



Evaluation of the UNFPA 8th Country Programme of Assistance (CP8) to the Government of Viet Nam (2012-2016)

Evaluation Report

FINAL

30 March 2016

By the evaluation team: Jo Kaybryn, Dr Phan Bich Thuy, Nguyen Thi Huong Thao, Bui Thi Thu Huong, Enrique Wedgwood Young, Laura McCall

Contents

Acronyms	2
List of Figures	3
List of Tables	3
Acknowledgements	4
Executive summary	5
Map of Viet Nam where UNFPA implements interventions	10
Viet Nam: Key facts and figures	11
1. Introduction	13
2. Country context	23
3. UN/UNFPA Strategic response and programme strategies	30
4. Key Findings	39
Contextual framing	39
4.1. Relevance	40
4.2. Effectiveness in the Country Programme	50
4.3. Effectiveness in Population and Development component	59
4.4. Effectiveness in Sexual and Reproductive Health component	62
4.5. Effectiveness in Gender Equality component	64
4.6. Efficiency	67
4.7. Sustainability	70
4.8. UNCT Coordination	73
4.9. Added Value	75
5. Lessons learned for UNFPA in Viet Nam	76
6. Conclusions	78
7. Recommendations	81
Annex 1: Terms of Reference	86
Annex 2: Theory of Change (Draft)	101
Annex 3: Stakeholders met during the evaluation	103
Annex 4: UNFPA Country Office Matrix (OP, CCPD, SP)	106
Annex 5: UNFPA Country Programme Outputs and Outcomes	107
Annex 6: Evaluation and Evidence Matrix	110
Annex 7: UNFPA Viet Nam CP8 Disbursement rates 2012-2014	127
Annex 8: Project Budget & Expenditure by Year	128
Annex 9: Results of survey on UNFPA's Global Strategy applicability to Viet Nam	129
Annex 10: Analytical base for Country Programme activities	132
References	136

Acronyms

APRO	UNFPA Asia Pacific Regional Office	MIP	Minimum Intervention Package
ASPD	Assessment on Situation of Population and Development in Viet Nam	MNH	Maternal and newborn health
CCPD	Common country programme document	MOCST	Ministry of culture, sports and tourism
CO	Country Office	MOHA	Ministry of Home Affairs
CP8	UNFPA's 8 th Country Programme	MOLISA	Ministry of Labour, Invalids and Social Affairs
CPE	Country Programme Evaluation	MPI	Ministry of Planning and Investment
DaO	Delivering as One (UN)	NGO	Non-governmental organisation
DPO	Detailed Project Outline	NIP	National implementing partner
DVP	Domestic violence prevention	ODA	Official Development Assistance
FP	Family planning	OP	UN One Plan
GBV	Gender-based violence	PCSA	Parliamentary Committee for Social Affairs
GDP	Gross Domestic Product	PD	Population and Development
GNI	Gross National Income	PPP	Purchasing power parity
GSO	General Statistics Office	RH	Reproductive health
HDI	Human Development Index	SEDP	Socio-Economic Development Strategy
HIV	Human immunodeficiency virus	SRB	Sex ratio at birth
HPPMG	Harmonised Programme and Project Management Guidelines	SRH	Sexual and reproductive health
ICDS	Intercensal Demographic Survey	TOR	Terms of Reference
ICPD	International Conference on Population and Development	UNFPA	United Nations Population Fund
MDC	More developed country	WTO	World Trade Organisation
MIC	Middle income country		

List of Figures

Figure 1: Map of Viet Nam and UNFPA implemented projects	10
Figure 2: ADB financing to Viet Nam 2006-2013	29
Figure 3: World Bank Group financing to Viet Nam from 2009-2015	29
Figure 4: UNFPA Country Office Strategic Direction 2012	30
Figure 5: UNFPA modes of engagement in countries by setting.....	31
Figure 6: Overview of UNFPA Viet Nam budget and disbursements 2012-2015	35
Figure 7: UNFPA Viet Nam Disbursement 2014 by Output.....	35
Figure 8: Country Programme Budget by Programme Area	36
Figure 9: Comparison between Country Programme Component Budget Areas 2012-2015	36
Figure 10: Indicative Results Chain for UNFPA Viet Nam Country Programme	37
Figure 12: The links between the Conclusions and Recommendations	85

List of Tables

Table 1: Evaluation criteria definitions.....	15
Table 2: Viet Nam progress against Millennium Development Goals	24
Table 3: UNFPA intended Country Programme Results.....	32
Table 4: Components of the Country Programme.....	33
Table 5: CCPD achievements against indicators (self-assessed by UNFPA CO).....	50

Acknowledgements

The evaluation team would like to thank the team at UNFPA Viet Nam and at UNFPA HQ for the support to deliver this evaluation. Mr. Nguyen Xuan Hong, UNFPA Viet Nam Programme Officer (RBM, Oversight, Coordination) provided comprehensive facilitation and management of the evaluation, and Ms. Ritsu Nacken, UNFPA Representative a.i, provided strategic guidance and support. Valeria Carou-Jones, Evaluation Specialist, UNFPA Evaluation Office provided expert technical inputs, as did Franciscus Noij, UNFPA M&E Consultant in the Asia Pacific Regional Office. Nguyen Thuy Nga, Programme Assistant, provided superb logistical support. The teams at UNFPA were highly engaged and supported the evaluation through numerous in-person consultations, provision of documentation and reviews of the draft reports.

The representatives that the evaluation team met from the Government of Viet Nam at national and sub-national levels were hugely generous with their time and provided extensive inputs. In particular, MPI representatives participated fully in the evaluation and also provided invaluable support. All of UNFPA's wider stakeholders whether UN agencies, donors, partners and from wider spheres provided time and inputs to the process.

In addition, the evaluation team would like to thank the Evaluation Reference Group who provided comments on the Inception Report and the drafts of this evaluation report.

The Vietnamese version of this report was translated by Thuy Hoang.

Jo Kaybryn, Dr Phan Bich Thuy, Nguyen Thi Huong Thao, Bui Thi Thu Huong, Enrique Wedgwood Young, Laura McCall

Executive summary

Context

This report presents the findings of the evaluation of UNFPA's 8th Country Programme of Cooperation in Viet Nam 2012-2016. The Country Programme has three components: Population and development, Gender equality and Sexual and reproductive health.

Objectives and scope of the evaluation

The primary overall purposes of the Country Programme Evaluation (CPE) were an enhanced accountability of UNFPA and the country office for the relevance and performance of the 8th Country Programme (CP8) in the rapidly changing socio-economic developments and realities of Viet Nam, also in light of the new (forthcoming) UNFPA Strategic Plan; and broader evidence for the design of a new country programme in Viet Nam.

The specific objectives of the CPE were to provide an independent assessment of the relevance and performance of CP8 towards the expected outputs and outcomes as part of the overall One Plan implementation; provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development process and goals; and draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle.

The evaluation aimed to cover all activities planned and/or implemented in all areas of UNFPA support during the period under evaluation (June 2012 – October 2015) including soft aid activities and joint projects (between UNFPA and other UN agencies).

Methodology

The evaluation was structured around four of the five standard OECD DAC evaluation criteria: Relevance, Effectiveness, Efficiency, and Sustainability. In addition the evaluation included two further criteria of UN coordination and Added value.

The data collection implemented during the evaluation included: literature review of key programme, policy and intervention documents; semi-structured interviews with key stakeholders including implementing partners; focus group discussions with community members; and a short survey among UNFPA staff on strategy risks and assumptions. Data collection took place in Hà Nội, and at provincial, district and commune levels in Quảng Bình and Bến Tre. Triangulation was ensured throughout the evaluation process by cross-checking sources of information.

During the evaluation there were constraints faced, some methodological and some contextual. Challenges included the fact that monitoring and progress data was not contained in one place or collected cumulatively, while progress against activities that were outside of the *project* recording format were not collated systematically. The difference in conceptual design and implementation in Viet Nam differed from other Country Programmes because of the context of the UN's Delivering as One initiative, and the timeframe for analysis and reporting was shorter than previous UNFPA Country Programme Evaluations in order for the findings to contribute to key planning opportunities taking place at country level.

Findings

Overall, the Country Office demonstrated that it drew on a wide range of national data and commissioned research to inform the priorities of the Country Programme. The CP was evidently aligned with multiple frameworks within UNFPA, international commitments, Viet Nam UN and at national level, and was an active participant in shaping the latter two on SRH, population and GBV issues. The subjects of the programming choices were clearly aligned with the needs of the population. The modes of delivery (in the context of the implementation of interventions) were focussed on working with government stakeholders as the primary implementing partners. This is a logical strategy in terms of strengthening the key mechanisms (i.e. government) for responding to issues relevant to UNFPA, although there is a risk that the independence (or perceived independence) of UNFPA becomes diminished. It is important for UNFPA to both maintain its relationships with government partners and draw in wider stakeholders, particularly non-governmental organisations to strengthen them and their relationships with the government.

The UNFPA Viet Nam Country Office maintained its focus on the areas within its comparative advantage (SRH, Population and GBV) but within these areas, worked on a significant number and range of issues, achieving an impressive array of results. The main challenge with assessing the extent of the effectiveness of the CO was the sheer range of work it has achieved and the multiple distinct places (documents) that the information was spread across. There were some structural issues with both the design of the programme and the components within it, and the M&E system. The design of the programme was ultimately manifest in the projects that were implemented, which the monitoring and reported revolved around. Within this, the monitoring was focused on monitoring outputs (i.e. activities) and quantitative results indicators, and missing opportunities to measure effectiveness of interventions as they were implemented and/or evolved, and overall there was a gap in the systematic recording of programme activities that were outside of the project format. Overall, the “story” of the programme was difficult to follow and identify, despite the Country Office achieving significantly throughout the period.

Where population and development data was disseminated it was used effectively to inform policies and strategies, indicating that the Country Office has made an effective start in changing the way that policy makers recognise and use data. Data production and analysis was an area of UNFPA’s work that was universally recognised and highly appreciated. However, use of data by stakeholders external to GSO, particularly policy makers is not yet systematic: a reflection on the long term nature of incorporating this kind of change in policy development.

SRH policy initiatives demonstrated their effectiveness in implementing multi-faceted and integrated approaches, whereby UNFPA uses multiple entry points for work on SRH, adolescents, family planning and HIV, and maintains a close collaborative working relationship with government stakeholders. This places UNFPA in a strategic position to contribute to the ongoing policy development and revision environment. However, the SRH activities are multiple and diverse rather than strategically focussed.

Significant support was garnered across influential stakeholders for GBV responses, particularly DV, gender equality, and SRB imbalance (which is also a P&D issue). The response has been evident in national commitments, and UNFPA demonstrated expertise in tackling complex issues.

Efficiency as measured by UNFPA is influenced by the disbursement rate of budgets, more than whether the most appropriate choices were made in spending decisions. It is also measured in terms of the Country Programme’s leveraging effect. There were documentable examples of the

Country Office leveraging support and working with Government partners that went on to source government funding for initiatives. Looking inwards at UNFPA's own systems, there were timing issues raised by implementing partners, and a general acceptance on the part of UNFPA (and other UN agencies) that they had done all they could to align at national level together but that they had reached the limits of the institutional arrangements of each UN agency.

The extent to which UNFPA has invested in effective working relationships with government partners has resulted in significant policy changes and institutional capacity development which are likely to have long last effects. However, the issue of sustainability did not seem fully at the centre of the Country Programme design, which previously had a long history over the programme cycles of working in Viet Nam along similar modalities.

UNFPA's comparative advantage is its technical assistance provision, its expertise in its thematic areas of focus particularly in data, and its willingness and ability to address sensitive and complex issues. Overall coordination between UN agencies is relatively effective with higher levels of coordination as a result of the joint approach to the One Plan and division of labour (area of focus) agreed among the UN partners. Harmonisation appears to have peaked, however, in terms of the limits of the differing systems of the agencies.

Lessons learned

The Country Office identified the complex building blocks of policy development and implementation and successfully influenced policy development in Viet Nam by incorporating multiple strategies. While the challenges of bridging the gaps between policy and implementation are yet to be met comprehensively, the Country Office built effective collaborative working relationship with policy makers. These influenced the enabling environment within which policy could be created and/or revised.

Resource mobilisation expectations were not met in this country programme cycle with implications for achieving results and managing the expectations of stakeholders. The ambitious plans for the 8th Country Programme resulted in incomplete results rather than an adjustable results framework or different case scenarios. The next Country Programme has the opportunity to design its overall strategy and components within the programme to create activities that are incremental and build on the previous step.

A number of recommendations from the earlier Mid Term Review remain valid while some require updating to reflect the changing context: Reviewing and upskilling human resources within the Country Office remains valid and the process could be further enhanced by reconfiguring or introducing roles with specific skills to work cross-organisationally. In addition to reducing the number of 'traditional' partner relationships (i.e. funded through projects), the CO should consider redefining the different types of partner relationships and with new definitions it can increase its stakeholder base. Capitalising on learning from the model interventions in the 8th programme cycle remains valid with an additional analytical approach to gain understanding about the processes (rather than only the results or impacts). This has the potential to inform strategies to address the gaps between policy and implementation.

With the wider context of changing resource availability and a shift towards 'upstream' engagement among other UN agencies and advocates, coordination is more important than ever for strategic rather than competing approaches.

Main conclusions

UNFPA has fostered a strong and collaborative relationship with government and some strategically important wider stakeholders; and has positioned itself to continue expanding its stakeholder map. It seems important that UNFPA promotes a wider stakeholder engagement generally, partially because of its global commitment to work with civil society, but also because of the opportunity within Viet Nam for more innovative approaches to meet the varied needs of the population. In this way, UNFPA has a potential role in brokering partnerships between the government and (potential) service providers.

There are still important learning opportunities in this cycle that need to be captured to inform the next, particularly in relation to understanding the gaps between policy and implementation. Whether or not the project approach continues into the next cycle, it will be important to capitalise on the experiences to date. Some capacity building initiatives have transferred learning and skills better than others; some models of intervention have been replicated while others have not. It will be important for the Country Office to analyse with partners the reasons for successes as much as the reasons for challenges. Such analysis would equally be valuable to UNFPA and wider UN stakeholders undertaking similar approaches.

Capacity building is an investment by UNFPA, which requires it to be more strategic about intended outcomes, including collaborating with others who also provide capacity support. UNFPA's approach through the One Plan avoids duplication with others, but as One UN, there is potential for a more collective approach, with measurable skills transfer and outcomes for more comprehensive capacity building.

Monitoring and evaluation strategies need updating to accommodate a more diverse range of activities in relation to policy influencing and advocacy. Activities, outside of the projects, are more challenging to capture in the current monitoring system, partly because they are not embedded in projects, but also because they are more iterative (such as ongoing partnerships and dialogue) or have existing challenges with constructive monitoring because their impacts are diffuse such as mass media campaigns. There are gaps in capturing the story, progress and next steps of non-project based strategies succinctly.

UNFPA has established itself in some specialist areas, demonstrating its unique contribution to Viet Nam, such as generating and using evidence and data to inform policy development, and in addressing complex and sensitive issues such as SRB. There are further niche areas of focus that UNFPA has been working on, such as the needs of ethnic minorities. In Viet Nam's context where MDGs are on track to be met, the aggregate data and achievements obscure the disparities between the majority population and vulnerable, under-served and minority populations. This highlights the importance of more nuanced (specific) data and evidence collection to identify the specific needs of marginalised groups which are not homogenous themselves.

UNFPA has a track record in the modalities required of the next programme cycle and needs to continue building its skills and experience in these to maintain its ability to contribute effectively to Viet Nam's context.

Key recommendations

- The UNFPA Viet Nam Country Office needs to plan to address the gap between policy and implementation in concert with stakeholders: These challenges are wide ranging including: systemic vertical and horizontal issues, capacity and resource deficits;

bottlenecks; and significant gaps in the infrastructure in terms of service delivery which require long term investment numerous sectors. UNFPA should review its strategic and operational planning with its key UN partners to consider the ‘whole-sector’ approach needed to address the policy-implementation gap, which includes working with the Government, UN partners, donors, and all development partners.

- Ensure clarity of approach and purpose in the next programme cycle: The UNFPA Country Office should review and *define* what the modalities expected of it for the next programme cycle mean for its practice *in Viet Nam’s context*. This includes an explicit recognition that the global UNFPA strategy requires adaptation for the national context, and the definitions, activities, assumptions and risks inherent in it require considerable rethinking based on actual circumstances.
- Revise the approach to monitoring: UNFPA should invest in re-visioning its approaches to achieving outcomes that moves away from a project-based approach. Along with this, reconsideration is required in regards to the monitoring approach for Viet Nam’s context and UNFPA’s increased emphasis on policy dialogue, and what this means for measuring indicators and outcomes, rather than outputs.
- Maintain and build on focussed and important areas of expertise: UNFPA should build on its established expertise and reputation in terms of focussing on complex and sensitive issues that other organisations and agencies are not equipped to respond to, such as SRB imbalance, and adolescent SRH. UNFPA can also build on its other comparative advantages such as its expertise in population dynamics data.
- Widen spheres of influence and develop a stakeholder or partnership strategy: UNFPA is in a strong position to redefine its alignment objectives with that of the development needs of the country, and therefore bring more diverse views on emerging and/or under-represented needs (especially where there are disparities) to policy influencing. Accordingly, UNFPA’s definition and mapping of stakeholders needs to diversify and broaden, and synergies with a wider group of partners have the potential to contribute to its thematic objectives.
- Take a longer term view and assessment to inform intermediate planning: UNFPA should consider informing its strategic planning in with a much more long term view on the development trajectory of Viet Nam, in order to inform the intermediate steps that should be a priority in the next cycle. By imagining a long term future *without the need for* UNFPA, it is possible to begin identifying where UNFPA can invest in institutions, organisations and functions now which have long term capacity implications for the future.

Map of Viet Nam where UNFPA implements interventions

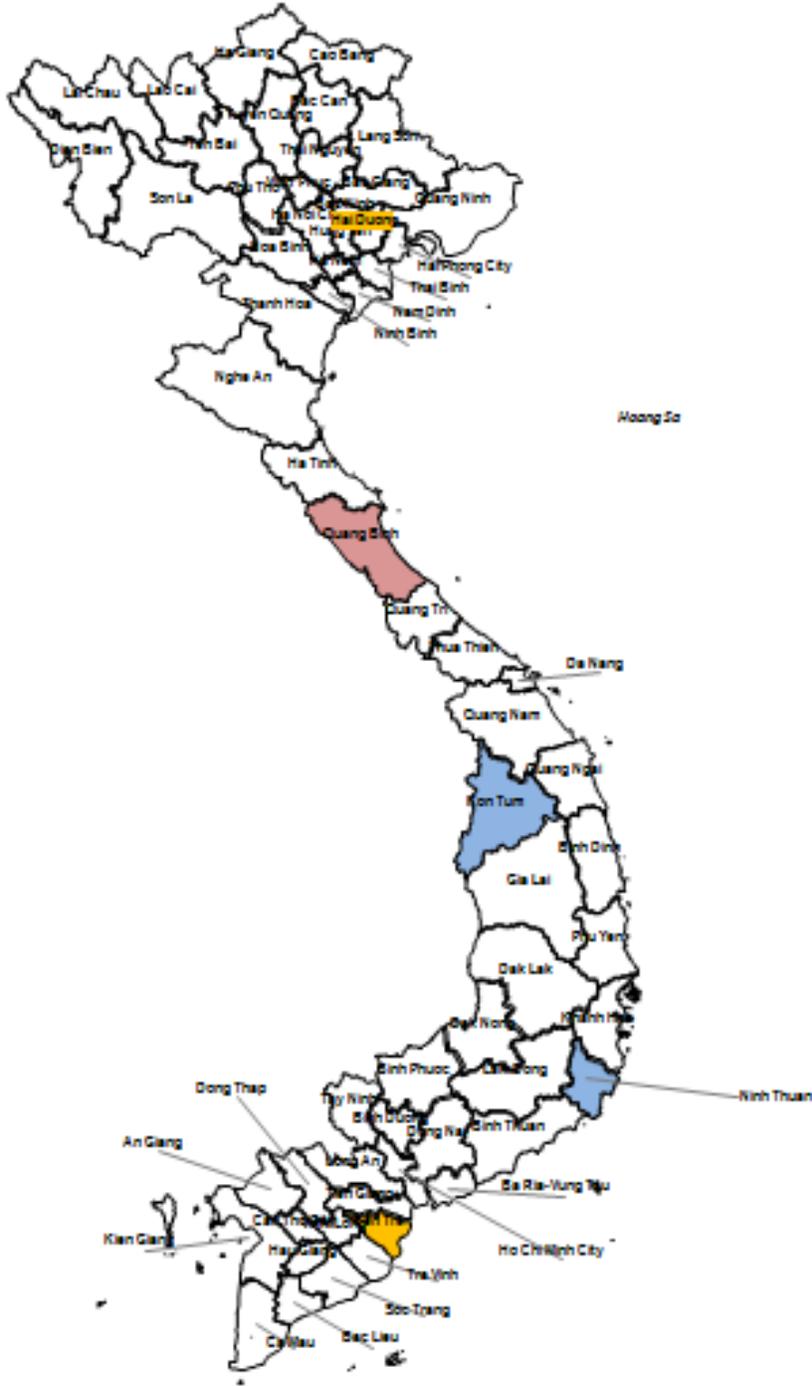


Figure 1: Map of Viet Nam and UNFPA implemented projects

Viet Nam: Key facts and figures

Geography and Demographics	
Location:	South East Asia; bordered by China to the North, Laos and Cambodia to the West, and the South China Sea to the East.
Population:	90,730,000 (2014)[1]
Annual Population Growth:	1.1% (2014)[2]
Rural Population:	67% (2014)[3]

Politics and Government	
Type of Government:	Socialist Republic; one-party state
Proportion of Legislative Seats Held by Women:	24%[4]

Selected Key Dates in Recent History:	
•	1945-1954: War of independence against French colonial rule ends in French defeat, and division of Viet Nam into North and South.
•	1955-1975: Kháng chiến chống Mỹ: Protracted conflict between Communist North Viet Nam and South Viet Nam/USA. Culminates in US defeat and withdrawal in 1975.
•	1976: Unification of North and South Viet Nam. Socialist Republic of Viet Nam declared.
•	1986: Nguyen Van Linh becomes party leader and initiates economic reforms.
•	2007: Viet Nam joins the WTO
•	2010: Viet Nam attains MDC status

Economy	
GNI Per Capita (PPP):	\$5,350 (2014) [5]
GDP Annual Growth:	6% (2014) [6]
Main Industries:	Food processing, garments, shoes, machine-building, coal, steel, cement, chemical fertilizer, glass, tires, oil, mobile phones [7]

Social Indicators	
HDI Score:	0.638 (Medium Human Development) [8]
HDI Rank:	121/187 [8]
Unemployment Rate:	2.0% (2013) [9]
Life Expectancy at Birth:	76 (2013) [10]

Under 5 Mortality Rate:	19.7 per 1,000 live births (2013) [11]
Maternal Mortality Ratio:	60 per 100,000 live births (2014)
Health Expenditure (% of GDP):	6.0% (2013) [12]
Births Attended by Skilled Health Staff (% of total):	93% (2014) [13]
Adolescent Fertility Rate (births per 1,000 women ages 15-19):	45 (2014) [14]
Contraceptive Prevalence rate (% of women ages 15-49):	75.7% (2014) [15]
Unmet Need for Contraception (% of married women ages 15-49):	6.1% (2014) [16]
Prevalence of HIV, Female (% ages 15-24):	0.2% (2014) [17]
Prevalence of HIV, Male (% of ages 15-24):	0.3% (2014) [18]

Progress against MDGs[19]

Goal	Progress
1: Eradicate extreme poverty and hunger	Low poverty (2.44%), moderately low hunger (11.0%).
2: Achieve Universal Primary Education	High enrolment (98.1%)
3: Promote Gender Equality and Empower Women	Parity of girls and boys in primary education High share of women in wage employment in the non-agricultural sector Moderate representation of women in national parliament
4: Reduce Child Mortality	Low mortality
5: Improve maternal health	Low maternal mortality High access to reproductive health
6: Combat HIV/AIDS, Malaria and other Diseases	Low incidence of HIV (0.03%) Moderate Mortality
7: Ensure Environmental Sustainability	High forest cover High proportion of population using an improvement drinking water source (97.6%) High proportion of population using an improved sanitation facility (78%) Moderate proportion of slum-dwellers (27.2%)
8: Develop a Global Partnership for Development	High internet usage (48.3 users per 100 inhabitants)

1. Introduction

1.1. Purpose and objectives of the Country Programme Evaluation

According to UNFPA's Evaluation Policy (2013), country programmes must be evaluated at least once in two programme cycles.[20] In the country context of Delivering as One (DaO)¹, it was decided that the country programme evaluation of UNFPA support to Viet Nam would not be conducted for the seventh cycle of the country programme (2006-2011),[21] and that UNFPA would undertake the evaluation of the current programme of assistance (CP8/ eighth cycle) in 2015. Mid-term reviews were conducted for both CP7 [22] and CP8 [23].

UNFPA in Viet Nam is currently implementing its eighth country programme (CP8) over a five-year period (2012- 2016). This evaluation comes towards the end of that cycle. The primary overall purposes of the Country Programme Evaluation (CPE) were:

- An enhanced accountability of UNFPA and the country office for the relevance and performance of the 8th Country Programme (CP8) in the rapidly changing socio-economic developments and realities of Viet Nam, also in light of the new (forthcoming) UNFPA Strategic Plan; and
- A broader evidence for the design of a new country programme in Viet Nam.

The main audience and primary users of the evaluation are the decision makers within UNFPA, Viet Nam country office, the UNFPA Asia Pacific Regional Office, other country offices, and UNFPA headquarter divisions, the Executive Board, government partners, the national implementing partners, civil society organisations, as well as other development partners (such as other UN agencies and donor organisations) in Viet Nam.

The specific objectives of the CPE were:

- To provide an independent assessment of the relevance and performance of CP8 towards the expected outputs and outcomes as part of the overall One Plan implementation;
- To provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development process and goals;
- To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle. [21]

¹ Viet Nam is one of the countries in which the UN is working towards Delivering as One. That the UN system should "Deliver as One" at country level, with one leader, one programme, one budget and, where appropriate, one office, was a recommendation in November 2006 of the High-Level Panel on UN System-Wide Coherence in the Areas of Development, Humanitarian Assistance and the Environment, appointed by the Secretary General, following the 2005 World Summit Outcome Document (General Assembly Resolution A/60/1) in which Member States recommended implementation of current reforms of operational activities for development aimed at a more effective, efficient, coherent, coordinated and better performing United Nations country presence.

Although not an explicit objective from the outset of the evaluation (i.e. it was not mentioned in the ToR), a key issue emerged during the course of the evaluation regarding the importance of understanding addressing the gaps between policy and implementation. This recurred among UNFPA and external stakeholders frequently and became a notable theme of the context of UNFPA work in Viet Nam. It was an issue raised by government, civil society and development partners including UN agencies alike. It is woven throughout the findings of the evaluation and the recommendations speak explicitly to this issue.

1.2. Scope of the evaluation

The evaluation covered all activities planned and/or implemented in all areas of UNFPA support during the period under evaluation (June 2012 – October 2015) including soft aid activities and joint projects (between UNFPA and other UN agencies). UNFPA Viet Nam’s development programme of assistance is in three programmatic areas:

- Sexual and reproductive health
- Gender equality
- Population and development

Planned and implemented activities were in the approved project workplans of 11 projects plus two joint projects with UNICEF.² Besides the assessment of the intended effects of the country programme, the evaluation also aimed at identifying potential unintended effects. As regards to the geographical scope, the evaluation covered UNFPA support at national and sub-national levels. The evaluation covered interventions financed from core and non-core resources.

1.3. Methodology and process

The evaluation methodology is based on the guidelines as set out in the UNFPA Country Programme Evaluation Handbook which provides tools, resources and templates to be used throughout the process [24].

The evaluation took place from July 2015 to January 2016, and was conducted in five phases:

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Preparatory	Design	Data collection and analysis	Reporting	Management response, dissemination and follow-up
July 2015	Aug-Sept 2015	Oct-Nov 2015	Nov-Dec 2015	Jan 2016

Phase 1: Preparatory

Prior to engaging the external independent Evaluation Team, UNFPA conducted the first preparatory stage.

² Six projects are new to UNFPA (MOLISA, MOCST, MOHA, PCSA, Hai Duong and Quang Binh provinces). Four projects are joint projects with other UN agencies (Ninh Thuan and Kon Tum with UNICEF; PCSA with UN Women; and GSO with UNHABITAT).

A scoping mission by the Evaluation Team is often part of the Preparatory phase for country programme evaluations but in this case it was not possible due to time and financial limitations.

Phase 2: Design

During the design phase (7th August – 4th September 2015), the evaluation team consulted with key UNFPA staff, namely the Evaluation Manager and Country Representative, and participated in an orientation presentation from the Evaluation Manager. In country team members met with programme staff. Subsequently, the Evaluation Manager provided a tour of the web-based monitoring systems for two of the team members. During the design phase the team conducted a desk review of documentation (programme and context), applying structured matrix tools, and designed the structured data collection and analysis tools.

Phase 3: Data collection and analysis

Stage 3 comprised two key elements between 12th October and 6th November 2015. A further desk review was conducted of documents provided by UNFPA and additional material identified during the design stage by the evaluation team. Secondly, data collection in Viet Nam took place. The mission was initiated with a briefing at UNFPA HQ in Hà Nội, and included visits to the provinces of Quảng Bình and Bến Tre. The main in-country data collection took place between.

The main in-country data collection period took place between 12th October and 6th November. This included one week of in-depth literature review and preliminary interviews by Skype (and in person where necessary/possible), two weeks of intensive data collection in Hà Nội and the two provinces (between 19th and 30th October) and a subsequent week of follow up where needed from 2nd to 6th November. Key stakeholders were debriefed in the field prior to departure and initial findings shared and discussed.

Phase 4: Reporting

The fourth phase comprised analysis and follow up work with UNFPA staff as necessary (via email and Skype); and drafting of the report. A briefing on key findings of the report was presented to UNFPA stakeholders including government partners on 10th November 2015. The first draft report was submitted on 12th November. Feedback was received from UNFPA and stakeholders between the 30th November and 10th December. The final report was submitted on 15th December.

Phase 5: Management response, dissemination and follow-up

In the final phase UNFPA will distribute the evaluation report to stakeholders to consult on the recommendations, prepare the management response, and distribute the evaluation report, quality assurance review and management response as appropriate.

1.4. The evaluation criteria and evaluation questions

The evaluation drew on four of the five standard OECD DAC evaluation criteria: Relevance, Effectiveness, Efficiency, and Sustainability.

Table 1: Evaluation criteria definitions

Criteria	Definition for CPE[25]
Relevance	The principle of relevance is often equated exclusively with the ‘alignment with government priorities’ but it should also encompass the relevance to needs of citizens and, specifically in this context, the rights of vulnerable populations. For the purposes of this evaluation, UNFPA has defined relevance as: <i>The extent to which the objectives of the CP8 correspond</i>

	<i>to population needs at country level - in particular vulnerable groups, and were aligned throughout the programme period with government priorities and with SP of UNFPA.</i>
Effectiveness	In the context of this country programme evaluation, UNFPA has defined effectiveness as: <i>The extent to which CP8 outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP/OP outcomes.</i>
Efficiency	<i>The extent to which CP8 outputs and outcomes have been achieved with the appropriate amount of resources - funds, expertise, time, administrative costs, etc.</i>
Sustainability	Particularly for a low middle-income country like Viet Nam, this can imply policy influencing/ advocacy and modelling/piloting roles for agencies such as UNFPA. The ToR for this evaluation defines sustainability as <i>The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.</i>

In addition to the above standard criteria for evaluations, the CPE also required the inclusion of two further criteria:

- **United Nations Country Team (UNCT) coordination** (*The extent to which UNFPA has been an active member of, and a contributor to the existing coordination mechanisms of the UNCT*).
- **Added Value** (*The extent to which the CP8 adds benefits to the results from other development actors' interventions*)

The evaluation questions as set out in the Terms of Reference corresponded with the following criteria:

Relevance

- Q1. To what extent has UNFPA support been adapted to the needs of the population; and (ii) was it in line with the priorities set by the national policy frameworks?
- Q2. To what extent has the country office been able to respond to changes in the national context, such as changes in needs of vulnerable groups, and priorities or to shifts caused by a rapidly changing socio-economic situation?

Effectiveness

- Q3. To what extent have UNFPA-supported interventions in the field of population and development been effective in strengthening the national policies through integration of evidence-based analysis on population dynamics and their links to national sustainable development targets?
- Q4. To what extent have UNFPA-supported interventions in the field of sexual reproductive health (SRH) been effective in addressing the needs of young people, the issues of SRH, reproductive rights, family planning, HIV in the relevant national policies?
- Q5. To what extent have UNFPA-supported interventions in the field of gender been effective in improving responses to gender-based violence and advance gender equality?
- Q6. To what extent has the overall UNFPA's programme integrated gender and rights-based approaches?

Efficiency

- Q7. To what extent were the resources (financing instruments, administrative regulatory framework, staff, timing and procedures) used efficiently to achieve the expected programme results?
- Q8. What were the constraining and facilitating factors on the achievement of results?

Sustainability

- Q9. How sustainable are the gains made under this CP in terms of partnerships established, capacities developed, integration of CP activities into the regular country and counterparts' programming?

United Nations Country Team (UNCT) coordination

- Q10. To what extent has the UNFPA CO contributed to good coordination among UN agencies in the country, particularly in view of avoiding potential overlaps?

Added Value

- Q11. What have been the main comparative strengths of UNFPA in Viet Nam - particularly in comparison to other UN agencies in the support of programme areas?

1.5. Methods and tools used for data collection and analysis

The team used the following methods for data collection through the phases of the evaluation: desk review, semi-structured interviews, site visits, group discussions, and focus groups. Triangulation was ensured throughout the evaluation process by cross-checking sources of information.

Literature review

The Viet Nam UNFPA Country Office provided access to documentation, including country programming documents, Detailed Project Outlines (DPO), Annual Work Plans (AWP), Project Annual Reports, Country Office Annual Reports (COARs), report on Quick Assessment on Situation of Population and Development (ASPD), report on the Mid-term review of CP8, Atlas data on budgeted interventions and actual expenditure, activity reports, joint programme proposals, evaluations, review and audit reports, relevant surveys and needs assessments studies, monitoring reports, as well as agreements signed with the partners of the respective programmes. In total, the Country Office shared over 370 documents with the Evaluation Team. The team prioritised approximately 50 documents for the in-depth systematic literature review, but drew on the full range of documents throughout the data collection and analysis phases to identify evidence.

Rationale for literature review: The literature review served several important functions. It ensured that the team had a good understanding of the breadth of UNFPA's approach and the context in which it works. It provided the opportunity to begin documenting evidence where available. Importantly it also provided the opportunity to assess the level of data and evidence that is accessible at the time, and identify key areas for specific inquiry.

Limitations and bias: While literature reviews can frequently provide strong insights into the object of the evaluation, findings are dependent on the quality of documentation available and the quantity of relevant documentation that can be reviewed in the given timeframe. As noted above the team prioritised 50 documents for systematic review but the documents and sources explicitly referenced exceed the original number. Many more documents provided by UNFPA and sourced by the evaluation team were reviewed throughout the process. Almost 400 documents were shared in total and the evaluation team was not able to review or analyse all of them comprehensively. These instances have been referenced or noted explicitly in the report.

Semi-structured interviews

During the field data collection phase, evaluators conducted semi-structured interviews with UNFPA stakeholders including government ministries, UN agencies, donors, NGOs. Semi-structured interviews were conducted with government implementing partners at national and sub-national levels (province, district and commune) for selected projects.

Rationale: Semi-structured interviews are often well-applied in contexts where the interviewer has only one opportunity to meet the respondent and in cases where multiple team members will be conducting the interviews. The interview guide or framework allowed for consistency of approach between different team members and formed a guide to the critical issues that each interview should cover (again promoting consistency). In addition the method of a semi-structured interview also allowed for application of open-ended questions which provides opportunities for respondents to disclose the issues that are most important and relevant to them. The semi-structured interview guides provided a clear set of instructions for interviewers in order to provide reliable, comparable qualitative data.

Limitations and bias: A known limitation to this method is its dependence on level of skill of the interviewer allowing them to identify opportunities to ask relevant probing questions. Inherent in the process is the interviewee's subjectivity, and the evaluation team needed to consider which information provided was able to be verified by other sources, and which represented minority views.

Individual interviews and Focus Group Discussions

At local level stakeholders of projects stakeholders included community group leaders, teachers, health workers, private sector actors such as pharmacists, and community members. These meetings were conducted as focus group discussions and individual interviews.

Rationale: Focus group discussions can provide a context where the group dynamics can stimulate conversations among the participants.

Limitations and bias: FGDs require specific skills on the part of the facilitator, such as being able to 'hold' but not dominate the space, and establish rapport which invites participation from all the participants without placing pressure on them. In the context of this evaluation there were some circumstances where sensitive issues were discussed with service users and service providers. In both instances the sub-team of two evaluators divided themselves between the service providers as one FGD, and the second evaluator interviewed the sole service user separately. In the second instance this approach was less successful as various stakeholders of the local project had gathered at the second location where the service user was present. The evaluator was not able to take the service user aside so managed the process sensitively by facilitating the conversation in such a way that it focussed on the project in general, rather than the specific reasons they used the service. This was not achieved to the satisfaction of the

evaluator as personal issues were raised by the service user herself: While this instance did not align with evaluation ethics good practice, it was locally culturally acceptable.

FGDs were held during the visits to the provinces. The two provinces were selected based on a number of factors rather than at random. Some provinces were excluded from the shortlist because they had recently been over-saturated by evaluation visits, while others had previously been included in the UNFPA mid-term review. UNFPA negotiated with the government regarding which provinces should be included. The final provinces selected had different characteristics (one was in its second cycle of working with UNFPA, and the other was in its first cycle). So although the evaluation team did not influence the selection, the two provinces included were able to provide a variety and balance of perspectives.

Interviews and Focus Groups (110 participants in total)

Key Informant Interviews	
UNFPA Country Office Team members	18
National Implementing Partners	23
Provincial Implementing Partners	9 (Bến Tre) 7 (Quảng Bình)
District Implementing Partners	6 (Bến Tre) 6 (Quảng Bình)
UN Heads of Agencies/ representatives and UNCT members	12
Donors	2
NGOs	2
Independent experts	2
Bến Tre Individual Community Members	2
	90

Focus Group Discussions	
Bến Tre Community Group	5
Bến Tre Community Health Staff	4
Bến Tre Community Volunteers	4
Quảng Bình Community Leaders, Private Sector and Project Implementers	7
	20

Survey of UNFPA staff

During the course of the data collection, the evaluators became aware of a lack of discourse on UNFPA's modalities, particularly in relation to the risks and assumptions in the global strategic plan theories of change. To begin to address the lack of data on this, a short survey was created

and completed by staff which assess their perceptions of whether the risks and assumptions held true in their country context.

Limitations and bias: The survey was not planned from the outset but introduced during the data collection. Therefore it was constructed limited consultation with the CO. The survey itself was limited to focus on the specific risks and assumptions of the UNFPA global strategy, and tailoring the language and concepts to Viet Nam's context may have made it more accessible to complete for the respondents.

1.6. Limitations and constraints

This section describes the limitations and constraints faced by the evaluation team during data collection and analysis. The measures taken by the team to mitigate these constraints are also detailed.

Disbursed and limited progress and impact monitoring data

Monitoring data was recorded in several places, including the Annual Project Reports, Country Office Annual Reports, One Plan Annual Reports, Monitoring Visits Reports and the web-based monitoring systems. With any one set of these reports, it was difficult to track progress within projects in a sequential manner. Progress on achieving objectives that were additional to the project format (e.g. soft aid and advocacy) was not systematically recorded. Much of this was held tacitly by the team leaders and team members. As importantly, decision making was often not explicitly recorded, especially important when changes were made to project or activity directions or plans. As a result the "stories" of the Country Programme and the projects within it were not easily accessible by the evaluators. Overall, the global M&E system of UNFPA seemed to lack the flexibility to accommodate more unique country programme contexts such as that of Viet Nam which *Delivers as One UN*.

Lack of clear articulation of intended beneficiaries and lack of baseline data

Several projects were pilot intervention models with community level beneficiaries in receipt of the activity impacts, but middle layer beneficiaries also included the implementing partners at various levels (e.g. national, provincial and district). Equally, the other projects were targeted at national level partners with both outcome and capacity building intentions. Assessment data (including baseline information or progress reports) on the capacity levels of the implementing partners was not made available to the evaluators who were therefore not able to review any quantitatively or qualitatively measured progress in achieving capacity building objectives.

Narrowly defined programme stakeholders

UNFPA initially defined its stakeholders within the narrow confines of project implementing partners, which were exclusively government entities (and this definition has been adopted by government agencies themselves [26]). The definition was in line with the UNFPA Country Programme Evaluation Handbook [24]. In the evaluators' views this presented a constraint to reviewing the work of the Country Office in relation to its programme, rather than simply the sum of the projects. To mitigate this, and in consultation with the Country Office, the evaluation team developed a wider set of stakeholders to include in the process.

Competing demands of multiple evaluative processes in country

At the time of the UNFPA CPE, there were multiple evaluations and assessments taking place among the UN agencies as well as other partners. This was of concern because of the high demand on the time and resources of stakeholders at an exceptionally busy period, but also a concern for the quality of responses of participants taking part in many similar processes, which could have been affected by fatigue or risked being repetitive for them.

Limitations/challenges	Mitigation
Disbursed and limited progress monitoring data	As far as possible, multiple sources were combined to gain more comprehensive pictures of progress. Where decisions were not documented, UNFPA provided additional written explanations of key changes and milestones.
Lack of clear articulation of intended beneficiaries and lack of baseline data	Without robust quantitative baseline data, the Evaluators explicitly sought qualitative and perceptive data from stakeholders on capacity levels and the impact of working with UNFPA.
Narrowly defined programme stakeholders	The Evaluators sought wider audiences among NGOs and independent experts. In addition, UNFPA facilitated access to multiple UN partners and some donors.
Competing demands of multiple evaluative processes in country	The Evaluators coordinated with the teams of two other key evaluations happening at the same time (the UNDP Country Programme Evaluation and the One Plan Evaluation/Assessment) to reduce duplication and share data where permission was sought from participants.

Contextual limitations to the evaluation

Atypical UNFPA Country Programme

UNFPA as a Delivering as One Country in its second phase, had multiple obligations i.e. to the UNFPA Strategic Plans (2011-2013 and 2014 - 2017) and the UN Delivering as One “One Plan”, and as a result there is not a conventional Country Programme Action Plan (CPAP) available. Instead UNFPA’s commitments are in the One Plan and correspond to the multiple levels of One Plan and Strategic Plan outputs and outcomes. This level of detail and multiple alignments created a lack of clarity on UNFPA’s own country level objectives as measured by the UNFPA Country Programme Evaluation guidelines and standardised methodology.

Timeframe of the evaluation process

In order to contribute to key planning opportunities taking place at country level, there were time constraints on the evaluation timeline, which were also compounded by delays to the start of the field data collection, although the subsequent phases and dates for deliverables were not also moved. This meant that the first draft of the report was submitted to UNFPA Country Office less than 10 working days after the completion of the main in-country data collection. Overall the analysis and reporting phases were confined to a shorter timeframe than was desirable to fully treat some of the contents of the programme. The timescale of the analysis and reporting phases for this Country Programme Evaluation compares differently to others, e.g. three and a half months between the first and second drafts of the CPE for Turkey in 2014 [27] and 10

months for the synthesis phase of the CPE for Lebanon (2013-2014) [28]. There were a number of critical documents that were shared with the evaluators too late in the process for full analysis and extraction of information (for example the rationales and theories of change for each of the programme sub-areas of intervention), and the contents of these have been acknowledged where possible through footnotes and other references.

2. Country context

2.1. Development challenges and national strategies

The UNFPA Country programme in Viet Nam 2012-2016 has been taking place amidst a rapidly-changing development environment, as the Terms of Reference for this evaluation make clear. Viet Nam is a low middle income country (MIC) since 2010 and has made progress at national level in many of the Millennium Development Goals, with gains in some areas well noted, such as in access to health,³ education,⁴ and employment.⁵ The country is on track to meet, or has met, a majority of the Millennium Development Goals. Although monitoring data continues to be a challenge, Viet Nam was cited as one of the Joint Gender Programmes which evidenced improvements in national systems for data gathering on Gender Equality and Women's Empowerment issues [29].

The country continues to face many challenges. Despite rapid national-level economic growth, 17.2% of the population in 2012 remained under the poverty line [30], and among ethnic minority populations, the poverty headcount was much more pronounced than the national average at 59.2% according to 2012 data.⁶ The changing population dynamics and inequalities are major features of the development landscape. Data indicates a spectrum of gender and ethnic disparities. Data on gender based violence shows widespread and long term prevalence and low rates of women seeking medical and social responses or legal redress. A recent development is the increase in the sex ratio at birth imbalance.

Viet Nam's own policy framework emphasises inclusive growth, particularly through the institutional strengthening of the country's governance and service delivery infrastructure through the Socio-Economic Development Strategy (SEDP) [31] with considerable investment by the Government in relation to sexual and reproductive health, family planning and population responses. Investment in services and capacity has taken place alongside the cementing of relatively progressive gender equality legislation, with the National Strategy (2011-2020) and the National Programme on Gender Equality (2011-2015).⁷ What is less clear at this stage is the extent to which the commitments by the government has translated into (or has a trajectory towards achieving) national and even coverage of implementation across the country. The year 2015 presents a set of complex changes in national and international development objectives with the forthcoming revisions of the Socio-Economic Development Strategy (due to end in 2015) and the emerging Sustainable Development Goals currently being debated and formed to succeed the Millennium Development Goals.

³ For example, ensuring universal access to HIV prevention, treatment, care and support, Final Common Country Programme Document for Viet Nam, 2012-2016, DP/FPA/OPS-ICEF/CCPD/2011/VNM/1

⁴ Primary education net enrolment in rate is 91.5% for girls and 92.3% for boys; lower secondary school net enrolment rate is 82.6% for girls and 80.1% for boys, and the upper secondary education net enrolment rate is 63.1% for girls and 53.7% for boys, data reported by UNDP from Government of Viet Nam (2010): Viet Nam at two thirds of the path to fulfilling the Millennium Development Goals and vision towards 2015, Hanoi July 2010

⁵ Labour force participation rate is 73% for women, compared to 82% for men, data reported by UNDP from Government of Viet Nam (2010): Viet Nam at two thirds of the path to fulfilling the Millennium Development Goals and vision towards 2015, Hanoi July 2010

⁶ The Poverty head count was 9.9 among Kinh and Chinese ethnic headed households, and 59.2 among "other" ethnic headed households, Viet Nam Household and Living Standards Survey, 2012

⁷ Replacing the National Strategy for the Advancement of Women (2001-2010)

According to the Human Development Report, Viet Nam ranked 121st out of 187 countries on the Human Development Index [8]. Of its population of 90,730,000 (2014) [1], 67% live in rural areas[3] and unemployment was 2% in 2013.[9] Viet Nam was ranked 48 out of 148 countries in the 2012 Gender Inequality Index [32]. Viet Nam’s health expenditure as a percentage of GDP was 6.0% (2013)[12]. The mortality rate for under-5s was 22 per 1,000 live births (2013) [11] and the maternal mortality ratio was 67 per 100,000 live births in 2011 [33].

The recent history of Viet Nam, officially the Socialist Republic of Viet Nam, in the latter half of the 20th century is characterised by multiple conflicts, with Viet Nam gaining independence from French rule in 1945 but subsequently divided politically between North and South (in 1954). The conflict between Viet Nam and the US ended in 1975 with reunification in 1976. Since 2000, Viet Nam has seen a high economic growth rate, joining the World Trade Organisation in 2007, ASEAN committee and TPP, in 2015. Its GNI per capita was \$5,350 in 2014 [5], its annual growth in the same year was 6% with GDP per capita at \$2,052.3 in 2014 [6].

The analysis of the country context below draws from the report of the Assessment on Situation of Population and Development in Viet Nam (ASPD) was recently shared with the Evaluation Team [34].

Table 2: Viet Nam progress against Millennium Development Goals

Goal	Progress [19]
1: Eradicate extreme poverty and hunger	Low poverty (2.44%), moderately low hunger (11.0%).
2: Achieve Universal Primary Education	High enrolment (98.1%)
3: Promote Gender Equality and Empower Women	Parity of girls and boys in primary education High share of women in wage employment in the non-agricultural sector Moderate representation of women in national parliament
4: Reduce Child Mortality	Low mortality
5: Improve maternal health	Low maternal mortality High access to reproductive health
6: Combat HIV/AIDS, Malaria and other Diseases	Low incidence of HIV (0.03%) Moderate Mortality
7: Ensure Environmental Sustainability	High forest cover High proportion of population using an improvement drinking water source (97.6%) High proportion of population using an improved sanitation facility (78%) Moderate proportion of slum-dwellers (27.2%)
8: Develop a Global Partnership for Development	High internet usage (48.3 users per 100 inhabitants)

Population and Development (PD)

The population of Viet Nam in 2014 was almost 90.5 million[35] and is projected to increase to 100 million by 2025. The Total Fertility Rate has declined from 6.81 (1965-1969) to achieving and maintaining replacement levels since 2003[36]: the core objective of its population policy. Average figures, however, mask regional disparities, with higher birth rates in some regions⁸ and lower fertility rates in some provinces and cities.⁹ Population dynamics, however, extend beyond population and fertility targets, and Viet Nam's population draft law has a greater focus on reducing fertility and on reproductive health than addressing broader population and development issues. These include the population dividend, population ageing, Sex Ratio at Birth imbalance, and migration.

The population dividend refers to Viet Nam's demography being characterised by a favourable ratio of working age population to dependents, with half of the working age population under the age of 34, and the total working-age population double that of dependent groups. This is a situation provides an opportunity for economic growth. However, without a technically skilled workforce, the country is increasingly facing unemployment and underemployment issues,¹⁰ which therefore necessitates investment in training and facilitation of young people's entry into the job market.

Viet Nam's population is ageing at a higher rate than other countries in the region, with over a quarter of the population predicted to be aged over 60 by 2049.[37] This changing situation highlights the need for increased social protection provision. Although Viet Nam has been introducing its social protection system of four pillars (social assistance; employment income and poverty reduction; social insurance; and social services) overall its response lacks coordination and inclusiveness, which the government is aiming to address through the new SEDP.

There are increasing and changing patterns of migration, both internal and international. While mentioned above that Viet Nam's rural population was 67% in 2013, this is not a static figure and the urban population has been growing, such is the regional and global trend. Internal migration offers the opportunity for better education and employment opportunities, but is accompanied by the risks of insecurity, unemployment, lack of access to services and exploitation. There are gaps in migration data despite the implementation of the 2004 National Migration Survey: this survey defines a migrant as someone who has moved in the last five years, and does not capture the increasing numbers of shorter term migrants (although this is a subject of the 2015 National Migration Survey). In comparison to other countries in the region, Viet Nam exports a small number of workers internationally but the ILO anticipates this will change quickly in the future.¹¹ Viet Nam is likely to be unprepared for this change from a policy perspective.

With the country ranked 7th under the 2015 global Climate Risk Index [38], it is highly vulnerable to climate change impacts. The government has responded to the risks of climate

⁸ Central Highlands, North and Central Coast, and Northern Midlands and Mountains

⁹ Ho Chi Minh City, Binh Duong, Hau Giang and Ca Mau

¹⁰ ILO, Unemployment Protection in Viet Nam, 2012 indicates that the unemployment rate was 2.5% of the workforce, half of whom were aged between 15-24 years (cited in ASPD 2015)

¹¹ See ILO, *ILO Policy Brief*, 2015. ILO is involved in project work (research, policy support) on migrant workers working in Greater Mekong Sub-Region to protect them from labour exploitation. (cited in ASPD 2015)

change through several national policies and strategies but requires a focus on population impacts rather than only the technical and economic challenges for a comprehensive response.

Sexual and Reproductive Health (SRH)

Viet Nam has made important gains in sexual and reproductive health, although as already mentioned, there is disparity between the mainstream population and vulnerable groups. This is particularly evident in the rates of poverty reduction, with increasing inequality affecting disadvantaged populations including ethnic minorities, remote populations, the poor and near poor, people affected by disabilities, internal migrants, women-headed households and women in other vulnerable situations and young people [39]. This is important because levels of inequality are known to extend to coverage and quality of sexual and reproductive health care, and although some data on vulnerable populations in this regard exists, it is uneven across the different categories of vulnerability.

The maternal mortality ratio is close to achieving Viet Nam's target of 58.3 [40]. Approximately two-thirds of this decline related to safer pregnancy, with 93.6% of births taking place in institutions and trained health workers in attendance at over 93.8% of births [41]. By 2014, almost all pregnant women (95.8%) received at least one prenatal care service, although only 73.7% met the recommended minimum of 4 prenatal care appointments.¹² Knowledge of HIV is wide but not deep with less than half of women aged 15-49 years being able to correctly identify all three means of vertical transmission of HIV. Discriminatory and stigmatising attitudes towards people with HIV are still prevalent.¹³ In relation to family planning, the unmet need for contraception was 6.1% [14]. The ASPD report notes that at current capacity, the national Family Planning programme can meet only 40% of the demand for condoms [42].

Despite very high coverage rates for births taking place in institutions and the attendance of trained health workers at births, there remain regional disparities which show that maternal and child mortality in mountain areas could be more than 3 times higher than in lowland areas [43]. Disparities also exist and are increasing between poorer and wealthier households, and this coincides with the proliferation of private health care provision alongside the public sector. In general challenges to the public health sector are the capacity of the workforce (both quality and quantity) and the lack of linked services, particularly between those for SRH, family planning and HIV as well non-communicable diseases.

With young people making up a large proportion of the population, the government has increased its focus on their development and mobilisation, through passing the National Youth Law in 2005, and more recently introducing the Youth Development Strategy 2011-2020. However, it is the Strategy on Population and Reproductive Health 2011-2020 and the National Target Programme for Health 2012-2015 deals with issues related to the health of young people, including adolescent sexual and reproductive health (ASRH). This indicates a fragmentation in the policies focussed on youth and adolescents. While young people are better educated and more wealthy than they've ever been, the ASPD report notes that vulnerability remains among young people from poor families, young women, ethnic minority youth, young people living in

¹² WHO recommends four or more visits.; The current standard in Viet Nam is five or more visits.

¹³ The Stigma Index indicates also that people living with HIV (PLHIV) experienced high levels of stigma except for in the health system where the survey confirms that the system has successfully scaled up HIV-related services, with high access to ART and one third of HIV tests resulting from health care referrals. Discrimination against women living with HIV was taken up by the CEDAW Committee in concluding observations on the GOVN Report on 24 July 2015 at p10. (cited in ASPD 2015)

remote areas, young migrants and young people with a physical or intellectual disability, those living with HIV/AIDS or young sex workers [39].

Gender Equality

While there are aspects of gender equality that Viet Nam has made great improvements on, serious issues need addressing such as the high rates of violence against women. The government has committed itself to eliminating domestic violence and gender-based violence and several laws are designed to enforce this: the Law on Gender Equality and the civil Law on Domestic Violence Prevention and Control 2007. To facilitate the implementation of the latter, the government has introduced the National Action Plan for Domestic Violence Prevention and Control 2014-2020. In addition, Viet Nam has developed the Minimum Intervention Package (MIP) model, consisting of prevention at primary level, identification for support and prevention intervention at secondary level, and specialised impact mitigation for people affected by violence at tertiary levels [44].

GSO's 2010 national study indicated that 58% of women surveyed reported having experienced at least one form of physical, sexual or emotional violence [45, 46]. The likelihood of experiencing violence was correlated more strongly with lower levels of education, economic status, age, location (with women in rural areas more at risk) and ethnicity. The causes of gender-based violence are numerous: and it can be both a result of gender inequality and cause of the perpetuation of gender inequality.

Approaches to gender-based violence are complex, and although steps have been made to include men and boys, for example, there is still a significant amount of work to do to ensure that responses at local level are comprehensive and guided by a coherent overall strategy [39]. Violence is typically not reported, because of stigma but also attitudes that condone violence against women persist (among both women and men). Additionally, with services not being comprehensive, and a lack of knowledge of the existing laws among local authority workers, there is little incentive for women affected by violence to seek help.

The sex ratio imbalance at birth (SRB) is pervasive with 110.6 boys per 100 girls in 2009, increasing to 112.6 in 2013 [47, 48], well above the usual ratio of 105-106 male births per 100 female births. This marks a significant shift which has taken place in the last ten years where previous data from 2000 shows that there were 106 male births per 100 female births. The reason is thought to be due to an increase in prenatal sex-selection abortions where parents have a preference for a male child, particularly among higher educated and wealthier households, but the underlying causes are a combination of complex social, cultural and as well as economic perceptions.¹⁴ Sex selective abortion has been made illegal in Viet Nam through the Constitution, the Population Ordinance 2003, the Gender Equality Law and Government Decree No. 114, and the government has committed to working towards a normal SRB level [49],

¹⁴ Adding to the longstanding preference for sons causing increase of SRB imbalance are the recent emergence of modern sex determination technology and the "birth control" policies which have facilitated rapid fertility decline. From 1975, the policy allowed two to three children, but from 1988 families were permitted to have only two children. In 1993, the "one to two child" policy was formalised in a Communist Party resolution which formed the basis of the highest legal document on population, the Population Ordinance of 2003 (still effective). Article 10 of the Ordinance was amended in 2008 and stipulates: "Each couple and individual has the right and responsibility to [...] have one or two children, exceptional cases to be determined by the Government." The current policy infringes upon the right of women and men to freely and responsibly decide when and how many children to have, and is in conflict with CEDAW (Article 16e) and the 1994 Programme of Action of the International Conference on Population and Development (para 7.3). Source: UNFPA

although enforcing the laws is virtually impossible. There is also an inherent tension between implementing laws designed to prohibit sex selective abortion and upholding women's sexual and reproductive health rights.

Globally early marriage¹⁵ (marriage of under-18s) affects a third of young girls in developing and middle income countries [50]. In comparison, Viet Nam's rate is lower at 12% of all marriages including someone under the age of 18, and the practice is concentrated in some ethnic minority populations. Legally the ages for marriage in Viet Nam are 18 for women and 20 for men [51]. The government has identified geographical target areas for responding to early marriage but reliable data is not available because families may be unlikely to reveal whether early marriage has taken place. Similarly to responses intended to address the SRB imbalance and gender-based violence, changes in behaviour in relation to early marriage will take time and require a multiplicity of responses.

2.2. The role of external assistance

UNFPA faces a similar situation to many UN agencies and official development assistance (ODA) in the graduation to low middle income country by Viet Nam, with the CP8 budget of \$33.1 million (including \$22.5 million from the regular resources)¹⁶ reducing to \$12 million (regular resources) for the next programme cycle. Already there is a clear steer from the UNFPA's global and country strategies that the reprioritisation of resources will focus on upstream advocacy and policy dialogue rather than implementation.

External assistance has played an important role in Viet Nam since the late 1970s, with major donor sources shifting over time. With Viet Nam's economic status graduating to low middle income, donors have shifted their aid commitments and ODA is declining among many. Extensive analysis of Viet Nam's development financial flows is provided in the joint report by UN agencies, the EU delegation and the Ministry of Planning and Investment [52]. Key statistics and information describe the levels of and changes in funding:

- Public revenues have nearly trebled since 2006, to over 800 trillion dong or US\$39 billion, but have declined by 9% in real terms since 2010.
- Government borrowing has grown by an average of 30% per year since 2006, mainly through domestic bond issues to support stimulus measures.
- ODA rose sharply in 2009, as the major development banks increased their lending in response to the global financial crisis. These levels have been maintained, with annual disbursements close to \$4 billion.
- ODA will decline gradually in the coming years and fall away more rapidly towards the end of the decade.

As a result of the declining ODA rates, the report notes that there is a risk of shortfall in financing despite increases in disbursement capacity, which may affect the social sectors specifically.

¹⁵ Frequently referred to as 'child marriage' in Viet Nam. 'Early marriage' is used here in line with international definitions.

¹⁶ Data provided by UNFPA Country Office

Based on the available data of a few of Viet Nam’s major donors, overall the decline is gradual but individually many donors are facing up to 50% or higher reductions between 2014 and 2016. The Government of Australia indicates that the 2014/2015 bilateral budget estimate was \$97.4 million and the 2015/2016 bilateral budget estimate is \$58.4 million; a 40% decline between annual budgets[53]. The Asian Development Bank’s ODA to Viet Nam between 2006 and 2013 shows varying levels but a notable steady decline from 2011 onwards (see Figure 2).[54] World Bank Group data shows that the combined levels of finance from four of its five institutions¹⁷ dropped from almost \$3 billion to approximately \$1.3 billion between 2014 and 2015 (see Figure 3) [54].

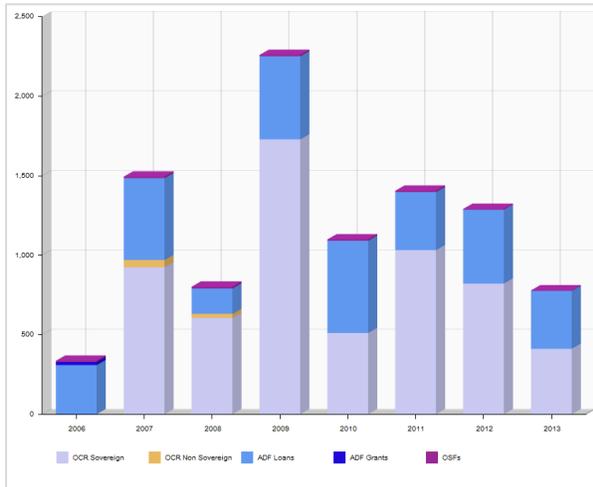


Figure 2: ADB financing to Viet Nam 2006-2013

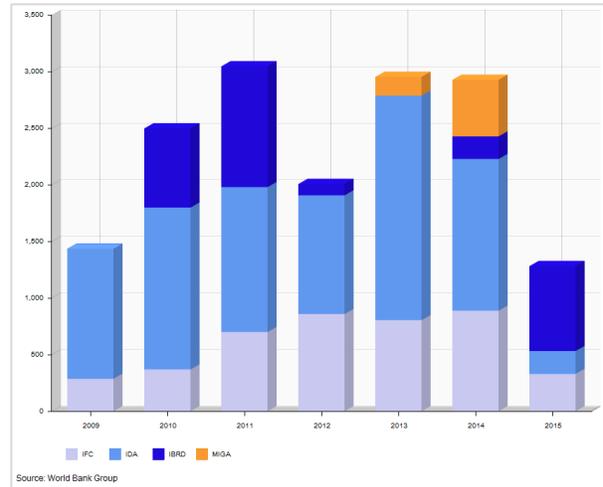


Figure 3: World Bank Group financing to Viet Nam from 2009-2015

¹⁷ International Finance Corporation (IFC), International Development Association (IDA), International Bank for Reconstruction and Development (IBRD) and Multilateral Investment Guarantee Agency (MIGA)

3. UN/UNFPA Strategic response and programme strategies

3.1. UNFPA Viet Nam Strategy

The 8th UNFPA Viet Nam Country Programme 2012-2016 spans two global UNFPA Strategic Plan cycles 2008-2013 and 2014-2017. The current UNFPA Strategic Plan reaffirmed the strategic direction set out in the midterm review of the 2008-2013 plan with the addition of a set of organizational changes to support its attainment [55]. These included a strengthened results framework, a new business model, and improvements to the funding arrangements.

Based on the 2008-2013 Strategic Plan, UNFPA Viet Nam, developed its country level approach in 2012 [56]. The Country Office applied three strategic approaches in areas of its comparative advantage and in line with the One Plan/CCPD 2012-2016. The following three strategic approaches defined the overall strategic direction of the country office: building capacity of implementing partners; generating evidence; and convening policy dialogue based on robust evidence and strong capacity (see Figure 4) [56].

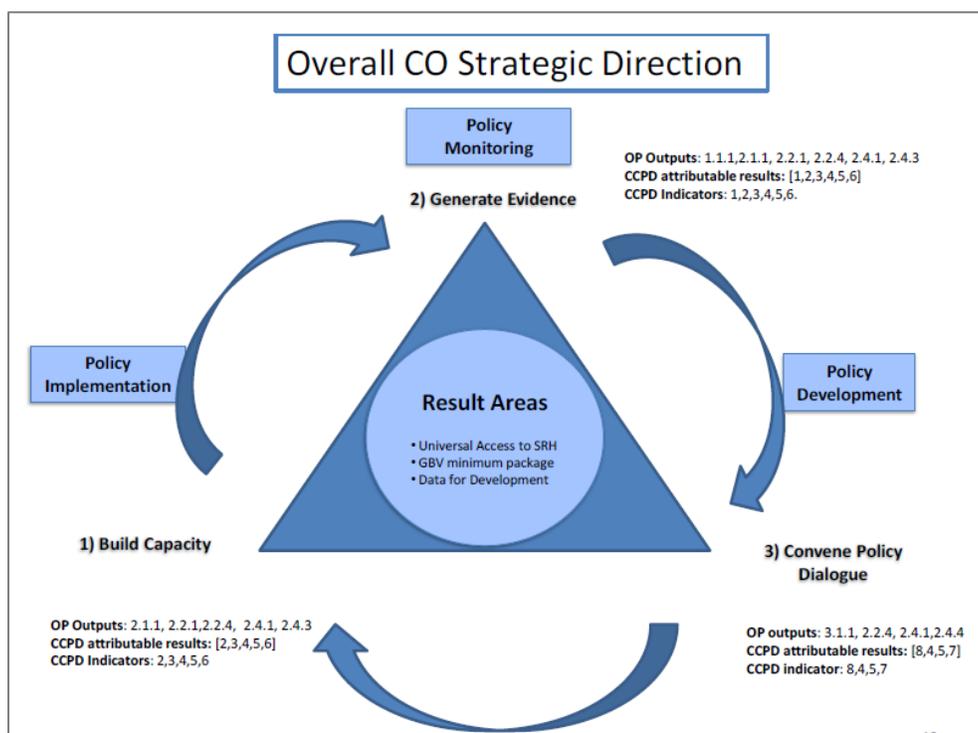


Figure 4: UNFPA Country Office Strategic Direction 2012

Of critical importance to Viet Nam’s context, the UNFPA Strategic Plan defined the appropriate modes of engagement to achieve its priorities based on a country’s setting. UNFPA has classified countries based on their [development] needs and ability to self-finance responses. In this scale, Viet Nam was assessed as having a lower need and higher ability to finance its own programmes. UNFPA’s modes of engagement for countries with this context (coloured pink in the table below in Figure 5), such as in Viet Nam, should focus on advocacy and policy dialogue/advice [57].

The One Plan outcomes and outputs were further been translated into agency specific *Results* as follows:

Table 3: UNFPA intended Country Programme Results

One Plan focus area 1: inclusive, equitable and sustainable growth

One Plan outcome: 1.1 Key national institutions formulate and monitor people-centred, ‘green’ and evidence-based socio-economic development policies to ensure the quality of growth in Viet Nam as a middle-income country

- CCPD Result 1: High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide.

One Plan focus area 2: access to quality essential services and social protection

One Plan outcome: 2.1, 2.2, 2.3 and 2.4

- Outcome 2.1: A more effective national social protection system provides increased coverage, quality, and equitable access for the most vulnerable and disadvantaged groups;
- Outcome 2.2: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups;
- Outcome 2.3: Increased quality and effective management of education and training systems, and increased access to pre-primary, primary and continuing education, particularly for the most vulnerable and disadvantaged groups;
- Outcome 2.4: National and subnational institutions, in partnership with communities, more actively address inequalities through the implementation and monitoring of laws, policies and programmes that promote gender equality and women’s empowerment, and an effective and sustainable response to HIV, reducing stigma and discrimination.

- CCPD Result 2: Evidence on policy-implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate national/sub-national policy and strategy
- CCPD Result 3: MOH capacity is increased for health system strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations.
- CCPD Result 4: Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities

- CCPD Result 5: Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers
- CCPD Result 6: A national response is developed to address SRB imbalance, using a culturally sensitive approach.
- CCPD Result 7: A minimum comprehensive package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lesson learnt from pilot models.

One Plan focus area 3: governance and participation

One Plan outcome: 3.1 Elected bodies are better able to formulate laws, oversee the performance of state agencies and represent the aspirations of the Viet Nameese people, especially women, ethnic minorities and other vulnerable and disadvantaged groups

- CCPD Result 8: National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation.

3.3. Specific interventions

The Country Programme includes the following projects, in support of achieving the One Plan Outcomes and Outputs and therefore the overarching goal of supporting Government of Viet Nam to achieve the MDGs. UNFPA conducted interventions under all these sub-components.

Table 4: Components of the Country Programme

CCPD Results	Projects
One Plan focus area 1: inclusive, equitable and sustainable growth	
CCPD Result 1	Strengthening national data collection
One Plan focus area 2: access to quality essential services and social protection	
CCPD Result 2	Care for Elderly interventions
CCPD Result 3	Health systems strengthening intervention
CCPD Result 4	Support to implement national strategies (SRH and youth) Child friendly (and maternal health) interventions
CCPD Result 5	Strengthening national capacity to respond to people living with HIV and AIDS
CCPD Result 6	SRB imbalance interventions
CCPD Result 7	Strengthening national capacity to respond to survivors of domestic violence

	Prevention of domestic violence interventions
One Plan focus area 3: governance and participation	
CCPD Result 8	Strengthening national capacity for law and policy

3.4. Intended reach

The projects or sub-components of the Country Programme frequently had clear target groups, such as adolescents, ethnic minorities, women affected by domestic violence, older people, and alongside this there were sometimes the layers of service providers that were in direct contact with them such as private health service providers. More often programme managers and national policy makers were also identified as intended target groups. Data sources did not provide clear statements of the intended aggregate number of beneficiaries of the Country Programme or its intended geographical reach. However, according to data supplied, programmatic activities are taking place in five of Viet Nam's 63 provinces and cities. The five provinces are distributed in the northern, central and southern regions. A further eight programmatic activities are focussed on national level support, with the potential to have national reach in the long term. See Annex for a map of UNFPA interventions.

3.5. Resourcing

The Mid Term Review of CP8 reports that programme data showed that a total of US\$ 33,100,000 was planned for the five year cycle, including \$22.5 million of regular resources, and \$10.6 million from other sources. However, the overall initial planned resource mobilisation was not achieved with a \$13 million shortfall [26]. ATLAS data indicates a total of \$17,843,653 was actually allocated (distributed) for years 2012-2015 for projects (Figures 6-9). The budget for the completed years of 2012-2014 (i.e. excluding 2015) was \$13,257,26, and expenditure was \$12,956,863, representing a disbursement rate of 98%. Expenditure has remained consistently close to budget maximums indicating a high disbursement/ implementation capacity on the part of UNFPA Viet Nam and its implementing partners. The table in the Annex shows the percentage of implementation rate per year. The budget in year 1 of the Country Programme was originally \$4.5 million of regular resources, but 2012 saw the late start of programmatic activities (i.e. towards the second half of the year) due to more complex than expected project start-up procedures including development, appraisal and finalization of Annual Work Plans with selected IPs. This resulted in the return by the CO to its HQs of 50% of the annual programme ceiling [58, 59].

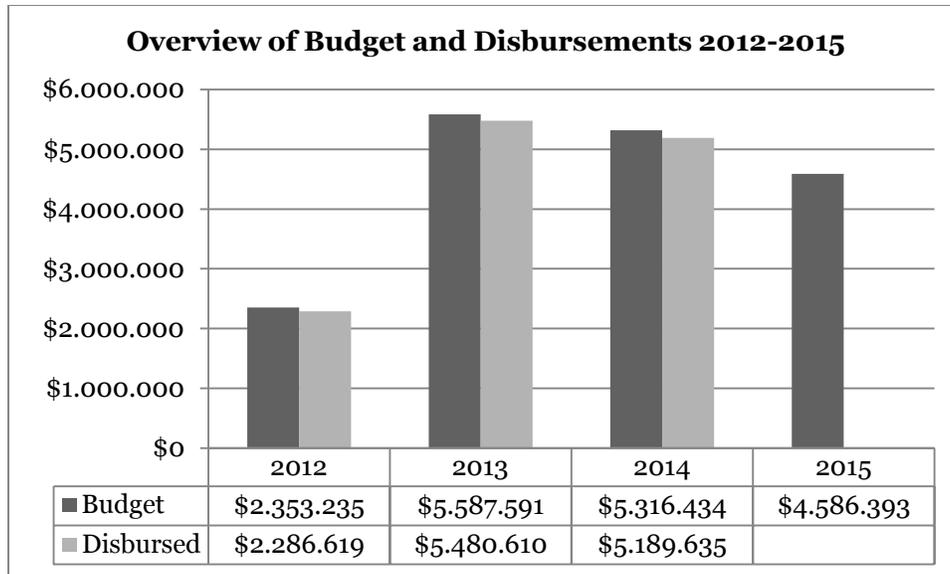


Figure 6: Overview of UNFPA Viet Nam budget and disbursements 2012-2015

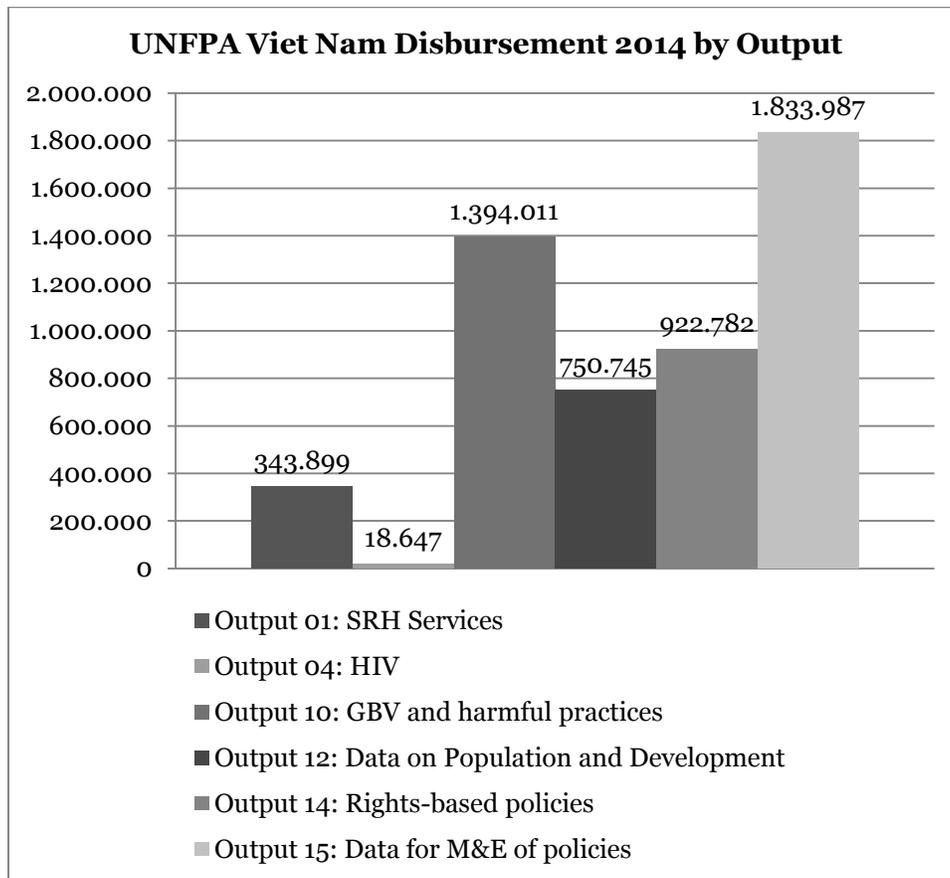


Figure 7: UNFPA Viet Nam Disbursement 2014 by Output

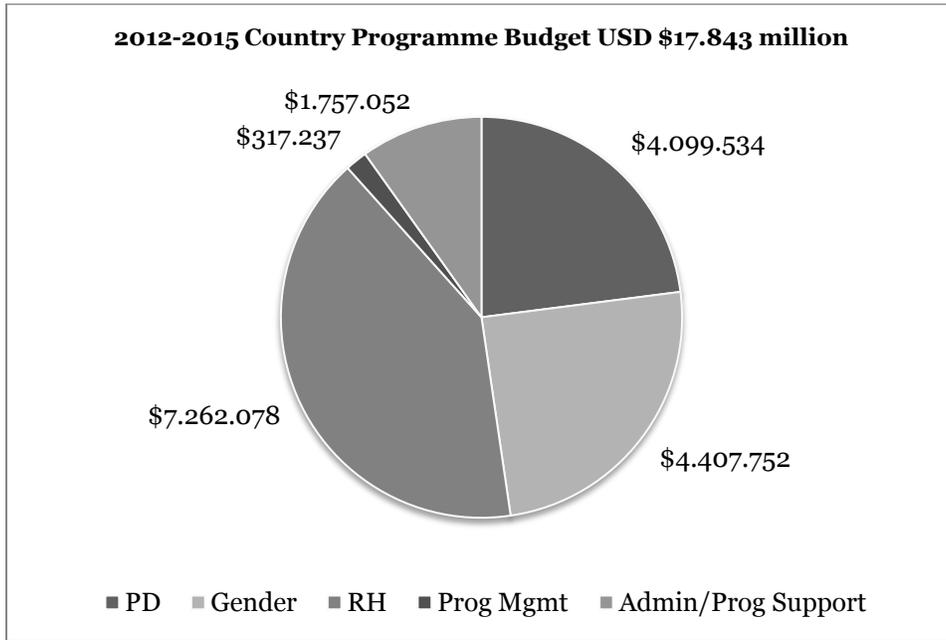


Figure 8: Country Programme Budget by Programme Area

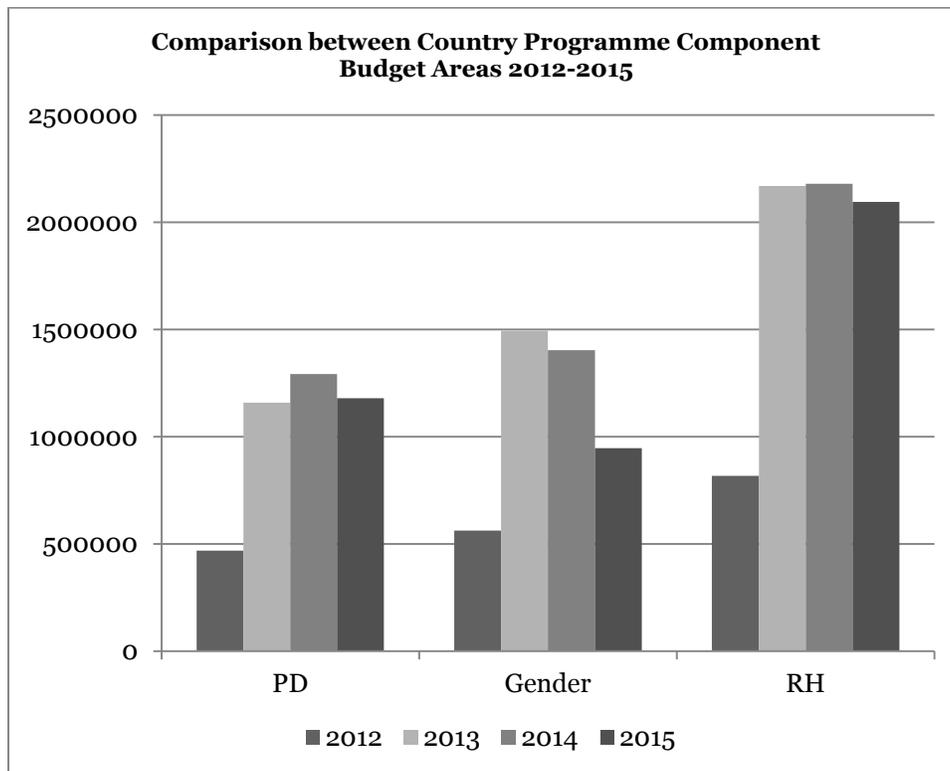


Figure 9: Comparison between Country Programme Component Budget Areas 2012-2015

3.6. Logic model/theory of change

At the time of the evaluation, the Country Programme did not have an internally generated theory of change. However, within the programme specific components did have rationales and conceptual frameworks developed, e.g. for young people, GBV, SRH, sex work etc. The language and conceptions of “theories of change” are relatively new to UNFPA which has previously invested significantly in “results-based management” approaches. The multiple planning frameworks within which UNFPA is required to place itself (CCPD, OP, UNFPA Strategic Plan etc.) place considerable strains on the country programme’s clear articulation of its focus and activities where demonstrating how activities fit with multiple other frameworks is emphasised. In some places, logic gaps also exist between the higher level results framework (OP and SP outcome and OP, CCPD and SP output levels) and the interventions which comprise the Country Programme.

Accordingly, and in attempt to extract the logic of the evaluation object, the indicative Results Chain was developed by the evaluation team (below), and subsequently a draft Theory of Change for the Country Programme:

UNFPA contribution	Intended outcomes (system change)	Contribution to DaO focus areas	Contribution to national goals	Contribution to MDGs	Realisation of normative commitments
Strategies Capacity building Strategic partnerships, alliances and networking Law and policy improvement Provincial level implementation of national laws & policies Evidence-based policy dialogue and advocacy Mass media advocacy Creating the evidence base (intervention models and research/analysis) Increasing quality and use of data for policy making Human rights based approach (HRBA) to programming	UNFPA Strategic Plan outcome 1 (sexual and reproductive health): Increased availability and use of integrated sexual and reproductive health services ¹⁸ UNFPA Strategic Plan outcome 3 (gender equality/ empowerment): Advanced gender equality, women’s and girls’ empowerment, and reproductive rights ¹⁹ UNFPA Strategic Plan outcome 4 (population dynamics): Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics ²⁰	UN One Plan focus area 1: inclusive, equitable and sustainable growth UN One Plan focus area 2: access to quality essential services and social protection UN One Plan focus area 3: governance and participation	Bridge the policy-implementation gap Respond to cross-cutting issues such as gender equality, HIV and human rights based approaches to development Achieve inclusive, equitable and sustainable growth, access to high-quality, essential services and social protection, and enhanced governance and participation	MDG3: Promote gender equality and empower women MDG 5: Improve maternal health MDG 6: Combat HIV/AIDS, malaria and other diseases MDG 8: Develop a global partnership for development	Realisation of the ICPD and other normative global commitments... (e.g. CEDAW)

Figure 10: Indicative Results Chain for UNFPA Viet Nam Country Programme

¹⁸ (Including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

¹⁹ Including for the most vulnerable and marginalized women, adolescents and youth.

²⁰ And their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

The UNFPA Strategic Plan includes theories of change for each of the programme areas of Population & Development, SRH and Gender Equality. Because the Strategic Plan is a global level document, the theories, assumptions and risks within in are relatively broad and generic [55].

The evaluation methodology intended to retrospectively develop a Theory of Change which could then be tested throughout the process of the evaluation. In practice, however, the complexity of the CCPD (combining the work of three agencies) became apparent. In addition, the Country Office changed its approach halfway through the programme cycle to conform to the requirements of introducing the new modalities as a result of being designated a 'pink' country within the UNFPA global strategy. Creating a Theory of Change based on either the beginning of the cycle or the second half of the cycle would not have been adequate for analysing the whole of the programme. Therefore, the evaluation took the opportunity to develop a Theory of Change based on learning from the second half of the cycle, with view to evolving it for use in the next programme cycle. This was done in collaboration and consultation with the Country Office.

The Theory of Change, developed as result of this evaluation process, can be found in the Annex.

4. Key Findings

Contextual framing

Viet Nam's context provides some unique circumstances within which international cooperation operates.

- National governance is characterized by large centralized government and a high expectation of government as the key actors in almost every policy development and implementation context. A certain level of decentralized administration exists which presents opportunities for engagement with regional levels which at the same time mostly face financial allocation capacity constraints.
- The hierarchical nature of the governance structure results in highly vertical ministries which extend throughout the levels of government to provincial and district levels. The resulting domains of each ministerial channel are distinctly separate providing limited incentive for inter-ministry cooperation.
- Rapid shifts have been seen in the country's economy and population dynamics among other issues, and while this creates a sense of fast evolution of society, the political machinery has moved more slowly in terms of changes to operating practices.
- The rapid changes in the economy, resulting in Viet Nam being reclassified as a low middle income country, have particular implications for development partner policy with previously major donors withdrawing entirely or reducing funding channels to the country.
- Political sensitivity regarding modalities of economies and governance prevails with a lack of trust and/or confidence in approaches that are perceived to be alternative to Viet Nam's existing system.
- Low level of recognition of the role of non-governmental civil society organisations among multiple major actors, and within this cohort of civil society organisations there are variable levels of capacity from low to high.

Despite the potential for tensions between the political position of the Government of Viet Nam, and the rights-based discourse applied by actors such as UNFPA, limitations placed by the government are often narrow and issue-specific rather than broadly applied. This can limit scope for dialogue and joint action in areas of concern for UNFPA such as the rights of sex workers.

Distinctive features of the UNFPA Viet Nam Country Programme context

This evaluation took place towards the end of the 8th Country Programme Cycle, and was therefore summative in nature. It followed the UNFPA CPE guidelines in terms of methodological approach. However, importantly, the next programme cycle will have significant changes because of the change in modalities that it will implement based on the strategic plan for countries that have increased means to provide their own financing. Essentially, the modalities will shift to facilitating policy dialogue, conducting advocacy and providing technical support, rather than directly financing implementation of programmes. Therefore the evaluation risked limiting its utility if it did not also focus on going forward based on knowledge

of the context and changes in programming modality. To this end, the conclusions section discusses the implications for the aforementioned modality priorities going forward.

A further layer of context for UNFPA is the UN's Delivering as One initiative which is nearing the end of its second cycle of implementation. As such, while more mature than many other UNCT's DaO experiences still in their first iteration, the UN in Viet Nam is still working through the practicalities and realisation of DaO. The first phase was characterised by each UN agency independently developing their five-year plan, and combining them together into one large DaO plan. This phase has been characterised by a joint planning process whereby the UN agencies collaborated together to devise the CCPD together. Therefore UNFPA did not create its own CPAP or similar action plan which is the standardised UNFPA Country Office planning tool, but instead linked its activities to both the DaO national objectives and UNFPA's strategic objectives [60]. The context of the Viet Nam Country Programme as part of the Delivering as One initiative, has a focus on the shared One Plan results. The Country office ensured its work was in line with the strategic objectives of UNFPA but all programme documentation systematically references the One Plan. In this regard, the UNFPA CPE guidance has limited accommodation for some of the variations in Country Programme planning and delivery that can be found in unique contexts such as in Viet Nam.

The following section of this report presents the main findings of the evaluation, analysed by the evaluation criteria.

4.1.Relevance

Summary: Overall, the Country Office demonstrated that it drew on a wide range of national data and commissioned research to inform the priorities of the Country Programme. The CP was evidently aligned with multiple frameworks within UNFPA, international commitments, Viet Nam UN and at national level, and was an active participant in shaping the latter two on SRH, population and GBV issues. The subjects of the programming choices were clearly aligned with the needs of the population. The modes of delivery (in the context of the implementation of interventions) were focussed on working with government stakeholders as the primary implementing partners. This is a logical strategy in terms of strengthening the key mechanisms (i.e. government) for responding to issues relevant to UNFPA, although there is a risk that the independence (or perceived independence) of UNFPA becomes diminished. It is important for UNFPA to both maintain its relationships with government partners and draw in wider stakeholders, particularly non-governmental organisations to strengthen them and their relationships with the government.

Relevance is a critical issue for UNFPA in Viet Nam for two reasons:

- Firstly, the agency's global policy on the role of UNFPA in middle income countries which marks its requirement to transition and redefine its core role in such contexts.
- Secondly, the concept itself presents a particular challenge in countries where sovereign governments and their international partners may disagree on key issues – particularly those concerning rights or the role of non-governmental actors.

As already mentioned, the latter point in relation to rights is less of a dilemma than might be expected in Viet Nam, where the Government and its international actors have a range of both differing and aligning perspectives, rather than predictable polarised positions on rights-based approaches. However, the issue of the role of non-governmental actors is not considered as appropriate or viable on the whole by government and is not considered. This can lead

international actors to not invest in relationships with non-governmental actors to avoid resistance when working with government.

UNFPA's relevance in Viet Nam in the context of the needs of the population and its alignment with national priorities implies two assumptions. The first assumption is that the needs of the population, in particular those of vulnerable groups, were well taken into account during the programming process. The second assumption is that the objectives and strategies of the three components of the programme are consistent with the priorities put forward in the One Plan, in relevant national strategies and policies and in the UNFPA strategic plans.

EQ1: To what extent has UNFPA support (i) been adapted to the needs of the population; and (ii) was it in line with the priorities set by the national policy frameworks?

Finding 1: The Country Programme and its programming choices are substantively relevant to the national needs of citizens and evidenced well at national level.

Finding 2: At operational level, most of the components within the programme had rationales and conceptual frameworks developed. However, relevance was at risk of being compromised by a lack of clarity or justification for some of the decision making including geographical targeting, population targeting and choice of implementing partner.

Finding 3: The effort and resources put into developing a sound evidence base have resulted in high quality analysis, although the utilisation of evidence in programming decisions and design is not consistently documented.

Alignment with the needs of rights-holders: The Country Programme is relatively well-justified in terms of focussing on specific issues relevant to UNFPA's mandate in a country that is on track to meet all its MDGs. The projects are based on nationally identified needs (i.e. through data and evidence). While UNFPA can have confidence that robust data sources will reflect the needs of rights-holders, special attention needs to be paid to the needs of under-represented and vulnerable groups. In some cases more targeted research and evidence can provide more insight into the specific needs of marginalised or vulnerable populations. There was less evidence of this kind of additional more focussed data being generated or drawn on for decision making. While the context analysis was presented in the CCPD and government stakeholders confirmed the agreement between UNFPA and the government on which issues they would work on during this cycle, there were no documents available which reflected whether wider different stakeholders (other UN agencies, INGOs, local NGOs, CBOs, external consultants, self-help networks/groups, etc.) were consulted to obtain diverse perspectives on the population needs, which may or may not feature in existing government priorities.

Ensuring relevance through a sound analytical basis: At aggregate (Country Programme) level, UNFPA consistently commissioned or generated research and analysis throughout the 8th Country Programme Cycle. The following research reports were sources of information for the country programme, and generated by UNFPA unless otherwise stated (in parenthesis):

- 2012 Baseline study on Sex Ratio at Birth in Hai Duong Province
- 2012 Compendium of Research on Reproductive Health in Viet Nam for the Period 2006-2010
- 2012 Domestic Violence Prevention and Response in Viet Nam Lessons Learned from the Intervention Model in Phu Tho and Ben Tre provinces
- 2012 The Acceptability of Female Condoms among Migrant Workers in Industrial zones in Viet Nam
- 2012 Global Survey ICPD Beyond 2014: Socialist Republic of Viet Nam
- 2012 Estimating the Costs of Domestic Violence against Women in Viet Nam (UN Women)
- 2014, Why do some women experience more violence by husband than others?
- 2012 Unmet Need for Reproductive Health and HIV/AIDS Services: Evidence based on the analysis of 2011 MICS data
- 2013 Report on the baseline study on situation of domestic violence in Hai Duong and Bến Tre
- 2013 Sexual Harassment at the Workplace in Viet Nam: An Overview of the Legal Framework (MOLISA/ILO)
- 2013 The cost of domestic violence against women in Viet Nam (UN Viet Nam)
- 2013 Health System in Viet Nam: Toward Targets With Equity (Partnership for Action in Health Equity)
- 2014 Viet Nam, Multiple Indicator Cluster Survey 2014, Key Findings (GSO/UNICEF)
- 2014 Early marriage among Viet Nam's Hmong: How unevenly changing gender norms limit Hmong adolescent girls' options in marriage and life (ODI)
- 2015 National Report on Youth in Viet Nam (Ministry of Home Affairs/UNFPA)
- 2015 Sex imbalances at birth in Viet Nam 2014: Recent trends, factors, and variations
- 2014 Baseline survey on unmet needs on SRH of young people in Quang Binh Province
- 2013 Baseline survey on access and utilization of SRH service and HIV prevention in Do Son, Hai Phong
- 2013 Baseline survey on for the interventions that strengthen the linkage between SRH and HIV in Dien Bien and Quang Ninh
- 2013 Quality of Male Condoms in the free market of Vietnam
- 2015 National policy framework for quality assurance of contraceptives
- 2013 Baseline survey on interventions to strengthening ethnic minority midwives in mountainous areas of Vietnam
- 2012, 2013, 2014 and 2015 Joint Annual Health Reviews (MOH/Development Partners)
- 2012 Review of cultural and organization barriers to adjust maternal health interventions including BCC in Ninh Thuan and Kon Tum

What is less well articulated is the distinct analytical basis for the current programme cycle. The previous (7th) cycle was not subject to external evaluations although as part of UNFPA's standard processes internal reviews take place annually and in preparation for forthcoming phases. However, a separate analytical document for the 8th Country Programme is not available. The Gender Team clarified that the gender component of the country programme was developed based on the findings and recommendations arising from the national study on domestic violence (GSO, 2010) and a GBV issues paper that UNFPA commissioned (also in 2010) [61]. The recommendations from the issues paper were used to inform the current country programme.

The completion of a new (2015) Situation Analysis [62] for the successor Country Programme has significant potential to inform the evidence base underlying CP9. Other major and valuable contributions to building an appropriate evidence base are also underway by UNFPA and also within the wider UN context in Viet Nam where there is a notable emphasis on collaborative analysis as part of the Delivering as One strategy. These include the Common Country Assessment, the One Plan Assessment, the One Plan Audit and the development of an Options Paper. Alongside this, numerous UN agencies are undergoing their own end-of-programme cycle reviews and evaluations. Beyond the UN development partners are in the process of producing analyses such as the World Bank's forthcoming '2035' paper.

The analysis considered whether specific interventions – and consequently the Country Programme as a whole – presented a sufficient analytical basis to justify the nature of the intervention, mindful of the often limited evidence base available nationally. A caveat to this is that the *Detailed Project Outlines*, are limited in length according to government guidelines on ODA [63], and therefore do not contain the level of detail that might usually be expected from a fully developed project rationale. The rationales for the programme are articulated in separate documents generated by the Country Office but were not received in time for full analysis in this evaluation. Evidence was noted of the following sources (data and policy) informing country programme activities:

- Available national data of Viet Nam (through GSO data system)
- International convention agreement (for example Maternal Mortality Ratio, gender equality, infant mortality rate)
- Discussion with the implementation partners and MPI/GACA
- Policy framework: SEDP, action plan, law on Gender Equality, Gender-based violence, law on youth, law on population
- Except for baseline surveys, discussions with the Government and other agencies on the needs of the Government/community were not explicitly documented at project level.²¹

The detailed analysis of each intervention is available in the annex (Analytical base for Country Programme). The analysis finds that a sufficient evidence base is available in four cases and a partly sufficient evidence base in seven, as articulated in the Detailed Project Outlines. A challenge for many of the projects is that a comprehensive analytical basis was not available before the project was designed, and baselines were often generated during project

²¹ Consultation did take place with the Government, resulting in the UN Assistance Framework 2012-2016 which included consultations on UNFPA's three programme areas.

implementation. In general, while baselines were included as activities in the province level interventions, they were often completed in the second year of implementation rather than in year one. In relation to the national level projects, these faced a further limitation to the type of analytical base that some of the projects would likely to have benefited from such as some kind of baseline of government or implementing partner capacity, as building capacity was a key cross cutting theme across all of the initiatives.

Targeting relevance: Despite the general relevance of interventions to beneficiary needs at national level, more specific geographical relevance, in terms of targeting, appears restricted. UNFPA's interventions in the workplans align with the UNFPA Strategic Plan, the Delivering as One Common Country Programme Document and the SEDP in terms of target groups. UNFPA programme documents and projects show that they target ethnic minority people, youth, survivors of GBV and domestic violence, older people, men in the context of their reproductive health, sex workers, migrants, and the population in general. As the above section shows, there is sound evidence generally in relation to national data on the presence of these groups and their specific vulnerabilities. The range of targeted groups seems wide in relation to UNFPA's finite resources, and with an increasing emphasis on upstream policy development and advocacy, the number of beneficiaries is difficult to quantify as impact depends on the extent and quality of policy implementation.

The decision process for where geographically UNFPA has targeted its efforts is less clear. An example is UNFPA's partnership with the Ministry of Health which is focussed on strengthening the health system of Quảng Bình to improve universal access to Reproductive Health/Family Planning for Quang Binh people, especially among vulnerable groups. In identifying vulnerability, the project design document notes high levels of poverty in the province (21% of the population living below the poverty line), high proportion of the population living rurally including in some communes in high and mountainous areas, and two districts of which have populations of ethnic minorities (ethnic minorities account for 2.4% of the province's population).

While these statistics demonstrate that there are a number of issues likely to be affecting populations in this province, it is not clear why Quảng Bình in the North Central region specifically was prioritised for this project when GSO notes that the Central Highlands region is the main location where ethnic minority people reside and the implications of the limited access to contraceptive methods and communication on family planning, which is likely to be contributing to the highest percentage of women having third and higher order births in this region throughout the country [64]. And mapping as of December 2011 based on the 2009 census identifies ethnic minority populations as living in the Northern Midland and Mountain regions (54% of the population) [65]. There are provinces in the North which have significant majority populations of ethnic minority people.²²

Presence of a clear intervention logic/theory of change: At aggregate level, as noted, no unified theory of change exists for the Country Programme. Rationales and conceptual frameworks were developed for each of the sub-components which the individual projects were subsequently based on. Each project design document asserts which levels of One Plan, CCPD and UNFPA Strategic Plan outcomes and outputs they fall under. But with the description of the activities and their results mainly limited to outputs, the directional logic is not included in the

²² E.g. Cao Bằng and Hà Giang

project design documents, which consequently lack clear intended and interlinked results, and contain few extrapolated assumptions and risks, including intended management and mitigation strategies. In general results are expected to amount to the activities being completed rather than higher-level outcomes, and key monitoring and assessment strategies are lacking particularly in the case of interventions which are being implemented to test their replicability and scalability. As mentioned, intervention rationales were provided for the sub-programme areas (e.g. SRB, GBV etc). These were not received in time for the evaluation to incorporate a comprehensive analysis of all them. The result is that for each project, each sub-component and each component of the programme, the key information about the rationale, activities and objectives (as well as progress), are spread across multiple sources. This presents the Country Office with a disadvantage in terms of being able to readily present a coherent picture of the programme and/or its contents to external audiences. There is also a potential risk that staff members, who comprehensively know the programme's and projects' aims and objectives, assume that those they work with, namely implementing partners and wider stakeholders have the same understandings.

Additional questions of relevance addressed through the evaluation

Alignment with the One Plan, relevant national strategies and policies and the UNFPA strategic plans: From the indicative Results Chain above, and the UNFPA Country Office Matrix in the Annex, there is clearly alignment between the Country Programme and the One Plan as well as the UNFPA Strategic Plans. Among the outputs and outcomes of the One Plan, UNFPA's objectives and strategies are relevant to a number of outputs, some solely tackled, and some jointly with other agencies. (See the Annex "UNFPA Country Programme Outputs and Outcomes" to see how each project relates to the One Plan and UNFPA Strategic Plan outputs and outcomes). Across the country programme UNFPA works closely with relevant national ministries including on developing policies and conversely the government informs the development of UNFPA's approach in country. In this regard UNFPA's work is highly consistent with national and sectorial policies. MPI confirmed the close collaboration between GACA (MPI took the lead) in the country programme design phase to make sure that the country's priorities are addressed by UNFPA [66]. The process was collaborative with priorities proposed by both GACA and UNFPA. A further example of one of the many instances of collaboration was between the Ministry of Health and UNFPA who together developed the national SRH 10 year strategies, 5 year plan, and the Post 2015 priorities workshops.²³

A challenge to UNFPA's ability to be relevant to the UNFPA Strategic Plans that the country office needs to apply a comprehensive analysis of the Strategy to Viet Nam's context to ensure its relevance. A brief initial assessment of the assumptions and risks in the strategic plan by UNFPA country office staff as part of this evaluation indicates that a large proportion of the global strategy assumptions and risks are only partially or not relevant in Viet Nam's context. The results of this initial analysis are included in the Annex.

ICPD goals in the CCPD: Since the CCPD was developed in 2011, ICPD-at-15 review (2010) [67] of the 1994 ICPD²⁴ and subsequent reviews²⁵ was taken as the benchmark for this

²³ SRH/FP Priorities Post 2015: 1. Safe motherhood and newborn care; 2. SRH care for young/unmarried people; 3. Family planning; 4. Reproductive cancer; 5. Cross cutting issues related to RH and FP

²⁴ The ICPD 1994 objectives and goals include: sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.

evaluation.²⁶ The ICPD-at-15 review covers a wide range of areas but specifically identifies some in need of greater attention [67]. The following table lists the then emerging priorities and indicates each's inclusion in the UNFPA Country Programme disaggregated by thematic area or team.

ICPD-at-15 review areas in need of greater attention	Population & Development	Sexual & Reproductive Health	Gender
Acquiring the necessary financing for implementing the ICPD Programme of Action	Country level issue rather than thematic/team level		
Increasing research and comprehensive, evidence-based data collection	✓		
Improving partnerships among key stakeholders, including governments, policy makers, intergovernmental bodies, parliamentarians, NGOs and other civil society actors		✓	✓
Ensuring the implementation and enforcement of relevant legislation that extends rights and accountability, including laws that provide social protection and seek to eliminate inequities	✓	✓	✓
Combating gender-based violence programmatically to effect real change in women's lives	✓		✓
Focusing on the needs of the elderly, particularly women, as part of population policy	✓		✓
Addressing concerns related to migration and rapid urbanization	Recognised as an emerging contextual factor		

Inclusion of youth: Youth are highly paid attention in all three components of UNFPA's country programme. Young people are specifically identified as beneficiaries in the following components:

Programme area	Projects
SRH	<p>Project with MOHA as Implementing Partner: "Capacity Support for the Implementation of National Youth Development Strategy 2011-2020"</p> <p>Project with Quang Binh province as Implementing Partner: "Strengthening the Quang Binh health system to improve universal access to Reproductive Health/Family Planning (RH/FP) for Quang</p>

²⁵ Key Actions were developed in 1995 made additional specific recommendations within comprehensive framework in the Programme of Action on Population and Development

²⁶ The ICPD-at-15 Review was taken as the benchmark instead of the ICPD goals, at the recommendation of the Country Office, because of its more recent iteration.

	Binh people, especially among vulnerable groups”
Gender Equality	Project with MOCST as Implementing Partner: “Development of a national response to domestic violence”
Population & Development	Project with GSO as Implementing Partner: “Support for the implementation of the Viet Nam Statistical Development Strategy in the period 2011-2020 and utilization of population information in development planning and programming”

In addition, youth and adolescents are cross cutting themes in the projects on domestic violence and elderly care. UNFPA places a particular emphasis on youth participation.

EQ2: To what extent has the country office been able to respond to changes in the national context, such as changes in needs of vulnerable groups, and priorities or to shifts caused by a rapidly changing socio-economic situation?

Finding 4: The Country Programme has demonstrated its agility in responding to emerging issues, and committing resources and actions. Further, it has demonstrated its willingness and ability to provide leadership in identifying emerging issues and advocating for national responses.

In considering UNFPA Viet Nam’s adaptability to changing contexts, the evaluation tested the assumption that the country office was able to adequately respond to changes that occurred in the national context. In practice, population issues were unlikely to appear without warning, so the *quickness of the Country Office to respond* (as articulated by the evaluation sub-question), has been interpreted more broadly taking into account the relative pace of how population issues emerge and focussing on the Country Office’s commitment to responding to issues.

Quickness of the Country Office response to emerging issues and its ability to adapt: A number of examples were noted by stakeholders where UNFPA responded comprehensively to new information. For example, through a joint monitoring visit with the Vice Minister of Health and the then Country Representative, the causes of the high rate of maternal mortality among ethnic minority women were realized (as not being the same as among the general population). As a result the Ministry of Health and UNFPA decided together to support the establishment of Ethnic Minority Midwives, as a new family planning intervention. In a different instance, UNFPA was quick to provide leadership in facilitating a review of the text of the draft population law, in which the organization gathered feedback from different scientists and activists to submit to the minister of MOH. UNFPA conducted a workshop with the Fatherland Front to debate three issues on the draft law: 1) Birth control approach to population management; 2) Restriction to abortion from 12 weeks gestation; 3) Quality of population with stipulation on pre-natal and pre-marriage screening. Subsequently UNFPA advised the Government to revise the draft to incorporate recommendations based on

rights based approaches. Less publicly, the country office demonstrated its ability to respond to policy issues as they arose such as the need to clarify its position from a rights-based perspective when it was not aligned with government policy.²⁷

Another example is UNFPA's committed response to supporting the Government to address the SRB imbalance. It is the only agency to tackle this issue which has emerged in very recent history. The Country Office organized policy dialogue meetings and public campaigns in collaboration with the Government to raise awareness of gender biased sex selection. Focussing on Government policy, UNFPA advocated for relaxing the two-child policy, one of the factors that influences gender biased sex selection. The Country Office also advocated to the Government to strengthen law enforcement on gender and gender biased sex selection in related policies, including the population law.

The decision making processes of whether or not to engage with an emerging issue are not easily identified among Country Office documentation. For example, MSM is an emerging issue but no evidence was found to indicate that UNFPA has begun addressing the sexual and reproductive health needs (including HIV and STIs) of MSM.²⁸ The recently completed ASPD (commissioned by UNFPA) provides important situational analysis for UNFPA to consider going forward, such as early marriage and population dynamics in relation to climate change that were not picked up in the 8th Programme Cycle.[62] Clearly with finite resources, UNFPA is not expected to be able to address all issues and needs. However, awareness of issues is required and justification for inclusion or exclusion would be facilitated by the Country Office having a strategy for determining prioritisation. The Country Office clarified that MSM issues were discussed internally at the beginning of the programme cycle, but was not prioritised as part of UNFPA's work given that other agencies were in a position to respond effectively [59].

Capacity to reorient/adjust the objectives in the CCPD and Annual Workplans:

Adjusting *objectives* was seemingly not essential during the course of the programme cycle. The CCPD outputs were matched to the UNFPA Strategic Plan Outputs and those feed into the UNFPA Strategic Plan Outcomes. While country offices are required to align themselves with the Strategic Plan, scrutiny of the SP Outcomes shows that the wording in each encompasses multiple components. This allows country offices a wide range of flexibility when it comes to prioritising their own objectives. The CCPD similarly has broad objectives which allow flexibility within annual workplans. Seeing as these plans are articulated each year and for only one year, the Country Office is able to adjust its activities and focus to accommodate changes in priorities as required. In this respect, the Country Office is able to ensure continuity in the pursuit of the initial objectives of the CCPD while responding to emerging needs and demands.

At the same time, there was a perceived inflexibility among UNFPA Country Office stakeholders in relation to the CCPD because it is approved or agreed in conjunction with the government, and therefore processes to change elements was considered too complicated [66]. Strategically, however, the UNFPA Country Office has demonstrated its willingness to lead on review processes with a view to preparing for known future changes. UNFPA commissioned the mid-term review of the country programme in order to identify areas of prioritisation in the knowledge that their modalities would be changing away from implementation and towards

²⁷ Anecdotal evidence reported by UN stakeholder in an interview on UNFPA's position on punitive measures for sex workers

²⁸ According to the Integrated Biological and Behavioral Surveillance round II in 2012, the HIV prevalence among MSM group is high at over 10%. Their STI prevalence other than HIV also ranging from 7.5-21.5%, while the consistent condom use is low under 50% in all cities.

policy dialogue based on global organisational policies regarding modality and resource allocation in the context of middle income country status.

From national partner perspectives there was a sense of inflexibility on the part of UNFPA's planning processes. A number of partners expect to work more effectively with UNFPA in term of adjusting the workplans. In one example, a national partner expressed frustration that UNFPA exercised decision making power of what it viewed as relatively minor adjustment in the calendar for a meeting [66]. On the other hand, UNFPA's exercising of its ability to be flexible and change plans, was not welcomed by an implementing partner²⁹ where there was disagreement on the initial design of a project [66]. Ultimately UNFPA exercised its power as the major funder to redirect the focus of the project and the start of the project was delayed to the frustration of both UNFPA and the partner [66, 68, 69].

²⁹ In one of the projects, after reviewing the project results, the Country Office decided to reorient to address unmet needs. A needs assessment was conducted to inform the design in the 2nd phase. However, it shows that the baseline need assessment was not taken in the initial design. The needs assessment and redesign activity took enough time that the project did not restart until mid-2015.

4.2. Effectiveness in the Country Programme

Summary: The UNFPA Viet Nam Country Office maintained its focus on the areas within its comparative advantage (SRH, Population and GBV) but within these areas, worked on a significant number and range of issues, achieving an impressive array of results. The main challenge with assessing the extent of the effectiveness of the CO was the sheer range of work it has achieved and the multiple distinct places (documents) that the information was spread across. There were some structural issues with both the design of the programme and the components within it, and the M&E system. The design of the programme was ultimately manifest in the projects that were implemented, which the monitoring and reported revolved around. Within this, the monitoring was limited to output monitoring on the whole, missing opportunities to measure effectiveness of interventions as they were implemented and/or evolved, and overall there was a gap in the systematic recording of programme activities that were outside of the project format. Overall, the “story” of the programme was difficult to follow and identify, despite the CO achieving significantly throughout the period (see Table below).

Table 5: CCPD achievements against indicators (self-assessed by UNFPA CO)

Strengthened capacities of data producers, providers and use (Outcome 4, Output 12)					
One Plan Output 1.1.1: Strengthened capacities of data producers, providers and users for evidence-based socio-economic development planning and decision-making					
UNFPA contributions	Indicators, baselines and targets for UNFPA contributions	Baseline	Target	Achieved	
UNFPA/CP result (1): High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide.	Output 12 indicator 2 Number of databases with population-based data accessible by users through webbased platforms that facilitate mapping of socio-economic and demographic inequalities	1 (2014)	1	1	Achieved
	CCPD 1.2 Number of new and revised indicators on population, reproductive health and gender, disaggregated by province, available for national statistics indicators system.	0 (2011)	5	5	Achieved
	CCPD 1.1 Number of national surveys and studies with data, disaggregated by age, sex and province, available for monitoring progress towards achieving the Millennium Development Goals and Socio-economic Development Plan priorities.	3 (2011)	2	2	However, due to prolonged procurement processes in 2014, several surveys were delayed to 2015-
High-quality evidence is available for use by decision-maker (Outcome 4 Output 14)					
One Plan output 2.1.1: High-quality evidence is available for use by decision-makers to inform the formulation, monitoring and evaluation of social protection related legislation and policy.					
UNFPA/CP result (2): Evidence on policy-implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate	CCPD 2.1 Number of policy research studies and evaluations on social protection systems for the elderly, young migrants and ethnic minorities used in appropriate policy forums.	0 (2011)	2	2	Achieved

national/sub-national policy and strategy.					
Policy advice and technical support are provided to strength (Outcome 1, Output 1)					
One Plan output 2.2.1: Policy advice and technical support provided to strengthen the building blocks of human and animal health systems, including information systems and the generation of evidence, at national and sub-national levels.					
UNFPA/CP result (3) MOH capacity is increased for health system strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations.	Output 1 indicator 1 Guidelines, protocols and standards for health care workers for the delivery of quality sexual and reproductive health services for adolescents and youth exist	N.A.	Yes	Yes	Achieved
National and subnational capacities enhanced to strengthen e (Outcome 4 Output 15)					
One Plan output 2.2.4: National and sub-national capacities enhanced to strengthen evidence, and improve universal access to and utilization of a quality and gender-sensitive package of nutrition and sexual, reproductive, adolescent, maternal, neonatal, and child health care and services.					
UNFPA/CP result (4): Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities.	Indicator 4 Number of costed policy options identified by Ministry of Health to increase the quality and utilization of comprehensive sexual and reproductive health services	0 (2011)	3	0 Change of priorities: At the time of the MTR, the SMT decided to discontinue most of the Costeffectiveness analysis projects. Only two were left to be implemented	Discontinued
National HIV legal and policy frameworks strengthened to gui... (Outcome 4 Output 14)					
One Plan output 2.4.1: National HIV legal and policy frameworks strengthened to guide evidence-informed responses that effectively address stigma, discrimination, inequality and inequity.					
UNFPA/CP result (5): Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers.	Indicator 5 Number of costed policy options available to increase access of sex workers to sexual and reproductive health services.	0 (2011)	3	1 Change of priorities: As above	Partially
Gender-related legal and policy frameworks, programmes and p (Outcome 3 Output 10)					
One Plan output 2.4.3: Gender-related legal and policy frameworks, programmes and practices strengthened to effectively address gender inequality and inequity, gender discrimination and gender-based violence.					
UNFPA/CP result (6): A national response is developed to address SRB imbalance, using a culturally sensitive approach.	CCPD 6.1 Number of intervention models that guide the plan of action of Ministry of Health in addressing the imbalance in the sex ratio at birth.	0 (2011)	1	1	Achieved
Multisectoral coordination mechanisms effectively guide comp (Outcome 3 Output 10)					
One Plan output 2.4.4. Multisectoral coordination mechanisms effectively guide comprehensive, evidence-based planning, budgeting, monitoring and evaluation for a sustainable response to gender inequality, inequity, discrimination and gender-based violence.					
UNFPA/CP result (7) A minimum comprehensive	Indicator 7: A minimum, comprehensive package of	No (2011)	Yes	Yes	Achieved

package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lesson learnt from pilot models.	services to address gender-based violence is available for national framework on gender-based violence				
Elected bodies benefit from enhanced knowledge generation an (Outcome 4 Output 15)					
One Plan output 3.1.1 Elected bodies benefit from enhanced knowledge generation and knowledge management to access high-quality research and data to guide their legislative duties.					
UNFPA/CP result (8): National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation.	CPD 8.1 Extent to which relevant research findings have been discussed and considered for use by elected officials in overseeing the implementation of laws and strategies on population, sexual and reproductive health, and gender-based violence.	N.A	4	4	Achieved
Effective implementation of the current country programme (CP8), and high quality of the country programme evaluation and analysis for designing a new country programme of the 'Pink' country (2017-2021) (Outcome 4 Output 14)					
In 2015, CO will support 13 National Implementing partners in implementing their workplans as well as conduct the country programme evaluation (CPE) and A quick assessment on situation of population and development (ASPD). These are also for development of a new country programme (2017-2021).	CO 2 Availability of reports on CPE and ASPD to provide inputs for development of a new country programme document (CPD)	No (2014)	Yes	Yes	Achieved
	CO 1 Number of annual project reports submitted by NIPs	0 (2014)	13	13	Achieved

Source: 2015 Annual Report – Viet Nam [70]

The specific evaluation questions for this evaluation focussed on key areas of each of the three programme components. Evaluation questions 3-5 below consider achievements in the Population & Development, SRH and Gender Equality components respectively. Evaluation question 6 considers the integration of rights based approaches.

The following sections on effectiveness responds to specific evaluation questions below but is also an appropriate place to include some further findings on overall assessment of the achievements in relation to UNFPA's key modalities. The 2012 strategic direction paper identified UNFPA Viet Nam's modalities as building capacity, generating evidence and convening policy dialogue [56]. They are each discussed here briefly.

Finding 5: Examples of effective capacity building approaches with sustainable outcomes demonstrate that the programme has the capacity to make long lasting changes, particularly in relation to transferring ownership and leadership of specific issues to national partners. However, some capacity building initiatives at both national and sub-national levels had inconsistent outcomes indicating an uneven approach to implementing the capacity building strategy.

Building capacity of implementing partners: The first aim of this modality is ambitious in that the direction paper states that the first area to build capacity in is developing cost-effective models on six issues. Arguably, the implementing partners need to build their capacity to implement the models in the first place. However, given that this was the stated aim, a cost-effectiveness analysis approach was prepared by UNFPA for each of the intervention areas. According to documents pertaining to cost effective analyses and strategic briefs, the following costed policy options were initially intended: Universal access to SRH, through health system strengthening [56]; Intervention package on safe motherhood targeted towards ethnic minority women [56, 71-74]; SRH-HIV linkages [75], including targeted towards sex workers [56, 76]; Minimum intervention package on GBV, with a specific focus on prevention and health response [56, 77, 78]; Intervention package on SRB imbalance [56, 79]; Intervention package on social protection needs of the elderly, specifically health care [56]; and Harm reduction approaches to sex workers [80].

However, UNFPA teams noted that the cost-effectiveness analysis of some interventions does not make sense to continue with as their impact is not measureable [81, 82]. This raises questions around the design, feasibility, intent and purpose of the interventions, if they did not fulfil this initial aim of building the capacity of implementing partners in developing cost-effective models. Overall the model interventions need a much more robust monitoring and evaluation strategy. In some of the cost-effectiveness analysis and design documents, there are references to leaving some data collection and analysis to the end of the project which is not always ideal or even possible. By the time the interventions translate into the implementing partners' project design document, there is a notable lack of outcome indicators, and not all have baseline data to compare with endline data.

The second area of capacity building was planned in relation to institutional capacity building for data production and utilization, monitoring and advocacy, health system strengthening and multi-sectoral coordination. Through feedback from partners and stakeholders, and the results of the various policy and legislation initiatives that UNFPA supported, it was evident that using population data had taken place and that this represented a significant step forward. That there is more work to do also demonstrates among the partners an awareness of the gaps in capacity. In general though, there are not many indicators within UNFPA's monitoring framework which help it identify the extent to which institutional capacity has been built in any of the areas mentioned.

Examples of effective capacity building

Capacity building activities are evident in all three components of UNFPA's Country Programme. Government partners at provincial levels noted that they developed their skills in

project planning, implementation, monitoring and management which they apply across other areas of their work, as a result of working with UNFPA. At national level: a number of government agencies appreciated the capacity building support. For example, the monitoring tool sets that were developed by PCSA as a result of support from UNFPA; MOH's co-chairing of the National Consultation Workshop on SRH/FP Priorities Post 2015 and Reproductive health Affinity Group quarterly meetings; and development of the national standards and guidelines of SRH. These were activities that the national partner may have looked to UNFPA for support previously, but now the Ministry of Health leads. Evolutions in capacity are also evidence in new activities that partners have taken on in this cycle with the support of UNFPA: PCSA was supported to develop the monitoring tool set on the implementation of Laws on the Elderly and on Domestic Violence Prevention and Control to assist elected officials in oversight.

South-South cooperation: South-South Cooperation is a strategic intervention for UNFPA's policy and advocacy work and its capacity development focus across the Strategic Plan outcomes [55]. There were numerous examples of instances of South-South cooperation in the form of support to national partners to participate in study tours and regional conferences. The frequency of exposure and exchange visits indicates that UNFPA makes consistent efforts in this regard. These opportunities for exposure to similar and different models and practices were highly valued by the national partners. For example, provincial level staff in Quảng Bình participated in study tours; MOH staff attended an Asia Pacific conference on reproductive and sexual health and rights in the Philippines, Thailand and Malaysia. UNFPA identified a model from Malaysia on Maternal Death Surveillance & Response and organized a study tour to Malaysia and invited experts to Viet Nam to share experiences. The Country Office facilitated collaboration between GSO Viet Nam and Statistics Offices of Cambodia, Laos PDR, Timor Leste and Myanmar on the collection national data of violence against women and girls. UNFPA also supported senior Government leaders to learn how Sweden and Canada respond to GBV, and model such as working with men, working with perpetrators to end GBV, or other services have been applied by Gov for GBV prevention and response (lessons learnt from these study tours are included in the national proposal for prevention and response to GBV for period of 2016-2020).

In addition, the Country Offices of Viet Nam and Nepal implemented South-South cooperation within UNFPA by exchanging experiences on monitoring and evaluation systems.

Finding 6: The strategy for generating evidence through research and surveys were successful in terms of the quantity and quality of data generated. It is less clear about the effectiveness of the strategy for generating evidence through intervention implementation. However, opportunities remain to generate understanding and learning from these initiatives, importantly where there were successes and where the original aims were later deemed not achievable.

Generating evidence was planned to take place through two sources. The first was through cost-effective analysis, already mentioned above, of interventions that can be scaled up nationwide by the government and linked to scaling up plan. The second was evidence generated and analysed from the national statistical indicator system (e.g. HMIS), national

surveys (e.g. STI survey, GBV survey), qualitative research, regional/global norms and best practices for further scaling up. In practice there were significant results in the form of surveys undertaken and data used, but fewer examples of the other sources of evidence being used. With much of the programme budget going into projects, it raises the question of whether more weight should be given to getting evidence than implementing the intervention model projects. This is especially important as some of the models were not new to Viet Nam, such as the domestic violence model and the elderly care models, although they were new to the UNFPA programme.³⁰ UNFPA had worked with the some provinces on some issues in the previous programme cycle. Regardless of the likelihood of the interventions being incorporated into national policy or replicated in other provinces or districts, they are important sources of potentially rich data about numerous relevant issues such as the effectiveness of the interventions themselves, enabling and facilitating factors for their implementation, capacity development processes at sub-national levels, sub-national and national governance infrastructure and how levels of government relate etc.

Example of the potential of learning from intervention models

Implementation at provincial levels of the National Action Programme on Elderly

People: Intervention models were piloted and seem relatively successful but the purpose and future of the intervention models are not clear. Whether “successful” or not, they present numerous opportunities for learning. UNFPA implemented specific projects in Bến Tre and Hai Duong alongside a number of other interventions. The activities on care for the elderly were intended to be a “basis for policy advocacy/improvement/development, and consideration of provincial and nationwide replication of such models within the framework of sub-national/national programmes”.³¹ The projects aimed to build capacity of the provincial staffs, M&E system, establish a coordination mechanism for responses to older people, and introduce the intergenerational club model to promote the role of older people in the community. The intergeneration club model has been piloted in Bến Tre since beginning of the cycle with 6 clubs in 6 communes (2 districts).

The original project design for both Bến Tre and Hai Duong pilots included a cost-effectiveness analysis component. However, some evaluation participants reported that this element of the projects was cancelled when UNFPA went through a prioritisation process during the course of the 8th programme cycle [81]. The cancellation of these was not considered highly consequential

³⁰ UNFPA Country Office clarified that the piloting of the model on GBV was new to the current UNFPA programme cycle. Previously UNFPA supported Bến Tre’s health service response to DV survivors. The evolution in this programme cycle was the development of the multi-sectoral response (adding referral, counselling and safety/protection services for victims). UNFPA focussed on health care services and other community response because they collaborated with UNODC which invested in safety and protection services available for victims. UNFPA invested in health care, referral services, including a hotline and other community support to avoid overlap. Between them they aimed to ensure that all basic services were operated and available from the outset of project design. 83. Hien, P.T., *Written clarification from UNFPA*. 2015.

³¹ UNFPA Project Summary 13 October 2015 provided to the Evaluation Team

because they reflected a small amount of the budget and significant impact was not expected anyway [82].³² However, ambiguity remains. The Country Office's 2015 Annual Planning document includes several references to milestones that do reflect end of intervention analysis:³³

- Assessment of piloted community-based model on care for and promotion of roles of older persons (ToR approved).
- Assessment of piloted community-based model on care for and promotion of roles of older persons (final report).
- End-line survey on older persons in Ben Tre and Hai Duong provinces (ToR approved).
- Endline survey on older persons in Ben Tre and Hai Duong provinces (survey conducted).
- Completion of piloting community-based ISHC model on care for and promotion of role of older persons in Hai Duong and Ben Tre provinces (Documentations on ISHC model available).
- Provincial project proposals on replication of community-based ISHC model under provincial resources in Hai Duong and B n Tre provinces (project proposal drafted).

Whether a cost-effective analysis component is included in all of the projects or not, the project experience potentially contains a wealth of cumulative evidence arising from the intervention models. The intention of the projects was already stated that their aim was to identify replicability. The reasons that replicability (or not) of the model due to its structure, implementation or governance contexts will be important to learn.

The response to domestic violence models are being implemented in six communes in two districts in B n Tre. There is not yet any evidence of replication in other communes/district within the province. However, the province confirmed their maintenance of the models after this cycle based on the DV coordination mechanism (Steering Committee) established as part of the project [81]. The limited exposure to the response to domestic violence in B n Tre by the evaluation team found examples of good practice as well as some concerns about the comprehensiveness of the response.

- The multi-sectoral coordination at commune level demonstrated that action can be generated bottom up rather than top down. The provincial district's edict from one line ministry mobilised many different actors at commune level. This is a useful example demonstrating that policy implementation does not need to take place in a linear mode from national and provincial levels first before action takes place at local levels.
- The training, coordination and awareness-raising were effective up to a point. Based on anecdotal reports, it seems that there is a level of domestic violence that has been reduced: i.e. loud and publicly heard violence which perpetrators previously faced no

³² This raises another issue of ambiguity regarding who the beneficiaries of projects are in practice. Project documents usually cite several layers of project "beneficiaries". The projects being implemented are intended to have impact for both the populations receiving the services and the government levels capacity.

³³ UNFPA, 18 May, 2015

consequences for. With neighbours or other witnesses more ready to call the police there has been a reduction in this kind of violence according to informants in this evaluation.

- More complex and repeated domestic violence was not being addressed by the health centre, with the health facility staff noting that women affected by violence would present themselves at the clinic with injuries more than once.
- Cooperation from the police was reported as effective but the punitive measures of fines were a disincentive for women to continue with a complaint because of the impact on household finances. Only when a woman had decided to end the relationship because of violence would she be likely to want charges to be brought against her husband [81]. This is a contextual challenge that UNFPA was already aware of and one that it had raised through the CEDAW review process [83].
- The stakeholders met as part of this evaluation did not seem to have the capacity, resources or mechanisms to evolve the response to address these more complex scenarios.
- Across the different stakeholders there were varying levels of knowledge expressed on appropriate responses to domestic violence. There were times when people expressed messages that were not in line with a rights-based approach and a sense that a reduction in women reporting violence indicated the eradication of violence.

At national level, government partners' intension of model replication was not clear [66]. Concern was expressed about the level of effectiveness of the models (in general not only domestic violence pilots) to roll out. They either were not sure of the effectiveness of the models themselves or were not clear about the effectiveness of rolling them out. The same lack of clarity around UNFPA's position on this applies. The strategies for testing the replicability or scalability does not seem to be an iterative review process that takes place throughout the duration of the pilot, but based on recommendations arising from the endline survey.

Finding 7: The Country Office has very close and constructive dialogue relationships with multiple ministries but has yet to find a comprehensive way to document progress on convening, facilitating and participating in policy dialogue.

Convening Policy Dialogue relied on having robust evidence, particularly from the costed policy options, which as above would not be ready until the end of the cycle. In addition, the national surveys/data systems would be used to monitor the gaps in implementation of existing policies and programmes. UNFPA's influence and participation in policy development is not comprehensively documented. When it comes to defining its role, UNFPA faces similar challenges to many actors which aim to support and influence policy development. Even where there may be a direct link between UNFPA's activities and policy level outcomes, these links are not easily or well documented.

The Country Office Annual Report (2013) provides a detailed outline of results achieved in the area of providing assistance to the Government of Viet Nam in the area of strengthening

national policies during 2013 [84]. Most activities in this area have focussed on "capacity development and evidence-based advocacy to the government and national partners", including various line-ministries, social organisations, the mass media etc. Evidence of UNFPA's participation in influencing processes is sparse but exists, and partly because it seems that UNFPA's engagement with government partners is on an ongoing basis, rather than through public and documented events. In general, this is the area of the Country Office's work that is least documented overall. For example, one of the mechanisms that UNFPA works through and is not mentioned in its own reporting is the Reproductive Health Affinity Group. This group meets regularly and includes government departments, non-governmental civil society organisations and UN agencies. During the RHAG meeting in April 2015, the draft of new Population Law was presented followed by a discussion and articulation of comments on the draft law which were fed back to the government. This specific example was identified in the minutes of a RHAG meeting, which were provided to the evaluation team by a stakeholder external to UNFPA. During RHAG meetings the RH project models in the country are presented, the new policies are discussed and plans for further advocacy activities are developed. Through multi-stakeholder groups such as RHAG, effective partnerships are established among UNFPA, other UN, government agencies, international/local NGOs.

4.3. Effectiveness in Population and Development component

EQ3: To what extent have UNFPA-supported interventions in the field of population and development been effective in strengthening the national policies through integration of evidence-based analysis on population dynamics and their links to national sustainable development targets?

Finding 8: Where population and development data was disseminated it was used effectively to inform policies and strategies, indicating that the Country Office has made an effective start in changing the way that policy makers recognise and use data. Data production and analysis was an area of UNFPA's work that was universally recognised and highly appreciated. However, use of data by stakeholders external to GSO, particularly policy makers is not yet systematic: a reflection on the long term nature of incorporating this kind of change in policy development.

For this question on effectiveness, the evaluation tested the assumption that UNFPA contributed to the increased availability of high quality data, disaggregated by sex and demographic factors. UNFPA invested considerable effort and resources into working with GSO to disseminate population related data and survey findings through various channels. GSO launched the national statistics information dissemination policy in 2013, creating the legal environment for access and utilisation of data and statistics. However, the implementation of this policy is slow and there is not yet specific guidance on what level of data, especially micro data generated by GSO that users allowed to use [85].

New survey data is collected and compiled at national level: Data production was an area of UNFPA's work that was universally recognised and highly appreciated by different partners [66, 81]. Many of the UN stakeholders reflected that data generation and analysis was a specific comparative advantage of UNFPA [81]. However, both UNFPA and external government and UN stakeholders alike acknowledged that data dissemination (by the government including in UNFPA-supported initiatives) is still limited rather than systematic [66, 81]. GSO reported that it has increased its ability to provide data on request (including raw data) particularly to other government departments, but noted that not all data is published. UNICEF also thinks that the data dissemination is not effective enough. GSO's efforts are not limited to national level dissemination; it also collaborates with some international organizations to provide data for the international network. Data collection and dissemination has increased, but stakeholders across the board acknowledged that there is more to be done, particularly in terms of using existing data.

Data used to inform policy and strategy development: Where data was disseminated it was used effectively to inform a number of policy and strategy development opportunities and national dialogue on development issues. Key findings and indicators (population, population bonus, fertility, mortality, migration, SRB, aging, gender) of the first ever inter-censal population survey (IPS) were timely and used for development of the report on the direction of the new iteration of the Socio-Economic Development Plan (SEDP) 2016-2020, the final MDG report and discussions on the post-2015 agenda. Further examples of data use and increased data capacity include:

- The availability of the master training plan for GSO system period 2015-2020 and selected the applied statistics textbook for use at universities and colleges teaching statistics subject appropriate for the MIC country context.
- The availability of the final draft manual on integration of population variables into development planning for training in year 2015, and the NTA manual for a study on the link between population and development, especially for the study on impact of changes in population age structure to economic growth.
- Key findings of the study on "Economic Growth in Viet Nam: Role of Labour Shift and Productivity by Age Group" provided inputs to development of the report on direction for SEDP, 2016-2020. Policy makers and drafting team on report on direction for SEDP development are equipped with knowledge on emerging population and development issues in Viet Nam for integration of these issues in the report.
- The exchanges/visits to Philippines and South Korea conducted for leaders and managers of the Department of Labour, Cultural and Social Affairs, the Development Strategy Institute of the Ministry of Planning and Investment to increase the integration of population variables into the national development plans [66, 86].
- PCSA together with UNFPA issued the information brief on sex ratio at birth imbalance to increase understanding of the situation among elected officials [66, 68].
- The availability of the technical proposal for conducting the National Migration Survey in 2015 and accompanying survey plan, confirming the Government's commitment to provide evidence on population issues such as migration for decision making.[85]

Progress has been made in terms of supporting policy makers to make use of data to inform policy decisions, but capacity in this area still requires substantive development.

Number and quality of policy advocacy documents, and the level to which they are informed by evidence: A number of quality policy advocacy documents have been produced, and were frequently cited by external stakeholders as highly appreciated [81].

Policy advocacy documents	Evidence base
Migration (reproductive health needs of migrant workers)	A review of literature, extensively reference drawing on over 90 sources
Disability Factsheet	Based on the results of the 2009 Viet Nam Population and Housing Census
Ethnic Groups Factsheet	Based on the results of the 2009 Viet Nam Population and Housing Census
Aging and Older People Factsheet	Based in GSO (General Statistics Office). 2010. "Population Projections for Viet Nam, 2009-2049", monograph. Hanoi: GSO.
Masculinity, gender and son preference (study)	Based on primary data collection (surveys) as part of the study conducted by independent research institutes
Sex imbalances at birth in Viet Nam 2014: Recent trends, factors, and variations	Based on the Intercensal Population and Housing Survey (IPS) 2014 survey conducted by GSO
Sex Ratio at Birth in Viet Nam: New Evidence From the Intercensal Population and Housing Survey in	Based on the Intercensal Population and Housing Survey (IPS) 2014 survey conducted by GSO

2014	
Assessing the impact of contributory and social pensions in Viet Nam (with ILO)	Analysis based on the Viet Nam Household Living Standard Surveys (VHLSS) from 2010 and 2012 conducted by GSO and a Viet Nam National Aging Survey (VNAS) conducted by the Institute of Social and Medical Studies (ISMS) and Indochina Research and Consulting (IRC) in 2011
Expansion of Pension Coverage to the Informal Sector: International Experiences and Options for Viet Nam	Based on GSO national survey data
Income security for older persons in Viet Nam: Social Pensions Policy Brief (with ILO)	Based on GSO national survey data and a Viet Nam National Aging Survey (VNAS) conducted by the Institute of Social and Medical Studies (ISMS) and Indochina Research and Consulting (IRC) in 2011

UNFPA also supported the government to publish data:

- Population Change and Family Planning Survey Major Findings (with GSO)
- 2014 Intercensal Population and Housing Survey Key Indicators (with GSO)

UNFPA also made progress on the Law on Population through the legislature process, and the development of monitoring and other supporting documents for existing laws (e.g. Guidelines and Oversight tool documents for Law on Domestic Violence Prevention & Control and Law on Elderly).

4.4. Effectiveness in Sexual and Reproductive Health component

EQ4: To what extent have UNFPA-supported interventions in the field of sexual reproductive health (SRH) been effective in addressing the needs of young people, the issues of SRH, reproductive rights, family planning, HIV in the relevant national policies?

Finding 9: SRH policy initiatives demonstrated their effectiveness in implementing multi-faceted and integrated approaches, whereby UNFPA uses multiple entry points for work on SRH, adolescents, family planning and HIV, and maintains a close collaborative working relationship with government stakeholders. This places UNFPA in a strategic position to contribute to the ongoing policy development and revision environment. However, the SRH activities are multiple and diverse rather than strategically focused.

This evaluation question examined two assumptions. The first was that comprehensive, gender-sensitive, high-quality reproductive health services are in place and accessible in underserved areas with a focus on young people and vulnerable groups; and the second was that UNFPA reproductive health related interventions have contributed or are likely to contribute to sustainable effects.

Overall, the Country Office initiatives demonstrated their effectiveness at integrating SRH into the other work streams and vice versa. This ‘mutual mainstreaming’ reflects the ambitions of the UNFPA global Strategic Goals. However, without focussing the work at country level to prioritise based on context and resources, there is a risk that the SRH work can be pulled into too many directions. From the perspective of the global strategy, the Country Office’s SRH work is in line. It has done an excellent job of integrating SRH into the other areas and vice versa. However, the range and quantity of activities that are being implemented within the SRH workstream risk being too diverse and not focussed enough. It is possible to do prioritise fewer activities and directions, and still employ the ‘mutual mainstreaming’ approach in a valid and valuable way.

The extent to which Ministry of Health capacity (at national and subnational levels) is increased: With UNFPA’s support, at national level the Ministry of Health has developed new evidence-based policies. This includes its five year national plan (based on the national 10 year strategy) [81]; and the revised national standards and guidelines for reproductive health services. UNFPA has also facilitated policy dialogue such as the workshop on identifying SRH priorities post-2015.

At subnational level, UNFPA has supported capacity development such as funding training for the ethnic minority midwife system in Ninh Thuan and Kon Tum [69]; in other provinces (e.g. B n Tre) health staff have been trained on detection of domestic violence [81].³⁴ In Qu ng B nh,

³⁴ Site visits by evaluation team

training has been focussed on pharmacies, private clinic providers, peer educators, and an interactive drama team to increase SRH information and services for adolescents [69, 81].³⁵

The beneficiaries in the chain of activities were ultimately the populations that the health system serves. What is much less clear is whether these initiatives have translated into increased and/or improved services for either ethnic minorities or adolescents, as impact data is not yet available.³⁶

When it comes to strengthening the health system, there were specific areas of focus that have the potential for important impacts such as improving the HMIS. The Ministry of Health finalized the SRH, HIV and gender-related indicators in the HMIS (a process initiated in 2012) and developed guidelines for implementation, collection and dissemination of data and information [69]. This activity has plugged an identified gap. What happens next with that improvement is something that UNFPA and the Ministry of Health can build on going forward. There are many examples of such activities that are filling the gaps and aiming to strengthen the health system in this way.

The extent to which evidence based policy options are available: For the majority of the initiatives where a cost-effectiveness analysis was part of the original design, these components would take place in 2016. Therefore, as yet none are available. The strategy to develop cost-effective models or "costed policy options" through operations and policy research was originally planned for 8 intervention, five of which were dropped after UNFPA conducted an assessment of their feasibility to undergo a cost-effectiveness analysis.[23] Three remaining Cost Effectiveness Analyses are:

- Capacity building to ethnic minority midwives [56, 71-74]
- SRH-HIV linkages [56, 75, 76, 87]
- Harm reduction approaches to sex workers [80]

Linking of HIV, STI and RH at national and service level, including for young people: UNFPA supported a number of activities such as, working with the government to develop draft national guidelines on SRH and HIV; piloting a harm reduction model for sex workers in Do Son, Hai Phong; working with the Ministry of Health to develop a model of SRH and HIV linkages in Quang Ninh and Dien Bien; and collaborating with the Ministry of Health to draft the National Guidelines on Linkage of RH/HIV/STIs services. Through its youth-focussed work with MOHA, UNFPA has supported improving the national response to young people's needs for SRH services through the implementation of the National Youth Development Strategy 2011-2020 [88].

Sustainability of reproductive health related interventions and their effects: A number of activities have taken strategic approaches which mean that there is a likelihood that interventions will continue and/or their impact. For example, the extra-curricular activities on SRH conducted in Quảng Bình high schools and a university may have long term impacts by

³⁵ Site visits by evaluation team

³⁶ Annual project reports monitoring immediate results rather than longer term impact

equipping young people with information. Such activities were reinforced by other efforts such as the interactive drama team which visits communes and raises awareness. In addition, UNFPA and national implementing partners have been institutionalising training such as the work with MOHA where SRH issues have been integrated into the curriculum of vocational schools, and engagement with young people has been highly encouraged including dialogue and youth-proposed initiatives to seek support from UNFPA. In Bến Tre, the work with provincial level partners included integrating communication activities on prevention of domestic violence and sexual and reproductive health knowledge. In Quảng Bình, a referral system was established between service providers. Whether levels of knowledge among target populations have been increased has not been measured to date. From the limited site visits that the evaluation teams visited there were also instances of mixed messages about adolescent SRH from some project participants (i.e. not in line with UNFPA's position), while some of the service providers that had been trained reported that they either did not learn anything new from the training, or that there had been no increase in demand from young people.³⁷

4.5. Effectiveness in Gender Equality component

EQ5: To what extent have UNFPA-supported interventions in the field of gender been effective in improving responses to gender-based violence and advancing gender equality?

Finding 10: Significant support garnered across influential stakeholders for GBV responses, particularly DV, gender equality, and SRB imbalance (which is also a P&D issue). The response has been evident in national commitments. UNFPA demonstrated expertise in tackling complex issues.

The evaluation considered the assumption that UNFPA interventions contributed to expanded responses to gender-based violence, particularly domestic violence through improved policies and legal frameworks based on evidence from pilot models, and SRB imbalance using a culturally sensitive approach.

Capacity development among national institutions and NGOs in GBV prevention: The capacities of the government agencies and NGOs were likely to have been raised through the capacity training activities, joint campaigns, workshops, and study tours. Specifically PCSA was able to jointly prepare with UNFPA the monitoring tool set on Domestic Violence Prevention and the situation and policy brief on SRB. Bến Tre provincial staff reported being better able to design and manage projects more generally as a result of their participation in the UNFPA project.³⁸ Across numerous stakeholders from different sectors at provincial, district and commune levels, respondents reported that their understanding and awareness of domestic violence was increased.³⁹ At grassroots level, WU staff reported that they participated in different training events. While at national level, both FU and WU reported that they had the

³⁷ Graduation strategies for the Quảng Bình, Ninh Thuận and Kon Tum projects were reportedly developed in the 2015-2016 annual work plans for these projects but at the time of writing were not available to the evaluators.

³⁸ Informant interviews at site visits

³⁹ Informant interviews at site visits

opportunity to learn from a number of other contexts such as Australia, Canada, Sweden, and South Korea.

Policies and strategies on SRB imbalance: The Provincial Communist Party promulgated Directive 38/CT-TU dated 29/7/2014 on Strengthening the leadership of the Party to addressing sex ratio at birth imbalance in Hai Duong province [69]. It is not clear whether this directive came about through UNFPA's direct efforts. UNFPA has however implemented a number of activities to address the SRB imbalance including producing advocacy and evidence documents, and advocating to the government population issues related to reproduction such as the dwindling need for the population control policies. In terms of successful strategies at implementation level, UNFPA provided funds to Hai Duong as mentioned above for targeted messages to the population about gender equality and awareness raising among health providers on the laws around sex selection. Hai Duong province reported increased precision of monitoring births and noted that in 2014 the SRB reduced 0.66%, from 118.96/100 in 2013 to 118.3/100 in 2014 [69]. This data is likely statistically insignificant. But the ability to monitor births accurately is a prerequisite for going forward in terms of monitoring efforts to address SRB imbalance.

Policies and strategies on GBV prevention: UNFPA has successfully worked with multiple government ministries to secure their leadership on GBV issues. Alongside this targeted approach, UNFPA also engages in mass media campaigns which have limited outcome monitoring strategies, although the take up of GBV issues by other actors could be a relevant proxy indicator, even if hard to definitively attribute to UNFPA's work. UNFPA worked closely with the Viet Nam Farmers Union, which subsequently took up DV issues resulting in their national programme to engage men "Building non-violent, prosperous and happy farmer families for 2015-2020" being approved by the Government (49 billion VND, approx USD 2,400,000). With UNFPA's technical support, MOLISA submitted a national proposal on prevention and response to GBV for period of 2016-2020 to the Government for approval. The Government approved November as the national month for action for promoting an end to violence against women and girls. MOCST included male involvement in the prevention of DV in its annual work plan, and in the National Action Plan on DV, working with Viet Nam football federation to coach boys into men (and promoting non-violence). The MOH developed a clinical guidance and protocol for health sectors response to GBV.[83]

Progress on the implementation at provincial levels of the National Action Programme on Domestic Violence Prevention by 2020: Working with different population groups, UNFPA has been supporting implementing partners through B n Tre province and working closely with the VFU and VWU to implement the intergeneration clubs. Because the province is also implementing domestic violence prevention work, these messages are also delivered through the intergenerational clubs. However, the primary purpose of the clubs is to support older people. It is not entirely clear where the messages being shared in regards to domestic violence came from directly because some of the ideas expressed were not in line with UNFPA's position.⁴⁰ However, there is no doubt that the work in B n Tre engaged a range of actors for a multi-sectoral response and the project annual reports record training events for service providers on the Minimum Intervention Package (MIP) for DV [69]. The effectiveness of the MIP components was not monitored such as the functioning and impact of introduced or improved referral mechanisms.

⁴⁰ Informant interviews at site visits

EQ6: To what extent has the overall UNFPA's programme integrated gender and rights-based approaches?

Finding 11: Gender and rights-based approaches were strongly integrated into UNFPA's programme overall. This has far reaching impacts through all initiatives that UNFPA supports. There is a risk that gender and rights-based approaches get diluted at very local level.

This evaluation question was considered through testing the assumption that UNFPA's programme strategy and components comprehensively integrates gender and rights-based approaches.

The extent to which gender equality, women's empowerment and human rights have been mainstreamed: Gender equality was evident throughout all the programme and project documentation and also evident in interviews with key informants. Rights-based approaches were frequently cited, For example, the intervention models on prevention of domestic violence were designed with rights-based approach and based on international standards.[77] Whether UNFPA is able to ensure the quality of gender equality and rights-based messages as they get disseminated through layers of stakeholders is more of a challenge. As already mentioned above, there was some evidence that these messages get diluted the further away stakeholders are from UNFPA at national level.⁴¹

⁴¹ For example, messages about adolescent SRH and prevention of domestic violence that were not aligned to rights-based approaches were heard at very local levels by the evaluation teams

4.6. Efficiency

Summary: Efficiency as measured by UNFPA is influenced by the disbursement rate of budgets, more than whether the most appropriate choices were made in spending decisions. It is also measured in terms of the Country Programme's leveraging effect. There were documentable examples of the Country Office leveraging support and working with Government partners that went on to source government funding for initiatives. Looking inwards at UNFPA's own systems, there were timing issues raised by implementing partners, and a general acceptance on the part of UNFPA (and other UN agencies) that they had done all they could to align at national level together but that they had reached the limits of the institutional arrangements of each UN agency.

This evaluation question reviewed three assumptions: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner; the resources provided by UNFPA have had a leverage effect; and administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the programme. While staffing and human resources was also intended to be part of the evaluation, in practice empirical data was not available for analysis. However, the issue of whether staff skills were being supported to meet the needs of the transition of the CO modalities was raised frequently by both UNFPA staff and external stakeholders. These broader questions and concerns are discussed earlier in the report.

EQ7: To what extent were the resources (financing instruments, administrative regulatory framework, staff, timing and procedures) used efficiently to achieve the expected programme results?

Finding 12: There was a high degree of activity completion and resource disbursement overall. Within this some timing issues which affect project activities. There were some examples of UNFPA's work having a leverage effect through its work with government ministries particularly. However, an exclusive focus on government implementing partners may be limiting the Country Office's potential for creating impact and leveraging support from wider stakeholders. Overall measuring impact (and therefore efficiency) is hindered by outputs-based reporting at project and programme level.

Planned resources received against the foreseen level in Annual Workplans and the timeliness of receiving them: Initial projections for the programme cycle's budget were not realised as expectations of external resources (e.g. through the One Plan Fund) were not met. Of the funds raised and allocated, however, overall there was a very high level of disbursement of funds according to the annual workplans. This seems to be a key measure of the global UNFPA monitoring approach which places an emphasis on recording quantitative outputs rather than the quality of projects.

There was a perception among some national and provincial stakeholders that UNFPA's administration is complicated [81] and overly burdensome in terms of monitoring activities [81]. One of the partners expressed explicitly the difficulties of UNFPA's reporting and disbursement procedures because of the short 3 month period in which to implement and report. Inevitably, the process of reporting and then receiving the funding for the subsequent

quarter, meant that the funding was not received for several weeks and the partner was frequently trying to deliver 3 months' worth of activities in only two months [69].

Some partners at both national and provincial level found that it was difficult to change activities within a project framework; and the implementing partner was required to wait for the new annual work plan to be developed to get changes approved [66, 81].

The extent to which UNFPA resources had a leverage effect: UNFPA's own strategy aims to increase operational fund in the context of limited resources in the next cycle.⁴² However, a specific strategy for leveraging funds was not shared with the evaluation implementers. However, there were examples cited where government contributions had increased, such as the GBV mass awareness campaigns [81]. The vice prime minister recently approved the Proposal on "Eliminating DV at rural areas during 2015-2020" on February 2015. The programme is under the responsibility of the VFU with an estimated budget over a six year period of \$2.4 million.⁴³ Leveraging approaches might also expect to be seen in intervention exit strategies, for example, negotiating agreements with governments to continue with its own funding depending on conditions of effectiveness being met.

Appropriateness of Implementing Partner selection: Written specific criteria for selection of implementing partners (IPs) was not provided by UNFPA, but it is clear that the Country Office has targeted ministries with responsibility for areas in alignment of its own work, such as MOLISA which is leading on gender-based violence, and is also responsible for responding to sex workers; GSO is responsible for data etc. There are numerous projects which include several government partners with one implementing entity ultimately responsible for the project. There seemed to be a motive from UNFPA that this approach could increase linkages between government departments and ministries as part of efforts to reduce the vertical structures [68]. However, this approach does not seem have that particular intended effect. Implementing partners reported that having one overall Implementing Partner is highly efficient where the project partners are *already linked*. But where they are not already linked, the practice of having one IP does not create links (or efficiencies) and has impacts on disbursement and reporting [66].

What is not clear is why implementing partners are exclusively government entities. While, in the country context of high levels of ownership among government of policy and implementation processes, strong engagement with government would be expected and needed, although UNFPA has also developed relationships with a wider range of partners and stakeholders. But there is a question about how UNFPA's views these wider stakeholders and its relationships with them. One non-governmental organisation expressed a sense of limited engagement with UNFPA [81], while government stakeholders expressed a lack of confidence in non-governmental organisations [66]. In practice both UNFPA and government ministries and departments do engage with non-governmental organisations on population and development, SRH and gender issues. From UNFPA's

⁴² UNFPA has a plan 2014-2016 to improve its capacity of resource mobilization thru (i) communication and media relation; (ii) network and marketing; and (iii) partnership building with diverse partners.

⁴³ With the support technical of UNFPA, Viet Nam Farmer's Union prepared a proposal which was submitted to the Prime Minister and approved. The first year of budget is 4.9 billion VND (approximately USD \$218,000). The second year budget is under submission to the PM for approval with the amount of 10 billion VND (approximately USD \$ 445,000). Estimated budget for 6 year period is 50 billion VND (approximately USD \$ 2.225 million). The budget is approved and allocated on a yearly basis in accordance to the Law on Budget.

documentation the primary visibility of partnerships are those with government ministries and departments. The main reason for this is the structure of the country programme as articulated through the sum of the projects. However, within the projects UNFPA and the government work with non-governmental organisations,⁴⁴ and outside of the projects as part of ongoing policy dialogue [81].

The list of stakeholders provided to the evaluation team consisted of the list of Project Implementing Partners (and other government partners within each project) [89] as per the UNFPA Country Programme Evaluation Handbook [24]. This is a limited interpretation of 'stakeholders'. If UNFPA intends to fulfil a remit of meeting the country's development needs (rather than the country's development needs as expressed by the government), a comprehensive stakeholder mapping is required for UNFPA to see how it relates to the many actors that are part of the development response. This includes the different types of civil society organisations, research institutes, other UN agencies, and the private sector. In particular there is mileage in exploring more collaborative working relationships with NGOs and opening up dialogue with the government on the contribution that they currently make and have the potential to make to health and poverty outcomes.

EQ8: What were the constraining and facilitating factors on the achievement of results?

Facilitating factors: UNFPA has invested considerable effort in developing collaborative working relationships and partnerships, particularly with Government stakeholders; evident from multiple sources of feedback from implementing partners and UNFPA's own accounts of its focus and efforts. There has been high ownership of the policies and initiatives of national partners, which are in many cases influential which can contribute to coordination among multiple government partners. Where the UN coordination mechanisms work well, UNFPA and its collaborating UN partners have been able to work together effectively through some of the Joint Programming Groups [81]. Externally and in general the ongoing socioeconomic development of the country, including the increasing capacity of the government and other non-governmental stakeholders, has had benefits for UNFPA's ability to achieve results.

Constraining factors: Despite aiming to prioritise in this programme cycle [56], the number of issues that UNFPA works on is still numerous and the Country Office with many partners [89]. Within UNFPA budget pressures (which affect UNFPA partners and stakeholders as well) have been challenging, with not all the intended non-core funds raised through the One Plan fund or other sources. Measuring effectiveness has been inhibited by outputs-based reporting. Within the UN, UNFPA (as with other agencies) face constraints by its own and other UN agency vertical structures and rules. This means that it is not a simple matter to pool funds or coordinate joint programmes. Externally, the power structures and political environment in Viet Nam pose continuing challenges such as the gap between policy and implementation, and the low status of non-governmental organisations.

Of particular note is an area of monitoring that will increasingly be of importance to UNFPA going forward: indicators and monitoring of advocacy initiatives. As already mentioned, the monitoring and operational systems of UNFPA are designed for project-based approaches to delivering outputs and outcomes. Even within this there is a bias towards measuring outputs

⁴⁴ For example, UNFPA commissioned HelpAge Viet Nam to provide technical support to the project on care for the elderly in Bén Tre

over outcomes. This structure places UNFPA Viet Nam in a position where it needs to rethink its approach to monitoring advocacy and policy dialogue. Advocacy and policy dialogue influencing take place at a different pace and in a different style to conventional project implementation. A more significant amount of time and resources need to be reactive: responding to changing conditions and contexts, while achievements of goals have the potential to occur sooner and later than anticipated. The current monitoring system needs to be either adapted or repurposed if possible to take account of these different ways of working.

4.7. Sustainability

Summary: The extent to which UNFPA has invested in effective working relationships with government partners has resulted in significant policy changes and institutional capacity development which are likely to have long last effects. However, the issue of sustainability did not seem fully at the centre of the Country Programme design, which previously had a long history over the programme cycles of working in Viet Nam along similar modalities. The change in modality that the Country Office is required to take in the next cycle has implications for reconsidering the issues of sustainability and what this means for new ways of working and transitioning.

EQ9: How sustainable are the gains made under this CP in terms of partnerships established, capacities developed, integration of CP activities into the regular country and counterparts' programming?

Finding 13: The core approach of UNFPA's work, i.e. policy at all levels, has significant potential for sustainability of impact. There is also evidence of cost sharing increases (for service type interventions as well as awareness raising initiatives) from government which has implications for longer term implementation. However, the policy-implementation gaps persists which is a barrier to creating and sustaining impacts, and questions remain over the intervention models in respect to their continuation and replicability/scalability.

The above evaluation question was addressed through testing the assumption that the results of UNFPA supported initiatives are likely to last beyond termination of the 8th country programme.

Under the socio-political conditions of Viet Nam, the Government assumes a high level of ownership over national policies, planning and interventions. It has significant control over entry points, and determines where or where not international co-operation intervenes. For UNFPA's country programme, an emphasis on creating ownership within government is not as important as establishing dialogue and shared objectives. To achieve these there needs to be an agreed evidence base from which common ground can be developed. A number of important data gaps have been filled in this and the previous programme cycle such as prevalence of gender-based violence (2009) and the national surveys that have been implemented since mentioned above.

Sustainability strategies: At the level of the Country Programme, sustainability is not an issue directly discussed in relationship to intervention areas and their outcomes. The CCPD

notes a number of sustainability issues which are more focussed on the One Plan's finances than its impact. Sustainability is specifically mentioned in Output 2.4 in relation to an effective and sustainable response to HIV [60]. Therefore none of the programme design documents or the intervention logics contain clearly articulated sustainability strategies.

The extensive use of the implementing pilot intervention models to generate evidence and cost-effectiveness analyses for costed policy options, lack clear definitions or strategies for replication/scaling up, and this undermined the potential sustainability.

Where the Country Office has demonstrated a strategic approach is in its efforts in resource mobilisation. There is a dedicated Resource Mobilisation Strategy [90], and the interim report in 2015 documented numerous relationships with prior and potential new funding partners including the private sector [91]. In terms of financial sustainability, the Country Office will of course continue to rely on core funds, but has the potential to grow its relationship building with partners for direct funding, shared costed models and in-kind support.

Potential for sustainability: Several initiatives appear to have comparatively high potential for sustainability:

- Policy advocacy at central level. Evidence shows UNFPA has advocacy and technical support impact on the legislative architecture. Numerous policy and law development impacts have been cited above such as the development of the SRH national guidelines, and SRH priorities have been reflected in national plans including the 5 year health plan 2016-2020.⁴⁵
- GBV has seen increased cost sharing on the part of the government (for mass awareness campaigns) [81] and financial allocations for the VFU's domestic violence prevention programme.
- Project management capacity of sub-national stakeholders. Implementing partners reported that the participation in UNFPA projects was a steep learning curve for them and they have transferred their learning to other areas of work.

Interventions with mixed potential for sustainability include:

- Capacity building efforts are highly valued in relation to data collection and dissemination but its effectiveness in terms of sustainability is uneven. While some initiatives were seen to provide learning and transfer of skills, in other cases there was a sense that technical assistance was parachuted in and departed without any long lasting impact.

Evidence of exit strategies: There is no evidence of exit strategies being built into the interventions from their design stage, although UNFPA clarified that exit strategies are included in the 2015-2016 work plans. [63, 92] There were examples of increases of financial commitment from government for certain initiatives and areas of response. But overall there were not obvious trajectories regarding the extent to which many of the activities that are currently funded by UNFPA would continue without UNFPA funding going forward. In general there was a lack of long term thinking on the part of all stakeholders. Some government

⁴⁵ Annual health sector reviews report

stakeholders were reluctant to talk about the future further ahead than the next programme cycle [66]. While UNFPA has collaborated with numerous institutions and organisations, there does not seem to be any specific strategies on building the technical capacity of organisations that may in the future provide the kind of technical support to the government and other actors that UNFPA provides now.

Barriers to sustainability: The gap between national policy and provincial implementation levels is a continued risk to sustainability for all issues in the Viet Nam context. This is an issue that the government faces as much as UNFPA and all the other UN agencies. By no means it is an issue that UNFPA can or is expected to solve on its own. But a concerted approach between the government and multiple stakeholders is required to begin to address it.

4.8. UNCT Coordination

Summary: Overall coordination is relatively effective with higher levels of coordination as a result of the joint approach to the One Plan and division of labour (area of focus) agreed among the UN partners. Harmonisation appears to have peaked, however, in terms of the limits of the differing systems of the agencies.

EQ10: To what extent has the UNFPA CO contributed to good coordination among UN agencies in the country, particularly in view of avoiding potential overlaps?

Finding 14: Overall there were numerous examples of effective coordination and avoidance of duplication. However, the “One UN” members are still finding their equilibrium and are constrained by practical institutional procedures. Among some UN partners there are overly high expectations of UNFPA, which has implications for how the Country Office clarifies its priorities and manages external expectations.

This evaluation question was examined through the assumption that the UNFPA Country Office has actively contributed to UNCT working groups and joint initiatives, and ensured that it did not duplicate efforts and created synergies where possible with other UN agencies.

Active participation and leadership in UN working groups: UNFPA is a member of six of the eight internal UN Joint Programming Groups: on Economic Growth & Decent Work; Social Protection; Health (UNFPA is a co-convenor); Gender (UNFPA is a co-convenor); HIV; and Governance & the Rule of Law [93, 94]. UNFPA chairs the inter-agency working group on young people and is part of the HPPMG working group. UNFPA also supports the Joint Programming Group on Education [94]. In addition to the Joint Programming Groups there are a number of working groups. UNFPA is the convenor of the working groups on: Data for Development; Reproductive, Maternal, Newborn and Child Health; Gender-based Violence; and HIV prevention. Finally UNFPA is the co-convenor of the working group on Health Systems Strengthening [93].

Information exchange between UN agencies: Sharing of information happens on a regular basis through participation in the Joint Programming Groups [81]. UN partners mostly expressed the view that information sharing with and from UNFPA met their expectations while providing examples of where it works particularly well, and in one case a UN partner thought that information sharing could be better [81].

Joint programming initiatives (planning): The main joint planning process is the One Plan and for UNFPA the accompanying CCPD which is signed by UNFPA, UNDP and UNICEF. The One Plan and CCPD were designed at the beginning of the five year programme cycle, but annual work planning provided the opportunity to adjust and introduce activities as issues arose. By working together with other UN agencies there are opportunities for UNFPA and its UN partners to provide a continuum of focus on development needs, such as the overlapping mandates of UNICEF (children up to the age of 18) and UNFPA (adolescents and adults). UNFPA provides an important role from the perspective of UNICEF in that it has a remit to work with young adults which allows it to form a continuum of focus on development needs that UNICEF cannot [81]. This would seem like an important area of potential synergy that UNFPA

and UNICEF could explore further. In term of joint programming, UNFPA works with UNICEF to do research on violence against children, including early marriage and with WHO to support MOH develop a protocol for strengthening health sectors response to GBV. UNFPA also works jointly with UNODC to pilot the MIP in B n Tre and Hai Duong.⁴⁶ [83]

The process of developing the One Plan and CCPD helps UN agencies avoid duplication through a process of division of labour based on mandates and comparative advantages. But there are multiple national implementing partners that are of interest to many of the UN agencies and often each works with the same entity but distinctly. For example, as the key national statistics function, a number of UN agencies work with GSO including UNFPA. While the efforts are coordinated to the extent that they do not create overlap and duplication, there is a separation in the efforts with each working on their specific initiative or with a department within GSO [66, 81]. With such a critical issue as improving data collection, availability and use, it would seem ideal if agencies were able to pool resources to develop the capacity of GSO in a more coordinated way. The difficulty is that there is not one agency that is solely focussed on statistical and data capacity; rather each agency is concerned with building statistical capacity in its own thematic areas. In this context, if each agency continues to work with GSO separately, a long term and coordinated capacity building plan for GSO that they collectively work towards would seem appropriate.

Joint implementation of programmes: Synergies were evident between UNFPA and several UN partners. For example, UN Women provided some gender technical support to the drafting of the Law on Population. UN Women acknowledged that UNFPA did not need its technical expertise on gender as it is sufficiently expert itself, however, the purpose of the collaboration was to add UN Women’s voice to the process and demonstrate the importance of gender to multiple UN agencies [81].

There are two joint projects within UNFPA’s programme with UNICEF.⁴⁷ Similar to the other projects activity completion and financial disbursement rates are high. But the joint projects high the challenges of the different systems of the UN agencies. The One UN initiative provides impetus for more collaboration and joint working but agencies are constrained because they are separate entities with individual systems and reporting mechanisms etc. When a national partner participates in a joint UN project, there are seemingly few efficiency gains. Paris Declaration essential donor harmonisation guidelines⁴⁸ are not adhered to when the national partner is required to submit progress reports to both donors and at different intervals [66, 81].

49

⁴⁶ UNFPA is responsible for overall coordination, support for piloting health care services, hotline and referral system, community response and working with perpetrators, UNODC support on legal aid and safety protection for victims

⁴⁷ The joint projects on Child Friendly Projects with Maternal Health focus

⁴⁸ The Paris Declaration on Aid Effectiveness (2005) is a practical, action-oriented roadmap to improve the quality of aid and its impact on development. The third of its five fundamental principles for making aid more effective is Harmonisation: Donor countries coordinate, simplify procedures and share information to avoid duplication. For more information see <http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

⁴⁹ Annual reports to UNFPA for joint projects with another UN agency

4.9. Added Value

EQ11: What have been the main comparative strengths of UNFPA in Viet Nam - particularly in comparison to other UN agencies in the support of programme areas?

Finding 15: UNFPA's comparative advantage is its technical assistance provision, its expertise in its thematic areas of focus particularly in data, and its willingness and ability to address sensitive and complex issues.

To respond to this question, the evaluation considered the assumption that the UNFPA Country Office identified its comparative strengths and built on these in designing and implementing the Viet Nam country programme.

UNFPA's comparative strengths: UNFPA considers its comparative strengths as its thematic areas of expertise with SRH, Population and Development and Gender Equality [56]. External stakeholders to UNFPA noted these as well although were more likely to identify UNFPA's comparative strengths in the context of its technical skills as technical assistance providers, and as willing and able to tackle the most complex and sensitive issues [81]. These issues include SRB imbalance, youth and adolescent SRH needs and ethnic minority SRH needs. It also includes UNFPA's role in working with the government on its population policy. Population policy is a key part of the ICPD, and Viet Nam's current policy is not aligned with the ICPD. UNFPA has successfully managed dialogue with the government on this issue in a non-confrontational way. The CO has effectively mobilised other parties that are interested in the issues in addition to the Ministry of Health and the Parliament (for example through the RHAG under the Health Partnership Group, and civil society and donors). UNFPA's position that the current population policy is not human rights based is well known to the government and has established UNFPA's visibility. As part of its normative role, UNFPA is in a strong position to continue the constructive dialogue with the government and wider stakeholders in relation to the international agreements that Viet Nam has signed up to. UNFPA's technical assistance in building capacity on generating, analysing and using population data was also widely recognised and appreciated [66, 81].

5. Lessons learned for UNFPA in Viet Nam

The following lessons learned are not necessarily generalizable to other countries, as is often the case when applying the UNEG guidelines on evaluation. Instead they focus on several specific issues that arose during the course of the evaluation that did not fit obviously into the evaluation questions and structure of the findings. Nevertheless they are important to acknowledge as issues that have implications for UNFPA Viet Nam going forward into the next country programme cycle.

The complex building blocks of policy development and implementation

UNFPA has successfully influenced policy development in Viet Nam by incorporating multiple strategies to address the components and building blocks of policy formation. This included capacity development (at multiple levels) and knowledge management (data collection and analysis) as cornerstones to use in policy engagement. The Country Office built effective collaborative working relationship with policy makers which influenced the enabling environment within which policy could be created and/or revised. It also worked with sectors within the government to strengthen the constituent parts and complementary prerequisites for policy development.

Combining resource mobilisation and strategic/operational planning

UNFPA has the opportunity in the next Country Programme to design its overall strategy and components within the programme to create activities that are incremental and build on the previous step. Part of this is managing expectations among stakeholders and not overpromising. But more importantly it helps plan programmes and activities in a way that is sequential yet each step is of importance in its own right. With the desired levels of funding, each next step can take place in direct succession, while with delays to mobilising resources, future steps can be deferred without undermining the achievements of earlier stages. This would also require a much more flexible approach to target setting and monitoring. The ambitious plans for the 8th Country Programme resulted in incomplete results rather than an adjustable results framework or different case scenarios.

The recommendations of the MTR remain valid or need updating given the changing contexts:

Strategic Recommendation 1 of the MTR proposes that the CO reviews human resources to ensure that staff skills are updated. In addition, new ways of working need new ways of thinking, and there may be mileage in adding or changing roles which have skills in the modalities that work across the thematic teams and areas.

Strategic Recommendation 3 of the MTR proposes that the CO considers working with fewer partners and issues in the next programme cycle to reduce transaction costs. It may be better going forward to redefine the different types of partner relationships that UNFPA Viet Nam enters into. Given the need to influence the development of policy, the CO is likely to find that it needs to *increase* the number of partners, but that these 'partners' will not be in the form of the traditional funding-implementing partner relationship. Instead they will be institutions (government and academic), civil society organisations and NGOs, and individuals and donors etc, who share an interest in collaborating to meet UNFPA's and the government's shared aims.

Programmatic Recommendation 1 of the MTR advised the CO to capitalise on learning lessons from the model interventions and there is still a window to do this. Whether or not lessons can be documented that inform a strategy to replicate the models is questionable. However, there is likely to be significant learning gained from both the successes and challenges regarding how UNFPA and partners implemented the projects and whether they were able or not to bridge the gap between policy and implementation. The opportunity remains for a more analytical approach to be taken. This means that the Country Office could assess the analytical tools used (or the potential to use analytical tools) to review the processes of implementing the projects, rather than focussing only on intended project impacts.

Programmatic Recommendation 2 of the MTR focussed on the need to continue building consensus at the highest levels on population and development issues, and this is something that UNFPA has continued to do, and should continue to do. The issue of the government's commitment of resourcing is still very important, but so is the need to explore a more multiple-sector approach to population and development needs. The government is not necessarily able to deliver everything itself but can be responsible for promoting consistency and regulation among non-governmental service providers. There is a significant role for UNFPA in exploring and brokering approaches in this regard.

Managing expectations

“Doing more with less” is not impossible but neither is it realistic in most scenarios. The UNFPA Country Office needs to manage its own expectations and those of its stakeholders as it transitions into the modalities that the global strategy prioritises for middle-income countries. The CO has made an effective effort to communicate the changing nature of its support but needs to balance the messages to demonstrate that it will be working *differently* rather than at a ‘superior’ level. This emphasis is suggested because there was feedback during the evaluation that UNFPA may have been overstating the ‘high level’ nature of the forthcoming modalities, leaving stakeholders to query whether the CO would have transformed itself sufficiently with the perceived requisite ‘high level’ skills.

Coordination with other UN agencies and advocates is more important than ever

The re-focus on advocacy and policy dialogue requires a broad range of activities and influencing strategies. One or more of these will include targeting higher level decision makers. In most hierarchies, and Viet Nam is no different, higher level decision makers are fewer in number. Many development partners are also transitioning their strategies in countries like Viet Nam with improving socio-economic statuses, and may also be targeting the same smaller number of key policy people. It is more important than ever that UNFPA, as part of DaO, coordinates rather than competes for the attention of key influencers.

In addition, being well versed in the priorities of other UN agencies and development partners provides an environment of reduced competition, and increases opportunities for harmonisation. Using the new platform of the sustainable development goals, UNFPA can see where it can lead, and where it can work alongside other organisations. The SDGs are more integrated than the MDGs and it will be important for UNFPA to be clear about its goals and strengths and how these fit with others, rather than trying to do too many things at once.

6. Conclusions

UNFPA has fostered a strong and collaborative relationship with government and some strategically important wider stakeholders; and has positioned itself to continue expanding its stakeholder map. (Conclusion #1)

- Origin: Findings 1, 4, 13, 14
- Associated recommendation: 5

UNFPA Viet Nam has effectively worked with government ministries and functions at national and sub-national levels, and has a high level of visibility among these stakeholders. The relationships and interactions are varied, with UNFPA providing funding and technical support as a conventional donor would, but many processes have more of an emphasis on working collaboratively as more equal partners. Anecdotal evidence notes that there have also been occasions where there have been differences in the positions of UNFPA and the government. In these instances the Country Office has challenged government counterparts. The funding of projects almost exclusively to government implementing partners, and the accompanying reporting of country programme activities and achievements, gives an unbalanced (and incorrect) impression that UNFPA works almost exclusively with government entities. NGOs provide some of the technical support and funding within the projects, and sit with UNFPA and government counterparts in policy dialogue meetings. In addition, UNFPA's strategy for resource mobilisation demonstrates its wider engagement with donors and non-traditional sectors including the private sector. All of these factors, its constructive and long standing engagement with government, and its wider relationships, places UNFPA in a strong position to continue working with state and non-state actors. It seems important that UNFPA promotes a wider stakeholder engagement generally, partially because of its global commitment to work with civil society, but also because of the opportunity within Viet Nam for more innovative approaches to meet the varied needs of the population. In this way, UNFPA has a potential role in brokering partnerships between the government and (potential) service providers. There are further partnerships to be investigated or re-kindled such as with academia.

There are still important learning opportunities in this cycle that need to be captured to inform the next, particularly in relation to understanding the gaps between policy and implementation. (Conclusion #2)

- Origin: Findings 2, 3, 6
- Associated Recommendations: 1, 2

The partnerships with government agencies and departments are likely to need re-negotiating in light of the changes to UNFPA's modalities in the forthcoming programme cycle. The Country Office has indicated that there is potential for the project approach to working with government partners to continue, albeit with a view to phasing this modality out in the future. Whether or not the project approach continues (and whether with national or sub-national levels of government) into the next cycle, it will be important to capitalise on the experiences to date. Some capacity building initiatives have transferred learning and skills better than others, some models of intervention have been replicated while others have not. It will be important for the Country Office to analyse with partners the reasons for successes as much as the reasons for challenges. Such a process has the potential to provide valuable insights that will be useful going

forward in UNFPA's work focussed on policy. The understanding would equally be valuable to wider UN stakeholders undertaking similar approaches.

Capacity building is an investment by UNFPA, which requires it to be more strategic about intended outcomes, including collaborating with others who also provide capacity support. (Conclusion #3)

- Origin: Findings 5, 14
- Associated Recommendations: 5, 6

Similarly, the Country Office's capacity building support has mixed results with some very successful experiences and others where learning, progress and skills transfer hasn't been as forthcoming. The collaboration with the other UN agencies through the One Plan has coordinated efforts but in the (albeit limited) perspective of this evaluation, there is much more scope for more strategic approaches in relation to some of the capacity building approaches, in particular, where more than one UN agency is working with a partner. The statistics office is one of many examples of a government department with multiple partnerships among UN agencies. UNFPA's approach through the One Plan avoids duplication with others, but as One UN, there is potential for a more collective approach, with measurable skills transfer and outcomes for more comprehensive capacity building.

Monitoring and evaluation strategies need updating to accommodate a more diverse range of activities in relation to policy influencing and advocacy. (Conclusion #4)

- Origin: Findings 7, 12
- Associated Recommendation: 3

Regardless of which approaches the Country Office implements going forward, the monitoring and evaluation system needs to be appropriate to capture information to inform decision making on an ongoing basis [monitoring] and in-depth understanding of overall strategy and effectiveness [evaluation]. The current planning and monitoring system has the effect of focussing documentation and reporting on the projects. And the multiple year reporting has the effect of separating out information rather than cumulatively building a picture of progress or the history and trajectory of initiatives. Activities, outside of the projects, are more challenging to capture in the current monitoring system, partly because they are not embedded in projects, but also because they are more iterative (such as ongoing partnerships and dialogue) or have existing challenges with constructive monitoring because their impacts are diffuse such as mass media campaigns. In terms of capturing the story, progress and next steps of a non-project based strategy succinctly, the interim report on the Resource Mobilisation Strategy is a good practice example, of how advocacy or policy dialogue reporting could be recorded.

UNFPA has established itself in some specialist areas, demonstrating its unique contribution to Viet Nam. (Conclusion #5)

- Origin: Findings 4, 5, 10, 15
- Associated Recommendation: 4

Of key importance is the work that the Country Office has achieved in terms of generating and using evidence and data to inform policy development. UNFPA has positioned itself as an able and credible resource in this area. There is huge scope for more work to be done, as using

evidence to inform policy is a long way of being institutionalised in policy formation. But that is not highlighted here to detract from the work that has been initiated; UNFPA has established itself in this area and needs to continue to develop its expertise and achievements.

The Country Office has also established itself as an expert in tackling some of Viet Nam's most complex and sensitive issues such as SRB. This is an example of an issues that combines deep-rooted gender expectations, gender inequality, behaviour change, sex and government population policy: a highly challenging nexus of complex issues individually, yet the Country Office has demonstrated its ability to engage comprehensively. There are further niche areas of focus that UNFPA has been working on, such as the needs of ethnic minorities, and which it could continue to develop. In Viet Nam's context where MDGs are on track to be met, the aggregate data and achievements obscure the disparities between the majority population and vulnerable, under-served and minority populations. It is even more important that data and evidence collection becomes more nuanced in order to identify the specific needs of marginalised groups which are not homogenous themselves.

UNFPA has a track record in the modalities required of the next programme cycle and needs to continue building its skills and experience in these to maintain its ability to contribute effectively to Viet Nam's context. (Conclusion #6)

- Origin: Findings 4, 5, 8, 9, 11
- Associated Recommendations: 4, 6

The Country Office is well positioned to move forward into the next cycle focusing on the key modalities assigned to a country of its socio-economic status, with it already having played a highly active role in developing or revising the legislative and policy environment. The landscape is ever changing however, the Country Office will need to continually update its skills and strategies as the moves, both to ensure its ongoing ability to be effective and to ensure its credibility remains high.

7. Recommendations

Based on the findings of this evaluation, the following recommendations are made for the formulation of the next Programme Cycle. The recommendations are directed towards UNFPA are intended to support the design of the successor Programme Cycle.

Recommendation 1: plan to address the gap between policy and implementation in concert with stakeholders

UNFPA should review its strategic and operational planning with its key UN partners to consider the ‘whole-sector’ approach needed to address the policy-implementation gap, which includes working with the Government, UN partners, donors, and all development partners. UNFPA cannot resolve it alone, and is not expected to. As an issue that all actors aware of and seem to agree on the need to address it, UNFPA needs to find where it can effectively coordinate with multiple stakeholders to address the gaps. These challenges are wide ranging. They include systemic vertical and horizontal issues⁵⁰, capacity and resource deficits and bottlenecks within the governance structure preventing the implementation of policy. But importantly and more broadly there are significant gaps in the infrastructure in terms of service delivery which require long term investment in the health, social, legal and education sectors where policy implementation is intended to take place.

- With partners, implement a more strategic view on the political economy, and analyse the intersection between the political economy and policy influencing.
- Ensure that the learning from UNFPA’s and the government’s existing experience from UNFPA’s 8th (and prior where applicable) cycles is documented. In this context the projects are likely to be worth investing in *process* (rather than impact) evaluations and assessments to document these successes and challenges in implementation. Use the learning and evidence generated on process as a starting point for dialogue with government, UN partners, donors and other stakeholders.
- Identify specific bottlenecks or capacity issues that makes sense for UNFPA to address with government and stakeholders, and that the Country Office’s approach is synergistic with the efforts of others.
- With the experience and learning to date, UNFPA should redefine what sustainability means for the forthcoming cycle in relation to the modalities of interventions as well as policy dialogue, capacity building and advocacy.

Priority level: High
Origin: Conclusion #2

⁵⁰ The “vertical” dimension refers to the linkages between higher and lower levels of government, including their institutional, financial, and informational aspects. Local capacity building and incentives for effectiveness of sub-national levels of government are crucial issues for improving the quality and coherence of public policy. The “horizontal” dimension refers to co-operation arrangements between regions or between municipalities. These agreements are increasingly common as a means by which to improve the effectiveness of local public service delivery and implementation of development strategies. (Source OECD: <http://www.oecd.org/gov/regional-policy/multi-levelgovernance.htm>)

Recommendation 2: ensure clarity of approach and purpose in the next programme cycle

The UNFPA Country Office should review and *define* what the modalities expected of it for the next programme cycle mean for its practice *in Viet Nam's context*. This is a recommendation which urges to the CO to define for itself what it will do and how it will do it in the next programme cycle rather than take the definitions 'off the shelf' from the global strategy. This means explicitly recognising that the global UNFPA strategy requires adaptation for the national context, and the definitions, activities, assumptions and risks inherent in it require considerable rethinking based on actual circumstances. The Country Office should not underestimate its experience in the modalities to date but should equally invite expertise to support the team in the process of clarifying its approach and adaptation of the global strategy and alignment with the One Plan. The development of a Theory of Change needs to take place in the complex environment of the Country Office's wider stakeholder expectations, for example, in relation to both the UNFPA Global Strategy and the One Plan. A Theory of Change should articulate conceptually what the Country Office is trying to achieve and why. It is most useful when used as a decision making tool during a programme: it articulates direction and parameters which should help the CO make decisions about what it will and will not implement. This is increasingly important in the forthcoming programme cycle design in which space and resources need to be available for teams to be reactive as opportunities for policy influencing arise and/or evolve.

- Conduct a review process, ideally facilitated by external expertise in policy and strategy, to organize UNFPA Viet Nam's understanding of its strengths and achievements to date, and to map out how the modalities can be most effectively deployed in Viet Nam's context.
- As part of the review process, dissect the draft Theory of Change developed as part of this evaluation and improve it. Use it to elucidate the Country Office's assumptions and map out the risks to the strategy and modalities, based on the Country Office's expertise, and the latest horizon scans and research (e.g. the ASPD and other documents).
- Define what the modalities in Viet Nam's context comprise and what they mean in practice. The Viet Nam Country Office shares the same language of the UNFPA global strategy but the policy and operating environment is unique in each country, and the CO needs to define for itself the strategic and practical implications for its work going forward.
- Document the thinking and evolution of understanding well so that changes of leadership, the wider UNFPA structures and external stakeholders are able to understand the CO's decision making processes and reasons for prioritizing the directions its takes.

Priority level: High
Origin: Conclusion #2

Recommendation 3: revise the approach to monitoring

UNFPA should invest in re-visioning its approaches to achieving outcomes that moves away from a project-based approach. Along with this, reconsideration is required in regards to the monitoring approach for Viet Nam's context and UNFPA's increased emphasis on policy dialogue, and what this means for measuring indicators and outcomes, rather than outputs. UNFPA should assess how it can both streamline its monitoring systems and tools, and make

them more effective. The monitoring system requires rethinking to be able to capture outcomes but also the significances of achievements, something that the largely quantitative current system does not do. This may mean a more nuanced approach to baseline data, particularly in the context of advocacy and influencing policy. For example a qualitative assessment of the current situation (levels of capacity, interest and willingness to engage in certain issues among policy makers) may be far more useful to compare efforts against rather than the quantitative baseline of ‘no current policy’ or similar.

- Invest in staff skills to plan and measure policy dialogue and advocacy outcomes.
- Draw on the experiences throughout UNFPA globally, and other UN agencies within Viet Nam to identify ways of better recording progress towards outcomes rather than outputs.

Priority level: High
Origin: Conclusion #4

Recommendation 4: maintain and build on focussed and important areas of expertise

UNFPA should build on its established expertise and reputation in terms of focussing on complex and sensitive issues that other organisations and agencies are not equipped to respond to, such as SRB imbalance, and adolescent SRH. UNFPA has other comparative advantages such as its expertise in population dynamics data. These are all areas that UNFPA should continue to prioritise and build on its existing strengths.

- As part of the above review process, or as a separate exercise, review and document the areas of work that the Country Office is working on, to identify those areas that are relatively unique to UNFPA.
- These areas are the CO’s unique contribution to Viet Nam, and should inform the resource mobilization strategy (as there will be less competition for resources in these areas) as well as the teams’ skills building to maintain their expertise in order to support the country’s needs.

Priority level: Medium
Origin: Conclusion #5 and #6

Recommendation 5: widen spheres of influence and develop a stakeholder or partnership strategy

UNFPA should continue to build its relationship with the Government and broaden its stakeholder base to ensure it meet the needs of vulnerable populations going forward. UNFPA and the Government have spent several programme cycles building common ground. Important synergies and effective results have been achieved and continuing to build the relationship and collaboration with government remains a priority. At the same time UNFPA is in a strong position to redefine its alignment objectives with that of the development needs of the country, and therefore bring more diverse views on emerging and/or under-represented needs (especially where there are disparities) to policy influencing. Linked to this is the need for a more nuanced (i.e. more detailed) approach to the *specific* SRH, Population and Development, and Gender Equality needs of sub-sets of the population which are otherwise marginalised, vulnerable or in the minority. The ASPD and Options papers will be important sources as will more minority reports on the needs of specific populations. Accordingly, UNFPA’s definition and mapping of stakeholders needs to diversify and broaden, and synergies with a wider group of partners have the potential to contribute to its thematic objectives. UNFPA has already

started this process in relation to working with non-traditional partners such as the private sector and through its resource mobilisation strategy.

- Linked to the mapping exercise proposed in recommendation 3 above, this part of the process will help identify overlap and synergies among external stakeholders that have the potential to be effective collaborative partners or allies who share common or complementary goals. A wide stakeholder mapping should identify organisations and institutions that UNFPA is interested in, and any that is interested in (or the Country Office thinks should be interested in) UNFPA's work.
- Develop a partnership or communications strategy to engage with wider stakeholders on different levels. Some might be identified as crucial to a particular issue or process, while others might form a wider network of information sharing with UNFPA.

Priority level: Medium
Origin: Conclusion #1 and #3

Recommendation 6: take a longer term view and assessment to inform intermediate planning

UNFPA should consider informing its strategic planning in with a much more long term view on the development trajectory of Viet Nam, in order to inform the intermediate steps that should be a priority in the next cycle. The view ahead is important because of the need to consider the fast changing context in both Viet Nam and globally. Assumptions need to be regularly checked and revised according to new information. The obvious example of this is the CO's experience in CP8 which saw its funding envelope reduced significantly as a result of the change in designation of the country within UNFPA's global strategy. Arguably the CO should have been considering the possibility and implications of this change in designation much earlier. But beyond the practical and near term considerations, it is also strategically important to look much further ahead as other organisations are also doing (e.g. the World Bank's 2035 report). By imagining a long term future *without the need for* UNFPA, it is possible to begin identifying where UNFPA can invest in institutions, organisations and functions now which have long term capacity implications for the future. This is also linked to recommendation 2 in terms of a review process looking forward and priority setting.

- Map which institutions and organisations in Viet Nam have the existing or potential capacity to do some of the work that UNFPA Viet Nam currently does. Examine the potential for doing further capacity building with them in the near or further future.
- Identify gaps that will need to be filled, even if that is in the (very) long term. Consider whether UNFPA is already filling those gaps and consider what long term possibilities might be explored, and what intermediate steps might be taken as part of the exploration.
- With an ever-changing context, it is important to update the long term thinking periodically. What seems possible or impossible now, can change surprisingly dramatically. Updating the long term view, also provides an opportunity to test assumptions about the context.

Priority level: Medium
Origin: Conclusion #3 and #6

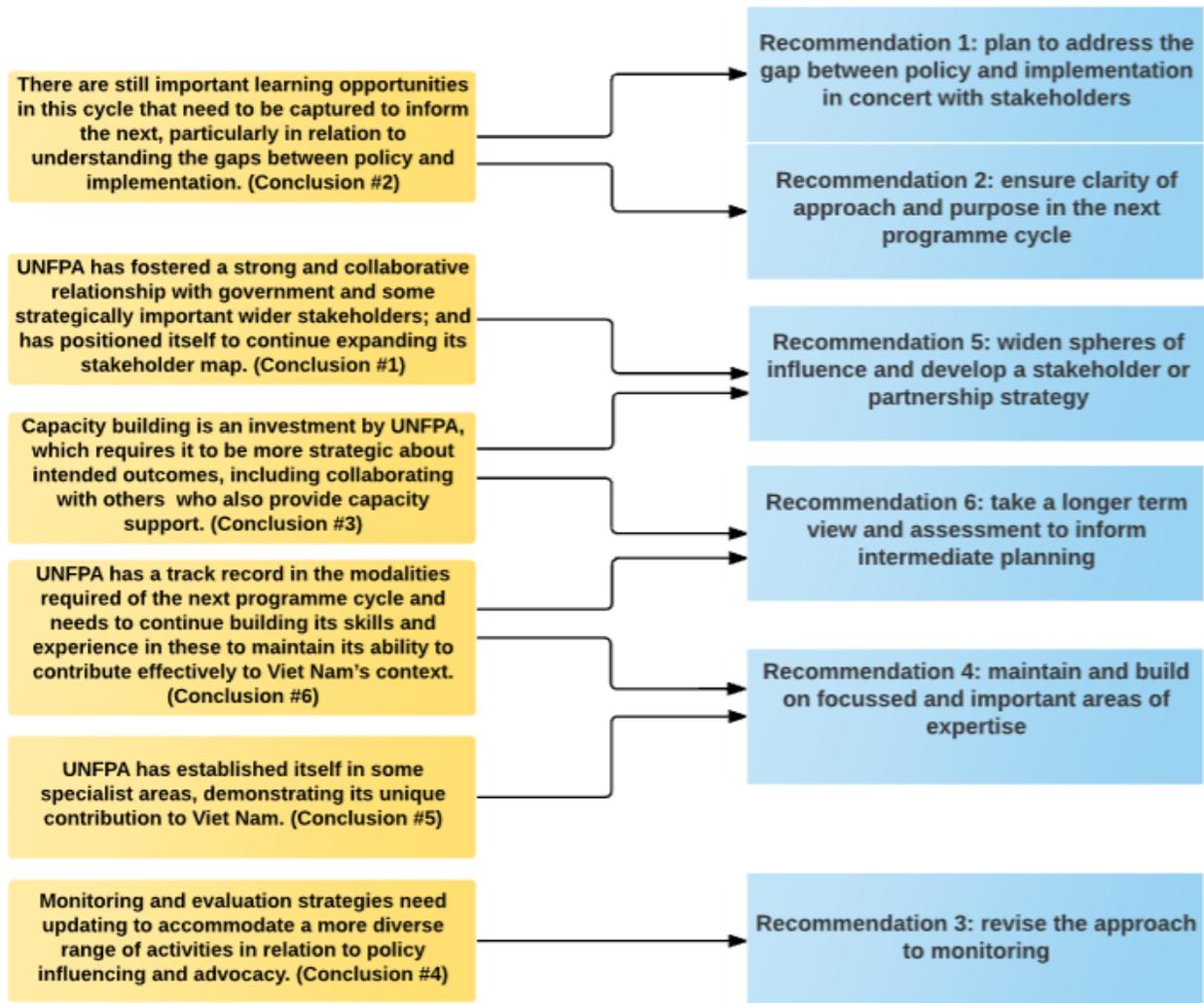


Figure 11: The links between the Conclusions and Recommendations

Annex 1: Terms of Reference



ANNEX II: TERMS OF REFERENCE (TOR)

Evaluation of the UNFPA 8th Country Programme of Assistance (CP8) to the Government of Viet Nam (2012 - 2016)

1. Introduction

UNFPA, United Nations Population Fund, is an international development agency that promotes the rights of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA plays a unique role within the United Nations system: to address population and development issues, with an emphasis on reproductive health and gender equality, within the context of the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDG), in particular MDG 5.

UNFPA has supported Viet Nam over the past 35 years (since 1978) in population and development, including in using of population data for policy development, contributing to poverty reduction and to ensure that every pregnancy is wanted, every birth is safe, adolescents and youth have the rights and participation, and every girl and woman is treated with dignity and respect.

A new UNFPA corporate Strategic Plan (2014-2017) was approved by the Executive Board in September 2013. The Strategic Plan (SP) sets the strategic directions and provides the overall framework for guiding UNFPA support to programme countries. The SP is rooted in the rapidly changing aid environment, particularly affecting middle-income countries. The SP has significant consequences for UNFPA support to Viet Nam in the future, both in terms of scope and levels of financing, as it presents a set of organizational changes to improve management effectiveness with a strengthened results framework, a new business model, and improvements to the funding arrangements. The SP requires programme countries to UNFPA to align their assistance to the new directions as specified in the new SP.

In the context of low middle income country (MIC) status (from 2010) with a population of 90,4 million in 2014, and implementation of UN delivering as one (DaO) initiatives, UNFPA continues to support the government and people of Viet Nam with an increased focus on policy advocacy and policy advisory work, in line with the country being designated a pink country under the new SP and business model.

UNFPA is currently implementing its eight country programme (CP8) over a five-year period (2012 - 2016). The overall goal of the UNFPA assistance to Viet Nam is to contribute to improving the quality of life of the Vietnamese people in the areas of sexual and reproductive health, population and development, and gender equality. The financial budget of CP8 is US\$ 33.1 million, of which US\$ 22.5 million (68%) are regular resources and US\$ 10.6 million other resources.

According to UNFPA's Evaluation Policy (2013), country programmes must be evaluated at least once in two programme cycles. In the country context of a Delivery as One (DaO), it was decided that the country programme evaluation (CPE) of UNFPA support to Vietnam would not be conducted for the seventh cycle of the country programme (2006 - 2011), and that UNFPA would undertake the evaluation of the current programme of assistance (CP8/ eighth cycle) in 2015. Mid-term reviews were conducted for CP7 and CP8 (2014).

The CPE is to: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the existing knowledge base on how to accelerate the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

The CPE will be managed by UNFPA Viet Nam country office (CO) and conducted by a team of independent evaluators in close cooperation with the M&E Adviser at the UNFPA Asia and the Pacific Regional Office (APRO). The Evaluation Office, UNFPA, approves the ToR for the evaluation. The



Evaluation Office Handbook 1 on How to design and conduct a country programme evaluation at UNFPA (2013) will guide the evaluation process.

The main audience and primary users of the CPE are the decision makers within UNFPA, Viet Nam country office (CO), the UNFPA Asia Pacific Regional Office (APRO), other country offices, and UNFPA headquarter divisions, the Executive Board, government partners (MPI/GACA2, line Ministries), the NIPs, the civil society organizations (CSO), as well as other development partners (such as other UN agencies in OP) in Viet Nam. The CPE process will require close consultation with NIPs, MPI and CO. The results of the evaluation will also benefit subsequent evaluations/reviews of OP/DaO.

2. Context

Viet Nam has experienced profound demographic change over the past 60 years. A total population was increased from 30.2 million (16.1 million in the North and 14.1 million in the South) in 1960 to 90 million (2013), from with 85% (1960) to 67% (2013) of the population living in rural areas. The total fertility (TFR) or the average number of children per woman was declined from about 6.3 children (early 1960s) to 2.1 children (2013).

The UN's Delivering as One (DaO) 2013 Report also indicated that maternal mortality has decreased dramatically, from 233 per 100,000 live births in 1990 to 64 per 100,000 live births in 2012. Moreover, by 2011, the proportion of pregnant women receiving three antenatal care appointments during their pregnancy reached 86.5%, close to the 2015 target of 87%. The rate of births attended by skilled health workers has risen by 10.7% during the past decade, from 86 to 96.7% in 2011, just 1.3% below the 2015 target.

Although gender inequality in access to primary education has been eliminated, and there has been major progress towards gender equality in employment, management roles, and representation in Parliament, violence against women and girls remains a critical problem. For instance, in a national study on domestic violence conducted in 2010 by the General Statistics Office, 58% of women reported that they had experienced some forms of violence in their lifetime. Of these, 87% indicated that they did not seek assistance from public services due to the stigmas that still exist around the issue or because services for victims were not available. In 2012, 85.1% of domestic violence victims were women and girls. Workplace sexual harassment of women is also widespread, the majority of cases is going unreported. The sex-ratio-at birth (SRB) has increased from 111.2 boys per 100 girls in 2010 to 113.8 boys per 100 girls in 2013, and manifests serious gender inequality in families and the wider community.

Recognizing the impact of population dynamics on the country's overall socio-economic development, the Vietnamese government has invested substantial human and financial resources in population and family planning programmes, developed national policies and strategies on population, and reproductive health care. The Government has also worked to incorporate reproductive health and rights into health care services and other programmes, including interventions to address maternal health, gender-based violence, sexually transmitted infections, HIV, adolescent reproductive health, and family planning. In Viet Nam, key policies and laws on issues of reproductive health, population and gender are in place, however the challenge remains in their implementation. As a result, there is a gap between policy and its implementation.

3. UN and UNFPA support in Viet Nam

Viet Nam is a second generation Delivering as One (DaO) country. This means that, together with 16 other UN agencies, UNFPA is implementing the One Plan (2012-2016) of the UN and the Government of Viet Nam. To implement the One Plan (OP), UNDP, UNICEF and UNFPA share a Common Country Programme Document (CCPD), whose results are a subset of the strategic results framework of the OP.

¹ <http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>

² Ministry of Planning and Investment (MPI) is a focal point of the Government Aid Coordination Agencies (GACA)



UNFPA specifically contributes to 08 of 43 One Plan (OP) outputs corresponding to 08 UNFPA attributable results identified in the CCPD.

The focus of UNFPA's eighth country programme (CP8) in Viet Nam, is to strengthen the capacity of the government to narrow the gap between policy and its implementation as well as to support effective monitoring.

UNFPA support to Viet Nam applies three strategic approaches in areas of UNFPA comparative advantage and in line with the One Plan (2012-2016) which include (i) national capacity building for policy development; (ii) data generation and use; and (iii) evidences for policy dialogue. CP8 was designed³ to support at both national and sub-national levels. UNFPA support is undertaken through the implementation of 13 projects (reflected in the Detailed Project Outlines - DPOs, as regulated in the HPPMG⁴), and corresponding to annual/biennial work plans for the period of 2012-2016.

The National Implementing Partners (NIPs) work closely with UNFPA to implement the respective work plans that were designed for contributing to relevant CCPD/OP results which were approved in 2011. CP8's interventions are also implemented in 5 of 63 provinces (Hai Duong, Quang Binh, Ninh Thuan, Kon Tum, Ben Tre) with 5 projects (see Table 2), including joint projects with UNICEF in Ninh Thuan and Kon Tum province. UNFPA supports these provinces to build capacity to develop and implement effective intervention models in selected thematic areas (a) Universal access to SHH through the health care system strengthening (Quang Binh); (b) SRH linkage and Universal access to SRH/HIV services for sex workers in piloted districts, intervention package on safe motherhood targeted towards ethnic minority women (Ninh Thuan and Kon Tum); (c) Intervention package on GBV, DVP, sex ratio at birth imbalance (Hai Duong), and (d) intervention package on social protection needs of older persons/elderly, specially health care (Hai Duong and Ben Tre).

Table 1: CCD results and One Plan outputs

Results (in CCPD)	One Plan (OP) outputs UNFPA contributes to.
Result 1: High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide	Output 1.1.1: Strengthened capacities of data producers, providers and users for green, people-centred, evidence-based socio-economic development planning and decision-making.
Result 2: Evidence on policy-implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate national/sub-national policy and strategy	Output 2.1.1: High quality evidence is available for use by decision-makers to inform the formulation, monitoring and evaluation of social protection-related legislation and policy
Result 3: MOH capacity is increased for health system strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations.	Output 2.2.1: Policy advice and technical support provided to strengthen the building blocks of human and animal health systems, including information systems and the generation of evidence, at national and sub-national levels.

³ It is noted that there was no country programme action plan (CPAP) document for CP8.

⁴ Harmonized Programme and Project Management Guidelines (HPPMG)



Results (in CCPD)	One Plan (OP) outputs UNFPA contributes to.
Result 4: Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities.	Output 2.2.4: National and sub-national capacities enhanced to strengthen evidence, and improve universal access to and utilization of a quality and gender-sensitive package of nutrition and sexual, reproductive, adolescent, maternal, neonatal and child health care and services.
Result 5: Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers.	Output 2.4.1: National HIV legal and policy frameworks strengthened to guide evidence-informed responses that effectively address stigma, discrimination, inequality and inequity
Result 6: A national response is developed to address GBV and SRB imbalance, using a culturally sensitive approach.	Output 2.4.3: Gender-related legal and policy frameworks, programmes and practices strengthened to effectively address gender inequality and inequity, gender discrimination and gender-based violence
Result 7: A minimum comprehensive package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lesson learnt from pilot models.	Output 2.4.4: Multi-sectoral coordination mechanisms effectively guide comprehensive evidence-based planning, budgeting, M&E for a sustainable response to gender inequality, inequity, discrimination and gender-based violence.
Result 8: National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation.	Output 3.1.1: Elected bodies benefit from enhanced knowledge generation and knowledge management to access high quality research and data to guide their legislative duties.

Table 2: UNFPA implementing partners in Viet Nam

#	Implementing Partner (NIP)	Projects (2012 – 2016)
1	Kon Tum province (Dept for Planning and Investment)	Kon Tum Child Friendly Project (with support for maternal health)
2	Ben Tre province (Ben Tre Department of Health)	Prevention of Domestic Violence and Promotion of Care for the Elderly in Ben Tre Province
3	General Statistics Office (Dept for Labour and Population)/MPI	Support for the implementation of the Viet Nam Statistical Development Strategy in the period 2011-2020 and utilization of population information in development planning and programming.
4	Ministry of Culture, Sports and Tourism (Family Department)	Development of a national response to domestic violence
5	Ninh Thuan province (Dept of Planning and Investment)	Ninh Thuan Child Friendly Project (with support for maternal health)
6	Ministry of Health (Dept of Planning and Finance)	Support the Ministry of Health in Effective Implementation of the National Strategy for Population and Reproductive Health in Viet Nam, period 2011-2020
7	Ministry of Home Affairs (Dept for Youth Affairs)	Capacity Support for the Implementation of National Youth Development Strategy 2011-2020



#	Implementing Partner (NIP)	Projects (2012 – 2016)
8	PCSA (Parliamentary Committee for Social Affairs)	Strengthen the capacity of law and policy makers in policy advocacy, appraisal and oversight of laws and policies in the areas of population, reproductive health and gender equality
9	Vietnam Peasant's Union	Enhance the capacity of Vietnam Social Organizations in response to gender based violence and emerging population issues
10	Quang Binh province (Quang Binh People's Committee)	Strengthening the Quang Binh health system to improve universal access to Reproductive Health/Family Planning (RH/FP) for Quang Binh people, especially among vulnerable groups
11	Ministry of Labour, War Invalids and Social Affairs (Dept for Social Evil Prevention)	Support the Ministry of Labour, War Invalids and Social Affairs (MOLISA) to address emerging social and health issues of specific vulnerable populations
12	Hai Duong province (Department of Health)	Prevention of Domestic Violence, Addressing Imbalanced Sex Ratio at Birth and Care for the Elderly in Hai Duong Province
13	Ministry Of Planning and Investment (MPI) Foreign Economic Relations Department (FERD)	Support national coordination to enhance the effective implementation of UNFPA assistance during the period 2012-2016

Note: Six projects are new to UNFPA (MOLISA, MOCST, MOHA, PCSA, Hai Duong and Quang Binh provinces). Four projects are joint projects with other UN agencies (Ninh Thuan and Kon Tum with UNICEF; PCSA with UN Women; and GSO with UNHABITAT).

In the previous country programme (CP7), key results included the revision of different national technical guidelines, such as National Standard guideline on RH services, guideline on Universal Precautions for Prevention of HIV/AIDS (UPPHI), and decrees to implement the gender equality legislation and domestic violence prevention (DVP). Several initiatives on competency-based training programmes for secondary midwifery and ethnic midwives were developed. Many of these guidelines and policies created significant nationwide impacts on standardising the quality of services in the health system. Among those are the update of the national reproductive health (RH) standards and guidelines, the completion of the 2009 population census, the development of domestic violence prevention activities and the DVP law, and formulation the National Contraceptive Commodity Security Strategy. A number of monographs and factsheets on demographic emerging issues (SRB, ageing, migration and urbanization, demographic bonus, age and sex structure, ethnicity, disability) were developed and disseminated widely to policy makers. As a result, issues such as the demographic bonus, migration, and population ageing have been on the agenda of the Government and the National Assembly in the period of 2011-2020. Public awareness was also raised on these emerging issues.

The MTR's conclusions for CP8 highlighted that (1) CP8 is responsive and highly relevant to the identified national development challenges, particularly in the areas of RH for ethnic minorities and other vulnerable populations, gender-based violence/domestic violence, as well as population dynamics. It also aligns and contributes to the strategic outputs of the UN OP and the new UNFPA strategic plan (2014-2017); (2) Most projects are on track at the mid-term point, with some needing to prioritize areas of intervention given possible funding shortfalls; (3) The overall sustainability of achievements to date is enhanced by interventions embedded in government priorities and systems and by consensus on key issues at senior levels of government. But even if the government has the institutional capacity in terms of its legislation, policies, strategies and human resources to maintain the benefits of programming, it will need to commit adequate financial resources to scale up models being developed. UNFPA will have an important role to play in that deployment; (3) Coordination between different levels of government and partners has been generally effective. But there is scope for improvement in vertical and horizontal coordination between government partners at the national and sub-national level, and between UN partners. Furthermore, the number of implementing partners and projects leads to budget fragmentation and increased transactions costs for all partners involved. Joint programming and harmonization in procedures between UN partners have not sufficiently reduced transaction costs for government partners; (4) With the changing context of overseas development assistance in Viet Nam and UNFPA's new

UNFPA/VNM/15/04

Address: Tenancy A1, Golden Westlake
151 Thuy Khue St., Ba Dinh District

UNFPA Viet Nam

Tel: +84-4-3823 6632
Fax: +84-4-3823 2822

Page 22 of 65

Email: vietnam.office@unfpa.org



strategic plan, agency support will have greater impact in the future if it focuses more on providing high level evidence-based policy advice at the national level. Given that data collection and monitoring systems are still weak at the sub-national level including gender disaggregated data, guidance should be also given on how to improve these systems. UNFPA should concentrate on its traditional comparative advantage, namely population and development issues and sexual and reproductive health/rights. As to thematic areas, demographic statistical data production, a focus on vulnerable groups, including youth and sex ratio at birth imbalance will remain key issues; (5) Further research is needed on gender-based violence and youth sexual and reproductive health and rights and to ensure that these are viewed through the lenses of ethnicity and the urban/rural/remote divide. And research on how to best engage youth, especially young men and boys from various social, economic and ethnic backgrounds is crucial to the design of effective strategies and activities. Finally, focusing on the most vulnerable and marginalized in society, including ethnic minorities, should a priority.

4. Objectives

The primary overall objectives are (i) an enhanced accountability of UNFPA and the country office for the relevance and performance of CP8 in the rapidly changing socio-economic developments and realities of Viet Nam, also in light of the new UNFPA SP; and (ii) a broader evidence for the design of a new country programme in Viet Nam.

The specific objectives are envisaged as follows:

- To provide an independent assessment of the relevance and performance of CP8 towards the expected outputs and outcomes as part of the overall One Plan implementation;
- To provide an assessment of the country office positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development process and goals;
- To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle.

Scope of the evaluation:

The evaluation will cover all activities planned and/or implemented in all areas of UNFPA support during the period under evaluation (June 2012 – June 2015) including soft aid activities and joint projects (between UNFPA and other UN agencies). Planned and implemented activities are in the approved project workplans of all 13 NIPs (08 at central agencies and 05 provinces). It is also noted that Hai Duong and Ninh Thuan provinces were selected for data collection in MTR of CP8 (July 2014). Besides the assessment of the intended effects of the country programme, the evaluation also aims at identifying potential unintended effects. As regards to the geographical scope, the evaluation will cover UNFPA support at national and sub-national levels. The evaluation will cover interventions financed from core and non-core resources.

5. Evaluation criteria and general evaluation questions

A core set of evaluation criteria below will be applied in assessing the results for CPE of CP8. Under each criterion, evaluation questions are only indicative; the final set of evaluation questions will be determined during the design phase, after a discussion with the CPE reference group.

Relevance (The extent to which the objectives of the CP8 correspond to population needs at country level - in particular vulnerable groups, and were aligned throughout the programme period with government priorities and with SP of UNFPA)

Q1. To what extent has UNFPA support been adapted to the needs of the population; and (ii) was it in line with the priorities set by the national policy frameworks?



Q2. To what extent has the country office been able to respond to changes in the national context, such as changes in needs of vulnerable groups, and priorities or to shifts caused by a rapidly changing socio-economic situation?

Effectiveness (The extent to which CP8 outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP/OP outcomes).

Q3. To what extent have UNFPA-supported interventions in the field of population and development been effective in strengthening the national policies through integration of evidence-based analysis on population dynamics and their links to national sustainable development targets?

Q4. To what extent have UNFPA-supported interventions in the field of sexual reproductive health (SRH) been effective in addressing the needs of young people, the issues of SRH, reproductive rights, family planning, HIV in the relevant national policies?

Q5. To what extent have UNFPA-supported interventions in the field of gender been effective in improving responses to gender-based violence and advance gender equality?

Q6. To what extent has the overall UNFPA's programme integrated gender and rights-based approaches?

Efficiency (The extent to which CP8 outputs and outcomes have been achieved with the appropriate amount of resources - funds, expertise, time, administrative costs, etc.)

Q7. To what extent were the resources (financing instruments, administrative regulatory framework, staff, timing and procedures) used efficiently to achieve the expected programme results?

Q8. What were the constraining and facilitating factors on the achievement of results?

Sustainability (The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks)

Q9. How sustainable are the gains made under this CP in terms of partnerships established, capacities developed, integration of CP activities into the regular country and counterparts' programming?

Besides the above standard evaluation criteria, the programme will also be assessed against the two following specific criteria, with a view to characterizing the strategic positioning of UNFPA within the UN system in Viet Nam.

United Nations Country Team (UNCT) coordination (The extent to which UNFPA has been an active member of, and a contributor to the existing coordination mechanisms of the UNCT).

Q 10. To what extent has the UNFPA CO contributed to good coordination among UN agencies in the country, particularly in view of avoiding potential overlaps?

Added Value (The extent to which the CP8 adds benefits to the results from other development actors' interventions)

Q11. What have been the main comparative strengths of UNFPA in Viet Nam - particularly in comparison to other UN agencies in the support of programme areas?

6. Approach and Methodology ⁵

⁵ <http://www.unfpa.org/admin-resource/how-design-and-conduct-country-programme-evaluation-unfpa>



Approach

The evaluation will be transparent, inclusive, participatory, as well as gender and human rights responsive. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

- a) responds to the needs of users and their intended use of the evaluation results;
- b) integrates gender and human rights principles throughout the evaluation process, including participation and consultation of key stakeholders (rights holders and duty-bearers) to the extent possible;
- c) utilizes both quantitative and qualitative data collection and analysis methods that can provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups.

Data will be disaggregated by relevant criteria (wherever possible): age, gender, marginalized and vulnerable groups, etc.

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance*. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

Stakeholder participation

The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation team will finalize the stakeholder mapping exercise in order to identify both UNFPA's direct partners (e.g. key national implementing partners) as well as stakeholders who do not work directly with UNFPA, yet play a key role in relevant OP outcomes/outputs or thematic area OP/DaO (e.g. UN Joint Programming Groups). These stakeholders may include representatives from the governments, line ministries, provincial people's committees, national implementing partners, NGOs, civil-society organizations (CSOs), the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the CP8. It is noted that UNFPA and other UN agencies are more concerned with ensuring equity of access to quality services which are appropriate to the needs of vulnerable groups and ethnic minorities.

Methodology

Methods for data collection

The CPE will use the multiple-method approach including document review, group and individual interviews, focus group discussions, and field visits. Since each method has its unique strengths and weaknesses, the evaluators need to combine them in a way that uses the comparative strengths of one approach to correct for the relative weaknesses of the others. Data collection methods must be linked to the evaluation criteria and evaluation questions that are included within the scope of the evaluation. The use of an evaluation matrix⁶ is recommended in linking these elements together.

⁶ The evaluation matrix specifies the evaluation; the particular assumptions to be assessed under each question; the indicators, the "sources of information" (where to look for information) that will be used to answer the questions; and the methods and tools for data collection that will be applied to retrieve the data. The evaluation matrix must be included in the design report as an annex. During the field phase, the matrix will be used as a reference framework to check that all evaluation questions are being answered. At the end of the field phase evaluators will use the matrix to verify that enough evidence has been collected to answer all the evaluation questions. The evaluation matrix must be included in the final report as an annex.



Data collection methods and process should consider gender sensitivity and data should be systematically disaggregated by sex and age and to the extent possible, and other contextually-relevant markers of equity.

Sampling of stakeholders and project locations

Considering the large geographic coverage and the wide range of stakeholders, the evaluation team will have to select a sample of stakeholders for data collection using specific selection criteria. The sample of stakeholders should reflect the variety of interventions in terms of subject matter and region.

Methods for data analysis

The focus of the data analysis process in the evaluation is the identification of evidence. The evaluation team will use a variety of methods to ensure that the results of the data analysis are credible and evidence-based. Triangulation techniques should be systematically applied throughout the evaluation process which means the evaluators must double or triple check the results of the data analysis by way of cross-comparing the information obtained via each data collection method (documentary review, individual interviews, group discussions, focus groups) and through different data sources (e.g. compare results obtained through interviews with government staff with those obtained from beneficiaries or from statistical data).

The evaluation will use a variety of validation mechanisms to ensure the quality of data and information used for analysis including internal team-based reviews, regular exchanges with the CO programme managers and the reference group, and focus groups with a relevant audience. The evaluators will identify limitations to the evaluation and ways to mitigate them.

7. Evaluation process

The CPE unfolds in the following phases:

a. Preparatory Phase

This phase will include:

- Consultation meetings between CO and MPI/GACA for the conduct of the CPE
- Drafting of the TOR by CO in consultation with the RO M&E Adviser
- Approval of the ToR by the Evaluation Office
- Selection and recruitment of the external evaluation team in consultation with the RO M&E Adviser
- Compilation of the initial list of documents,
- Set up a CPE reference group
- Preparation of the background information and documentation on CP8 and its context by evaluation manager
- Preparation of the Atlas project list and the initial stakeholders mapping of the main partners relevant for CP8 by evaluation manager.

b. Design Phase

This phase will include:

- A documentary review of all relevant documents available at UNFPA HQ, regional and CO levels for the period under assessment, 2011 – 2016 (plus one year for designing CP8 in 2011)
- Finalization of the stakeholder mapping including state and civil-society stakeholders and will indicate the relationships between different groups of stakeholders
- An analysis of the intervention logic of the CP8, from planned activities to the intended results of the programme in the context of OP, DaO
- Finalization of evaluation questions following consultations between the evaluation team and UNFPA
- Development of sampling, data collection and analysis strategies, protocols for the field phase as well as a concrete workplan for the field phase



- **Drafting of the design report which will include:**
 - Brief summary of the programme and evaluation within the country context;
 - The evaluation matrix including specific evaluation questions;
 - Data collection methods: listing of each method (e.g. quantitative, qualitative): details of the method and how it will be applied to the evaluation (e.g. survey, focus group (how many, with whom, where), key informant or in-depth interviews (how many, with whom, where), observational, etc.)
 - Sampling strategy relevant for different data collection methods, i.e. purposive or random; criteria for selection; method of selection;
 - Evaluation tools
 - Data analysis method including strengths and limitations of each method
 - Annexes: evaluation work plan, sampling plan, evaluation tools, evaluation team (roles and responsibilities) list of desk review documents.
 - **Quality assurance on the design report by evaluation manager in consultation with the RO M&E adviser.**
 - **Approval of design report by evaluation manager.**
- c. Data collection and Analysis Phase**
- **Data collection and analysis at national and provincial levels for the duration of three-weeks.**
 - **A debriefing meeting with the CO and reference group for the presentation by the evaluation team of preliminary findings and obtaining feedback from the stakeholders at the end of the three-week in-country mission. The objective of the debriefing presentation is to validate preliminary findings and test tentative conclusions and/or recommendations.**
- d. Reporting phase**
- **Continuation of the analytical work based on all information collected**
 - **Completion of the evaluation matrix with evidence**
 - **Preparation of a first draft of the final evaluation report (Draft 1), taking into account comments made by the CO at the debriefing meeting.**
 - **Submission of Draft 1 to the reference group for comments (in writing). Comments made by the reference group will be consolidated by the evaluation manager (UNFPA M&E Officer)**
 - **Preparation of a second draft (Draft 2) of the final evaluation report taking into account comments by reference group.**
 - **Organization of an in-country dissemination seminar which will be attended by the CO, MPI/GACA as well as all the key programme stakeholders including NIPs of CP8, and other UN agencies. Draft 2 will form the basis for the dissemination seminar.**
 - **Preparation of the final evaluation report taking into account comments made by the participants at the seminar.**
 - **Evaluation Quality Assessment (EQA) of the draft final evaluation report by CO with advice from the APRO M&E Adviser. Any concerns at this stage should be addressed to the evaluators until the CO and RO are satisfied with the quality of the final report.**
 - **Acceptance by CO of the final report.**
 - **Final Evaluation Quality Assessment (EQA) by EO/HQ**
- e. Management response, dissemination and follow-up**
- **Distribute the final evaluation report to stakeholders in country, RO and UNFPA headquarters with a view to obtaining responses to the evaluation recommendations**
 - **Prepare the management response for the evaluation in consultation with RO M&E Adviser**
 - **Upload management response into the Management Response Tracking System (MRTS) by CO within one month of accepting the evaluation report**



- Disseminate the evaluation report internally to UNFPA including posting the evaluation report together with the final EQA grid and management response on the evaluation database webpage⁷ and the country website within 6 weeks
- Disseminate the evaluation results externally to partners to inform decision-making and/or the public through various channels such as public websites, national and international meetings and conferences, journals and media briefs
- Report will be available to UNFPA Executive Board by the time of approving UNFPA new country programme (June 2016)
- Follow up of progress in implementing the evaluation recommendations.

8. Expected products/deliverables

The evaluation team will produce the following deliverables:

- A design report of about 20 – 30 pages, including parts of introduction, country context, UNFPA strategic response and programme, evaluation methodology and approach, evaluation process
- A debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the CPE, to be presented and discussed during a debriefing meeting to be held at the end of the field phase
- A draft final evaluation report (followed by a second draft, taking into account comments from the reference group)
- A PowerPoint presentation of the results of the evaluation for the dissemination seminar to be held in Hanoi.
- A final evaluation report, based on comments expressed during the dissemination seminar including an executive summary
- An abstract of the evaluation report for dissemination purposes

All deliverables will be drafted in English. The PowerPoint presentations for the dissemination seminar and the final report will be translated into Vietnamese (submitted by the evaluation team).

9. Proposed Workplan

Phases	Methods	Dates (workdays, max)
1. Preparatory	Conducting a consultation meeting(s) with MPI for CPE (letter and meeting)	Jan. 2015
	Drafting terms of reference (TOR) in consultation with APRO, and Approval of ToR by EO.	Feb. 2015
	Compilation of initial list of documents, Atlas information and preliminary stakeholder map	Mar. 2015
	Setting up the CPE reference group	Mar./Apr. 2015
	Tendering process (selected a Firm with International and National consultants) and approval by EO	May-Jun. 2015
	Contracts review committee: (a) reviewing the technical proposal; (b) reviewing the financial proposal	May – Jun. 2015
	Negotiation and Contract award	Jun.- Jul. 2015
2. Design	Submitting a design report presenting the evaluation design including the approach and methodology (evaluation criteria, evaluation questions, selection of methods/tools, mapping stakeholders); detailed evaluation plan; design report.	Jul.-Aug. 2015 (5 workdays).
3. Field Phase	Conducting a three-week mission for data collection and analysis.	Aug.- Sept. 2015 (20 workdays)
	Formulating the preliminary findings and recommendations for debriefing meeting	Sept. 2015 (2 workdays)

⁷ <http://www.unfpa.org/public/home/about/Evaluation/Database>



Phases	Methods	Dates (workdays, max)
4. Reporting	Producing the first draft of evaluation report for sharing	Sept. 2015 (15 workdays)
	Producing the second draft of evaluation report for sharing	Oct. 2015 (5 workdays)
	Conducting consultation meetings with key stakeholders and CPE reference group to validate key findings, conclusions and recommendations.	Oct. 2015 (1 workday)
	Producing the final evaluation report.	Oct. – Nov. 2015 (5 workdays)
	Conducting the EQA (in consultation with APRO and EO/HQ)	Nov. 2015
	Disseminating the final report on CPE (seminar, if needed)	Nov. 2015 (1 workday)
5. Management response, dissemination and follow-up	Distributing the CPE report to stakeholders, APRO and HQ to obtain responses to recommendations (management responses); A meeting conducted (if needed)	Nov. 2015
	Uploading evaluation report, final EQA and management response to UNFPA evaluation webpages, UNFPA/HQ/PD and CO's websites.	Dec. 2015
	Submitting the final CPE report to UNFPA Executive Board along with a new country programme document	Mar. (2016)
	Following up CPE recommendations (concerned CO and Programme Division)	(2016)

10. Evaluation team

The evaluation will preferably be conducted by an international independent evaluation consultancy firm or, alternatively, by a team of independent evaluators if for any reason a firm cannot be identified. The selected firm should be legally registered, have past experience with carrying out similar evaluations, and have stable financial records for the last three years. The team should be gender balanced. The evaluation team will undertake the evaluation under the overall supervision of the evaluation manager (M&E Officer of CO), in consultation with the reference group.

The external evaluation team is composed of one independent international team leader and three national team members who are knowledgeable and experienced in evaluation. All team members should have in-depth knowledge of UNFPA programmatic areas and issues and challenges in the country. All must be committed to respecting deadlines of delivery outputs with the agreed time-frame. Must be able to work with a multidisciplinary team and in a multicultural environment. All should be knowledgeable of issues pertaining to gender equality.

The Team leader (international consultant)

Competencies for the Team Leader

1. Development sector background
2. Excellent analytical, writing and communication skills
3. Leadership and good management skills
4. Ability to work with a multi-disciplinary team of experts
5. Excellent problem identification and solving skills
6. Excellent written and spoken English Language skills.

Qualifications and experience of Team Leader

1. Minimum of Master's Degree in social sciences, development studies or a related field
2. Minimum of 10 year experience in conducting/managing program evaluations
3. Experience in mainstreaming and management of cross cutting themes
4. Familiarity with the UNFPA work will be an added advantage
5. Familiarity with DaO country context will be an advantage.



Roles and responsibilities of the Team Leader

1. Provide overall leadership to the evaluation team
2. Provide the inputs for quality aspects of the overall process
3. Compile the design report with the inputs from national consultants
4. Compile draft and final reports and deliver them on time, considering the quality aspects. The team leader will have primary responsibility for the timely completion of a high-quality evaluation that addresses all the items required in this TOR.
5. Responsible for debriefing the findings when required
6. Liaise with Evaluation Manager.

Competencies for the thematic consultants

1. Excellent analytical, writing and communication skills
2. Ability to work with a multi-disciplinary team of experts
3. Excellent problem identification and solving skills
4. Excellent written and spoken English Language skills.
5. Should be able to provide deliverables on time.

Qualifications and experience of thematic consultants

1. Should be an expert (with 10 years of experience) on either reproductive and maternal health (including family planning, emergency obstetric and newborn care), population and development, or gender field
2. At least 3 years of experience in conducting evaluations in reproductive health, population and development (population and development issues (including census, population dynamics, legal reform processes, national and local capacity development and national statistical systems), or gender equality issues (women and adolescents reproductive rights, prevention of discrimination and violence against women, etc.).

Roles and responsibilities of the thematic consultants

1. Contribute to the preparation of the design report within the UNFPA standards
2. Evaluate each thematic section of the country programme
3. Take part in the data collection during the design and field phases
4. Be Involved in the debriefing to the CO
5. Deliver quality inputs on time
6. Responsible for drafting key parts of the design report and of the final evaluation report.

The evaluation team will be provided with a translator/interpreter during the data collection phase and translation of reports and presentations, if needed.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Ethical code of conduct for UNFPA/UNEG evaluation (see annex) prior to engaging in the evaluation exercise. For details on the ethics and independence in evaluation in this CPE, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System in English and Vietnamese at:

[https://sites.google.com/site/hongunfoamde/home/mde-2;](https://sites.google.com/site/hongunfoamde/home/mde-2)
<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines;>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

11. Specification of tender, cost of the evaluation and payment modalities

The Contract will be signed with selected research institution/firm. The evaluation team shall commence the performance of the sub-contract during the period of June to November 2015. The payment procedure should follow the Contract of UNFPA General Terms and Conditions for contracts.

The bidder should submit a proposal consisting of two separate components: technical and financial. The



technical proposal will be assessed by the CO (noted: the financial proposal will be assessed by UNFPA procurement services in consultation with UNDP).

In responding to the present terms of reference, the technical proposal should detail the services offered, and should contain at least the following (suggested number of pages is indicated):

- Technical profile of the company/firm (2 pages). Information associated with financial stability should be presented in the annexes
- The bidder's understanding of the terms of reference (2 pages max)
- The approach and methodology (7 pages max)
- The proposed composition of the evaluation team (1 page max). Curriculum vitae of each team member should be annexed to the offer.

A detailed time and work plan for fulfilment of the assignment including: a. the roles, functions and responsibilities of the different team members; b. estimates of the time required for different tasks of the assignment, and c. a staffing schedule that specifies tasks performed by the team members and the time allocated to each of them (3 pages max).

The contract will be awarded to the firm who will provide UNFPA with the most competitive technical and financial proposals.

The budget range for the overall cost of the evaluation is USD75,000 - USD95,000. The costs of the evaluation include Evaluation of CP8 as defined in this Terms of Reference; the cost of translation of dissemination products; the travel costs for participation in the related meetings, as well as to the analysis and stakeholder workshops, and all field missions.

Travel Expenses: the Vendor will be responsible for full cost of all travel, accommodation during the full assessment period(s) of the evaluators/consultants. The destination is Viet Nam and the exact locations for data collection in provinces.

Payment Modalities

Payments will be made in 3 installments based on the delivery of outputs, as follows:

- 1st installment: upon satisfactory contribution to the design report: 20%
- 2nd installment: upon satisfactory contribution to the draft final evaluation report: 50%
- 3rd installment: upon satisfactory contribution to the final evaluation report: 30%

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

12. Management and conduct of evaluation

CO evaluation manager: According to UNFPA handbook on how to conduct a CPE at UNFPA, a M&E Officer of the CO, who did not manage any projects of CP8, will be nominated to be the evaluation manager of this CPE by the country representative. In consultation with M&E Adviser of APRO, the evaluation manager will draft TOR and submit these to EO/HQ for approval; set up and coordinate the reference group, prepare the preliminary mapping of key stakeholders as well as the list of initial documentation including a list of Atlas projects for CP8; manage the relationship with the evaluation team, set a preliminary agenda for the field phase; ensure the quality of the entire evaluation process, conduct the evaluation quality assessment (using EQA grid of UNFPA/EO), approve all deliverables, coordinate the preparation of the management response and follow up on the recommendations of the evaluation report.

A CPE reference group will be established during the preparatory phase to be consulted during the evaluation. The members of this group will include UNFPA RO M&E Adviser, UNFPA CO managers, representatives of UN sister agencies, selected key NIPs, other partners including the representatives of MPI and MOF. The main functions of the reference group will be to:



- discuss the terms of reference drawn up by CO and the selection of team of evaluators
- provide the evaluation team with relevant information and documentation on the programme; facilitate the access of the evaluation team to key informants during the field phase to support data collection
- Provide overall comments to the reports produced by the evaluation team
- advise on the quality of the work done by the evaluation team
- assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

M&E Adviser at APRO who will closely work with CO evaluation manager in providing technical inputs to TOR, recruitment of evaluators, provide comments to the design report, quality assessment (EQA) for the final CPE report, CPE management response, support CO in dissemination of results of the evaluation. The EQA process involves: (a) a quality assessment of the final evaluation report by the CO evaluation manager; (b) a quality assessment by the Senior M&E Adviser at APRO; (c) a final independent quality assessment by the Evaluation Office at UNFPA/HQ.

The Evaluation Office (EO) at UNFPA/HQ will approve the TOR, pre-qualified consultants and undertake the final EQA of the evaluation report. The EO will publish CPE report and accompanying independent EQA grid in the UNFPA Evaluation Database.

Evaluation team: In consultation with the evaluation manager and the reference group, the team prepares the design report, undertakes field work based on the evaluation design, presents preliminary findings and recommendations at the debriefing meeting at the end of the field phase and prepares a final evaluation report. The evaluation team is responsible for ensuring the quality of all deliverables.

13. Ethical considerations

The evaluation process should conform to the relevant ethical standards in line with UN Ethical Guidelines for Evaluation including but not limited to informed consent of participants, privacy, and confidentiality considerations. The relevant ethical standards will be identified and the mechanisms and measures to ensure that standards will be maintained during the evaluation process should be provided in the design report.

14. Reference documents

- Report on MTR of CP8 (2014),
- SP document of UNFPA for 2014 – 2017 including Annex on Business Model,
- OP document (2012 – 2016), CCPD (2011),
- Viet Nam CO strategic directions for 2012-2016 (2012),
- 13 DPOs and AWP's of NIPs(2012 – 2015),
- Annual Project Progress Reports,
- UNFPA policy and guideline on evaluations,
- Joint Programming Group (JPG) reports,
- Annual DaO reports on OP (2012, 2013, 2014),
- Report on UN joint country analysis Viet Nam (2010),
- Report on country-led evaluation of DaO in Viet Nam (2010),
- UNCT Viet Nam contribution to the issues raised by the ECOSOC in relation to the combined second, third and fourth periodic reports of Viet Nam (2014),
- Report on equity-focused systematic review of one plan 2012 – 2016,
- MDG report on Viet Nam (2013).

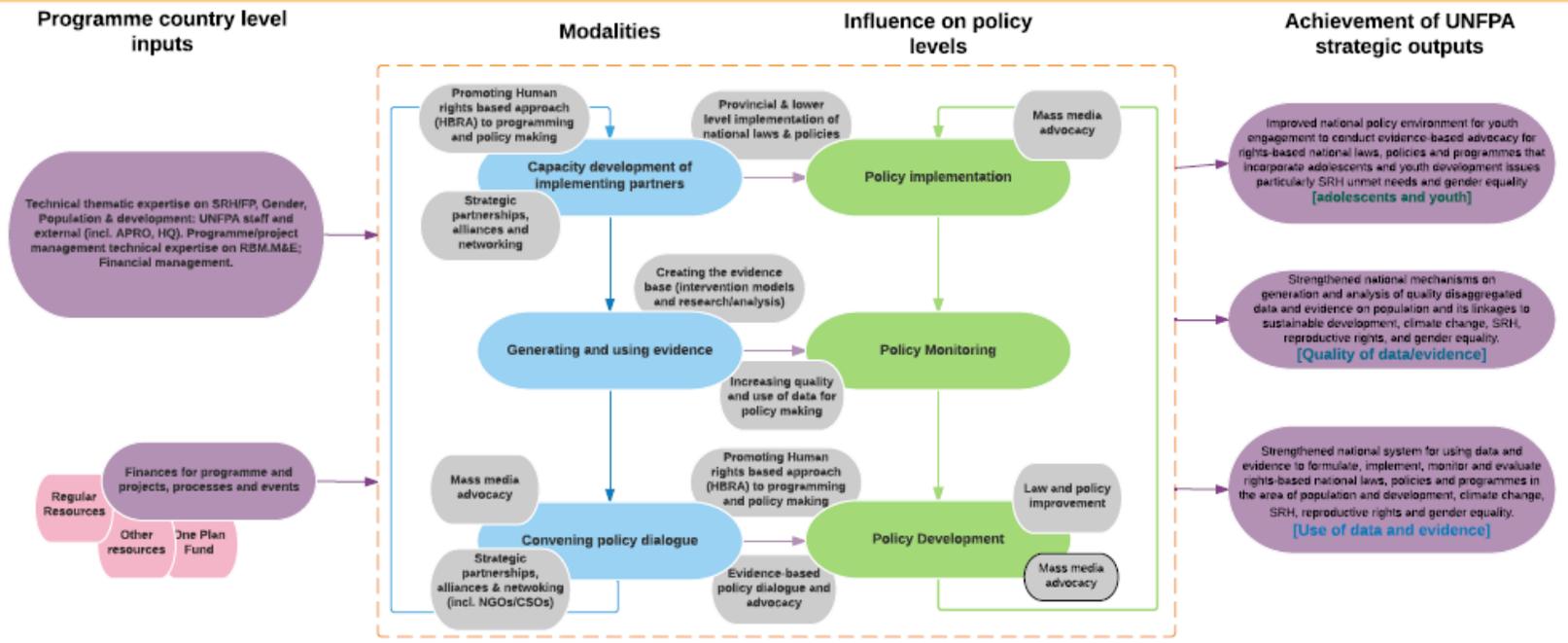
More details of UNFPA programme/projects can be found at the web-based Programme Monitoring System (wPMS) at: <http://www.dimonitoring.org/V3/vietnam/> [User ID: CP8 - Password: vn2012]

The CO will create and upload key reference documents into the Google Drive for CPE of CP8.

Annex 2: Theory of Change (Draft)

UNFPA country programme(s) Viet Nam (Pink country)
Overall Country Programme Approach and Results (Theory of Change)

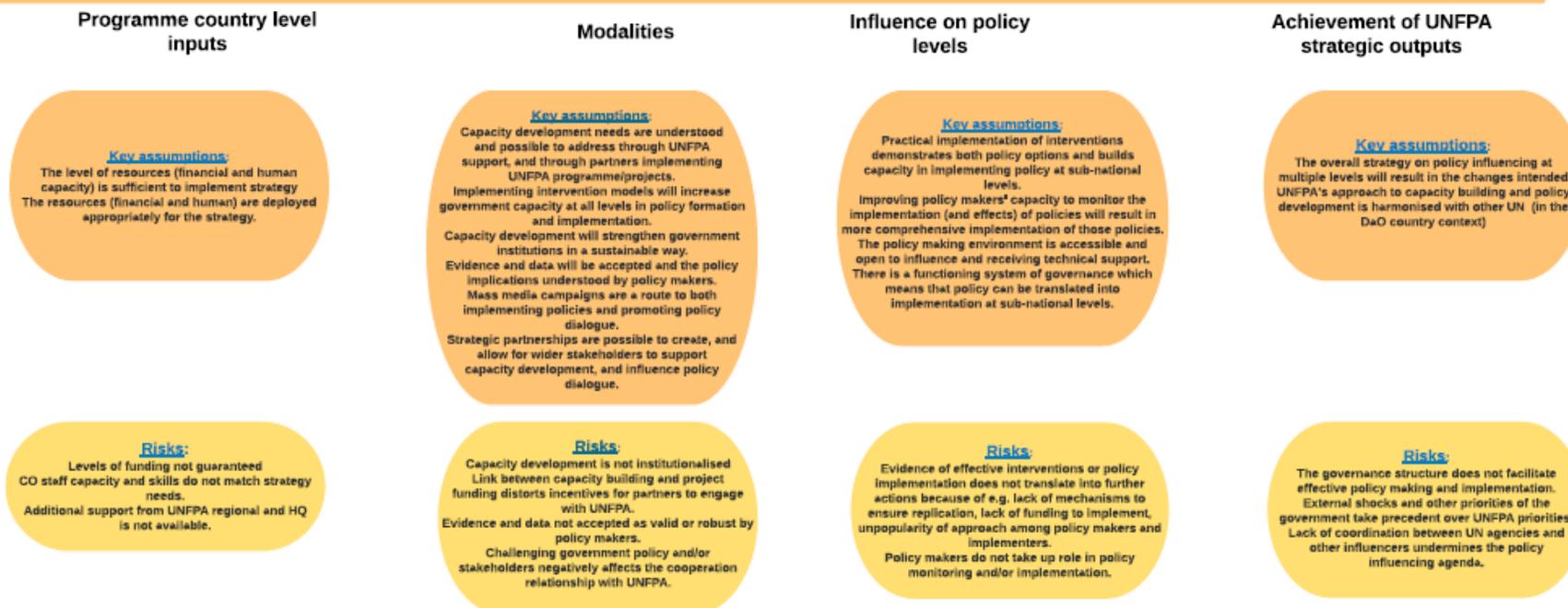
Investing in the policy environment will result in key changes that are strategic to UNFPA's goal. This includes supporting the building blocks of effective policy such as quality evidence of what works at implementation level, and generating data needed to inform policy decisions. With increased dialogue on policy with government and wider stakeholders, policy will be developed in wider consultation, and with robust evidence, which will lead to better designed policies, especially reaching more of vulnerable people, young people.



Theory of Change Risks and Assumptions

UNFPA country programme(s) Viet Nam (Pink country)
Overall Country Programme Approach and Results (Theory of Change)

Investing in the policy environment will result in key changes that are strategic to UNFPA's goal. This includes supporting the building blocks of effective policy such as quality evidence of what works at implementation level, and generating data needed to inform policy decisions. With increased dialogue on policy with government and wider stakeholders, policy will be developed in wider consultation, and with robust evidence, which will lead to better designed policies, especially reaching more of vulnerable people, young people.



Annex 3: Stakeholders met during the evaluation

Stakeholders	Role	Organisation
Ms. Quach Thu Trang	Deputy	CCIHP
GACA members		CGACA
Mr. Dao Xuan Quang	Senior Officer	CGACA/MPI
Ms. Nguyen Van Anh	Director	CSAGA
Ms. Nguyen Thanh Mai	NPD	GSO
Mr. Nguyen Hoang Ha	Programme Officer	ILO
Mr. Edmund Attridge	International consultant for ASPD	Independent
Ms. Nguyen Thu Anh		Independent
Mr Jobst Koehler	Deputy and Head of Programme and Project Development and Implementation Unit	IOM
Ms. Nguyen Thu Giang	Vice Director	LIGHT
Ms. Luu Thu Hong	Director of Department of Mother and Children	MOH
Ms. Ha Vice and 4 officers	Director of Personnel Arrangements	MOH
Ms. Phan Le Thu Hang	Deputy	MOH
Ms. Bui Thi Thu Thuy	Project Accountant	MOHA
Ms. Luong Thi Hai Anh	Project Coordinator	MOHA
Mr. Vu Dang Minh, NPD	Director of the <i>Department</i> of Youth Affairs	MOHA
	NPD, Project Coordinator, Accountant	MOLISA
Mr. Tran Van Thao	Senior officer	MOSCT
Ms. Nguyen Thu Ha	Senior officer	MOSCT
Ms. Nguyen Yen Hai	Deputy Director General, Foreign Economic Relations Department	MPI
Mr. Nguyen Duc Thu	Deputy	PCSA
Ms. Patricia Fernandez-Pacheco	RBM Specialist, Resident Coordinator's Office	UN
Ms. Pratibha Mehta	UN Resident Coordinator	UN
Ms. Shoko Ishikawa	Country Representative	UN Women
Ms. Vu Phuong Ly	Programme Specialist	UN Women
Ms. Kristan Schoultz	Country Director	UNAIDS
Mr. Nguyen Tien Phong	Senior Programme Officer	UNDP
	Education & Communications experts	UNESCO
Mr. Duong Van Dat	Senior Management Team, Team leader of SRH team	UNFPA
Mr. Ha Huu Toan	Programme officer (SRH)	UNFPA
Mr. Le Bach Duong	Senior Management Team, Population & Development	UNFPA
Mr. Nguyen Hai Dat	Programme officer (Gender)	UNFPA
Mr. Nguyen Xuan Hong	Programme Officer (RBM, Oversight, Coordination)	UNFPA
Ms. Dao Nguyet Minh	Operations and Financial Management	UNFPA
Ms. Do Thu Ha	Senior Management Team, Operations and	UNFPA

Stakeholders	Role	Organisation
	Financial Management	
Ms. Ha Thi Quynh Anh	Gender	UNFPA
Ms. Le My Linh	Operations and Financial Management	UNFPA
Ms. Le Thi Phuong Mai	Population & Development	UNFPA
Ms. Le Thi Thanh Huyen	Programme Officer (SRH)	UNFPA
Ms. Ngo Thi Khanh,	Programme Officer (SRH)	UNFPA
Ms. Nguyen Duc Cuong	Operations and Financial Management	UNFPA
Ms. Nguyen Ngoc Quynh	Population & Development	UNFPA
Ms. Nguyen Quynh Trang	Population & Development	UNFPA
Ms. Phan Thi Le Mai	Programme Officer (SRH)	UNFPA
Ms. Phan Thu Hien	Senior Management Team, Gender	UNFPA
Ms. Ritsu Nacken	Country Representative a.i.	UNFPA
Mr. Jesper Moller	Deputy Representative	UNICEF
Mr. Nguyen Huy Du	Maternal and Neonatal Specialist	UNICEF
Ms. Nguyen Tuyet Mai	Senior Officer	VFU
Ms. Pham Thu Huong	Senior Officer	VWU
Mr. Lokky Wai	WHO Representative	WHO
Mr. Le Minh Sang	Environmental Management Specialist	World Bank
Michel Welmond	Lead Education Specialist	World Bank

List of CPE reference group members

List of CPE reference group members	List of CPE reference group members	List of CPE reference group members
Ms. Ritsu Nacken	Deputy Representative/Officer-in-Charge Vietnam Country Office (chair of the CPE reference group)	UNFPA, Viet Nam
Ms. Valeria Carou-Jones (will be confirmed as a member)	Evaluation Specialist	UNFPA/HQ, Evaluation Office, NY
Mr. Nguyen Xuan Hong	M&E officer (CPE evaluation manager)	UNFPA, Viet Nam
Ms. Nassrin Farzaneh	Senior M&E Advisor	UNFPA, - Asia & the Pacific Regional Office (APRO), Thailand
Ms. Narita, Eiko	Programme adviser	UNFPA, - Asia & the Pacific Regional Office (APRO), Thailand
Ms. Patricia Fernandez-Pacheco	Results Based Management Specialist (chair of one UN RBM working group)	Office of the UN Resident Coordinator, Viet Nam
Ms. Nguyen Yen Hai	Deputy Director General of Dept. of Foreign Economic Relations (FERD), co-chair.	Ministry of Planning and Investment (MPI), Viet Nam
Mr. Dao Xuan Quang	Principle official, Dept. of FERD (FERD)	Ministry of Planning and Investment (MPI), Viet Nam
Dr. Hoang Thi Bang	Senior Programme officer (MCH)	WHO, Viet Nam
Mr. Mohamed Cisse	Chief of CSD	UNICEF, Viet Nam
Dr. Nguyen Huy Du	MNCH Specialist	UNICEF, Viet Nam
Ms. Vu Phuong Ly	Programme Specialist.	UN Women, Viet Nam
Ms. Do Thu Ha	Operations manager	UNFPA, Viet Nam
Mr. Le Bach Duong	Team leader of P&D team	UNFPA, Viet Nam
Mr. Duong Van Dat	Team leader of SRH team	UNFPA, Viet Nam
Ms. Phan Thu Hien	Team leader of Gender team	UNFPA, Viet Nam

Annex 4: UNFPA Country Office Matrix (OP, CCPD, SP)

One Plan, 2012 - 2016 UNFPA 2014-2017 SP Outcome / Output	Focus Area 1 <i>Inclusive, Equitable & Sustainable Growth</i>	Focus Area 2 <i>Access to Quality Essential Services and Social Protection</i>							Focus Area 3 <i>Governance & Participation</i>	MPI/GACA Project	PCA			
	OP 1.1 SP Outcome 4 <i>Evidence Based Development policies</i>	OP 2.1 SP Outcome 4 <i>Social Protection</i>	OP 2.2 SP Outcome 1 <i>Health</i>	OP 2.2 SP Outcome 4 <i>Health</i>				OP 2.4 SP Outcome 3 <i>Gender Equality & HIV</i>	OP 2.4 SP Outcome 3 <i>Gender Equality & HIV</i>	OP 2.4 SP Outcome 4 <i>Gender Equality & HIV</i>	OP 3.1 SP Outcome 4 <i>Elected bodies & Legislative process</i>			
	OP 1.1.1 (SP Output 12) <i>Strengthened capacities for development planning & decision making.</i>	OP 2.1.1 (SP Output 14) <i>Evidence for formulation, monitoring, evaluation of social protection policy.</i>	OP 2.2.1 (SP Output 1) <i>Human & Animal Health information system & generation of evidence.</i>	OP 2.2.4 (SP Output 15) <i>Gender-sensitive package of nutrition, sexual, reproductive, adolescent, maternal, neonatal, and child health care and services.</i>				OP 2.4.3 (SP Output 10) <i>Gender inequality & inequity, gender discrimination & gender-based violence.</i>	OP 2.4.4 (SP Output 10) <i>Comprehensive evidence based planning, budgeting, M&E for sustainable response to gender inequality, inequity, discrimination & gender based-violence.</i>	OP 2.4.1 (SP Output 14) <i>Evidence- informed responses to address HIV stigma, discrimination, inequality and inequity.</i>	OP 3.1.1 (SP Output 15) <i>High quality research and data to guide their legislative duties.</i>			
CCPD Result vs. SP outcome/ SP output	Result 1 High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide. [Data] [SP4/12]	Result 2 Implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate national/sub-national policy and strategy [Elderly] [SP4/14]	Result 3 MOH capacity is increased for health system strengthening, including for a comprehensive HMS and competency based human resources strategy specifically targeted towards ethnic minority populations. [HSS] [SP1/1]	Result 4 Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities [SRH/Youth] [SP4/15]				Result 6 A national response is developed to address SRB imbalance, using a culturally sensitive approach. [SRB, GBV] [SP3/10]	Result 7 A minimum comprehensive package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lessons learnt from pilot models. [GBV] [SP3/10]	Result 5 Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers [HIV/SW] [SP4/14]	Result 8 National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation. [Pol. Advo.] [SP4/15]	Program Mgmt and Coord. Support for all Results	Programme Coordination Assistance	
ATLAS PROJECT	VNM8U701	VNM8U702	VNM8U103	VNM8U104				VNM8U506	VNM8U507	VNM8U105	VNM8U708	VNM8U109	VNM8A100	
Fund/MPTF Project #	FPA90/ADB43 [#84224]			FPA90/ADB39 [#84222]				FPA90/ADB38 [#83218]	FPA90/ADB38 [#83218]	FPA90/ADB38 [#83218]	FPA90/ADB40 [#86184]			
JPGs	Economic Growth & Decent Work	Social Protection	Health (UNFPA as Alternate)				Gender (UNFPA as Alternate)		HIV	Governance				
JPG (UNFPA)	P. Mai	Quynh	Dat, Le Mai, Huyen, Toan				Hien, Q. Anh, Hai Dat		D.V. Dat	Trang	D.V. Dat/Ha	Ha		
JPG (UNFPA)	DataDev WG (convener)		HSS (alternate)	RMNCH WG (convener)				GBV WG (convener)		HIV Prev. WG (convener)				
DPOs	GSO/MPI (MOH)	BEN TRE (*) (MOLISA, MOH, SO, HD)	QUANG BINH (MOH)	MOH	MOHA	NINH THUAN	KON TUM	SOCIAL ORG. (*)	HAI DUONG (*)	MOCST (HD, BT)	MOLISA (*) (MOH)	PCSA	MPI/GACA	UNFPA Execution
Part. IPs								(MOLISA, MOCST, MOH, BT)						
DPO Code	VNM8P01	VNM8P10	VNM8P09	VNM8P02	VNM8P03			VNM8P07	VNM8P08	VNM8P05	VNM8P04	VNM8P06	VNM8P11	
IP Code	PGVN08	PGVN07	PGVN23	PGVN18	PGVN19	PGVN17	PGVN04	PN4282	PGVN21	PGVN14	PGVN22	PGVN20	PGVN11	
Lead POs	P. Mai	Quynh	Huyen	L. Mai	Toan	L. Mai	L. Mai	Hai Dat	Hai Dat	Q. Anh	Duc Anh	Trang	Dat/Ha	Ha
TLs	Duong	Duong	D.V. Dat	D.V. Dat	D.V. Dat	D.V. Dat	D.V.	Hien	Hien	Hien	D.V. Dat	Duong		
FA	LINH	MINH	CUONG	CUONG	MINH	LINH	MINH	LINH	LINH	CUONG	CUONG	MINH	LINH	LINH
All UNFPA Staff (SRH, PD, Gender, SMT, Operation/Finance, RBM/M&E)														

One UN in Viet Nam (Qao)

UNFPA Country Office

Annex 5: UNFPA Country Programme Outputs and Outcomes

	Project	CCPD Results	Outputs	Outcomes	Goal
Population dynamics (Population and Development)	Support for the implementation of the Viet Nam Statistical Development Strategy in the period 2011-2020 and utilization of population information in development planning and programming (PGVNo8) Project (VNM8U701 - GSO/MPI)	CCPD Result 1: High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide	OP Output 1.1.1: Strengthened capacities of data producers, providers and users for evidence-based socio-economic development planning and monitoring	OP Outcome 1.1: Key national institutions formulate and monitor people-centred, 'green' and evidence-based socio-economic development policies to ensure the quality of growth in Viet Nam as a middle-income country	OP Focus Area 1: Inclusive, Equitable & Sustainable Growth
			SP Output 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings	SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	UNFPA Goal: Achieve universal access to sexual and reproductive health...
	Prevention of Domestic Violence and Promotion of Care for the Elderly in Ben Tre Province PGVNo7 Project (VNM8U702 Ben Tre)	CCPD Result 2: Evidence on policy-implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate national/sub-national policy and strategy	OP Output 2.1.1: High-quality evidence is available for use by decision-makers to inform the formulation, monitoring and evaluation of social protection related legislation and policy	OP Outcome 2.1: A more effective national social protection system provides increased coverage, quality, and equitable access for the most vulnerable and disadvantaged groups	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
			SP Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development	SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	UNFPA Goal: Achieve universal access to sexual and reproductive health...
	Strengthen the capacity of law and policy makers in policy advocacy, appraisal and oversight of laws and policies in the areas of population, reproductive health and gender equality (PGVNo20) Project (VNM8U708 - PCSA)	CCPD Result 8: National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation.	OP Output 3.1.1: Elected bodies benefit from enhanced knowledge generation and knowledge management to access high-quality research and data to guide their legislative duties	OP Outcome 3.1: Elected bodies are better able to formulate laws and oversee the performance of State agencies and represent the aspirations of the Vietnamese people, especially women, ethnic minorities and other vulnerable and disadvantaged groups	OP Focus Area 3: Governance and Participation
			SP Output 15: Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings	SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	UNFPA Goal: Achieve universal access to sexual and reproductive health...

	Project	CCPD Results	Outputs	Outcomes	Goal
Reproductive health	Support the Ministry of Health in Effective Implementation of the National Strategy for Population and Reproductive Health in Viet Nam, period 2011-2020 (PGVN18) Project (VNMSU104 - MOH)	CCPD Result 4: Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities	OP Output 2.2.4: National and subnational capacities enhanced to strengthen evidence, and improve universal access to and utilization of a quality and gender-sensitive package of nutrition and sexual, reproductive, adolescent, maternal, neonatal, and child health care and services	OP Outcome 2.4: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
	Capacity Support for the Implementation of National Youth Development Strategy 2011-2020 (PGVN19) Project (VNMSU104 - MOHA)				
	Ninh Thuan Child Friendly Project (with support for maternal health) PGVN17 Project (VNMSU104 - Ninh Thuan)		SP Output 15: Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings	SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	UNFPA Goal: Achieve universal access to sexual and reproductive health...
	Kon Tum Child Friendly Project (with support for maternal health) PGVNo4 Project (VNMSU104 - Kon Tum)				
	Support the Ministry of Labour, War Invalids and Social Affairs (MOLISA) to address emerging social and health issues of specific vulnerable populations (PGVN22) Project (VNMSU105 - MOLISA)	CCPD Result 5: Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers	OP Output 2.4.1: National HIV legal and policy frameworks strengthened to guide evidence-informed responses that effectively address stigma, discrimination, inequality and inequity	OP Outcome 2.4: National and sub-national institutions, in partnership with communities, more actively address inequalities through implementation and monitoring of laws, policies and programmes that promote gender equality and women's empowerment, and an effective and sustainable response to HIV, reducing stigma and discrimination.	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
			SP Output 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development	SP Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	UNFPA Goal: Achieve universal access to sexual and reproductive health...
	Strengthening the Quang Binh health system to improve universal access to Reproductive Health/Family Planning (RH/FP) for Quang Binh people, especially among vulnerable groups (PGVN23) Project (VNMSU103 - Quang Binh)	CCPD Result 3: MOH capacity is increased for health system strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations	OP Output 2.2.1: Policy advice and technical support are provided to strengthen the building blocks of human and animal health systems, including information systems and the generation of evidence, at national and local levels	OP Outcome 2.2: Increased quality and effective management of a comprehensive national health system, including health promotion and health protection, with a focus on ensuring more equitable access for the most vulnerable and disadvantaged groups	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
	SP Output 1: Increased national capacity to deliver integrated sexual and reproductive health services		SP Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	UNFPA Goal: Achieve universal access to sexual and reproductive health...	

	Project	CCPD Results	Related outputs (SP)	Outcomes	Goals
Gender equality	Prevention of Domestic Violence , Addressing Imbalanced Sex Ratio at Birth and Care for the Elderly in Hai Duong Province (PGVN 21) Project (VNM8U506 - Hai Duong)	CCPD Result 6: A national response is developed to address SRB imbalance, using a culturally sensitive approach	OP Output 2.4.3: Gender-related legal and policy frameworks, programmes and practices strengthened to effectively address gender inequality and inequity, gender discrimination and gender-based violence	OP Outcome 2.4: National and sub-national institutions, in partnership with communities, more actively address inequalities through implementation and monitoring of laws, policies and programmes that promote gender equality and women's empowerment, and an effective and sustainable response to HIV, reducing stigma and discrimination.	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
	Enhance the capacity of Vietnam Social Organizations in response to gender based violence and emerging population issues (PN4282) Project (VNM8U506 -SO/PU)		SP Output 10: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multi sectoral services, including in humanitarian settings	SP Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	UNFPA Goal: Achieve universal access to sexual and reproductive health...
	Development of a national response to domestic violence (PGVN14) Project (VNM8U507 - MOCST)	CCPD Result 7: A minimum comprehensive package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lesson learnt from pilot models	OP Output 2.4.4: Multisectoral coordination mechanisms effectively guide comprehensive, evidence-based planning, budgeting, monitoring and evaluation for a sustainable response to gender inequality, inequity, discrimination and gender-based violence	OP Outcome 2.4: National and sub-national institutions, in partnership with communities, more actively address inequalities through implementation and monitoring of laws, policies and programmes that promote gender equality and women's empowerment, and an effective and sustainable response to HIV, reducing stigma and discrimination.	OP Focus Area 2: Access to Quality Essential Social Services and Social Protection
			SP Output 10: Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence	SP Outcome 3: SP Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	UNFPA Goal: Achieve universal access to sexual and reproductive health...

Annex 6: Evaluation and Evidence Matrix

EQ1: To what extent has UNFPA support been adapted to the needs of the population; and (ii) was it in line with the priorities set by the national policy frameworks?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>The needs of the population, in particular those of vulnerable groups, were well taken into account during the programming process</p>	<ul style="list-style-type: none"> Evidence of a comprehensive identification of the needs as part of the design of CP8, and during its implementation resulting in revisions as appropriate and required. The choice of target groups for UNFPA supported interventions in the three components of the programme is consistent with identified needs as well as national priorities in the CCPD. Extent to which the interventions planned in the Annual Workplans (in the three components of the programme) were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups in a prioritized manner. 	<ul style="list-style-type: none"> CPPD and One Plan Annual Workplans National policy/strategy documents Needs assessment studies and situation analyses (commissioned by UNFPA and external documents) Country Office Annual Reports (COARs) CP8 MTR Business cases (if available) 	<ul style="list-style-type: none"> Document analysis Interviews with UNFPA CO staff Interviews with implementing partners and external stakeholders Interviews/Focus groups with final beneficiaries
<p>Evidence of a comprehensive identification of the needs as part of the design of CP8, and during its implementation resulting in revisions as appropriate and required</p> <ul style="list-style-type: none"> Based on data of Viet Nam (thru GSO data system) Based on international convention agreement (for example MMR, gender equality, infant mortality rate) Based on discussion with the implementation partners and MPI/GACA Based on policy framework: SEDP, action plan, law on GE, GBV, law on youth, law on population 			

- Baseline: Ben Tre and Hai Duong: baseline for DV were available, no figure for elderly except the population proportion, no figure for SRB in specific except the SRB in general.
- Quang Binh project: There is no baseline survey. The first phase of the project was designed based on: 1) Data from Census 2009; 2) Report of the MCH Department, MOH, 2011; 3) Strategic plan for development of the health system in Quang Binh 2011 – 2020; 4) Provincial action plan for implementation of the strategies on Population and RH 2011 – 2020. The second phase of the project was designed based on the findings of “Initial investigation of unmet needs for safe motherhood and contraception in effective cost analysis of the intervention model in Quang Binh province”.
- Kon Tum Child Friendly Project (joined project with UNICEF): Safe motherhood component was designed based on the final evaluation of cycle 2006 – 2010.
- Ninh Thuan Child Friendly Project (joined project with UNICEF) was designed based on the findings of the 2011 ‘Situation Analysis of the Children in Ninh Thuan Province’ and UNFPA-supported end-line survey 2011.
- However except baseline surveys, all discussion with the Gov and other agencies on the needs of the Gov/community were not documented

The choice of target groups for UNFPA supported interventions in the three components of the programme is consistent with identified needs as well as national priorities in the CCPD.

- EM, youth, GBV/DV victim, gender 15-49, older people, male reproductive health, sex worker, migrant, people in general.
- MSM is an emerging issue in the last 5 year and there's no evidence captured that UNFPA has realized the issue. May not be prioritized to intervene/address and need to aware. According to the Integrated Biological and Behavioural Surveillance round II in 2012, the HIV prevalence among MSM group is high at over 10%. Their STI prevalence other than HIV also ranging from 7.5-21.5%, while the consistent condom use is low under 50% in all cities.
- Align with the SP, CCPD, SEDP in term of target groups (bull eye's model)
- However the number of targeted groups seem large, but because UNFPA strategy in this cycle is upstream policy advocacy, the # of beneficiaries very much depends on quality of policy implementation.

Extent to which the interventions planned in the Annual Workplans (in the three components of the programme) were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups in a prioritized manner.

- interventions in the workplans align with the CCPD

The objectives and strategies of the three components of the programme are consistent with the priorities put forward in the One Plan, in relevant national strategies and policies and in

- The objectives and strategies of the CCPD and the Annual Workplans in the three components of the programme are in line with the goals and priorities set in the One Plan

- CPPD
- One Plan
- Annual Workplans and COARs

- Documentary analysis
- Interviews with UNFPA CO staff

<p>the UNFPA strategic plan</p>	<ul style="list-style-type: none"> • ICPD goals are reflected in the P&D component of the programme • The CCPD (in its three components) aims at the development of national capacities • Extent to which South-South cooperation has been mainstreamed in the country programme • Extent to which specific attention has been paid to the youth in the three components of the programme • Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies • Extent to which the objectives and strategies of the CCPD (both initial and revised) have been discussed and agreed upon with the national partners 	<ul style="list-style-type: none"> • National policies and strategies • UNFPA strategic plan 	
<p>The objectives and strategies of the CCPD and the Annual Workplans in the three components of the programme are in line with the goals and priorities set in the One Plan</p> <ul style="list-style-type: none"> • Among all outputs and outcomes of the One Plan, UNFPA has taken a number of outputs, some solely tackled, some joint with other agencies <p>ICPD goals are reflected in the P&D component of the programme</p> <ul style="list-style-type: none"> • Since the CCPD was developed in 2011, ICPD 1994 was reviewed as the benchmark. The ICPD 1994 objectives and goals include: sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health. ICPD therefore covers all 3 components of the programme rather than only P&D. • ICPD took human right as the core of all aspects of population programmes. The P&D in specific has 3 projects aiming at data generation, evidence generation, and capacity building to the high ranking officers. The rights-based approach is clear in one of the projects, but vague in the other 2 projects. • The ICPD required an integration of population and development strategies, which is reflected P&D component: data generation to support planning, M&E key population policies and strategies; evidence on policy - implementation gaps by developing the 			

intergeneration clubs; and building capacity for elected bodies to develop and oversee the policies.

The CCPD (in its three components) aims at the development of national capacities

- The CB activities are evident in all 3 components. Staffs at provincial level responded that they're able to develop the project plan, implement, monitor, management in general. Not only thru trainings in specific but also learn from working with UNFPA.
- At national level: a number of gov. agencies appreciated the CB support: monitoring tool sets were developed by Gov stakeholder. Another gov partner co-chaired the National Consultation Workshop on SRH/FP Priorities Post 2015 and RHAG quarterly meetings. National standards and guidelines of SRH: before UNFPA was the significant player, now gov ministry leading all activities including meeting, group working, field test... Gov agency together with UNFPA to develop the monitoring tool set on implementation of law on elderly and law on domestic violence prevention and control for the elected officials in term of GBV

Extent to which South-South cooperation has been mainstreamed in the country programme

- Study tours, regional conference attendance (Provincial and national staff attended Asia pacific conference on reproductive and sexual health and rights in the Philippines, Thailand, Malaysia...)
- Learning good model from Malaysia on Maternal Death Surveillance & Response: Organizing study tour to Malaysia and inviting expert to Viet Nam to share experiences.

Extent to which specific attention has been paid to the youth in the three components of the programme

- Youth is highly paid attention in all 3 components. Youth is beneficiary in the components: SRH: MOHA, Quang Binh; GE: MOCST; PD: GSO, let alone youth is cross cutting theme in the other projects (DV, elderly care...). Youth lead the initiatives to propose to UNFPA to seek for support.

Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies AND Extent to which the objectives and strategies of the CCPD (both initial and revised) have been discussed and agreed upon with the national partners

- Gov partner confirmed the close collaboration in the design phase to make sure that the country's priorities are addressed in UNFPA program. Priorities not only proposed by gov side but also from UNFPA.
- Gov partner and UNFPA together develop the SRH 10 year strategies, 5 year plan, priorities workshop (SRH/FP Priorities Post 2015: 1. Safe motherhood and newborn care; 2. SRH care for young/unmarried people; 3. Family planning; 4. Reproductive cancer; 5. Cross cutting issues related to RH and FP)
- Community needs vs government needs: while the context analysis was presented in the CCPD and gov stakeholder confirmed the agreement between UNFPA and the Gov on the issues to work on during this cycle, there's no document reflected the issues were consulted with different stakeholders (other UN agencies, INGOs, local NGOs, CBOs, external consultants, self-help networks/groups, etc) to obtain diverse perspectives on the high-profile issues needed to address, especially ones that the Gov did not aware of. The ASPD is therefore necessary and considered as advanced action to prepare for the next cycle. Reviewing the ASPD, there are a number of issues that were missed to address in this cycle: early marriage, population dynamics in relation with climate change. It's obvious that

with limited budget (and expected to become more limited in the next cycle), UNFPA is not able to address/tackle all issues/needs, and however, it is needed to be aware of the needs

EQ2: To what extent has the country office been able to respond to changes in the national context, such as changes in needs of vulnerable groups, and priorities or to shifts caused by a rapidly changing socio-economic situation?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>The country office has been able to adequately respond to changes that occurred in the national context.</p>	<ul style="list-style-type: none"> • Quickness of the CO response • CO capacity to reorient/adjust the objectives of the CCPD and the Annual Workplans • Extent to which the response was adapted to emerging needs, demands and national priorities • Extent to which the reallocation of funds towards new activities is justified • Extent to which the CO has managed to ensure continuity in the pursuit of the initial objectives of the CCPD while responding to emerging needs and demands 	<ul style="list-style-type: none"> • CCPD • Annual Workplans • Country office staff • UNCT • Final beneficiaries 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interviews with other UN agencies • Interviews/focus groups with final beneficiaries

Quickness of the CO response AND Extent to which the response was adapted to emerging needs, demands and national priorities

- Through a monitoring visit joint by vice minister of health and the then country rep, the high ratio of mother mortality was realized and was tackled into action by prioritized EMM.
- UNFPA took lead in responding the draft of the population law, in which the organization gathered feedbacks from different scientists and activists to submit to the minister of MOH, and conducted a workshop with the Fatherland Front to debate three issues on the draft law: 1) Birth control approach to population management 2) Restriction to abortion from 12 weeks gestation 3) Quality of population with stipulation on pre-natal and pre-marriage screening. The organization advised the Gov to revise the draft to ensure the right based approach.

CO capacity to reorient/adjust the objectives of the CCPD and the Annual Workplans AND Extent to which the CO has

	<p>managed to ensure continuity in the pursuit of the initial objectives of the CCPD while responding to emerging needs and demands</p> <ul style="list-style-type: none"> • With regards to the SRH priorities, UNFPA together with gov stakeholder conducted a workshop to identify 5 priorities and develop the 5 year plan based on the 10 year strategy • A MTR was conducted to review the programme and to adjust activities by setting priorities of the program. • A number of partners expect to work more effectively with UNFPA in term of adjusting the workplans. E.g. A national partner “They push activities to be the way they want for example we want to move from October to November, and we need to negotiate in terms of design” • Province: after reviewing the project results, the CO decided to reorient to address the unmet needs. A need assessment was conducted to inform the design in the 2nd phase. However, it shows that the baseline need assessment wasn't taken in the initial design. Besides, the need assessment and redesign activity took so long time that the project restarted in mid-2015. <p>Extent to which the reallocation of funds towards new activities is justified</p> <ul style="list-style-type: none"> • No documentation of decision making in regards to reallocation of funds identified. 			
Effectiveness	<p>EQ3: To what extent have UNFPA-supported interventions in the field of population and development been effective in strengthening the national policies through integration of evidence-based analysis on population dynamics and their links to national sustainable development targets?</p>			
	<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>
	<p>UNFPA contributed to the increased availability of high quality data, disaggregated by sex and demographic factors.</p>	<ul style="list-style-type: none"> • Extent to which new survey data is collected and compiled at national level 	<ul style="list-style-type: none"> • Project annual reports • Survey data e.g. Inter-censal Population and Housing Survey (IPS), Population and Family Planning Change Survey, Maternal Mortality, Internal Migration etc. 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interviews with implementing partners and external stakeholders
	<ul style="list-style-type: none"> • Data production is highly appreciated by different partners. However, it is evident that data dissemination is still limited, not systematic. Discussion with Gov stakeholder showed that not all data are published but when specific clients request data, even raw data. UN partner also thinks that the data dissemination is not effective enough. Gov dept collaborates with some international 			

organizations to provide data for the international network.

- Data production is expected to have better collaboration with other UN agencies, such as WHO (projection of older people, migrants, and birth rate) and UNICEF (the MICS study)

UNFPA supported its partners in developing their capacity to use data for planning, monitoring and evaluation of key population and social development policies and strategies, at national and sub-national levels nationwide.

- Extent to which data is analysed and used by national implementing partners to inform policy and strategy development
- Progress on the implementation at provincial levels of the National Action Programme on Elderly People in Viet Nam
- Number and quality of policy advocacy documents, and the level to which they are informed by evidence
- Progress on the Law on Population through the legislature process, and the development of monitoring and other supporting documents for existing laws (e.g. Guidelines and Oversight tool documents for Law on Domestic Violence Prevention & Control and Law on Elderly)

- Project annual reports
- National strategy and policy documents including drafts
- Survey analysis reports e.g. Major Finding Report of national data etc. published by national partners

Extent to which data is analysed and used by national implementing partners to inform policy and strategy development

- Key findings and indicators (population, fertility mortality and migration, SRB, aging, gender) of the inter-censal population survey (IPS) are timely used for development of the report on direction on new cycle Socio-Economic Development Plan (SEDP), 2016-2020, final MDGs reporting and discussion on the post 2015 agenda. Availability of the final draft of the training plan for GSO system period 2015-2020 and selected the applied statistics textbook for use at universities and colleges teaching statistics subject appropriate for the MIC country context. The final draft manual on integration of population variables into development planning is for training in year 2015, and the final draft NTA manual for study on population and development. Key findings of the study on "Economic Growth in Viet Nam: Role of Labour Shift and Productivity by Age Group" provided inputs to development of the report on direction for SEDP. Policy makers and drafting team on report on direction for SEDP development are equipped with knowledge on emerging population and development issues in Viet Nam for integration of these issues in the report. The exchanges/visits to Philippines and South Korea conducted for leaders and managers of Development Strategy Institute of the Ministry of Planning and Investment to increase the integration population variables into the national development plans.

- Gov stakeholder together with UNFPA to issue the brief of SRB to inform the situation to the elected officials
- Due to the limited dissemination, the use of data is also limited. UNFPA national implementing partners are built capacity thru the programs (even for more than 1 cycles), however it's challenging in informing/advocating the policy makers in using data to develop policy/strategies. E.g. Population law

Progress on the implementation at provincial levels of the National Action Programme on Elderly People in Viet Nam

- The project aimed to build capacity of the provincial staffs, ME system, coordination mechanism on elderly, and intergenerational club model to promote the role of the elderly in the community. The intergeneration club model has been piloted since beginning of the cycle with 6 clubs in 6 communes (2 districts).
- Part of the project was cut due to the decline in budget funding towards the end of the cycle, therefore the team was not able to assess cost effective analysis component.

Number and quality of policy advocacy documents, and the level to which they are informed by evidence

- A number of quality policy advocacy documents have been produced. See the Docs shared by UNFPA. Other UN agencies highly appreciated these data/study (particularly UN agencies)

EQ4: To what extent have UNFPA-supported interventions in the field of sexual reproductive health (SRH) been effective in addressing the needs of young people, the issues of SRH, reproductive rights, family planning, HIV in the relevant national policies?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Comprehensive, gender-sensitive, high-quality reproductive health services are in place and accessible in underserved areas with a focus on young people and vulnerable groups	<ul style="list-style-type: none"> • Ministry of Health capacity (at national and subnational levels) is increased for health systems strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations. • The extent to which evidence based policy options are available to government partners for replication of universal access to SRH, specifically for vulnerable populations, including young people and ethnic minority populations, 	<ul style="list-style-type: none"> • Implementing partners in Government and NGOs • UNFPA CO staff 	<ul style="list-style-type: none"> • Document review • Interviews with UNFA CO staff • Interviews with implementing partners • Interviews/Focus groups with beneficiaries • Visit to target

	<p>and the provision of SRH, including HIV prevention services to sex workers.</p> <ul style="list-style-type: none"> • Effective linking of HIV, STI and RH services through the development of national guidelines, and subsequent implementation at service level, including specifically, increased multi-sectoral coordination of young people's issues to response to young people' needs including needs for SRH, prevention of HIV and GBV. 		provinces
<p>Ministry of Health capacity (at national and subnational levels) is increased for health systems strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations.</p> <ul style="list-style-type: none"> • Capacity at the national level: with UNFPA support, able to develop new policies with evidence-based. Policies: 5 year national plan (based on the 10 year strategy); national standard and guidelines for RH services (updated version); priority identification workshop for SRH after 2015 • Capacity at subnational level: train ethnic minority midwife system; train health staffs on detection of DV, train pharmacies, private clinic providers, peer educators, interactive drama team on SRH for adolescent • Gaps: capacity building activities with pharmacies and private sectors were reported to be cut short • No capacity baseline data or measurements <p>The extent to which evidence based policy options are available to government partners for replication of universal access to SRH, specifically for vulnerable populations, including young people and ethnic minority populations, and the provision of SRH, including HIV prevention services to sex workers.</p> <ul style="list-style-type: none"> • SRH team reported that the cost effective analysis was cut after the MTR because (1) the intervention couldn't generate evidence; and (2) budget shrinking • SRH/HIV linkage cost-effective analysis: finalized in 2016 when the cost will be tracked by the technical team <p>Effective linking of HIV, STI and RH services through the development of national guidelines, and subsequent implementation at service level, including specifically, increased multi-sectoral coordination of young people's issues to response to young people' needs including needs for SRH, prevention of HIV and GBV.</p> <ul style="list-style-type: none"> • National guidelines on SRH and HIV was drafted 			

<ul style="list-style-type: none"> • Harm reduction model for sex workers has been piloted. • Supported MOH in developing the model of SRH and HIV linkages • Youth activities 			
<p>UNFPA Reproductive health related interventions have contributed or are likely to contribute to sustainable effects</p>	<ul style="list-style-type: none"> • The level of increased demand and knowledge of SRH services among target populations. • National ownership of policies and interventions is apparent through dedicated SRH budget lines, and evidence of leadership at national level in planning and implementing programmes on SRH. 	<ul style="list-style-type: none"> • Implementing partners in Government and NGOs • UNFPA CO staff • Community level beneficiaries 	<ul style="list-style-type: none"> •
<p>The level of increased demand and knowledge of SRH services among target populations.</p> <ul style="list-style-type: none"> • Extra-curriculum activities on SRH were conducted in province project high schools and a university • Province level interactive drama team • Youth: project integrated SRH into the vocational schools curriculum, dialogue with youth, initiatives proposed by youth to get support from UNFPA. • Province: integrated communication activities on DV and SRH to women • Province: set up professional referral system <p>National ownership of policies and interventions is apparent through dedicated SRH budget lines, and evidence of leadership at national level in planning and implementing programmes on SRH.</p> <ul style="list-style-type: none"> • Policies have been developed: guidelines, circulars.... However policy implementation at sub-national levels is a gap. Ex: 2 provinces have the same intervention, same policy framework, but it's working more effectively in one. 			
<p>EQ5: To what extent have UNFPA-supported interventions in the field of gender been effective in improving responses to gender-based violence and advance gender equality?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>

<p>UNFPA interventions contributed to expanded responses to gender-based violence, particularly domestic violence through improved policies and legal frameworks based on evidence from pilot models, and SRB imbalance using a culturally sensitive approach.</p>	<ul style="list-style-type: none"> • Capacities of the national institutions and NGOs in GBV prevention are developed • Extent to which national partners developed policies and strategies to prevent GBV based on evidence of the policy-implementation gaps in the social protection system for vulnerable populations • Progress on the implementation at provincial levels of the National Action Programme on DVP by 2020 • Extent to which policies and strategies on SRB imbalance were developed and implemented • Extent to which pilot models are already being replicated and/or mechanisms are in place to facilitate their replication. 	<ul style="list-style-type: none"> • Parliament Legislative Committee • Joint Programme (UN agencies) • GBV focussed NGOs and institutions • Community members accessing services and information related to domestic violence • Related Key stakeholders participated in advocacy and policy dialogue 	<ul style="list-style-type: none"> • Analysis of related Document • Meeting with NGO activists • Field visit to Ben Tre to visit project on prevention of domestic violence and meeting with service and information providers (men and women) • Group discussion with community members engaged in prevention of DV support and services
<p>Capacities of the national institutions and NGOs in GBV prevention are developed</p> <ul style="list-style-type: none"> • Capacities of the government agencies and NGOs were raised through the capacity training activities, joint campaigns, workshops, and study tours • Gov partner was able to joint prepare the monitoring tool set on DVPC and situation and policy brief on SRB • Provincial staff reported to be able to better design and manage project • At grassroots level, staff reported to participate in different trainings • Province, District and Commune level staff confirmed their awareness on DV was raised • National partners reported chances to learn from Australia, Canada, Sweden, Korea. <p>Extent to which national partners developed policies and strategies to prevent GBV based on evidence of the policy-implementation gaps in the social protection system for vulnerable populations</p> <ul style="list-style-type: none"> • Vice prime minister recently approved the Proposal on "Eliminating DV at rural areas during 2015-2020" on February 2015. The programme is under responsibility of a national partner with technical support of UNFPA 			

Progress on the implementation at provincial levels of the National Action Programme on DVP by 2020

- The progress is hard to measure due to lack of the data. The national study on DV was reported in Nov 2010 and there's not yet any update at national level since then.

Extent to which policies and strategies on SRB imbalance were developed and implemented

- There's not yet been any policy/strategy in specific to address the SRB regardless a lot of actions from UNFPA and others have been taken: policy brief, advocacy activities to convince the Gov on the couples have their own decision of number of children and space to have children.
- Reported a result of a number of communication activities both supported by UNFPA and others, the SRB in province in 2014 reduced 0.66%, from 118.96/100 in 2013 to 118.3/100 in 2014 (project annual report 2014). Data not confirmed anywhere as statistically significant.

Extent to which pilot models are already being replicated and/or mechanisms are in place to facilitate their replication.

- The DV models are being implemented in 6 communes in 2 districts in Ben Tre. There're not yet any evidence of replication in other communes/district within the province. However, the province confirmed their maintenance of the models after this cycle based on the existing coordination mechanism of DV (thru a Steering Committee)
- At national level, GACA intension of model replication was not clear. They concerned the level of effectiveness of the models (in general not only DV ones) to roll out.

EQ6: To what extent has the overall UNFPA’s programme integrated gender and rights-based approaches?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
UNFPA’s programme strategy and components comprehensively integrate gender and rights-based approaches.	<ul style="list-style-type: none"> • Extent to which gender equality and women’s empowerment have been mainstreamed in the country programme • Extent to which gender equality and rights-based approaches are promoted with effect in all activities in the CCPD. 	<ul style="list-style-type: none"> • UNFPA CO staff • Joint Programme (UN agencies) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFA CO staff • Interviews with implementing partners

- The DV models were designed with rights-based approach and align with the UN Recommended Principles and Guidelines on Human Rights and Human Trafficking

	<ul style="list-style-type: none"> Inconsistencies: at local level some individuals gave out messages without rights-based approach Potential conflict of interest with government department reluctant to address issues 			
Efficiency	EQ7: To what extent were the resources (financing instruments, administrative regulatory framework, staff, timing and procedures) used efficiently to achieve the expected programme results?			
	Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
	Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner.	<ul style="list-style-type: none"> The planned resources were received to the foreseen level in Annual Workplans The resources were received in a timely manner 	<ul style="list-style-type: none"> UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries) : MPI/GSO, MOH, MOLISA etc. 	<ul style="list-style-type: none"> Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports
	The resources provided by UNFPA have had a leverage effect.	<ul style="list-style-type: none"> Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners 		<ul style="list-style-type: none"> Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of the programme's implementation
	Administrative and financial procedures as well as the mix of implementation modalities allow for a smooth execution of the programme.	<ul style="list-style-type: none"> Appropriateness of the UNFPA administrative and financial procedures for the implementation Appropriateness of the Implementing Partner selection criteria 		<ul style="list-style-type: none"> Review of financial documents at the UNFPA (from projects' documentation) and interviews with administrative and financial staff.
	<ul style="list-style-type: none"> UNFPA planning has to meet many other stakeholder needs. Perception of some national and provincial stakeholders: complicated administration, delays to payments because of tight reporting turnaround, disagreement about what to prioritise, too many evaluation, monitoring activities 			

- One IP is efficient where partners are already linked. Where they are not linked, One IP doesn't create links (or efficiencies). Impacts on disbursement and reporting (GSO as example)
- Objective of building evidence for policy: are there more ways of getting evidence than doing intervention models? (DV, elderly care models were conducted in other provinces or same province previously)
- Difficult to change activities within project framework: IP has to wait for new annual working plan to get the change approved. (PCSA, Quang Binh)
- Decision making at local and partner level is limited
- Gov put resources in to projects but few examples of triggering additional resources by the government
- Taking long time to implement interventions at the commune/village level

EQ8: What were the constraining and facilitating factors on the achievement of results?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Contextual, external and internal factors impacted on the achievement of results both positively and negatively.	<ul style="list-style-type: none"> • The extent to which contextual, external and internal factors impacted on the achievement of results • Where factors constrained the achievement of results, the extent to which UNFPA Viet Nam anticipated them, and strategized to mitigate their impact • Where factors facilitated the achievement of results, the extent to which UNFPA Viet Nam anticipated them, and maximised opportunities for increasing impact 	<ul style="list-style-type: none"> • UNFPA CO staff • Implementing partners in Government and NGOs • Joint Programme (UN agencies) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFA CO staff • Interviews with implementing partners and wider stakeholders (UN and broader including NGOs)

Constraints

- Power structure and political environment in Viet Nam
- Gaps between national and provincial level government

	<ul style="list-style-type: none"> • Working on so many issues with so many partners • Under the pressure of budget limitations (UN and gov) • Low status of NGOs/CSOs (among gov) • UN coordination constrained by vertical structures and rules <p>Facilitating factors</p> <ul style="list-style-type: none"> • Experienced and passionate team leaders and members • Working UN coordination mechanism: JPG (feedbacks from unicef and WHO) • High ownership of Viet Nameese partners (some with influence so enhances coordination among partners) • Increasing capacity and sophistication of Viet Nameese government and CSOs • Socioeconomic development of the country 			
Sustainability	<p>EQ9: How sustainable are the gains made under this CP in terms of partnerships established, capacities developed, integration of CP activities into the regular country and counterparts' programming?</p>			
	<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>
	<p>The results of UNFPA supported initiatives are likely to last beyond termination of the 8th country programme.</p>	<ul style="list-style-type: none"> • Evidence of the existence of an exit strategy in the strategies relating to projects within the UNFPA country programme, and evidence of a hand-over process from UNFPA to the related to the implementing partners of the related projects. • Extent of ownership of each project by various collaborating groups/bodies (National implementing partners (NGOs, and government bodies)). • Level of financial commitment of the Government (budget allocation) to the beneficiaries of the programme willing to continue the carrying out of activities 	<ul style="list-style-type: none"> • Project strategy document • Field visits • Partners work plans 	<ul style="list-style-type: none"> • Document review • Meetings with Implementing Partners and wider stakeholders at national and subnational levels • Field visits to project sites

		beyond the end of UNFPA support.		
	<ul style="list-style-type: none"> • SRH national guidelines: cost sharing increased on the gov side • Policy advocacy at central level: High potential. Evidence shows UNFPA has advocating impact • But implementation: the context of gap between national and provincial levels • Intervention models: no clear if activities will continue after UNFPA funding. • The sustainability not likely to happen on voluntary basis 			
United Nations Country Team (UNCT) coordination	EQ10: To what extent has the UNFPA CO contributed to good coordination among UN agencies in the country, particularly in view of avoiding potential overlaps?			
	Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
	The UNFPA Country Office has actively contributed to UNCT working groups and joint initiatives, and ensured that it did not duplicate efforts and created synergies where possible with other UN agencies.	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups • Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas • Evidence of exchanges of information between UN agencies • Evidence of joint programming initiatives (planning) • Evidence of joint implementation of programmes 	<ul style="list-style-type: none"> • Minutes of UNCT working groups • Programming documents regarding UNCT joint initiatives • Monitoring/evaluation reports of joint programmes and projects 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interview with the UNRC • Interviews with other UN agencies
Added Value	EQ11: What have been the main comparative strengths of UNFPA in Viet Nam - particularly in comparison to other UN agencies in the support of programme areas?			
	Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection

	<p>UNFPA Country Office identified its comparative strengths and built on these in designing and implementing the Viet Nam country programme.</p>	<ul style="list-style-type: none"> • Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon • The results observed in programmatic areas that have been achieved with UNFPA's contribution are described. • The perceptions of national stakeholders in regard to UNFPA's added value have been collected and used for future. 	<ul style="list-style-type: none"> • CCPD and COARs • UNFPA Viet Nam Strategy • Databases showing results, or analysis of data • Reports from partners and other development agencies 	<ul style="list-style-type: none"> • Interviews with key stakeholders • Document review
	<ul style="list-style-type: none"> • TA is recognised and appreciated • Tackling the most difficult and sensitive issues. E.g.: SRB, youth/adolescents SRH, ethnic minority midwife • Data capacity building and analysis 			

Annex 7: UNFPA Viet Nam CP8 Disbursement rates 2012-2014

Output	Description	2014	2013	2012
OP 1.1.1	High-quality data, disaggregated by age, sex and demographic factors, is available and capacity of MPI/GSO and other line ministries is increased to use such data for planning, monitoring and evaluating key population and social development policies and strategies, at national and sub-national levels nationwide	97.06%	97.02%	98.83%
OP 2.1.1	Evidence on policy-implementation gaps in the social protection system for elderly, young people, migrants and ethnic minorities is available and capacity of MPI and line ministries is increased to use such evidence in appropriate national/sub-national policy and strategy	97.22%	98.61%	87.58%
OP 3.1.1	National and sub-national elected bodies are supported, at national and sub-national levels, to develop evidence based policies and strategies in the areas of population, reproductive health and gender, and oversee their implementation.	99.08%	97.89%	99.49%
Population Development		97.45%	97.50%	97.28%
OP 2.2.1	MOH capacity is increased for health system strengthening, including for a comprehensive HMIS and competency based human resources strategy specifically targeted towards ethnic minority populations.	96.70%	98.82%	92.76%
OP 2.2.4	Evidence based policy options are available for nation-wide replication to promote universal access to sexual and reproductive health, specifically for vulnerable populations, including young people and ethnic minorities	97.10%	97.23%	97.66%
OP 2.4.1	Evidence based policy options are available to government authorities for provision of SRH, including HIV prevention, services to sex workers	95.31%	95.62%	96.86%
SRH		96.70%	97.42%	97.11%
OP 2.4.3	A national response is developed to address SRB imbalance, using a culturally sensitive approach.	98.55%	99.02%	96.21%
OP 2.4.4	A minimum comprehensive package of GBV prevention, care and treatment, protection, and support services is developed based on evidence, best practices and lesson learnt from pilot models.	99.84%	96.58%	94.43%
Gender		98.76%	98.55%	95.98%
Other programmatic areas		97.04%	99.19%	62.30%
Admin, prog support		99.87%	100.05%	99.99%

Annex 8: Project Budget & Expenditure by Year

Project ID	2012		2013		2014	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
VNM8U701	279,400	276,125	717,990	696,616	770,010	747,385
VNM8U702	71,430	62,560	236,000	232,726	299,265	290,951
VNM8U708	468,430	455,691	205,500	201,172	223,203	221,142
VNM8U103	70,750	65,628	603,050	595,920	346,600	335,165
VNM8U104	623,169	608,571	1,234,256	1,200,030	1,425,081	1,383,818
VNM8U105	123,200	119,331	331,900	317,370	408,309	389,152
VNM8U506	490,415	471,843	1,204,612	1,192,788	1,180,273	1,163,192
VNM8U507	72,100	68,086	290,097	280,186	223,761	223,411
	2,198,894	2,127,836	4,823,405	4,716,807	4,876,502	4,754,217

USD Dollars

Source: UNFPA ATLAS Data 2015 [58]

Annex 9: Results of survey on UNFPA's Global Strategy applicability to Viet Nam

Gender equality

OUTPUTS				Are these issues risks to achieving outputs in y			
Do these assumptions hold true in your context?	Yes	Partially	No		Yes	Partially	No
Governments will commit and allocate more domestic resources to GBV and harmful practices interventions	0	1	0	Vertical, non-coordinated programmes among develop ...	1	0	0
[Common understanding of] the policy and political ...	1	0	0	Initiatives do not adequately address underlying s ...	0	1	0
				Increased sociocultural resistance	0	1	0
OUTCOMES				Are these issues risks to achieving outcomes in			
Do these assumptions hold true in your context?	Yes	Partially	No	Yes	Partially	No	
Legislation and policies implemented	0	1	0	Increase in sociocultural and legal barriers	0	0	1
Strengthening protection systems leads to better f	0	1	0	Higher national human resources turnover	1	0	0
Service providers are effective in reaching victim ..	0	1	0	Reduced national ownership of the programm	0	0	1
Men's participation	0	1	0				
Sufficient resources are available to respond to a ..	0	1	0				
STRATEGIC GOALS				Are these issues risks to achieving the strategi			
Do these assumptions hold true in your context?	Yes	Partially	No	Yes	Partially	No	
Peace and security will improve	0	1	0	Social instability/conflicts/crises	1	0	0
Favourable political environment and full civil so ..	0	1	0	Financial crisis	1	0	0
Human and financial resources available througho	0	1	0				

Population dynamics

OUTPUTS							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving outputs in your context?	Yes	Partially	No
Sociocultural and political environment is conducive to the development of policies around population dynamics	3	1	0	Increased barriers on the ability of implementing partners to implement programmes.	1	1	2

OUTCOMES							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving outcomes in your context?	Yes	Partially	No
Governments support incorporation of these priorities into their partnership with UNFPA.	3	1	0	Sociocultural and legal barriers increase; higher national human resources turnover; reduced national ownership of the programme.	1	2	1

STRATEGIC GOALS							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving the strategic goals in your context?	Yes	Partially	No
Peace and security will improve	3	1	0	Social instability/conflicts/crises	0	1	3
Favourable political environment and full civil so ...	1	3	0	Financial crisis	0	3	1
Human and financial resources available throughout ...	0	3	1				

Sexual & reproductive health

OUTPUTS							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving outputs in your context?	Yes	Partially	No
Common understanding of human rights standards for ...	0	1	0	Reduced number of health workers with midwifery sk ...	0	1	0
Gvts will commit and allocate more domestic resour ...	0	1	0	Vertical, noncoordinated programmes among developm ..	0	1	0
Policy and political environment improved	1	0	0	Infrastructure deteriorates, affecting service del ...	1	0	0

OUTCOMES							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving outcomes in your conte	Yes	Partially	No
Legislation and policies implemented	0	1	0	Sociocultural and legal barriers increase;	1	0	0
Gvt resource allocation for FP, MH and HIV improve ...	0	1	0	higher national human resources turnover;	1	0	0
Sufficient resources are available to respond to a ...	0	1	0	reduced national ownership of the programme.	0	1	0

STRATEGIC GOALS							
Do these assumptions hold true in your context?	Yes	Partially	No	Are these issues risks to achieving the strategic goals in yd	Yes	Partially	No
Peace and security will improve	1	0	0	Social instability/conflicts/crises	0	0	1
Favourable political environment and full civil so ...	0	1	0	Financial crisis	1	0	0
Human and financial resources available throughout ...	0	0	1				
Legislative framework in accordance with ICPD	0	1	0				

Annex 10: Analytical base for Country Programme activities

Based on analysis of Detailed Project Outline documents

CCPD Results	Projects
One Plan focus area 1: inclusive, equitable and sustainable growth	
CCPD Result 1	<p>Strengthening national data collection – Partly sufficient – The basis for capacity support to GSO is framed in the project plan.⁵¹ The project rationale focuses on the deficit among planning officers’ ability to integrate “population variables into development planning to help policy-makers and planners to develop evidence-based policies.” To this end the project aims to meet the needs of GSO and all types of data users, including managers and policy makers. The rationale is based more on policy directives and commitments to strengthen the capacity of GSO rather than data and evidence on existing capacity.</p>
One Plan focus area 2: access to quality essential services and social protection	
CCPD Result 2	<p>Care for Elderly interventions – Partly sufficient – The project plan the intervention in B�n Tre Province cites national data on older people and specific data for Ben Tre, noting that the population of older people in the province is higher than the national average.⁵² A baseline is referred to in the 2013 annual project report which indicates it focused on “activities of care for the elderly... as the basis for designing the programme and monitoring the implementation of activities in the province” rather than a needs assessment type of study. The baseline data was not made available in documentation form. Similarly to the point above, a clear analytical basis is not captured separately in the documentation available.</p> <p>In the project design document for the care for elderly intervention in Hai Duong, national data on the ageing population is cited from the 2009 Statistics Book. The project design notes that the population of older people in Hai Duong province is 11.5%, higher than the national average of 9.4% (2011 data from the Survey on Population Changes). According to the 2009 data, Hai Duong was one of the 10 provinces with the highest ageing index in the country.⁵³</p>
CCPD Result 3	<p>Health systems strengthening intervention (SRH particularly for vulnerable groups) – sufficient – While Viet Nam has met its MDGs there remain disparities in coverage and MDG achievement between strata of the population including ethnic minorities, people living in poverty and people living hard to reach</p>

⁵¹ Detailed project outline: Support for the implementation of the Viet Nam Statistical Development Strategy in the period 2011-2020 and utilization of population information in development planning and programming, General Statistics Office, 2012

⁵² Detailed project outline: Prevention of Domestic Violence and Promotion of Care for the Elderly in Ben Tre Province, Ben Tre Provincial People’s Committee, Department of Health, 2012

⁵³ Detailed project outline Technical assistance project supported by the United Nations Population Fund: Prevention of domestic violence, addressing imbalanced sex ratio at birth and care for the elderly in Hai Duong province, Hai Duong Provincial People’s Committee, 2012

	<p>areas. Often these three characteristics combine for certain segments of the population. The project plan for the initiative in Quảng Bình draws on national and provincial data from the 2009 census on the population, particularly for vulnerable groups through strengthening the health service in Quang Binh.⁵⁴ It further draws on more recent 2011 MCH data on the percentage of deliveries that were regularly monitored during pregnancy as a proxy indicator of the health system insufficiencies, along with MOH knowledge of gaps in capacity.⁵⁵</p>
CCPD Result 4	<p>Support to implement national strategies (SRH and youth) – Partly sufficient – The project design document for supporting national partners to fill the gap between policy and implementation draws on national population data from 2009 and highlights the multiple policies that have been introduced.⁵⁶ The rationale points to evidence of specific SRH issues affecting adolescents but does not cite specific statistics or sources. The design document identifies various other ministries implementing youth-related initiatives because youth is a cross-cutting issue and therefore entry points into working across actors.</p> <p>Child friendly (and maternal health) interventions – Partly sufficient – The project design document for the initiative in Ninh Thuan contains little rationale or context except for the fact that an evaluation (by UNICEF) for the previous cycle made recommendations to continue the project for second phase.⁵⁷ The design document does note that the initiative will be concentrated in districts with poor households and ethnic minority populations. The design document for the intervention in Kon Tum cites child health and maternal health statistics of the province (no source) and also cites the UNICEF evaluation which took place in 2011.⁵⁸ Similarly to Ninh Thuan, the project will be focussed on districts with the poorest and most vulnerable population groups including ethnic minorities.</p>
CCPD Result 5	<p>Strengthening national capacity to respond to people living with HIV and AIDS – Sufficient – The project design document draws on national data, specific to HIV prevalence among sex workers and young people from the Ministry of Health.⁵⁹ The document also provides data on the implementing partner’s potential reach to young people through its vocational training system with a view to providing life skills training which includes HIV prevention information.</p>

⁵⁴ Detailed project outline: Strengthening the Quang Binh health system to improve universal access to Reproductive Health/Family Planning for Quang Binh people, especially among vulnerable groups, Quang Binh People’s Committee, 2012

⁵⁵ Quang Binh project: There is no baseline survey. The first phase of the project was designed based on: 1) Data from Census 2009; 2) Report of the MCH Department, MOH, 2011; 3) Strategic plan for development of the health system in Quang Binh 2011 – 2020; 4) Provincial action plan for implementation of the strategies on Population and RH 2011 – 2020. The second phase of the project was designed based on the findings of “Initial investigation of unmet needs for safe motherhood and contraception in effective cost analysis of the intervention model in Quang Binh province”.

⁵⁶ Detailed project outline: Capacity Support for the Implementation of National Youth Development Strategy 2011-2020, Ministry of Home Affairs, 2012

⁵⁷ Detailed project outline: Ninh Thuan Child Friendly Project with support for Maternal Health, Ninh Thuan Provincial People’s Committee, 2012

⁵⁸ Detailed project outline: Kon Tum Child Friendly Project with support for Maternal Health, Kon Tum Provincial People’s Committee, 2012

⁵⁹ Detailed project outline: Support the Ministry of Labour, War Invalids and Social Affairs (MOLISA) to address emerging social and health issues of specific vulnerable populations, Ministry of Labour, Invalids, and Social Affairs (MOLISA), 2012

CCPD Result 6	<p>SRB imbalance interventions – Sufficient – The project design document for the initiative in Hai Duong cites data from the 2009 Population Census, and notes that the statistics mean that the province has second highest SRB imbalance in the country.⁶⁰</p> <p>SRB imbalance national level capacity of social organisations – Partly sufficient – The project design document highlights national level data but does not link this to the specific role of the social organisations included in the project. Nor is any baseline data on the capacity of the social organisations included which indicate its specific needs for this project.⁶¹ All of the indicators in the project have no baseline available.</p>
CCPD Result 7	<p>Strengthening national capacity to respond to survivors of domestic violence – Partly sufficient – The project design document for the initiative with social organisations draws on national data, but no baseline data is available for any of the indicators in the project.⁶²</p> <p>Prevention of domestic violence interventions – Partly sufficient – The project plans for the initiatives to prevent domestic violence in Bến Tre and Hai Duong cite national statistics on violence against women from the GSO/UN Women 2010 survey.⁶³ The project design documents cite specific data on reported cases in Bến Tre province from the previous UNFPA-supported project on domestic violence and DOCST data from Hai Duong province. In the case of the project in Bến Tre, the fact that cases were recorded in the previous cycle is cited as the rationale for the project in CP8 in order to “consolidate the work of CP7 and further develop a cost effective model on DV prevention that can be replicated in Ben Tre and other provinces”. No explicit analysis is available detailing whether domestic violence affects Ben Tre disproportionately or whether evidence from the previous cycle shows gains in the form of reducing domestic violence or increased reporting. There are references made to the lessons learned from CP7 which were documented in 2012⁶⁴ but because this project document combines two sectoral issues, it is not clear whether the lessons refer to one or both of the initiatives. The baseline study for this project cycle took place between January to March 2013⁶⁵, and the 2013 annual project report notes that the baseline subsequently informed the design of the project going forward.</p>
One Plan focus area 3: governance and participation	
CCPD Result 8	<p>Strengthening national capacity for law and policy – Sufficient – The project plan identifies progress made in terms of the PCSA’s capacity building and policy</p>

⁶⁰ Detailed project outline Technical assistance project supported by the United Nations Population Fund: Prevention of domestic violence, addressing imbalanced sex ratio at birth and care for the elderly in Hai Duong province, Hai Duong Provincial People’s Committee, 2012

⁶¹ Detailed project outline, Project Enhance the capacity of Viet Nam social organisations in response to gender based violence and emerging population issues, Central Viet Nam Farmers’ Union, 2012

⁶² Detailed project outline, Project Enhance the capacity of Viet Nam social organisations in response to gender based violence and emerging population issues, Central Viet Nam Farmers’ Union, 2012

⁶³ Detailed project outline Technical assistance project supported by the United Nations Population Fund: Prevention of domestic violence, addressing imbalanced sex ratio at birth and care for the elderly in Hai Duong province, Hai Duong Provincial People’s Committee, 2012

⁶⁴ 2012 Domestic Violence Prevention and Response in Viet Nam Lessons Learned from the Intervention Model in Phu Tho and Ben Tre provinces

⁶⁵ 2013 Report on the baseline study on situation of domestic violence in Hai Duong and Bến Tre

development in the previous cycle and gaps that remain to be addressed in the current cycle.⁶⁶ A qualitative analysis based on experience is to be expected in this context rather than quantitative statistical inferences. The gaps identified include updated information and evidence to identify policy gaps, capacity of elected officials in appraising laws, standard guidelines or tools for oversight work, with the results of the projects in Hai Duong, Kon Tum and Ben Tre being used in further advocacy efforts for national replication.

⁶⁶ Detailed project outline: Strengthen the capacity of law and policy makers in policy advocacy, appraisal and oversight of laws and policies in the areas of population, reproductive health and gender equality, PCSA, 2012

References

1. *World Bank Statistics Population*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.POP.TOTL>.
2. *World Bank Statistics Population Growth Rate*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.POP.GROW>.
3. *World Bank Statistics Rural Population*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>.
4. *World Bank Statistics Gender and Legislative Representation*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SG.GEN.PARL.ZS>.
5. *World Bank Indicators GNI per capita*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD>.
6. *World Bank Statistics GDP Annual Growth*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>.
7. *CIA Factbook Statistics Industries*. 2015 [cited 2015 21 September]; Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/vm.html>.
8. *UNDP Human Development Report*. 2015 [cited 2015 21 September]; Available from: <http://hdr.undp.org/en/content/table-1-human-development-index-and-its-components>.
9. *World Bank Statistics Unemployment Rate*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SL.UEM.TOTL.ZS>.
10. *World Bank Statistics Life Expectancy at Birth*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>
11. *World Bank Statistics Under 5 mortality*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.DYN.MORT>.
12. *World Bank Statistics Health Expenditure*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>.
13. *World Bank Statistics Skilled Birth Attendants*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.STA.BRTC.ZS>.
14. *MICS 2014*. 2014, Government of Viet Nam.
15. *World Bank Statistics Contraceptive Prevalence*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.DYN.CONU.ZS>.
16. *World Bank Statistics Unmet Contraceptive Needs*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SP.UWT.TFRT>.
17. *World Bank Statistics HIV Prevalance Female*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS>.
18. *World Bank Statistics HIV Prevalance Men*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.HIV.1524.MA.ZS>.
19. *MDG Country Progress Snapshot Viet Nam*. 2015, United Nations.
20. *Revised UNFPA Evaluation Policy*. 2013, UNFPA.

21. UNFPA Viet Nam, *TERMS OF REFERENCE (TOR): Evaluation of the UNFPA 8th Country Programme of Assistance (CP8) to the Government of Viet Nam (2012 - 2016)*. 2015, UNFPA.
22. Jack Reynolds, P.D., M.D.P.D. Bui Thi Thu Ha, and M.D.P.D. Thang Trinh, *External Evaluation Mid-Term Review Viet Nam - UNFPA 7th Country Programme (2006-2010)*. 2010, UNFPA Viet Nam,.
23. Mailloux, L., N.M. Linh, and N.T. Giang, *Independent Mid-Term Review of the 8th Country Programme (CP8) Viet Nam (2012-2016) [UNFPA]*. 2014, Goss Gilroy Inc.
24. Independent Evaluation Office, *Handbook: How to design and conduct a country programme evaluation at UNFPA*. 2013, UNFPA.
25. UNFPA Viet Nam, *Request For Proposal (RFP) RFP No. UNFPA/VNM/15/04*. 2015, UNFPA.
26. *Feedback from MPI on the draft of this report*. 2015.
27. *INDEPENDENT COUNTRY PROGRAMME EVALUATION TURKEY 2011 – 2015*. 2015, UNFPA.
28. *Independent Country Programme Evaluation for Lebanon 2010-2014*. 2014, UNFPA.
29. Betts, J., *Joint Evaluation of Joint Programmes on Gender Equality in the United Nations System*. 2013, IOD PARC.
30. *World Bank Statistics poverty*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/country/vietnam>
31. *The Socio-Economic Development Strategy 2011-2015*. 2011, Government of Viet Nam.
32. UNDP, *Human Development Report 2013, The Rise of the South: Human Progress in a Diverse World. Explanatory note on 2013 HDR composite indices*. 2013, UNDP.
33. *World Bank Statistics Maternal Mortality Rate*. 2015 [cited 2015 21 September]; Available from: <http://data.worldbank.org/indicator/SH.STA.MMRT.NE>.
34. Attridge, E. and H.T. Dang, *(First Draft) Report on Quick Assessment on Situation of Population and Development in Viet Nam (ASPD)*. 2015.
35. *Mid-term Population and Housing Census Viet Nam* General Statistics Office.
36. Cho, D.Y. and D.N.D. Vinh, *Fertility Projection of Viet Nam based on a Socio-structural Perspective*, in *Paper prepared for the UNFPA*. 2015.
37. *Population Projections for Viet Nam 2009-2049*. 2011, Viet Nam General Statistics Office.
38. Kreft, S., et al., *Global Climate Risk Index (cited in ASPD 2015)*. 2015.
39. Attridge, E. and H.T. Dang, *(Second Draft) Report on Quick Assessment on Situation of Population and Development in Viet Nam (ASPD)*. 2015.
40. *Accelerating Progress towards MDG 5 (cited in ASPD 2015)*. 2014, UNFPA.
41. *MICS (cited in ASPD 2015)*. 2014, Government of Viet Nam.
42. UNFPA Viet Nam, *Advocacy Brief on Revitalization of Voluntary Family Planning in Viet Nam 2011-2020 (cited in ASPD 2015)*. 2012, UNFPA.

43. *Maternal Mortality Rate in Viet Nam Rapidly Decreasing (cited in ASPD 2015)*. 2012; Available from: <http://www.interaksyon.com/article/37172/maternal-mortality-rate-in-Viet%20Nam-rapidly-decreasing>.
44. *Report to UNFPA, Review and Outline of Existing Models on Domestic Violence Prevention and Control in Vietnam: Development of a Minimum Package of Interventions for Domestic Violence Prevention and Control in Vietnam (cited in ASPD 2015)*. 2012, UNFPA Viet Nam,.
45. *National Study on Domestic Violence against Women*. 2010, Government Statistics Office.
46. UNFPA Viet Nam, *Fact Sheet 1 on the National Study on Domestic Violence against Women (cited in ASPD 2015)*. 2012, UNFPA.
47. *The 2014 Vietnam Intercensal Population and Housing Survey (cited in ASPD 2015)*. 2014, Viet Nam General Statistics Office.
48. General Office for Population and Family Planning, *Reference provided by UNFPA*. 2013.
49. *Speech by Deputy Prime Minister, Mr. Nguyen Thien Nhan*, Cited in ASPD 2015, Editor.
50. UNICEF, *Ending Child Marriage, Progress and Prospects*. 2014, UNICEF: Cited in ASPD 2015.
51. *The Marriage and Family Law (No. 22/2000/QH10 of June 9, 2000)*. 2000, Government of Viet Nam.
52. *Development Finance For Sustainable Development Goals In Middle-Income Viet Nam Financing Viet Nam's Development: Meeting the New Challenges 2014*, UN Agencies in Viet Nam, Delegation of the European Union to Viet Nam and the Ministry of Planning and Investment of Viet Nam.
53. *Overview of Australia's aid program to Vietnam*. Available from: <http://dfat.gov.au/geo/vietnam/development-assistance/pages/development-assistance-in-vietnam.aspx>.
54. ; Available from: <http://www.aidflows.org/>.
55. *UNFPA Strategic Plan 2014-2017*. 2013, UNFPA.
56. UNFPA Viet Nam, *UNFPA Viet Nam Country Office Strategic Direction 2012-2016*. 2012, UNFPA.
57. UNFPA Viet Nam, *Presentation: The new UNFPA strategic direction and what it means for UNFPA in Viet Nam*. 2014, UNFPA.
58. UNFPA Viet Nam, *UNFPA Viet Nam ATLAS data*, UNFPA, Editor. 2015.
59. Ha, N.M., *Written clarification from UNFPA*, Evaluation Team Leader, Editor. 2015.
60. *Final common country programme document for Viet Nam, 2012-2016: CCPD Annex II: UNFPA results and resources framework for Viet Nam*. 2011, UNDP, UNFPA and UNICF.
61. Gardsbane, D., et al., *Gender-Based Violence Issue Paper*. 2010, UNFPA.
62. Attridge, E. and H.T. Dang, *Report on Quick Assessment on Situation of Population and Development in Viet Nam (ASPD)*. 2015.
63. Duong, D.V., *Written clarification from UNFPA*. 2015.

64. GSO, *The 1/4/2013 Time-Point Population Change And Family Planning Survey: Major Findings*. 2013.
65. UNFPA Viet Nam, *Ethnic Groups in Viet Nam: An analysis of key indicators from the 2009 Viet Nam Population and Housing Census*. 2011, UNFPA.
66. Kaybryn, J., *Interview with national government stakeholders for the UNFPA CPE*. 2015.
67. UNFPA, *Looking Back, Moving Forward: Results and recommendations from the ICPD-at-15 process*. 2010, UNFPA.
68. Kaybryn, J., *Interview with UNFPA staff for the UNFPA CPE*. 2015.
69. UNFPA Viet Nam, *UNFPA Viet Nam Annual Project Reports*. Multiple years, UNFPA.
70. UNFPA Viet Nam, *2015 Annual Report - Vietnam*. 2016, UNFPA.
71. Nam, U.V., *Outline of Cost-Effective Analysis of Ethnic Minority Interventions (as part of the Health System Strengthening)*. no date.
72. UNFPA viet Nam, *Outline of Cost-Effective Analysis of Interventions on SM/EmOC in Ethnic Minority Provinces*. no date.
73. UNFPA Viet Nam, *CO Strategy Brief: Capacity building to ethnic minority midwives, as a part of Health System Strengthening (2012-2016)*. no date.
74. UNFPA viet Nam, *CO Strategy Brief: Interventions on Safe Motherhood/Emergency Obstetric Care (2012-2016)*. no date.
75. UNFPA Viet Nam, *Outline for Cost-Effectiveness Analysis of Model for Strengthening Linkages of SRH and HIV*. no date.
76. UNFPA Viet Nam, *Outline of Cost-Effective Analysis Interventions on Improving Universal Access to SRH and HIV Services For Sex Workers*. no date.
77. Duvvury, N., *Minimum Intervention Package (MIP)*. 2013, UNFPA.
78. UNFPA Viet Nam, *CO Strategy Brief: Gender Based Violence (GBV) (2012-2016)*. no date.
79. UNFPA Viet Nam, *CO Strategy Brief: Sex Ratio at Birth Imbalance (2012-2016)*. no date.
80. UNFPA Viet Nam, *CO Strategy Brief: Improving Universal Access to SRH/HIV for Sex Workers 2012-2016*. no date.
81. Kaybryn, J., *Interviews with key informants for UNFPA Viet Nam CPE*. 2015.
82. Kaybryn, J., *Written communications with key informants for UNFPA Viet Nam CP8*. 2015.
83. Hien, P.T., *Written clarification from UNFPA*. 2015.
84. UNFPA Viet Nam, *Country Office Annual Report (2013)*. 2014.
85. Mai, P., *Written clarification from UNFPA*. 2015.
86. PCSA, *2013 Annual project report of PCSA*. 2013, UNFPA Viet Nam.
87. UNFPA Viet Nam, *Updated Progress of Cost-Effective Analysis Interventions on Improving Universal Access To SRH And HIV Services For Sex Workers in Hai Phong*. no date.

88. Ministry of Home Affairs, *Detailed project outline: Capacity Support for the Implementation of National Youth Development Strategy 2011-2020*. 2012, UNFPA Viet Nam.
89. UNFPA Viet Nam, *Stakeholders mapping for CPE VNM template with information 032015*. 2015.
90. UNFPA Viet Nam, *Resource Mobilisation Strategy of APRO and the CO Viet Nam (2014-2016)*. 2014, UNFPA.
91. UNFPA Viet Nam, *Interim Report: The Implementation of Resource Mobilisation and Partnership Plan 2015*. 2015, UNFPA.
92. Hong, N.X., *Written clarification from UNFPA*. 2015.
93. UNFPA Viet Nam, *CO Matrix on OP CCPD SP JPG POs Updated for GPS SIS updated 012015*. 2015.
94. UN Viet Nam, *Delivering as One Annual Results Report 2013*. 2013.