,200			2,396	2,516	5,899	10,811	10,811	100%
VIE01P16 - PG0099	31,100			21,342	8,067	55,230	85,325	99%	
VIE01P16	**38,300**	**0**	**0**	**23,738**	**10,583**	**61,129**	**95,450**	**96,136**	**99%**
VIE01P17 - PU0074	7,500			2,400	1,201	5,669	9,270	9,270	100%
VIE01P17 - PG0099	27,100			10,451	16,367	24,494	48,611	106%	
VIE01P17	**34,600**	**0**	**0**	**12,851**	**17,568**	**30,163**	**60,582**	**57,881**	**105%**
VIE01P18 - PU0074	7,800			2,600	1,498	8,737	12,835	13,235	97%
VIE01P18 - PG0099	43,400			14,168	25,079	40,940	79,830	100%	
VIE01P18	**51,200**	**0**	**0**	**16,768**	**26,577**	**49,677**	**93,022**	**93,065**	**100%**
VIE01P50	**500,000**	**88,220**	**96,938**	**78,115**	**84,185**	**100,000**	**447,458**	**447,458**	**100%**
TOTAL REGULAR	**17,156,788**	**357,222**	**2,315,391**	**3,985,321**	**4,614,312**	**5,726,216**	**17,229,945**	**17,475,796**	**99%**
FUND FOR CTQG-6									
PROJECTS									
GRAND TOTAL	**20,435,110**	**3,635,544**	**2,315,391**	**3,985,321**	**4,614,312**	**5,726,216**	**20,508,267**	**20,754,118**	**99%**
REGULAR FUND FOR									
CTQG-6 (for extended and on going projects)									