

UNITED NATIONS POPULATION FUND



PROGRAMME PORTFOLIO VIETNAM



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'Investments in reproductive health save and improve lives, slow the spread of HIV/AIDS and encourage gender equality. These in turn help to stabilize population growth and reduce poverty. Investments in reproductive health extend from the individual to the family, and from the family to the world.'

Ha Noi April 2004

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Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behaviour Change Communication
FP	Family Planning
DOH	Department of Health
HIV	Human Immunodeficiency Virus
HMIS	Health Management and Information System
ICPD	International Conference on Population and Development
IEC	Information Education Communication
IUD	Intra Uterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-Governmental Organisation
PCPFC	Provincial Committee for Population, Family and Children
RH	Reproductive Health
RHIYA	Reproductive Health Initiative for Youth in Asia
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
TOT	Training of Trainer
UNFPA	United Nations Population Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCPFC	Vietnam Committee for Population Family and Children

Introduction: UNFPA's Support to Vietnam

Since 1977, UNFPA has provided assistance to Vietnam in the areas of population and reproductive health, including maternal and child health, and family planning.

UNFPA's work in Vietnam has strengthened the capacity of the Vietnamese Committee for Population, Family, and Children, and the Ministry of Health and related agencies to manage national population and reproductive health programmes. The prevalence of contraceptive use has risen and the national total fertility rate has decreased. Measurable improvements in the delivery of reproductive health services have been recorded throughout the country.

In close collaboration with the Vietnamese Government, UNFPA developed the Sixth Country Programme of assistance to Vietnam for the period 2001-2005, to assist in implementing the new National Population Strategy for 2001-2010 and the first ever National Strategy for Reproductive Health Care for 2001-2010. The programme builds on the experiences and lessons learned through previous programmes and responds to the country's population dynamic and reproductive health needs.

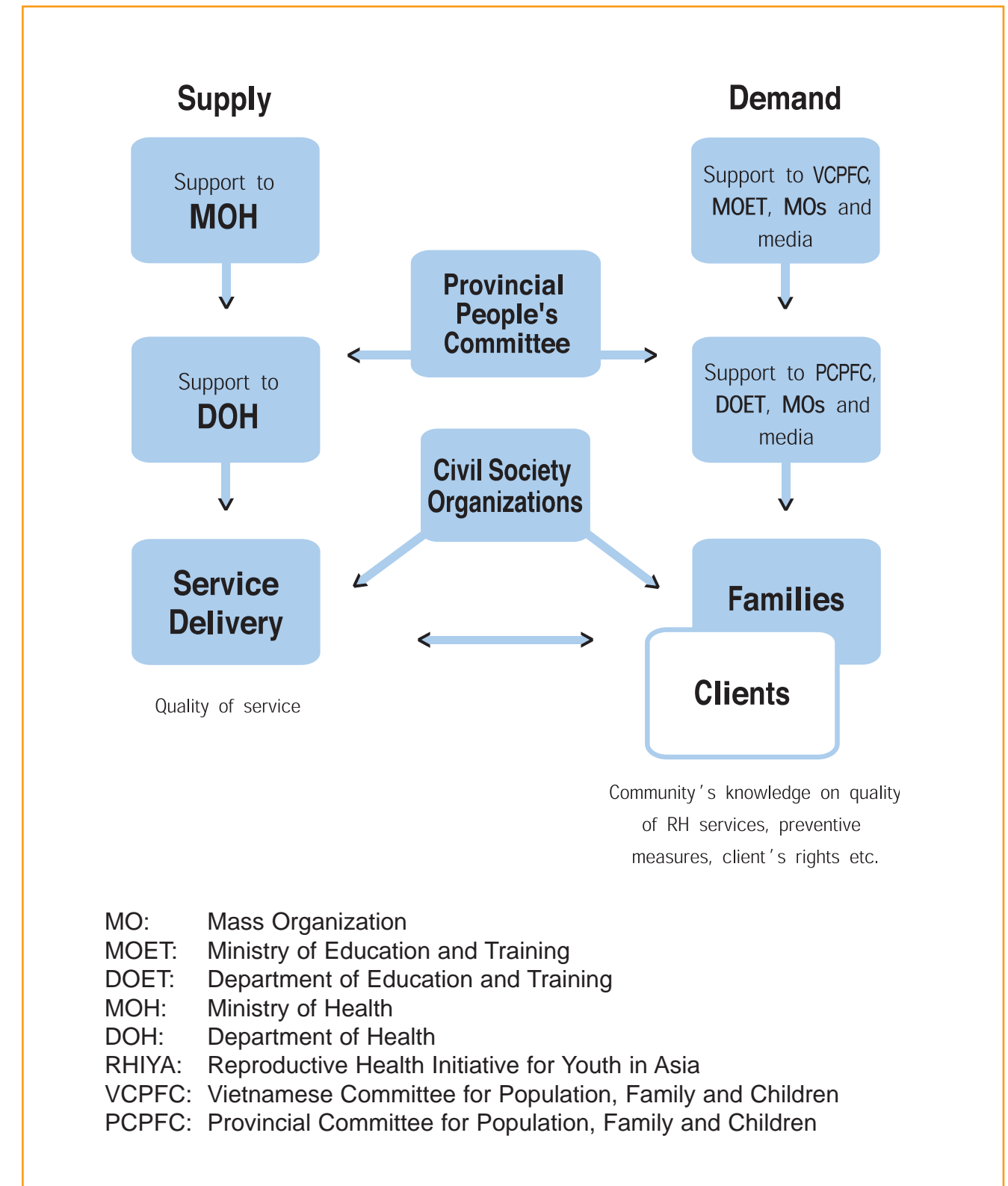
The programme aims to contribute to the attainment of a higher quality of life for the Vietnamese people through improved reproductive health, a harmonious balance between population dynamics and sustainable socio-economic development, and the achievement of equal opportunities in social development.

The focus of the programme is to support Vietnam in improving the relationship between reproductive health service providers and clients to ensure that high quality reproductive health services, including counselling, are provided with respect for the rights of the client. The figure 'Overview of UNFPA Programme' gives a picture of how this will be achieved by providing assistance to government institutions at different levels as well as working directly with people at community level.

First, UNFPA will support the health sector to improve the supply of reproductive health (RH) services. Assistance will be provided to RH services. Assistance will be provided to build the capacity of the Ministry of Health (MOH) and departments of health (DOH) in 12 selected provinces. Service providers will be trained and essential equipment and drugs provided where it is needed. Second, UNFPA will work to increase the demand for high quality services by supporting the population sector, the education sector, mass organisations and the media, to carry out activities aimed at encouraging people to demand quality reproductive health information, services and counselling. In selected areas, special emphasis will be put on adolescents and youth through the Reproductive Health Initiative for Youth in Asia (RHIYA)



Overview of UNFPA programme



Support for Management and Co-ordination of CP6

Basic Project Data

Project partner: Ministry of Planning and Investment

Project Code: VIE/01/P01

Duration: 2002-2005

Executing agencies: Ministry of Planning and Investment and UNFPA

Implementing agencies: Ministry of Planning and Investment, Office of the Government, Ministry of Finance, and Ministry of Foreign Affairs

UNFPA contribution: US\$ 418,100

Government contribution: US\$ 30,000 (In kind: US\$ 30,000)

Background

The Ministry of Planning and Investment (MPI) acts as the focal government institution for the co-ordination and management of Official Development Aid (ODA). The ministry collaborates with the Government Office, the Ministry of Finance and the Ministry of Foreign Affairs to manage, co-ordinate and monitor ODA resources, which includes the financial support from UNFPA.

UNFPA collaborates closely with ministries on project planning and implementation, and a significant proportion of the projects are executed on a national level. During the Fifth UNFPA Country Programme, UNFPA and MPI set up a mechanism for co-ordination and management of the UNFPA Country Programme and drafted the Accounting Manual and National Execution (NEX) Manual that provides the legal background for the management of project activities. However, the capacity of concerned officials and project personnel in management, monitoring, evaluation and support for project implementation is somewhat limited and the application of NEX is inconsistent.

Long-term objective

To contribute to the attainment of a higher quality of life for the people of Vietnam through improved reproductive health, and to contribute to a harmonious balance between population dynamics, stable socio-economic development, and equal opportunities in social development;

To contribute to the improvement of the integration and implementation of policies, programmes and Population and Reproductive Health strategies, gender and development; and

To contribute to building institutional capacity for national execution and strengthen co-ordination of implementation of the population programme.

Short-term objectives

1. Strengthen the capacity of government co-ordinating agencies in management, monitoring and evaluation of ODA in general and the UNFPA programme in particular.
2. Strengthen the capacity of government implementing agencies and project management boards in NEX and in the implementation of the projects.

Activities

1. Finalise the NEX Manual.
2. Apply the Accounting Manual for all UNFPA projects.
3. Improve the capacity of Government coordinating agencies on NEX modality, management, and coordination of the UNFPA programme and projects.
4. Meet to review and co-ordinate UNFPA programmes.
5. Train project staff and accountants on NEX, project management and accounting.
6. Conduct monitoring and project review meetings.



Strengthen the Capacity for Integrated Population and Development Planning

Basic Project Data

Project partner: Ministry of Planning and Investment

Project Code: VIE/01/P14

Duration: 2002-2005

Executing agencies: Ministry of Planning and Investment and UNFPA

Implementing agencies: The Department for Cultural and Social Affairs, The Ministry of Planning and Investment

UNFPA contribution: US\$ 487,300

Government contribution: US\$ 50,000 (In cash: VND 50,000,000, In kind: VND 700,000,000)

Background

The size, structure, geographical distribution and other demographic characteristics of the Vietnamese population are rapidly changing. Within the next 20 years, even if the achieved rate of fertility reduction is sustained, the population size will continue to grow, and the size of specific age cohorts such as young adults will rapidly increase. Improved planning will require visionary ideas and systematic policies and programmes.

Population data in the planning and policy making process has been used inconsistently and insufficiently, at least partly due to a lack of any unified and institutionalised guidelines. Leaders of different sectors and levels have not fully recognised the relationship between population and development, nor the need for integrating population factors into planning. Manuals on methods for integrating population variables into planning in labour and employment, health and sustainable development were developed by the Department for Social and Cultural Affairs of the Ministry of Planning and Investment (MPI) during UNFPA's Fifth Country Programme, 1997-2000, but are yet to be tested or applied.

Long-term objective

To strengthen the national capacity in development planning in order to contribute to improved integration and implementation of population, reproductive health, gender and development policies, programmes and strategies.

Short-term objectives

1. To increase the awareness of population and development, thereby strengthening the capacity to analyse and utilise population and socio-economic data and research results for planning and policy making processes.
2. To improve the capacity of planners in integrating population factors into social development planning.

Activities

1. Improve skills of planners from the MPI and other concerned ministries to analyse and utilise data from the 1989 and 1999 Population Census.
2. Develop and test a training manual on the methods for integrated population and development planning.
3. Conduct advocacy activities to gain the support of leaders from the MPI and other key ministries and institutions for the utilisation of the manual.
4. Use the manual in training and encourage its application by the planning sector at the central and local level.
5. Strengthen the capacity of the MPI in project management and implementation

Training of Leaders, Managers and Media Practitioners

Basic Project Data

Project partner: Ho Chi Minh National Academy of Politics

Project Code: VIE/01/P09

Duration: 2002-2005

Executing agencies: Ho Chi Minh National Academy of Politics and UNFPA

Implementing agencies: Ho Chi Minh National Academy of Politics

UNFPA contribution: US\$ 1,379,300 (US\$ 24,300 from UNAIDS Program Acceleration Fund)

Government contribution: US\$ 220,000 (In cash US\$ 10,000, In kind: US\$ 210,000)

Background

The Ho Chi Minh National Academy of Politics (HCMA) is a national institution that trains key leaders and managers of the Communist Party of Vietnam, the Government, social organisations at all levels and members of the media. The trainees of HCMA and sub-academies in Hanoi, Da Nang and Ho Chi Minh City are leaders and managers from central, provincial and district levels. The academy also guides the training programmes in 61 city and provincial political institutes, where trainees are communal managers.

During UNFPA's Fifth Country Programme, HCMA worked with UNFPA to shift the training curricula from demography to population and development (PopDev) and reproductive health (RH), in order to train policy makers on PopDev issues and strengthen the capacity for those in the media to advocate for them. This resulted in increased awareness among managers, policy makers and the media.

The knowledge of lecturers and researchers on PopDev and RH issues is, however, still limited, especially for issues such as the quality of RH care and integration of PopDev and RH into the socio-economic development process. The curriculum needs updating to reflect the programme of action agreed at the International Conference on Population and Development held in Cairo in 1994 and the National Strategies for Population and RH Care of Vietnam for the period 2001-2010.

Long-term objectives

To contribute to the attainment of a higher quality of life for the people of Vietnam through improved reproductive health, and to contribute to a harmonious balance between population dynamics and sustainable socio-economic development;

To contribute to the improved integration and implementation of policies, programmes and strategies on population, RH, adolescent reproductive health (ARH), gender and development;

To contribute directly to increased awareness on population, RH, ARH, reproductive rights and gender issues integrated into the training system of government officials, media practitioners and members of mass organisations.

Short-term objectives

1. To strengthen the training capacity of the HCMA, sub-academies and selected provincial political schools on PopDev and RH issues and to have PopDev and RH issues incorporated into regular training programmes.
2. To increase the awareness and support of leaders and managers regarding the integration of PopDev and RH issues into socio-economic development programmes.
3. To improve the knowledge and skills of the media in the integration of PopDev, RH issues and gender concerns into existing media programmes.

Activities

1. Review and revise the existing curricula and develop new textbooks on the subject of population at the sociology department of HCMA and sub-academies and on the subject of population communication at the Sub-Academy of Journalism and Communication (SAJC).
2. Develop trainers' guides for leaders and managers at HCMA and SAJC. These are to be based on the updated HCMA and SAJC textbooks and curricula, and contain the training programme, course manual and teaching aids.
3. Improve PopDev- and RH-related knowledge, teaching and research skills of trainers of HCMA and Sub-Academies.
Materials are to be revised and developed; core trainer of HCMA and SAJC are to be trained on PopDev, RH and teaching methodologies. Some managers will take part in overseas study tours to learn about other PopDev and RH training programmes. Others will be sponsored to attend training courses and/or participate in international conferences and meetings.
4. Integrate PopDev and RH issues into the regular curricula of relevant subjects at HCMA and SAJC.

5. Develop and implement a sample module on 'PopDev/RH integration' for provincial political schools.
6. Strengthen the capacity for project management and implementation of HCMA.
7. Increase the support of Party and Government leaders and managers for PopDev and RH issues, and improve their skills to integrate these issues into socio-economic development programmes. Party, Government, mass organisation leaders and teaching staff of different departments of HCMA are to receive training on PopDev and RH issues, the new population and RH strategies and how to implement these strategies effectively. Information bulletins on policy-related PopDev/RH activities are to be distributed.
8. Improve the knowledge and skills of the media on PopDev/RH issues in order to integrate more PopDev and RH issues into existing media programmes. In addition to organising workshops for editors-in-chief and key editors, and training courses for the media, UNFPA will work with key media agencies to integrate issues such as quality of RH care into their media projects. PopDev and RH are to be highlighted on special occasions such as the World Population Day and Vietnam Population Day, and in talks between the Central Party Cultural and Ideological Commission and key leaders of the media figures.



Population and Reproductive Health Education in the School System

Basic Project Data

Project partner: Ministry of Education and Training

Project Code: VIE/01/P11

Duration: 2002-2005

Executing agencies: Ministry of Education and Training and UNFPA

Implementing agencies: Ministry of Education and Training

UNFPA contribution: US\$ 997,200

Government contribution: US\$ 410,000 (In cash: US\$ 65,000, In kind: US\$ 345,000)

Background

Providing reproductive health (RH) information and education is important to help young people explore their own attitudes, values and options, as well as to increase their knowledge and understanding of RH issues. Experience with adolescent education so far has shown that young people need clear information in frank language about sexual development, RH and family planning, gender issues, STDs and HIV/AIDS. Furthermore, they need to be taught life skills to empower them to make their own plans and decisions. Part of the information and skills can be taught within schools through teachers, but also outside schools through parents, peers, the community and the media. (See also on youth p. 53 and information on RHIYA p. 23)

The Ministry of Education and Training (MOET) was aware of the importance of integrating population education (PopEd) in the school system in the early 1980s, and from 1984 UNFPA supported several PopEd programmes implemented by the ministry. Since 1994, PopEd has been integrated in some subjects at all school levels. During the Fifth UNFPA Country Programme (1997-2000), substantial efforts were made to redirect the existing PopEd at primary and lower secondary levels into more appropriate adolescent reproductive health education (ARHE). During this period, the Self-learning with Guidance Manual on ARHE was developed for upgrading the knowledge and skills of teachers in Vietnam.

The manual addresses a wide range of adolescent reproductive health (ARH) subjects in clear, straightforward language, includes different training methodologies and gives guidance and suggestions to teachers for conducting sessions with adolescents. About 23,150 copies have been printed and distributed to lower and upper secondary schools and to Teachers' Training Universities and Colleges with financial support from the Danish Government.

However, constraints and limitations persist in education for adolescents on population and reproductive health issues. Some of them are listed below and will be targeted under the new UNFPA supported project with MOET:

- There is no official integrated programme for Population and RH education in secondary schools.
- There has yet to be an official plan for teaching Population and RH subjects to students in teachers' training colleges.
- Reproductive health is a sensitive topic for adolescents. Therefore, besides the official curricula, there should be appropriate extra-curriculum activities with contents that are acceptable to students. Specific contents and methods for conducting extra-curriculum activities have not been developed.
- Advocacy activities for population and RH education have not been carried out. Educational managers at all levels are not fully aware of their roles and responsibilities to speed up the incorporation of population and RH education within the school system.

Long-term objective

To contribute to the attainment of a higher quality of life for the people of Vietnam through improved reproductive health, and to contribute to a harmonious balance between population dynamics and sustainable socio-economic development.

Short-term objectives

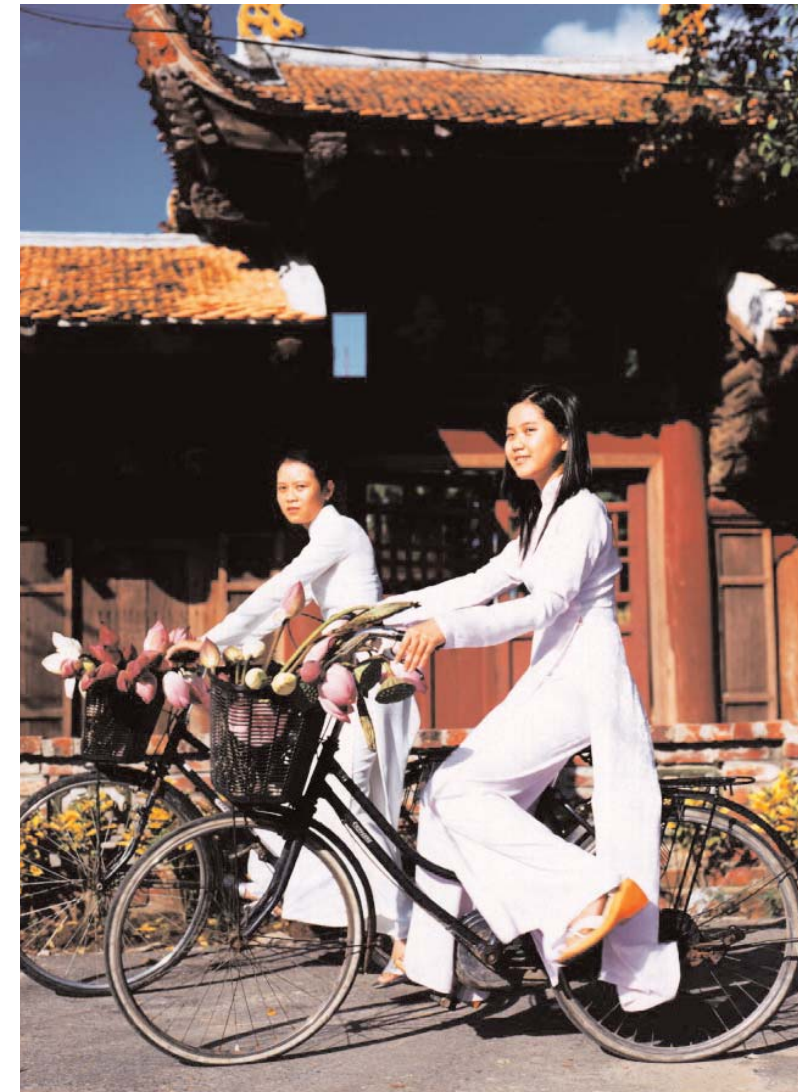
1. To have ARHE officially implemented in the upper-secondary school system.
2. To have ARH integrated into the education programmes of central level pedagogical colleges on a pilot basis.

3. To have further improved the awareness and support of MOET managerial staff and teachers on ARHE in the upper-secondary school system.

Activities

1. Integrate ARHE into textbooks and teacher manuals for biology, geography, civics, and literature and compulsory extra-curricula. A teaching kit including a video is to be developed. The new materials are being tested in schools before printing and distribution.
2. Improve training capacity on ARHE issues among selected biology, geography, civics, literature and compulsory extracurricula teachers at secondary schools.

3. Develop extra-curriculum ARH activities in the school system. A guidebook, key materials and videotapes are being developed.
4. ARH issues are to be integrated into biology, geography, civics and literature education programmes of central level pedagogical colleges on a pilot basis.
5. Awareness of and support to MOET managers, teachers and parents to ARHE is to be strengthened through advocacy activities.
6. Capacity to manage ARHE and project implementation of MOET is to be strengthened.



Strengthening the Management and Implementation of the National Population Programme

Basic Project Data

Project partner: Vietnamese Committee for Population, Family and Children (VCPFC)

Project Code: VIE/01/P12

Duration: 2002-2005

Executing agencies: The Vietnamese Committee for Population, Family and Children and UNFPA

Implementing agencies: The Vietnamese Committee for Population, Family and Children

Co-implementing Agencies: Parliamentary Committee for Social Affairs, Vietnam Fatherland Front, Vietnam Women's Union, Vietnam Youth Union, Farmers' Union, Vietnam General Confederation of Labour, General Statistical Office

UNFPA contribution: US\$ 4,528,750 (US\$ 148,895 is contributed by Switzerland and US\$ 30,509 from the UNAIDS Programme Acceleration Fund)

Government contribution: US\$ 833,347 (In cash: US\$ 542,307, In kind: US\$ 291,040) US\$ 833,347 (In cash: US\$ 542,307, In kind: US\$ 291,040)

Background

Building on the success of the last Population and Family Planning Strategy for 1993-2000 and based on the new population situation, on 22 December 2001 the Prime Minister approved the National Population Strategy for the period 2001-2010. The Vietnamese Committee for Population, Family and Children (VCPFC) was assigned to lead and co-ordinate the implementation of the strategy among the relevant ministries and institutions and the People's Committees of all cities and provinces nationwide. This entails co-ordinating policy-making, planning and monitoring, and evaluating population activities nationwide as well as working with relevant institutions and groups to increase awareness of population issues.

In the past, the Parliamentary Committee for Social Affairs, Vietnam Fatherland Front, Vietnam Women's Union, Vietnam Farmers' Union, Vietnam Youth Union, Vietnam General Confederation of Labour and Vietnam Family Planning Association (VINAFFPA) have played an active role in implementing the national population programme. They have focused on advocating to their respective target groups, such as parliamentarians and elected officials, religious leaders, village heads, women, workers, farmers and young people. To facilitate the management and implementation of the population programme, the General Statistical Office (GSO) has ensured the sufficient provision of required population-related data. In addition to the government budget, the effective assistance from UNFPA to the mentioned institutions has considerably contributed to achieving the goals of the national pop-

ulation programme.

In the Sixth Country Programme for the period 2001-2005, UNFPA will continue to support further crucial efforts to improve the capacity of the above to manage and implement the population and reproductive health (RH) programmes. Assistance to each individual institution will be designed within the framework of a single project which aims, on one hand, to further build on the strengths of the individual institution, and, on the other, to ensure better co-ordination among these institutions as project partners throughout the implementation process.

Long-term objective

To have contributed to the attainment of a higher quality of life for the Vietnamese people through improved reproductive health, an harmonious balance between population dynamics and sustainable socio-economic development.

To have contributed specifically to the promotion of policies, programmes and strategies that support population, reproductive health, gender and development.

Short-term objectives

To strengthen the capacity for policy-making, planning, co-ordination, monitoring and evaluation, and provision of technical assistance for the implementation of the Vietnam Population Strategy.

To strengthen the capacity of VCPFC and concerned institutions to conduct population and RH-related advo-

cacy and behaviour change communication (BCC) efforts and activities to gain political and public support for the realisation of the goals of the Vietnam Population Strategy.

To strengthen information management capabilities and capacity for dissemination of population-related data of GSO to support population and socio-economic planning and policy making.

Activities

1. Revise the implementation guides on population, reproductive health and family planning to bring them in line with the Vietnam Population Strategy 2001-2010 and relevant international conventions to which the Government of Vietnam has commitments.
2. Work with central institutions and local authorities to review the implementation of the Population Strategy between 2001 and 2005.
3. Strengthen planning capacity for the implementation of the Population Strategy 2001-2010 by applying a results based management approach.
4. Strengthen the supervision of the implementation of the Vietnam Population Strategy and Programme 2001-2010.
5. Strengthen capacity for contraceptive management and co-ordination.
6. Strengthen capacity to manage social marketing of contraceptives.

Based on the success of the model 'RH and credit group' developed by the Vietnam Women's Union and Vietnam Farmers' Union (see highlight on microcredit p. 38^o), VCPFC is further improving the model and expanding it nationwide.
8. Strengthen management capacity of city and provincial Centres for Population-Family-Children Counselling and Service and VINAFFPA's RH Counselling and Community Development Centres. Training on counselling and provision of IEC materials is to be provided to counsellors from the affiliated centres. In addition, selected centres are to pilot additional activities to improve the quality of life for families.
9. Strengthen VCPFC's capacity in project management and implementation.

10. Strengthen the capacity of VCPFC for population and RH-related advocacy and BCC, to gain more political and social support for the realisation of the Vietnam Population Strategy's objectives.

11. Strengthen the capacity of the Parliamentary Committee for Social Affairs in population- and RH-related advocacy and BCC to contribute to increased political and social support for the implementation of the objectives of the Vietnam Population Strategy.

The committee is one of the sub-contractors of the project. The activities under the sub-contract aim to increase support from the elected officials for population and RH issues. Activities include conferences, workshops and research on population and RH topics, development and distribution of materials and other activities.

12. Strengthen the capacity of the Central Committee of Vietnam Fatherland Front in population- and RH-related advocacy and BCC.

The Central Committee will carry out activities that aim at further increasing the support and involvement of religious leaders, village heads and other influential people in the community to mobilise religious practitioners and ethnic minorities to participate in the implementation of the population and RH care strategies. Activities under the sub-contract include training in advocacy and BCC, the integration of population and RH issues into existing campaigns and additional advocacy and BCC activities.

13. Strengthen the capacity of the central Vietnam Women's Union in population- and RH-related advocacy and BCC

Activities under the sub-contract include the development of integrated population and RH programme of action for the union in the term of the 9th Women Congress (2002-2007); training on advocacy and BCC; and integrating population- and RH-related advocacy and BCC into the regular training programme of the Vietnam Women's Union School. Furthermore, a range of activities to support the prevention of domestic violence is to be piloted. (See Gender p. 52 and highlight on working with Women's Union p. 30).

14. Strengthen the capacity of the central Vietnam Farmers' Union in population- and RH-related advocacy and BCC to contribute to increased male involvement, especially male farmers' involvement, in sharing responsibilities in RH care.

Under this sub-contract, training in advocacy and BCC, and integrating population- and RH-related advocacy and BCC into the regular training pro-

gramme of Farmers' Union School are to be accompanied by increased advocacy and BCC activities, as well as contests on special occasions and in the media.

15. Strengthen the capacity of the central Vietnam Youth Union (VYU) in population- and RH-related advocacy and BCC.

The particular focus of this sub-contract will be on adolescent reproductive health (ARH) issues, aiming to make ARH information and services available and accessible to adolescents and youths in order to generate responsible RH behaviour. Staff at two Youth Counselling Centres receive training on updated ARH-related knowledge and counselling skills. Advocacy and BCC activities include the integration of ARH subjects into VYU newspapers and magazines (see Youth on p. 53).

16. Strengthen the capacity of the Vietnam General Confederation of Labour in population and RH related advocacy and BCC

The sub-contract aims to increase support from the

Trade Union and enterprise leaders for population and RH issues. Activities include the development of BCC intervention models on population and RH, and HIV/AIDS prevention for enterprise workers.

17. Strengthen the capacity of the General Statistical Office (GSO) in management and dissemination of population related data and information to support population and socio-economic planning and policy making. Under the GSO sub-contract, analysis and utilization of population, socio-economic related data for planning and policy making are to be improved, and the database of population-related data is made more accessible to users. In addition, technical support is to be provided for the Inter-censal Demographic and RH Survey, with a special focus on migration.

Supply of Condoms for Family Planning and HIV/AIDS Prevention

Basic Project Data

Project partner: Vietnamese Committee for Population, Family and Children

Project Code: VIE/01/P19

Duration: 2002-2003

Executing agencies: The Vietnamese Committee for Population, Family and Children and UNFPA

Implementing agencies: The Vietnamese Committee for Population, Family and Children

UNFPA contribution: US\$ 1,750,00 (In kind)

Government contribution: US\$ 87,452 (In kind)

Background

The demand of condoms for both family planning and prevention of sexually transmitted diseases and HIV/AIDS have increased in Vietnam. With condoms promotion campaigns planned by the government over the coming years it is expected that the demand will increase even further. At the same time the supply of condoms has been insufficient and unstable leading to a gap between supply and demand for condoms.

Long-term objective

To provide condoms and thereby improve the quality of reproductive health and family planning services and HIV/AIDS prevention in Vietnam.

Short-term objectives

To provide condoms to meet the increasing demand for family planning and prevention of STDs and HIV/AIDS for the period 2002-2003 through population collaborators, health facilities and mass organisations.

Activities

1. Provision of 70 million condoms.
2. Logistics – receipt, transportation, storage, monitoring and quality checks.





National Reproductive Health Project

Basic Project Data

Project title: Strengthening Capacity of the Ministry of Health in the Implementation of the National Reproductive Health Care Strategy

Project partner: Ministry of Health

Project Code: VIE/01/P10

Duration: 2002-2005

Executing agencies: Ministry of Health and UNFPA

Implementing agencies: Reproductive Health, Planning and Finance, and Science-Training Departments and related agencies

UNFPA contribution: US\$ 2,510,100 (US\$ 452,100 contributed by The Netherlands, US\$ 297,000 by Italy and US\$10,500 from Switzerland)

Government contribution: US\$ 293,409 (In cash: US\$ 124,752, In kind: US\$ 168,657)

Background

Vietnam has attained remarkable progress in the field of reproductive health (RH) over the recent years, however, there is still room for improvement. RH programmes and policies need to shift their focus from women centred family planning to the broader areas of RH with attention to the differing needs of individual women, men and adolescents. While the reproductive health service delivery network has almost complete coverage, it still has many weaknesses, especially in terms of quality. The shortcomings are even more serious in remote areas, creating gaps in RH indicators between rural and urban areas, and among regions.

The Vietnamese Government took a major step forward when it approved the first National Strategy on RH Care for 2001-2010. Another achievement is the development and national application of National Standards and Guidelines on RH services (see highlight on p. 50), and the unified Health Management and Information System (HMIS) (see highlight on HMIS on p. 38). However, alongside dissemination of the guidelines, changing the behaviour and practice of health providers and managers in compliance with the guidelines should be strongly addressed. Monitoring and evaluation activities should be strengthened and RH services should be delivered in a client-centred manner.

Long-term objective

To support the Ministry of Health to implement the National Strategy on RH Care, 2001-2010, which will contribute to improving the quality of life for Vietnamese people.

Short-term objectives

To develop policies and improve the capacity of the min-

istry in coordination, management, monitoring and evaluation, and technical backstopping for RH programmes.

To provide technical and management training on RH services;

To implement advocacy and behaviour change activities for RH providers and managers;

To conduct operation research on RH and apply the research findings into practice.

Activities

1. Strengthen MOH's capacity in coordinating RH-related activities

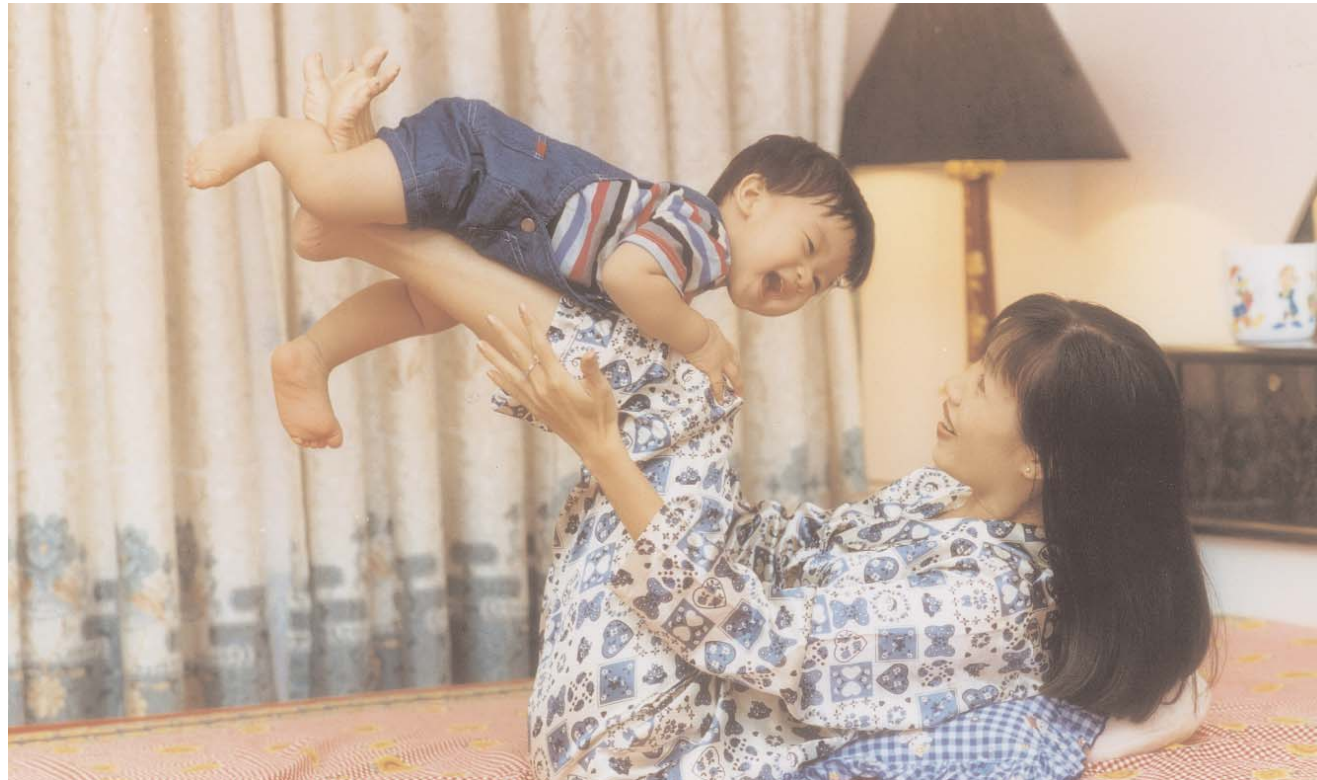
The focus is on the implementation of the National Strategy on RH and the National Standards and Guidelines for RH Care Services. Second, the project will focus on disseminating the unified HMIS nationwide and apply it in selected UNFPA-supported provinces.

2. Strengthen MOH's capacity in managing, monitoring and evaluation of RH services

Together with medical training on RH services, the project is to develop training manuals and provide TOT training for provinces for the following areas:

- Health service management training, especially focused on interpersonal communication, planning, supportive supervision, M&E, and problem solving techniques (COPE) (see highlight of COPE p. 34)
- National guidelines and training manuals to change the behaviour and practices of health providers and managers in compliance with National Standards and Guidelines for RH services.

- Logistic management training on RH commodity security.
- National guidelines for M&E of RH activities.



3. Strengthen MOH's capacity in providing technical backstopping for RH-related activities and implementation of HMIS at local levels
The Central Hospital for Obstetric and Gynaecology in Hanoi, Tu Du hospital in Ho Chi Minh City and General Hue Hospital will serve as three regional technical backstops for northern, central and southern provinces to ensure quality of RH services.
The Centre for Information, Education and Communication supports training and implementation of behaviour and practice change for RH health providers and managers. The Hanoi School of Public Health will support health service management training, and the planning department of MOH and other involved agencies will supervise HMIS implementation.
4. Revise and develop RH-related policies and documents.
5. Strengthen the capacity of the Project Management Board in the implementation, monitoring and evaluation of project activities.
6. Strengthen capacity of MOH in implementation of training for RH service providers based on National Guidelines for RH services.
7. Revise the RH training curriculum for midwives at secondary medical schools and apply nationwide
The training curriculum for midwives at secondary medical schools is being revised using a client-centred approach that will bring it in line with the National Guidelines on RH services. TOT for teachers of 59 midwifery training institutions over the country will be provided, and the new curricular will be applied nationally from 2004.
8. Strengthen MOH's capacity in carrying out advocacy activities on RH.
9. Strengthen MOH capacity in conducting BCC activities in RH-related areas.
To assist service providers/managers to change behaviour and practices complying with the National Guidelines on RH services, the ministry has developed National Guidelines to change the behaviour and practice of health staff. The guidelines assist health managers in supervising and guiding their staff to ensure quality health care.
10. Conduct and apply operational research on RH.

Safe Motherhood Initiative

Basic Project Data

Project title: Support to Phase I of the Master Plan on Safe Motherhood

Project partner: Ministry of Health

Project Code: VIE/01/P21

Duration: 2003-2005

Executing agencies: Ministry of Health (MOH) and UNFPA

Implementing agencies: Reproductive Health Department, Ministry of Health

UNFPA contribution: US\$ 1,733,025 (contributed by The Netherlands)

Government contribution: US\$ 20,000 (In cash: US\$ 20,000)

Background

Maternal mortality in Vietnam is still high compared with other countries in the region although the Government has made efforts to provide maternal and child health care. The most recent and largest population-based study on maternal mortality estimated the average national maternal mortality ratio in Vietnam to be 165/100 000 live births. There have been even fewer studies conducted on neo-natal and perinatal mortality and illness; one national estimate of perinatal mortality is 22.2/1000 live births.

The Government has made a significant effort to improve the service delivery network for reproductive health (RH) including maternal and child health. In 2003, the Ministry of Health (MOH) developed a Safe Motherhood Master Plan with support from the Government of the Netherlands. Phase I of the Master Plan (2003-2005) aims to build implementation capacity, advocate for further investment in safe motherhood, and test alternative intervention approaches that will be the foundation for broader implementation in Phase II.

The Safe Motherhood Initiative contributes to the achievement of Phase I of the Master Plan and aims to address some of the main concerns identified in the plan, with the long-term goal of reducing maternal and neonatal mortality in Vietnam. It is a collaborative effort between MOH, UNFPA, and several of the UN agencies and non-governmental organisations active in safe motherhood. (See also highlight on Safe Motherhood on p. 42)

Long-term objective

To improve the quality of obstetric care, strengthen safe motherhood (SM) and newborn care (NBC) related activities in order to reduce maternal and neonatal mortality in Vietnam.

Short-term objectives

To strengthen the capacity of the central, regional and provincial levels to effectively manage SM - and NBC - related Activities.

To implement prioritised and comprehensive SM and NBC interventions in selected localities and draw lessons learned for future national application.

To implement advocacy and information, education and communication/behaviour change communication (IEC/BCC) related activities in order to increase the awareness and support of decision makers and the community in terms of the desired objectives of Safe Motherhood Master Plan.

To prepare for the second phase of the Safe Motherhood Master Plan.

Activities on the central level:

1. Compile a national training package on SM and NBC, drawing on best practices and resources on SM/NBC available in Vietnam and worldwide.
Establish a technical core group for SM and NBC in all provinces.
2. Selected health providers from each province will receive training on the national package on SM and NBC, on the national standards and guidelines for SM and NBC, on management and supervision, and on auditing maternal and neonatal deaths.
3. Strengthen the capacity of the MOH to implement IEC/BCC activities for communities Representatives from all provinces will be trained on IEC/BCC skills related to SM and NBC promotion to communities, drawing on prototype IEC/BCC materials developed by MOH for SM and NBC.

4. Improve national co-ordination of SM and NBC activities.

The MOH will develop a national co-ordination mechanism for SM and NBC activities and co-ordinate SM/NBC related activities nationwide.

5. Strengthen capacity of the MOH in monitoring, supervision and evaluation, and technical backstopping SM and NBC activities.

Monitoring and evaluation tools for SM and NBC will be updated. The MOH will establish a National Technical Backstopping Group for SM and NBC activities. The group will provide assistance to selected districts and other localities as well as the MOH for the effective implementation of the national SM and NBC programme.

6. Increase awareness and support of the community and decision-makers to the Safe Motherhood Master Plan through advocacy activities, such as workshops and the media.

7. Prepare for the second phase of the Safe Motherhood Master Plan by developing and disseminating a detailed workplan.

In three selected provinces:

Critical MCH interventions will be implemented in three provinces to provide the MOH and its partners the expe-

rience to expand similar activities nationwide in the future. As the SM/NBC situation is very different in Ha Tay, Quang Tri and Kien Giang, the interventions will differ from district to district, informed by a baseline survey and technical review of current activities in those districts. The activities are likely to include:

- Refresher training on SM and NBC for district and commune health providers and managers.
- Training on SM and NBC for traditional birth attendants and village health workers.
- Provision of essential medical equipment, supplies and essential drugs.
- Upgrading infrastructure of selected communal health centres.
- Training of IEC/BCC skills to change community behaviour for healthier mothers and babies.
- Adaptation and production of existing IEC/BCC materials for use in community mobilisation activities for SM and NBC.
- Supporting local mass organisations in implementing IEC/BCC and advocacy activities.
- Supporting the mobile team to conduct outreach activities in the remote areas.
- Developing and implementing action plans to improve preparedness and transportation for delivery and/or emergency cases.

EC/UNFPA Reproductive Health Initiative for Youth and Adolescents

Basic Project Data

Project title: EU/UNFPA Reproductive Health Initiative for Youth in Asia

Short title: RHIYA

Duration: 2002-2005

Executing agencies: The Vietnam Youth Union (YU), Vietnam Family Planning Association (VINAFFPA) and UNFPA
Co-implementing agencies: UNESCO Center for Non-formal education in Vietnam (UCNEV), Center for Love, Marriage and Family (LMF), Vietnam Association of Midwives (VAM) as well as local branches of Youth Union and VINAFFPA

EU contribution: US\$ 2.405.093

International NGO Partners (INGOs) (for technical Assistance): CARE, Maria Stopes International (MSI) and World Population Fund (WPF)

Background

There are currently 24 million adolescents and youth between 10 and 24 years old in Vietnam, representing a third of the Vietnamese population. Of special concern is the lack of access to appropriate sexual and reproductive health information and quality services. Barriers to progress include insufficient support of government authorities at all levels, including mass organisations and community-based organisations, and the limited capacity of local non-governmental organisations (NGOs) and community based organizations (CBOs) in the planning and management of youth-oriented sexual and reproductive health (SRH) programmes.

The RHIYA, funded by the European Union (EU) is a regional programme being implemented in seven Asian countries (Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka and Viet Nam). The programme is now in its second phase. One of the outcomes of Phase I was increased effectiveness of behaviour change communication (BCC) for young people through innovative initiatives such as street theatre and 'condom cafés' at work places and in schools. Special youth-friendly centres were established to provide information, education and reproductive health services for youth in Hanoi, Hai Phong, Hue and Da Nang. Phase II aims to make youth-friendly services available on a broader scale by making them a part of public sector health facilities – also in remote areas of Vietnam. There will still be a focus on advocacy and BCC efforts as these are essential to increasing the awareness of adolescents and youth about SRH issues and the availability of youth-friendly services.

Project Goal

To contribute to improved sexual and reproductive health for adolescent and youths in Vietnam, especially among poor and disadvantaged population groups.

Project Purpose

To improve reproductive and health behaviour and practices, and to increase utilisation of reproductive health and counselling services by adolescents and youths in project areas.



Project Outputs and Main Activities:

Output 1: Establish an enabling policy environment for youth-oriented RH information and services at national and local levels.

At the national level, RHIYA Vietnam will contribute to creating an enabling environment for RH care for youth through advocacy activities targeting policy makers and programme managers. RHIYA will create an enabling environment for the design and delivery of youth-supportive programmes and promotion of positive adolescent health. Advocacy will focus on the needs and concerns of adolescents and youth. Inputs to an advocacy policy as well as advocacy materials for RH will be developed and disseminated, and advocacy campaigns will be organised. Regular dialogue between youth and policy makers will be undertaken through seminars, meetings and workshops.

Output 2: Sustain behaviour change through increased knowledge and awareness of RH issues among adolescents and youth.

IEC/BCC activities aim to provide adolescents and youth with objective, appropriate and factual information on reproductive health through the implementation of educational, recreational and information activities. BCC will involve youths, parents, teachers, and service providers in inter-personal communication and strengthen participatory teaching/learning methods to bridge the gap between knowledge and behaviour. A BCC strategy will be developed for the partners involved.

Output 3: Increased utilisation of quality reproductive health services for youth.

The primary focus of Output 3 is the provision of youth-friendly services, including the establishment of youth friendly corners and mobile services, as well as the development of an adolescents reproductive health (ARH) toolkit. The ARH Toolkit, developed by MSI and local NGOs, is a collection of tools, techniques and man-

uals on youth-friendly services, adapted from existing materials and tested to be specific to Vietnam, to be used by Vietnamese service providers and health educators to implement and monitor the effectiveness of quality ARH services. RHIYA Vietnam will support some local health service systems within the project areas to improve quality and increase the provision of youth-friendly reproductive health services, including counselling at service delivery points, outreach activities, and the increased availability of IEC materials for health seeking behaviour change. These youth-friendly services will be appropriate, fully confidential, non-judgemental and affordable. They will be designed with input from young people themselves. Baseline data, monitoring information and information from peers and service providers will regularly feed back into project management. An effective community feedback mechanism to solicit ideas from young people about the health services they need, their satisfaction with current services and their ideas for changes and improvements will be established and maintained.

Output 4: Strengthened capacities of local NGOs.

RHIYA Vietnam will strengthen NGO capacities in technical, planning and programme terms, as well as financial management of RH programmes for young people. RHIYA will continue strengthening the capacities of local NGOs involved in the programme in partnership with INGOs for technical and advisory support. Based on capacity analysis and needs assessment, the programme will design relevant capacity building techniques in substantive, institutional, and managerial areas. This will include training, technical assistance, study tours and internships. The RHIYA knowledge management system and the Umbrella Programme Support Unit will support the refining of the need assessment and ensuring the appropriateness of capacity building and technical assistance, as well as providing training on financial and administrative matters.

UNFPA is providing direct support to a total of 19 provinces. Ha Giang, Yen Bai, Phu Tho, Hoa Binh, Thai Binh, Da Nang, Quang Nam, Binh Dinh, Khanh Hoa, Tien Giang, Binh Phuoc and Binh Duong are receiving assistance through the Sixth Country Programme of Assistance to Vietnam. Hoa Binh, Da Nang and Khanh Hoa are receiving assistance under RHIYA, which also covers Ha Noi, Hai Phong, Hue and Ho Chi Minh City. Furthermore, assistance is provided to Ha Tay, Quang Tri and Kien Giang under the Safe Motherhood Initiative (see p. 21 for more information). The provinces are listed in the table and highlighted on the Vietnam map on page 27. The provinces have been selected on the basis of their population and reproductive health (RH) indicators as well as their needs for donor assistance. Assistance is provided in accordance with the needs of the particular province. The projects at provincial level are linked and closely coordinated with the projects at central level. For detailed information on each of the provincial projects please refer to the detailed description of the individual provincial projects on the following pages. However, all 19 projects aim to achieve similar objectives and outputs, which are outlined below.

Long-term objective:

To contribute to a higher quality of life in the provinces – especially for women, adolescents and those who live in remote areas – through effective implementation of National RH and Population Strategies with a special focus on improved quality of reproductive health care and service utilisation.

Short-term objectives, outputs and activities:

Short-term objective 1: Increase the support of leaders at all levels and the participation of the community in the implementation of national strategies on Population and Reproductive Health through improving the capacity of the Department of Health (DOH), Provincial Committee for Population, Family and Children (PCPFC), mass organisations, and media in the implementation of advocacy and behaviour change communication (BCC) activities.

Output 1: Strengthen the capacity of DOH to implement population and RH-related BCC and advocacy activities.

Activity 1.1 and 1.2: Training on population and RH-related advocacy and BCC skills for health managers at provincial, district and communal level.

Activity 1.3: Adaptation of prototyped advocacy and BCC materials for health managers, service providers and clients.

Activity 1.4: Support to DOH to implement population and RH-related advocacy and BCC activities.

Output 2: Strengthen the capacity of PCPFC and mass organisations (i.e. Fatherland Front, Women's Union, Farmers' Union and Trade Union) to implement BCC and advocacy activities on Population and RH.

Activity 2.1: Training core trainers of PCPFC and mass organisations on population and RH related advocacy and BCC skills.

Activity 2.2 and 2.3: Training on population and RH-related advocacy and BCC, for population workers and communication staff of mass organisations at provincial, district, communal and village levels.

Activity 2.4 and 2.5: Adaptation and printing of prototyped advocacy and BCC materials for local leaders and the community.

Activity 2.6 and 2.7: Support PCPFC, District Committee for Population Family and Children and DOH to implement on population and RH related Advocacy and BCC.

Activity 2.8, 2.9, 2.10, 2.11: Support the Provincial Fatherland Front, Women's Union, Farmers' Union, and Trade Union, to implement population and RH advocacy and BCC.

Activity 2.12: Provision of training equipment.

Output 3: Capacity to implement population and RH-related BCC and advocacy activities of the Provincial Department of Culture and Information and media strengthened.

Activity 3.1: Support Department of Culture and Information to implement communication activities.

Activity 3.2 and 3.3: Support provincial television and broadcasting agencies, and newspapers in implementing advocacy and BCC activities.

Short-term objective 2: Strengthen RH education and access to RH information and services for adolescents.

Output 4: Access to RH information and service of in-school adolescents improved through extra-curricular activities.

Activity 4.1: Advocacy workshops on adolescent reproductive health (ARH) education in the school system.

Activity 4.2: Support for ARH extra-curricular activities in schools.

Output 5: Access to RH information and service of adolescents and youth improved through activities of the Youth Union.

Activity 5.1: Support Youth Union to implement population and RH advocacy and BCC activities for adolescents and youths.

Short-term objective 3: Provide a minimum package of quality and gender-sensitive RH services, including safe motherhood, family planning, adolescent reproductive health, reproductive tract infections, sexually transmitted diseases, HIV/AIDS, and counselling at public service delivery points in each province.

Output 6: Capacity to provide quality RH services of health staff at all levels strengthened.

Activities 6.1, 6.2, 6.3: Training on national standards and guidelines, client-oriented management of RH services and logistics management for RH services.

Activity 6.4: Advanced training on safe motherhood for provincial and district general doctors.

Activity 6.5: Training on usage of medical equipment.

Output 7: Facilities, medical equipment, transportation means, essential drugs and IEC/BCC materials of selected health centres improved in order to ensure minimum conditions to provide quality RH services according to national guidelines for RH services.

Short-term objective 4: Strengthen the capacity of DOH, PCPFC and concerned organisations in planning, monitoring and evaluation of the implementation of the national strategies on RH and population.

Output 8: Strengthen the capacity of DOH and PCPFC and concerned organisations in development and implementation of provincial action plans on RH and population.

Activity 8.1: Dissemination workshop on Provincial Plans of Action for population and RH for all relevant staff at provincial and district levels.

Activity 8.2: Support to develop district joint Plan of Action on RH and population for district level.

Activity 8.3: Support annual review meetings on implementation of RH and population activities.

Activity 8.4: Revision of local existing guidelines for the implementation of population and RH action plans and strategies.

Output 9: Strengthen the capacity of DOH and PCPFC and concerned organisations to monitor and evaluate the implementation of the provincial Plan of Action on RH and Population.

Activity 9.1: Support for monitoring and evaluation of projects for the implementation of Population and RH Action Plans.

Activity 9.2: Organise independent evaluation of the project.

Output 10: Health Management and Information System (HMIS) operated at all levels of the province.

Activity 10.1: Dissemination workshops on the application of unified HMIS .

Activity 10.2: Provide essential equipment for health information management units at provincial and district levels.

Activity 10.3-10.6: Training on management, utilisation, upgrading, maintaining, monitoring and evaluation of HMIS.

Output 11: Capacity of provinces in project management and implementation strengthened.

Activity 11.1: Project launching workshop.

Activity 11.2, 11.3, 11.4, 11.5: Provision of equipment and means of transportation for Project Office and maintenance.

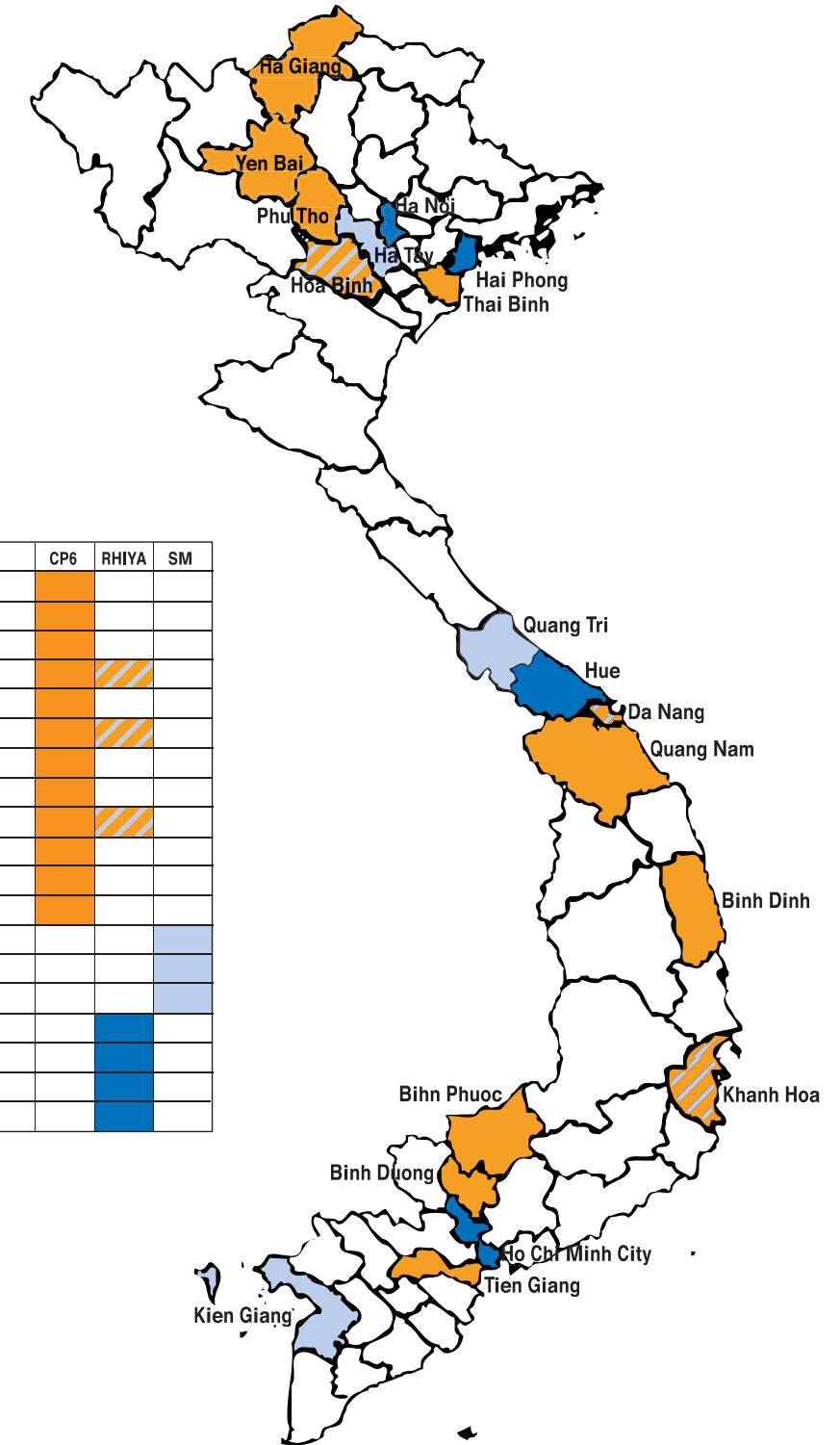
Activity 11.6: Support to personnel of the project.

Activity 11.7 Support to management of the project.

Activity 11.8, 11.9: International conferences and inter-province study tour.

Activity 11.10-11.14: Technical backstopping, auditing, monitoring and evaluation.

MAP OF VIETNAM Table: Provinces Receiving Assistance from UNFPA



Ha Giang

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Ha Giang Province

Short title: Ha Giang Reproductive Health Project

Project Code: VIE/01/P02

Duration: 2002-2005

Executing agencies: The People's Committee of Ha Giang Province and UNFPA

Implementing agencies: Provincial Committee for Population, Family and Children, Department of Health and concerned organisations in Ha Giang Province

UNFPA contribution: US\$ 1,201,300

Government contribution: US\$ 396.700 (In cash: US\$ US\$ 266,700 In kind: US\$ 130,000)

Background

Ha Giang province is at a very level of low socio-economic development. It has poor infrastructure which means that many health service delivery points are without water and electricity. Even though UNFPA has supported the province since 1997, the baseline survey conducted at the initiation of the new project (see Monitoring and Evaluation, p. 56) points towards the need for comprehensive support in the areas of population and reproductive health (RH).

The baseline survey shows that neither health service delivery points nor their staff are equipped to provide RH services of an acceptable standard. Only a few commune health clinics have service delivery rooms required by the National Standards on RH service delivery (see highlight on p. 50) and there is a severe shortage of instruments and essential drugs. In general, the baseline survey shows that service providers' knowledge and skills when it comes to key areas such as family planning, safe motherhood – and especially counselling and STDs – is poor. A significant percentage of health service providers, especially at commune level, have never received training or refresher training in providing basic as well as more advanced reproductive health services.

There is also a great need to provide information to women, men and adolescents on reproductive health issues. When asked, only 10% of women were able to identify two danger signs for mothers before, during and after delivery and around 60% were not able to identify any danger signs at all. Men's knowledge in this area was even lower. When it comes to contraceptives, the

level of knowledge is alarmingly low, especially among adolescents – more than 50% were not able to name a single means of contraception. Awareness on HIV/AIDS transmission and prevention is limited. More than 50% have never heard of any of the rights of the client. Fewer than 1% mentioned basic rights such as privacy and confidentiality when receiving services.

The Project

The project aims to improve service delivery by training providers and health centre managers as well as by supporting health care infrastructure in certain locations. Furthermore, the project works with public organisations such as mass organisations, and community leaders to increase the demand for high quality reproductive health services, especially in marginalized areas. There will be enhanced training for traditional birth attendants on the use of clean delivery kits, and advanced training for physicians on STDs and HIV/AIDS. In addition to the main outputs and activities as outlined under 'Provincial Projects', greater attention will be paid to the training of village health workers in remote areas, and training in the use of medical equipment.

Highlight: Improving clients' rights

As mentioned above, the baseline survey shows that knowledge of client rights is extremely limited among the population of Ha Giang province. Service providers' knowledge about the rights of their clients is also limited. The same situation is true for the 11 other provinces selected to receive assistance under the current UNFPA Country Programme.

Through the project with Ha Giang province as well as the other provincial projects, UNFPA will promote reproductive rights by supporting the right of couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information and means to do so. Through the projects UNFPA will also promote client's rights, such as:

- access to information and safe services
- the ability to freely select, refuse, or stop using contraceptive methods
- confidentiality of information

- privacy
 - respect and adequate services
 - the right to express opinions about the quality of services
- UNFPA has incorporated clients' rights into various training materials. The advocacy and behaviour change communication activities carried out under all the projects at provincial level inform community members about their rights, encouraging them to demand better services. At the same time, health staff will be trained on clients' rights, to encourage client-oriented service provision that is respectful of the needs and rights of those seeking services and ensures access for all.



Yen Bai

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Yen Bai Province

Short title: Yen Bai Reproductive Health Project

Project Code: VIE/01/P03

Duration: 2002-2005

Executing agencies: The People's Committee of Yen Bai Province and UNFPA

Implementing agencies: Provincial Committee for Population, Family and Children, Department of Health and concerned organisations in Yen Bai Province

UNFPA contribution: US\$ 1,200,500

Government contribution: US\$ 1,200,500 (In cash: US\$ 114,000, In kind: US\$ 200,007)

Background

Of the 180 communes in Yen Bai, 70 are extremely poor, with high illiteracy rates and without electricity and telephone lines. About half of the population belongs to 30 different ethnic groups with different languages and customs. UNFPA has worked in Yen Bai since 1988, upgrading health service delivery points and training health care providers on technical, IEC and management skills. While improvements have been made with regards to the reproductive health (RH) status of people in Yen Bai, many problems remain especially in the poor communes and in areas where ethnic minorities reside.

With regard to the supply of RH services, the baseline survey (see Monitoring and Evaluation, P. 56) indicates that the province is facing challenges to meet national standards and guidelines on availability of rooms, equipment, instruments and drugs (see p. 50). Furthermore, doctors, nurses and midwives, especially at the commune level, could benefit from retraining in providing reproductive health services. Their knowledge on several issues related to safe motherhood, family planning and STDs is poor and observations at the clinics have revealed that service providers' skills do not meet the national standards in a range of areas. Counselling skills especially are very poor.

Also, on the demand side, interventions are required to improve the knowledge and change the behaviour of women, men and adolescents in Yen Bai province. Baseline interviews show that 45% of women and 60% of men are not aware of any danger signs such as bleeding, abdominal pain and fever in relation to pregnancies. The knowledge level of issues related to

family planning methods, STDs and HIV/AIDS transmission and prevention is much better; adolescents have a lower level of knowledge than their parents generation.

The Project

Under the project, special attention is paid to 61 extremely poor communes. The project aims to improve service delivery by training providers and health centre managers; to create demand for high quality services by working with mass organisations and community leaders; and to support health care infrastructure in certain locations. There is enhanced training for traditional birth attendants on the use of clean delivery kits, and advanced training for physicians on STDs and HIV/AIDS. For a more detailed description of project objectives, outputs and activities, please refer to 'Provincial Projects'.

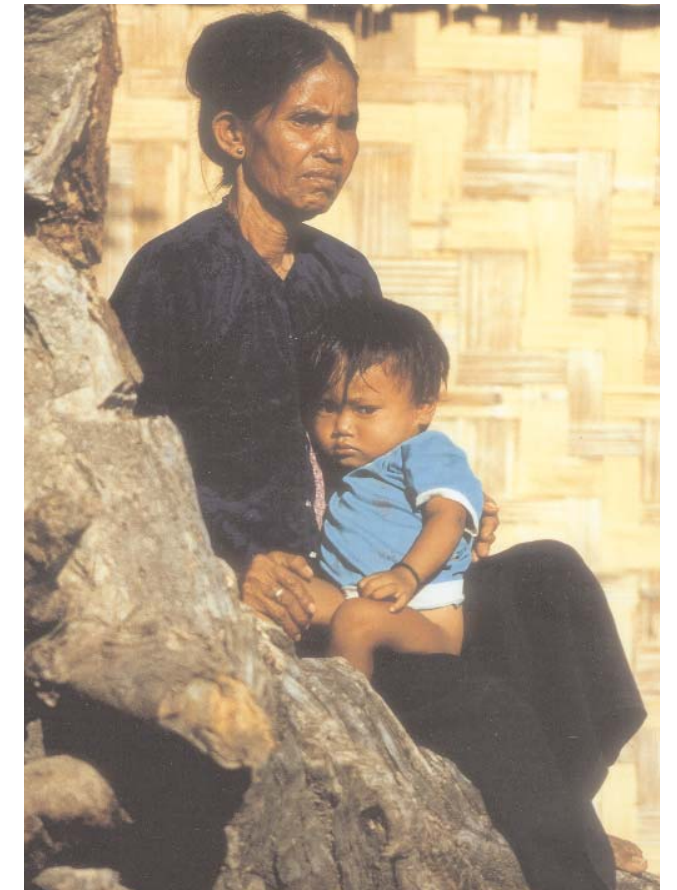
Highlight: Working with the Women's Union

UNFPA has had a very fruitful collaboration with Women's Union (WU) in Yen Bai province. Under this project, selected members of the WU in Yen Bai will be trained in population and reproductive health advocacy and behaviour change communication (BCC). They in turn will train a group of other key union members and disseminate the Provincial and District Action Plans for Population and RH developed by the WU. The aim is for at least 50% of the WU members to communicate on population and RH during their regular club and group activities – especially arranged competitions – and through direct communication.

Vietnam Women's Union organises 11 million women from the central level, down to provincial, district, commune and village levels. The union has proved to be very efficient in integrating population, RH and family planning issues into their community development activities. At commune level, the WU responds to the needs of its members and organises co-operative activities. At the national level, the union is an important member of policy discussions, advocating for change and influencing policy.

UNFPA has worked with the WU since 1997, in activities such as small women's groups, couples groups, the integrated population/RH and credit and saving model (see fact sheet on Binh Phuoc province p. 40), information, education and communication materials, and training materials. Under the current Country Programme UNFPA supports a sub-project with WU under the project with the Vietnamese National Committee for Population, Family and Children (see p. 14). The project aims to:

- (i) Raise awareness, accountability and support of WU leaders at all levels to successfully address population and RH issues in Vietnam;
- (ii) Strengthen the WU's capacity in population and RH-related advocacy and BCC as well as to monitor, evaluate and provide technical assistance for provincial WU staff in carrying out population and RH activities.



Phu Tho

Basic Project Data

Project title: Improving Quality and Utilisation of Reproductive Health Services in Phu Tho Province

Short title: Reproductive Health Care in Phu Tho Province

Project Code: VIE/01/P04

Duration: 2002-2005

Executing agencies: The People's Committee of Phu Tho Province and UNFPA

Implementing agencies: Provincial Department of Health, Provincial Committee for Population, Family and Children, related agencies and organisations of Phu Tho Province

UNFPA contribution: US\$ 1,809,800

Government contribution: US\$ 340,000 (In cash: US\$ 170,000, In kind: US\$ 170,000)

Background

The past decade has shown a slow and steady improvement in the reproductive health (RH) indicators of Phu Tho province. The total fertility rate has dropped, contraceptive prevalence has increased, and infant mortality is lower than the national average. A situation analysis conducted in 1999 found, however, that the quality and utilisation of services needed improvement. Health centre managers had limited capacity for planning and monitoring, technical competence of health and population workers was lacking especially in obstetrics, essential drugs were insufficient and education and communication (IEC) materials were rare and focused only on married couples. The poor status of the health system reflects the lack of resources in the province, where infrastructure, transportation and communication are limited, leaving many mountainous communes isolated. Of the 270 communes in Phu Tho, 214 are located in mountainous areas, of which 50 are extremely disadvantaged.

The baseline survey (see Monitoring and Evaluation on p. 56) confirmed the decision to include assistance to Phu Tho province as part of UNFPA's programme. With regard to the supply of RH services, the province is facing severe challenges. None of the commune health clinics in the province have the number of service delivery rooms, the equipment or the essential drugs required in the national standards on reproductive health care (see highlight on p. 50). The need for training on reproductive health issues for doctors, midwives and nurses at all levels are very high. Large propor-

tions of the staff have never been trained in how to provide key RH services such as counselling and provision of contraceptives, examination and treatment of STDs/RTIs and pregnancy check-ups. Many problems exist when it comes to knowledge levels and the practical skills of service providers. A majority of service providers have big gaps in their knowledge about issues related to safe motherhood, family planning, reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) when compared to national standards requirements.

The population of Phu Tho province seem to be better informed about RH issues than people in many other provinces. However, the baseline survey revealed gaps in knowledge especially among adolescents. As in most other provinces, the awareness of clients' rights is quite low. More than a third of the people interviewed were not able to name any of their rights as clients.

The Project

UNFPA has just started collaborating with Phu Tho province. As with other UNFPA projects at provincial level, activities include strengthening health care delivery through management and technical training for health centre staff, and increasing the utilisation of reproductive health services through behaviour change communication activities. In addition, the province has a particular focus on logistics training. For further information on objectives, outputs and activities, please refer to 'Provincial Projects'.

Highlight: Working through Population and RH Communicators

At the commune level, a cadre of commune members provide information about population and reproductive health: village health workers that are a part of the health care system, volunteer population collaborators affiliated with the Provincial Committee for Population, Family and Children and mass organisation members. In all provinces covered by UNFPA assistance, they will receive training in communication for behaviour change and in reproductive health issues.

In Phu Tho, over 4,000 population collaborators and village health workers, selected from each commune for

their community mobilisation skills, will take part in a 3-day training course on population and RH-related behaviour change communication, followed by one-day refresher training. The participants will be equipped with new information and flipcharts to raise awareness of preventive health, increase demand for quality RH services, and discuss the RH concerns of commune members.

One of the planned BCC activities during the Sixth Country Programme in Phu Tho is a competition for the best promoters of population and reproductive health information. The theme will be a topic such as community awareness on reproductive rights, client rights to information and quality RH services, HIV/AIDS prevention, negative consequences of abortion/menstrual regulation or male involvement in RH.



Hoa Binh

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Hoa Binh Province

Short title: Hoa Binh Reproductive Health Project

Project Code: VIE/01/P05

Duration: 2002-2005

Executing agencies: The People's Committee of Hoa Binh Province and UNFPA

Implementing agencies: Department of Health, Provincial Committee for Population, Family and Children and concerned organisations in Hoa Binh Province

UNFPA contribution: US\$ 1,795,056 (of which US\$ 72,305 was mobilized from JICA)

Government contribution: US\$ 400,000 (In cash: US\$ 174,000, In kind: US\$ 226,000)

Background

In Hoa Binh province the fertility rate is slightly lower than the national average. However, it is relatively high among some of the minority ethnic groups who account for more than 70% of the total population of the province. Furthermore, the rate of unwanted pregnancies and STDs including HIV/AIDS has increased in recent years. Hoa Binh province has made some remarkable efforts to improve the reproductive health (RH) services and information provided but, as the province did not previously receive any comprehensive donor support in the fields of RH and population, resources have been inadequate.

The baseline survey conducted in 2003 (see special section on monitoring and evaluation) shows very clearly that Hoa Binh Province is in need of support in the areas of RH and population. With regard to the supply of reproductive health services, the province is facing severe challenges. None of the commune health clinics in the province have the number of service delivery rooms, the equipment or the essential drugs required in the national standards on reproductive health care (see highlight on p. 50). The need for training on reproductive health issues for doctors, midwives and nurses at all levels is high. A large proportion of staff have never been trained in basic gynaecological and obstetric services and larger numbers have not received appropriate training on how to provide high-technology RH services. Training needs are also reflected in the level of knowledge and the practical skills of service providers. In general, the knowledge and practice of the service providers on safe motherhood, family planning, RTIs/ STDs and adolescent reproductive health is limited when com-

pared to national standard requirements. Counselling skills are also very limited.

There is a great need for improved information to the public about RH issues. Information, education and communication (IEC) and behaviour change communication (BCC) materials are unavailable for distribution to clients at most health services. As part of the baseline survey, women, men and adolescents were interviewed. The interviews show that the awareness of RH issues is very limited. Adolescents especially lack knowledge about contraceptives and STDs. Furthermore, knowledge of clients' rights is low, with more than 30% completely unaware of their rights.

The Project

The project works with the health and population sectors to improve knowledge of reproductive health among the population, increase demand for quality services, and prepare health facilities to provide high quality services. Enhanced training is provided in logistics, use of medical equipment and laboratory tests. For a detailed description of objectives, outputs and activities, please refer to 'Provincial Projects'.

Highlight: Improving quality through the COPE approach

In CP6, health service management training to ensure quality of RH services is provided to health managers at all levels. The training is focused on interpersonal com-

munication, planning, supportive supervision, monitoring and evaluation, and problem solving techniques (COPE). The COPE® (client-oriented, provider-efficient services) approach, developed by Engender Health, encourages and assists providers and other health staff to work with their supervisors to identify problems, find causes and develop solutions. It is essentially a self-assessment tool that aims to increase awareness of good practices.

With the establishment of the new National Standards and Guidelines on RH care, health facilities in Vietnam

have another very important tool to assess the quality of their services. UNFPA works with the Ministry of Health to develop training materials for the Vietnamese health sector.

In all the provinces supported by UNFPA, including Hoa Binh, provincial core trainers will organise the training courses. The approximately 300 to be trained in Hoa Binh province will be health managers at provincial, district, inter-commune polyclinics and commune levels. The 5-day training course will help participants become familiar with the essential topics.



Quang Nam

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Quang Nam Province

Short title: Quang Nam Reproductive Health Project

Project Code: VIE/01/P06

Duration: 2002-2005

Executing agencies: The People's Committee of Quang Nam Province and UNFPA

implementing agencies: Provincial Committee for Population, Family and Children, Department of Health, mass organisations and concerned institutions in Quang Nam Province

UNFPA contribution: US\$ 1,890,656 (US\$ 13,381 mobilised)

Government contribution: US\$ 1,593,333 (In cash: US\$ 140,333, In kind: US\$ 1,453,000)

Background

While some progress has been made with UNFPA support since 1997, reproductive health (RH) indicators continue to be a matter for concern, especially in mountainous or remote areas of Quang Nam province. The baseline survey (see Monitoring and Evaluation on p. 56) confirms that continued support of UNFPA in the areas of RH and population are greatly needed. Many doctors, nurses and midwives, especially at the commune level,

lack training on issues related to safe motherhood and counselling. Whereas the skills of service providers meet national standards on reproductive health care (see highlight on p. 50) improvements are still needed. Furthermore, many service providers lack the knowledge required to counsel clients on key issues such as IUD insertion, abortion and newborn care.

According to the Situation Analysis from 1999, IEC activi-

ties on RH are inconsistent, ineffective and limited in terms of content and presentation. Furthermore, they are narrowly focused on women of reproductive age, and do not pay sufficient attention to men, adolescents and those who live in remote ethnic minority areas. The baseline survey confirms that better information on RH issues is required. Twenty per cent of adolescent were not able to name any contraceptive methods and only 35% of the female adolescents interviewed mentioned that using a condom when having sex could prevent HIV transmission.

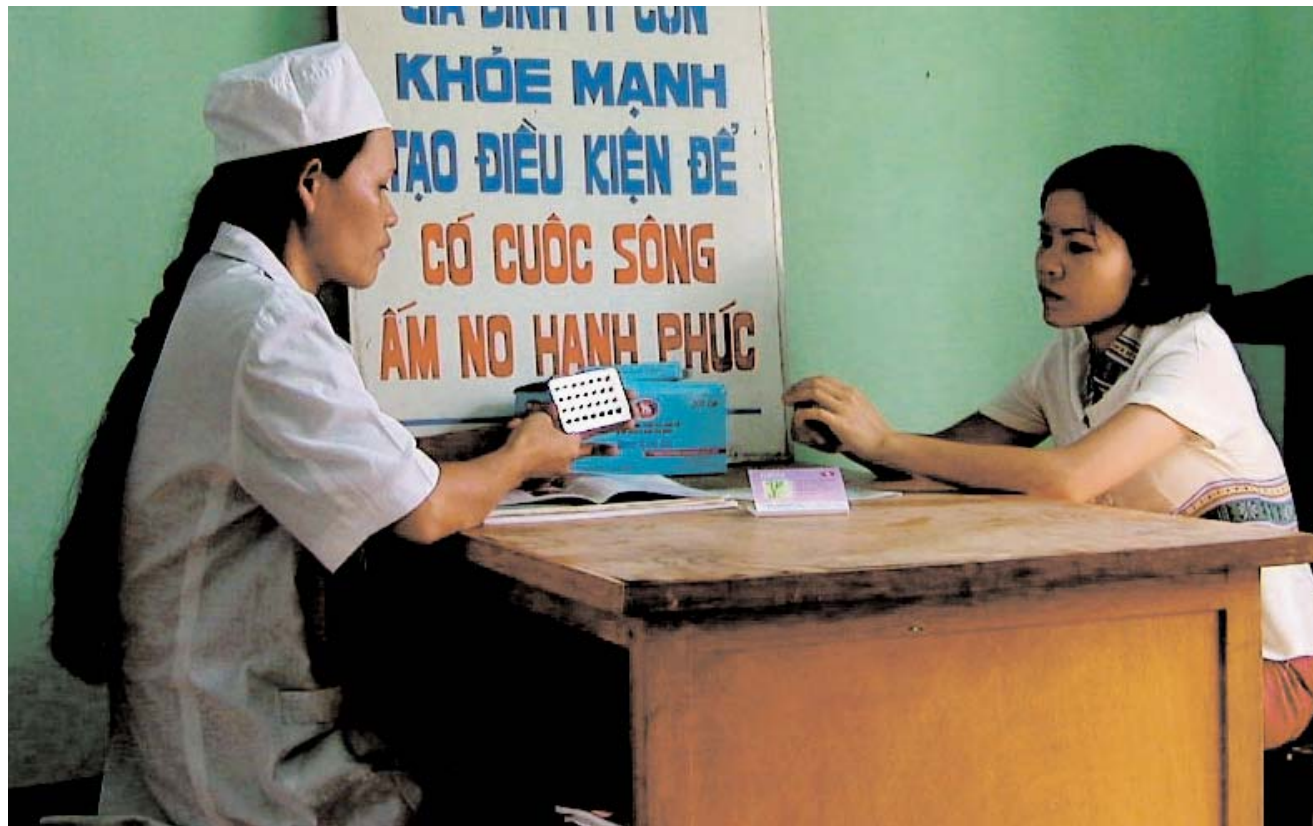
The Project

Resources for Quang Nam province will be directed towards training health personnel on national standards for RH services and client-oriented health service management. At the same time, the project will focus on training staff from health and population sectors and mass organisations involved in health education and community mobilisation on advocacy and communication. The training will especially focus on safe motherhood. Advanced training will be provided to general practitioners at provincial and district levels; primary and advanced trainings will be provided for midwives, and basic training for village health workers. For further information on project objectives, outputs and activities please refer to 'Provincial Projects'.

Highlight: Providing counselling to youth through the Youth Union

The Ho Chi Minh Communist Youth Union (YU) is a mass organisation for Vietnamese youth, responsible for assembling and educating youth and adolescents to participate in the government's priorities and national development programmes. The YU plays a very important role in mobilising youth to participate in health care and family planning programmes. Since 1993, the YU has collaborated with UNFPA in activities such as adolescent reproductive health clubs in schools and life skill groups in rural areas, and the establishment of model adolescent counselling centres in Hanoi and Ho Chi Minh City.

The YU adolescent counselling centres are now being duplicated in Quang Nam, Da Nang, Binh Duong, Tien Giang and Yen Bai. Counselling activities will include both face-to-face and telephone counselling. The project will provide training on counselling skills to counsellors and necessary equipment to facilitate the centre's operation. In addition, YU staff will receive training in advocacy and behaviour change communication (BCC), preparing them to better discuss reproductive health issues with adolescents and youth, and integrate RH messages into YU publications and materials.



Tien Giang

Basic Project Data

Project title: Improvement of the Quality and Utilization of Reproductive Health Services in Tien Giang Province

Short title: Tien Giang Reproductive Health Project

Project Code: VIE/01/P07

Duration: 2002-2005

Executing agencies: The People's Committee of Tien Giang Province and UNFPA

Implementing agencies: Department of Health, Provincial Committee for Population, Family and Children and concerned organisations in Tien Giang Province

UNFPA contribution: US\$ 1,799,210

Government contribution: US\$ 1,000,000 (In cash: US\$ 666,666, In kind: US\$ 333,334)

Background

Tien Giang province has received assistance from UNFPA in the 3rd Country Programme. However, the baseline survey (see theme on monitoring and evaluation) shows that the need for training on reproductive health (RH) issues for doctors, midwives and nurses at all levels is high. A large proportion of staff has never been trained in how to conduct basic gynaecological and obstetric services. The training needs are also reflected in the level of knowledge and the practical skills of the service providers. In general, the knowledge and practice of the service providers on safe motherhood and family planning is limited when compared to the requirements of the National Standards and Guidelines on RH services (see highlight on p. 50). Furthermore, the counselling skills for and knowledge of RTIs/STDs are very limited. Observations at the clinics show that even though some services – such as examinations of pregnant women – are provided at an acceptable level, neonatal care and counselling of mothers right after delivery for example, are of poor quality.

There is great need to provide information to women, men and adolescents on reproductive health issues. When asked, only 10% of women were able to identify two danger signs such as bleeding, fever or abdominal pain during pregnancy and about 50% of women and 70% of men were not able to identify any danger signs at all. In general men, women and adolescents had some knowledge of contraceptives, STDs/RTIs and HIV/AIDS; however, big gaps remained. One example is that only 50% of women and around 30% of men and adolescents mentioned that using a condom when having sexual intercourse could prevent HIV. Knowledge of clients' rights was much lower

among clients than service providers. More than 51% of the people interviewed were not able to name any client rights at all. This figure was only 3% among service providers.

The Project

In addition to the objectives, outputs and activities described under 'Provincial Projects', the project in Tien Giang has a special focus on supporting an adolescent reproductive health counselling centre. The centre provides face-to-face and telephone counselling. Complimenting the efforts of the Provincial Youth Union and Provincial Committee on Population Family and Children, the UNFPA project will provide training on counselling skills and necessary equipment for the centre.

Highlight: Health Management and Information System

Tien Giang is one of six provinces where UNFPA is deploying the recently created Health Management Information System (HMIS). In the past, the collection of health data was scattered over many vertical programmes, resulting in a huge amount of work for service providers at commune level and often unreliable data. Use of data in management and planning was further weakened by the limited capacity of health managers. In July 2002, the Ministry of Health approved a unified HMIS for the health sector of all levels. Simpler data collection tools that could easily be gathered at commune health centres and entered into a computer database network at district and provincial levels, replaced the former data collection mechanisms.

The new HMIS system is now being implemented nationwide. UNFPA will help set up the system in the provinces of Tien Giang, Quang Nam, Hoa Binh, Binh Phuoc, Ha Giang and Yen Bai. Provincial health sector staff will be trained on operation, use and analysis of HMIS data, HMIS regulations, the health indicator system, reporting/recording forms, utilisation of software, and the management, monitoring and evaluation of the HMIS system at district and communal levels. They will manage the overall system, while district staff take care of operations and manage the local area network. In collaboration with the Ministry of Health, UNFPA will also update and revise the HMIS software and recording forms and provide selected equipment. The enhanced data collection mechanisms and improved data analysis and utilisation skills of managers will allow better management of existing resources and improved strategic planning.



Binh Phuoc

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Binh Phuoc Province

Short title: Binh Phuoc Reproductive Health Project

Project Code: VIE/01/P08

Duration: 2002-2005

Executing agencies: People's Committee of Binh Phuoc Province and UNFPA

Implementing agencies: Provincial Committee for Population, Family and Children, Department of Health, mass organisations and media in Binh Phuoc Province

UNFPA contribution: US\$ 999,600

Government contribution: US\$ 427,865 (In cash: US\$ 418,132, In kind: US\$ 9,733)

Background

Binh Phuoc was established as a province in 1997 and has received assistance from UNFPA ever since. The technical and management capacity of health workers has improved significantly and a number of commune health centres have been upgraded. Furthermore, the awareness of provincial people on key health issues has increased.

However, the infrastructure for providing health care – particularly reproductive health (RH) services – remains poor. According to the baseline survey (see Monitoring and Evaluation), most of the commune health clinics do not have the number of service delivery rooms, equipment or essential drugs required in the National Standards on Reproductive Health Care (see highlight on p. 48). Even though many training courses have been carried out, there is still a significant proportion of health service providers who lack training and retraining on how to provide key RH services. Furthermore, interviews with service providers show that they lack the knowledge required to counsel clients on key issues such as IUD insertion, abortion and STDs.

In general, both men, women and adolescents have some knowledge of contraceptives, STDs/RTIs and HIV/AIDS; however, big gaps remain. One example is that only around 40% of women and around 20% of female adolescents mentioned that using a condom when having sexual intercourse could prevent HIV. These figures are a bit higher among males. Knowledge of clients' rights is much lower among clients than service providers. More than 55% of the people interviewed were not able to mention any client rights at all. This figure was only 3% among service providers.

The Project

Through the project, UNFPA is assisting Binh Phuoc province to face the above-mentioned challenges in the

population and reproductive health sectors. Special attention will be paid to under-served areas and groups like adolescents and ethnic minorities. For objectives and outputs, please refer to 'Provincial Projects'.



Highlight: Micro credit and reproductive health

During the last cycle of UNFPA support to Vietnam, the Women's Union in Binh Phuoc province received assistance to establish reproductive health and family planning saving groups. UNFPA worked with the Vietnam Women's Union to establish 51 saving groups, which combined small loans for groups of women with information and discussions about poverty, reproductive health, family planning and the environment.

At the end of the project, the Vietnamese Committee for Population, Family and Children (VCPFC) established Women's Reproductive Health and Saving Groups as a national programme and is expanding it to all 61 provinces. Under the UNFPA-supported project with VCPFC (see p. 14), provincial core trainers will be given training, BCC and training materials as well as technical assistance and guidance.

Thai Binh

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Thai Binh Province

Short title: Reproductive Health Services in Thai Binh Province

Project Code: VIE/01/P15

Duration: 2002-2005

Executing agencies: The People's Committee of Thai Binh Province and UNFPA

Implementing agencies: Provincial Department of Health, Provincial Committee for Population, Family and Children, and other relevant departments and mass organisations in Thai Binh Province

UNFPA contribution: US\$ 896,000 (US\$ 350,658 from the Danish government and US\$ 13,381 from CIDA)

Government contribution: US\$ 167,000 (In cash: US\$ 20,040, In kind: US\$ 146,960)

Background

Population and reproductive health (RH) indicators for Thai Binh province are relatively good compared to other provinces. The total fertility rate is low, contraceptive prevalence is high and antenatal checks are frequent. UNFPA has assisted the province since 1997 by providing medical equipment, drugs and training for health workers and population collaborators. However, several health challenges remain in the province.

The baseline survey (see Monitoring and Evaluation) confirms that the province is facing challenges with regard to the supply of reproductive health services especially at commune level. None of the commune health clinics in the province have the number of RH service delivery rooms required by the National Standards on RH Care (see highlight on p. 50). Very few of the service delivery rooms have all the equipment needed to provide quality RH services. At commune level, only 7 out of 30 clinics have full sets of equipment and there is a severe shortage of essential drugs. Commune health clinics have only 50% or less of the drugs required. Hygiene is acceptable at most clinics at provincial and district levels; however, less than one fourth of the clinics at commune level meet hygiene standards.

Whereas doctors, midwives and nurses at provincial and district levels have received significant training on RH issues, training needs remain at commune level especially in the areas of providing sterilization, safe abortions and counselling. In general, the knowledge

and practice of the service providers on safe motherhood and family planning is fair when compared to national standards requirements but knowledge on RTIs/STDs and adolescent reproductive health is still poor.

On the demand side, the baseline survey shows that awareness and knowledge of the people on contraceptive methods is quite good. More than 90% are aware of contraceptive pills and condoms. However, knowledge of other contraceptives is more limited especially among adolescents. Men, women and adolescents also seem to be well informed about other RH issues. Adolescents are in many cases more knowledgeable about HIV/AIDS than their parents. In general, knowledge of clients' rights is limited.

The Project

The focus of the new project is on training staff of the health and population sectors as well as other relevant sectors in the National Standards and Guidelines and in advocacy and behaviour change communication. In addition to the traditional partners of UNFPA (the Fatherland Front, the Women's Union, the Farmers' Union and the Youth Union), the Thai Binh project works with the IPM (Integrated Pest Management) project supported by the Danish government. Farmers in the project receive information and training on population and reproductive health, including HIV/AIDS. For objectives and outputs please refer to 'Provincial Projects'.

Highlight: Safe Motherhood

Safe motherhood programmes were launched by the MOH in 1995. Since then, maternal health care has become available to most pregnant women. However, several concerns for safe motherhood remain. About 45% of health facilities are not operational full-time. Only about 60% of district hospitals can provide comprehensive obstetric care, and less than 30% of MCH/FP centres can manage abortion complications. Low quality of care discourages utilisation of services. In addition, there are great regional differences in service provision and utilisation.

Maternal health is a central component in the array of reproductive health issues being addressed by UNFPA. All service providers in the 12 project provinces are

receiving training on the National Standards and Guidelines for Reproductive Health Care Services (see highlight on p. 50), which include a chapter on safe motherhood. Safe motherhood is also a central topic of behaviour change communication (BCC) activities of population collaborators, mass organisations and village health workers. These groups receive training on safe motherhood and how to communicate effectively on preventative care, danger signs during pregnancy and the importance of quality of care. In addition, UNFPA is working with the Ministry of Health and sister UN agencies and non-governmental organisations to support Phase 1 of the Safe Motherhood Master Plan (see fact sheet on the Safe Motherhood project p. 21).



Da Nang

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Da Nang City

Short title: Da Nang Reproductive Health Project

Project Code: VIE/01/P16

Duration: 2002-2005

Executing agencies: The People's Committee of Da Nang City and UNFPA

Implementing agencies: Department of Health, City Committee for Population, Family and Children (CCPFC), mass organisations and concerned institutions in Da Nang City

UNFPA contribution: US\$ 504,900 (US\$ 248,100 mobilised from the Dutch government, US\$ 34,116 from JICA, US\$ 13,381 from CIDA and US\$ 25,000 from the PAF/UNAIDS project.

Government contribution: US\$ 296,040 (In cash: US\$ 49,340, In kind: US\$ 246,700)

Background

Da Nang is a rapidly developing province where the majority of the population lives in urban areas. Providing appropriate services to an increasing number of industrial workers, students and tourists challenges the existing health services. STDs, including HIV/AIDS, are on the increase among youth and adolescents and high-risk behaviour groups. Another major concern is the high rate of abortions.

UNFPA has provided assistance to Da Nang since 1988 and a lot of achievements have been made. However, the baseline survey (see Monitoring and Evaluation p. 56) shows the province is facing challenges both with regard to the supply of and demand for reproductive health (RH) services. None of the commune health clinics in the province have the number of RH service delivery rooms required by the National Standards on RH (see highlight on p. 50). The equipment needed to provide quality RH services is only available in a few of the service delivery rooms. At commune level, only 7 out of 30 clinics have the full sets of instruments and there is a severe shortage of essential drugs with clinics having only 50% or less of the drugs required by national standards. Health staff at provincial, district and commune levels are short of training and retraining on providing key family planning and safe motherhood services. Many staff lack knowledge about RH issues, especially knowledge required to counsel the client when performing an abortion, inserting an IUD or if the patient has symptoms of an STD.

The level of knowledge of women, men and adolescents on a range of RH issues was also investigated under the baseline survey. Thirty per cent of the women

knew two danger signs before, during and after delivery, but 30% did not know any danger signs at all. A very high percentage – 50% of the women and 25% of the men – did not know any of the potential consequences of abortions such as increased risk of RTI, infertility or psychological problems. In general, the knowledge about clients rights is limited. Less than 1% know that they have the right to privacy when receiving RH services and less than 4% know that they have the right to freely select, refuse or stop using contraceptive methods.

The Project

In this project special attention is paid to improving the capacity of RH service providers through training on safe motherhood, diagnosis and treatment of RTIs/STDs, HIV/AIDS and counselling skills. Furthermore, the project aims to improve accessibility of RH information and services, particularly for adolescents, men and those working in industrial complexes. In addition to the activities described under 'Provincial Projects', the project is providing support to the adolescent RH Counselling Centre that was established by the Youth Union with support from UNFPA during the last Country Programme. Staff will receive refresher training and information will be provided through telephone hotlines, community counselling and face-to-face counselling at the counselling centres. Support will also be provided to Da Nang Television and newspapers to carry out communication activities on topics such as reproductive rights, clients' rights for quality RH information and services, HIV/AIDS prevention, harmful consequences of abortions and male responsibility in RH.



Highlight: Strengthening the capacity of VINAFFPA

The NGO sector in Vietnam is still relatively new. Da Nang is one of the provinces where UNFPA is working with the Vietnamese Family Planning Association (VINAFFPA). VINAFFPA was formed in 1993 and is the Vietnamese affiliate of the International Planned Parenthood Federation (IPPF).

The collaboration between VINAFFPA and UNFPA began in 2001 with a project supported by the Government of Luxembourg focusing on strengthening the capacity of VINAFFPA. A model clinic, serving as an example of best practices, was established in Hanoi and three provincial clinics were upgraded. A range of training courses focusing both management

and technical skills, as well as communication and counselling skills, were carried out. In addition, in the first cycle of the RHIYA, VINAFFPA established seven RH Counselling and Community Development Centres targeting young people. (See fact sheet on RHIYA p. 23)

Under the current programme, VINAFFPA will receive support from UNFPA to provide further training for about 150 counsellors and support improvements to the centres' information, education and communication materials. (See more on collaboration with VINAFFPA, p. 15). In the second cycle of RHIYA, VINAFFPA will pilot youth-friendly corners in commune health centres in 21 locations (see fact sheet on RHIYA). One corner will be in the existing health centre in Da Nang.

Khanh Hoa

Basic Project Data

Project title: Improvement of the Quality and Utilization of Reproductive Health (RH) Services in Khanh Hoa Province

Short title: Khanh Hoa Reproductive Health Project

Project Code: VIE/01/P17

Duration: 2002-2005

Executing agencies: The People's Committee of Khanh Hoa Province and UNFPA

Implementing agencies: Provincial Committee for Population, Family and Children

UNFPA contribution: US\$ 500,000 (US\$ 25,000 mobilised from UNAIDS, US\$ 426,100 from the Netherlands and US\$ 13,381 from CIDA)

Government contribution: US\$ 475,000 (In cash: US\$ 19,800, In kind: US\$ 455,200)

Background

The technical expertise and managerial capacity of reproductive health (RH) service providers in Khanh Hoa have been improved with assistance from UNFPA since 1988. Also, the access to RH care services has increased, and several pilot models of the health management information system (HMIS) and information, education and communication (IEC) have been developed. Despite these improvements, there are still several challenges the province has to deal with. Planning, monitoring, and evaluation is weak, the HMIS has not yet been implemented in the whole province, IEC activities are still focused mainly on married couples, and increasing tourism is contributing to the growing number of STDs/HIV/AIDS cases among youth, sex workers and intravenous drug users.

The baseline survey (see Monitoring and Evaluation on p. 56) confirms that the province is facing challenges with regard to the supply of reproductive health services. Many service providers, especially at commune level, lack training and retraining on key RH issues. In some areas, service providers knowledge and skills meet the National Standards on RH services (see highlight on p. 50) but serious gaps remain. Interviews show that many service providers lack the knowledge required to counsel on issues such as IUD insertion, abortion and newborn care, and that their knowledge on STDs is very poor.

Interviews with people in the province confirm that information campaigns have been successful in delivering messages about contraceptives. However, gaps exist in the knowledge of women, men and adolescent about STDs, and transmission and prevention of HIV/AIDS. There is a very significant difference in the

knowledge about clients' right among clients and service providers. More than 58% of the people interviewed were not able to mention any clients' rights. This figure was only around 1% among service providers.

The Project

Under CP6, the project focuses on training staff of mass organisations and population workers involved in advocacy and BCC at the district and communal level. The capacity of health staff at all levels is to be increased to provide quality reproductive health services, adolescent reproductive health, safe motherhood, RTIs and counselling. Moreover, the access of adolescent RH information is improved through extra-curricular activities. For objectives and outputs, please refer to 'Provincial Projects'.

Highlight: Reducing HIV/AIDS-related stigma

Stigma and discrimination against people living with HIV prevents an effective response to the epidemic. Due to fear and guilt, people refuse to listen to messages about HIV prevention, acknowledge that they may be at risk, or seek counselling and testing. People living with HIV/AIDS may become marginalized, prevented from accessing health care, participating in the labour force, or even being a part of the community by negative attitudes and threats. Political leaders at the various levels play a central role in influencing public opinion about HIV/AIDS and people living with HIV/AIDS.

The province of Khanh Hoa is one of three in which UNFPA is working to advocate for improved HIV/AIDS policies and increased respect for people living with

HIV/AIDS. The project, funded by the UNAIDS Programme Acceleration Funds, aims to dispel negative myths around HIV/AIDS by educating leaders and raising awareness of stigma and discrimination among members of the National Assembly, elected officials, party members, and leaders of the Women's Union and Vietnam Fatherland Front. A series of meetings

are being conducted for these leaders and political propagandists who are gatekeepers of public opinion. In the provinces of Khanh Hoa, Da Nang and Binh Duong, the Women's Union and Fatherland Front are developing advocacy materials on HIV/AIDS-related stigma and organising additional workshops for community members.



Binh Duong

Basic Project Data

Project title: Improvement of the Quality and Utilisation of Reproductive Health Services in Binh Duong Province

Short title: Binh Duong Reproductive Health Project

Project Code: VIE/01/P18

Duration: 2002-2005

Executing agencies: The People's Committee of Binh Duong Province and UNFPA

Implementing agencies: Provincial Department of Health

Co-implementing agencies: Provincial Committee for Population, Family and Children, mass organisations, and concerned institutions in Binh Duong province

UNFPA contribution: US\$ 504,800 (all mobilised, of which US\$ 25,000 comes from UNAIDS, US\$ 301,900 from the Netherlands and US\$ 37,405 from JICA)

Government contribution: US\$ 427,500 (In cash: US\$ 361,800, In kind: US\$ 65,700)

Background

Binh Duong is witnessing vigorous economic growth and an increasing influx of young labourers working at industrial complexes. This factor poses a major challenge to the delivery of RH care services to this particular target group. With support from UNFPA during the last two Country Programmes, Binh Duong has achieved encouraging results in the areas of population and reproductive health. There are, however, still some challenges to deal with in this province.

The baseline survey (see Monitoring and Evaluation on p. 56) confirms that the province is facing challenges with regard to the supply of reproductive health (RH) services. Many service providers, especially at commune level, lack training and retraining on key RH issues. In some areas, service providers' knowledge and skills meet the national standards on RH care (see highlight on p. 50) but serious gaps remain. Interviews show that many service providers lack the knowledge required to counsel on issues such as IUD insertion, abortion and newborn care and that their knowledge on STDs is very poor.

In general, men, women and adolescent have some knowledge about contraceptives, STDs/RTIs and HIV/AIDS; however, big gaps remain. One example is that only around 35% of men and less than 30% of

female adolescents mentioned that using condoms when having sexual intercourse could prevent HIV. Knowledge of clients' right is much lower among clients than service providers. More than 40% of people were not able to mention any client rights at all. This figure was only 2 % among service providers.

The Project

Several training courses for population workers and staff of mass organisations on National Standards for RH Services and client-oriented health service management are being conducted in the province. Other activities include organising communication and health education through media networks of several mass organisations; and establishing community networks for community-based care and support for people living with HIV/AIDS. Because of the massive influx of migrants into industrial zones, important activities include the training of key members of the industrial zones' trade unions, and of the privately owned industrial branches and enterprises. The aim of this training is to reach labourers working in the industrial zones in order to improve their knowledge on RH and population issues. On the gender side, the Women's Union focuses on female migrants working in industrial zones who are living in dormitories in five different townships. For objectives and outputs please refer to 'Provincial Projects'.

Highlight: Advocacy and Behaviour Change Communication

Low utilisation rates of health facilities are a major health issue in Vietnam. To increase the demand for reproductive health services, UNFPA works with a comprehensive network of key people at provincial level to improve their capacity with regard to carrying out behaviour change communication (BCC) and advocacy activities.

In Binh Duong, the network includes:

- provincial, district and commune level health staff,
- staff from the Provincial Committee on Population Family and Children,
- provincial and commune leaders of mass organisations,
- commune leaders, and
- population workers, volunteer population collaborators and village health workers.

In Binh Duong, approximately 1,300 providers, population workers, and leaders are being trained on advocacy and BCC. The training includes information on the status of reproductive health in Vietnam and the National Strategy on Reproductive Health. BCC training provides core messages on reproductive rights, family planning, STDs/HIV/AIDS, adolescent reproductive health, safe motherhood and child care, abortion, and gender equality. Participants also learn BCC and advocacy techniques, such as steps in behaviour change, formulating advocacy messages, and planning and managing communication activities. Advocacy training emphasises important issues that need to be conveyed to leaders and policy-makers. These include the need to improve quality of care, increase male participation and strengthen women's status, broadening the focus from family planning to reproductive health, and integrating population and RH into policy.

Binh Dinh

Basic Project Data

Project title: Improving Quality and Utilization of Reproductive Health Services in Binh Dinh Province

Short title: Reproductive Health Care in Binh Dinh Province

Project Code: VIE/01/P20

Duration: 2002-2005

Executing agencies: The People's Committee of Binh Dinh Province and UNFPA

Implementing agencies: Provincial Department of Health, Provincial Committee for Population, Family and Children, related agencies and organizations of Binh Dinh Province

UNFPA contribution: US\$ 2,993,760 (mobilized from New Zealand)

Government contribution: US\$ 263,060 (in cash: US\$ 132,600, In kind: US\$ 130,460)

Background

Binh Dinh is one of the provinces that has especially large differences in health indicators between population groups. According to statistics from the province, 78% of pregnant women receive 3 antenatal check-ups, but in mountainous areas the figure is only 40%. Overall, trained health workers assist half of all deliveries, but in mountainous areas only 10% give birth with assistance. There is limited investment in the health sector of the province and the capacity of health managers remains weak.

The baseline survey conducted in the year 2003 (see Monitoring and Evaluation p. 56) shows that none of the commune health clinics in the province have the number of service delivery rooms, equipment or essential drugs required in the National Standards on Reproductive Health Care (see highlight on p. 50). Only two clinics out of the 30 investigated had the full sets of instruments required to provide reproductive health (RH) services at an acceptable standard. The needs for training on reproductive health issues for doctors, midwives and nurses at all levels are extremely high. Most of the staff have never been trained in how to conduct basic gynaecological and obstetric services. Serious gaps exist in the knowledge of service providers on key RH issues, such as being aware of danger signs for mothers after delivery, counselling and STD identification and treatment.

On the demand side, interventions are required to improve the knowledge and to change the behaviour of women, men and adolescents in Binh Dinh province. Baseline interviews show that 50% of women and 60% of men are not aware of any danger signs such as bleeding, abdominal pain and fever in relation to pregnancies and delivery. The knowledge level of issues related to family planning methods, STDs/RTIs and

HIV/AIDS transmission and prevention is much better. However, the knowledge of adolescents is lower than that of their parents' generation. Only 35% of the female adolescents know that using a condom when having sex can prevent HIV. The awareness of client's rights is extremely low in Binh Dinh province. Almost 60% of the people could not name any of their rights as clients at all.

The Project

The project in Binh Dinh has a special focus on safe motherhood and child health. The project aims to improve the skills of health providers in maternal health and newborn care, including those of village health workers and traditional birth attendants. Young people are also a priority in the project, with support being given to the Youth Union to establish a youth counselling centre in Quy Nhon and to the health sector to create youth friendly corners in selected public health facilities. Children and youth with disabilities are provided with



training in life skills and reproductive health. Activities also include strengthening health care delivery through management and technical training for health centre staff, and increasing the utilisation of reproductive health services through behaviour change communication activities.

Highlight: National Standards and Guidelines on Reproductive Health Care

In the past, providers at provincial and lower levels had no guidelines outlining the procedures for a particular reproductive health issue, nor standards against which to measure the quality of their services. Technical procedures, counselling, and services could differ from one commune health centre to the next, depending on health facility staff and resources. The National Guidelines developed by Ministry of Health with assistance from UNFPA, WHO and IPAS, aim to standardise technical operations to improve quality of care and minimise errors. The guidelines include step-by-step instructions and specific counselling issues for safe motherhood, family planning, RTIs and STDs, adolescent reproductive health, and safe abortion. A section on general guidelines focus-

es on counselling, regulations on equipment and facilities, basic principles of blood and solution transfusion, principles and procedures in RH sterilisation and using antibiotics. For example, the section on counselling pregnant women highlights issues that should be discussed with a pregnant woman, such as nutrition, means of transportation to the hospital, post delivery family planning, and the possibility of domestic violence.

Health service providers in all 12 provinces gaining assistance from UNFPA receive training on the NS. Provincial trainers from Binh Dinh province are trained by national core trainers in training methodology, counselling and in the specific RH topics. The trainers consist of physicians from the provincial hospital, provincial medical school and provincial mother and child health care/ family planning (MCH/FP) centre. Core provincial trainers provide a 3-week training for doctors, obstetricians, obstetric/paediatric assistants and midwives at public and private health centres in the province. Dermatologists receive their own specialised training focused on RTIs. Each training event is supplemented by additional days focusing on RH counselling.

National Strategies on Population and Reproductive Health

Vietnam's New Population Strategy

Throughout the last decade, the relationship between population and sustainable socio-economic development has been a major concern for the Government of Vietnam. It has been recognized, and to an extent, reflected in various strategies, policies and plans. These plans are influenced by, and in turn influence, factors such as population growth, structure and distribution, the pace and quality of economic and social development, the state of the environment, and social and gender inequalities.

Major steps have been taken in recent years. In 2000, the Government of Vietnam approved the National Population Strategy for 2001-2010, which replaced the country's first Population Strategy adopted in 1993. The new strategy was prepared in close collaboration with relevant Government agencies and mass organizations, and was developed as part of the broad-ranging Socio-economic Development Strategy for 2001-2010.

The new Population Strategy is wider in scope than the 1993 strategy, responding to the International Conference on Population and Development (ICPD) goals by approaching population issues from a more holistic perspective and including reproductive health priorities as important means by which to achieve a harmonious balance between population dynamics and socio-economic development in Vietnam. The strategy is also closely linked with the National Strategy for Reproductive Health for 2001- 2010, developed by the Ministry of Health.

The overall objectives of the new strategy are to encourage small and healthy families and improve the quality of human resources to meet the country's development needs.

The strategy identifies a range of activities considered crucial and stresses that the institutional capacity – and

the means by which to manage population issues – should be strengthened at all levels and that the mobilization and participation of the Vietnamese people is of major importance.

Vietnam's First Reproductive Health Strategy

Significant achievements have been made in the area of reproductive health in Vietnam. However, many serious problems still exist with regard to mother and child health care, abortion, reproductive tract infections and sexually transmitted diseases, HIV/AIDS and adolescent reproductive health.

The Vietnamese Government has faced these persisting challenges in the reproductive health sector and has developed the first 'National Strategy on Reproductive Health Care, 2001-2010'. The strategy follows the recommendations of the ICPD and the ICPD+5, utilizing a holistic approach to reproductive health.

The overall objective of the strategy is to ensure access to quality reproductive health services and information for all men, women and adolescents. The existing gaps between regions and population groups with regard to access and quality of reproductive health services and information should be bridged. Therefore, special attention will be given to disadvantaged areas and people.

Women's and infant health is also given a high priority together with appropriate care for adolescent reproductive health and a reduction in the number of abortions and the spread of RTIs and STDs including HIV/AIDS.

Gender

Empowerment of women and promotion of gender equality are primary objectives of UNFPA's current programme of assistance to Vietnam. Some of the overall goals are to increase the provision and the utilisation of high-quality reproductive health services and counselling for both men and women, and to provide gendersensitive reproductive health information, education and communication promoting behavioural changes sensitive towards healthy reproductive and sexual practices. At the same time UNFPA's assistance is contributing to improved integration and implementation of gender issues in development policies, programmes and strategies.

All UNFPA assistance aims at enhancing equality between men and women. However, in the current Country Programme two gender issues that receive special attention are male participation in RH and gender equality in the family, including prevention of domestic violence.

Male participation in reproductive health

Male participation in reproductive health is a priority for UNFPA. In the past, all issues related to family planning, pregnancies and childbirth were considered the responsibility of women and development initiatives within these areas only targeted women. However, to improve reproductive health and to achieve equality between the sexes, men have to take responsibility when it comes to choosing and using contraceptives, taking care of their wives and children during pregnancy and childbirth, and protecting themselves and their families against STDs including HIV/AIDS.

With UNFPA assistance, special initiatives targeting men will receive assistance. This includes the continuation of men's clubs on reproductive health, which were successfully launched under the last Country Programme. Through the Farmers' Union, UNFPA will work with groups of men to convey key messages on reproductive health in combination with information on agricultural production.

Gender equality in the family

UNFPA is actively supporting BCC and advocacy activities to promote gender equality in the family including prevention of domestic violence, as this is closely interlinked with improvements in women's

reproductive health and the status of women in the society. During the last Country Programme, UNFPA assisted the National Assembly in carrying out a set of advocacy activities on the elimination of violence against women, including policy research and national workshops for parliamentarians, and the development of information materials.

For this programme, UNFPA has received funding from both the Swiss Agency for Development and Cooperation (SDC) and the Canadian International Development agency (CIDA) to mainstream activities on domestic violence into the current Country Programme. A range of advocacy activities will be carried out at both central and provincial levels for parliamentarians, elected officials, Party and Government officials and members of the media. These groups are important to reach in order to keep gender equality in the family – including domestic violence – on the political agenda, improve policy and legal frameworks and create an enabling environment for addressing the root causes of gender inequality in the family as well as introducing interventions to prevent domestic violence and provide counselling and care for victims and violators. Furthermore, activities encouraging behaviour change are to target the general public through existing Government networks, mass organisations and local NGOs. The aim is to change the attitude of communities towards domestic violence from neglect and acceptance to actively preventing and stopping domestic violence when it occurs, and providing proper counselling and care for victims and violators. Activities will also target families to enhance gender equality in general and to directly assist victims and violators in breaking the cycle of domestic violence. Finally, health service providers, including doctors, nurses and midwives at all levels, will be trained to respond to domestic violence, including proper counselling, care, and treatment.

Youth

Young people, especially those who are unmarried, have largely been left without reproductive health information. The general perception is that young people do not need information because they should not be sexually active. The information and services available generally target married couples. Partly due to the negative attitudes of providers, young people are hesitant to visit health care providers. However, studies estimate that approximately 30% of youth are sexually active prior to marriage and the average onset of sexual activity is about 19 years. Contraceptive use is very low, which also leads to a staggering number of abortions among youth: an estimated 30% of all abortions are given to young unmarried women. Furthermore, young people, unable to protect themselves, are vulnerable to HIV/AIDS: young people aged 15-24 made up 11% of those living with HIV/AIDS in 1994, a figure that rose to 40% in 2002.

Advocating for the support of leaders and the community

The importance of considering young people in planning is being brought to the attention of national leaders. At the Ho Chi Minh Academy (see p. 9), leaders are considering how to integrate the growing numbers of youths and their health, education and employment needs into development planning for the coming decades.

Advocacy for adolescent reproductive health is one of the main activities of the Reproductive Health Initiative for Youth in Asia (RHIYA) (see fact sheet on p. 49). Through the project, the Youth Union is advocating for integration of an adolescent sexual and reproductive health policy framework into youth laws and the National Strategy for Youth Development, approved and issued by the Vietnamese Government and the National Assembly. This should result in national strategies and policies supporting reproductive health education and services for youth.

The support of local community leaders for youth reproductive health is also critical. Without the support of the community, neither providers nor youth will be comfortable with the concept of adolescent reproductive health. The importance of informing young people about reproductive health issues and giving them access to quality services is one of the messages being promoted through the project with the Vietnamese Committee on

Population, Family and Children and its partners (see page 14). Through the broad community-based network, population collaborators and village health workers discuss the reproductive health needs of young people with their parents, teachers and leaders.

Informing young people

The Ministry of Education and Training piloted the Population Education programme in the early 1980s (see fact sheet on the current project with MOET, p. 12). Over time, the focus has shifted from demography and macro-level population processes to clear information, in non-medical terms, about topics such as sexual development, reproductive health, gender issues, and life skills. In the last Country Programme these topics were integrated into primary and lower secondary school curricula. In this programme, adolescent reproductive health education is integrated into upper-secondary school levels (grade 10-12), focusing on relevant subjects such as biology, geography, civics and literature.

Information on reproductive health is also being disseminated through the Youth Union (read more on p. 16). With support from UNFPA, the Youth Union, the leading mass organisation representing Vietnamese youth, is developing a programme of action on population and reproductive health education for adolescents. The union is also developing advocacy and behaviour change communication materials and integrating adolescent reproductive health into the Youth Union newspaper and magazines. Furthermore, Youth Union staff have been trained in and are now conducting advocacy activities on population and reproductive health subjects for special occasions.

Information for young people is a central component of the RHIYA project. By working through peer educators, organizing campaigns and special events, distributing IEC materials and highlighting adolescent reproductive health through the media, the project partners aim to increase the knowledge and awareness of sexual and reproductive health issues among young people.

Providing youth-friendly services

Provision of adolescent reproductive health services is also a component of UNFPA's activities with the health sector and with communities. The National Standards and Guidelines for Reproductive Health Care Services include guidelines for adolescent reproductive health (see p. 51). The guidelines contain directions for counselling, steps in physical examinations, and information on menstruation, adolescent pregnancy and contraceptive methods for adolescents. Providers from UNFPA project provinces are being trained to improve their service provision to young people.

Partners of the RHIYA project are implementing a specific model of youth-friendly services at selected public

health facilities and private clinics. The project partners are working with departments of health to establish youth-friendly corners in 21 district and commune facilities in seven geographic areas, both urban and rural. The friendly, trained providers and the attractive, comfortable and confidential setting should encourage young people to seek services.

In addition, the Youth Union has two Youth Counselling Centres established with UNFPA support under the previous programme. Now UNFPA is strengthening these services by providing training on updated adolescent reproductive health-related knowledge and counselling skills, and developing materials on counselling.

HIV/AIDS

While HIV/AIDS prevalence in Vietnam is low, at 0.3% of adults according to the 2002 UNAIDS Update, the number is poised to increase. According to the Ministry of Health, the cumulative number of reported HIV cases in Vietnam stood at 69,495 at the end of July 2003. Available data on HIV incidence and prevalence indicates that there is no time for complacency, since the epidemic is spreading to the general population and is no longer confined to groups with high-risk behaviour. Over half of the cases are among injecting drug users, many of whom are youths, but there is a trend towards increasing numbers of infections through sexual transmission. Another high-risk group is commercial sex workers, among whom HIV incidence has increased significantly, especially in the larger cities. A special concern is the increasing incidence among youth who have a low knowledge of HIV prevention.

Strengthening services

As a reproductive health issue, HIV/AIDS is an integral part of UNFPA's Sixth Country Programme. Guidelines on mother-to-child-transmission (MTCT) and HIV testing are included in the National Standards and Guidelines Training on HIV/AIDS, as part of the training on the National Standards and Guidelines for providers, and also training based on the revised curriculum for secondary medical schools for midwives.

Collection of data on HIV incidence and prevalence is critical. HIV/AIDS incidence, prevalence, and deaths are part of the national HMIS system being implemented by UNFPA in six provinces (see fact sheet on 36).

UNFPA has also played a role in the provision of condoms, contributing to HIV prevention. While other donors are beginning to fill in the condom gap in Vietnam, UNFPA continues to facilitate shipments when needed and to strengthen the condom supply system in Vietnam.

Targeting youth

HIV/AIDS is a component of the adolescent reproductive health curriculum developed with the Ministry of Education and Training (see fact sheet on project with MOET p. 12). Young people are also receiving information on HIV/AIDS through the youth friendly centres of the RHIYA. In Phase I of the project, partner NGOs developed IEC materials on HIV/AIDS for distribution to youth in the project areas (see fact sheet on RHIYA). In Phase II, providers at special youth-friendly services will provide information about HIV/AIDS through campaigns targeting young people. Furthermore, the Youth Union will focus some of its activities in Hanoi and Ho Chi Minh City on HIV/AIDS.

Reducing stigma and discrimination

A series of project activities funded through UNAIDS are focused on reducing stigma and discrimination of people living with HIV/AIDS. In addition to provincial advocacy activities through the Women's Union, Vietnam Fatherland Front and provincial officials, the project is increasing national level awareness of stigma and discrimination against people living with HIV/AIDS through workshops for members of the Parliament, Central Committee for Culture and Ideology of the Communist Party and the Ho Chi Minh Academy, (i.e. parliamentarians, elected officials and political propagandists). To support advocacy efforts, UNFPA is developing an advocacy kit on reducing HIV/AIDS-related stigma, targeted at these national and provincial leaders.



Monitoring and Evaluation

The UNFPA programme and projects will be monitored and evaluated under a comprehensive monitoring and evaluation system designed for UNFPA's Sixth Country Programme in Vietnam. A special monitoring and evaluation unit has been set up at the UNFPA Country Office to facilitate the process. However, government counterparts at both central, provincial and lower levels, as well as all other UNFPA staff, will be involved in monitoring and evaluation. Above is the overall picture of monitoring and evaluation for CP6.

The monitoring and evaluation system can be best described as a four-step process.

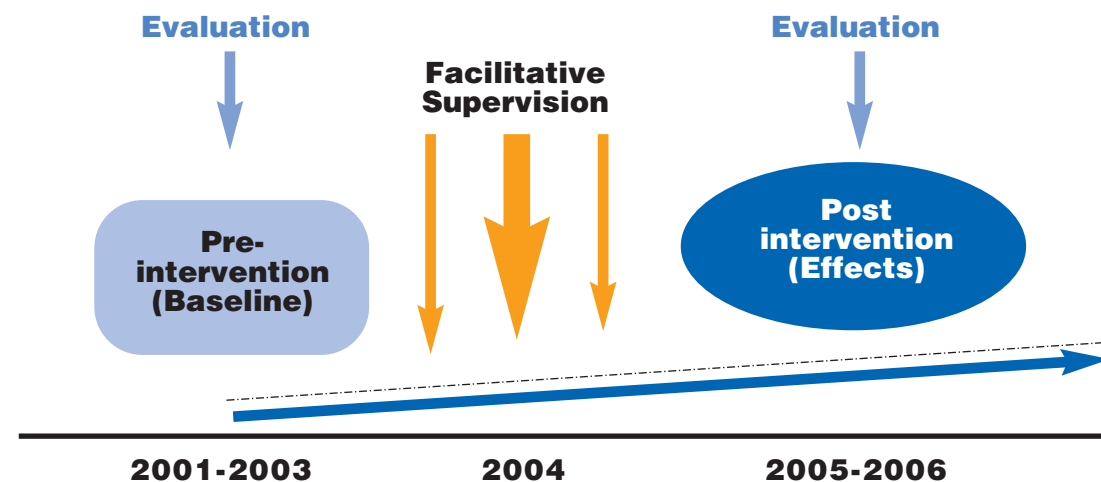
The first step, which was carried out in 2000, was to collect all the data on population and reproductive health that was already available. Two of the main sources were the Population and Housing Census 1999 and the Situation Analysis on Reproductive Health Services.

The second step has been to carry out a baseline survey in the 12 provinces covered by UNFPA assistance. The baseline survey is designed to shed light on the current status of the provision and utilisation of reproductive health care services in the province. (See background in presentations of the provincial projects for a summary of the main findings in each province). Data was collected about the supply of services including the availability of facilities, equipment and drugs, the level of training and retraining of service providers, and their knowledge and practical skills in providing key reproductive health services in the areas of safe motherhood, family planning, abortion, sexually transmitted diseases and counselling. A representative sample of people from the communities including women, men and adolescents, were interviewed about their knowledge, attitudes and behaviour regarding reproductive health, as well as their assessment of the availability and quality of RH services.

Separate questionnaires were used for women, men and adolescents and covered issues such as safe motherhood, contraceptive methods, adolescent reproductive health and HIV/AIDS. The issue of client rights was discussed with both service providers and people from the community. Apart from utilising the findings as a foundation for comparison with the results of the follow-up survey to be conducted at the end of the Country Programme, the baseline data will be used to fine-tune the planned project interventions as well as for advocacy activities.

The third step can be described as facilitative supervision and takes the form of continuous interaction between UNFPA, government authorities at both central and provincial levels, and other organisations involved in the implementation of the projects. Based on information collected from the baseline survey, provincial project logframes are updated and the provinces have to refine the indicators to be achieved by the end of the projects so as they are realistic given the specific conditions of each province. The findings from the baseline survey also help the local managers in conducting facilitative supervision, especially in areas with indicators that need significant improvement. Findings from the baseline survey will be best used in advocacy, BCC and training activities and to improve awareness of local health staff on the current situation of service provision and utilisation.

The fourth and last step will be a follow-up survey at the end of the programme to assess the impact of UNFPA assistance. The questionnaires developed for the baseline survey will be used to compare the provision and utilisation of reproductive health care services in the provinces before and after the implementation of the UNFPA-supported projects. This step aims to demonstrate results and to provide baseline information for the development of the next Country Programme.



UNFPA's Mission statement

UNFPA, the United Nations Population Fund, extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the International Conference on Population and Development (1994). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that safeguarding and promoting these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving the quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met.



UNFPA Staff Picture Portfolio