



# **UNFPA IN VIET NAM**

# **10TH COUNTRY PROGRAMME**

# **(2022-2026)**

# **EVALUATION REPORT**

Final Version  
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# Administrative Map of the Socialist Republic of Viet Nam

Note: The provincial administrative system has been effective from July 1st, 2025. This may differ from the project provinces supported under the CP10.



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The findings, conclusions, and recommendations presented in this report are solely those of the ET and do not necessarily reflect the views of UNFPA or its partners.

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## Acronyms and Abbreviations

A&Y	Adolescents and Youth
ACDC	Action to the Community Development Institute
ADL	Activities of Daily Living
ANC	Antenatal Care
APRO	UNFPA Asia Pacific Regional Office
ASP	Administration of Social Protection
AWP	Annual Workplan
BEmOC	Basic Emergency Obstetric Care
CA	Country Analysis
CCA	Common Country Analysis
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEmOC	Comprehensive Emergency Obstetric Care
CERF	Central Emergency Response Fund
CF	Country Framework
CO	Country Office
CP	Country Programme
CP10	UNFPA's 10th Country Programme
CP11	UNFPA's 11th Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme document
CPE	Country Programme Evaluation
CSAGA	Center for Studies and Applied Sciences in Gender - Family - Women and Adolescents
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DaO	Delivering as One (UN)
DARTS	Donor Agreement and Reporting Tracking System
FP	Family planning
EM	Ethnic Minority
EMMIEs	Emerging Market and Middle-Income Economies
EPI	Expanded Programme on Immunization
EPZ	Export Processing Zones
ERG	Evaluation Reference Group
ET	Evaluation Team
EVAWC	Eliminating Violence Against Women and Children
FGD	Focus Group Discussion
GAVI	Global Alliance for Vaccines and Immunization
GBSS	Gender-biased sex selection
GBV	Gender-based violence
GDP	Gross Domestic Product
GI	Group Interview
GNI	Gross National Income
NSO (formerly) GSO	National Statistics Office (formerly known as General Statistics Office)
GOV	Government of Viet Nam
HAIV	HelpAge International Viet Nam
HDI	Human Development Index

HIV	Human immunodeficiency virus
HPV	Human papilloma virus
ICPD	International Conference on Population and Development
ICOPE	Integrated Care for Older People
IDI	In-depth Interview
IPS	Intercensal Population and Housing Survey
ISHC	Intergenerational Self Help Clubs
IZ	Industrial Zones
JWP	Joint Workplan
LNOB	Leave No One Behind
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and more
LTC/LTCI	Long-term Care / Long-term Care Insurance
M&E	Monitoring and Evaluation
MDSR	Maternal Death Surveillance and Response
MIC	Middle income country
MICS	Multi-Indicator Cluster Survey
MISP	Minimum Initial Service Package
MLB	Most Left Behind
MNH	Maternal and Newborn health
MOCST	Ministry of Culture, Sports and Tourism
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOLISA	Ministry of Labour, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MSD	Merck Sharp & Dohme
MSM	Men who have Sex with Men
MTR	Mid-Term Review
NACCSA	National Assembly Committee for Cultural Social Affairs
NCDs	Non-communicable diseases
NGO	Non-governmental organization
NIHE	National Institute of Hygiene and Epidemiology
NIM	National Implementation Modality
NIP	National implementing partner
NTA	National Transfer Accounts
NTP	National Target Programme
NTS	Non-Traditional Security
ODA	Official Development Assistance
ODP	Organizations of Persons With Disabilities
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
OR	Other resources (mobilized)
OSSC	One Stop Service Centre
P&D	Population and Development
ProDoc	Project Document
PwD	People with Disabilities
RR	Regular resources
RH	Reproductive health
RHC	Reproductive health care
SEDP	Socio-Economic Development Strategy

SDGs	Sustainable Development Goals
SDGCW	Sustainable Development Goals for Children and Women Survey
SIS	Strategic Information System
SP	Strategic Plan
SRB	Sex ratio at birth
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infection
TA	Technical Assistance
TFR	Total Fertility Rate
TOC	Theory of Change
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFE	UN Free and Equal
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNFPA SP	UNFPA Strategic Plan
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDCF/CF	United Nations Sustainable Development Cooperation Framework
UN DESA	United Nations Department of Economic and Social Affairs
VAE	Vietnam Association of the Elderly
VFU	Viet Nam Farmers' Union
VHLSS	Vietnam Household Living Standard Survey
VNAS	Viet Nam Ageing Survey
VNPA	Viet Nam Population Administration
VYU	Viet Nam Youth Union
WHO	World Health Organization
YAG	Youth Advisory Group
YEE	Young and Emerging Evaluator
YU	Youth Union

## Key facts and figures

Geography and Demographics	
Location:	Southeast Asia; bordered by China to the North, Laos and Cambodia to the West, and the South China Sea to the East.
Population:	101.12 million (IPS 2024)
Average Annual Population Growth:	2014-2019: 1.22%; 2019-2024: 0.99%
Rural Population:	~62.51 million (61.8%) (IPS 2024)

Source: General Statistics Office 2024 (National Statistics Office since 1 March, 2025)

Politics and Government	
Type of Government:	Socialist Republic
Proportion of Legislative Seats Held by Women:	30,6% (2024) ( <a href="#">link</a> )

Source: World Bank

Selected Key Dates in Recent History
<ul style="list-style-type: none"> <li>• 1945-1954: War of independence against French colonial rule ended in French defeat, and division of Viet Nam into North and South.</li> <li>• 1955-1975: “American War” – or “Viet Nam War”. Protracted conflict between Communist North Viet Nam and South Viet Nam/USA. Culminates in US defeat and withdrawal in 1975.</li> <li>• 1976: Unification of North and South Viet Nam. Socialist Republic of Viet Nam declared.</li> <li>• 1977: Viet Nam became an official member of the United Nations</li> <li>• 1986: Nguyen Van Linh became party leader and initiated the “Doi Moi” reform.</li> <li>• 1995: Viet Nam joined ASEAN. Viet Nam and the USA restored full diplomatic relations</li> <li>• 2000: Viet Nam signed BTA with USA</li> <li>• 2007: Viet Nam joined the WTO</li> <li>• 2010: Viet Nam attained the MIC status</li> <li>• 2019: Comprehensive and Progressive Agreement for Trans-Pacific Partnership</li> <li>• 2020: Viet Nam-EU Free Trade Agreement (EVFTA) came into effect</li> <li>• 2023: Viet Nam upgraded relationship with the United States to comprehensive strategic partners</li> <li>• 2024: Viet Nam upgraded relationship with 3 countries (Australia, France, and Malaysia) to comprehensive strategic partnership</li> <li>• 2025: Vietnamese government central-level restructuring (March) and the implementation of the two-level administrative system (July)</li> </ul>

Source: Authors compiled from different sources

Economy		Source, year
GNI per capita (PPP), current international US\$, 2024	15,850 USD	WDI 2024 <a href="#">(link)</a>
GNI per capita (PPP), Constant (2015 US\$), 2024	3,659	WDI 2024 <a href="#">(link)</a>
GDP Annual Growth, 2024	7.09%	GSO 2024
Main Industries (% of GDP, 2025)	Agriculture, forestry and fisheries (5.37%) Industry and construction (45.17%) Service (49.46%)	GOV 2025 <a href="#">(link)</a>

Social Indicators		Source, year
HDI Score (2023)	0.766	UNDP (2025) <a href="#">(link)</a>
HDI Rank (2023)	93/193	UNDP (2025) <a href="#">(link)</a>
Unemployment Rate (2024)	2.24%	GOV (2025) <a href="#">(link)</a>
Underemployment Rate (2024)	1.84%	GOV (2025) <a href="#">(link)</a>
Total Fertility Rate (TFR) (2024)	1.91	GSO (2024) <a href="#">(link)</a>
Sex Ratio at Birth (SRB) (2024)	111.4 boys/100 girls	GSO (2024) <a href="#">(link)</a>
Life Expectancy at Birth:	74.7 M: 72.3; F: 77.3)	GSO (2024) <a href="#">(link)</a>
Infant Mortality Rate (IMR) (per 1,000 live births) (2024)	11.3	GSO (2024) <a href="#">(link)</a>
Under-5 Mortality Rate (per 1,000 live births) (2024)	16.9	GSO (2024) <a href="#">(link)</a>
Maternal Mortality Ratio (per 100,000 livebirths) (2024)	44	VOV (2025) <a href="#">(link)</a>
Ageing Index (number of 60+ per every 100 children aged 0-14) (2024)	60.2	GSO (2024) <a href="#">(link)</a>

Health Expenditure (% of GDP):	5% GDP	2022, UNFPA and GSO Report
Births Attended by Skilled Health Staff (% of total):	96.1%	Viet Nam SDGCW 2020-2021 Report
Births Attended by Skilled Health Staff (% of Tay, Thai, Muong, Nung ethnicity)	90.3%	Viet Nam SDGCW 2020-2021 Report
Births Attended by Skilled Health Staff (% of Khmer ethnicity)	100%	Viet Nam SDGCW 2020-2021 Report
Births Attended by Skilled Health Staff (% of H'Mong ethnicity)	37.7%	Viet Nam SDGCW 2020-2021 Report
Adolescent Fertility Rate (births per 1,000 women ages 15-19):	42	Viet Nam SDGCW 2020-2021 Report
Contraceptive Prevalence (% of women ages 15-49):	48.8%	Viet Nam SDGCW 2020-2021 Report
Unmet Need for modern contraceptives among married women ages 15-49 (%),	10.1%	Viet Nam SDGCW 2020-2021 Report
Unmet needs for modern contraceptives for married adolescents aged 15-19	33.4%	
Unmet Need for modern contraceptives among unmarried sexually active women ages 15-49 (%)	40.7%	
Prevalence of HIV (in ages 15-24, per 100,000)	13.4	Viet Nam SDGCW 2020-2021
Number of people infected with HIV in 2024 (people)	245,762 (M: 72.38%)	MOH (2024)

## Transformative Results Indicators

Transformative results	Indicator	Threshold (Global, SP by Nov. 2021)		Viet Nam (by 2021, CPD10, Tier 3)
		Value	Source	
Ending the unmet need for family planning	Need for family planning satisfied with modern methods	75%	World Contraceptive Use, 2019, states that a family planning need “exceeding 75 per cent is generally considered high”	CP10: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1) Baseline: 72.2% (2019); Target: 75% (2026).
Ending preventable maternal deaths	Maternal mortality ratio	70 per 100,000 live births	Sustainable Development Goal 3, target 3.1	CP10: Maternal mortality ratio Baseline: 46 per 100,000 live births (2019); Target: 42 per 100,000 live births (2026)
Ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage	Gender inequality index	0.3 (1 = extremely unequal; 0 = extremely equal)	The Human Development Report, 2019, uses 0.3 as the gender inequality index for countries with high human development	VN/GII value of 0.296, ranking it 65 out of 162 countries in the 2019 index. CP10: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months Baseline: 27.8 per cent (2019); Target: 20 per cent (2026)

Note: CP10 is classified as Tier III (this tier has met at least two of the three indicator thresholds).  
Source: UNFPA CO.

## Executive Summary

This report presents the results of the Country Programme Evaluation (CPE) of UNFPA Viet Nam's tenth Country Programme (CP10) 2022-2026. The CPE was commissioned by UNFPA Viet Nam, with the purpose of demonstrating accountability to stakeholders on achieving development results, supporting evidence-based decision-making, and contributing important lessons learned towards informing the next country programme (CP11).

The CPE of CP10 covers interventions planned and/or implemented within the full period of implementation of the CP (2022-2026) and up to the point of completion of primary data collection in early November 2025. The CPE looked at key interventions in SRHR such as the maternal health/SRHR-focused Leave No-One Behind programme in 6 ethnic minority provinces, policy and programme efforts to introduce cervical cancer vaccine, and addressing the needs of PwD through a joint UN programme. The CP's work in SRH also includes a wide range of policy initiatives ranging from the National Action Plan on Cervical Cancer Prevention to a number of national standards and guidelines on different GOV SRHR priorities. In Adolescent and Youth programming, key interventions focused on youth dialogues, awareness raising and capacity building efforts on aging and humanitarian response, the CO's long-term work in CSE, and the relatively-new HIV programming efforts focused on LGBTQI+ populations. In Gender, key interventions focus on national policy endeavors related to gender equality and GBV prevention and control, the development of a provincial model for case management of GBV, and community-based social norms programming focused on positive masculinities. Finally, in Population and Development, the CP implements key interventions to strengthen social protection policies focused on aging populations, passage of a new law on population, strengthening GOV management of vital statistics, and introduction of innovative models of elder care.

In line with UN and UNFPA policies, CPE of UNFPA Viet Nam's 10th country programme provides an independent assessment of the five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability, and included the humanitarian-specific criteria of coverage, per the evaluation Terms of Reference (TOR).

The CPE examines the CP Theory of Change and the extent to which strategic interventions contribute to expected outputs and outcomes in Adolescent and Youth, Sexual and Reproductive Health and Rights (SRHR), Gender and Gender-Based Violence (GBV), and Population and Development programming. The analysis further identifies facilitating and constraining factors influencing programme delivery and the achievement of intended results. Finally, the CPE draws conclusions and provides a set of actionable recommendations for the next programme cycle (i.e., the 11th CP - CP11).

The audience of this evaluation is the UNFPA Country Office (CO), relevant entities and implementing partners of the Government of Viet Nam (GoV), rights holders involved in UNFPA interventions and the organizations that represent them, the UNFPA Asia-Pacific Regional Office (APRO), UNFPA Headquarters and the UNFPA Executive Board, as well as the UN Country Team in Viet Nam.

## Methodology

The CPE adhered to UNEG (UN Evaluation Group) Norms and Standards, and closely followed the methodology prescribed in the UNFPA Evaluation Handbook 2024. Centered on the six evaluation criteria, applying a gender-, human rights-based and leave-no-one-behind (LNOB) approach, the evaluation used purposive sampling method, while applying a mixed method approach for data collection both from secondary and primary sources. The evaluation was transparent, inclusive and participatory, and followed the "do-no-harm approach". The exercise

was conducted by a four-person team comprising of an international Team Leader also responsible for the Adolescent and Youth and SRHR, two national Evaluators (thematic experts in Gender, and Population and Development), and a national Young and Emerging Evaluator who also supported the Adolescent and Youth evaluation component.

The evaluation was divided into design (July 2025), field (August -October 2025), data analysis and reporting (October-December 2025) phases. Using the evaluation matrix as its backbone, the CPE involved a broad range of partners and stakeholders representing (central and provincial) government, mass organizations, academia, donors, and CSOs. The CPE used a mix-method approach balancing primary qualitative data collection with examination of a range of secondary sources, both qualitative and quantitative.

For primary data collection, a process of stakeholder selection included identification of stakeholders and implementing partners from central and provincial government, mass organizations, UN peer organizations, CSOs/NGOs, academic institutions, donors, beneficiaries and UNFPA staff. Stakeholders were selected for interviews based on 8 criteria intended to provide a robust and representative reflection of the CP. In total, 126 stakeholders were interviewed for the CPE, including 62 persons at central level and 64 persons at sub-national levels. The evaluation included interviews of stakeholders from 10 of the 36 provinces (~28%) covered by the CP.

The evaluation was managed by the M&E Officer at the UNFPA Viet Nam CO in close consultation with the (former) Ministry of Planning and Investment (MPI), and with guidance and support from the regional monitoring and evaluation (M&E) adviser at APRO. The Evaluation Reference Group (ERG), composed of key stakeholders of the CP, was a valuable resource for the CPE. The ERG accompanied the evaluation process, providing comments on the design document, and draft evaluation reports, including the evaluation recommendations. UNFPA Viet Nam team leaders, representative staff, M&E Officer and Operations Manager offered guidance on the evaluation source material, including stakeholder identification and relevant documentation. The UNFPA representatives and technical staff also reviewed and provided comments and clarifications on the draft reports.

## **Summary of Key Findings:**

### **Relevance:**

The CPE finds that CP10 is generally well-aligned with both national and international frameworks across programme areas with the exception of having little focus on addressing unmet need for family planning of unmarried/adolescent and youth populations. In addition, while the CP10 aligns strongly with the GoV priority on digitalisation in the P&D space, digital solutions have not been fully mainstreamed across thematic components of the CP10.

The Most Left Behind (MLB) populations are a central focus of CP10 programming. With significant OR mobilised, investment has been most substantial to address disparities in maternal health of ethnic minority populations, and in support for GBV survivors. Policy support for older populations has been complemented by a small pilot effort to introduce an innovative model of elder care. The programme's attention to other vulnerable populations including Persons with Disabilities (PwD) and LGBTQI+ populations is more nascent. The CPE also raises questions about the relevance of some of the thematic foci of the youth programming, as compared to youth needs identified in the country assessment. In particular, the programme's attention on youth in service to other populations (ageing and humanitarian) misses important opportunities to directly address the SRHR of vulnerable youth.

The CPE further notes the CP10's important engagement with LGBTQI+ populations and issues, particularly in preparation for the gender affirmation law. Attention to migrant worker SRHR has received limited attention and funding commitment to date. Overall, UNFPA has demonstrated adaptability by effectively leveraging flexible funding for emerging issues and through strong performance in resource mobilisation (see efficiency question below).

#### **Coherence:**

The CPE finds that UNFPA's programming adds considerable value to Viet Nam's development landscape, across all thematic areas, and that significant attention has been paid to the intersectionality of programming, adding cohesion by taking into account multiple vulnerabilities of MLB populations. UNFPA's value is derived from strong relevance, long-term relationships and programming that builds on its strengths, year to year in 5-year country programme cycles. In addition, UNFPA is an active contributor to UN Coordination Efforts, playing lead roles in UN Working Groups and leading coordination of a number of multi-agency programmes. Among stakeholders, perceptions of an overlapping mandate with UNWomen and the fragmentation of programming resulting from unaligned work planning and financial processes at the onset of the Eliminating Violence Against Women and Children (EVAWC) project is noteworthy.

#### **Effectiveness:**

The CPE finds that in general, CP10 has achieved or exceeded most of its intended outputs and that pending outputs are on track to progress, or be achieved. Moreover, overall, the CP has effectively incorporated human rights and gender transformative approaches, effectively targeting MLB populations.

The CP10's effectiveness in upstream, policy-focused programming is particularly noteworthy. The CP10 has led significant policy-focused initiatives across all programming areas, including laws, policies, as well as implementing decrees and other guidance. Recent reviews/monitoring of national projects and plans is also noteworthy. Investments in strategic information to inform policy and accompaniment of policy making processes, including with expert technical assistance, such as in the area of HPV vaccine introduction, are considered particularly effective, with important implications for future programming. Finally, there is also evidence of CP10's effectiveness in community-facing programming, particularly in maternal health, gender/positive masculinities, as well as population ageing.

Measurability of CP10 effectiveness at output and outcome levels is constrained by limited population-based data, less-than-meaningful definition of programme output indicators, and unsystematic quality evaluation of programme innovations. Furthermore, several CP10 programme workstreams are not sufficiently advanced to be reasonably expected to yield measurable results.

The CPE also finds that CP10 has built on long-term relationships to effectively deliver CP10. The programme has worked largely at central government level, across multiple ministries, the National Assembly and the National Statistics Office. CP10 has forged relationships at province level primarily for implementation of programming in GBV, EM maternal health and the ICOPE elder care pilot. Provincial relationships for maternal health have focused at the implementation level rather than with more strategically-placed provincial authorities who would have greater influence on sustainability. The Youth Union (YU), the Farmers Union, the Vietnam Association of the Elderly (VAE) and targeted partnerships with academia have also been highly appropriate given expected outputs.

### **Efficiency:**

In a very difficult funding environment, the CP has been highly successful in resource mobilization, from varied sources including multi-lateral, bi-lateral, private sector and UN pooled funding mechanisms. At the same time, the CP has been highly adaptive in a very dynamic context of multiple national administrative reforms. Most significantly, in light of ODA reform measures, the CP has successfully implemented direct implementation modalities, while striving for a maximum of continued government engagement. Even with its significant resources, the programme is spread thin, working across a large number of provinces and work streams. Administrative, finance and evaluation systems are considered cumbersome, exacerbating mis-aligned planning cycles with GOV.

### **Sustainability:**

The CPE finds that CP10's upstream policy focus confers strong levels of sustainability, although the risk of policies, plans and guidelines existing only on paper is also noted. Under CP10, UNFPA has mobilized significant resources to introduce innovative models to address GBV and maternal health, and some resources for positive masculinities and elder care innovation.

UNFPA's role in innovation is widely appreciated by stakeholders, citing its institutional credibility, neutrality and global experience. At the same time, innovations did not consistently benefit from rigorous piloting practice. Short piloting periods and inconsistent baseline/endline evaluation is noted. Most importantly, relationships with the parties responsible for scaling up or institutionalizing/funding innovative practices were not consistently assured nor is there evidence that UNFPA explicitly used budget advocacy as a tool to ensure government support to take up interventions.

### **Coverage:**

UNFPA's work in response to humanitarian and climate change crises is evolving. CP10's support to Typhoon Yagi, while not insubstantial, was focused on cash payments and provision of goods to victims of the typhoon. Because funding was not immediately available, the response effort was considered slow. In the past year, UNFPA has made efforts to support evolving UN platforms on humanitarian preparedness, notably taking co-leadership of the GBV in emergencies working group. It has also repurposed regular resources funding in 2025 to position a more proactive and timely response.

### **Key Conclusions:**

#### **Relevance:**

1. CP10 programming is highly relevant to Viet Nam's needs, particularly for the most-left-behind populations, across SRHR (cervical cancer, maternal health, family planning), adolescents and youth, Gender Equality/GBV, and P&D. It aligns with UNSDCF outcomes 1 and 4 and global commitments. However, gaps remain in addressing family planning needs for unmarried women and adolescents, and GBV among ethnic minorities.

#### **Coherence:**

2. UNFPA is a key GOV partner, supporting national policy development and securing political commitment, despite a challenging ODA environment. It holds a distinct

comparative advantage in population and development, notably in vital statistics and digitalization.

3. UNFPA demonstrates leadership in UN coordination, leading working groups and joint programmes. While duplication is minimal, some confusion persists with UNWomen mandates. Coherence with GOV planning and reporting is low, causing delays, and joint programming suffers from unaligned processes across agencies.

#### **Effectiveness:**

4. The CP has been effective upstream, contributing to laws, policies, and data systems. Measurement of outcomes is constrained by limited data, poorly defined outputs, and unsystematic evaluation of innovations.
5. UNFPA shows high adaptability and quality technical support. Partnerships are generally well-aligned, but the ODA environment requires greater flexibility, including expanded private sector engagement.
6. Important contributions reach MLB populations via GBV case management, positive masculinities, and maternal health programming. Effectiveness for PwD and migrants is less clear due to immature programming, while work with LGBTQI+ and ageing populations appears promising. Youth programming effectiveness is questionable and requires better follow-up mechanisms.

#### **Efficiency:**

7. UNFPA is most efficient when generating strategic information to inform policy change and when clear policy pathways exist. Successful resource mobilization supports robust programming, but engagement across too many workstreams and locations can dilute results. Community awareness-raising convenings are less efficient.
8. Communications capacity has been leveraged effectively in some areas (e.g., maternal health, LGBTQI+), but is not yet fully optimized as a programming approach.

#### **Sustainability:**

9. CP10's policy contributions offer sustainable development opportunities. Ongoing policy monitoring helps highlight implementation gaps, especially for MLB populations. However, direct budget advocacy for government funding through national and sub-national programmes is limited, and UNFPA's influence in designing and budgeting national target programmes is underleveraged.

#### **Coverage:**

10. UNFPA's humanitarian efforts, while appreciated, remain small and lack strategic focus. Recent proactive steps in GBV and older persons in emergencies are a positive strategic pivot. UNFPA has a potential key role as the UN system strengthens its partnership with the GOV on humanitarian readiness, response, and resilience.

## Recommendations

The recommendations of this CPE must be understood in an extremely dynamic context. The draft Country Analysis (CA) 2025 notes that while the country has achieved remarkable progress over the past three decades - transforming from one of the world's poorest nations into a dynamic lower-middle-income economy - persistent inequality reinforces barriers to accessing quality healthcare, education, and social protection among remote and vulnerable populations. The analysis further points out that Viet Nam's transformation has been driven by strong political will, social investment, and economic dynamism. However, in a rapidly evolving global and regional context, achieving Viet Nam's future ambitions will require further focus on equity, and attention to groups at risk of being left behind.

At the same time, the UN development system reform under the UN80 initiative (2025) and continued ODA reform measures further shape the operational context for UNFPA, while UNFPA's new Strategic Plan (SP) 2026-2029 represents a bridge to the end of the Sustainable Development Goal era and a recommitment to the unfinished business of the ICPD. In this context, the CPE makes the following strategic and programmatic recommendations:

### *Strategic Recommendations*

1. In CP11, UNFPA should strengthen sustainability and scalability of its approaches through greater strategic engagement with GOV financing mechanisms and modalities at central and provincial levels.
2. UNFPA should maintain its strong role in innovation while ensuring that there is a clear, engaged audience for uptake of results for policy formulation or through government budget attribution.
3. In CP11, UNFPA should consolidate its programming, focusing on fewer, more strategic interventions, with sufficient investment to ensure effectiveness, particularly of capacity building approaches. Within this consolidation, the CP should prioritize use of regular resources for upstream, policy-focused programming including policy development, monitoring at central and provincial levels, and generation and analysis of strategic information, including for costing.
4. It is recommended that UNFPA consider strategic partnerships - including for funding - with the private sector, across all areas of programming, but especially for cervical cancer, migration, ageing, and youth.
5. CP11 should strengthen its focus on digitalisation across programme areas, including in telehealth, digital safety and creative digital communications at scale, while maintaining strong engagement in P&D digitalisation, building on its on-going work on digitalised data systems. A focus on digitalised communications will also help to optimize programme efficiencies by increasing reach of systems, programmes and messages.
6. In CP11, UNFPA should maintain its focus on MLB populations, including ethnic minorities, women at-risk and survivors of GBV, PwD, and older populations. In the context of geo-political developments, the vulnerabilities of migrant workers should be given greater consideration in CP11, and with the sunset of UNAIDS, UNFPA should play an ever-increasing role in supporting the rights and well-being of people identifying as LGBTIQ+.

### ***Programmatic Recommendations***

- 7.** It is recommended that UNFPA redesign its youth programming to ensure that it is strategically focused, relevant to youth-defined needs, and delivered at scale, with addressing unmet need for family planning an important focus. Youth programming should consider engagement strategies across a range of policy opportunities, as well as through targeted, youth-centered strategic communications designed to influence social norms and behaviors at scale.
- 8.** In SRHR, UNFPA should leverage current programming successes in ethnic minority maternal health, while strengthening attention to family planning (including among sexually-active unmarried youth) and cervical cancer programming in these populations and ensuring greater attention to sustainability overall.
- 9.** In gender, CP11 should maintain a strong focus on gender equality policy and GBV prevention and response, particularly in vulnerable populations, while mobilizing OR to expand programming to shift social norms on gender and GBV, GBV in humanitarian settings, and focused attention to GBSS within population and development policy implementation. It is also recommended that UNFPA mobilize funds to address child marriage, in collaboration with other UN partners.
- 10.** In the areas of population and development and addressing the needs of older populations, CP11 should leverage its unique positioning to address GOV priorities in policies to support the silver economy, while continuing to engage strategically in promoting innovative models for elder care.
- 11.** In the area of responding to the climate crisis, it is recommended that UNFPA minimize delivery of supplies and cash, in favor of expanding and strengthening its contributions to advocacy and programming to promote readiness, resilience and sustainable responses, with a focus on MLB populations.

## **Chapter 1. Introduction**

### **1.1 Background**

UNFPA, the United Nations Population Fund is the UN's sexual and reproductive health agency with a mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). UNFPA Viet Nam Country Office (CO) has been supporting the Government of Viet Nam (GOV) since 1977.

Guided by ICPD, UNFPA's Strategic Plan 2022-2025 focuses on three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all 17 Sustainable Development Goals (SDGs), in particular to: i) Ensure healthy lives and promote well-being for all at all ages (Goal 3); ii) Achieve gender equality and empower all women and girls (Goal 5); iii) Reduce inequality within and among countries (Goal 10); iv) Take urgent action to combat climate change and its impacts (Goal 13); v) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and vi) Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA puts increasing focus on "leaving no one behind", emphasizing "reaching those furthest behind first".

UNFPA's mission in Viet Nam is to help the country achieve the three transformative results within the context of 2030 Agenda for Sustainable Development, accelerate progress towards the International Conference on Population and Development (ICPD) Plan of Action and other commitments and frameworks that the GOV has ratified, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Universal Periodic Review (UPR) for human rights. Thus, in its theory of change (TOC), the 10th Country Programme (CP) (2022-2026) aligns to the transformative goals of UNFPA and to the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Viet Nam.

### **1.2 Evaluation of the 10th Country Program**

#### **1.2.1 Evaluation Purpose and Objectives**

The country programme evaluation (CPE) provides an independent assessment of the performance of the UNFPA 10th country programme (2022-2026) in Viet Nam. Specifically, in accordance with the TOR, the general objectives of this CPE are to: i) provide the UNFPA Vietnam CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters, and a wider audience with an independent assessment of the UNFPA Vietnam 10th country programme (2022-2026), its successes, challenges and impacts; and ii) broaden the evidence-base to inform the design of the next programme cycle, identifying key strategic areas where UNFPA can continue to make a difference.

The specific objectives of the CPE include: i) to provide an independent assessment of the relevance, coherence, effectiveness, efficiency, sustainability and coverage of UNFPA support; ii) to provide an assessment of the role played by the UNFPA Vietnam CO in the coordination mechanisms of the UNCT, including disaster response, joint UN programmes and wider UN collaboration and leadership, with a view to enhancing the United Nations collective contribution to national development results; and iii) to draw key conclusions from past and current cooperation to provide a set of clear, forward-looking and actionable recommendations for the next programme cycle (CP11).

At the same time, the CPE considers factors shaping the 10th CP implementation, including changes in ODA regulations, national and GoV administrative changes/restructuring, political and economic shifts, shifts in donor funding, the UN80 reform, and other emerging contextual factors. The CPE benefited greatly from the strategic perspectives of the Country Framework Evaluation (CF Evaluation) conducted at roughly the same time, as well as from the 2024 CP Mid-Term Review (MTR). The latter focused heavily on CP10 implementation progress against outputs, and partnership modalities. Building on these exercises, the CPE covers the full range of programmatic implementation and technical issues through evaluation questions with a view to providing both strategic and programmatic recommendations for the next CP.

The CPE was carried out in accordance with the Terms of Reference proposed by UNFPA. The main audience and primary intended users of the CPE include the UNFPA Viet Nam CO; the Government of Viet Nam; the implementing partners of the UNFPA Viet Nam CO; rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth, PwD, and older persons); the United Nations Country Team (UNCT); the UNFPA Asia-Pacific Regional Office (APRO); and donors. The evaluation results may also be of interest to a wider group of stakeholders such as UNFPA headquarters divisions, branches and offices; the UNFPA Executive Board; academia; local CSOs and international NGOs.

### ***1.2.2 Evaluation Scope: Thematic, Geographical and Temporal***

The evaluation of CP10 covers all interventions under the approved 26.5 million CP, and considers planned and/or implemented interventions within the full period of implementation of the CP (2022-2026) and up to the point of completion of primary data collection in early November, 2025. Primary data collection began following the approval of the Design report on August 5, 2026, based on the stakeholder sampling proposed. A detailed workplan for the CPE is included in Appendix E.

The evaluation covered a large range of initiatives under all outcomes and outputs of the CP, including both national and sub-national level initiatives. Administrative restructuring in 2025 reduced overall numbers of provinces from 63 to 34, and changed boundaries and authorities of provincial units. As anticipated and acknowledged in the design report, in close coordination with the CO, and where appropriate, every effort was made to interview province-level stakeholders who have had a substantive role in the implementation of CP10. In this particular context as well, decisions about which provinces to select for interviews and field visits included practical considerations about stakeholders with appropriate levels of institutional memory and possible synergies across thematic areas. In total, interviews were conducted with partners in 7 provinces

where CP10 programming was considered by CO staff to be highly substantial and sufficiently mature (see section 1.2.3.3 below). These 10 provinces represent 28% of a total of 36 (former) provinces where the CP programming has been implemented.

The CPE took equal interest in programming implemented through formal partnership agreements with line ministries, mass organizations and other implementing partners and those which were directly implemented by UNFPA. The evaluation looked at large, medium and small interventions and those focused on policy, service delivery and pilot interventions.

In accordance with the methodology for CPEs outlined in the [UNFPA Evaluation Handbook](#), the evaluation's overarching analytical framework examined the five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability<sup>1</sup>, and added the humanitarian-specific criteria of coverage, per the evaluation Terms of Reference (TOR). Based on the design report, the approved evaluation questions included:

### **Relevance**

- To what extent was UNFPA's support relevant and adaptable to the needs of the CP10 beneficiaries, especially of the most left behind (MLB) population groups, including ethnic minorities, adolescents and youth, people with disabilities, migrant workers, Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and more (LGBTQI+) persons and older persons?

### **Coherence**

- To what extent is UNFPA's support complementary and consistent with other interventions in the country, provided by other stakeholders, including UN and other development partners, government and non-government organizations and CSOs?

### **Effectiveness**

- To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the CP, in particular (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes; and (v) contributed to law, policies, and national guidelines to help the country to better align with ICPD and international human rights, best practices and relevant laws?
- How effectively has UNFPA leveraged and developed strategic partnerships to achieve the CP results in policy and advocacy and evidence-based policymaking, developing national capacities, tapping into partnership development with traditional as well as non-

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<sup>1</sup> The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revise-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

traditional development partners, with integration of human rights, gender equality and disability inclusion?

### **Efficiency**

- To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to achieve the outcomes defined in the country programme?

### **Sustainability**

- To what extent has UNFPA strengthened the capacities and performance of the stakeholders and bearers, as well as institutional frameworks, national/provincial systems and standards practice, to ensure the sustainability of Country Programme results?

### **Coverage**

- To what extent have UNFPA's humanitarian or disaster response interventions systematically reached all geographic areas in which affected populations (women, older persons, adolescents, and youth) reside?

The CPE also assesses cross-cutting issues (such as human rights, gender equality and disability inclusion) and transversal functions of the country programme administration (such as monitoring and evaluation, innovation, and resource mobilization).

### **1.2.3 Evaluation Approach**

The evaluation methodology was developed in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook, and in line with UNFPA evaluation quality assurance and assessment principles. The CPE was conducted in accordance with the *UNEG Norms and Standards for Evaluation*,<sup>2</sup> *Ethical Guidelines for Evaluation*,<sup>3</sup> *Code of Conduct for Evaluation in the UN System*<sup>4</sup>, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.<sup>5</sup>

The CPE was based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders representing (central and provincial) government, mass organizations, academia, donors and CSOs. The CPE used a mix-method approach balancing primary qualitative data collection with examination of a range of secondary sources, both qualitative and quantitative.

The Evaluation Matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation, outlining (i) what will be evaluated: evaluation questions with assumptions for verification; and (ii) how it will be evaluated: data collection methods and tools

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<sup>2</sup> Document available at: <http://www.unevaluation.org/document/detail/1914>.

<sup>3</sup> Document available at: <http://www.unevaluation.org/document/detail/102>.

<sup>4</sup> Document available at: <http://www.unevaluation.org/document/detail/100>.

<sup>5</sup> Document available at: <http://www.unevaluation.org/document/detail/980>.

and key sources of information for each evaluation question and associated assumptions. Please see Appendix A for the evaluation matrix for CP10 CPE, approved during the design phase.

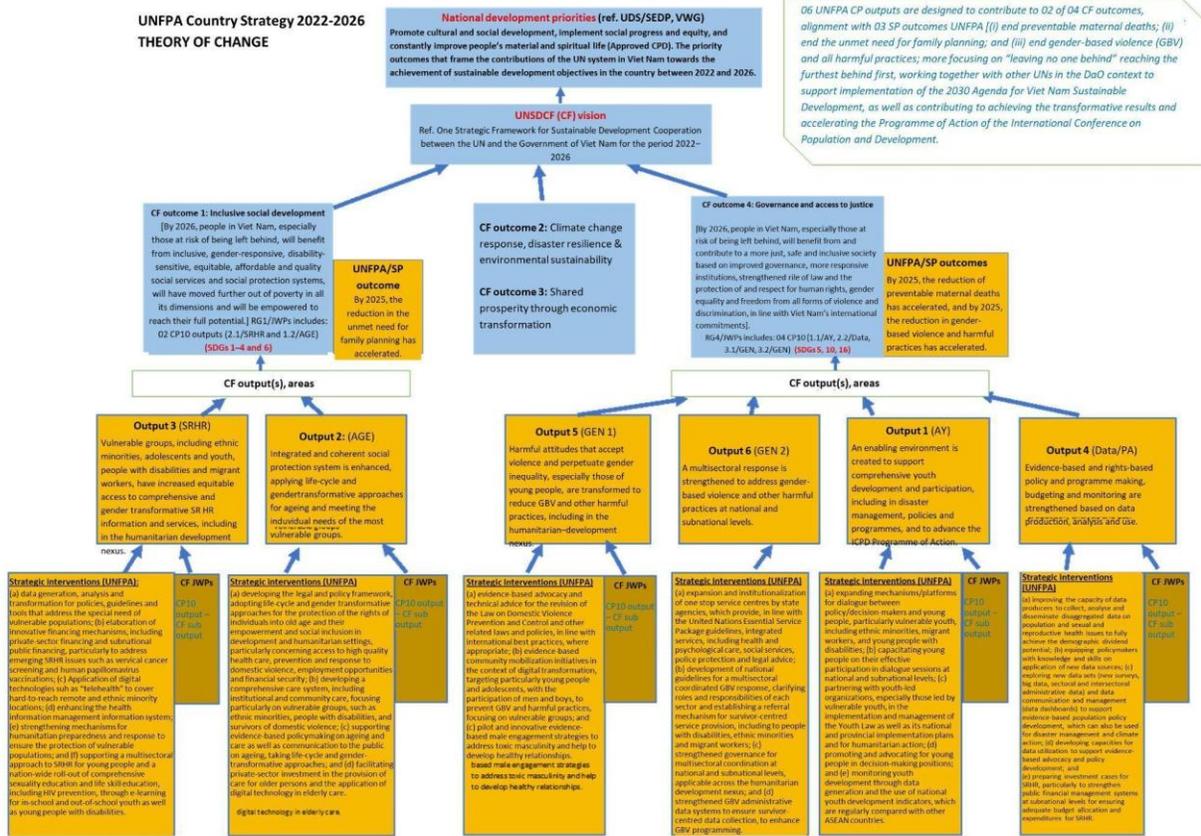
The evaluation was managed by the M&E Officer at the UNFPA Viet Nam CO in close consultation with the (former) Ministry of Planning and Investment (MPI), with guidance and support from the regional monitoring and evaluation (M&E) adviser at APRO. The Evaluation Reference Group (ERG), composed of key stakeholders of the CP, was a valuable resource for the CPE. The ERG accompanied the evaluation process, providing comments on the design document, and draft evaluation reports, including the evaluation recommendations. UNFPA Viet Nam team leaders, representative staff, M&E Officer and Operations Manager offered guidance on the evaluation source material, including stakeholder identification and relevant documentation. The UNFPA representatives and technical staff also reviewed and provided comments and clarifications on the draft reports.

### ***1.2.3.1 Contribution analysis and Theory of Change***

The CPE adopts a theory-based approach, utilizing contribution analysis to assess the causal links between UNFPA interventions and observed development results. Recognizing that attribution is challenging in complex policy environments, this method verifies the validity of the CP's Theory of Change (ToC) by examining whether the expected results occurred and if UNFPA's support was a necessary contributory factor alongside other influences.

By analyzing the CP10 Theory of Change framework provided by the Country Office (see Figure 1 below), the ET found that: while the overarching logic aligns well with the UNSDCF, the ET's analysis revealed that the original ToC was heavily focused on output-level achievements. The causal linkages between national policy outputs and sub-national outcome changes were often implicit rather than explicitly defined, particularly regarding how central legal frameworks would automatically trigger provincial budget allocation.

**Figure 1. UNFPA CP10 Theory of Change Framework**



Unpacking the Pathways of Change, the ToC posits that the achievement of the three transformative results in Viet Nam relies on two primary causal pathways that align with the UNSDCF 2022–2026:

**Pathway 1: Inclusive Social Development (UNSDCF Outcome 1 | SDGs 1-4, 6)**

- The Logic: This pathway posits that IF the social protection system is strengthened to address rapid population ageing through a life-cycle approach (Output 2), and IF vulnerable groups (ethnic minorities, migrants, PwD) are empowered with equitable access to SRHR services (Output 3), THEN social inequality will decrease and health outcomes will improve.
- Causal Mechanism: The programme assumes that generating evidence (e.g., on cervical cancer investment cases) and modeling innovative care (e.g., ICOPE) will provide the necessary "proof of concept" for the Government to scale these interventions using state budgets, thereby contributing to the Health Pillar of the ICPD Programme of Action.

**Pathway 2: Governance and Access to Justice (UNSDCF Outcome 4 | SDGs 5, 10, 16)**

- The Logic: This pathway argues that creating a safe, inclusive society requires a convergence of evidence, rights, and participation. It assumes that IF the data ecosystem

is strengthened to track inequalities (Output 4), IF youth are institutionalized as participants in disaster management and policy dialogue (Output 1), and IF harmful gender norms are transformed through multisectoral response mechanisms (Outputs 5 & 6), THEN duty bearers will be held accountable and GBV will decrease.

- **Causal Mechanism:** This pathway relies on a "top-down" transmission mechanism, where upstream legislative changes (e.g., the Domestic Violence Law) are expected to cascade down into improved service delivery at the communal level.

Given the fragmentation of the programme's logic noted during the design phase, the ET reconstructed the causal pathways described above by reviewing the Country Programme Action Plan (CPAP) and CPD. Through this process, the ET identified three **implicit assumptions** that were necessary for the CP10 intervention logic to function. The evaluation then tested the extent to which these assumptions held true in reality:

- **Assumption 1 (Policy Translation):** The programme logic implicitly assumed that high-quality national policy advice and legal revisions (e.g., Youth Law, Law on Domestic Violence) would translate into effective implementation and budget allocation at national and sub-national levels. *The evaluation assesses whether this "vertical transmission" occurred or if results remained more at the theoretical level (on paper).*
- **Assumption 2 (The "Pilot-to-Scale" Logic):** The logic of the CPAP relied on the assumption that demonstrating successful models (e.g., OSSCs, Youth Dialogues) would inherently trigger government adoption and scaling. *The evaluation examines whether the necessary conditions for this transition, such as explicit exit strategies and financing mechanisms, were actually in place.*
- **Assumption 3 (The "Partnership" Pivot):** The CPD financial structure assumed that the UNFPA could mobilize sufficient resources and that the CP could be delivered through traditional partnership modalities. *The evaluation tests whether this assumption materialized and whether there were negative implications from direct implementation (DIM) to deliver results.*

Beyond the internal intervention logic, the CP10 Theory of Change relied on specific **contextual assumptions** regarding the enabling environment in Viet Nam. The evaluation examined how shifts in these external factors impacted the programme's implementation strategies:

- **Contextual Assumption 1 (Regulatory Stability):** The design assumed a consistent legal framework for Official Development Assistance (ODA) would facilitate efficient National Implementation (NIM). *The evaluation assesses how this assumption was challenged by the introduction of Decree 114/2021/ND-CP and Circular No. 23/2022/TT-BTC, which necessitated a strategic pivot to Direct Implementation (DIM) to maintain delivery speed, until a more enabling environment was restored with Decree 242/2025/ND-CP in late 2025.*
- **Contextual Assumption 2 (Institutional Continuity):** The programme assumed a level of administrative stability among key government partners to sustain policy momentum. *The evaluation finds that while this assumption held true for the first 3 years of the cycle, it was impacted in the final phase (especially in early 2025) by central and provincial*

*administrative restructuring, which required the programme to reinvest in relationship building during the critical sustainability and handover period.*

Through a rigorous triangulation of primary qualitative data and secondary evidence, the evaluation assesses the extent to which these causal pathways and assumptions materialized in practice, identifying where the CP10 logic held true and where contextual shifts necessitated adaptive management.

### **1.2.3.2 Methods for Data Collection, Analysis and Validation**

The CPE team leader and experts in SRHR and A&Y, often together with the young and emerging evaluator, conducted in-person interviews between August 5-15 in Ha Noi, with several on-line interviews conducted through the end of September and one online interview conducted in early November. For the gender and P&D components, the majority of in-person and online interviews were also conducted in August and September, with a few conducted in October and November. Given that the report-writing period corresponded with the CP completion of many strategic reviews and analyses of 5-year national action plans, particularly for Adolescent and Youth SRHR, Cervical Cancer and MCH, additional document analysis continued through mid-November.

Artificial intelligence (AI) was used to translate and summarize documents, but was not otherwise used in the CPE.

#### **Data Collection:**

Based on the Evaluation Questions, methods for data collection and analysis were identified to provide evidence-based answers to the questions. The evaluation reviewed both qualitative and quantitative secondary source material and collected qualitative data from primary sources. Combining qualitative and quantitative data and exploiting both primary and secondary source material allowed the ET to minimize bias and enhance the validity of findings.

Secondary quantitative and qualitative data were reviewed through desk review, including country plans and policies, national data, population surveys, evidence from government reports, work plans, progress and final reports of implementing partners, research publications and UNFPA documents (i.e. CPAP, quarterly and annual reports, annual work plans, etc). The team also reviewed data in the Quantum reporting system and through the UNFPA Operations Manager, CP financial data. To the extent possible, the team sought disaggregated data (by, inter alia, gender, age, location, ethnicity, disability status and other relevant vulnerability criteria in Viet Nam's context), thereby helping to assess the level of inclusivity and level of inequalities as well as the change that resulted from interventions and support from UNFPA and its implementing partners. A bibliography of key documents consulted is provided in Appendix B.

Primary, qualitative data was collected using a participatory approach with key stakeholders and implementing partners during the field phase of the CPE through in-depth semi-structured individual interviews and small group interviews, as well as focus group discussions. The interviews aimed at getting in-depth information related to the results and implementation

experience of the CP from different perspectives, including from a full range of stakeholders involved in the programme (see Section 1.2.3.3 below).

A limited number of site visits to key areas of CP programming - selected for their representation of innovative models with potential or planned scale up - also permitted direct observation, particularly of the One-Stop Service Center (OSSC) for survivors of gender-based violence (GBV) and the ICOPE elder care model.

Semi-structured interviews were conducted using interview guides developed as part of the Design Phase (attached as part of Appendix D of this report titled “Data collection tools”). Notes were taken and incorporated in the design matrix as a format for data analysis.

Following introductions, detailed interview questions were administered, centering on the EQs, and covering strategic, programmatic and operational considerations. Use of both retrospective and forward-looking questions helped the ET to gain insight into lessons learned and actionable recommendations.

Both English and Vietnamese languages were used in data collection. Where the international evaluator was present, an interpreter was arranged for (mostly) simultaneous translation. The interviews were conducted as a mix of in-person and online sessions (in cases where the interviewees had a preference for online sessions) using Zoom or Google Meet applications.

Ethical considerations were adhered to as per UNFPA Evaluation Policy and UNEG Norms and Standards (2016), UNEG Ethical Guidelines (2020) and WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO, 2016), upholding principles of integrity, accountability, respect, and beneficence. The Evaluation Team ensured the rights and well-being of all participants by obtaining informed, voluntary consent for all in-depth interviews and focus group discussions. Participants were informed of the evaluation’s purpose and data use. All participants were assured that their participation was voluntary and that no statement in the evaluation report would be directly associated with any individual.

Special care was taken to avoid harm, coercion, or undue influence, particularly with ethnic minorities, women survivors of GBV, PwDs, and LGBTQI+ individuals. Fieldwork and consultations were conducted in culturally responsive and inclusive ways, using tools adapted for accessibility and equity. Do-no-harm and non-discrimination principles were embedded across the evaluation cycle, from design to dissemination, ensuring transparency, neutrality, and respect for diversity. These safeguards upheld evaluation integrity and helped to build trust and open engagement among stakeholders.

In particular, the site visit to the OSSC was conducted in accordance with WHO guidelines, with strict application of the “do no harm” principle. The consultant scheduled the observation at a time when no survivors were present, did not observe service provision, and did not access any case files or identifiable information. Observations were limited to infrastructure, service organisation,

and staffing arrangements, and were coordinated with OSSC management to avoid disruption. No photos or recordings containing personal data were taken, ensuring full protection of privacy and confidentiality.

### **Data Analysis and Validation:**

Descriptive, content, comparative, quantitative, and contribution analysis are used to analyze and synthesize the data. The scope and actual state of the country and CP activities are illustrated through descriptive analysis. Content analysis is used for analysis of interviews and group interviews transcripts, with existing documents' and reports' contents, providing the basis for preliminary observations and evaluation findings based on emerging issues and trends.

Different programme activities and issues are contrasted using comparative analysis, identifying good practices and innovative approaches. Contribution analysis is used to examine the link between observed changes and UNFPA interventions and provide a credible cause-and-effect assessment. This approach relies on the CP's TOC to guide whether and how UNFPA interventions produced desired changes, while considering other factors that might also influence the CP.

Triangulation of data is applied in analysis to maximize the validity of the data and findings. All evaluation findings are supported with evidence, e.g. document references and interview quotes, where possible. Data is triangulated across sources and methods by cross-comparing information obtained through different data-collection methods and sources. For example, triangulation compares evidence obtained through interviews with government staff with those obtained from beneficiaries or from secondary data sources, to identify similarities and differences. As all interview data is based on respondents' perceptions, the triangulation of data sources, and data collection methods helps to overcome any reporting biases that risk to affect the credibility of the evaluation findings.

#### ***1.2.3.3 Stakeholders Consulted and Sites Visited***

A total of 126 stakeholders were interviewed for the CPE, of which 59% were women. The list of stakeholders consulted in the CPE was drawn from a full list of CP10 stakeholders, prepared for the ET (see Appendix C) at the start of the CPE. Selection of stakeholder for interviews was based on the following UNFPA Evaluation Handbook criteria:

- 1) Stakeholders involved in seemingly well-performing and poorly performing interventions of the CP
- 2) All types of stakeholders for each output/outcome, i.e., ministries and administrative entities, IPs, executing agencies, donors, rights-holders, academia and CSOs
- 3) For each output/outcome, stakeholders are associated with ongoing UNFPA interventions as well as with interventions (as per CO AWP) that have already been completed
- 4) Stakeholders related to interventions implemented in priority geographical areas
- 5) Stakeholders associated with financially large and financially modest AWP
- 6) Stakeholders associated with both tested interventions and pilot interventions
- 7) Stakeholders that have been involved with inter-agency projects

- 8) Stakeholders who work in the same field as UNFPA (e.g. on SRHR, maternal health, or SGBV), but who are neither directly partnering with UNFPA, nor implementing partners

The participation of multiple stakeholders allowed for triangulation of data across various levels to enhance validity and ownership of findings. As noted above, the stakeholder selection process was influenced by significant restructuring of central-level ministries and of provincial administration over the previous months in Viet Nam. Despite the significant disruptions due to administrative restructuring at both national and provincial levels, data collection was largely successful, thanks in large part to UNFPA’s strong relationships with government stakeholders, who took time to participate in interviews despite important ongoing transitions.

As illustrated in Table 1.1, a total of 62 persons participated in IDIs and GIs at national level. The CPE achieved 95% of the number of interviews targeted for national governmental implementing partners, and achieved or exceeded its targets for other stakeholders. In line with the CP focus, the CPE prioritized data collection at national level focusing on national government stakeholders, and including mass organizations, UN peer organizations, donors, as well as (I)NGOs, research/academic organizations.

**Table 1.1 National Stakeholders Targeted and Interviewed**

Stakeholder	Sample Target Number of Interviews (IDIs and GIs)	Numbers of Interviews (IDIs and GIs) Actually Conducted
UNFPA internal staff and leadership, including programme, finance and operations and M&E staff	10 Persons, leadership, operations and technical	14 persons interviewed
National government stakeholders, direct implementing partners and co-implementing partners including Ministries, Independent Government Agencies, Mass Organizations	30 Persons, including general and thematic	28 persons interviewed
INGOs, research/academic organizations and contractors for programmatic deliverables	6 Persons, including general and thematic	11 persons interviewed
UN and representatives of other “peer organizations	6 Persons, including general and thematic	6 persons interviewed
Donors	3 Persons, including general and thematic	3 persons interviewed

A total of 64 people participated in province-level IDIs and focus group discussions, including three youth representatives coming from different provinces who participated in an online FGD. In total, including the youth FGD participants from 3 provinces, the CPE conducted interviews with stakeholders in 10 provinces and cities,<sup>6</sup> representing key intervention areas in SRHR, Gender and Population and Development. At the same time, the CPE directed significant focus

<sup>6</sup> Ha Noi, Ha Giang, Ho Chi Minh City (3 youth programme participants); Thanh Hoa (elder care pilot); Lai Chau, Son La, Dak Nong/Lam Dong (EM provinces); Can Tho (early implementation of PwD community-based activities); Quang Ninh (OSSC flagship); Bac Ninh (positive masculinities).

towards the CP's substantive programming on ethnic minority maternal health (3 of 6 provinces), GBV and positive masculinities (2 of 3 provinces where activities are sufficiently mature to warrant evaluation), 1 of 1 provinces where the CP had piloted an innovative care model for older persons, and 1 of 1 province where the CP is at early stages of SRHR programming focused on PwD.

Among the 10 provinces represented in interviews, site visits were made to 3 provinces – Quang Ninh, Bac Ninh and Thanh Hoa – to meet with provincial stakeholders and deepen understanding of the OSSC and related programming (Quang Ninh) and RFC models (Bac Ninh) and the ISHC-based ICOPE pilot (Thanh Hoa). Selection of site visits was made in close consultation with UNFPA staff in recognition of i) Where key stakeholders would still be in post and available to evaluators (given administrative restructuring); and ii) Where implementation was most robust or advanced so that stakeholders would have significant perspectives to share.

Unfortunately, it proved impossible for the ET to visit EM provinces where the CP implemented the MSD-supported programming, due to short timeframes for securing travel approval for the international evaluator. As a result, four online interviews were conducted; 2 with provincial CDC and RH Center leaders in 2 provinces (Lai Chau and Dak Nong), 1 only with the provincial CDC leader (Son La) and one with the midwife at Mu Sang CHS (Son La). Moving to an online methodology, and given language and technology issues, it was not possible to interview beneficiaries in these provinces, resulting in an absence of perspectives for this important group of MLB beneficiaries.

**Table 1.2 Provincial Stakeholders Targeted and Interviewed**

Stakeholder	Sample Target	Data Collection Method	Numbers of People Interviewed
Provincial government stakeholders and direct implementing partners in 6-9 provinces where thematic interventions were implemented	20 Persons, including general and thematic	In-Depth Interviews	40 persons interviewed
Programme Intended Beneficiaries	48 Persons (thematic)	8 FDGs with Table	24 persons interviewed

**Data Limitations:**

A number of data limitations were expected, including a dearth of data related to UNFPA outcome indicators. This, given that key population-based data sources (e.g. Multi-Indicator Cluster Survey, National GBV survey) are undertaken infrequently and while offering good baseline indicators, cannot be used for evaluation purposes.

In addition, ProDocs and reporting of implementing partners is limited under the currently prevailing direct implementation modality. UNFPA's Quantum M&E system is designed for indicator tracking but is only as useful as the indicators themselves, and data through this system necessarily lacks detail and nuance. Programme observation was also limited due to a short-time

frame for data collection, and the large number of provinces covered by the programme. These factors, combined with limited evaluation data from pilot activities resulted in a heavy reliance on data from stakeholder interviews.

Finally, the evaluation was very focused on GOV stakeholders, reflecting the vast majority of UNFPA programming. As mentioned above for SRHR programming in ethnic minority provinces, despite efforts to attain authorization to travel from local authorities, it was not possible to organize site visits to these areas. As such, programme beneficiary perspectives were limited, as reflected in table 1.2 above.

## Chapter 2. Country Context

### 2.1. Global and Regional Context

Since 2020, the global development landscape has been reshaped by overlapping crises, including the COVID-19 pandemic, geopolitical conflicts, and climate change, which have reversed social development gains and disproportionately affected the most vulnerable, as well as undermined poverty reduction, social protection, and human development systems. On the eve of the UNFPA's new CP10 in 2021, the SDGs were already off-track to achieve 2030 goals. Since 2022, these pressures have only intensified due to escalating conflicts between Russia and Ukraine, in the Middle East and elsewhere, and are coupled with climate-related shocks, increasing gaps in global financing for development, and growing poverty and inequality. These converging crises disproportionately affect the most vulnerable, triggering reversals in poverty reduction, weakening social protection systems, and highlighting the fragility of global development pathways. Globally, only 18% of SDG targets are currently on track<sup>7</sup>.

The Asia–Pacific economy has demonstrated resilience but faces growing challenges. Regionally, Asia–Pacific is undergoing very rapid demographic change, population ageing is accelerating, fertility remains below replacement in many countries, and labour mobility is growing. These shifts strain social systems, challenge human capital sustainability, and complicate access to health services, including SRH. Moreover, the region's vulnerability to climate-related disasters places additional pressure on health infrastructure and gender-based violence response. These economic and demographic dynamics highlight the continued need for integrated strategies, including life-course policies, inclusive labor markets, and strengthened social protection and health systems.

### 2.2. Country Development Challenges and National Strategies

The global and regional context form an important backdrop for Viet Nam's development. Since the introduction of Doi Moi ("Reform") policies in 1986, Viet Nam has evolved from one of the poorest nations into an Emerging Market and Middle-Income Economy (EMMIEs) and one of the fastest growing economies in Asia. Having achieved middle-income status in 2010, Viet Nam continues its ambitious trajectory towards becoming an upper-middle-income country by 2030 and a high-income country by 2045, as outlined in its Socio-Economic Development Strategy (SEDS) 2021-2030. This national ambition creates significant policy windows for advancing the Sustainable Development Goals (SDGs).

This period of the CP10 has also seen the country grappling with the profound, long-term impacts of the COVID-19 pandemic, numerous climate-related crises, growing economic inequalities, and continued important demographic shifts. In 2021 when the CP10 was being designed, Viet Nam's HDI was 0.703, ranked 115 out of 191 out of countries and territories belonging to the High Human

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<sup>7</sup> <https://www.weforum.org/stories/2025/09/sdg-progress-report-2025/#:~:text=Progress%2C%20but%20not%20fast%20enough&text=Only%2018%25%20of%20SDGs%20are,geopolitical%20tension%20and%20economic%20flux.>

Development group. In 2023, these results were 0.766 and 93/193 respectively. However, when adjusted for inequality (IHDI), the HDI drops to 0.641, representing a loss of about 16.3% due to disparities in health, education and income (UNDP 2025).

This context presented both opportunities and complex challenges for the implementation of the UNFPA 10th Country Programme, particularly in its mission to promote equity and inclusion. The Government of Viet Nam aims to achieve the Sustainable Development Goals (SDGs) through its new Socio-Economic Development Strategy for 2021-2030 (SEDS) and a range of sectoral policies, plans and strategies.

Critical to the design and implementation of CP10 interventions were the following specific national policies and strategies: the National Population Strategy 2021 to 2030; the National Strategy on Gender Equality for the period 2021–2030; the National Action Plan on Maternal and Reproductive Health (2021-2025), the National Adolescent Reproductive Health (2021-2025), National Action Plan on Cervical Cancer prevention 2016-2025, the National Action Programme on Gender-Based Violence Prevention and Response for the period 2021–2025; the National Action Plan on prevention and control of Domestic Violence in the new setting till 2030; the National Scheme on mitigating Sex Ratio at Birth Imbalance 2016-2025; the Youth Development Strategy for 2021–2030; the National Health Programme to 2030; and the Viet Nam Social Protection Strategy for 2021–2030. These frameworks set out key commitments to improving sexual and reproductive health and rights (SRHR), addressing gender-based violence (GBV), ensuring gender equality, responding to the needs of vulnerable populations, thereby providing a critical enabling environment for CP10 implementation, guiding coordinated efforts to ensure no one is left behind.

### ***2.1.1 The Maternal and Sexual and Reproductive Health Context***

Over the past two decades, Viet Nam has achieved good progress in maternal health, reducing overall maternal mortality by 75% - from 165 deaths per 100,000 live births in 2000 to 46 in 2022. This achievement stands in contrast to the global reduction of 34% over the same period. Furthermore, over 60% of women aged 15-49 now use modern contraceptives, showcasing the country's significant advancements in family planning and reproductive health.

Although this progress is highly laudable, important challenges remain, including the persistent disparities in sexual and reproductive health and rights (SRHR) between general populations and most-left-behind groups. Specifically, as UNFPA set out to design CP10, the maternal mortality ratio (MMR) was as high as 100-150 per 100,000 live births in mountainous and ethnic minority regions, particularly in Northern Midlands and Mountains, and Central Highlands. At the national level, the percentage of women receiving at least 4 antenatal care visits and healthcare facility-based delivery was very good at 88.2% and 96.3%, respectively. In contrast, these percentages were just 10.6% and 37% in the Hmong ethnic group.

Similarly, the unmet need for family planning varies significantly across different population groups. Compared to the national average of 10.1% for married women aged 15-49, the rate is significantly higher for adolescents aged 15-19 (33.4%), ethnic minorities in remote mountainous

regions (17.7%), and among sexually active unmarried or women aged 15-49 not in union (40.7%)<sup>8</sup> (UNFPA, 2021).

Also, important inequities and gaps remained in sexual and reproductive health, and participation in policy development amongst adolescents and young people, particularly among marginalized youth. Barely 18% of young women aged 15-19 made their own informed decisions regarding sexual intercourse and contraceptive use compared with 68% of women aged 35-39 years. And whilst contraceptive use has increased nationally, the unmet need for modern contraceptives among unmarried people is 4 times higher than that of married people. They lack adequate and comprehensive information and services, and the situation is accentuated among ethnic minorities and PWDs.

Cervical cancer is a growing concern. As reported by UNFPA Viet Nam and the Cancer Council New South Wales, Australia in 2021, cervical cancer was the sixth most common cancer in women in Viet Nam with 4,177 new cases (7.1 per 100,000 women) and 2,420 deaths (4.0 per 100,000 women) annually. It was projected that unless preventative action was taken, a total of 218,907 Vietnamese women can be expected to die from cervical cancer by 2070 and 449,656 by 2120. Regarding cervical cancer prevention measures, on the eve of CP10, only 28.2% of women were screened for cervical cancer and 12.0% vaccinated with HPV vaccines (15.6% vaccine coverage in urban and 9.2% in rural areas).

According to the National Survey on people with disabilities in 2016, there were approximately 6.2 million persons with disabilities in Viet Nam, representing 7% of the population. Despite Viet Nam's comprehensive legal framework on the rights of persons with disabilities, relevant studies on persons with disabilities such as the Situational Analysis on the Rights of Persons with Disabilities in Viet Nam<sup>9</sup> identified significant challenges in its implementation, including issues related to stigma, discrimination, lack of access to essential services and information, and lack of meaningful participation.

Recent years have seen notable progress in Viet Nam's recognition of LGBTQI+ rights such as, in 2022, confirming that same-sex attraction and being transgender are not mental health conditions, or the ongoing effort to develop a Gender Affirmation Law to strengthen rights for trans people. In 2000, the first law mentioned same-sex relationships in legal documents was issued, and the Government decriminalized such relationships in 2013<sup>10</sup>. In 2014, the ban on same-sex marriage was removed from the Law on Marriage and Family<sup>11</sup>, though same-sex marriage is still not permitted and LGBTQI+ couples lack the legal protections afforded to heterosexual couples, such as rights related to social security, inheritance, and adoption. At the same time, trans individuals have been able to change their legal gender following sex reassignment surgery since

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<sup>8</sup> [https://vietnam.unfpa.org/sites/default/files/pub-pdf/info2\\_contraception\\_eng\\_4\\_pages\\_0.pdf](https://vietnam.unfpa.org/sites/default/files/pub-pdf/info2_contraception_eng_4_pages_0.pdf)

<sup>9</sup> <https://www.undp.org/vietnam/publications/situational-analysis-report-rights-persons-disabilities-viet-nam>.

Accessed: 01 September 2025

<sup>10</sup> <https://www.thevietnamese.org/2021/06/overview-of-lgbtq-rights-in-vietnam/> Accessed: 01 September 2025

<sup>11</sup> <https://moj.gov.vn/qt/tintuc/Pages/nghien-cuu-trao-doi.aspx?ItemID=1692> Accessed: 01 September 2025

2015<sup>12</sup>. Yet, while there are no criminalization or discriminatory laws, LGBTQI+ people are not yet afforded equal rights in Viet Nam.

Finally, HIV infections are spreading rapidly especially in southern provinces and major urban centers, where industrial zones and educational institutions are concentrated. The risk of uncontrolled HIV transmission among MSM is driven by factors such as population mobility, unsafe sexual practices and inadequate intervention measures. According to the Department of HIV/AIDS Prevention and Control's 2023 report, the infection rate among MSM rose dramatically from 6.7% in 2014 to 12.47% in 2022. In some localities, MSM now account for 50-70% of all new HIV cases.

### **2.1.2 Adolescents and Youth**

Viet Nam is currently situated in a "window of demographic dividend" projected to last until 2039, where for every dependent person, there are two individuals in the working-age group (GSO 2023). This demographic structure presents a critical, time-bound opportunity to harness the potential of the young population to accelerate socio-economic development, provided inclusive policies are implemented to address the specific barriers facing vulnerable youth, including ethnic minorities, PWD, LGBTQI+ and migrants. While general health indicators have improved, adolescents continue to face significant challenges regarding sexual and reproductive health, characterized by high unmet needs for family planning and limited autonomy in decision-making. The primary barriers to accessing reproductive health services are not just lack of availability, but inconvenient locations (48.6%), high costs (47.8%), and psychological barriers like shyness/embarrassment (40.6%)<sup>13</sup>. Furthermore, harmful practices such as child marriage remain persistent and growing in rural areas, disproportionately affecting ethnic minority young women and undermining their developmental potential (UN 2024).

Emerging non-traditional risks are increasingly threatening the well-being of this demographic, particularly in the realms of mental health and digital safety. Evidence suggests that in 2022, approximately 21.7% of adolescents reported a mental health problem, with anxiety having the highest prevalence (18.6%)<sup>14</sup>, yet specialized support services remain nascent, and families often face difficulties accessing psychosocial support. As digital connectivity expands, so do online risks; approximately one-in-five children and adolescents have reported being victims of cyberbullying and harassment, while others face threats of online sexual exploitation and abuse, often without knowing where to seek help (ECPAT, INTERPOL, and UNICEF 2022). Another alarming top digital concern is misinformation with 74.6% expressing a specific desire for measures to warn against and prevent toxic/false information online.<sup>15</sup>

In the sphere of economic engagement and civic participation, structural gaps hinder the full realization of youth potential. The quality of training often misaligns with labor market needs,

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<sup>12</sup> [Gender transformation in Vietnam: from offence to legal right | Blavatnik School of Government](#) Accessed: 01 September 2025

<sup>13</sup> Youth Studies Institute. 2024. Annual Youth Report.

<sup>14</sup> Institute of Sociology, University of Queensland, and Johns Hopkins Bloomberg School of Public Health. 2022. Viet Nam Adolescent Mental Health Survey: Report on Main Findings. Hanoi, Viet Nam: Institute of Sociology.

<sup>15</sup> Youth Studies Institute. 2024. Annual Youth Report.

contributing to a Not in Employment, Education, or Training (NEET) rate of 11.5% among youth aged 15–24 in the third quarter of 2025 (GSO 2025). Vocational and technical education systems are underdeveloped relative to the country's ambitions for a digital and green economy, resulting in skills shortages (UN 2024). Additionally, youth participation in decision-making is limited, with low representation in elected bodies and insufficient mechanisms for vulnerable groups, such as migrants and LGBTQI+ individuals, to influence policies that affect their future (UN 2021).

Additionally, youth participation in decision-making is limited. Representation in state governance remains low, with only roughly 10% of youth in state agencies holding leadership positions. However, new platforms are emerging, such as the hypothetical "Children's National Assembly" and local Children's Councils, though mechanisms for vulnerable groups to influence policy remain insufficient.<sup>16</sup>

### ***2.1.3 Demographic changing context: Fertility dynamics, ageing population and older persons***

The population of Viet Nam is undergoing profound changes in its age distribution, characterised by declining fertility and rapid population ageing. Viet Nam is one of the most rapidly ageing countries in the world (UNESCAP 2022). In 2024, there were 14.2 million people aged 60 and older, accounting for 14.1 percent of the total population, and by 2050, there will be 29.2 million and about 25 percent, respectively. The country's demographic transition is characterized by a reduction in mortality rate and an increase in life expectancy at birth for both males and females, along with a decline in fertility over the past few decades. The combination of these trends has accelerated the population ageing process. In 2024, life expectancy at birth reached 73.6 years (in which 71 years for men and 76.3 years for women) and the total fertility rate (TFR) reached 1.91, which was about half of that of 1989 (3.84). Viet Nam has experienced a third consecutive year of TFR being lower than the replacement rate (2.1) since 2022. As defined by the United Nations (2004), by 2036, Viet Nam will have an aged population (where the proportion of those aged 65 and over will account for more than 14 percent of the total population) (GSO 2021). Moving from an ageing population (when the proportion of those aged 65 and over accounts for 7 percent of the total population) to an aged population will take Viet Nam only 18 years (2018-2036), which is considerably faster than other advanced countries such as France (115 years), Sweden (68 years) or Japan (26 years). Life expectancy, as mentioned, has been progressing over time, but healthy life expectancy shows a little improvement.

Changes in age structure have shifted prevailing narratives among policy makers and the public toward demographic anxiety. This underscores the need for balanced, evidence-based communication to prevent both misperceptions and misconceptions, as well as to promote a more nuanced understanding of demographic change. At the same time, it also calls for proactive policies to harness opportunities of demographic transitions while addressing emerging risks related to labour markets, slower economic growth, and middle-income trap.

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<sup>16</sup> Viet Nam Youth Union. 2024. Report: Results of the Implementation of Plan No. 461-KH/TWĐTN-VPUBTN Dated December 2, 2021, of the Secretariat of the Central Youth Union Regarding the Implementation of the Vietnamese Youth Development Strategy for the 2021–2030 Period, in 2024.

In addition, the rapid demographic shift towards a rapidly ageing population may result in various challenges for the current social protection, healthcare, and elder care systems in adequately addressing the needs of older people and younger generations. According to the Viet Nam Ageing Survey (VNAS) in 2022, about 9.5 percent of older persons living in poor or near-poor households, in which the rates between older men (6.9%) and urban persons (7.8%) were significantly lower than those of older women (11.4%) and rural persons (10.4%). Currently, 2.8 million older persons are receiving retirement and other social insurance benefits, and about 3.2 million persons are receiving monthly social assistance/social pensions.

Regarding health status, VNAS 2022 also showed that, for the whole older population (those aged 60 and over), the most commonly-diagnosed diseases include blood pressure problems, arthritis and osteoarthritis. These diseases were also common, regardless of age, sex or place of residence. Vietnamese older persons had multiple diseases: 17.4% had 2 diseases and nearly 61% had at least 3 diseases, in which statistically significant differences were observed with age: more advanced age persons had significantly higher rates of having 2 or more diseases than younger persons.

In terms of physical limitations, about 55 percent of older persons have difficulty with walking, and significant differences were observed in age groups (45.9% for 60-69; 58.8% for 70-79 vs. 79.8% for 80 and over) and gender (older men: 45.2% vs. older women: 62.3%).

Regarding difficulty in activities of daily living (ADL) such as eating, bathing and washing, the data from VNAS 2022 showed about 45% of Vietnamese older persons having at least one difficulty. The disaggregated data clearly indicate that persons of more advanced age, female and rural persons had higher rates of having at least one ADL difficulty than younger, male and urban persons. Also, older people with physical limitations are more disadvantaged than other older groups in accessing healthcare services and participating in community-based social groups. Such a situation implies that, along with a rapidly ageing population, there are increasing needs for long-term care for older persons, particularly those living with disabilities in communities.

#### **2.1.4 Gender Equality**

Despite notable progress in some areas of gender equality over the past decades, Viet Nam continues to face gender inequalities such as gender-based violence (GBV), gender-biased sex selection (GBSS) and vulnerability to harmful social norms. According to the 2019 national study on violence against women, nearly two in three women aged 15–64 have experienced at least one form of physical, sexual, psychological, and/or economic violence in their lifetime. This issue remains deeply hidden in Vietnamese society, with over 90% of women who experience violence not seeking help from public services, and half never disclosing their experiences to anyone. GBV is costing the country 1.81% of GDP, primarily due to productivity loss, absenteeism, damage, and recovery costs (MOLISA, GSO and UNFPA 2020). Supporting survivors of gender-based violence aligns with Viet Nam's comprehensive legal and policy framework on prevention and response to domestic and gender-based violence. This includes: the Law on Domestic Violence Prevention and Control (amended in 2022), adopted by the National Assembly; the National Programme on Gender-Based Violence Prevention and Response 2021–2025; and the National Action Plan on Prevention and Control of Domestic Violence in the New Situation until 2025.

Together, these frameworks emphasize the establishment of effective models and facilities to prevent violence and to provide timely support for survivors. Its relevance is based on the 2019 National Study on Violence Against Women , which reported that 62.9% of Vietnamese women had experienced at least one form of domestic violence.

Meanwhile, the skewed sex ratio has emerged as a significant demographic and social concern over the past two decades, recorded at 112.2 boys per 100 girls in 2023 (GSO 2024) compared to a global norm of 104-5 boys per 100 girls. The Government of Viet Nam has established a legal and strategic framework to address gender-biased sex selection (GBSS). Under the Population Ordinance (2003, consolidated in 2025), Decree No. 104/2003/ND-CP, and the Law on Gender Equality (2006), prenatal sex determination and sex-selective abortion are prohibited. The Draft Population Law, currently under discussion in the National Assembly (October 2025) and expected to be approved next year, further reinforces these provisions by mandating the minimisation of gender imbalance at birth and encouraging community-level measures to prevent son preference. The National Scheme on mitigating Sex Ratio at Birth Imbalance 2016-2025 is under the reviewing process after ten years of implementation. Together, these instruments provide a strong legal foundation to guide GBSS prevention and related policy interventions in Viet Nam.

In Viet Nam, child marriage is recognised as an illegal and harmful practice that violates children's rights, as stipulated in the Law on Marriage and Family (2014). The Government of Viet Nam has also demonstrated strong political commitment to combating child marriage by identifying it as one of the national Sustainable Development Goals (Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage). However, child marriage remains a significant challenge to gender equality in Viet Nam. Nationally, 11.2% of women and 2.4% of men aged 20–49 were married before age 18 (GSO & UNICEF Viet Nam, 2021). The practice is concentrated among ethnic minorities, at the rate of 26.6%, approximately three times higher than that of the Kinh majority (GSO, 2020). Child marriage particularly high among the Hmong, where 53.4% of women and 26.1% of men were married before 18 (GSO & UNICEF Viet Nam, 2021). Child marriage continues to undermine progress toward gender equality and adolescent well-being, calling for comprehensive and culturally sensitive interventions.

These gender inequalities have far-reaching social and economic consequences and pose substantial obstacles to achieving the Sustainable Development Goals, particularly SDG 5 on gender equality.

### ***2.1.5 Humanitarian and Climate Change Crises***

Viet Nam is highly vulnerable to a range of natural disasters, largely due to its geographical location and the impact of climate change. Located in a typhoon-prone region, Viet Nam experiences frequent and severe flooding, which are projected to become more frequent and intense, particularly in central and southern Viet Nam (UNDP Viet Nam, 2024), though at the time of this CPE, northern Viet Nam was repeatedly badly hit by typhoons, storms and flooding. These storms cause significant damage to infrastructure, agriculture, livelihoods and coastal communities. Droughts are a significant concern, particularly in the central and southern regions, affecting agriculture and water resources. Saltwater intrusion, especially in the Mekong Delta, is

a growing problem due to rising sea levels and reduced river flows. In mountainous areas, heavy rainfall can trigger landslides, posing a threat to lives and property. Climate change is intensifying the frequency and severity of these natural disasters, thereby increasing risks and vulnerabilities. In 2024, natural disasters were devastating and extreme, leaving 514 people dead or missing and causing estimated economic losses of over 88.748 trillion VND (3.48 billion USD) according to estimates by the Ministry of Agriculture and Environment (MAE).

Humanitarian and climate change crises are emerging as among the most critical non-traditional security (NTS) challenges that the Government of Viet Nam has committed to address in the coming years. Remarkably, the prevention and response to NTS threats have been elevated as a national priority under Resolution No. 147/NQ-CP on the *National Comprehensive Strategy for Prevention and Response to Non-Traditional Security Threats to 2030, with a Vision to 2045*. This strong policy commitment provides a solid foundation for mainstreaming humanitarian preparedness—including the Minimum Initial Service Package (MISP) and Gender-Based Violence in Emergencies (GBViE) capacity building—as a new strategic objective under Country Programme 11 (CP11).

### 2.3 Changing Role of External Assistance

The development environment for UNFPA and other development partners in Viet Nam is undergoing a profound transformation. The country's remarkable economic success has led to a fundamental shift in its relationship with external assistance, moving from a traditional aid recipient to a partner with increasing capacity and a complex national agenda. This evolution presents a series of interconnected challenges for UNFPA, including a changing resource dynamic, cumbersome new regulations and disruptive administrative reforms. Between 2000 and 2020, Viet Nam was a major recipient of Official Development Assistance (ODA), receiving between \$1 – \$4 billion annually. This aid was critical in transforming Viet Nam into a rapidly growing, lower-middle-income economy.<sup>17</sup> This aid played a pivotal role in transforming Viet Nam from a low-income to a lower-middle-income country, however, this transition has also shifted the nature of development cooperation, as Viet Nam moves from aid dependency to selective partnership and co-financing mechanisms with multilateral and bilateral donors.

The state budget is now the primary driver of national development, dwarfing the financial contributions of the entire UN system. This resource imbalance fundamentally alters the UN's strategic position. The traditional "donor-recipient" dynamic is obsolete; the UN's strategic positioning is changing from an important financial partner to a more strategic development partner.

Legislative changes in ODA management during the early stage of CP10 have had a national impact on ODA resource approval and execution. Decree 114/2021/ND-CP, issued in December 2021, requires its planning and implementation to adhere to the procedures set out in the State Budget Law and Public Investment Law. The appraisal and approval of ODA-funded programmes

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<sup>17</sup> [https://www.indexmundi.com/facts/vietnam/net-official-development-assistance-received?utm\\_source](https://www.indexmundi.com/facts/vietnam/net-official-development-assistance-received?utm_source). Accessed September 15, 2025

and projects became subject to more rigorous regulatory processes.<sup>18</sup> Building on this trend, Decree No. 26/2024/NĐ-CP on international cooperation in law and judicial reform introduced stricter approval procedures and content control mechanisms for all cooperation activities in legislation and policies. These measures slowed approvals, with 27 UN projects worth nearly US\$122 million stalled by late 2023.<sup>19</sup>

Circular No. 23/2022/TT-BTC (May 2022) issued by the Ministry of Finance further tightened the financial management rules governing ODA grants, adding another layer of administrative complexity, causing considerable delays or long-term pauses in the implementation and disbursement of ODA programmes.<sup>20</sup> As a result, many UN agencies, including UNFPA, were compelled to adopt direct implementation modalities (DIM), placing heavy pressure on staff capacity and potentially weakening national ownership and government engagement.<sup>21</sup>

Most recently, Decree 242/2025/ND-CP, which has been effective since September 2025, replaced the earlier Decree 114/2021/ND-CP, introducing a renewed regulatory framework that prioritises ODA usage in key sectors, aims to simplify procedures, and decentralises decision-making in project appraisal and approval.<sup>22</sup> As a result, in November 2025, Ha Tinh<sup>23</sup> and Quang Ninh<sup>24</sup> provinces approved plans to scale up and enhance models for preventing violence against women and girls, with the Ha Tinh and Quang Ninh provincial government's decisions explicitly citing the newly issued Decree 242 as a legal basis.

Compounding the legislative challenges, the government introduced a wave of large-scale administrative restructuring at both national and provincial levels, which took effect in early 2025. The government's policy to streamline its apparatus involved merging ministries, restructuring departments, and re-assigning personnel. At the central level, 22 ministries and agencies have been consolidated into 14 ministries and three specialized bodies, alongside broader reforms of the National Assembly and the Party system aimed at improving legislative efficiency, governance, and coordination. These changes occurred in parallel to mass organisations including the merger of the Viet Nam Farmers Union, Ho Chi Minh Youth Union and Women's Union under the Viet Nam Fatherland Front. At sub-national level, provinces were consolidated,

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<sup>18</sup> Government of Viet Nam. (2021). Decree No. 114/2021/ND-CP on the management and use of Official Development Assistance (ODA) and concessional loans provided by foreign donors. Hanoi, Viet Nam.

<sup>19</sup> CF Report Draft 1, September, 2025.

<sup>20</sup> Ministry of Finance. (2022). Circular No. 23/2022/TT-BTC providing guidance on financial management for non-refundable aid not included in state budget revenues. Hanoi, Viet Nam.

<sup>21</sup> UNFPA Viet Nam. (2024). Mid-Term Review of the 10th Country Programme for Viet Nam (2022-2026). United Nations Population Fund. Hanoi, Viet Nam.

<sup>22</sup> Government of Viet Nam. (2025). Decree No. 242/2025/ND-CP on management and use of Official Development Assistance (ODA) and concessional loans. Hanoi, Viet Nam.

<sup>23</sup> Ha Tinh Provincial People's Committee (2025). Decision No. 2720/QĐ - UBND approving the Project Document "Scaling up the model for prevention and response to violence against women and girls in Ha Tinh province, 2025-2027". Ha Tinh, Viet Nam.

<sup>24</sup> Quang Ninh Provincial People's Committee (2025). Decision No. 4185/QĐ-UBND on the approval of the Technical Assistance Project Document using non-refundable ODA capital "Enhancing the effectiveness of the model for prevention and response to violence against women and girls in Quang Ninh" funded by the United Nations Population Fund in Vietnam. Quang Ninh, Viet Nam.

reducing from 63 to 34 in early 2025 and district-level units abolished; at commune level, more than 10,000 units merged into about 3,300. While aimed at improving efficiency in the long run, the immediate consequences for development partners include financial and operational costs, such as delayed programme approvals, stalled projects, additional staff time and administrative burdens, and the need to adopt direct implementation modalities that can reduce government engagement and national ownership. They are already reshaping the UN and its agencies' engagement. For instance, requiring constant investment of time and resources in building trust and re-establishing working relationships with new officials; new leaders and staff may be unfamiliar with ODA procedures or established partnership modalities, leading to further delays as they navigate their new roles and responsibilities.

## Chapter 3. United Nations and UNFPA Response

### 3.1 The United Nations and UNFPA Strategic Responses

The United Nations Country Team (UNCT) and the Government of Viet Nam (GOV), formerly represented by the Ministry of Planning and Investment (MPI), now merged into Ministry of Finance (MoF), are committed to implementing the United Nations Sustainable Development Cooperation Framework 2022–2026 to accelerate implementation of the 2030 Agenda for Sustainable Development Goals (SDGs). In alignment with the Socio-Economic Development Strategy (SEDS) 2021–2030 and the Socio-Economic Development Plan (SEDP) 2021–2025, the Cooperation Framework was developed based on a comprehensive and thorough Country Analysis (CA), formerly the Common Country Analysis, prepared in 2021, and updated (still in draft) in 2025. At the UNFPA global level, the timing of CP10 aligned well with the updating of the global strategic plan (2022-2025). The now newly revised global strategic plan 2026-2029 offers UNFPA Viet Nam with an opportunity to align the design of CP11 within the global vision.

The CF 2022-2026, jointly implemented by UN agencies and the GOV, includes four key outcomes. The functions and strengths of UNFPA positioned it well to support primarily two areas of mandate, namely:

- *Outcome 1 (Inclusive Social Development)*: By 2026, people in Viet Nam, especially the poor and those at risk of being left behind, will benefit from inclusive, gender-responsive, disability-sensitive, equitable, affordable and quality social services and social protection systems, will have moved further out of poverty in all its dimensions, and will be empowered to reach their full potential (SDGs 1-4 and 6).
- *Outcome 4 (Governance and Justice for All)*: By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law, and the protection of and respect for human rights, gender equality, and freedom from all forms of violence.

### 3.2 UNFPA Response through the 10th Country Programme (CP10)

UNFPA has been active in Viet Nam since 1977 when it established the first Joint Cooperative Programme with the GOV. UNFPA's mission in Viet Nam is to help the country achieve the three transformative results - (i) ending preventable maternal deaths; (ii) ending the unmet need for family planning; and (iii) ending gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage - within the context of 2030 Agenda for Sustainable Development. UNFPA Viet Nam also seeks to accelerate progress towards the International Conference on Population and Development (ICPD) Plan of Action and other commitments and frameworks that the GOV has ratified, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Universal Periodic Review (UPR) for human rights.

### 3.2.1 The 10th Country Programme

The support that the UNFPA Viet Nam CO provides to the GOV under the framework of the CP10 is built on national development needs and priorities, as documented in the Common Country Analysis (CCA) 2021 and important national surveys and other databases. The CP10 was developed following extensive consultations with the GOV and other national and international stakeholders. It supports the implementation of the National Plan of Action for the Viet Nam Sustainable Development Goals for the Decade of Action and the new Socio-Economic Development Plan (2021-2026) under the Socio-Economic Development Strategy (2021-2030) framework. The CP was implemented at the national level and in 36 of Viet Nam's 64 (former, prior to administrative reforms) provinces, and has a strong focus on addressing the needs of most left-behind (MLB) populations.

At the programme level, CP10 aims to achieve the following six outputs:

- **Output 1:** The enabling environment is created to support comprehensive youth development and participation, including in disaster management policies and programmes and to advance the ICPD Programme of Action.
- **Output 2:** Integrated and coherent social protection system is enhanced, applying a life cycle and gender-transformative approach for ageing population, and meeting the individual needs of the most vulnerable groups.
- **Output 3:** Vulnerable groups including ethnic minorities, adolescents and youth, People with Disabilities (PwD), and migrant workers have increased equitable access to comprehensive and gender-transformative SRHR information and services, including in the humanitarian-development nexus.
- **Output 4:** Evidence-based and rights-based policy and programme making, budgeting and monitoring are strengthened based on data production, analysis and use.
- **Output 5:** Harmful attitudes that accept violence and perpetuate gender inequality especially those of young people are transformed to reduce GBV and other harmful practices including in the humanitarian-development nexus.
- **Output 6:** Multi-sectoral response is strengthened to address GBV and other harmful practices at national and sub-national levels.

Key strategic interventions were identified and further elaborated in the Country Programme Action Plan and further in project documents and agreements.

The CP10's Theory of Change (TOC) depicts this hierarchy of results (provided in Chapter 1 of this report - Introduction). In this TOC, rights-based, gender-sensitive, and people-centred approaches are prioritized, and interventions concerning gender and humanitarian preparedness and response are mainstreamed across all intervention areas of the programme. Furthermore, advocacy, policy support, knowledge management and capacity development are considered important cross-cutting engagement modalities across the CP and will be incorporated in the evaluation questions.

### 3.2.2 The Financial Structure of the CP10

The Table 3.1 below summarizes the financial structure of the CP, including a commitment to mobilize 10.5 million in regular resources and 16 million in other (mobilized) resources.

**Table 3.1 CP10 Financial Structure**

Project/Workstream	CPD Allocation (2022-2026)		
	RR	OR	TOTAL
Adolescents & Youth	740,000	700,000	1,440,000
Population Ageing & Social Protection	1,387,500	1,200,000	2,587,500
Equitable access to SRHR	3,700,000	2,800,000	6,500,000
Data & evidence for policy and programme	1,572,500	300,000	1,872,500
GBV & harmful practices	900,000	5,500,000	6,400,000
Multisectoral responses/GBV & other harmful practices	950,000	5,500,000	6,450,000
Programme Coordination/ Assistance	1,250,000	-	1,250,000
	<b>10,500,000</b>	<b>16,000,000</b>	<b>26,500,000</b>

### 3.2.3 Mid-Term Review (MTR) of the CP10

In 2024, UNFPA conducted an independent “light-touch” mid-term review (MTR) of the CP10 in order to i) review the current progress of CP10 implementation in terms of achieving the expected outputs and outcomes; ii) analyze the strengths, weaknesses, opportunities, and threats during the first two and a half years of CP10 implementation, including resource mobilization within the context of the government’s Decree on ODA management and the donor funding environment; iii) document lessons learned and best practices from the implementation of current projects; and iv) provide strategic and programmatic recommendations for the redesign and implementation of the remainder of CP10 (2025-2026), including recommending prioritized, forward-looking options to ensure maximum delivery.

The MTR identified two critical, overarching constraints in the development environment which constrained the implementation of CP10, namely:

1. The implementation of CP10 began with the introduction of new regulations by the GOV on the management of Official Development Assistance (ODA). These regulations led to significant postponements in the appraisal and approval of new projects. As a result, two out of the six key projects in the CP10 portfolio remained unapproved and might not be approved before the end of the cycle.
2. A significant consequence of the delayed project approval and procurement was the retreat of the National Implementation Modality (NIM), which the UN has promoted for over a decade. This, in turn, resulted in a reduction in national ownership and a “forced back” shift to direct implementation (DIM), making DIM the primary modality for CP10 implementation. The DIM has important implications for efficiency of human (staffing) and financial (VAT) resources to the agencies.

Another important constraint identified during the MTR was the deficits in mobilization of other resources for Output 1 (adolescents and youth reached 29% of expected levels) and Output 2 (population ageing reached 2.5% of expected levels), and to a lesser degree for Output 3 (SRHR reached 60% of expected levels) of the CP10. Despite these important constraints, the MTR found that CP10 has done a commendable job of achieving expected outputs. In particular, out of 15 output indicators, UNFPA and its partners significantly exceeded the end-of-programme targets for three (03) outputs, achieved or slightly surpassed the targets for nine (09) output indicators. For the three (03) remaining outputs, the end-of-programme targets had not yet been achieved. However, based on the progress to date, the MTR concluded that the programme was on track to meet the targets by the completion of CP10.

## Chapter 4. Findings

### 4.1 Evaluation Question 1 (Relevance): To what extent was UNFPA's support relevant and adaptable to the needs of the CP10 beneficiaries, especially of the most left behind (MLB) population groups, including ethnic minorities, adolescents and youth, people with disabilities, migrant workers, older persons, and LGBTQI+ people?

*Summary: The CPE finds that CP10 is generally well-aligned with both national and international frameworks across programme areas with the exception of having little focus on addressing unmet need for family planning of unmarried/adolescent and youth populations. In addition, while the CP10 aligns strongly with the GOV priority on digitalization in the P&D space, digital solutions have not been fully mainstreamed across thematic components of the CP10.*

*MLB populations are a central focus of CP10 programming. With significant OR mobilised, investment has been most substantial to address disparities in maternal health of ethnic minority populations, and in support for GBV survivors. Policy support for older populations has been complemented by a small pilot effort to introduce an innovative model of elder care. The programme's attention to other vulnerable populations including PwD and LGBTQI+ populations is more nascent. The CPE also raises questions about the relevance of some of the thematic foci of the youth programming, as compared to youth needs identified in the country assessment. In particular, the programme's attention on youth in service to other populations (aging and humanitarian) misses important opportunities to directly address the SRHR of vulnerable youth.*

*The CPE further notes the CP10's important engagement with LGBTQI+ populations and issues, particularly in preparation for the gender affirmation law. Attention to migrant worker SRHR has received limited attention and funding commitment to date. Overall, UNFPA has demonstrated adaptability by effectively leveraging flexible funding for emerging issues and through strong performance in resource mobilization (see efficiency question below).*

#### **4.1.1 Alignment with the country's Constitution, national laws, strategies, policies and programme agendas as well as international commitments**

CP10 is highly relevant to and contributes to the vision and priorities of Viet Nam's national development frameworks in health and social protection. In particular, the programme is explicitly aligned with the Constitution 2013 (Article 34 on social protection rights to all), key national laws such as the Youth Law, the Gender Equality Law (2006), the Law on Domestic Violence Prevention and Control (2007 and revised 2022), the National Law on Disabilities (2010), the Law on the Elderly (2009, in effect 2011), the Amended Social Insurance Law (2014, revised and approved by the National Assembly in late June 2024).

The programme also directly aligns with the National Socio-Economic Development Strategy (2021–2030), and actively contributes to the National Strategy on Gender Equality (2021–2030), the the National Strategy for People's Health (2030 with vision to 2045), the National Strategy on Youth Development (2021 – 2030), and the National Strategy on Gender Equality (2021–2030), the National Population Strategy (2021–2030), and the National Strategy on Ageing (2025–2035).

In addition CP10 further aligns with the National Programme on GBV Prevention and Response (2021–2025), the National Action Plan on Domestic Violence Prevention and Control in the new situation until 2025, the National Scheme on Controlling Sex Ratio at Birth Imbalance (2016-2025), the National Target Program on New Rural Development, the National Target Programme on Socio-Economic Development in Ethnic Minority and Mountainous Areas (2021-2031), the National Strategy on Older Persons till 2035 and vision till 2045, the GOV's Leave No One Behind Sustainable Development Goals Action Plan (2017) as well as Decrees 20 (2021) and 76 (2024) on social assistance to disadvantaged groups.

In the P&D thematic area, according to interviews with two central government partners and review of ProDoCs, CP10 is also responsive to the GOV's priority of creating a digital economy. In line with Decision No. 06/QD-TTg of the Prime Minister, dated 6 January 2022 Approval of the Master-plan on Developing the Application of Population Data, Identification, and Electronic Authentication to Serve National Digital Transformation for the Period 2022–2025, with a Vision to 2030, CP10 has been highly engaged in supporting GOV's efforts to build a national data system, focused on vital statistics and with potential links to a wide range of other data on, for example, education and social insurance. The work provides direct support to GOV's digitalization priorities, as reflected in the Decision No. 411/QD-TTg of the Prime Minister on approving the National Strategy for Digital Economy and Digital Society Development to 2025, with Orientation toward 2030.

The CP10's digital programming efforts in SRHR, youth and gender have been more limited overall. A small telehealth component in SRHR was discontinued due to low uptake by local stakeholders, and a new activity on technology-facilitated GBV was nascent at the time of the CPE.

In addition, CP10 aligns with and contributes to the implementation of the National Strategy on Older Persons, the Master-plan on replication of intergenerational self-help clubs and to political frameworks regarding social benefits for older populations.

In addition to these national frameworks, the CPE finds that CP10 is closely aligned with key international frameworks and agreements. In particular, CP10 is highly relevant to expected UNSDCF outcomes 1 (Social protection among poor and marginalized) and 4 (more just and inclusive society) and aligns closely to Viet Nam's global and regional commitments on SRHR, gender, and population and development. CP10 is particularly aligned with the ICPD Programme of Action, Convention on Elimination of all forms of Discrimination Against Women (CEDAW, the Beijing Platform for Action, the Convention on the Rights of Persons with Disabilities (CRPD), and the Sustainable Development Goals (SDGs). The CP10 further contributes directly to SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities), ensuring that no one is left behind. UNFPA's support to the GOV in strengthening gender-based violence (GBV) prevention and response systems, harmful practices (GBSS) and promoting comprehensive sexuality education demonstrates strong alignment with international commitments such as ICPD, CEDAW and relevant SDG targets.

Evidence from IDIs with central ministries and provincial authorities highlights UNFPA's technical role in policy formulation and capacity-building in GBV and CSE. Internal UNFPA monitoring further shows progress in service delivery models and provider training. UN peers also

commented on UNFPA's convening role in aligning national actors with global normative frameworks. Through this alignment, CP10 effectively helps to translate international commitments into national policies and actions, reinforcing Viet Nam's progress toward gender equality, SRH, empowerment of women and girls, and protection and promotion of older people.

Review of CP10 core documents (ProDocs, annual reports, donor reports, Quantum reporting) demonstrates that CP10 is deeply aligned with global UNFPA's transformative goals of reducing unmet need for family planning, reducing preventable maternal mortality, and reducing gender based violence. Viet Nam's renewed commitments to ICPD at the 2019 Nairobi Summit (ICPD25) underscore the unfinished POA agenda, specifically focusing on left-behind populations and increased domestic financing to achieve ICPD goals.<sup>25</sup> At the same time, comparison of core programme documentation and the UNFPA strategic plan<sup>26</sup> underscores that 1) the programme's focus has been on management rather than prevention of GBV and 2) in a context of low overall unmet need, family planning has been de-emphasized in CP10. The CPE finds that alignment of programming to high rates of unmet need for family planning among unmarried sexually active populations (40.7%) is a gap in the CP10's focus<sup>27</sup>.

Viet Nam's national commitment on global family planning by 2030 includes: increasing access to modern contraceptive methods; reducing unwanted pregnancies among adolescents; improving the quality of family planning services; increasing the provision of non-clinical contraceptive methods; increasing the provision of clinical family planning services at commune and district levels; and increasing propaganda and mobilizing people to implement family planning and use contraceptive methods.<sup>28</sup>

#### ***4.1.2 CP10 addresses the needs of MLB populations, including ethnic minorities, PwD, migrant workers, adolescents and youth, GBV survivors,<sup>29</sup> and older people.***

CP10 has made strong commitments to MLB populations as follows:

##### **4.1.2.1 Ethnic Minorities**

Analysis of annual donor reports, Annual Work Plan Reports from MOH, IDIs with provincial stakeholders and UNFPA staff reveal that the CP10's programming for ethnic minority populations works to address important disparities, particularly in maternal health and unmet need for family planning in 6 provinces (of which 4 provinces are under new provincial structures). Successful resource mobilization through Merck Sharp & Dohme (MSD) supports capacity-building of health staff, equipment, community-based communications and transportation allowances to increase utilization of facility-based maternal health services, as well as FP. Inclusion of a component on

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<sup>25</sup> <https://www.nairobisummiticpd.org/vietnam#:~:text=Viet%20Nam's%20national%20commitment,the%20ambitious%20SDGs%20by%202030.>

<sup>26</sup> [https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG\\_DP.FPA\\_2021.8\\_-\\_UNFPA\\_strategic\\_plan\\_2022-2025\\_-\\_FINAL\\_-\\_14Jul21.pdf](https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf)

<sup>27</sup> [https://vietnam.unfpa.org/sites/default/files/pub-pdf/info2\\_contraception\\_eng\\_4\\_pages\\_0.pdf](https://vietnam.unfpa.org/sites/default/files/pub-pdf/info2_contraception_eng_4_pages_0.pdf)

<sup>28</sup> <https://www.vietnam.vn/en/viet-nam-cong-bo-cam-ket-quoc-gia-ve-ke-hoach-hoa-gia-dinh-toan-cau-den-2030.>

<sup>29</sup> Per the CPE TOR, women survivors of violence were not identified as a MLB population but are included here in analysis.

cervical cancer was also added to ensure an integrated, comprehensive approach to SRH. IDIs with 2 provincial and 1 central government stakeholder and UNFPA staff reveal that a small component to introduce a digital application for tracking service utilization among targeted populations was discontinued in light of low uptake.

According to IDIs with provincial stakeholders in EM provinces and UNFPA staff, consultation with provincial stakeholders in the process of designing the programme is consistent with UNFPA Viet Nam's practice of engaging stakeholders during the design phase of the CP.

#### **4.1.2.2 Women Survivors of Violence**

UNFPA Viet Nam's gender thematic area focuses on contributing substantially to policy influence, model innovation for service provision for survivors of violence, and social norms change. Based on 2019 data indicating that 62.9% of Vietnamese women had experienced at least one form of domestic violence.<sup>30</sup> CP10 Country Programme Document and Theory of Change identify survivors of GBV as a priority population group.

As detailed in sections 4.3.4.3 and 4.3.4.4, the establishment and expansion of multi-sectoral, one-stop services centers (OSSCs) for survivors and a national GBV hotline are direct responses to the needs of women survivors of violence. OSSCs centers provide a comprehensive, integrated package of services—including counseling, medical care, legal aid, and temporary shelter—that are crucial for a survivors' recovery and empowerment.

CP10's efforts to raise awareness and change social norms are also essential for creating an environment where survivors feel safe to seek help. The Responsible Fatherhood Club piloted under CP10 is a community-based model led by the Viet Nam Farmers' Union (VFU). It engages men in discussions on gender equality, shared family responsibilities, and non-violent communication, aiming to transform harmful gender norms and prevent GBV and harmful practices such as GBSS. By creating safe spaces for men to reflect on gender roles and relationships, the clubs seek to shift attitudes from traditional authority toward care, empathy, and respect.

GBV programming in ethnic minority areas, attention to accessibility of OSSCs and policy and programming focused on GBV survivors with disabilities, GBV against LGBTQI+ populations are also noteworthy. In the recent expansion of GBV One Stop Service Centers (OSSCs) in Dien Bien and Hoa Binh, CP10 seeks to support GBV survivors among ethnic minority populations. Hòa Bình and Điện Biên are among provinces in the country with the largest ethnic minority populations, with ethnic minorities accounting for approximately 74.31% and 82.63% of their populations, respectively, according to the 2019 Viet Nam Population and Housing Census.

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<sup>30</sup> <https://asiapacific.unfpa.org/en/publications/national-study-violence-against-women-viet-nam-2019>

### 4.1.2.3 Adolescents and Youth

ProDocs from MOHA 2022 and Youth Union 2023, youth dialogue workshop reports and IDIs with Youth Union and UNFPA staff, show that CP10 has invested in A&Y both as programme beneficiaries and development actors. With its key partnership with the Viet Nam Youth Union and Ministry of Home Affairs (MOHA), the CP supports implementation of the Youth Law and the National Youth Development Strategy 2021-2030 including Decree 13/2021/ND-CP of MoHA on holding youth dialogues at provincial levels. In addition, according to workshop reports, the CP10 youth portfolio also includes work with HIV/STIs prevention focusing on young MSM, and continued focus on comprehensive sexuality education (CSE) at national and sub-national levels, per annual reports and IDIs with UNFPA staff and a central government partner. According to UNFPA staff, the establishment of a CP10 Youth Advisory Group, while delayed, has now been initiated.

A&Y programming has also been attentive to the multiple vulnerabilities of youth. Notably, the CP10-supported 2024 Regional Youth Dialogue in Ha Giang Province for 12 Northern provinces and in Dak Lak for 9 central and highland provinces in 2025 brought together vulnerable youth such as migrants, ethnic minorities, PwD and LGBTQI+ youth to review the implementation of the youth law and the national strategy on youth development (2021-2030), according to workshop reports.

At the same time, while youth dialogues and investment in youth capacity building can be effective approaches to meeting the needs of Vietnamese young people, it is not clear that thematic areas selected as foci of A&Y programming are consistently relevant to youth needs as defined in the Country Analysis<sup>31</sup> (e.g. digitalization, digital safety and security, event organizing and network building skills, improving access to education and training, healthcare, and decent employment opportunities). In particular, the CPE questions the CP's attention to awareness raising and capacity building efforts around the theme of youth and ageing/life cycle. While financial data and clarifications provided by UNFPA staff confirm that funding for this workstream was appropriately provided through the population and development workstream budget, this work can be seen to be driven more by an interest in intersectionality than to address the defined needs of youth. This area, together with a capacity building workstream on youth in humanitarian situations further emphasizes mobilizing youth in service to other populations, rather than specifically prioritizing youth-defined needs.

With respect to UNFPA's long term support for Comprehensive Sexuality Education (CSE), this area continues to be relevant as CP10 seeks to embed this programming firmly in national systems through the Ministry of Education and Training (MoET), including in-school focusing on inclusive education for PwDs and vocational training as well as out-of-school programming through the Viet Nam Youth Union.

Finally, as confirmed through MOH ProDoc and a UNFPA staff IDI, of particular note in terms of relevance of CP10's A&Y programming is the absence of focused attention to the high unmet

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<sup>31</sup> United Nations Vietnam. Common Country Analysis, 2024 Update. Hanoi: UN

need for FP among unmarried people, and adolescents and youth more specifically. This gap also represents a missed opportunity to align with UNFPA global transformative objectives.

#### **4.1.2.4 Persons with Disabilities**

Review of Joint Programme documentation and IDIs with UNFPA staff and central-level stakeholders shows that across its SRHR, A&Y and gender portfolios, the CP10 is working to address the needs of persons with disabilities (PwD). Through the Joint UN Trust Fund, a collaboration between UNDP, UNICEF and UNFPA toward the development of a CRPD-compliant legal framework to better include persons with disabilities in development processes and the Sustainable Development Goals (SDGs)<sup>32</sup>. Within the context of the joint programme (JP), UNFPA implemented programming focused on the Education and Health Sectors, bringing attention to the SRHR needs of PwD into CSE and health service delivery settings, and engaging an important range of stakeholders including MoET, MoH, CSOs and several community-based organizations of persons with disabilities (ODPs)<sup>33</sup>.

In the education sector, CP10 advanced CSE focused on PwD, through a consultative process involving education officials, teachers, and students with disabilities. The process resulted in the development of CSE curricula, and teacher guidelines, in line with the UNCRPD<sup>34</sup>.

In addition, the JP resulted in the development of National Guidelines for SRH of PwD developed through a consultative process and recently disseminated to all provinces through MoH. At community level, CP10 programming has emphasized raising awareness of communities about the stigma faced by PwD and their specific SRH needs. Here, the CP has taken steps to engage CSOs and community-based organizations of persons with disabilities (ODPs) as well as provincial health actors.

Additionally in CP10 gender programming, according to IDIs with UNFPA staff and provincial stakeholders, disability audits were conducted by an ODP to provide recommendations and guidance for disability inclusion in the provision of support services for women with disability who are GBV survivors provided by OSSCs and national GBV hotline. In P&D, CP10 addresses the needs of older populations who are often disabled by chronic or non-communicable disease.

#### **4.1.2.5 Older Populations**

Reviewing CP10's documents along with IDIs with several P&D stakeholders, it is evident that CP10 is also aligned to GOV's efforts to respond to Viet Nam's rapidly ageing population through extensive engagement at national policy level, including development of the Population Law (which was just approved by the National Assembly on December 10, 2025), revision of the Law on the Elderly, the Law on Social Insurance, the Decree on Social Assistance Policy, development and implementation of the National Strategy on Older Persons, development of the Master-plan

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<sup>32</sup><https://www.undp.org/vietnam/press-releases/united-nations-joint-programme-working-together-inclusive-future-achieves-significant-results-viet-nam>

<sup>33</sup> Ibid.

<sup>34</sup> UNPRPD (2024). United Nations Joint Program: Working Together for an Inclusive Future. Implementing the Convention on the Rights of Persons with Disabilities through Effective Collaboration.

on development of community based health care workers and healthcare centers for older persons and the Master-plan on replication of the intergenerational-self help clubs (ISHCs). The programme also supports ageing populations through development of policies to care for, protect and promote the roles of older citizens through the Ministry of Health (MoH)'s Administration of Social Protection, Viet Nam Association of the Elderly (VAE) and through the demonstration an innovative model of community-based care engaging voluntary care givers to provide integrated and long-term (home-based) care to older people (ICOPE), who are unable to access and use facility-based services.

#### **4.1.2.6 Migrant Workers**

According to programme documents and a UNFPA staff IDI, CP10 contributions to health disparities in migrant populations are important but limited. The programme supported the MoH to develop and promulgate a project entitled "Counseling and providing reproductive health care services for workers at industrial zones (IZs) and export processing zones (EPZs) for the 2024-2030 period." The project seeks to improve health, reduce the incidence of RH and sexual health diseases among workers at industrial zones and export processing zones, contributing to increasing labor productivity. Specific objectives seek to 1) strengthen the commitment of policymakers, local authorities, trade union organizations, and relevant stakeholders to create a favorable environment for health care and reproductive health care (RHC) for workers; 2) enhance the social responsibility of enterprises at IZs, EPZs in building and implementing RHC policies for workers; 3) improve the capacity of the health system in providing RHC services suitable for the living conditions and working time of workers at IZs, EPZs and; raise awareness and enhance access for workers at IZs, EPZs to appropriate RHC and sexual health services.

According to UNFPA staff, the project calls for provinces to develop provincial-level projects dedicated to implementing the national project under the leadership of the provincial health departments and Centers for Disease Control. There is no evidence of evaluation of the plans and their implementation, nor of funds dedicated to these plans.

#### **4.1.2.7 LGBTQI+ People**

Workshop reports and IDIs with UNFPA staff and a CSO stakeholder indicate that since 2024, UNFPA has played an increasingly important role in promoting the health and rights of the LGBTQI+ people in Viet Nam. The CP is among efforts at the forefront of advocacy for the Gender Affirmation Law which, originally on the 2024 legislative agenda, has been postponed. In support of the development of the law, UNFPA organized a study tour for policy makers to learn about the gender self-determination laws in Spain and Germany. According to one IDI, "The initial draft of the law was very discriminatory, but over time the drafts have become more accepting", e.g. by actively prohibiting violence against transgender people, promoting a non-discriminatory environment for health services, and banning conversion therapy.

Project design documents from 2024 and 2025 show that as the lead of the UN Free and Equal Campaign, UNFPA together with other UN partners have been working on innovative communications designed to increase awareness of and support for equal rights and fair treatment of LGBTQI+ people. In addition, documentation of activities such as support for Ha Noi

Pride, development of a Trans booklet to increase understanding of transgender issues and supporting training and small grants for MSM-serving CBOs in central Viet Nam are noteworthy.

#### **4.2 Evaluation Question 2 (Coherence): To what extent is UNFPA's support compatible with other interventions in the country, provided by other stakeholders, including UN and other development partners, government and non-government organisations and CSOs?**

*Summary: The CPE finds that UNFPA's programming adds considerable value to Viet Nam's development landscape, across all thematic areas, and that significant attention has been paid to the intersectionality of programming, adding cohesion by taking into account multiple vulnerabilities of MLB populations. UNFPA's value is derived from strong relevance, long-term relationships and programming that builds on its strengths, year to year in 5-year country programme cycles. In addition, UNFPA is an active contributor to UN Coordination Efforts, playing lead roles in UN Working Groups and leading coordination of a number of multi-agency programmes. Among stakeholders, perceptions of an overlapping mandate with UNWomen and the fragmentation of programming resulting from unaligned work planning and financial processes at the onset of the Eliminating Violence Against Women and Children (EVAWC) project is noteworthy.*

##### **4.2.1 UNFPA's value-add in Viet Nam's development landscape**

Analysis of IDIs across multiple and diverse stakeholders affirms that UNFPA is clearly positioned as a key partner to the GOV, supporting national level policy development in SRHR, GBV and Population and Development areas by delivering both financial resources and valued technical assistance. UNFPA's trusted relationships with the GOV, built over many years through continuous support and accompaniment of government priorities confer a privileged role, particularly within the national policy landscape.

Interviews with donors, civil society and academic organizations as well as UNFPA staff and government partners emphasize that as a UN agency, UNFPA's positioning allows it to convene high-level stakeholders, including across government ministries, CSOs, mass organizations and international partners. Its convening power gives UNFPA a unique role in multi-sectoral endeavors. The evaluation highlights the multi-sectoral response to GBV as a strong example of CP10 coherence. According to IDIs, UNFPA played a pivotal role in convening key ministries, such as the Ministry of Home Affairs (MoHA) and the Ministry of Health (MoH) to develop national guidelines and standards for GBV service delivery. The OSSC model demonstrates this coordination, requiring close collaboration among social workers, health professionals, and law enforcement to provide comprehensive support for survivors.

IDIs with central government stakeholders and UNFPA staff also underscore that while population and development has been thematic focus for UNFPA for decades, with the GOV's increasing prioritization of population dynamics, associated with fertility decline and a rapidly ageing population, UNFPA has carved out unique positioning with clear and recognized expertise in population issues, and more generally in areas of data systems and data analytics. According to an interview with a central government representative: "UNFPA support in survey design, data collection, and more importantly, evidence-based policy reports and briefs, has added valuable

inputs for changing population and development policies in Viet Nam, such as removing the two-child policy, and adding ageing as an important factor in development plans.”

UNFPA sectoral leadership in SRHR over many decades was noted by multiple GOV stakeholders in IDIs, while its more recent leadership in the area of HPV vaccine introduction is considered particularly noteworthy for its expected long-term contributions to sustainable cervical cancer prevention.

#### **4.2.2 Intersectionality of Programming**

Overall, recognizing the compounded vulnerabilities of MLB populations, analysis of programme documents and IDIs attest to CP10’s made significant efforts to address intersectionality of its core programming pillars. Notable examples include:

In its youth programming, one youth dialogue specifically engaged youth from multiple vulnerable groups (e.g. migrant workers, LGBTQI+, PwD) to participate and raise specific issues relevant to their SRHR<sup>35</sup>. Per IDIs and written comments from UNFPA staff and a youth programme partner, the CP10 youth programming integrating ageing and humanitarian themes was also an effort to recognize and address intersectionality.

In demonstrating strategic foresight on the need for a more robust care economy, the CO facilitated a comprehensive range of activities, including dialogue labs, FGDs, and round table discussions. Furthermore, in order to foster preparation for healthy and happy ageing, it organized policy forums and training of trainers (TOT) courses to promote young people to prepare for healthy ageing. These initiatives deliberately engaged diverse stakeholders spanning multiple generations—current older persons, future older persons (i.e. young and middle-aged citizens), caregivers, care managers, and policy makers. The resulting intergenerational and intersectional engagements successfully deepened understanding and enhanced both intergenerational and intersectoral solidarity and mutual support.

Additionally, the CO strategically implemented the ICOPE model via the ISHCs, achieving the goal of enhanced engagement between younger and older persons. This programmatic design facilitates a dual contribution, specifically younger members deliver crucial support in areas such as care services and digital skills, while older persons serve as mentors, providing invaluable transfer of professional knowledge and life experience to the younger generation. According to partners, the result is a more resilient and mutually supportive ecosystem. In addition, it is noted by provincial partners local VAE authorities and ISHC managers specifically invited some voluntary male care-givers, deviating from traditional gender norms. According to a male participant of a FGD: “Participating in this program helped me to understand how hard it is to take care of older people, especially those with physical disabilities. And this also urges us to share care work at home and in our community.”

Under the *Elimination of Violence against Women and Children* (EVAWC) project, jointly implemented by UNFPA and UN Women, UNFPA collaborated with the Center for Studies and

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<sup>35</sup> UNFPA Report Summary of Workshop Meeting. Ha Giang Youth Dialogue Report 2024.

Applied Sciences in Gender - Family - Women and Adolescents (CSAGA), to deliver community engagement activities. According to the *EVAWC Annual Programme Progress Report 2024* (UNFPA) and interviews with NGO partners, the "Run for Zero Violence Against Women and Girls" engaged 2,000 participants, including 416 children, 50 LGBTQI+ individuals, and 228 persons with disabilities, making it Viet Nam's largest-ever gender equality run.

It is also noteworthy that while OSSCs have made efforts to enhance accessibility for PwDs, service provision remains only partially inclusive due to limited resources. Field data from Quang Ninh indicate that PwD-responsive services were not integrated at the design stage, resulting in an initially inaccessible building and infrastructure. In response, the OSSC has begun to adapt, for example, planning accessibility-focused repairs in the next phase. The OSSC manager also raised this limitation with UNFPA, which has been taken forward as a lesson learned for other OSSCs.

At the same time, the CPE also notes some missed opportunities for intersectionality, most importantly between SRH programming for ethnic minorities and GBV programming. In particular, it is noted that the coverage and accessibility of OSSCs and responsible fatherhood clubs remain limited for vulnerable groups, especially ethnic minority (EM) populations in remote areas. Field data show that interventions have not sufficiently reached EM groups: the Quang Ninh OSSC is city-based with no EM language services, and RFCs in Bac Giang and Bac Ninh were implemented only in Kinh communities, where provincial authorities recommended establishing RFCs in EM and remote areas for greater relevance and impact. Central Government IDIs similarly emphasised the need to prioritise vulnerable groups through replication of the RFC and men's support services tailored to EM men. Provincial IDIs confirmed that although OSSCs are being replicated in EM-populated provinces (e.g., Điện Biên, Hòa Bình), persistent geographic, cultural, and linguistic barriers continue to limit uptake. Some progress is emerging in Lâm Đồng, where RFCs have begun working with EM communities.

#### **4.2.3 UNFPA's support for UN system-wide coordination**

Joint programme document review and IDIs with UN peer organizations, UNFPA staff and donors indicate that UNFPA is actively engaged in UN coordination. Within the UN system, UNFPA has played important roles in gender and youth coordination, providing leadership for both the UN gender working group and the UN adolescents and youth working group (for 10 years until 2022). According to a UN source, UNFPA is also the co-chair of the UN M&E and Learning group, focusing on support for SDG monitoring and reporting, and it co-chairs the Working Group to support the Statistics System. IDIs with a UN peer organization and a government partner further noted that UNFPA leads the sub-working group on GBV in emergencies of the UN Humanitarian working group and is also a member of the UN HIV working group. In these settings, according to interviews, UN peer organizations generally appreciate UNFPA's role and contributions. In the youth coordination space, of particular note is UNFPA's contributions to the (still pending) 4-year National Youth Report 2019-2024 planned to be launched in December 2025.

Programme documents and IDIs with UN joint programme partners affirm UNFPA's leadership of the DFAT-funded EVAWC joint programme (JP) and implements CP10 PwD programming under the UNDP-led UN Working Together for an Inclusive Future: Implementing the CRPD through Effective Collaboration project. UNFPA also leads the UN Free and Equal Campaign, dedicated to the health and rights of LGBTQI+ people. Evaluation of the JP Together for an Inclusive Future noted effective and synergistic collaboration among UN partners towards creating a more inclusive society for persons with disabilities.<sup>36</sup>

The EVAWC JP is notable for bringing together UNFPA, UN Women and UNICEF to implement innovative programming on GBV prevention and case management and support, under UNFPA leadership. Here, assessment of UNFPA's coordination and system-focused leadership is mixed, with several partners pointing to real bottlenecks, stagnation, and fragmentation of the JP. Several interviews and the MTR revealed important levels of dysfunction in the JP, with slow execution and unclear approaches to coordination. In early stages of the JP, this led partners to go their separate ways and to implement different approaches in different geographical areas, resulting in fragmentation of programming models and clear inefficiencies. At the same time, partners universally acknowledged important levels of improvement in the past two years.

Despite ongoing important efforts at *Delivering as One*, in the context of EVAWC, UN peer organizations noted challenges in joint programming around unaligned work planning and financial processes, contributing in important ways to early programme stagnation. A donor further acknowledged that UNFPA has played a significant role in facilitating coordination among different actors working on the gender theme, while also noting that distinctions could still be muddled between UNWomen and UNFPA.

**4.3 Evaluation Question 3 (Effectiveness): To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme, in particular (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes; and (v) contributed to law, policies, and national guidelines to help the country to better align with ICPD and international human rights, best practices and relevant laws?**

*Summary: The CPE finds that in general, CP10 has achieved or exceeded most of its intended outputs and that pending outputs are on track to progress, or be achieved. Moreover, overall, the CP has effectively incorporated human rights and gender transformative approaches, effectively targeting MLB populations.*

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<sup>36</sup> UN Partnership on the Rights of Persons with Disabilities: Evaluation Report of the UN Working Together for an Inclusive Future: Implementing the CRPD through Effective Collaboration project (January, 2022-June, 2024). June, 2024.

The CP10's effectiveness in upstream, policy-focused programming is particularly noteworthy. The CP10 has led significant policy-focused initiatives across all programming areas, including laws, policies, as well as implementing decrees and other guidance. Recent reviews/monitoring of national projects and plans is also noteworthy. Investments in strategic information to inform policy and accompaniment of policy making processes, including with expert technical assistance, such as in the area of HPV vaccine introduction, are considered particularly effective, with important implications for future programming. Finally, there is also evidence of CP10's effectiveness in community-facing programming, particularly in maternal health, gender/positive masculinities, as well as population ageing.

Measurability of CP10 effectiveness at output and outcome levels is constrained by limited population-based data, less-than-meaningful definition of programme output indicators, and unsystematic quality evaluation of programme innovations. Furthermore, several CP10 programme workstreams are not sufficiently advanced to be reasonably expected to yield measurable results.

#### 4.3.1 Realization of CP10 outputs is strong and continuing since the mid-term review (MTR)

As noted in Table 4.1 below, and as documented in the MTR, CP10 had already achieved or surpassed 13 of 15 designated output targets, many focused on high-level policy outcomes, or introduction of innovations. Among outputs that have not yet been achieved to date, according to UNFPA staff and IDIs with relevant government partners, there is compelling movement in most areas. With advocacy support from ASP and UNFPA, based on a consolidation document (No. 16/VBHN-VPQH, dated 16 September 2024) by the National Assembly, the Law on the Elderly now looks to be moving forward towards review.

With regard to the inclusion of HPV vaccine in provincial plans, it is noted that UNFPA is playing a leadership role in supporting development of a national financing approach, with the engagement of the National EPI programme, GAVI, MSD and the National Institute of Hygiene and Epidemiology (NIHE) as key partners. Among the key milestones was UNFPA's leadership towards the development of a costing model and a roadmap for vaccine introduction to inform MoH's request for GAVI support. With the financial support from Gavi confirmed by UNFPA technical and operations staff, UNFPA will support NIHE to develop provincial plans for vaccine introduction (2026-2030). It is noteworthy that recent reduction of the cost of the vaccine globally (compared to costing estimates used in the costing model) should enable a faster roll-out than originally envisioned in the roadmap.

**Table 4.1. Results per Output Indicator**

Indicator	Baseline (2020)	Achievement (by 10/25)	Target (2026)	Assessment
<b>Output 1: Enabling Environment for adolescents and youth strengthened</b>				
1.1.1. No. of national & subnational plans approved to implement the Youth Law, with a special focus on addressing needs of vulnerable young people	0	1 NPA 63 PPA	1 NPA 63 PPA	Achieved
1.1.2. No. of regional youth dialogue platforms established	0	3 dialogues	3 dialogues	Achieved

<b>Output 2: Social protection/Population aging enhanced</b>				
1.2.1. Existence of the revised Law on the Elderly, with provisions on social inclusion and older persons' rights	Revision Started	National Assembly's Consolidation Announcement No.16 on Revision of by NA for approval plan the draft new Law on the Elderly	Law Approved	In progress
1.2.2. No. of new solutions and innovations piloted to enhance social and economic participation and care of older persons	0	3	2	Exceeded
1.2.3. Level of age extension of social assistance coverage for older persons	Yr (80+)	Yr (75+)	Yr (75+)	Achieved
<b>Output 3: SRHR for most vulnerable populations</b>				
2.1.1. No. of provinces with innovative initiatives aiming to increase access of vulnerable populations to SRHR information and services	0	22	10	Exceeded
2.1.2. No. of provinces with approved cervical cancer prevention plans applying innovative financing mechanisms, incl. national & subnational budgets	0	10	12	Pending/In progress
2.1.3. No. of provinces that implement approved national guidelines on comprehensive sexuality education and life-skills education in secondary and vocational schools, and introduce CSE and LSE initiatives for out-of-school	0	12	10	Achieved
2.1.4. Proportion of women aged 15-49 years residing in areas of humanitarian situations who receive SRH information and services	0	15%	25%	Assessed as not measurable in light of response approaches to date.
<b>Output 4: Data improved to support evidence based policy and programming</b>				
2.2.1. Existence of population and development policies and strategies aligned with international standards	National Fertility Adjustment Program	Population Law approved by National Assembly on December 10, 2025	Population Law approved	Achieved
2.2.2. No. of evidence-based policy briefs developed and used for advocacy to increase domestic resource mobilization and public revenue for ICPD at national and subnational levels	0	12	8	Exceeded
<b>Output 5: Social norms addressed to reduce GBV and other harmful practices</b>				
3.1.1. Existence of the revised Law on Prevention and Control of Domestic Violence, in line with international standards	Revision started	Law approved	Law Approved	Achieved
3.1.2. No. of provinces implementing evidence-based innovative initiatives addressing discriminatory gender and socio-cultural norms, GBV and harmful practices, including in disaster management	3	12	8	Exceeded
<b>Output 6: Multi-sectoral response enhanced to address GBV and other harmful practices</b>				
3.2.1. No. of new one-stop service centers providing timely and high-quality GBV services per United Nations Essential Service Package Guidelines	1	8	6	Exceeded

3.2.2. Availability of coordinated multisectoral GBV service provision protocols approved by subnational actors	Drafting of Guidelines Started	Guidelines Approved and Implemented	Guidelines Approved and Implem'd	Achieved
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The CPE finds the measurability of the indicator on UNFPA contributions to humanitarian response to be questionable. Nonetheless, UNFPA has participated in humanitarian efforts in Viet Nam, particularly in response to Typhoon Yagi in Sept. 2024. Here, CP10 targeted pregnant women, older persons and GBV survivors through provision of cash transfers and dignity kits. More complete discussion of CP10’s humanitarian engagement is included in EQ 7 below.

#### ***4.3.2 Human rights-based approaches, gender transformative perspectives, disability inclusion, and MLB populations are targeted across all programming components***

The CP10 has taken strong positions on human rights and health equity. This is evident first and foremost in CP10’s design of interventions focused on vulnerable populations, including EM populations, A&Y, PwD, migrant workers and older persons. While it was not noted in the CPE TOR, women survivors of violence must also be considered among MLB populations.

UNFPA’s commitment to human rights was noted by several non-governmental stakeholders as an important comparative advantage of the UN. In speaking to the human rights context, one donor supporting UNFPA’s work noted “We’re glad UNFPA is there”. In the policy arena, very importantly UNFPA regularly defends human rights positions through its technical assistance, for example, in developing the amended Law on Domestic Violence Prevention and Control, and the Population Law. In the latter, according to interviews, UNFPA worked in deliberate and diplomatic ways to steer away from a purely demographic orientation to the one with a more holistic view of human rights.

With important levels of consistency across the CP, UNFPA took important measures to target MLB populations. For example, expansion of OSSCs through KOICA and DFAT support was designed in part to reach MLB populations and youth dialogues that included representation from a variety of MLB populations including PwD, ethnic minorities, LGBTQI+ youth, and migrant workers. Additionally, the piloting and subsequent replication of ICOPE-based ISHCs model delivered long-term, integrated care for bed-ridden individuals at the home and community levels. In CSE programming, the UN Joint programme allowed for a special focus on inclusivity of PwD emphasizing the rights of PwD to access SRH information and services. In its assistance to victims of Typhoon Yagi, UNFPA took great care to target pregnant women, older beneficiaries, and women survivors of GBV.

Further, in the MSD-supported Leave No One Behind programme, in collaboration with MoH, the programme established criteria for commune selection based on three indicators: 1) 70-90% ethnic minority population, distance from commune to district hospital at least 30 km or 4-hour travel by local transportation, and home delivery rate of least 70%. These criteria resulted in a nuanced targeting of communes ranging from 19 in Lai Chau to only 4 in Dak Nong.

### 4.3.3 Policy Achievements of the Country Programme

A clear area of effective and efficient country programme engagement is in the national policy realm. UNFPA’s upstream work in the policy domain- including towards developing and reviewing laws, policies, strategies, plans - and operational guidance have culminated or are on track to culminate in a range of new and updated policies. Critical policy successes directly attributable to CP10 engagement include:

**Table 4.2 Notable CP10 Policy Achievements and In-Development/Review**

Thematic Area	Policy Achievements and Policies in Development/Review
<b>SRHR and A&amp;Y</b>	<ul style="list-style-type: none"> <li>• National Guidelines on Reproductive Health Services including Maternal Health and Family Planning Services (in finalization)</li> <li>• National guidelines on Adolescent Reproductive Health (2024)</li> <li>• National Standards and Guidelines on SRH of PwD (2024)</li> <li>• MoH directive 134 (2022) on national guidelines to monitor quality of FP services provided at the PHC level.</li> <li>• National guidelines for cervical cancer (for vaccination, screening, diagnosis, and treatment) issued and updated according to Decision 3792/QĐ-BYT (2024)</li> <li>• Resolution 104/NQ-CP (2022) roadmap to increase the number of HPV vaccines in the EPI program 2021-2030.</li> <li>• Decree No. 13/2024/ND allocating central budget allocation of MoH for purchasing HPV vaccine in the EPI programme.</li> <li>• MoH directive 160 (2024) on national guidelines to monitor performance of population collaborators in distribution of non clinical contraceptives at community level.</li> <li>• National Action Plan on Cervical Cancer Preventions 2026-2030 with vision to 2035 (drafted)</li> <li>• National guidelines on non-disruptive provision of RH services during Covid pandemic (2022).</li> <li>• National guidelines on delivering IEC/Behaviour Change Communication (BCC) for migrant workers in industrial zones (being finalized in 2025)National Plan on provision of SRH services for migrant workers in industrial zones (2024)</li> <li>• Provincial Plans of Action towards implementation of the Youth Law.</li> <li>• Decision No. 656, mandating that students with disabilities can receive equitable and inclusive CSE nationwide.</li> <li>• Policy Reviews: National Action Plan on SRH with focus on maternal neonatal health 2021-2025; National Action Plan for Cervical Cancer Prevention and Control (2016–2025);National Action Plan on SRHR for adolescents and youth 2020-2025;National Action Plan on SRH for migrant workers 2025-2030</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Amended Law on Domestic Violence Prevention and Control (2022)</li> <li>• The Gender Equality Law (contributor)</li> <li>• The Gender Affirmation Law (lead, in progress)</li> <li>• Decree 76/2023/ND-CP on Guiding the implementation of the revised Domestic Violence Prevention and Control Law</li> <li>• The multi sectoral coordination mechanism on GBV and child abuse has been approved and implemented in Quang Ninh;</li> <li>• The multi sectoral coordination mechanism on GBV in emergencies is developed and piloted in Quang Ninh province;</li> </ul>

	<ul style="list-style-type: none"> <li>• The multi sectoral coordination mechanism on GBSS has been approved and implemented in Bac Giang (Bac Ninh now) and Ben Tre province</li> <li>• National Guidelines to integrate GBV interventions into disaster prevention and control plans (6/2025).</li> <li>• National Action Plan for rollout the ASEAN Regional Guidance on empowering women and children: delivering quality social work services for those at risk or affected by violence.</li> <li>• The action plans on integrating GBV interventions in the provincial master plans on prevention and response to natural disasters in Cao Bang and Lao Cai provinces</li> </ul>
<b>Population &amp; Development</b>	<ul style="list-style-type: none"> <li>• Endorsed: Decree 76/2024/ND-CP on Social Assistance Policy (increased level of social assistance for MLB population)</li> <li>• The amended Law on Social Insurance law (2024) reduces age of eligibility from 80 to 75 (along with Consolidation Announcement No.16 of the National Assembly to revise the Law on the Elderly related to this)</li> <li>• Decree No. 110/2024/ND-CP on Social Work, dated 30/8/2024</li> <li>• Revision of the National Assembly’s Ordinance No. 07/2025/UBTVQH15 on Population (removing Article 10 on “Each family should have 1-2 children”)</li> <li>• National Strategy for Older Persons (2025-2035/45) &amp; Decision No. 2525-QD/BYT on the related Action Plan for implementation of the National Strategy on Older Persons till 2035 and vision till 2045</li> <li>• Decision 1648/QĐ-TTg on nationwide replication of the intergenerational self-help clubs (for the period 2025 - 2045)</li> <li>• Law on Population (approved on 10 December 2025)</li> <li>• Law on Disease Prevention (approved on 10 December 2025)</li> <li>• National Targeted Programme on Healthcare, Population and Development, 2026 - 2035 (approved on 11 December 2025).</li> </ul> <p>In progress:</p> <ul style="list-style-type: none"> <li>• Law on the Elderly</li> <li>• Master-plan on development and improvement of community-based health care worker network and health care facilities for older persons to 2030 with a vision to 2045</li> <li>• National guideline on/Circular on M&amp;E &amp; reporting on implementation of the National Strategy on Older Persons</li> <li>• National Plan of Action on CRVS (to be approved in December 2025) &amp; MOU on CRVS data sharing among MOJ, MOF, MPS and MOH (to be approved in 2026).</li> <li>• Law on Civil Registration (to be approved in 2026)</li> </ul>

**4.3.4 Effectiveness of community-facing and provincial programme components**

**4.3.4.1 SRHR services and behavior change for targeted populations (A&Y, women in ethnic minority areas, PwD)**

Significant programming in the area of maternal health through the MSD-supported “Leaving No One Behind” programme implemented by MOH and 6 provinces, has demonstrated impressive results with regard to changes in maternal health-care seeking in ethnic minority areas.<sup>37</sup>

<sup>37</sup> Leave No One Behind Evaluation Report (2025)

Furthermore, when compared against data from the 2025 national review of the Action Plan on Maternal and Newborn Health which noted the percentage of mothers in mountainous areas receiving at least 4 ANC visits was between 29.6 and 33%, it appears that the project has outperformed average changes in this indicator.

**Table 4.3 Changes in Maternal Care & FP in 6 Ethnic Minority Provinces (60 communes)**

Leave No-One Behind Programme Indicators	Baseline 2020	Endline 2024
Percentage of mothers receiving at least 4 ANC visits during pregnancy	11.3	36
Numbers of maternal deaths (3 years prior to the project & betw. 2022-2024)	18	11
Percentage of mothers giving birth at a health care facility	29.9	57.1
Percentage of mothers attended by a trained health worker	34.7	58.9
Percentage of mothers delivering at home or in fields	70.1	42.9
Modern contraceptive prevalence rate	50.7	56.1

To achieve these notable results, the project developed innovative communications materials and trained village birth attendants and notably, community leaders and other community agents to communicate about the importance of care during pregnancy, nutrition, family planning and cervical cancer prevention reaching more than 17,000 people. The final evaluation noted that although change was slow in the Mông group, where men participated in communication, the rate of women attending antenatal care and delivering at health facilities increased faster.<sup>38</sup>

Provincial health authorities noted that these innovative communication approaches, bringing information directly to people’s homes, and engaging “gate-keepers” were critical contributions to improving maternal health outcomes in their provinces. In addition, they noted the importance of the programme’s provision of transportation allowances (500,000 VND per mother) for facility visits as a key factor in facilitating access.

It is noteworthy that the programme also provided obstetric monitors and Doppler foetal monitors to CHCs and village-based birth attendants (VBAs) and conducted Training of Trainers (TOT) courses, trained 156 midwives in basic emergency obstetric care (BEmOC), 36 doctors in comprehensive emergency obstetric care (CEmOC), and 20 health workers in three-month advanced obstetric surgery training, as well as organized five maternal death surveillance and response (MDSR) workshops for 218 participants. The project supported the establishment and development of the VBA network with 11 ethnic minority trainees completing a six-month training course at the Son La Medical Secondary School, 193 VBAs receiving refresher training, and 300 VBAs receiving behaviour change communication (BCC) training<sup>39</sup>. In reflecting on the programme in the context of the final evaluation, one Hmong mother in Son La province noted "I was very lucky that when I went for my antenatal check-ups at the commune health station, the doctor there detected my placenta accreta early and advised me to be closely monitored until

<sup>38</sup> Ibid.

<sup>39</sup> Leave No One Behind Evaluation Inception Report (2024)

delivery. Now my baby is healthy, and I'm very happy. I'm so grateful to the staff at the station. I also advise other mothers in the village to go for early check-ups".<sup>40</sup>

Notably, according to programme documentation and IDIs, the CP10 did not include programming aimed at increasing utilization of SRHR services or to improve knowledge, attitude or behavior change at scale among populations of A&Y. For community-level work to address SRHR among PwD populations, it is noted that programming is in a very nascent stage, with early efforts to raise awareness among communities and service providers. The development and dissemination of National Standards and Guidelines on SRH for PwD is an important step towards increasing accessibility of services to these populations, including initial efforts to sensitize PwD populations of their rights to SRH services.

#### **4.3.4.2 Enhanced adolescent youth SRHR and participation in national and provincial fora including in humanitarian contexts**

The CP10 did not envision significant work in the area of A&Y SRH services. Outputs focused rather on continued work in CSE, on development of Provincial Action Plans towards implementing the Youth Law, and on creating platforms for youth dialogue. CP10 has supported the UN Youth Advisory Group and has very recently initiated a UNFPA-specific Youth Advisory Group, following earlier efforts in 2022 and 2023, which were put on hold due to administrative restructuring of the MOHA agreement.

Youth dialogues are specifically mandated in Viet Nam's Youth Law and the National Strategy on Youth Development 2021-2030. These dialogues, institutionalized through provincial action plans, are a potentially important instrument to engage young people and to hear their voices in national development endeavors.

The CP10 does not monitor provincial youth dialogues but rather has organized three regional dialogues, each for approximately 50-70 youth from provinces. These dialogues - focusing on general youth development and SRHR themes including SRHR of vulnerable populations - were not specifically aligned with any ongoing policy development or appraisal efforts, where for example youth could be invited to share their perspectives on how policies affect youth. According to a workshop report, one of the was self-evaluated by organizers as overly didactic, and capacity building sessions were largely limited to awareness raising. Notably, mechanisms to share youth perspectives resulting from the dialogues with broader audiences (e.g. line ministries) are unclear. In the Youth Union's 2025 review of the Youth Law and Strategy on Youth Development, there is no mention of the results of the dialogues and SRH is only briefly mentioned in the report.

Indeed, concerns about how young people involved in CP10 programming actually influence policy were explicitly voiced by beneficiaries during a FGD. In particular they noted the "lack of a pathway" for their feedback to truly affect policy. Relatedly, these young people called out the absence of dedicated funding mechanisms to help them, as youth leaders, disseminate messages and mobilize other youth. They specifically called upon UNFPA to fund multiplier events so they

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<sup>40</sup> Leave No One Behind, Project Evaluation Report, 2025

could share their experience within their networks or organizations. In the absence of such mechanisms, the youth indicated that the primary value of their participation in CP10 youth activities was in the enhancement of their personal and professional networks.

It is also noteworthy that a 5-year review of the National Project and Action Plans SRH for Adolescents and Youth found important gaps in this GOV programming. In particular, at the time of review, only 48% of provinces and cities had issued action plans and access to youth friendly and general SRH services was noted as limited.<sup>41</sup> This implies that provinces may have approved a broad plan to implement the Youth Law (satisfying Indicator 1.1.1), but are not fully prioritizing the specific sub-plans or components required to address SRHR. The report also notes that the failure of provinces to issue plans “shows a lack of priority and consequently a lack of dedicated resources”. This suggests that despite the successful establishment of dialogue platforms, there is currently limited uptake of youth feedback at the decision-making level to drive substantive policy implementation at the sub-national level.

Finally, it is noted that capacity building activities organized by the Youth Union with themes of healthy ageing and humanitarian emergencies put emphasis on the role of youth in service to others (older persons, humanitarian), rather than directly addressing more pressing needs of adolescents and youth themselves, as identified in the Viet Nam country assessment. The CPE was unable to find documentation of how youth can be readily deployed in humanitarian settings.

#### **4.3.4.3 Provincial GBV programming**

The CP10 has contributed to improving access to quality and survivor-centred GBV services at both national and community levels. In particular, CP10 has operationalized and taken important steps toward institutionalization of innovative models to promote gender equality. UNFPA’s support under CP10 has been instrumental in advancing a model of comprehensive, integrated support to survivors of violence. The establishment and operation of the OSSC (“Anh Duong House”) Model in Quang Ninh (2020) and expansion of the model in 5 new provinces (Da Nang, Thanh Hoa, Ho Chi Minh, Hoa Binh and An Giang) by Q3 of 2025, and planning with 2 new ones in 2026, that exceed the target is an important CP10 output. This achievement was facilitated by other resource mobilization from KOICA and DFAT, strategic prioritization of OSSCs under CP10, and active support and commitment from provincial authorities, which enabled high levels of institutionalization and local ownership. According to the latest report from the Quang Ninh OSSC, from its establishment in April 2020, to August 2025, the centre received more than 20,000 calls, among which over 1,000 calls from 850 individuals were provided with counselling and support related to GBV. At the OSSC, a number of GBV survivors and their children were received and provided with emergency support services. These individuals were offered safe temporary accommodation, essential necessities, counselling, and comprehensive interventions to address their situations holistically.

In complementary programming UNFPA supported the institutionalization of the national hotline 18001768, as the amended Law of GBV now recognizes six official reporting channels for

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<sup>41</sup> Results of Project and Action Plan implementation of the National Reproductive and Sexual Health Care for Adolescents and Young People, Evaluation Report. August 2025.

domestic violence, including this free hotline. This legal recognition provides a strong foundation for the VFU to operate the hotline and coordinate more effectively with stakeholders to support survivors. Since its establishment (November 2021) up to now, the hotline has received 19,509 calls, including 4,741 cases of direct counselling and intervention. Notably, it has successfully supported 87 PwDs—including those with psychosocial, mobility, hearing, speech, visual, and intellectual impairments—demonstrating its broad accessibility and inclusive reach to vulnerable populations. In terms of referral and service linkage, 349 cases were referred to shelters and social protection facilities, including 132 to the OSSCs, 217 to other service providers such as the Peace House (UN Women), Hung Vuong Hospital, and Social Work Centers nationwide. This coordinated mechanism illustrates how the hotline effectively connects survivors to multi-sectoral and timely support services.

#### **4.3.4.4 Positive Masculinities**

At the same time, from FGDs, the program's communication campaigns and community engagement efforts appear to be contributing to increased public awareness of gender equality and have begun to challenge harmful social norms, particularly by engaging men and boys. The effectiveness of initiatives, including the *Responsible Fatherhood* model, has been demonstrated through evaluation. Baseline and endline surveys measured changes in participants' awareness, attitudes, and behaviors, confirming the model's impact. For example, the endline report of project "Addressing Gender-Biased Sex Selection and Related Harmful Practices in Asia, (1/2020-12/2022) showed that participants demonstrated improved understanding of imbalanced sex ratio at birth (ISRB) across both intervention and control groups compared to the baseline. However, the intervention group showed a significantly greater increase (+9.4%,  $p < 0.05$ ) than the control group (+4.5%), highlighting the positive impact of the intervention. From the CPE, IDIs and FGD suggest important shifts in attitudes and behaviors —valuing women and girls, sharing domestic work and child care, and fostering respectful, non-violent family relationships. According to FGDs with both men and women regarding the Responsible Fatherhood Clubs:

“Joining this club is like a talisman for me and other men who want to support their wives. Before, I felt ashamed to go to the market and cook for my wife. When I joined the activities with other men, I felt like the gender prejudice had broken and I dared to go to the market for my wife without feeling ashamed anymore. I feel confident to do it” (FGD with men, Bac Ninh)

“Since joining the club, my husband has changed completely. He no longer swears at the children and speaks more gently. He also knows how to share housework with his wife, for example, if one comes home late, the other cooks, without distinguishing between the wife's and the husband's work” (FGD with women, Bac Ninh).

#### **4.3.4.4 Care for older persons**

According to programme documents and IDIs, the ICOPE pilot is an innovative elder-care model supported local VAE and ISHC clubs to manage care services for older persons including older persons living with a disability and bed-ridden individuals; for voluntary care-givers to have better knowledge, skills (and even advocating skill to older persons' family members) in aged care for firstly themselves, for their family members, and for those living in their communities; for older

beneficiaries to have better home-based care in both health and social perspectives; and for older persons' family members to understand care needs of their parents/grandparents as well as to learn basic care skills from voluntary care-givers. Responses from in-depth interviews with provincial authorities, care givers and beneficiaries engaged in the ISHC-based ICOPE pilot in Thanh Hoa province noted significant benefits to older people resulting from the pilot.

“I participated in the preparation and implementation of this pilot, and found it meaningful for older persons with disability and living alone.” - IDI, NGO representative Thanh Hoa

“The ICOPE was really beneficial to the most vulnerable older persons in our communities.”  
- FGD, local ISHC managers

Additional innovations in the P&D/ageing populations workstream include the “My spring model”, an approach to engage youth in preparation for old age, and the development of a strategy “Applying Foresight to Curate a Care Economy for Older Persons” to address Vietnam's ageing population and shape long-term policy for the 2027-2031 UN Framework. This aligns with global UN pushes for anticipatory governance, moving beyond reactive planning to use future scenarios (like back-casting) to build resilience, ensure sustainable development, and inform strategic planning for complex issues like an aging society, working with partners like UNDP and the OECD<sup>42</sup>.

#### **4.3.5 Generation and use of data for policy making**

The CP10 has a strong track record and recognized technical expertise in generating and curating evidence to inform policy. In SRHR, the UNFPA-supported investment case for cervical cancer vaccine is a key example of UNFPA's contribution to introduction of this important new technology, as is a more recent assessment of the National Action Plan on Cervical Cancer, to inform the 2026-2035 Action Plan. In addition, CP10 currently supports VNPA to estimate unmet needs for family planning using the new Track20 Family Planning Estimation Tool. The estimation exercise will cover all women (married and unmarried aged 15-49).

In GBV, generating and presenting evidence on the economic and social costs of GBV, the programme has successfully influenced government decision-making, resulting in increased domestic resource allocation for GBV programmes and reducing reliance on donor funding.

UNFPA has a unique capacity in supporting evidence-based policy advice in the field of population and development. Throughout the CP10, UNFPA supported various line ministries and governmental agencies to design surveys, collect data, and analyse data to produce evidence-based products, such as thematic reports and policy briefs. For example, UNFPA supported GSO in producing a policy brief on National Transfer Accounts (NTA) which is useful for policy makers in better understanding the demographic dividend in economic terms and to date the results have been used substantially for various reports including the draft of Viet Nam 2045 - a flagship report by the GOV for the coming SEDP. Also, UNFPA technically supported GSO and MOJ in merging and integrating a system of vital statistics, which is hoped to provide more comprehensive citizen's

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<sup>42</sup><https://vietnam.unfpa.org/en/publications/applying-foresight-curate-care-economy-older-persons-viet-nam-study-unfpa-viet-nam>

data for various sectors such as education, healthcare, and social insurance. According to a central government representative:

“Using data from Population and Housing Census to raise the issue of lowering total fertility rate and presenting the results in different events, and as a result the “two-child” policy (since 1979) was removed. Also, UNFPA supported NTA studies using national survey datasets such as Vietnam Household Living Standard Survey (VHLSS), Input-Output table to advocate “demographic” vs. “economic” dividend, and these have been added in the draft of the Party and the government’s flagship report “Viet Nam 2045”. A number of thematic books have been published using data sets (Population and Housing Census- PHC; Population Change and Family Planning Survey - PCS; Intercensal Population and Housing Survey - IPS) and presented at different workshops (for the National Assembly, the Government office, line ministries, etc) on demographic dividend, population ageing, aged care...”

Finally, the expansion of coverage and increased benefit levels in social pensions through changes in the amended Social Insurance Law 2024 and Decree 76/2024 is a notable programme result with immediate benefits for 3.2 million older people.

#### **4.3.6 Technical Assistance and Capacity building**

The CP10’s technical contributions are widely appreciated across thematic areas and partners. CP10 brings expert technical assistance to inform policy content and offers capacity building within programme delivery across thematic areas and partners. International models are shared through leveraged expertise and in some rare cases, study tours to expose decision makers to models that may have adaptability to the Viet Nam context.

In the gender thematic areas, the programme’s capacity building efforts—including training government officials and trainers, as well as developing standardized curricula—have created a pool of expertise from central to local levels that is capable of sustaining and expanding interventions independently. Strengthening the awareness and capacity of local authority staff has further enhanced programme implementation and contributed to its overall sustainability.

“We were very fortunate to receive UNFPA support to study and experience the model in Korea. From there, provincial officials learned a lot, raised awareness of GBV and the support model, and from there, there was consensus in building a local GBV victim support mode of the locality. It must be said that through these studies and training, provincial officials have been upgraded, so when implementing, there were many advantages” (FGD with local authorities, Quang Ninh)

“Since working with UNFPA, with the technical support through training, I feel much more confident in handling GBV cases. My sensitivity to GBV cases now has increased significantly. From that I can share my experiences with colleagues in other provinces operating this model” (FGD with service providers, Quang Ninh).

Capacity building approaches in CP10’s Population and Development thematic area were also highly appreciated, according to interviews and focus group discussions with GSO, and

stakeholders involved in the ICOPE pilot. For GSO, the strong qualifications of experts contributed to designing surveys, collecting and analysing data, and producing a number of evidence-based policy reports and briefs. These products, as also widely acknowledged by interviewees from other line ministries, have been very useful for policy advocacy on, for example, removing two-child policy and providing rich information for the draft Population Law.

#### **4.3.7 Evidence of CP outcomes**

There is limited evidence (qualitative or quantitative) that CP10 has achieved outcome-level results. In the absence of reliable and current population data on maternal mortality, unmet need<sup>43</sup> and reduction in GBV which can be used to evaluate CP10 programme outcomes, the CPE is limited in its ability to link CP10 programming to expected outcomes, and to analyze UNFPA contributions more specifically.

Regarding maternal mortality, it is noteworthy that World Bank estimations suggest decreasing maternal mortality overall, from a ratio of 51.3/100,000 live births in 2020, to 47.6/100,000 live births in 2023 (CI95%: 31-69), while continued important disparities are noted in mountainous and ethnic minority areas (nearly double at between 70-75/100,000 live births).<sup>44</sup> In the area of adolescent SRHR, a 2025 qualitative review of the implementation of the National Project and Action Plan on Adolescent and Youth SRH found that the birth rate among 15-19 year olds had not reduced<sup>45</sup>.

In the area of unmet need for FP, in the context of the GOV's concerns about declining birth rates and long term concerns about population age structure, the GOV is demonstrating limited commitment to addressing unmet need for family planning. This is understood in the context of past successes resulting in low overall unmet need of the general population (10%), but notably under-emphasized in CP10's programming on adolescents and youth.

The family planning context is further complicated by a current severe shortage of family planning commodities in the public sector overall, and low levels of provincial government commitment to purchasing FP commodities through its own resources. Procurement through centrally funded mechanisms is extremely limited at present, due to complex administrative procedures and fear of mis-steps in a context of government crack-downs on corruption. In at least one EM province interviewed, the government is no longer offering any FP commodities in the public sector. UNFPA's recent effort to address this through a strategic review of policies and regulations that impact regulation and procurement of contraceptives is important and notable.

It is further noteworthy that in 2019, the GOV reaffirmed its commitment to the ICPD POA in terms of accelerating reduction in unmet need. In June of 2025, with support from FP2030 and UNFPA,

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<sup>43</sup> It is notable that UNFPA is currently working with Track30 to develop a modeling approach to measure unmet need and other indicators in the absence of population-based data. It is expected that this will allow for effective estimations by the programme's end.

<sup>44</sup> Cited in the 2025 Review of the National Plan on Maternal and Newborn Health. Ministry of Health. 2025

<sup>45</sup> MOH (August, 2025). Report on Results of Project and Action Plan Implementation: National SRH for Adolescents and Young People.

the MoH officially launched its commitment to FP2030, as below. However, it is unclear at this point, where those resources are to be found and how they will be applied.

- Improve access to modern contraceptive services
- Reduce unwanted pregnancy among adolescents and youth
- Strengthen the quality of family planning services
- Strengthen the provision of non-clinical contraceptives
- Strengthen provision of clinical FP services at the commune and district levels
- Strengthen information, education and communication activities to mobilize people to accept and use family planning services and contraception
- Ensure resources for provision of quality family planning services

National target programmes are important central mechanisms to channel budget to priority social issues, and to ensure that MLB populations at province levels are targeted with budget support. In maternal and reproductive health, the NTP on Health and Population (2016-2020, extended to 2025) was not implemented. However, while a new national target programme (NTP) on health and population is expected to be approved in October, 2025 for the period (2026-2030), it appears that UNFPA did not have a clear advocacy strategy to influence budget allocation in the new NTP.

Similarly, the GOV has shown strong policy commitment to addressing GBV through the National Programme on the Prevention and Response to GBV (2021–2025), approved under Decision No. 2232/QĐ-TTg (2020). Complementary frameworks, including the National Action Plan on Domestic Violence Prevention and Control in the New Situation (until 2025) and the National Scheme on Controlling Sex Ratio at Birth (2016–2025), further guide interventions in domestic violence, gender equality, and demographic balance. The national programme provides the national framework for GBV prevention, response, and case management, and calls upon line ministries and provincial governments to integrate GBV interventions into their local plans based on available government and provincial resources. In practice, funding for GBV prevention and response largely depends on the financial capacity and prioritization of each province, resulting in uneven implementation and limited coverage of services.

In the P&D, the CPE acknowledges important momentum in the commitment of the GOV, in which UNFPA provided substantial technical support and policy advice to multiple government entities. The Party and GOV have demonstrated increasing concern about population age structure towards a rapidly ageing population with increasing number of older persons; low birth rates; and closing window of demographic dividend. The recent rescinding of the two-child policy, increased attention to social assistance benefits and elder care models for ageing populations, the passage of the Population Law, and renewal of interest in the Law on Elderly and silver economy are strong indications of growing interest and concern of the GOV.

With the CO support, the National Assembly passed the Law on Social Insurance in 2024 and the Government issued Decree 76 (on Revision of Decree 20/2021 on Social Assistance Policy) in 2024, which provided strategic directions and regulations on expanding the coverage and increasing the support level of social assistance for vulnerable groups, including older persons.

Finally, the Decision No. 1648/QD-TTg dated 1 August 2025 to approve the Master plan on expansion of ISHC till 2035 will be a strong foundation for advocating and integrating the ICOPE model in the ISHC with its beneficial advantages as described above.

#### **4.4 Evaluation Question 4 (Effectiveness): How effectively has UNFPA leveraged and developed strategic partnerships to achieve the CP results in policy and advocacy and evidence-based policymaking, developing national capacities, tapping into partnership development with traditional as well as non-traditional development partners, with integration of human rights, gender equality and disability inclusion?**

*Summary: The CPE finds that CP10 has built on long-term relationships to effectively deliver CP10. The programme has worked largely at central government level, across multiple ministries, the national assembly and the national statistics office. CP10 has forged relationships at province level primarily for implementation of programming in GBV, EM maternal health and the ICOPE elder care pilot. Provincial relationships for maternal health have focused at the implementation level rather than with more strategically-placed provincial authorities who would have greater influence on sustainability. The Youth Union, Farmers Union, Vietnam Association of the Elderly and targeted partnerships with academia have also been highly appropriate given expected outputs.*

##### **4.4.1 Appropriateness of strategic and implementing partnerships**

Document review, IDIs with government stakeholders and UNFPA staff demonstrate that UNFPA maintains strategic partnerships with a large number of GOV's line ministries and institutions. Building on long-term relationships, CP10 formalized partnerships with the former Ministry of Planning and Investment (MPI), the Ministry of Health (MoH), the Ministry of Home Affairs (MoHA), the Ministry of Education and Training (MoET), the Ministry of Justice (MoJ) and the Ministry of Culture, Sport and Tourism (MoCST). With the restructuring of the Ministry of Labor Invalids and Social Affairs (MoLISA) in late 2024, UNFPA was forced to divide programmatic workstreams and directly implement many of the activities envisioned under this agreement. CP10 has also developed a relationship with the Viet Nam National Dyke Authority for preparedness and response to national climate crises.

IDI's with GOV partners reveal that UNFPA's close relationship with MoH as a National Implementing Partner, with programming through the Administration of Maternal Child Health, Viet Nam Population Administration and the Administration of Social Protection enabled the many important policy-level achievements of CP10. UNFPA's partnerships with the Ministry of Home Affairs, the General Statistics Office, and the National Assembly have also resulted in significant policy impacts.

Programme documents, reports, and IDIs demonstrate that the programme also continued long-standing relationships with several mass organizations under the now umbrella Fatherland Front, in particular the Youth Union and the Farmers Union, allowing CP10 programmes to reach down to community levels for youth and gender programming. CP10 reaffirmed a direct relationship with the Youth Union in 2024, pulling funding from an indirect funding mechanism with the Ministry

of Home Affairs to address delays in programme implementation. A partnership with the Viet Nam Association of Elderly (VAE) and HelpAge International Vietnam (HAV) served this purpose in piloting the ISHC-based ICOPE model.

According to CO data, through umbrella mechanisms or directly, the programme worked in more than 36 (former, before restructuring) provinces in SRHR, gender and P&D. Provincial relationships were most direct in implementation of OSSCs (GBV), ICOPE (elder care) and EM maternal health. It is noteworthy that when UNFPA supports central partners (e.g. MoHA for provincial plans to implement the Youth law or MoH for migrant SRH), it has limited engagement in the development or follow up on provincial plans.

Regarding implementation of the MoH umbrella project activities related to the EM maternal health programme, through IDIs, the CPE finds that while relationships with government implementing partners (centers for disease control/maternal-child health system), managed largely through the MoH umbrella programme, were effective for programme implementation, relationships at the provincial health decision making level were limited, representing a missed opportunity for UNFPA direct engagement in discussions about how to incorporate best practices learned from the programme in provincial budgets. It is also noted that UNFPA did not develop a strong relationship with the Committee for Ethnic Minority Affairs.

In highly technical realms, the programme has appropriately leveraged the National Institute of Hygiene and Epidemiology and Hue Medical University for HPV vaccine introduction and NGOs and private sector consulting firms for selected programmatic and evaluation products.

#### **4.5 Evaluation Question 5 (Efficiency): To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to achieve the outcomes defined in the country programme?**

*Summary: In a very difficult funding environment, the CP has been highly successful in resource mobilization, from varied sources including multi-lateral, bi-lateral, private sector and UN pooled funding mechanisms. At the same time, the CP has been highly adaptive in a very dynamic context of multiple national administrative reforms. Most significantly, in light of ODA reform measures, the CP has successfully implemented direct implementation modalities, while striving for a maximum of continued government engagement. Even with its significant resources, the programme is spread thin, working across a large number of provinces and work streams. Administrative, finance and evaluation systems are considered cumbersome, exacerbating mis-aligned planning cycles with GOV.*

##### **4.5.1 CP10 performance in resource mobilization**

With a total budget envelope of \$26.5 million, CP10 committed to raising 16 million USD in other resources (OR) to fund the programme. Overall, the programme has performed extremely well in resource mobilization, surpassing the target of 16 million by close to 600,000 USD (103.7%). In addition, a 1 million USD programme funded by GAVI for HPV vaccine introduction is in the pipeline for approval, which is expected to increase overall OR mobilization to 17,593,000, or

close to 110% of the target. Resources have been mobilized from various sources including UN pooled funding mechanisms and regional budgets, as well as bi-lateral, multi-lateral and private donors. In the context of overall contractions in global aid, this is a significant achievement.

**Table 4.4 CP10 Expected and Delivered Resource Allocation**

Output	CPD10 Approved Resources Distribution (2022-2026)			Actually received RR and OR 2022-August, 2025		
	Total	RR	OR	Total	RR	OR
Adolescent/Youth	1,440,000	740,000	700,000	1,086,028	900,840	185,188
Population Ageing	2,587,500	1,387,500	1,200,000	1,211,731	1,178,731	33,000
SRHR	6,500,000	3,700,000	2,800,000	4,983,707	2,886,521	2,097,186
Data	1,872,500	1,572,500	300,000	1,762,634	1,337,981	424,653
GBV	6,400,000	900,000	5,500,000	7,459,440	1,091,913	6,367,527
Multi-Coordination	6,450,000	950,000	5,500,000	8,370,018	883,751	7,486,267
Prog.Coord'n	1,250,000	1,250,000		1,292,712	1,292,712	
<b>TOTAL</b>	<b>26,500,000</b>	<b>10,500,000</b>	<b>16,000,000</b>	<b>26,166,270</b>	<b>9,572,449</b>	<b>16,593,821</b>

At the same time, as illustrated in Table 4.5 below, resource mobilization performance has been highly uneven across thematic/output areas with A&Y and Ageing/Social Protection funding levels meeting only 26.4% and 2.7% of expected targets respectively. With the expected GAVI funding for SRHR, resource mobilization targets will have been exceeded in each of the other programming areas.

Also notable is that in some cases, OR mobilization deficits were filled through reallocation of RR. This was most pronounced for A&Y and GBV programming, at 122% and 121% respectively. At the time of the preparation of this report, the CO is on track to exceed its overall RR allocation of 10.5 million USD.

**Table 4.5 CP10 Expected Other Resource Mobilization by Output**

Programme Output	CPD10 Resources Distribution			Committed vs Secured Resources (%)		
	Total (2022-2026)	RR	OR	Total (%)	RR (%)	OR (%)
<b>A&amp;Y</b>	<b>1,440,000</b>	<b>740,000</b>	<b>700,000</b>	<b>75</b>	<b>122</b>	<b>26</b>
<b>Pop.Ageing</b>	<b>2,587,500</b>	<b>1,387,500</b>	<b>1,200,000</b>	<b>47</b>	<b>85</b>	<b>3</b>
<b>SRHR</b>	<b>6,500,000</b>	<b>3,700,000</b>	<b>2,800,000</b>	<b>77</b>	<b>78</b>	<b>75</b>
<b>Data</b>	<b>1,872,500</b>	<b>1,572,500</b>	<b>300,000</b>	<b>94</b>	<b>85</b>	<b>142</b>
<b>GBV</b>	<b>6,400,000</b>	<b>900,000</b>	<b>5,500,000</b>	<b>117</b>	<b>121</b>	<b>116</b>
<b>Multi-sectoral</b>	<b>6,450,000</b>	<b>950,000</b>	<b>5,500,000</b>	<b>130</b>	<b>93</b>	<b>136</b>
<b>Prog Coord'n</b>	<b>1,250,000</b>	<b>1,250,000</b>		<b>103</b>	<b>103</b>	
<b>Total</b>	<b>26,500,000</b>	<b>10,500,000</b>	<b>16,000,000</b>	<b>99</b>	<b>91</b>	<b>104</b>

Finally, it is further noteworthy that as the CP approaches 75% completion of the CP period (5 quarters remaining) the programme has disbursed 65.7% of its funds. This gap relates to programme delays due to ODA and administrative restructuring and late mobilization of other resource funding and is expected to be absorbed.

#### **4.5.2 Agility in responding to shifts in ODA and administrative changes by the GOV**

The new ODA regulations prompted uncharted territory for CP10 implementation, requiring significant levels of agility in restructuring agreements, and in resorting to direct implementation of programming as a primary modality. As emphasized in the MTR:<sup>46</sup>

“A significant consequence of the new ODA management regulations was the retreat of the National Implementation Modality (NIM), which the UN had promoted for over a decade. This, in turn, led to a reduction in national ownership and a “forced back” shift to direct implementation (DIM), making DIM the primary modality for CP10 implementation”.

<sup>46</sup> Mid-Term Review of the UNFPA 10th Country Programme of Assistance (CP10) to the Government of Viet Nam (2022-2026). 2024.

UNFPA estimates that it delivers about 70% of CP10 programming through direct implementation compared to about 50% in CP9. Direct implementation is a more costly and labour-intensive modality for delivery of programming, requiring UNFPA to engage more staff and consultants to implement the programme and the associated finance and management transactions. The programme also pays significantly more VAT using direct implementation modalities. At the same time, according to UNFPA staff IDIs, once implementing mechanisms were clarified, and with UNFPA in the drivers' seat of implementation, the direct implementation modality brought some efficiencies in implementation as well, as staff could move activities forward with less government bureaucracy.

Furthermore, the CPE finds that concerns raised in the MTR and elsewhere about loss of government ownership under direct implementation modalities were more nuanced. Several government partner representatives underscored their appreciation that despite the new regulations, UNFPA implemented "on their behalf" or "stepped up" to manage activity implementation, but overall, they felt very engaged.

#### ***4.5.3 Administrative, procurement and financial procedures***

UNFPA financial and administrative systems are widely regarded as slow and cumbersome, resulting from continued mis-alignment of financial schedules and reporting requirements. According to IDIs with government partners, many long-term partners have learned to make necessary adjustments in order to continue to receive funding, but the cadence of programming and corporate requirements is considered regrettably disruptive.

According to some partners:

"Half of the year was spent on administrative procedures, so the latter half was usually under pressure to complete the agreed plans and workloads. Cutting support to pay salary for the project staff made double the burden for [others]. A lot of financial and auditing reports make time for management and implementation much shorter." - IDI, government representative

"Time to get financial approval was usually long, about 1-2 months. Workplan is approved on the annual basis, but the approval time is long so that the time left for implementation is short" - IDI, NGO representative

It is noteworthy that while the UN is working towards delivering as one, one UN partner agency working through a joint programme modality led by UNFPA also underscored delays in transferring funds and challenges in signing partnership agreements due to misalignment between UN Agencies' financial and approval systems.

#### ***4.5.4 Dilution of Resources***

The diversity of UNFPA partnerships at national and provincial levels, while undoubtedly strategic and rich in programmatic terms, also risks diffusing limited CP resources. Prior to the

administrative restructuring, the CP worked in 56% of (former) provinces and more than 8 central level line ministries and other agencies. The CP's policy support, by definition, touches large numbers of people compared with the efficiency of community-facing programming.

Concern about dilution of resources within the UN system was also raised by the of CF evaluation:

“...Small projects still make up a substantial share of the portfolio, absorbing minimal resources yet requiring significant management effort, while support at the sub-national level remains widely dispersed across 50 provinces, diluting visibility and impact. In key “centers of gravity” such as key ministries, Ho Chi Minh City, and Da Nang, the UN has mobilized significant resources and produced significant results, but most engagement still occurs through bilateral channels, limiting efficiency gains and collective impact. These patterns highlight the need to consolidate efforts geographically, and fully leverage the UN's collective presence to improve coordination, enhance efficiency, and maximize system-wide results.”<sup>47</sup>

#### **4.5.5 M&E Systems and Learning Environment**

The internal M&E system for CP10, Quantum Plus, holds UNFPA accountable to 6 outputs, each with between 2 and 4 indicators which are tracked on a quarterly basis. Complementary donor reporting systems (DARTS), Strategic Information System (SIS) and Mission reports, together with selective programme evaluations provide ample opportunity for accountability within the programme, with the exception of rigorous evaluation of some pilot activities (see below).

At the same time, the CPE finds that definitions of output indicators are highly variable across program areas with some holding themselves accountable to realization of simple activities (e.g. number of youth dialogue platforms) while others are expressed in terms of more ambitious policy-level changes (e.g. the Law on Elderly approved) or populations served (25% of women in humanitarian situations served).

As indicated above, the measurement of programme outcomes, and more specifically, the CP10's contribution to outcome-level changes is impossible to measure without more population-level data provided through national or targeted surveys, census or other.

#### **4.6 Evaluation Question 6 (Sustainability): To what extent has UNFPA strengthened the capacities and performance of the stakeholders and bearers, as well as institutional frameworks, national/provincial systems and standards practice, to ensure the sustainability of Country Programme results?**

*Summary: The CPE finds that CP10's upstream policy focus confers strong levels of sustainability, although the risk of policies, plans and guidelines existing only on paper is also*

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<sup>47</sup> UN Viet Nam (United Nations Viet Nam) (draft, September, 2025). Viet Nam One Strategic Framework for Sustainable Development (CF) 2022-2026. Draft Evaluation Report, September 2025

*noted. Under CP10, UNFPA has mobilized significant resources to introduce innovative models to address GBV and maternal health, and some resources for positive masculinities and elder care innovation.*

*UNFPA's role in innovation is widely appreciated by stakeholders, citing its institutional credibility, neutrality and global experience. At the same time, innovations did not consistently benefit from rigorous piloting practice. Short piloting periods and inconsistent baseline/endline evaluation is noted. Most importantly, relationships with the parties responsible for scaling up or institutionalizing/funding innovative practices were not consistently assured nor is there evidence that UNFPA explicitly used budget advocacy as a tool to ensure government support to take up interventions.*

#### **4.6.1 Effective engagement of stakeholders to promote ownership and sustainability**

Overall, the CPE finds that in managing regular resources in particular, UNFPA worked effectively to engage stakeholders within the limits of new ODA regulations. This is evidenced by the levels of programme knowledge and understanding evidenced in interviews as well as the numerous policy successes of the programme.

To the extent that all levels of government are accountable to policies, policy changes offer a high level of sustainability. At the same time, it must be acknowledged that policies that exist on paper, without the budget to implement them are not uncommon, particularly when policies fall outside of the government's (whether central or provincial) most pressing priorities.

##### **4.6.1.1 Innovations: From Pilots to Scalable Interventions**

UNFPA strategically uses pilot initiatives to introduce innovations in key areas of programming in SRHR, GBV, positive masculinities, and elder care. UNFPA's role as an innovator was widely acknowledged across stakeholder interviews, with a clear appreciation that UNFPA has successfully leveraged its positioning for innovation. As a UN agency, it has the credibility, neutrality, and global network to introduce proven international best practices to the Vietnamese context. Through its technical capacity and connection to global research, UNFPA identifies, pilots, and contextualizes solutions responsive to Viet Nam's evolving demographic and social challenges.

In implementing pilot activities, the CPE finds that engagement of stakeholders with the goal of promoting long-term sustainability of programming is uneven.

For the OSSCs, the CPE finds that UNFPA has employed effective strategies to engage national authorities for policy support. The Law on Domestic Violence Prevention and Control (amended 2022) formally recognizes service facilities for GBV survivors; OSSCs serve as the operational model for these facilities. Similarly, in the National Action Plan on GBV Prevention (2021–2025) OSSCs are recognized as an official mechanism for integrated service delivery. In Ho Chi Minh City, the OSSC is now operated by the local social work centre with minimal UNFPA support. In Quang Ninh, UNFPA continues targeted assistance for survivors from other provinces, who fall outside local budget coverage, and for humanitarian recovery following Typhoon Yagi, while the province funds regular operational costs.

These developments point to a broader, enabling policy environment that creates increasing opportunities for domestic resource mobilization for GBV prevention, response, and positive masculinities interventions. The Law on Domestic Violence Prevention and Control (2022), together with Decree No. 76/2023/ND-CP, provide a clear legal basis for the allocation of state and local budgets to GBV-related programming. While current allocations remain modest and uneven across provinces, early examples of co-financing, such as provincial support for OSSCs Quang Ninh and Ho Chi Minh City, and for Responsible Fatherhood Clubs in Bac Giang (now Bac Ninh), indicate emerging local ownership and the feasibility of scaling up domestic financing over time.

At the same time, the fragmentation of different delivery models for GBV case management under the JP, and the lack of operational research or evaluation of the specificity of the models and their sustainability over time raises important questions about what lessons can be drawn for sustainability or policy change.

The Responsible Fatherhood Club model has been recognized for its promising results towards influencing social norms and harmful practices related to gender equality and GBSS among beneficiaries and local authorities and other stakeholders. Notably, in Bac Ninh province, the local authority committed funds for the clubs to maintain their activities afterwards.

According to an IDI:

The most effective approaches of UNFPA in gender equality programs are strong commitment from local leaders and the active engagement of men. When selecting project sites, priority was given to areas with high levels of commitment from local authorities and mass organizations—this proved to be a key factor determining the project’s success and sustainability (IDI, mass organization).

For the ICOPE aged care pilot, according to IDIs, an important factor in promoting sustainability is the integration in the ISHC system, which has now been endorsed through policy (for instance, Decision 1648 dated 1 August 2025 to expand this system till 2035). However, the design of the pilot was short and evaluation was limited, making sustainability reliant most heavily on existing political will. More specifically, strong political commitments from provincial authorities and VAE were key to preparation and implementation of the pilot. And while results have been extremely positive, clear plans for scaling up, particularly to incentivize volunteer care givers, are still unclear. According to the provincial VAE leader, after administrative arrangements, including communal VAE, are settled, provincial VAE will discuss with provincial authorities to scale up the model which is suitable with local contexts.

“ISHC-based ICOPE model helps to bring both health and social care to physically disabled older persons who were usually not able to participate in any community activities. It is an appropriate care model for our province, so we will advocate this to provincial leaders in order to expand it. Thanh Hoa is the leading province in ISHC with strong commitment from the provincial leaders” - IDI, Thanh Hoa province

“Scaling up this model is possible, but various challenges remain, for example, care-giving is currently without any incentives” - IDI, non-government representative

In the *Leave No One Behind* programme, it is not clear that the programme was effectively set up to demonstrate clear innovations or that it had targeted opportunities for sustainability and scale. In particular, an interview with a central government stakeholder questioned the innovativeness of the project, and whether it represented a pilot at all. Provincial representatives on the other hand recognized important innovations in delivering adapted home-based communications but did not have plans for incorporating lessons learned into ongoing programmes and budgets. Indeed, the primary sustainability pathway for this programme is the national target programme on health (including ethnic minority health) which does not currently include funding for either home-based communication or transportation for pregnant mothers.

#### **4.7 Evaluation Question 7 (Coverage): To what extent have UNFPA's humanitarian or disaster response interventions systematically reached all geographic areas in which affected populations (women, older persons, adolescents, and youth) reside?**

*Summary: UNFPA's work in response to humanitarian and climate change crises is evolving. CP10's support to Typhoon Yagi, while not insubstantial, was focused on cash payments and provision of goods to victims of the typhoon. Because funding was not immediately available, the response effort was considered slow. In the past year, UNFPA has made efforts to support evolving UN platforms on humanitarian preparedness, notably taking co-leadership of the GBV in emergencies working group. It has also repurposed regular resources funding in 2025 to position a more proactive and timely response.*

Viet Nam is highly exposed to humanitarian and climate change crises, with important risks of major economic losses as well as risks to health and safety of populations, especially those most vulnerable. Natural emergencies also constrain access to basic health and social services, and heighten risks of gender-based violence (GBV) for women and girls.

##### **4.7.1 CP10's actions in humanitarian response**

Within this context, during CP10, UNFPA has worked to build its value-add in the humanitarian emergency sector. In particular, UNFPA made a significant effort during Typhoon Yagi (early September 2024) to help respond to the emergency, by mobilizing resources to provide cash payments to pregnant women and elderly people affected by the typhoon and dignity kits to GBV survivors<sup>48</sup>. Approximately 170,000 USD was mobilized through DFAT, KOICA, CERF and repurposed RR. In particular:

- Cash support of 1 million VND (approximately 40 \$US) was provided to 2,250 pregnant women affected by Typhoon Yagi was used for maternal care (61.7%), and targeted vulnerable women,<sup>49</sup>

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<sup>48</sup> UNFPA's Dignity Kit is a flagship component of its global humanitarian response package, designed to protect the sexual and reproductive health and rights of women and girls and reduce their vulnerability to gender-based violence (GBV) during crises. Each kit contains essential hygiene and safety items that enable women and girls to maintain their health, dignity, and self-protection in emergency settings. It also provides information materials on sexual and reproductive health, and guidance on GBV prevention and referral services.

<sup>49</sup> (Unpublished) Rapid assessment report on cash assistance to pregnant women affected by Typhoon Yagi. July 2025/

- Cash support to 1,350 older persons in 4 northern mountainous provinces (mostly living alone, severely disabled, living in poor households) affected by typhoon Yagi, each received 1.5 million VND (approximately 60 \$US);
- 3,000 Dignity Kits valued at 75,000 USD donated to GBV survivors and women at risk in Lao Cai, Thai Nguyen, Quang Ninh, Thai Binh, Bac Ninh and Bac Giang through the VFU.<sup>50</sup>

In addition, before the end of 2025, UNFPA plans to repurpose just over \$180,000 from RR for ongoing emergency response efforts.

While UNFPA's funding for humanitarian response has been very limited in CP10 it can be considered an important form of solidarity with the government and the people. A provincial representative acknowledged the UNFPA contribution in a letter with the following:

“We are thankful to UNFPA for its support to Yagi-affected persons in our provinces. Such cash support could add a resource to reduce difficulty for older persons, who are mostly ethnic minorities and poor.” - IDI, central VAE representative

The rapid assessment of UNFPA's response noted important challenges and lessons learned, in particular<sup>51</sup>: i) Limited emergency funding and tight timelines hindered rapid deployment; ii) Stakeholders were overwhelmed by the volume of concurrent relief and healthcare activities; iii) Administrative procedures for cash assistance were complex and time-consuming; and iv) Compiling and verifying beneficiary lists required significant effort and coordination.

Indeed, according to a UNFPA staff member, while Yagi happened in early September 2024, UNFPA assistance was not delivered until November, largely because it took time to set up the new UN pooled Fund (DRAFT-funded). Importantly, UNFPA's response efforts were partially supported by a "bridge phase" project funded by KOICA to ensure the Quang Ninh One-Stop Service Center could continue operations after a disaster.

Critically, at the same time, in GBV, UNFPA has taken important measures to be proactive in response to humanitarian emergencies, and currently co-chairs the GBV in emergencies UN Working Group. In particular, in collaboration with national counterparts - Department of Dyke Management and Natural Disaster Prevention and Control - CP10 delivered training to strengthen the capacity of central and provincial disaster management authorities to integrate gender-based violence (GBV) prevention and response into disaster risk reduction and planning. These activities contributed to building central and local expertise and developing materials for wider application. Recognizing that GBV prevention and response have not been systematically integrated into disaster risk management, UNFPA, in collaboration with the Department and with support from the Government of Australia, developed National Guidelines to integrate GBV interventions into disaster prevention and control plans. These Guidelines were issued in June 2025, providing officials at all levels with practical tools to better protect vulnerable groups and strengthen the

<sup>50</sup> <https://vietnam.unfpa.org/vi/news/unfpa-viet-nam-mobilises-over-16-billion-vnd-support-typhoon-yagi-response-viet-nam?>

<sup>51</sup> (Unpublished) Rapid assessment report on cash assistance to pregnant women affected by Typhoon Yagi. July 2025/

inclusiveness and sustainability of disaster management. This was highly appreciated by the partner:

“UNFPA has coordinated and supported two training sessions on GBV in the community during natural disasters, which have had a positive impact, helping central officials gain deeper understanding of this issue and from that, we have the National Guidelines for GBV interventions in disaster.. Such awareness-raising training should be extended to provincial and commune level staff” - IDI, government representative

#### ***4.7.2 UNFPA’s positioning in humanitarian response***

UNFPA has important strengths in humanitarian response, including its strong capacity to coordinate effectively with partners at all levels — from central ministries and agencies to local authorities and socio-political organizations such as the Viet Nam Farmers’ Union. This extensive network enables UNFPA to swiftly implement interventions and ensure effective outreach to vulnerable groups. In addition, UNFPA’s strong reputation and credibility position it well to mobilize diverse financial resources from international donors. This allows UNFPA to secure adequate funding to support large-scale humanitarian activities, ranging from emergency relief to sustainable recovery.

At the same time, UNFPA’s work can be constrained by complex administrative and financial procedures of its partners, such as those related to the implementation of Government Decree No. 114. Issues concerning VAT reimbursement have also caused delays in disbursement and activity implementation. In addition, intersectoral coordination is sometimes hindered by inconsistent regulations and policies, creating challenges for the implementation of comprehensive interventions. This requires UNFPA to invest additional time and effort in policy advocacy and coordination activities.

It is noteworthy that in its design, CP10 did not dedicate regular resources for emergencies thereby delaying response by requiring resource mobilization to begin only after the emergency event. A UN representative advised a strategic shift 'upstream' toward policy and legislative advocacy, moving away from 'distributing goods' which the government is increasingly capable of handling. Furthermore, while UNFPA's cash assistance is effective, it is not unique, as agencies like UNICEF, IOM, and UNDP similarly rely on cash for disaster response. Consequently, a “system-wide discussion” among UN agencies is required to determine the optimal balance of core resources between reactive response and proactive readiness.

## Chapter 5: Conclusions

### Relevance:

1. CP10 programming is highly relevant to Viet Nam's needs, and in particular to the needs of most-left-behind populations, in SRHR (cervical cancer, maternal health, family planning), adolescents and youth (youth participation), Gender Equality/GBV (GBV case management and positive masculinities), and P&D (strategic information, digitalization of population data systems, innovative elder care model). The CP also aligns to expected UNSDCF outcomes 1 and 4 as well as to global and regional commitments on human rights, gender and SRHR. With regard to UNFPA global transformative results, the programme aligns most strongly in the area of maternal health. However, insufficient attention to addressing high unmet need for family planning among unmarried women and adolescents and GBV among EM represent important gaps in CP10 programming.

### Coherence:

2. UNFPA is clearly positioned as a key partner to the GOV, continuously supporting national level policy development across output areas (SRHR, Gender/GBV and P&D), and has engendered political commitment from relevant authorities, even in the context of concerns about government ownership resulting from a challenging ODA environment. UNFPA has distinct positioning and comparative advantages in the population and development space, particularly with regard to vital statistics and demographic policy, which align in important ways to GOV priorities in digitalization.
3. UNFPA has demonstrated leadership in sectoral and joint programming coordination, leading multiple UN working groups and two joint programmes (EVAWC and the UN Free and Equal Campaign). While duplication of roles among UN partners did not appear to be a significant concern, some confusion persists regarding the distinctions between UNFPA and UNWomen mandates. However, coherence of programme work planning and reporting with GOV is low, resulting in important delays and interrupted implementation. Across some UN agencies, joint programming also continues to suffer from unaligned work planning and financial processes.

### Effectiveness:

4. The CP has been particularly effective at the upstream, national policy level as evidenced by its clear contributions to multiple laws, policies, policy guidance and data system building. Measurement of CP10 effectiveness towards CP outcomes is constrained by limited population-based data, less-than-meaningful definition of programme outputs and unsystematic quality evaluation of programme innovations.
5. UNFPA has demonstrated high levels of adaptability and quality technical support (provided through CO staff, national consultants and international partners) in the implementation of the CP, under challenging circumstances. CP10 partnerships are

generally well aligned with programme needs to deliver impact, building on many years of engagement with most government partners, but the evolving ODA environment calls for greater flexibility in partnerships and partnering approaches, including an expansion of engagement with the private sector.

6. Important contributions reaching and serving MLB populations have been achieved through targeted, GBV case management service delivery/positive masculinities programming, and maternal health programming among ethnic minorities, financed through OR. Programme effectiveness for PwD, migrant workers is less clear as programming is not sufficiently mature or robust, and evaluation at beneficiary level is not yet available. Effectiveness of programming dedicated to LGBTQI+ and ageing populations is considered promising, although more rigorous evaluation is warranted. Effectiveness of youth programming is questionable and would benefit from creation of follow-up opportunities for youth to diffuse awareness and use the skills acquired.

#### **Efficiency:**

7. UNFPA is at its most efficient when it works on the continuum of generating and promoting strategic information to inform system and policy changes (particularly the HPV vaccine introduction approach), and when it has identified clear policy pathways and policy audiences for introduction of innovations. Overall high levels of success in resource mobilization have driven generally robust programming, although meaningful results can be diluted by engagement in a large number of workstreams and geographical locations. Community-facing convenings for purposes of awareness raising are considered less efficient.
8. In some cases, across multiple areas of programming, UNFPA leveraged its core communications capacity to good effect (e.g. maternal health, LGBTQI+ programming, youth programming, ageing population), although communication has not been fully optimized as a programming approach in CP10.

#### **Sustainability:**

9. CP10's contributions in the policy realm offer important opportunities for sustainable development. Ongoing review and monitoring of national policies and national and provincial plans is an important support for its policy actions, in particular as they potentially draw attention to gaps between policies on paper and on-the-ground realities, particularly for MLB populations. While CP10's contributions to national policy development are well recognized, CP10 has engaged in limited direct budget advocacy for government funding of interventions through NTPs and sub-national budgets. Overall, UNFPA influence in the design and budgeting of national target programmes is insufficiently leveraged.

## Coverage:

10. UNFPA's early efforts in the humanitarian sector are important and appreciated but to date are small and lack strategic focus. Recent efforts to be more proactive, e.g. in the area of GBV and older persons in emergencies, is an important strategic pivot, adding to UNFPA's credibility and perceived value-add in this area. UNFPA has a potentially important role to play as the UN system builds its broader positioning as a partner to the GOV in humanitarian readiness, preparedness, sustainable response, recovery and resilience.

## Chapter 6: Recommendations

The recommendations of this CPE must be understood in an extremely dynamic context. The draft Country Analysis (CA) 2025<sup>52</sup> notes that Viet Nam is at a pivotal moment in its development journey. While the country has achieved remarkable progress over the past three decades - transforming from one of the world's poorest nations into a dynamic lower-middle-income economy - persistent inequality reinforces barriers to accessing quality healthcare, education, and social protection among remote and vulnerable populations. Gender inequality further compounds these disparities, and demographic changes intensify pressures on the GOV to support a rapidly ageing population<sup>53</sup>.

The analysis further points out that Viet Nam's transformation has been driven by strong political will, social investment, and economic dynamism. However, in a rapidly evolving global and regional context, achieving Viet Nam's future ambitions will require further focus on equity, and attention to groups at risk of being left behind. The CA concludes by emphasizing that the GOV and development partners have an unprecedented opportunity to modernize institutions and create a more inclusive, rights-based development model.

At the same time, the UN development system reform under the UN80 initiative (2025) and continued ODA reform measures<sup>54</sup> further shape the operational context for UNFPA. Key proposals include a possible merger with UN Women to consolidate gender and population mandates, and the sunseting of UNAIDS by 2026, with its expertise redistributed to other UN entities. These changes create both opportunities and challenges for UNFPA, particularly in expanding its gender, and SRHR work while managing resource pressures and ensuring mandate clarity. Cost-saving measures such as shared services and streamlined administration underscore the importance of efficiency, strategic alignment, and continued leadership in population data, SRHR, and gender-based violence interventions<sup>55</sup>.

Finally, UNFPA's new Strategic Plan (SP) 2026-2029 represents a bridge to the end of the Sustainable Development Goal era and a recommitment to the unfinished business of the ICPD. The SP maintains its focus on the three outcomes of 1) ending preventable maternal deaths; 2) accelerating progress on meeting the unmet need for family planning; and 3) accelerating ending gender-based violence and harmful practices. The SP also adds a fourth outcome: adapting to demographic change through evidence and rights-based policies. In addition, through country-

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<sup>52</sup> UN Viet Nam (United Nations Viet Nam). *Viet Nam Country Analysis 2025*. Ha Noi, Viet Nam (draft, unpublished).

<sup>53</sup> Ibid.

<sup>54</sup> Decree No. 242/2025/ND-CP on **ODA**, issued on September 10, 2025. The decree applies to ODA and concessional loans provided by foreign governments, international organizations, and other authorized institutions and aims to standardize how funds are accessed, allocated, monitored, and reported, while preventing misuse, corruption, or inefficiency. The decree stipulates that ODA and concessional loans are to be used exclusively for development investment expenditures, not for recurring operating costs. It expands the scope of entities eligible to manage and implement projects financed by ODA and concessional foreign loans, which means state-owned enterprises can now directly use these sources of capital.

<sup>55</sup> The UN80 Initiative. Report of the Secretary General. *Shifting Paradigms: United to Deliver*. UN General Assembly. October, 2025.

led, nationally owned strategies and programmes, the SP puts increased focus on leveraging sustainable financing and investment at scale and inclusive, evidence-based policy advocacy. As such, the SP is extremely well aligned with GOV priorities and readily supports UNFPA's current and evolving positioning and programming in Viet Nam.

In this context, the CPE makes the following strategic and programmatic recommendations:

### **Strategic Recommendations**

**Recommendation 1:** *In CP11, UNFPA should strengthen sustainability and scalability of its approaches through greater strategic engagement with GOV financing mechanisms and modalities at central and provincial levels.*

*Priority: Very high*

*Target level: UNFPA CO*

*Based on conclusions: 6,7*

The GOV is committing significant resources to health and social protection and has the financial capacity to direct greater funding in areas of UNFPA mandate. In CP10, UNFPA did not sufficiently leverage possibilities to advocate for inclusion of key programming priorities and lessons learned in budgeted national target programmes nor in provincial budgets. Budget advocacy approaches will undoubtedly leverage UNFPA experience in development investment cases for introduction of new technologies, policy briefs and other policy communications, and other honed advocacy tools, while recognising that budget allocation processes may have particular sensitivities. Budget advocacy should focus both at central level, e.g. through national target programmes and on provincial level budgets.

#### **Operational considerations:**

- Building on the successful partnership and advocacy approaches used for policy engagement between UNFPA and the GOV, UNFPA develops a clear set of nuanced approaches to budget advocacy, adapted to the specific context and processes of budget decision-making at both national and provincial levels. Where appropriate, these approaches would benefit from broader UN agency input and adoption. Budget advocacy approaches should focus on optimising opportunities to sustain effective CP10 interventions, while also mapping to opportunities across expected areas of programming in CP11.
- Specific priority should be given to developing sustainability plans for the MSD-supported “Leave No One Behind” project, ensuring that wherever possible, achievements in maternal health service utilisation are sustained through provincial budgets as well as accessing funds through the National Target Programmes.
- In the newly-funded OSSC provinces, UNFPA should engage in budget advocacy in order to accelerate institutionalisation of the OSSC model, including ensuring its accessibility to PwD. UNFPA should also strengthen national financing and knowledge systems to sustain gender

equality initiatives beyond donor cycles. This involves advocating for dedicated national funding mechanisms for GBV, GBSS, and child marriage interventions.

- Along with Decision 1648/QĐ-TTg dated 1 August 2025 to expand the ISHC nationwide until 2035, UNFPA should advocate for budget allocation from both central and local governments for ISHC-based ICOPE as an expansionary modality of the existing ISHC with reasonable allowances for home-based care-givers in order to cover the most vulnerable older persons (e.g. older persons with disabilities).
- In order to promote sustainability at province levels, UNFPA is advised to strengthen their strategic relationships with key provincial leadership in health, home affairs and at party levels in provinces where the CP conducts interventions.
- The CPE advises that UNFPA ensures that explicit plans for sustaining and scaling interventions are a routine element of programming, in particular when introducing innovations.

**Recommendation 2:** *UNFPA should maintain its strong role in innovation while ensuring that there is a clear, engaged audience for uptake of results for policy formulation or through government budget attribution.*

Priority: Very high

Target level: UNFPA CO

Based on conclusions: 3,4,6

UNFPA Viet Nam uses innovation to introduce new approaches and share international best practices. However, for innovations to have a high likelihood of adoption by GOV stakeholders, greater rigor is warranted, particularly towards the demonstration of the value of the innovations through operations research and other evaluation approaches, including for costing of interventions. In addition, early engagement of GOV stakeholders will increase the likelihood that innovations are accepted and adopted by these stakeholders.

**Operational considerations:**

- It is important that pilot initiatives are sufficiently well-resourced to allow sufficient time and resources to evaluate the effectiveness and scalability of the intervention.
- Given expected funding challenges, particularly for RR, it is advised that the bulk of innovation activities are financed through specific OR-funded initiatives, aligned to donor interests.

**Recommendation 3:** *In CP11, UNFPA should consolidate its programming, focusing on fewer, more strategic interventions, with sufficient investment to ensure effectiveness, particularly of capacity building approaches. Within this consolidation, the CP should prioritize use of regular resources for upstream, policy-focused programming including policy development, monitoring at central and provincial levels, and generation and analysis of strategic information, including for costing.*

Priority: Very high

Target level: UNFPA CO

Based on conclusions: 2,3,4,6,7

In the context of important resource constraints and increased financial and technical capacity of the GOV, in line with the Country Framework Evaluation recommendation to “position the UN as a more strategic and impactful partner by focusing on fewer, sharper priorities”, it is highly recommended that UNFPA concentrate its programming so that fewer initiatives are better supported and monitored and more likely to have impact.

#### **Operational considerations:**

- It is advised to reserve regular resources for UNFPA support to government upstream policy development and review processes, including the curation and generation of strategic data, accompaniment of policy processes and budget advocacy.
- Capacity building is most effective when it contributes to improved planning and budgeting as well as enhanced service delivery. Equally important is to ensure learners have direct opportunities to use their new skills in real life. Across programming areas, it is recommended that UNFPA consistently ensure that its capacity building interventions create actionable and supported opportunities for learners to utilize their new skills. This is particularly important for youth, since opportunities for them to use new skills tend to be less structured and unsupervised. Specific examples of such structured opportunities include allocating resources for youth-led community initiatives and co-creation workshops, with consideration for channeling through the YAG, ensuring learners move beyond theory to supervised, practical implementation.
- Notwithstanding recommendations for UNFPA to focus regular resources at national policy level, CP11 will undoubtedly continue to work at province levels, particularly where it seeks to introduce innovation. Where this is the case, it is recommended that UNFPA strengthen coherence with UN partners and other development partners at province levels in line with the CF recommendation to promote “centers of gravity”. Greater coherence will also likely contribute to enhanced effectiveness and sustainability.
- For interventions that already benefit from strong GOV institutionalisation and capacity, there is an opportunity to exit a particular area of programming, or significantly reposition UNFPA support. Opportunities for consolidation should be specifically assessed in areas outside of UNFPA’s core institutional advantage, namely where programming is not expected to result in a specific policy change and where UNFPA technical support is no longer essential. Provision for a distant monitoring or targeted technical assistance role could be anticipated, in some cases.

- UNFPA should continue to strengthen thematic coherence across gender, SRH, youth, and population ageing interventions, by promoting integrated policy dialogue and joint initiatives. For example, linking GBV and promotion of positive masculinities with adolescent SRH education; incorporating gender and unpaid care considerations into ageing and population policies; and connecting youth empowerment efforts with gender equality advocacy. Strengthened cross-thematic integration would enable UNFPA to address structural gender inequalities more effectively and support Viet Nam’s broader social inclusion and demographic resilience goals.

**Recommendation 4:** It is recommended that UNFPA consider strategic partnerships - including for funding - with the private sector, across all areas of programming, but especially for cervical cancer, migration, ageing, and youth.

*Priority: Very high*

*Target level: UNFPA CO, ARO, HQ*

*Based on conclusions: 2,4*

Shrinking ODA resources and the growth of the private sector in Viet Nam create important opportunities for UNFPA to expand partnerships with the private sector. These partnerships may be leveraged for purposes of funding targeted interventions with relevance to the private sector, as well as strategic partners for implementation.

- Broaden partnership with private and development partners to respond to country priorities on cervical cancer prevention including early stages of the national roll out HPV vaccination and financing early cancer screening with priority on vulnerable populations.
- In preparation for CP11, it is recommended that UNFPA conduct a strategic assessment of potential new domestic funding streams, particularly focused on private sector philanthropy. This assessment should build on and prioritize corporate philanthropic relationships mapped to the Viet Nam private investment landscape and expected CP11 priorities. A focus on tech and media sectors for youth and digitalisation, and on the pharmaceutical sector for cervical cancer, ageing/the silver economy would be logical places to begin. In addition, corporate social responsibility may be explored in the manufacturing sector for migrant health.
- UNFPA may consider a collaboration with the Viet Nam Chamber of Commerce and Industry (VCCI) to work with the private sector in developing the aged care ecosystem, in particular by conducting strategic assessment of the demand for different types of needed services, and by advocating for their financing to the GOV.
- As global evidence suggests that youth prefer the anonymity of the private sector for SRH services, CP11 may consider addressing unmet need for FP through a focus on private sector networks, including pharmacies and clinics, while ensuring that services are affordable to MLB youth populations. Here, UNFPA should leverage its convening role and provide policy support towards GOV financing access of MLB youth.

**Recommendation 5:** CP11 should strengthen its focus on digitalisation across programme areas, including in telehealth, digital safety and creative digital communications at scale, while maintaining strong engagement in P&D digitalisation, building on its on-going work on digitalised data systems. A focus on digitalised communications will also help to optimize programme efficiencies by increasing reach of systems, programmes and messages.

Priority: Very high

Target level: UNFPA CO

Based on conclusions: 1,2,3,4,5

CP10's alignment to the GOV priority of digitalisation is very clear in the area of population and development and less clear to date in other areas of the CP. Through support to line ministries and other partners in digitalising population data to monitor the SDG progress as well as enhance the public services for RH and gender equality, the promotion of digital literacy and inclusion, and the digital governance, UNFPA is well positioned to help Viet Nam to achieve a fully digital, rights-based population data ecosystem with inclusive access to digital SRH and GBV services and data-driven planning for ageing, migration, urbanisation, and youth. In addition, UNFPA has demonstrated important communications capacity across many areas of its work in particular, in support of world thematic days, and most recently in the UNFE campaign in support of LGBTQI+ health and rights.

#### **Operational considerations:**

- Expand investment in digitalisation for adapted population information systems (CVRS) while maintaining vigilance on privacy.
- It is advised that UNFPA offer increased support to Decision No.06/QĐ-TTg of the Prime Minister, dated 6 January 2022 on Approval of the Scheme on Developing the Application of Population Data, Identification and Electronic Authentication to Serve National Digital Transformation for the period 2022–2025, with a Vision to 2030. UNFPA can support to i) strengthen digital data systems on P&D in collaboration with NSO and line ministries (such as MoJ, MoH, MoHA) for linking civil registration, health, education, and social protection systems, as well as digital data dashboards on ageing, fertility, and gender-based issues; ii) strengthen digital health management information systems, with a focus on electronic records and nimble data visualisation dashboards and; iii) promote digital literacy and inclusion for those MLB populations, including older persons, ethnic minorities, and PwDs; and iv) generate high quality, real time data-based studies for improving on digital governance in P&D and public service delivery to ensure no one is left behind.
- Prioritise generating quality data on unmet needs on FP among vulnerable populations including sexually active unmarried people to inform relevant national and sub-national policy development and implementation, building on early work with Track30.
- In order to promote greater scale of impact across the programme, it is recommended that CP11 pivot from community-level convening and awareness raising in favor of large-scale, compelling audience-centered digital communications.

**Recommendation 6:** *In CP11, UNFPA should maintain its focus on MLB populations, including ethnic minorities, women at-risk and survivors of GBV, PwD, and older populations. In the context of geo-political developments, the vulnerabilities of migrant workers should be given greater consideration in CP11, and with the sunset of UNAIDS, UNFPA should play an ever-increasing role in supporting the rights and well-being of people identifying as LGBTQI+.*

Priority: Very high

Target level: UNFPA CO

Based on conclusions: 1,2,3,4,5

Towards the realisation of the global human rights agenda, and in recognition of increasing economic disparities and vulnerabilities in Viet Nam, it is recommended that CP11 maintain its strong focus on MLB populations, with particular attention to policy development and roll-out/enforcement aimed at reducing disparities, as well as evidence-based monitoring and accountability of policy implementation.

#### **Operational considerations:**

- In the context of expected continued work with ethnic minority populations, strong strategic partnerships are needed to optimise sustainability and scalability, and to advocate for these MLB populations. It is recommended that UNFPA evaluate a new strategic partnership with the Ministry of Ethnic Minority and Religious Affairs, perhaps in collaboration with other UN agencies such as UNDP, UNICEF and UNESCO.
- Using a combination of RR and OR, continue efforts to advocate for expanded access to services for PwDs, building on the early experience of CP10. Working with MoH, selected provinces and CSOs, pivot towards filling the gap between existing policies and their implementation through targeted policy advocacy and communications at sub-national levels.
- Continue support for the passage of the gender affirmation law, coupling policy support with strategic and creative communications aimed at addressing stigma and discrimination.

#### **Programmatic Recommendations**

**Recommendation 7:** *It is recommended that UNFPA redesign its youth programming to ensure that it is strategically focused, relevant to youth-defined needs, and delivered at scale, with addressing unmet need for family planning an important focus. Youth programming should consider engagement strategies across a range of policy opportunities, as well as through targeted, youth-centered strategic communications designed to influence social norms and behaviors at scale.*

Priority: Very high

Target level: UNFPA CO

Based on conclusions: 1,2,4,5,6

UNFPA is well positioned to make important contributions towards addressing the needs of Viet Nam's young people. UNFPA's high-level partnerships with key government stakeholders are a

unique asset for systemic change. The evaluation found that the programme could be better optimized in terms of relevance, effectiveness and efficiency. In particular, given UNFPA's transformative objectives, a focus on the high unmet need for FP is warranted. High unmet need among youth slows economic growth and deprives young people of agency over their bodies and lives.

### **Operational Considerations:**

- In CP11, it is advised that UNFPA strengthen cross-cutting upstream consideration of youth programming that embeds meaningful youth engagement across all thematic areas. In particular, UNFPA can leverage these partnerships and its policy development access to mainstream and co-create A&Y policy engagement within its other core work. This includes ensuring youth voices and perspectives are central to national SRH and gender policy making, and in support of Viet Nam's humanitarian response and its care economy. In this way, CP11 will transform youth engagement into a strategic enabler across the entire country programme. In order to operationalise this, a key step is to position the UNFPA Youth Advisory Group not just as a beneficiary of training, but as one of the primary consultative bodies responsible for reviewing and providing structured input into these high-level policy workstreams. Youth voices can also be engaged at provincial levels to bring attention to the gaps between the existence of policies on paper, and their actual implementation.
- In line with Viet Nam's FP2030 commitment, it is recommended that UNFPA bring particular attention to addressing the high unmet need for family planning (clinical and non-clinical services) among unmarried sexually-active young people. Such interventions may include policies in support of friendly services and products, innovative financing and addressing gaps between existing policies and their implementation through advocacy.
- Moreover, it is recommended that CP11 pivot away from community-level, awareness raising interventions in the youth space, leveraging UNFPA's strong communications capacity to promote healthy social norms and service seeking behaviors at scale through programming focused on creative communications through media, including social media. Here working directly with the private sector (potentially as a donor as well as private sector creative communications expertise) UNFPA can continue to engage key government stakeholders (e.g. MoHA, MoH, MoET, the Youth Union) through co-creation processes of creative, adapted, youth-friendly communication products.
- In preparation for CP11, it is recommended that UNFPA analyse its positioning/value add in possible new areas of programming to address neglected issues including child marriage and adolescent and youth mental health, in collaboration with other UN partners, and to be financed by OR. Consider UNFPA's comparative advantage in these areas by mapping opportunities for policy level engagement including innovative financing approaches, as well as specific donor funding potentials.

**Recommendation 8:** *In SRHR, UNFPA should leverage current programming successes in ethnic minority maternal health, while strengthening attention to family planning (including among sexually-active unmarried youth) and cervical cancer programming in these populations and ensuring greater attention to sustainability overall.*

Priority: High

Target level: UNFPA CO

Based on conclusions: 1,3,4,5

In light of important achievements and ongoing challenges in CP10's maternal health programming in ethnic minority areas, it is critical that UNFPA maintains its focus on this population, with greater attention to ensuring sustainability and government financial commitment - at both central and provincial levels - to this key area of health and rights.

#### **Operational Considerations:**

- In particular, it is recommended that UNFPA strengthen partnerships with central entities responsible for ethnic minority affairs, and with high-level provincial partners who are responsible for budget decisions. In addition, UNFPA is well positioned to support MoH in its role of coordinating Project 7 of the National Target Programme on Ethnic Minorities in Mountainous Areas. Working with MoH and other partners, UNFPA can leverage experience from the Leaving No One Behind project to engage on questions of strategic human resources, including the role of village birth attendants, their compensation and training. Emphasis should be placed on continued home-based and gate-keeper-focused communication activities and transportation allowances.
- Use OR to expand nuanced communication and gender-focused messaging to address cultural barriers to expanded access to family planning (including among youth) and cervical cancer in ethnic minority areas. Design programming in the form of a rigorous pilot, using operations research to examine what works and why. Work closely with non-government academic and communications partners to design and evaluate messaging.

**Recommendation 9:** *In gender, CP11 should maintain a strong focus on gender equality policy and GBV prevention and response, particularly in vulnerable populations, while mobilizing OR to expand programming to shift social norms on gender and GBV, GBV in humanitarian settings, and focused attention to GBSS within population and development policy implementation. It is also recommended that UNFPA mobilize funds to address child marriage, in collaboration with other UN partners.*

Priority: High

Target level: UNFPA CO

Based on conclusions: 2,3,4,5

CP10 has made important contributions towards gender equality through policy and programming, in coordination with other UN partners. The CP's focus on GBV case management represents a critical advancement in addressing the needs of survivors of GBV, while sustaining the models requires additional attention, particularly at province levels. Expanding programming in broader areas of gender are also needed.

### **Operational Considerations:**

- UNFPA should strengthen resource mobilisation and implementation efficiency by developing a targeted financing and partnership strategy for GBV. This should engage bilateral donors and private sector actors, particularly in sectors such as banking, telecommunications, technology, media, and healthcare, to support awareness campaigns, digital reporting tools, survivor support services, and capacity-building initiatives. Coordinating funding across national and provincial levels would reduce project fragmentation, improve cost-effectiveness, and ensure predictable support for integrated service delivery.
- The OSSC (Anh Duong House) represents a promising model of survivor centered services. It is advised that the CO conduct a thorough evaluation of the model, including to understand and document its costs so as to enable incorporation of lessons learned in existing and scale-up sites, and better promote institutionalization in government strategy frameworks and budgets. Under CP11, using already mobilized OR, efforts should focus on strengthening and institutionalising the OSSC as a national standard for integrated GBV response, in line with evaluation findings. This is likely to entail enhancing quality, accessibility, and sustainability, particularly in hard-to-reach and mountainous provinces, through culturally and linguistically appropriate services for ethnic minority communities, promoting accessibility and tailored support for persons with disabilities, developing national guidelines for quality standards and case management, building capacity among social workers, police, and health personnel, and embedding OSSCs within provincial social service systems through strong collaboration with government agencies.
- In addition, building on successful experience with the Responsible Fatherhood Clubs, and mobilizing additional OR, UNFPA should seek opportunities to continue to work to address underlying gender social norms by piloting innovative, integrated interventions that prevent GBV, GBSS, and child marriage, through promotion of positive masculinities, and are likely to be sustainable and scaleable by GOV partners.
- The CPE advises that UNFPA continue to work at a policy level in GBSS to focus on the core issue of pre-natal sex selection, working at the intersection of gender and population policy. GBSS is not only a serious reproductive health issue, but also a long-term social and economic problem, as shown in numerous studies in Viet Nam. This topic is highly relevant to the Population Ordinance 2025 (Article 7, Clause 2) (Ordinance 152/VBHN-VPQH by NA Office, dated 9 Sep 2025) as well as aligned with the Population Law which was officially approved by the National Assembly on 10 December 2025.
- Building on CP10 achievements, it is recommended that UNFPA mobilise OR to expand programming in the area of child marriage. This requires tackling the underlying social norms,

unequal unpaid care burdens, and structural inequalities that drive early marriage, especially among ethnic minority populations. Addressing child marriage complements ongoing GBV and GBSS interventions and strengthens the integrated, transformative impact of CP11 on gender equality and adolescent well-being.

**Recommendation 10:** In the areas of population and development and addressing the needs of older populations, CP11 should leverage its unique positioning to address GOV priorities in policies to support the silver economy, while continuing to engage strategically in promoting innovative models for elder care.

*Priority: High*

*Target level: UNFPA CO*

*Based on conclusion: 2*

UNFPA's experience in broad population and development areas and data expertise uniquely positions the organization in SDGs monitoring, policy monitoring, as well as important diverse programmatic areas of social protection.

#### **Operational Considerations:**

- The CPE advises that UNFPA in collaboration with ILO, UNDP, and UNICEF work with line ministries, e.g. MoH, MoHA, and MoF, to define related issues to advocate policies. For example, for the care economy, gender-based unpaid burdens of care - both child and elder care - among working-age/childbearing-age workers and their possible workforce withdrawal needs to be more deeply examined. This topic also refers to delayed / late fertility, and to some extent GBSS. For the silver economy, income security related to creating green and/or digital jobs for older persons has been a missing piece in both academic and policy studies.
- CP11 should give dedicated attention to aged care and related issues in a silver economy, with more focus on care economy due to its urgent needs in both policy research and service provision. These themes are highly relevant to the recent resolution on healthcare for all (the Resolution 72/NQ-TW of the Politburo dated 9 Sep 2025) as well as the National Plan of Action on Older Persons for 2021-2030 (Decision 2156/QD-TTg dated 21 Dec 2021 by PM).
- In order to tap into the implementation of the Resolution No. 68-NQ/TW dated May 4, 2025 by the Politburo on the Development of the Private Economy as well as the Resolution 72/NQ-TW dated 9 September 2025, with emphasis on the 6th Tasks and Solutions that emphasises on "...In particular, the development of large-scale private hospitals with advanced technical capacity comparable to that of developed countries is encouraged; along with healthcare facilities in ethnic minority and mountainous areas, areas with difficult or especially difficult socio-economic conditions, border and island regions; facilities providing care for older persons, persons with disabilities, and children; and participation in disease prevention and control, and social health insurance,

- UNFPA should explore the possibility of setting up a Long-Term Care insurance (LTCI) system, and how such a financing system can help reduce financial risks for older persons and their families. These activities in turn can contribute to: i) the silver economy via creating care-related jobs and standardizing care-workers system; and ii) to expand the social protection system in care perspective to older persons in care need, especially the MLB persons.
- In collaboration with MoH and VSS/MoF, UNFPA should actively advocate for institutionalising the ISHC-based ICOPE model where care-givers can be paid by the social health insurance fund, or, more ideally, the (newly established) LTCI in order to reach MLB populations. For this, UNFPA should conduct a series of studies on LTCI with experiences from different countries such as Japan, Korea. This is highly relevant to the Resolution 72/NQ-TW mentioned above.

**Recommendation 11:** *In the area of responding to the climate crisis, it is recommended that UNFPA minimize delivery of supplies and cash, in favor of expanding and strengthening its contributions to advocacy and programming to promote readiness, resilience and sustainable responses, with a focus on MLB populations.*

Priority: High

Target level: UNFPA CO, ARO, HQ

Based on conclusions: 1,2,3,5,8

While UNFPA has taken important steps to increase its relevance and effectiveness in the humanitarian space, it is recommended that in CP11, UNFPA together with UN partners pivot to a more proactive role in disaster management and recovery, focusing on preparedness. This entails a strategic realignment of limited resources away from material distribution—which the Government is increasingly capable of managing—toward 'upstream' policy advocacy and technical readiness that matches Vietnam's status as a middle-income country. In addition, in the context of increases in GBV during crises, UNFPA's role in ensuring focus on GBV prevention and response, while supporting strong coordination among partners, including local NGOs, community-based organizations, and relevant UN agencies remains critical.

#### **Operational considerations:**

- As recognised in the Country Analysis 2025, climate change disproportionately affects vulnerable populations such as older people, women and girls, adolescents and youth especially from marginalized groups such as persons with disabilities, LGBTQI+ persons, migrants and ethnic minorities. As UNFPA pivots to sustainable, systems-oriented humanitarian responses, it will be important to maintain focus on the needs and vulnerabilities of these MLB populations.
- In particular, building on regional experience, it is advised that UNFPA explore adaptability of the Minimum Integrated Service Package (MISP) including GBV to strengthen and expand GOV emergency response protocols.

- When a humanitarian crisis strikes, it is important that agencies have resources ready to dedicate to a quick response. It is recommended that in CP11, UNFPA dedicate no less than 2% of annual regular resources to emergency response programming, while setting aside additional resources from RR and OR for MISP and other preparedness and strategic response programming.

## Appendix A: Evaluation Matrix UNFPA Viet Nam Country Programme (CP10) Evaluation

**Evaluation Question 1: To what extent was UNFPA's support relevant and adaptable to the needs of the CP10 beneficiaries, especially of the most left behind population groups, including ethnic minorities, adolescents and youth, people with disabilities, migrant workers, and older populations?**

**(Criteria: Relevance)**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
<p>Assumption 1.1 CP10 is adapted to the needs of left-behind populations, including ethnic minorities, PwDs, migrant workers, adolescents and youth, and older people.</p>	<ul style="list-style-type: none"> <li>The extent to which 10<sup>th</sup> CP interventions in SRHR/A&amp;Y, P&amp;D and Gender were targeted to the needs, demands and priorities of the population, in particular, the most vulnerable and left-behind groups, based on available research and documentation, and lessons from CP9.</li> <li>Extent to which the targeted populations, including vulnerable and left-behind groups, were consulted in design and implementation of CP10.</li> <li>Evidence that CP10 took reasonable measures to ensure that most vulnerable and left-behind groups were targeted to benefit from project interventions.</li> <li>Evidence that gender is analyzed as a cross-cutting variable particularly in programming focused on youth participation and services for older populations.</li> <li>Evidence that lessons learned from the MTR relative to the needs of left-behind populations are being used to adapt programming in the remaining period of the programme.</li> <li>Recognition of the 10<sup>th</sup> CP interventions' relevance and appropriateness by key stakeholders and the targeted populations.</li> </ul>	<p>Document review</p> <ul style="list-style-type: none"> <li>National and regional surveys and studies focused on health and development of left-behind populations</li> <li>CP10 document references and design processes; workshop reports</li> <li>UNFPA ProDocs, AWP, Contracts, TORs</li> <li>CP monitoring reports, workshop reports, Data from Quantum (gender disaggregated)</li> <li>MTR</li> <li>Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> </ul> <p>In-Depth Interviews (IDIs) with no fewer than 50 targeted stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA (and former MOLISA), MOET, MOJ, MOCST, National Assembly, donors, provincial authorities, mass organizations, and NGOs/CSOs (Interview guide)</p> <p>In-Depth Interviews (IDIs) with no fewer than 5 UNFPA team leads and staff (Interview guide)</p> <p>Focus Group Discussions (FGDs) with at least seven groups related to work with youth, ethnic minorities populations (providers and beneficiaries), and older populations (ISHC managers, beneficiaries), GBV (service providers, fatherhood clubs) in 2-3 provinces (FGD guide)</p>

## This is evidenced by:

### Overall and overarching considerations:

- CP10's activities/interventions were generally and explicitly aligned with different national and local development agendas.
- The main beneficiaries were defined with close consultation with line ministries and local authorities. They were various disadvantaged and vulnerable groups of people, such as ethnic minorities, PwDs, migrant workers, adolescents and youth, survivors of GBV and older people.
- CP10 was reflective of the needs of MLB populations

### In SRHR/A&Y:

- National Disability Survey (UNICEF, 2019), National Census (2019), National Ethnic Minority Survey (2019) provided critical evidence for the design of CP10.
- Significant OR mobilization to address ethnic minority health in 6 ethnic minority provinces. UN JP on PwD to develop CSE content for PwD.
- UNFPA documentation and IDI UNFPA: While migrant workers were called out as a priority MLB population, the CP focus on this group was limited to support for MOH to develop plans to support migrant workers' health in industrial zones - approximately 25K. From this, provinces developed their own plans. Amounts of actual support to the program from the government (MOH and provinces) and private sector are unknown. Also, some interest in migrants as an interest within population data. A factsheet was developed on migrant health based on the 2019 census (which has a very broad definition of migration).

### A&Y

- Overall funding for youth programming limited. Did not meet OR targets.
- Despite 40.7% unmet need of unmarried populations no focused programming on FP/unmet need for adolescents.
- No CCA prior to CP10 given COVID leads to difficulties in assessing the compatibility of CP10 and youth needs. In CCA 2024, it was mentioned that "efforts to improve access to education and training, healthcare, and decent employment opportunities are critical" and this hasn't been reflected significantly in CP10 - except for education and training, especially on CSE.
- Youth dialogue in Ha Giang ensured representation of MLB populations (Ethnic Minorities, PwD, migrant workers, LGBTQI+).
- Central Government IDI: MOET has been focusing on improving education in ethnic minority areas for 10 years. There is no adaptation of the curriculum for ethnic minorities.
- Central Government IDI: CSE activities limited after many years of engagement. Current focus on training national elite lecturers. CSE of PwD was major contribution. UNFPA consultants review and provide comments on PwD curriculum developed by MOET experts. Priorities for future, train psychologists in CSE, also conduct research on gender equity in education, given lower rates of women teachers, particularly in the North. Also, move CSE online. Have already offered online training to teachers. "Although we can do it on our own, there will always be a need for UNFPA support in CSE".
- Youth Advisory Group inactive, in process of being reconstituted during the period of CPE.
- Questions about the relevance of the themes on youth participation: life-cycle/aging and humanitarian response. Both of these focus on youth in service to other populations rather than current needs of youth themselves or major policy concerns/issues. From IDI "designed to improve young people's understanding of the health problems of older people" in a context of "conflicts in intergenerational living and household economy".

- UNFPA documentation: YU 2024 Annual Youth Survey While 69.8% report often feeling happy, 15.1% report often feeling tired and stressed. Alarming, 3.3% of youth report "often" having suicidal thoughts. Key barriers to accessing Reproductive Health services are inconvenient locations (48.6%), high cost (47.8%), and feeling shy or embarrassed (40.6%).
- (FGD) 1 Youth beneficiaries showed appreciation for the training on SRH and the opportunity for youth to raise their voices. However, beneficiaries mentioned some issues they consider to be of great interest to youth in general (e.g. digitalization, digital safety and security) and youth activists (e.g. event organization skills, networking building) have not been addressed.
- UNFPA Documentation. Increasing number of activities (since 2024) focusing on LGBTQI+, including a call for proposals for CBOs working with MSM in central Viet Nam, UNFE communications campaigns focused on destigmatisation, conversion therapy research.

## Gender

- CP10 is highly relevant to the real needs of vulnerable groups, particularly women and GBV survivors, per (MOLISA, GSO and UNFPA 2020).
- There is no formal statistic on GBV among EM populations. However, gender inequality was reported relevant, such as 78.8% of ethnic minority households headed by men, the rate of child marriage amongst ethnic minority females in 2018 was 23.5%, higher than the corresponding rate of 20.1% for ethnic minority males (UN Women 2021, Figures on Ethnic Minority Women and Men in Viet Nam 2015-2019)
- UNFPA. Elimination of Violence against Women and Children (EVAWC) Viet Nam. Annual Programme Progress Report 2024, IDI with NGO, GBV activities especially "Run for Zero Violence Against Women and Girls" engaged 2,000 participants, including 416 children, 50 LGBTQI+ individuals, and 228 persons with disabilities, making it Viet Nam's largest-ever gender equality run
- IDI with donor: OSSC model is a direct response to this need. These centers provide a comprehensive, integrated package of services, including counseling, medical care, legal aid, and temporary shelter, that are crucial for a survivor's recovery and empowerment. The program's efforts to raise awareness and change social norms are also essential for creating an environment where survivors feel safe to seek help.
- From field data, OSSC services for PwD were not available from the beginning/design (inaccessible infrastructure/building). However, it adapted to meet the need of PwDs (1) plan for repairing the building next phase which ensures the accessibility for PwD; 2) from this limitation, the manager of OSSC gave feedback for UNFPA to apply a lesson learnt for the other OSSCs.
- From field data, it seems both GBV and GBSS interventions were not sufficient to Ethnic minority population. The OSSC in Quang Ninh is located in the city, with no EM language services (even though their propaganda and communication campaigns have tried to reach those groups in remote areas).
- Responsible Fatherhood Clubs were organized among Kinh people communities but no one among EM (Bac Giang and Bac Ninh - it was recommended by the Provincial Government that it would be effective and meaningful to establish the Clubs in remote areas and EM communities.
- IDI with Central Government: *"UNFPA can continue to support the replication of effective models such as "Responsible Fathers" in other provinces and cities. At the same time, it is necessary to support the establishment and piloting of Men Support and Counseling Models to help them build equal, healthy and non-violent relationships. These activities should focus on vulnerable groups in society such as ethnic minority women and male farmers, in order to change the existing stereotypes of "male superiority over female inferiority".*
- IDI with Provincial Government: The program has made deliberate efforts to reach marginalized groups. The replication of the OSSCs in provinces with large ethnic minority populations or in remote areas recently (Dien Bien, Hoa Binh) is a direct attempt to ensure equitable service delivery. However, reaching these groups remains a significant challenge due to geographic, cultural, and linguistic barriers. In Lam Dong, RFC also works with EM.

## P&D

- A number of legal documents (e.g., The strategy to develop the statistics sector 2021-2030; The strategy for international collaboration in statistics; The strategy to improve human resources for the statistics sector; the National Plan of Action on Vital Statistics (Decision 01/2017); the Law on Vital Registration; the National strategy on digitalization of vital statistics; The the national youth development plan; The Law on the Elderly 2009; Decree 20/2021 on social assistance beneficiaries) provided critical evidence (achievements, policy gaps and issues) for designing CP10
- CP10 provided persuasive evidence for formulating and issuing new legal (national) documents (such as the amended Social Insurance Law; Decree 76/2024; Decision 383 to approve the National Strategy on Older Persons till 2035 with a vision to 2045; Decision No. 2525 on the Action plan for implementation of the National Strategy on older persons till 2035, vision till 2045; Decision 1648/2025 to expand the ISHC nationwide in 2026-2030 with a vision to 2035).
- CP10 also provided strong background and evidence-based studies for drafting new legal documents on P&D (such as the Population Law; the National Assembly's official announcement No.16 on amending the Law on the Elderly; the draft Circular on M&E & reporting on implementation of the National Strategy on Older Persons; the draft Guideline/circular on social work in providing care and rehabilitation for older persons);
- CP10 provided evidence for innovative interventions in P&D (such as ISHC-based ICOPE model; integrated vital statistic system)
- Along with intended beneficiaries, CP10 could reach unexpected benefits (such as stronger community solidarity; improved skills for care management at ISHC; and improved care provided by voluntary care-givers to their old-age family members).

<p>Assumption 1.2 CP 10 is aligned with and contributes to Viet Nam's national development strategies and plans as well as the country's international and national commitments</p>	<ul style="list-style-type: none"> <li>• The extent to which CP10 interventions have appropriately taken into account the priorities of the Government of Viet Nam, and specifically, relevant line ministries and other government institutions</li> <li>• The extent to which the laws and policies, strategies, plans, guidelines and other products developed through the programme have been discussed and agreed upon with appropriate and diverse national and subnational stakeholders</li> <li>• Evidence that programme interventions and products align with GOV international commitments</li> <li>• Evidence that programme interventions and products are aligned with international human rights instruments</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• VN Socio-Economic Development Plan, National Strategy for People's Health, and other laws, strategies, plans, guidelines</li> <li>• UNSCDF for Viet Nam,</li> <li>• CP10 document references and design processes</li> <li>• UNFPA ProDocs, AWP, Contracts, TORs</li> <li>• Viet Nam CEDAW, UPR, CRPD, ICPD@25 commitments</li> </ul> <p>In-Depth Interviews (IDIs) with no fewer than 50 targeted stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA (and former MOLISA), MOET, MOJ, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs, UN Stakeholder staff (Interview guide)</p> <p>In-Depth Interviews (IDIs) with no fewer than 5 UNFPA team leads and staff (Interview guide)</p>
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## This is evidenced by:

### Overall and overarching considerations:

- CP10 was generally and explicitly aligned with the Constitution 2013 (such as Article 34 on social protection rights to all), the National Socio-Economic Development Strategy 2021–2030, and a number of national laws and sub-law regulations.
- Approval processes from GOVN for CP10 required strong engagements and alignments with GOV priorities, and thus CP10's programmes and activities were set up with close consultations with line ministries to ensure such strong engagements and alignments.
- CP10 had limited contributions to GOV's priority in digitalization. Its primarily focused on the vital statistics and a new gender technology-facilitated GBV, which are new areas of work in development.

### SRHR/A&Y

- CP10 is highly relevant to and contributes to the vision and priorities of Viet Nam's national development frameworks in SRH and youth. Specifically, the National Law on Disabilities (2010), the National Strategy for People's Health (2030 with vision to 2045). CP10 also aligns with Viet Nam's ICPD POA commitments, specifically post the Nairobi Summit, focusing on left-behind populations and increased domestic financing to achieve ICPD goals.
- IDI Central Government: Has been deeply involved in the design of CP10. Collaborate closely on AWP to ensure that aligns with priorities of MOH. Although some debates on priorities, always find agreement.
- IDI Province: Lai Chau province: the UNFPA team visited the province before finalizing the design of Ethnic Minority project. "Very aligned with context and needs of Lai Chau Province".
- Questions about UNFPA contributions to the GOV priority on digitalization. CP10 focus here in SRHR has been limited. IDIs with provincial partners and CSO: Application for use in EM provinces was not well adapted and ultimately discontinued.
- The Youth Law (2006) and the National Strategy on Youth Development (2021 – 2030)
- National Action Plan on reproductive and sexual health care for adolescents and young people for the period of 2020 - 2025
- Decree 13/2021/ND-CP of MOHA on holding youth dialogues
- IDI Central Government. CP10 is totally aligned with government priorities for CB on CSE for teachers, and for decision to integrate more gender in curriculum.

### Gender

- Gender Equality Law (2006), the Law on Domestic Violence Prevention and Control (2007 and revised 2022)
- The programme directly aligns with the National Socio-Economic Development Strategy (2021–2030), and actively contributes to the National Strategy on Gender Equality (2021-2030)
- CP10 aligns with the National Programme on GBV Prevention and Response (2021–2025), the National Action Plan on Domestic Violence Prevention and Control in the new situation until 2025, the National Scheme on Controlling Sex Ratio at Birth Imbalance (2016-2025).

- Convention on Elimination of all forms of Discrimination Against Women (CEDAW, the Beijing Platform for Action, the Convention on the Rights of Persons with Disabilities (CRPD), and the Sustainable Development Goals (SDGs), SDG 5 (Gender Equality).
- IDI with Central Government; desk review: UNFPA's support to the GOV in strengthening gender-based violence (GBV) prevention and response systems, harmful practices (GBSS) and promoting comprehensive sexuality education demonstrates strong alignment with global frameworks.
- The meetings with central and provincial stakeholders also suggested that there need to be more digitization space in interventions in the new/current context. Moreover, the partner expected to have support for UNFPA to enhance their digital skills and capacity.

#### P&D

- As for the long-term impact and following the life-cycle approach in policy formulation and implementation, CP10 could contribute to SEDP via its support to YU because the youth are important in various cross-cutting issues such as reproductive health, gender, and future aging population. Supporting the youth to understand their rights and responsibilities is also aligned with different national laws (such as the Youth Law, the National Strategy on Youth Development, the Law on Marriage and Family). In addition, youth-related CP10 activities on P&D helped the youth to understand older persons and old-age life and how to prepare for a healthy aging was also aligned with the National Strategy on Older Persons till 2035 with a vision to 2045. Intergenerational support (in order to gain knowledge, skills, and support communities) was fully in line with Law on the Elderly.
- CP10's programmes to promote vulnerable older persons and make sure that no one is left behind via a comprehensive and responsive social assistance system and ISHC-based ICOPE pilot model were consistent with, for example, the Master Plan on Social Assistance Reform and Development (MPSARD) 2018; Decree 20/2021; Decision 1336/QD-TTg by PM on 31 August 2020 to expand ISHC till 2025 (and as a result, Decision 1648 by PM on 1 Aug 2025 on expanding the ISHC could be considered as an excellent outcome).
- CP10's supports for international data harmonisation and capacity building (such as via NTA-related studies with UNFPA APRO and international organizations such as UN-DESA) and for national-level data harmonization and capacity building for GSO along with other line ministries such as MOJ (on vital statistics) were along with national strategy in development and digitalisation of statistics, such as Decision No. 06/QD-TTg of the Prime Minister on Approval of the Project on Developing the Application of Population Data, Identification and Electronic Authentication to Serve the National Digital Transformation for the 2022–2025 Period, with a Vision to 2030.
- CP10's support in digitalisation and harmonisation of data can be potential for wider linkages with the participation of other line ministries, such as MOHA for social insurance, MOH for social assistance, digital health, and MOET for education and training management.
- CP10's support for these above activities/programmes and their beneficiaries were strongly aligned with such international conventions and agreements as ICPD, CEDAW, SDGs

<p>Assumption 1.3 CP10 is aligned to the strategic directions and objectives of UNFPA (2018 – 2021; and 2022 – 2025), SDGs, and ICPD priorities</p>	<ul style="list-style-type: none"> <li>• CP10 interventions align closely with the UNFPA Strategic Plan 2022 – 2025 across each of the three priority programme areas/outcomes</li> <li>• CP10 interventions align closely with the 2030 Agenda/SDGs and ICPD POA.</li> <li>• CP10 expected results, targets and implementation strategies align with the priorities, results and targets of the United Nations Sustainable Development Framework (UNSDCF) for Viet Nam.</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• National and regional studies focused on health and development of left-behind populations</li> <li>• CP10 document/CPAP</li> <li>• UNFPA ProDocs, AWP, Contracts, TORs</li> <li>• UNFPA strategic plan, ICPDPOA</li> <li>• 2030 Agenda/SDGs</li> </ul> <p>In-Depth Interviews (IDIs) with no fewer than 10 targeted government officials (at, such as, MOF, MOH (and former MOLISA), MOHA (and former MOLISA)), UNFPA leadership and UN Stakeholder staff (Interview guide).</p>
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## This is evidenced by:

### Overall and overarching considerations:

- Strong alignments with UNFPA's strategic and objectives for 2018-2021 and 2022-2025
- Strong overall alignment with UNSDCF outcomes 1 (Social protection among poor and marginalized) and 4 (more just and inclusive society). Also, strong alignments with Viet Nam's global and regional commitments on SRHR, gender, and population and development.

### SRHR/A&Y

- Strong alignment to UNFPA Strategic Plan through OR on maternal health/maternal mortality reduction (MSD, EM health project) and cervical cancer (particularly HPV) programming.
- Contributions to unmet need for FP are limited largely to the policy arena. Relatively new focus on FP through FP2030 commitment and contraceptive commodities strategic review. Some focus on FP service delivery through MSD-project.
- Outside of CSE, which is winding down except for PwD, virtually no focus on high unmet need for family planning among unmarried people.

### Gender

- UNFPA documentation; IDI UNFPA staff, IDI Central Government: CP10 Gender area is highly aligned with UNFPA's Strategic Plans (2018–2021; 2022–2025), which prioritize ending GBV, strengthening GBV prevention and response systems, addressing harmful practices, and advancing gender-transformative norms. CP10 interventions such as GBV essential services, social norm change, and strengthening national coordination directly reflect these corporate priorities.
- The programme demonstrates clear alignment with SDGs, notably SDG 5 (gender equality), SDG 3 (health), SDG 10 (inequality), SDG 16 (peace, justice, and strong institutions), and SDG 17 (partnerships).
- Consistent with ICPD Programme of Action commitments on reproductive rights, gender equality, and ending GBV.

### P&D

- CP10 was surely aligned UNFPA's strategic directions and objectives: service delivery (e.g. cash transfer to Yagi affected older persons in 4 provinces under VAE), upstream policy advocacy (e.g. with National Assembly's Department of Social and Cultural Affairs), technical advice on development of laws to line ministries (e.g. evaluation of the Law of the Elderly; drafting Law on Population; supporting to amend the Law of the Elderly), capacity building/development (via training activities for local VAE and voluntary care-givers; for the youth) and piloting innovative model (ISHC-based ICOPE model in Thanh Hoa province; integrated vital statistics system between GSO and MOJ)
- CP10 was strongly aligned with ICPD action plan on SRHR and gender; with UNSDCF Outcome 1 (Social protection among poor and marginalized, such as support to formulate new policy in expanding coverage of social pension to 75+ and increasing benefit to VND 500,000) and Outcome 4 (more just and inclusive society, such as support to reach physically disabled older persons with community support via ISHC-based ICOPE pilot model; and to provide emergency assistance to Yagi-affected older persons in 4 northern mountainous provinces)

<p>Assumption 1.4 CP10 has the capacity and flexibility to accommodate shifts in national priorities, emerging population needs, and ODA working modalities.</p>	<ul style="list-style-type: none"> <li>• Assessment of key changes in national priorities that may have had an impact on the UNFPA programme.</li> <li>• Evidence of capacity and flexibility to adapt partnership modalities and approaches to changes in the Viet Nam development context.</li> <li>• Evidence of capacity and flexibility, including financial flexibility to adapt approaches in the face of emerging population needs over the period of programme implementation</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• UNFPA ProDocs, AWP, Contracts, TORs Workshop reports</li> <li>• MTR</li> <li>• Annual and progress reports from NIPs and CIPs, Evaluations</li> </ul> <p>In-depth interviews (IDIs) with no fewer than 5 UNFPA team leads and staff, including finance and operations staff (Interview guide).</p> <p>In-depth interviews (IDIs) with no fewer than 50 targeted stakeholders including representatives of the Ministry of Finance, Ministry of Health (and former MOLISA), MOHA (and former MOLISA), MOET, MOCST, National Assembly, Donors, mass organizations, provincial authorities, NGOs/CSOs (Interview guide)</p>
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**This is evidenced by:**

Overall and overarching considerations:

- Changes in ODA management (under the Decree No. 20/2023/NĐ-CP of the Government, dated 04 March 2023, on amending and supplementing a number of articles of Decree No. 114/2021/NĐ-CP dated December 16, 2021 on the management and use of official development assistance (ODA) and concessional loans from foreign donors) has been a major issue across programming areas, resulting in important delays in programme start and changes in implementation modalities.
- Government restructuring at central level: MOLISA dissolved and integrated into MOHA and MOH; Youth Union moved under Fatherland Front.
- UNFPA has demonstrated its adaptiveness through undertaking direct implementation of a significant portion of the CP. Direct implementation gives UNFPA more control of implementation due to fewer layers of bureaucracy. In CP10, 70-30 DIM-NIP; in CP9 50-50 (from Ha).
- MTR maintains that direct implementation comes at a cost of government ownership (universally), however several IDIs suggest this is not universally true. CF evaluation and MTR also noted that direct implementation would be more expensive and require important levels of human resources engaged by UN agencies.
- Overall CP10 disbursement 91%.
- Very little CSO implementation in CP10
- CP10 support to pursue digitalisation as a national priorities
- CP10 support showed innovative ways to meet emerging population needs

- MOH agreement continues with a more traditional mechanism (umbrella project with NIP and CIP). Yet the GI Central Government shared the perspective that UNFPA does too much through DIM, and feels more funding should come through MOH. MOH not consistently involved when DIM, UNFPA can be passive in planning and implementation, should be more transparent.
- GI Central Government: CP10 is more donor-focused than previous CPs.
- IDI CSO: “Procedures not friendly to CSOs” - paperwork is cumbersome. In general, UNFPA is very “open and friendly”.
- GI government and IDIs: Youth Union agreement separated from MOHA agreement, which (IDI) is seen as a positive adaptation to a more streamlined implementation modality. “UNFPA is very adaptive”.
- IDI Central Government: Implementation is slow because staff aren’t paid by the project - must prioritize government work. UNFPA “stepping up” through DIM.
- IDI Mass Organization: UNFPA implements “on behalf” of the Ministry, suggesting an important level of partnership in a challenging ODA environment.

#### Gender

- IDI Central Government: UNFPA were flexible and adapted with changes. CP10 demonstrated flexibility by adjusting programming to evolving national priorities (e.g., decentralization reforms, shifts in social protection and GBV policies) and adapting to changes in ODA modalities.
- IDI Central Government: The programme adapted implementation modalities to changing ODA environments by expanding partnerships with mass organizations, CSOs, and subnational agencies, and by leveraging joint programming and pooled financing where possible
- IDI NGO; IDI Central Government: Even though the partners understood the situations and accepted the changes in activities, some still were frustrated with the strict and meticulous regulation on financial issues which they supposed that affected the motivation of the partner’s staff.

#### P&D

- CP10’s activities with YU showed that UNFPA always supported reasonable changes to adapt with situations but respected the partners’ work and followed tightly with UNFPA’s mandates; UNFPA was really active as a “connecting dot” for partners to solve administrative problems between organisations (such as MPI and MOHA)..
- Under GSO, UNFPA was active in support GSO to adapt with changes in policies (such as ODA) so that GSO could complete important works as planned (such as NTA report with UNFPA RO; NTA manual with UNESCAP; capacity building for interviewers of large-scale surveys e.g. PHC, PCS, support to design and supervise surveys).
- For MOJ, support by UNFPA on databases for vital statistics was meaningful as linking this statistics with those from GSO could help provide important evidence for digitalised population administration.
- The ISHC-based ICOPE model was an innovative “exercise” to provide social inclusiveness to the most vulnerable older people in the community, as well as pave the ways to develop community-based care for older persons in a rapidly aging Viet Nam.

<p>Assumption 1.5 UNFPA has demonstrated a culture of learning and adaptation, including conducting rigorous monitoring of CP workstreams , instituting appropriate adaptations in response to programmatic reports, the findings and recommendations of the MTR and other inquiries.</p>	<ul style="list-style-type: none"> <li>• Evidence of staff engagement in monitoring of project implementation and harvesting of lessons learned.</li> <li>• Evidence of UNFPA team engagement in analysis of programme experience and problem solving.</li> <li>• Evidence of clear and transparent accountability mechanisms for decision making within and across UNFPA teams</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• UNFPA monitoring and reporting documents, evaluation reports and validation meeting minutes</li> </ul> <p>In-Depth Interviews (IDIs) with no fewer than 8 UNFPA EMT members, team leads and staff (Interview guide)</p>
<p><b>This is evidenced by:</b></p> <p>Overall and overarching considerations:</p> <ul style="list-style-type: none"> <li>• Difficult to evaluate how dynamic the learning environment is. While there is strong evidence from multiple IDIs of ample engagement and accompaniment by UNFPA programme teams with partners, UNFPA staff communication appears to be quite siloed.</li> <li>• Reporting generally mechanical through Quantum and partner reporting (where it exists given focus on DIM), is focused on whether or not activities were implemented rather than on gleaning lessons learned.</li> <li>• Provincial Government GI: On-sight monitoring is very formalized in the UNFPA context.</li> <li>• IDIs UNFPA: Internally, CO team leaders meet monthly but cross-team sharing is limited. Little overlap in staffing. IDI UNFPA: Learning agenda largely HQ driven.</li> <li>• IDI UNFPA: Project monitoring is challenging. In the past had quarterly meeting with IPs, but now monitoring is managed within the team and through Quantum. UNFPA teams provide comments on reports and products.</li> </ul> <p>SRHR/A&amp;Y</p> <ul style="list-style-type: none"> <li>• Discontinuation of RH app after concerns that it is not adapted to the environment can be considered an indication of adaptability.</li> <li>• IDI ODP: no knowledge of PwD clinical guidelines suggests fragmentation within the programme area.</li> <li>• Difficulty identifying clear focal points for humanitarian work.</li> <li>• UNFPA documentation. LNOB project evaluation noted” The establishment of an online monitoring system allowing Commune Health Centers to report real-time data helped the Ministry of Health and UNFPA track progress, detect issues early, and adjust activities. Combined with maternal mortality review meetings, this model encourages a culture of continuous learning and improvement within the sector.</li> <li>• Ha Giang youth dialogue report noted the need for more participation of youth vs. didactic approaches.</li> </ul>		

First impressions from internal meetings is that different teams have different cultures of learning and that possibly learning happens within teams. Unclear the extent to which there is a lot of sharing CO-wide. Lack of knowledge of focal points (e.g. humanitarian) and “possessive” relationship management suggests high levels of fragmentation.

UNFPA provides staff with lots of training (both following UN’s requirements and available resources and customized/requested specifically for UNFPA Viet Nam). However, the practice of cross-learning and sharing within internal teams is not strongly adopted.

**Evaluation Question 2: To what extent is UNFPA’s support complementary and consistent with other interventions in the country, provided by other stakeholders, including UN and other development partners, government and non-government organizations and CSOs?**

**(Criteria: Coherence)**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
<p>Assumption 2.1: CP10 programming adds value to Viet Nam’s development landscape</p>	<ul style="list-style-type: none"> <li>• Evidence that UNFPA’s programming is complementary and not duplicative of the work of other organizations working in SRHR/AY, P&amp;D and Gender, including other UN organizations.</li> <li>• Evidence of UNFPA Viet Nam and/or IPs playing a constructive role in the country coordination mechanisms, including working groups in Viet Nam</li> <li>• Existence of mechanisms to share data, information, and resources across organizations collaborating on CP10 workstreams.</li> <li>• Evidence that synergies have been actively sought in the design, implementation and M&amp;E of the CP10 with those of other stakeholders</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• Common Country Analysis</li> <li>• Gender Working Group TOR</li> <li>• UN Joint Programme reports, UNSDCF reports, CF Evaluation Inception Report, Workshop reports</li> </ul> <p>In-Depth Interviews with no fewer than 25 targeted stakeholders, including representatives of the Ministry of Finance, Ministry of Health (and former MOLISA), MOHA (and former MOLISA), MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs (Interview guide)</p> <p>In-depth interviews (IDIs) with no fewer than 8 UNFPA team leads and country representation (Interview guide)</p> <p>In-Depth Interviews (IDIs) with representatives from no fewer than 3 UN Stakeholder staff including UN Women, UNICEF WHO (Interview Guide).</p>

This is evidenced by:

Overall and overarching considerations:

- Difficult time overall with new ODA regulatory context, financing harder to find and government less solicitous of foreign funding and input.

- UNFPA's long standing and privileged relationship with government is a clear distinguisher for the organization's positioning, giving it a clear advantage and value add in the upstream policy space and creating the possibility of audience for introduction of innovation. Also, its respected technical advice.
- UN coordination through working groups is designed to harmonize and coordinate actions of different UN organizations. From IDIs with UN peer organizations, this is particularly effective when groups are working to produce joint documents and reviews.
- From IDIs: Coordination in the humanitarian space is relatively nascent and evolving.

#### SRHR/A&Y

- GI Government: Strong coherence with health sector priorities, and coherency from one programme cycle to the next.
- GI Government : UNFPA's technical support for policy and health system strengthening is "very vital". Their value (as UN more generally) is at the higher (upstream) level. Service delivery is less impactful.
- GI Government: Only UNFPA is working on SRH of PwD; both on improving access to services and raising demand. Programming is just starting. Approaches by health services will have to vary by disability. Many challenges in adapting to needs of PwDs - varied. Providing adapted services adds significant to costs of service delivery. When we go to the mountainous areas, it will be even more challenging.
- GI Academic: UNFPA is an ideal partner given technical expertise. "All partners agree that the TA focal point for the next phase of HPV programming should be UNFPA".
- GI Provincial Government: UNFPA is one of the most successful organizations working in province level SRH.
- Central Government IDI: UNFPA has been supporting CSE through many programme cycles. It's technical support is highly valued.
- Central Government GI: perceived UNFPA as a long-standing partner on Youth (since 2012, over 3 CPs, contributing to youth legislation in Vietnam: Youth Law, National Strategy on Youth Development) with a well-established reputation on SRH.
- CSO IDI: CP10 playing an important role in LGBTQI+ space. "The initial draft of the (gender affirmation) law was very discriminatory, but over time the drafts have become more accepting"

LW: from DFAT and UNWomen. Coordination has gotten better. Initially within EVAWG UNFPA's coordination quite divisive. Largely personality issue. Also non-alignment of finance systems. Delays in \$ transfers.

#### Gender

- CP10 provides technical guidance, policy advice, and system-strengthening support, complementing government efforts and other development actors' work (e.g., UN Women with the Women's Union, UNFPA with the Fatherland Front). This ensures that CP10 fills gaps in GBV, and other related policies rather than duplicating ongoing initiatives.
- Evidence from field and partners: Provincial authorities recognize UNFPA's interventions as necessary to enhance and complement government strategies.
- IDI Provincial Government: *"It is clear that, in the process of socio-economic development, Vietnam must be closely linked to improving people's lives and social investment, including human rights, gender equality, GBV... UNFPA has resources to support in expanding the beneficiaries. Quang Ninh is very fortunate and proud to be chosen by UNFPA to implement the project, contributing more resources to the province to implement these issues more effectively and clearly."*

P&D

- Facing a rapidly ageing population, support from UNFPA to VEA has shown opportunities for a care economy that the Party and the Government have mentioned in recent documents
- GI UNFPA: UNFPA is the only UN agency working on data so it was a unique contribution via CP10. “Demographic anxiety” among government officials regarding reduction in birth rate. Last year the Politburo abolished the 2-child policy for government officials, but it still exists on paper. Strong momentum now behind population law, and also NTP on population and health care. Some elements of the population law are at odds with ICPD, with less commitment to FP. Even pushing higher fertility for ethnic minorities. NSO now under MOF.
- GI UNFPA: Work in the ageing/care economy has been difficult, as it is very fragmented across different line ministries.

Assumption 2.2:  
UNFPA Viet Nam effectively led or supported system-wide development coordination mechanisms within UNCT to reinforce programme implementation and achieve better results by preventing overlap and duplication and promoting synergies.

- Evidence of UNFPA CO being part of joint programmes with other United Nations agencies in related thematic focus
- Extent to which UNFPA participates in the UNCT or relevant working groups
- Evidence of UNFPA playing a leading role in SRH and GBV thematic working groups of the UNCT relevant to the UNFPA mandate
- Extent to which UNFPA applied the Delivering as One (DAO) approach in its interventions
- Evidence that synergies have been actively sought in the design, implementation and monitoring and evaluation of the UNFPA Country Programme and programmes and interventions of other UNCT members
- Extent to which the comparative advantages and technical expertise of UNFPA added value to the UNCT support for sustainable development

Document Review:

- Joint Programme Documents
- Relevant working group TORs
- UN Joint Programme reports, UNSDCF reports, CF Evaluation Inception Report, workshop reports

In-depth interviews with no fewer than 8 UNFPA team leads and country representation (Interview guide)

In-Depth Interviews with representatives from no fewer than 3 UN Stakeholder staff including UN Women, UNICEF WHO (Interview guide)

This is evidenced by:

Overall and overarching considerations:

- UNFPA leads M&E group of UN
- UNFPA leads UN Free and Equal
- UNFPA leads GBV in emergencies working group under UN Humanitarian.
- UNFPA is the lead on the large DFAT-funded EVAWC joint project.

#### SRHR/A&Y

- IDI Other, IDI Academic: UNFPA has been a major contributor in the cervical cancer space, particularly in the introduction of HPV vaccine, and is poised to mobilize GAVI funding for introduction in 2026. Coordination has been effective across multiple agencies including MOH, NIHE and multiple provinces.
- UNFPA coordinates FP2030 in Viet Nam
- IDI: UNFPA is respected in its role as lead of the UN Youth Coordination Group (now passed to UNESCO in 2022).
- UNFPA documentation. UNFPA leads UNFE coordinated communication campaign on LGBTQI+ with UNWomen, UNAIDS, UNDP, UNICEF and OHCHR (2025). 2025 training in Nha Trang focused on communication skills for CBOs working with MSM in central Viet Nam
- IDIs (2 UN) generally appreciative of UNFPA's coordination of the youth (ex. Preparation of Youth Report, CSE institutionalization) and gender spaces. IDIs (2) Significant problems with the coordination of the EVAWC joint project at the early stages, resulting in geographic and programmatic fragmentation.

#### Gender

- IDI NGO, Donors, Central Department: UNFPA's primary strength is its focus on policy and technical advice, which complements other organizations' focus on grassroots implementation or service delivery. For example, UNFPA provides technical guidance for establishing multi-sectoral GBV response models, while NGOs (e.g., CSAGA) and government agencies handle day-to-day operations. Partnerships such as with KOICA, where KOICA provides funding and UNFPA provides technical expertise, illustrate this complementary division of roles.
- IDI Donor: UNFPA leverages its institutional strength to convene multiple stakeholders (government ministries, CSOs, international partners) and facilitate system-wide coordination, particularly in multi-sectoral GBV response (e.g., OSSC model). Partners such as KOICA recognize this role as crucial for minimizing overlap and enhancing synergies.
- IDI NGO, Donors, Central Department: Some partners, including CSAGA, note that UNFPA's strict administrative procedures can limit partner flexibility and network expansion. Overlaps with other UN agencies (UN Women, UNICEF) and NGOs exist, but UNFPA differentiates itself through its focus on the SRHR-GBV nexus. Coordination mechanisms are essential to ensure clarity of roles and efficient use of resources, as highlighted also by DFAT. This was also expressed by DFAT - sometimes it is hard to know which agency is responsible for what.

#### P&D

- The recent Decision 1648 by the Prime Minister proved that the ISHC model has been very suitable for Vietnam, especially at commune level. Based on the results from the pilot ICOPE model, we are working with the province's leaders in order to implement it in the coming years.

**Evaluation Question 3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme, in particular (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?**

**(Criteria Effectiveness)**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
Assumption 3.1: CP10 has delivered results according to the designated output indicators and targets.	<ul style="list-style-type: none"> <li>• Degree of attainment of projected targets under each of the 6 CP10 outputs</li> <li>• Percentage of other resources mobilized across each of the different programme components.</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• National and regional surveys and studies focused on health and development of left-behind populations</li> <li>• UNFPA ProDocs, AWP, Contracts, TORs, workshop reports</li> <li>• CP monitoring reports data, Data from Quantum (gender disaggregated)</li> <li>• MTR Report</li> <li>• Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> <li>• Donor reports</li> <li>• UNFPA financial data on resources mobilized, all financial commitments and disbursements</li> </ul> <p>In-Depth Interviews with no fewer than 50 targeted stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA, MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs (Interview guide)</p>

**This is evidenced by:**

Overall and overarching considerations:

- MTR: All but three outputs were met or exceeded by the time of the MTR.
- Definitions of indicators are extremely varied with some outputs measured at the level of laws and policies, while others are measured at the activity level. Similarly, indicators are not strictly aligned with levels of programme investment/effort (e.g. no indicator on ethnic minority maternal health or SRH).
- Outputs linked to provincial engagement will be difficult to measure given changes in administrative structures and overall reduction in numbers of provinces.
- The indicator on humanitarian coverage lacks a clear denominator and will not be measurable.

**SRHR/A&Y**

- [The programme output related to cervical cancer is on track to be exceeded through GAVI financing for the roadmap for introduction of HPV vaccine.](#)

- Youth dialogues, national and provincial plans on YD, multiple training workshops on different topics (health aging, CSE for out-of-school and in-school, HIV/AIDS prevention for MSM,...), some materials (e.g. 1 handbook on guiding youth policy dialogue, 3 handbooks on comprehensive sexual health care and life skills for adolescents and youth, focusing on migrant, disabled, and ethnic minority youth), grants for local MSM initiatives (10),...

Gender

- UNFPA documentation; IDI UNFPA staff; FGD beneficiaries: The thematic area has performed well against indicators, particularly in the institutionalization of the OSSC model, policy and legal advancements, and increased awareness and behavioral change among beneficiaries.
- FGDs with beneficiaries illustrate tangible changes in gender attitudes and behaviors:
- “Joining this club is like a talisman for me and other men who want to support their wives. Before, I felt ashamed to go to the market and cook for my wife. When I joined the activities with other men, I felt like the gender prejudice had broken and I dared to go to the market for my wife without feeling ashamed anymore. I feel confident to do it” (FGD with men, Bac Ninh)
- “Since joining the club, my husband has changed completely. He no longer swears at the children and speaks more gently. He also knows how to share housework with his wife, for example, if one comes home late, the other cooks, without distinguishing between the wife's and the husband's work” (FGD with women, Bac Ninh).

P&D

- GSO: UNFPA could provide excellent experts so that the outcomes of planned works were usually good. UNFPA is strong in evidence-based data analyses, technical advice and policy advocacy (e.g using PHC to raise awareness of the aging population, decreasing total fertility rate → GOVN removed the “two-child” policy).
- MOJ: innovative support so as to have an administrative system for birth and death registration.
- ASP: Decree 76/2024 to increase benefit level, and Social Insurance Law to expand the coverage of older persons aged 75+
- Local ISHC managers: improved skills in managing their clubs in terms of organizing care support to disabled older persons.
- Local voluntary care-givers: improved knowledge and skills in care through various training sessions. Changed health-related behaviors. Better understanding of self-care and care for other older members.

Assumption 3.2:  
CP10 output results have contributed to expected outcomes.

- Evidence of changes in UNSDCF and UNFPA outcome indicators
- Evidence of changes in UNSDCF and UNFPA outcome indicators in geographical areas and population groups targeted by CP10 with significant levels of programming.

Document Review:

- National and regional surveys and studies focused on health and development of left-behind populations
- UNFPA ProDocs, AWP, Contracts, TORs, workshop reports
- CP monitoring reports data, Data from Quantum (gender disaggregated)
- MTR Report
- Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)
- Donor reports
- UNFPA financial data on resources mobilized, all financial commitments and disbursements

		In-Depth interviews with no fewer than 25 stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA, MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs (Interview guide)
<p><b>This is evidenced by:</b></p> <p>Overall and overarching considerations:</p> <ul style="list-style-type: none"> <li>In the absence of national survey data (MICS), GBV survey, National Survey on Adolescents and Youth, it is difficult to measure outcome level results.</li> </ul> <p><b>SRHR/A&amp;Y</b></p> <ul style="list-style-type: none"> <li>While impossible to measure MMR, based on IDIs province data is mixed on numbers of maternal deaths with a decrease in one province, increase in one province and no change (0 deaths) in the third interviewed.</li> <li>Evaluation of LNOB project shows important changes in health care seeking across 6 provinces (60 communes); greater 4 ante-natal visits, higher facility births, lower numbers of maternal deaths.</li> <li>World Bank estimations indicate important continued improvements in MMR (2023), although slower change in mountainous regions.</li> <li>National Youth Report (YOUTH UNION 2025) defines barriers to young people seeking services.</li> </ul> <p><b>Gender</b></p> <ul style="list-style-type: none"> <li>UNFPA documentation; IDI Donors: Development partners, including KOICA and DFAT, noted the difficulty of measuring outcomes, particularly increased awareness and behavioral change, and questioned whether existing indicators are sufficient to fully capture these outcome-level changes.</li> </ul> <p><b>P&amp;D</b></p> <ul style="list-style-type: none"> <li>VAE: Advocating to have the GOVN's decision to institutionalize ICOPE model in ISHC.</li> </ul>		
Assumption 3.3: CP10 has contributed to increased GOV commitment to the expected outcomes of CP10	<ul style="list-style-type: none"> <li>Evidence of GOV commitments to most vulnerable populations and left-behind groups through development and approval of laws and policies protecting these groups</li> </ul>	<p>Document Review:</p> <ul style="list-style-type: none"> <li>Documentation of policy initiatives, including around international commitments, in process and planned</li> </ul> <p>In-Depth interviews with no fewer than 50 stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA, MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs, and UN Stakeholder staff (Interview guide)</p>

## This is evidenced by:

### Overall and overarching considerations:

- Difficult to measure.

### SRHR/A&Y

- UNFPA documentation: TOR for strategic review of family planning commodities and provincial IDIs noted that contraceptive commodities are not currently available in the public sector due to unclear and confusing central procurement mechanisms and fears of being charged with corruption. High overall national CPR suggests that contraceptives are available in private sector but lack of subsidies in ethnic minority areas may explain slow progress here.
- National target programmes represent a clear budget commitment of the GOV to financing social programmes. No evidence of UNFPA engagement on budget advocacy for NTPs or at province level. No evidence of effort by UNFPA to help provinces access existing budgets. Budget for NTP on maternal health not clear.
- Review of National A&Y Plan (2025). 45% of provinces have developed plans.
- IDI with MOET, UN peer organization and UNFPA staff suggest that CSE is generally very well integrated in the education system (with merger of MOLISA, now for vocational training as well) with recent, high-level focus on training of expert lecturers at University of Education as core teachers and integrating content on PwD. Low probabilities of making the curriculum mandatory.

### Gender

- CP10 has strengthened government commitment through policy and legal support, including technical input to the amended Law on Domestic Violence Prevention and Control, providing a crucial legal foundation for protecting women and girls. CP10 also supported the decision on operationalizing OSSCs), reinforcing multi-sectoral GBV response mechanisms.
- IDI Central Government, IDI Provincial Government (e.g., Quang Ninh), acknowledged that CP10 interventions enhanced their capacity to implement strategies and models such as the OSSCs, demonstrating alignment with national priorities.
- IDI Central Government, IDI Provincial Government: By providing technical guidance, evidence, and facilitation of multi-stakeholder coordination, CP10 helped institutionalize GBV prevention practices and influence policy decisions, fostering greater government ownership.

### P&D

- ASP: 1.6 million older persons are benefiting from a new level of cash transfer (from VND 360k to 500k/month). Also, new 1.6 million beneficiaries of Decree 76/2024 when the eligible age was reduced from 80+ to 75+
- MOJ: Merging and harmonizing data from various organizations such as MOJ, GSO, MOH, VSS/MOHA may help to reduce costs of surveys to millions of USD
- VAE: Advocating to have the GOVN's decision to institutionalize ICOPE model in ISHC.
- Local VAE Thanh Hoa: The ICOPE pilot was really beneficial to the most vulnerable older persons in our communities.

<p>Assumptions for verification 3.4: UNFPA Viet Nam has effectively prioritized areas where targets had not yet been met during the MTR.</p>	<ul style="list-style-type: none"> <li>• Evidence of prioritization of unmet output targets following MTR and progress towards meeting targets.</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• Programme monitoring and reporting documents in all thematic areas</li> <li>• Donor reports</li> <li>• MTR Report</li> <li>• UNFPA financial data on resources mobilized, commitments and disbursements by programme work stream</li> </ul> <p>In-Depth interviews with no fewer than 5 UNFPA program staff/leads (Interview Guide).</p> <p>In-Depth interviews with no fewer than 20 national and provincial government authorities (partners).</p>
<p><b>This is evidenced by:</b></p> <p>Overall and overarching considerations:</p> <ul style="list-style-type: none"> <li>• Note concerns about definitions of indicators per assumption 3.1 above.</li> </ul> <p>SRHR:</p> <ul style="list-style-type: none"> <li>• Efforts to prioritize HPV financing ongoing with output on track to be exceeded, with approval of GAVI funding for national HPV rollout.</li> </ul> <p>P&amp;D:</p> <ul style="list-style-type: none"> <li>• By Sep 2025, the Law on the Elderly has been officially planned to be amended via the National Assembly's Official Announcement No. 16</li> <li>• The number of new solutions and innovations piloted to enhance social and economic participation and care of older persons was planned 2 in 2026, but already completed by Sep 2025.</li> <li>• The first additional work (i.e. Improvement of integrated care system for older persons in Viet Nam, by ASP and VNPA) produced 5 (draft) products</li> <li>• The second additional work (i.e. Innovations for effective adaptation to population ageing in Viet Nam by NA/CSA, MOH, VAE, HCM National Political Academy) produced 2 (draft) products.</li> </ul>		

<p>Assumption 3.4: UNFPA Viet Nam integrated human rights-based approaches, gender transformative perspectives, and disability inclusion, and ensured those furthest behind were targeted across all programming components and implementation mechanisms</p>	<ul style="list-style-type: none"> <li>• Extent to which a gender-transformative and human rights-based approaches were integrated in planning and design, implementation and M&amp;E of all areas of CP10 programming</li> <li>• Evidence of increased incorporation of a gender-transformative and human rights-based approach in Government policies, strategies and plans at federal and provincial levels</li> <li>• Evidence of inclusive and participatory mechanisms to systematically seek input from target populations in the design, implementation and monitoring of CP10</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>• UNFPA ProDocs, AWP, Contracts, TORs, workshop reports</li> <li>• CP monitoring reports data, Data from Quantum (gender disaggregated)</li> <li>• MTR Report</li> <li>• Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> <li>• Laws, policies and programmes developed or in development during the CP period</li> </ul> <p>In-Depth interviews with no fewer than 25 stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA, MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs (especially focused on PwD), and UN Stakeholder staff (Interview guide)</p> <p>In-depth interviews with no fewer than 8 UNFPA team leads and country representation (Interview guide)</p>
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**This is evidenced by:**

Overall and overarching considerations:

- Programme documents and IDIs confirm that UNFPA works to promote intersectionality across programme areas. See below. EX

**SRHR/A&Y**

- Development of SRH guidelines for PwD draws from UNFPA's long-standing support to MOH to develop clinical SRHR guidelines, but this time focusing on this MLB population. Similarly community consultations around PwD SRHR help to shine a light on the needs of these populations.
- Some efforts to consider the perspectives of target populations are evident in the evaluation of the MSD-supported EM programme which interviewed community members about the programme. Also, in the rapid assessment of UNFPA's humanitarian response to typhoon yagi, evaluation focused on user perspectives (pregnant women) of cash transfers.
- In youth programming, youth dialogues specifically engaged youth from multiple vulnerable groups (migrant workers, LGBTQI, PwD) to participate and raise specific issues relevant to their SRH.
- CP10 youth programming integrating aging and humanitarian themes was also an effort to recognize and address intersectionality.
- Integration of a large PwD component in CSE through UN Trust is an important approach to intersectionality.

Some missed opportunities include gender norms/relationships in EM work not explicit. At the same time, the CPE also notes some missed opportunities for intersectionality, most importantly between SRH programming for ethnic minorities and GBV programming, where understanding of GBV in ethnic minority populations is not well documented and little understood. It is noteworthy that the national study on GBV did not sample for representation of PwD or EM groups, nor did the ethnic-minority-focused Leave No One Behind Initiative include a GBV programming component.

#### Gender:

- Within the Gender thematic area, CP10 systematically integrated gender-transformative and human rights-based approaches in planning and design. Programming was strong in addressing women's rights, particularly in GBV, and children's rights related to violence against children (VAC).
- Activities explicitly challenged harmful social norms and engaged men and communities, contributing to transformative results in gender equality.
- IDI Central Government: Gaps remain in addressing child marriage, reproductive health, and certain harmful practices, suggesting opportunities for the next CP to strengthen interventions targeting both women's and children's rights in these areas.

#### P&D

- The most vulnerable older population (piloted ICOPE model) was in focus
- Intergenerational relationship in which older women and female youth are paid attention (ICOPE; YU);
- Gender; ethnic minorities; vulnerable groups were in in-depth analyses using national surveys in order to advocate policy and strategic changes (GSO/NSO)
- Older men participation in ISHC-based ICOPE pilot model to change gender-biased elder care-givers (which have been traditionally shouldered on women, even older women)

<p>Assumption 3.5: CP10 has yielded increases in utilization of integrated SRHR services for targeted populations (A&amp;Y, women in ethnic minority areas, PwD)</p>	<ul style="list-style-type: none"> <li>Evidence of increased use of SRH services in priority populations and geographical areas.</li> </ul>	<p>Document Review:</p> <ul style="list-style-type: none"> <li>National and regional surveys and studies focused on health and development of left-behind populations</li> <li>UNFPA ProDocs, AWP, Contracts, TORs, workshop reports</li> <li>CP monitoring reports data, Data from Quantum (gender disaggregated)</li> <li>MTR Report</li> <li>Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> <li>Donor reports</li> </ul> <p>In-depth interviews with no fewer than 15 targeted stakeholders including 2 representatives of MOH, 4 provincial health authorities and NGOs/CSO representatives (especially those serving PwD) (interview guide)</p>
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**This is evidenced by:**

Overall and overarching considerations:

- This assumption is not entirely aligned with CP10 programming, given that service delivery focus is limited to maternal health in ethnic minority areas, and to a lesser extent to PwD SRH.

SRHR/A&Y:

- UNFPA Documentation LNOB Evaluation Inception Report. CP10 conducted Training of Trainers (TOT) courses, trained 156 midwives in basic emergency obstetric care (BEmOC), 36 doctors in comprehensive emergency obstetric care (CEmOC), and 20 health workers in three-month advanced obstetric surgery training, as well as organized five maternal death surveillance and response (MDSR) workshops for 218 participants. The project supported the establishment and development of the VBA network with 11 ethnic minority trainees completing a six-month training course at the Son La Medical Secondary School, 193 VBAs receiving refresher training, and 300 VBAs receiving behaviour change communication (BCC) training.
- UNFPA Documentation: For ethnic minority maternal health programming, endline evaluation shows important changes in use of facilities for ANC, delivery and PNC. According to IDIs with provincial representatives, the positive results can be attributed to 1) the project's particularly novel communication approaches ("friendly to local people") bringing culturally adapted messages into households and targeting of gatekeepers and 2) Cash allowances for women to come to facilities.
- IDI UNFPA: PwD programming nascent. Too early to expect to see service utilization change here.

<ul style="list-style-type: none"> <li>Youth programming similarly is not focused on youth service delivery despite high unmet need recognized. IDI Government noted that according to a UNESCO evaluation, there have been important differences in SRH knowledge and behaviors among students participating in CSE. Also, bullying has decreased and gender stereotypes such as math not for girls, now more balanced.</li> </ul>		
<p>Assumption 3.6: CP10 has enhanced adolescent youth participation in national and provincial fora including in humanitarian contexts</p>	<ul style="list-style-type: none"> <li>Evidence of increased adolescent and youth participation in national policy fora on SRH, including in humanitarian contexts</li> </ul>	<p>Document Review:</p> <ul style="list-style-type: none"> <li>UNFPA ProDocs, AWP, Contracts, TORs , workshop reports</li> <li>CP monitoring reports data, Data from Quantum (gender disaggregated)</li> <li>MTR Report</li> <li>Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> <li>Donor reports</li> </ul> <p>In-depth interviews with no fewer than 15 targeted stakeholders including 2 representatives of MOHA, MOET, Youth Union (Interview guide).</p>
<p><b>This is evidenced by:</b></p> <ul style="list-style-type: none"> <li>Regional youth dialogues conducted in Ha Giang and Ban Me Thuot in 2024 and 2025. Activity reports note a combination of capacity building and dialogue programming with approximately 45-55 youth participants per dialogue and strong representation of vulnerable youth (PwD, migrants, other?). Themes general SRH with focus on issues of vulnerable youth. Ha Giang self-evaluated as overly didactic. Bun Me Thuot ran out of time for 2 of 3 youth group presentations/report out. Mechanism to inform policies unclear.</li> <li>All provinces completed action plans for youth strategy which (IDI) requires provincial youth dialogues. No national budget for youth strategy. In MTR of strategy, led by UNFPA 12% of youth said they hadn't heard about the national strategy.</li> <li>From youth FGD, youth participation is more engaging for UNFPA VN and global events vs. in community.</li> <li>Capacity building activity around youth humanitarian response, but unclear deployment. There is a clear evidence gap regarding the actual participation of adolescents and youth in policy-making forums, especially at the local/provincial level.</li> <li><b>Updated (ver 2):</b> Instead, the current practice is UNFPA and YU organize youth dialogues at local levels and consolidate youth's opinions (comments, ideas and suggestions) to prepare a report sent to all the relevant stakeholders, including the Youth National Committee, the YU at different provinces and the YU Steering Committee. <b>(this can be controversial)</b> However, from one youth dialogue report sent by YU (Buon Me Thuot), we can see that the part related to youth's opinion is just 1-2 paragraphs summarizing general ideas (I highlighted in that document). Hence, this still supports the idea above that the current practices seem to be more on CB and awareness raising.</li> <li><b>Series of national dialogues and participation in population-related events (such as the World Population Day 11 July) with in-depth focuses on intergenerational solidarity and healthy and active aging adaptation provided various groups of youth to understand the aging situation, their responsibility as future workforce and older persons.</b></li> </ul>		
<p>Assumption 3.7: CP10 has advanced gender equality and empowerment of</p>	<ul style="list-style-type: none"> <li>Evidence that mechanisms are in place to regularly review gender differentiated programme results across programme areas</li> </ul>	<p>Document Review:</p> <ul style="list-style-type: none"> <li>National and regional surveys and studies focused on the status of women and related</li> <li>UNFPA ProDocs, AWP, Contracts, TORs, workshop reports</li> </ul>

<p>women and girls within and across programming areas.</p>	<ul style="list-style-type: none"> <li>● Evidence of women taking leadership roles in CP10 programme areas</li> <li>● Evidence of how women and girls' lives have positively changed due to CP10 interventions.</li> <li>● Stakeholder perceptions (government, CSOs, beneficiaries) on how gender equality has been advanced through CP10.</li> <li>● Documentation of innovation or promising practices in gender equality work.</li> </ul>	<ul style="list-style-type: none"> <li>● CP monitoring reports data, Data from Quantum (gender disaggregated)</li> <li>● MTR Report</li> <li>● Joint Programme Monitoring and Evaluation</li> <li>● Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> <li>● Donor reports</li> </ul> <p>In-depth interviews with no fewer than 15 targeted stakeholders including 2 representatives of MOHA, MOCST, MOJ, Women's Union, NGOs/CSOs, UN Stakeholder staff/Gender Working Group representatives (Interview guide).</p> <p>Focus Group discussions with at least seven groups related to work with youth, ethnic minorities populations (providers and beneficiaries), and older populations (managers, beneficiaries), GBV (service providers, fatherhood clubs) in 2-3 provinces.</p>
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**This is evidenced by:**

- Strong Government Commitment: The Vietnamese government has shown a strong commitment to gender equality and combating GBV, as evidenced by its national strategies and laws. This political will provides a supportive environment for UNFPA's work.
- Partnerships and Coordination: The effective collaboration between UNFPA, government ministries, and partners like KOICA, DFAT has been crucial. This has allowed for a multi-sectoral approach that is far more impactful than a single-sector intervention. P&D: HelpAge International, VAE, MOH, MOJ, GSO/NSO, VNPA/MOH, ASP/MOH
- Evidence-Based Programming: UNFPA's reliance on data and research has ensured that the program's interventions are tailored to the actual needs of the population, increasing their effectiveness and relevance. P&D: NTA → developing NTTA; various thematic books using data from PHC, PCS, ICPHC on low fertility, aging population
- Innovative Approaches: The program's focus on innovative and sustainable solutions, such as the OSSC model and RF Clubs which engage men and boys, has been a key factor in its success. P&D: GSO & MOJ: Harmonizing GSO's PHC and other annual data (e.g PCS) with vital statistics of MOJ; VAE/HAI: ICOPE
- Some direct quotations from FGDs with beneficiaries can be used to illustrate (the necessary of OSSC/the change of men after joining RFC; the change in perceptions of local authorities after joining capacity building activities (FGD with local authorities in QN)
- IDI CSO: Gender affirmation law has evolved considerably since initial draft, now more accepting and supportive of trans people. Initial drafts had very discriminatory elements including conversion therapy and sterilization. Evolution in part based on study tour of drafting team to Germany and Spain. Now actively bans violence against trans people, conversion therapy and promotes access to health services.

- Local VAE (Thanh Hoa province): Political commitments of both central and local governments are the most important. In our province, the top leaders are concerned about older persons so they have strongly supported ISHC by providing additional funding.

Assumption 3.8 CP10 has increased use of population data for policy making	Evidence of efforts to collect, analyze, discuss data for policy making purposes	Document Review: UNFPA ProDocs, AWP, Contracts, TORs, workshop reports CP monitoring reports data, Data from Quantum (gender disaggregated) Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated) Donor reports In-depth interviews with no fewer than 8 UNFPA programme leads, representation, (Interview guides). In-depth interviews with no fewer than 15 targeted stakeholders including 2 representatives of MOHA, MOCST, MOJ, Women’s Union, NGOs/CSOs, UN Stakeholder staff/Gender Working Group representatives (Interview guide).
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**This is evidenced by:**

- GSO: Using data from Population and Housing Census to raise the issue of lowering total fertility rate → removing the “two-child” policy (since 1979); NTA using VHLSS, Input-Output tables to advocate “demographic” vs. “economic” dividend → added in Vietnam 2045 report (a flagship report for the Party and the GOVN); using various data sets (PHC, PCS, ICPHC) to publish thematic books and presented at different workshops (for NA, government office, line ministries, etc) on demographic dividend, population aging, aged care...
- ASP: Using various databases on population ageing for analyzing situations of older persons → as inputs for amending the Law of the Elderly; using data from the Survey on the Needs of Older Persons to support implementation of the National Strategy on Older Persons (e.g. Decision No. 383 on approval of Nat. Strategy on OP till 2035, vision till 2045-VN; Decision No. 2525 on Action-plan for implementation of the National Strategy on OP till 2035, vision till 2045; *Draft* Circular on M&E & reporting on implementation of the National Strategy on Older Persons; Draft Guideline/circular on social work in providing care and rehabilitation for older persons
- ASP & VNPA: Using evidence (data analysis)-based reports supported by UNFPA in drafting the Master-plan on development of community based comprehensive and quality health and care services for older persons; and the Justification letter/Dossier on development of the Master-plan;

**Evaluation Question 4: How effectively has UNFPA leveraged and developed strategic partnerships to achieve the CP results in policy and advocacy and evidence-based policymaking, strengthening national capacities, tapping into partnership development with traditional as well as non-traditional development partners, with integration of human rights, gender equality and disability inclusion?**

**(Criteria Effectiveness)**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
Assumption 4.1 /4.2 CP10 has effectively engaged strategic partnerships closely aligned with CP objectives in human rights, gender equality	<ul style="list-style-type: none"> <li>Evidence of multiple types of partnerships developed and engaged in CP10</li> <li>Evidence of strategic partnerships to advance human rights, gender equality and disability inclusion.</li> </ul>	Document Review:  UNFPA ProDocs, AWP, Contracts, TORs, workshop reports CP monitoring reports, Data from Quantum (gender disaggregated) MTR

and disability inclusion, and well-positioned to implement programmes in line with the expected outputs and outcomes	<ul style="list-style-type: none"> <li>• Evidence of effective engagement of strategic advocacy stakeholders</li> <li>• Evidence of effective engagement of academia, research capacity</li> <li>• Evidence of effective engagement of non-traditional partners, including the private sector</li> </ul>	<p>Annual reports from NIPs and CIPs, Evaluations (gender disaggregated) Workshop reports</p> <p>In-depth interviews with no fewer than 15 targeted stakeholders including academia, private sector, NGOs/CSOs, mass organizations (Interview guides).</p> <p>In-depth interviews with no fewer than 8 UNFPA programme leads, representation, (Interview guides).</p>
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**This is evidenced by:**

Overall and overarching considerations:

3. IDIs attest to generally strong, long-standing partnerships with key government institutions in core areas of UNFPA mandate. The dissolution of MOLISA has created challenges for CP10 implementation with different departments merged into MOHA and MOH.
4. Partnerships with multiple provinces (36) makes programming spread out and vulnerable to provincial administrative shifts.
5. Some relationships with NGOs/CSOs and academic institutions, often leveraged for technical work. A few small grants to CSOs.
6. No engagement with the private sector, even for migrant worker health.

**SRHR/A&Y**

7. Noteworthy that no formal relationship with the Committee on Ethnic Minority Affairs or new Ministry for Ethnic and Religious Affairs as evidenced by UNFPA not recommending meeting for CPE as not useful.
8. IDI UNFPA and CSO: While there are many ODPs in Viet Nam, capacity is generally very limited. From IDI, the Can Tho ODP has strong connections with the Provincial Health Service and receives funding through them. It has ambitions to play a regional role.
9. From IDI CSO: Trans org has received a small grant from UNFPA of approximately 5K. Working with LGBTQI community is new for UNFPA and it appears that not all staff are comfortable with trans people; sees need to sensitize staff.
10. IDI UNFPA: To date, work focused on migrant workers has happened through the public sector at planning level. No partnerships with private companies operating in industrial zones or labor unions. IDI Many women and girls are migrant workers in these areas and are vulnerable to violence and harassment. Engaging with employers and labor unions could help create safer workplaces and provide a new channel for awareness campaigns and service delivery.
11. From NIHE presentation (2025) : Collaboration with NIHE on HPV vaccine introduction builds on many years of collaboration.
12. IDI CSO: UNFPA needs to be more creative, more relevant and more local. Getting to know us.
13. UNFPA Documentation: MOH report on the review of the National SRH plan for adolescents and young people indicates that “the intersectoral coordination mechanism (Health - Education - Labor) at the local level is assessed as weak and formal” The report further indicates that “Although the Ministry of Health has issued a national action plan (Decision 3781/QD-BYT), there are not enough detailed guidance documents for provinces to develop plans suitable to local conditions. Many provinces are confused in determining the content, priority groups, and inter-sectoral coordination mechanisms.
15. From IDIs and Youth FGD, Youth Union is a widely respected organization with strong community linkages. Its new structural positioning under the Fatherland Front raises questions about its future independence and authorities.

Gender:

- CP10 has successfully brought together the right partners to achieve its objectives in human rights, gender equality, and disability inclusion. Key government partners include the Gender Equality Department of MOHA and MOCST, providing foundational policy and technical support.
- IDI Central Government: Partnerships with KOICA, DFAT, and other development partners provide essential financial resources to scale up successful models, while engagement with CSOs (e.g., CSAGA) and the Farmer Union ensures grassroots reach. Multi-sectoral collaboration across health, legal, and social sectors enables holistic support for beneficiaries.
- IDI Provincial Government: Some programmatic interventions, such as the Responsible Fatherhood Clubs, could expand beyond Farmer Union members to include Youth Union members and women (WU) to enhance reach and relevance, especially given age and engagement criteria (especially the regulation of age - 15-35 and it also engaged wives).

P&D

- A multi-sectoral approach to reach CP10's objectives: with HelpAge International and VAE in ISHC-based ICOPE model pilot to reach the most vulnerable and potentially neglected older people at communities; with ASP to expand income support (social pension) to disadvantaged older people (via Decree 76/2024)
- Gender issue was also considered among voluntary care-givers in ISHC-based ICOPE model pilot.
- Work closely and efficiently with central and local authorities to implement programmes in line with the expected outputs and outcomes: ISHC-based ICOPE model pilot in Thanh Hoa province.

Assumption 4.3

CP10 has sought to accelerate impact through strategic partnerships focused on advocacy, evidence-based policy and capacity strengthening.

- Evidence of capacity strengthening objectives and plans developed/co-developed with selected institutional partners
- Evidence of strengthened capacity perceived by key partners
- Evidence of use of targeted policy advocacy and strategic communications implemented by partners
- Evidence of curated data used in policy advocacy and strategic communications

Document Review:

- Capacity strengthening objectives/plans
- Advocacy and strategic communication materials developed
- Draft policy products

In-Depth interviews with no fewer than 25 targeted stakeholders including representatives of the Ministry of Finance, Ministry of Health, MOHA, MOET, MOCST, National Assembly, donors, mass organizations, provincial authorities, NGOs/CSOs, and UN Stakeholder staff (Interview guide)

In-depth interviews with no fewer than 8 UNFPA team leads and country representation (Interview guide)

**This is evidenced by:**

Overall and overarching considerations:

- CP10 UNFPA appropriately works largely in upstream, policy development spaces. Exceptions are for work streams considered pilots (see EQ5 below).
- CP10 advocates for human rights, gender equality, and to address disparities in health, largely within partnerships with the GOV.
- UNFPA/CP10 approaches policy through curation of strategic information and close policy engagement.
- Limited engagement on budget advocacy.
- Advocacy is also limited by the constrained environment for civil society organization. Nonetheless, UNFPA is supporting civil society engagement in limited ways in youth, pwd, and SRHR/LGBTQI+, in a manner that is acceptable to the government.

#### SRHR/Youth

- From UNFPA documentation, major policy contributions in SRH/FP, HPV: National Guidelines on Family Planning Services (in finalization); MOH directive 134 (2022) on national guidelines to monitor quality of FP services provided at the PHC level; MOH directive 160 (2024) on national guidelines to monitor performance of population collaborators in distribution of non clinical contraceptives at community level; National Standards and Guidelines on SRH of PwD; National Action Plans on SRH; Adolescent and Youth, and Cervical Cancer Prevention 2026-2030 with vision to 2035 (being developed); Resolution 104/NQ-CP (2022) roadmap to increase the number of HPV vaccines in the EPI program 2021-2030; Decree No. 13/2024/ND allocating central budget allocation of MOH for purchasing HPV vaccine in the EPI programme; Decree on HPV doses through school-based provision; National Action Plan on SRH with focus on maternal neonatal health 2021-2025; National Action Plan on SRH for migrant workers 2025-2030
- Provincial Government IDIs and GIs : Lai Chau: Wide range of health services covered with focus on ethnic minority groups. Criteria wa at least 30KM from DHC, 75% ethnic minority population, and more than 50% home delivery (total 19 communes). Communication approaches were friendly to local people, and outreach to leaders and elders to ensure they are agents of awareness raising. Receive 3billion vnd/year. In 2020 had 7 cases of maternal death, in 2025, 1 case. Facility births increased 10.9%. Interventions very relevant to the needs of the commune. The interventions are the right ones (particularly focus on communications , cervical cancer screening, FP, regular health checks). In 2022 facility births were 24%, in 2025 92%. FP use has increased from 50% to 60% at commune level. Son La IDI: trained 11 VBAs. This programme has been more holistic and comprehensive in its approach, e.g. combining cervical cancer and FP. Also some equipment (e.g. foetal doppler and communication support). Innovation is that the messages were brought all the way to homes of women in remote areas, and training focus on communication. No telehealth component in Son La. From Dak Nong IDI, covered only 4 communes and trained only 4 VBAs (of 71 communes). So small in DN because commune selection criteria called for 20% home delivery rate or higher. No family planning commodities in the province, people must go to the private sector. Donor IDI: "Very proud of where it stands now".
- Donor IDI: The CC component of the LNOB project is separate/opportunistic. Saw opportunity to support MOH cervical cancer objectives.
- In HPV Key contribution towards evidence based policy in HPV, UNFPA developed through investment case.
- From IDI HPV, The Daffodil Center has provided very valued TA to NIHE and MOH on cervical cancer.
- From UNFPA policy documentation, major policy contributions in Youth: Provincial Plans of Action towards implementation of the Youth Law; Decision No. 656, mandating that students with disabilities can receive equitable and inclusive CSE nationwide; National Action Plan on SRHR for adolescents and youth 2020-2025
- From GI government and UNFPA comments: Institutionalization of youth dialogues as requirement of implementing Youth Law at province level is an important government step.
- IDI Central Government: Capacity building activities for national trainers and provincial trainers to implement CSE-LSE in schools, with a special focus on youth with disabilities.
- (YU) CB for YU officials along with youth on all issues (gender equality, CSE, online and offline communication skills,...)
- FGD youth: Networking is a clear benefit to the individuals participating in UNFPA supported activities, but also limited in that many youth groups have limited capacity and are not active - "scattered and under-resourced". No pathway to larger impact. Overall limited effectiveness. Have heard of UNFPA's Youth Advisory Group but don't have details. Recommendations for a YAG: connect existing/functional groups/networks rather than starting from scratch; Require and

incentivize commitment; put in place mentorship so that larger, more mature groups can support smaller groups; SRH should not be the sole focus. Questions about Youth Union role since cannot support non-state actors and won't give grants.

**P&D**

- Various works on advocacy, policy development have been listed above (along with support to GSO; HAI/VAE; ASP)

**Evaluation Question 5 (Criteria Efficiency): To what extent has UNFPA supported piloting, assessing and scaling up innovative interventions in development and humanitarian contexts for increased programme efficiency to achieve the CP results?**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
<p>Assumption 5.1: UNFPA has introduced innovative programming aligned with national development priorities and UNFPA strategic priorities and transformative outcomes, across thematic areas and in humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>• Evidence of innovative pilot interventions implemented through CP10</li> <li>• Evidence that pilot interventions are aligned with government and UNFPA priorities</li> <li>• Evidence of government (national and provincial) engagement and endorsement of pilot initiatives implemented through CP10</li> <li>• Funding allocations and disbursements for pilot interventions in each thematic area.</li> <li>• Evidence that innovative approaches build on lessons learned from models implemented by other development partners.</li> <li>• Evidence that efforts have been made to ensure that design, implementation and evaluation of pilot experiences are aligned with national norms and standards and international best practice.</li> <li>• Evidence of expert technical assistance leveraged to design and implement pilot interventions.</li> </ul>	<p>Document review:</p> <ul style="list-style-type: none"> <li>• UNFPA Innovation Strategy 2030</li> <li>• UNFPA strategic plan, ICPDPOA</li> <li>• 2030 Agenda/SDGs</li> <li>• UNSCDF</li> <li>• CP10 document references and design processes; workshop reports</li> <li>• UNFPA ProDocs, AWP, Contracts, TORs</li> <li>• CP monitoring reports , workshop reports,</li> <li>• Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)</li> </ul> <p>In-depth interviews with no fewer than 15 targeted stakeholders including academia, private sector, NGOs/CSOs, mass organizations (Interview guides).</p> <p>In-depth interviews with no fewer than 8 UNFPA programme leads, representation, and UN stakeholder staff (Interview guides).</p> <p>In-depth interviews with no fewer than 10 national government stakeholders and 5 provincial government stakeholders and NGO/CSO partners in provinces where pilot activities are being implemented (especially Thanh Hoa Province) (Interview Guide)</p>

This is evidenced by:

#### Overall and overarching considerations:

- From IDIs with donor and government partners indicated their appreciation of UNFPA's role in introducing new ideas and approaches that are aligned with international norms/standards and best practices. This is clearly a key contribution area for UNFPA.
- Piloting practices are very different in different programmes. Questions about whether OSSC (evaluation) and EM work were designed as pilots (sub-optimal engagement of provincial health department).

#### SRHR/A&Y

- IDIs with provincial authorities indicated that the communication approaches which targeted gatekeepers and brought messaging to homes was highly innovative and effective. Also that allowances for transport were a key factor in getting women to deliver in facilities.
- HPV introduction has a clear policy outcome and combines strategic information, policy accompaniment and support. Role of high level national (Hue University, NIHE) and international TA (Daffodil Center).
- IDI Central Government : CSE has been ongoing for nearly 2 decades. "We will always need UNFPA support." "Difficult to make it compulsory".
- Not much evidence in terms of innovation in Youth work. Perhaps, some potential in YAG (may need more data on this, as both interviewed beneficiaries and current staff showed limited understanding of the previous work, and the current one hasn't kick-started yet).
- Within CSE government counterparts show efficient capacity to handle this on their own. Programming now focused at a very high level of CB, raising questions about what's next in absence of a further "breakthrough" (i.e. making CSE mandatory)

#### Within Gender thematic area, Innovation plays a critical role with two main models:

- New Service Delivery Models: The OSSC is a prime example of an innovative, one-stop service model that moves away from fragmented, multi-location services.
- Behavioral Change Strategies: The focus on engaging men and boys through targeted campaigns and the Fatherhood Programme is an innovative approach to addressing the root causes of violence, rather than only focusing on its consequences.

From KOICA, UNFPA has successfully leveraged its positioning for innovation. As a UN agency, it has the credibility and global network to introduce proven international best practices to the Vietnamese context. It can also act as a neutral convener, bringing together various partners to pilot new and innovative approaches without the political pressures that a single government ministry might face. Its technical expertise and access to global research allow it to identify and adapt innovative solutions that are most relevant to Vietnam's specific challenges.

For the sustainability of OSSC, KOICA (and UNFPA gender team?!) has a more optimistic view. The most promising results, such as the institutionalization of the Anh Duong House model and the policy advancements, have a high potential for sustainability. By embedding these models and policies within the government's own systems and budgets, the program ensures they will continue to function beyond the lifespan of the project. However, the sustainability of individual service centers and local-level capacity is a challenge, as it depends on ongoing government funding and political will.

The Fatherhood program needs to be worked more to be sustainable.

From field data, RFCs maintaining title but not working in reality (no funding, no program to follow up)

**P&D**

- ICOPE is an excellent example of providing multiple benefits to those who were involved in the pilot (though the time for pilot was short - about 5 months):
  - for local VAE and ISHC club managers to know how to manage care services systematically;
  - for voluntary care-givers to have (much) better knowledge, skills (and even advocating skill to older persons' family members) in aged care for firstly themselves,
  - for their family members, and for those living in their communities; for older beneficiaries to have better home-based care in both health and social perspectives; and
  - for older persons' family members to understand care needs of their parents/grandparents as well as to learn basic care skills from voluntary care-givers

Assumption 5.2  
UNFPA actively assesses implementation and results of pilot interventions with a view towards eventual scale up.

- Evidence of regular monitoring of pilot interventions
- Evidence of reflection with key stakeholders on (emerging) results of pilots

Document review:

- UNFPA Innovation Strategy 2030
- CP monitoring reports , workshop reports,
- Annual and progress reports from NIPs and CIPs, Evaluations (gender disaggregated)

In-depth interviews with no fewer than 8 UNFPA programme leads, representation, (Interview guides).

In-depth interviews with no fewer than 10 national government stakeholders and 5 provincial government and NGO/CSO partners in provinces where pilot activities are being implemented (especially Thanh Hoa Province) (Interview Guide)

**This is evidenced by:**

**Overall and overarching considerations:**

- While CPAP called for pilots in 1) piloting an elderly care eco-system; 2) using big data for monitoring and advocating for HPV vaccination; 3) telehealth and mobile apps for SRHR for LBPs; 4) male engagement; 5) crisis centers for toxic masculinity; GBV hotlines; Helping youth and vulnerable people in humanitarian crises, pilot work has been more limited in scope. This is likely a realistic adjustment as UNFPA resources would not support rigorous pilots in multiple areas.
- Evaluation of pilots/demonstration of results has been uneven across areas.
- UNFPA enters the service delivery space to demonstrate scale–able initiatives, UNFPA needs to be 1) very selective based on alignment with government programmes and priorities; 2) Very rigorous in approach including evidence generation; 3) have a clear long-term partner for sustainability and a clear audience for the results. 4) has clear vision and technique support to follow up and maintain the activities of innovations (eg. RFC)

SRHR/Adolescents and Youth

- LNOB project is a more traditional, capacity focused project with unclear/unstated policy ends. GI Central Government: It is not clear that AMCA in particular sees the LNOB project as a pilot “Not new - we have been doing this work for 30 years”, and “Not involved deeply” MOH involved only in planning and (not frequent) monitoring. IDIs with provincial CDC and SRH noted that they would not be able to pick up the cost of the activities (see sustainability). IDI with UNFPA staff “can consider [the project] a pilot”. IDI UNFPA: telehealth component (App) worked well for COVID but no demand from commune health station level.
- GI Central Government: The telehealth component functioned only for a short time around COVID. The App wasn’t terribly useful. Most health facilities can’t maintain it.
- GI Central Government: First step is to work on stigma within the health system. “The design of the pilot PwD work in the Delta is suitable but not sure for the highlands as there are fewer ODPs.”

Questions about how useful pilots are in a general context where government commitment is weak

P&D:

- VAE: Commitments of governments (both central and local) are extremely important to turn any pilot work into regular work
- ICOPE will be more feasible and sustainable to be expanded at commune level under some critical conditions: government commitments, “encouraging” payment for voluntary care-givers (or later as paid care-givers))

<p>Assumption 5.3 UNFPA Viet Nam promotes innovation in design and during evolution of the CP</p>	<ul style="list-style-type: none"> <li>• Evidence that the leadership of the UNFPA CO is committed to innovation</li> <li>• Evidence of partners’ engagement in discussions about innovative programming.</li> </ul>	<p>In-depth interviews with no fewer than 8 UNFPA programme leads, representation, (Interview guides).</p> <p>In-depth interviews with no fewer than 10 national government stakeholders and 5 provincial government and NGO/CSO partners in provinces where pilot activities are being implemented (especially Thanh Hoa Province) (Interview Guide)</p>
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**Overall and overarching considerations**

- Several innovations in CP10 across gender, P&D/elderly. Also new programming in SRH (PwD, LGBTQI+ persons). Little innovation in youth area.

P&D

CP10’s innovations were shown in

- ICOPE (support to VAE/HAI) and harmonized birth; and
- Harmonised/integrated vital statistics/registrations between GSO and MOJ statistical systems, since such harmonization can be expanded to VSS/MOHA, healthcare monitoring system by MOH

<p>Assumption 5.4: The M&amp;E system produced timely and disaggregated data to track progress at output and outcome levels and guiding</p>	<ul style="list-style-type: none"> <li>• Evidence that indicators for pilot activities are clearly identified</li> <li>• Evidence that indicators for pilot activities are systematically and timely, collected, checked for</li> </ul>	<p>In-Depth interview with no fewer than 8 UNFPA staff including M&amp;E team lead and relevant thematic focal points (SRH/PwD, Gender, P&amp;D).(Interview Guides).</p>
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future implementation and scale up of pilot interventions	<p>accuracy and reviewed, and that data is disaggregated at least by sex and age is available</p> <ul style="list-style-type: none"> <li>• Extent to which monitoring responsibilities are clearly assigned to UNFPA CO staff</li> <li>• Evidence that monitoring data is used to reflect, learn, adapt programming and make course corrections for innovative initiatives.</li> </ul>	
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**This is evidenced by:**

Regular reporting from IPs is limited. Quantum is limited in providing rich information, better for tracking activities and outputs. IDI: Under EM programme, do not receive service statistics regularly. IDI: Irregularly monitoring meetings with partners. Donor reporting better. Donor IDI: Very pleased with reporting processes. Feels well informed about the evolution of the project.

**Evaluation Question 6 (Criteria Sustainability): To what extent has UNFPA strengthened the capacities and performance of the stakeholders and bearers, as well as institutional frameworks and standards practice, to ensure the sustainability of Country Programme results?**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
<p>Assumption 6.1: UNFPA maximally ensured engagement of partners (rights holders, government, NGO, development partners, etc) to promote ownership and sustainability</p>	<ul style="list-style-type: none"> <li>• Extent of ownership of CP interventions by implementing partners</li> <li>• Evidence of meaningful engagement of partners in the design and implementation of CP10</li> <li>• Evidence of efforts to generate demand for services offered under CP10</li> </ul>	<p>In-Depth interview with no fewer than 5 UNFPA staff including M&amp;E team lead and thematic team leads</p> <p>In-Depth Interview with no fewer than 25 key stakeholders including MOF, MOH, MOHA, MOJ, GSO and provincial authorities, NGO implementing partners, mass organizations</p>

Government engagement and ownership has been a significant challenge in CP10. Stakeholder interviews present a complicated picture where some partners consider UNFPA's DIM to be a mode of support since the government can't implement it directly "implement on behalf", UNFPA "stepped up". In other ways, DIM can be seen as a lack of support from the government, and indeed, some partners want more resources to implement (AMCA).

IDI: CSE not mentioned as priority for future engagement MOET. When prompted "Will always be a need for UNFPA in CSE".

GI and IDIs Provincial Government : Lai Chau: Cannot sustain these interventions, can only contribute manpower. Need continued funding for training and medical equipment. Son La: "Won't use the local budget if we have project funds". May be able to sustain the communications component with provincial funds as it is less expensive. The NTP has very specific budget lines, (LW: often focused on infrastructure improvements, e.g. commune health stations per EM NTP); cannot draw from it unless complete alignment. Could cover transport allowances. Dak Nong: Can sustain some activities through provincial budget (expected larger with merger).

Provincial funds must be distributed equally across provinces. Can also support some costs through NTP. However, no FP or cervical cancer, UNFPA should continue to support this. Once the NTP legally approved, the budget is fixed, little change possible. No allowances for transport, for example. UNFPA IDI: 60-70K/year, 60 communes. Donor IDI: All grants expected to have a sustainability plan (absorption by MOH). We “aren’t there yet” with provinces in terms of sustainability. See limited role for donor in terms of making recommendations on sustainability, but it is “Imperative to build a case for the government to step in bigger”. Exist strategy should be clear, temper expectations.

CP10 has not fully leveraged NTP development through advocacy with partners: Clear lack of engagement here from interviews with UNFPA staff/consultant team. EM IDI. Reactive role: from UNFPA “Once approved, we will review it thoroughly during CPD development to ensure alignment with government priorities and resources”

What is the level of government engagement when consultants develop and implement (e.g. curricula work) e.g. Youth and aging? → National Assembly's Dept of Social and Cultural Affairs for policy advocacy on aging (to draft Population Law; to amend Law of the Elderly)

Assumption 6.2:  
UNFPA Viet Nam contributed to strengthening Viet Nam institutional capacities to promote sustainability

- Evidence of the development of exit strategies for CP10 thematic areas designed to hand over UNFPA-supported interventions to Government and/or implementing partners at national and provincial levels
- Evidence of increased capacity of partners to implement interventions under CP10 without UNFPA technical support
- Evidence of partners developing institution strengthening policies and procedures based on UNFPA assistance
- Extent to which UNFPA has taken any mitigating steps to strengthen areas with gaps hindering sustainability

In-Depth Interview with no fewer than 25 key stakeholders including MOF, MOH, MOHA, MOJ, GSO and provincial authorities, NGO implementing partners, mass organizations

In-Depth interview with no fewer than 10 UNFPA staff including thematic leads, operations/finance and representation staff (Interview Guide).

**This is evidenced by:**

**Overall and overarching considerations:**

- Capacity building takes place across all programme components, but there are important inconsistencies in how well different groups are supported to use skills.

SRHR/Youth

- UNFPA Documentation. LNOB Evaluation Inception Report: Training of Trainers (TOT) courses, trained 156 midwives in basic emergency obstetric care (BEmOC), 36 doctors in comprehensive emergency obstetric care (CEmOC), and 20 health workers in three-month advanced obstetric surgery training, as well

as organized five maternal death surveillance and response (MDSR) workshops for 218 participants. The project supported the establishment and development of the VBA network with 11 ethnic minority trainees completing a six-month training course at the Son La Medical Secondary School, 193 VBAs receiving refresher training, and 300 VBAs receiving behaviour change communication (BCC) training

- UNFPA Documentation. LNOB Project Evaluation 2025: In addition, “most of the innovative financial support and communication mechanisms have remained at the **project level**, having not been institutionalized or integrated into the local regular health plan, leading to a risk of **unsustainability** upon the conclusion of international assistance”.
- Request to interview representatives from provincial health services of the LNOB provinces discouraged by UNFPA as not useful.
- FGD Youth. Youth are supported to participate in events without a commitment of resources for them to then translate their new competencies or learnings in their communities. Requires a lot of volunteerism which is not always feasible. Have heard of youth advisory board but don't know details.
- Youth Union has very little govt. funding. Curriculum on youth/life-cycle/aging has been integrated into formal curricula of Youth Academy. Limited funding provided to youth to implement related activities in own communities/constituencies.

#### Gender

(From KOICA). The most effective approaches for promoting sustainability have been:

- Embedding within Government Systems: Working directly with key government ministries and national partners (MOHA, MOCST) to ensure that the developed models and guidelines are formally adopted and integrated into national policies and budgets.
- Capacity Building: The training of trainers and the development of standardized curricula create a local pool of expertise that can continue the work independently.
- Advocacy for Resource Allocation: Providing data on the economic and social cost of GBV has been effective in advocating for the government to allocate its own resources to these programs, moving away from a reliance on donor funding. [For piloting OSSCs, project provides salary top-ups for additional work \(UNFPA IDI\)](#).
- “CP10 has made a significant contribution to capacity building for VFU officials. VFU officials at all levels have improved their knowledge and professional skills on gender equality and violence prevention. This cooperation also helps the Union to have more resources from international partners to implement related activities” (IDI, VFU)
- “We were very fortunate to receive UNFPA support to study and experience the model in Korea. From there, provincial officials learned a lot, raised awareness of GBV and the support model, and from there, there was consensus in building a local GBV victim support mode of the locality. It must be said that through these studies and training, provincial officials have been upgraded, so when implementing, there were many advantages” (FGD with local authorities, Quang Ninh)
- “Since working with UNFPA, with the technical support through training, I feel much more confident in handling GBV cases. My sensitivity to GBV cases now has increased significantly. From that I can share my experiences with colleagues in other provinces operating this model” (FGD with service providers, Quang Ninh).

#### P&D

Various capacity building provided to:

- **GSO** (for data collection, survey design, survey supervision),
- **MOJ** (data system and harmonization),
- **VAE**: local VAE staff / ISHC managers / voluntary care-givers (in piloting ICOPE)

Assumption 6.3:  
UNFPA took explicit measures to promote ownership and sustainability of pilot initiatives.

- Evidence of government engagement in design of pilot interventions
- Evidence of government allocating resources to contribute to scale up results of pilot interventions

In-Depth interview with no fewer than 10 UNFPA staff including thematic team leads, Operations/Finance staff, and representation. (Interview Guides).

In-Depth Interview with no fewer than 25 key stakeholders including MOF, MOH, MOHA, MOET, MOJ and provincial authorities, NGO implementing partners, mass organizations (Interview Guides).

Data:  
See EQ 5.  
DFAT lack of a clear sustainability plan from the beginning for OSSCs.

- **ICOPE** engaged local government, local VAE, and local communes to conduct the pilot.
- **ICOPE** could provide some evidence to improve ISHC in health and social care for older persons, and Decision 1648 by PM on 1 August 2025 to scale up ISHC

**Evaluation Question 7 (Criteria Coverage): To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth, older people) reside?**

Assumptions for Verification	Indicators	Methods and Tools for Data Collection
Assumption 7.1: CP10 is well positioned to respond effectively to humanitarian crises.	<ul style="list-style-type: none"> <li>● UNFPA is staffed appropriately to effectively deliver CP10 assistance in humanitarian settings.</li> <li>● CP10 partnership modalities enable meaningful responses to deliver emergency/humanitarian assistance.</li> </ul>	<p>Document Review</p> <ul style="list-style-type: none"> <li>● CP programme and financial reports</li> <li>● Rapid assessment of UNFPA humanitarian response</li> <li>● UN joint programme reports</li> </ul> <p>In-depth interviews with no fewer than 10 targeted stakeholders including MOH, MOHA, MOF, provincial authorities, Youth Union, UN Stakeholder staff, particularly OCHA (Interview Guides).</p> <p>In-Depth Interviews with no fewer than 8 UNFPA team leads/staff including finance and operations staff (Interview Guide).</p>

**This is evidenced by:**

Overall and overarching considerations:

- IDI UN Peer: UNFPA has been “quite active” in UN coordinated DRR space overall and has established itself “pretty solidly” in protection sector (as co-lead for GBV response) with UN Women, and UNICEF. “Leaving a mark”. Don’t have a UN humanitarian team in VN - coordination through OCHA at regional level, and clear need for more coordinated responses. To date, there have been too many band-aids. Needs to be more of a pivot system-wide to supporting/sensitizing the government on preparedness, resilience and recovery (sustainable response) through investment in longer-term (broader, multi-dimensional) approaches. UN working on a joint contingency plan supported by donors, and NGOs.
- (GI) Humanitarian is 40% of what UNFPA does globally. Funding for humanitarian aid not part of RR. UNFPA had to mobilize after Yagi. “Piecemeal”. Very little focus on preparedness/MISP. Approximately 170,000 USD committed to Yagi. CR notes that “So far in 2025, we also plan to repurpose just over 180,000 USD from Regular Resources to emergency response..”
- IDI: While typhoon Yagi happened in Sept, UNFPA assistance was not delivered until November.

#### SRHR/Adolescents and Youth

- From rapid assessment: 2250 pregnant women in 5 provinces received 1,000,000 vnd cash transfer. Significant effort was made to target beneficiaries through CHS and CDCs. 22% received other support as well. 61.7-81.7 used for pregnancy care. Beneficiaries considered the support useful.
- IDI: Training package (3 days) for young people on national disaster response got good feedback from provinces. Questions about how youth will be deployed.

#### Gender

- UNFPA's humanitarian gender programming has demonstrated their effort in responding to crises, but geographic reach remains a challenge. The program has been successful in quickly mobilizing resources and providing essential support (such as dignity kits and emergency cash assistance) in disaster-affected areas. For example, a "bridge phase" project was funded by KOICA to ensure the Quang Ninh One-Stop Service Center could continue operations after a disaster. However, covering all remote and at-risk areas comprehensively is difficult due to the unpredictable nature of disasters and the limited infrastructure in these regions
- Evidence from the field (can insert the photo? - a window with no glasses from Yagi)
- KOICA appreciates the significant efforts to ensure equitable service delivery of UNFPA. The very design of the KOICA-UNFPA project aims to replicate the OSSC model in various localities, including those with high concentrations of vulnerable groups. The program prioritizes the establishment of these centers in provinces that have been identified as having specific needs.
- However - how those reach the furthest left behind population (such as EM, PwD still too early to say - eg, An Giang - just opening last month)

#### P&D

- **Central VAE:** UNFPA worked closely with provincial and local VAE in four provinces to define **right** older persons to support.

Assumption 7.2: UNFPA Viet Nam’s humanitarian response reached the most vulnerable and marginalized groups with valuable SRH and GBV interventions	<ol style="list-style-type: none"> <li>11. Evidence that affected communities are mapped demographically and geographically, and targeted by CP10</li> <li>12. Evidence of needs assessment conducted by UNFPA and/or partners, identifying the varied needs of</li> </ol>	Document Review: <ul style="list-style-type: none"> <li>• CP programme and financial reports</li> <li>• Rapid assessment of UNFPA humanitarian response</li> <li>• UN joint programme reports</li> </ul>
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	<p>vulnerable populations in various geographical areas served by CP10</p> <p>13. The extent to which the actual interventions implemented on the ground met the needs of the most at-risk groups in humanitarian settings.</p>	<p>In-depth interviews with no fewer than 10 targeted stakeholders including MOH, MOHA, MOF, provincial authorities, UN Stakeholder staff, particularly RCO. Interview Guides).</p> <p>In-Depth Interviews with no fewer than 8 UNFPA team leads/staff including finance and operations staff (Interview Guide).</p>
<p>Data.</p> <p>From results framework, not clear how denominator measured. No response from UNFPA.  UNFPA documentation: Data from rapid assessment showed important efforts to target pregnant women with cash assistance. Transfers mostly through post office. Dignity kits to GBV survivors.</p>		
<p>Assumption 7.3: UNFPA Viet Nam contributed to enhancing the policies, systems and capacities to promote preparedness and resilience in humanitarian settings in UNFPA focus-areas</p>	<p>14. The extent to which the capacity of communities to prepare for, mitigate the impact of, and recover from the humanitarian crisis has been enhanced</p> <p>15. The extent to which the preparedness of the health and social protection systems at national and sub-national levels and the capacity to deliver services in the mandate areas of UNFPA has been increased</p>	<p>Document Review:</p> <ul style="list-style-type: none"> <li>● CP programme and financial reports</li> <li>● Rapid assessment of UNFPA humanitarian response</li> <li>● UN joint programme reports</li> <li>● MOH, MOHA and other national policies related to emergencies</li> </ul> <p>In-depth interviews with no fewer than 10 targeted stakeholders including MOH, MOHA, MOF, provincial authorities, UN Stakeholder staff, particularly RCO (Interview Guides).</p>
<p><b>Overarching and Overall Considerations:</b></p> <ul style="list-style-type: none"> <li>● Coordination spaces for humanitarian very much in evolution. UN and GOV working towards a more proactive approach.</li> <li>● UNFPA making contributions, appreciated.</li> <li>● UNFPA documentation: Approximately 170K dedicated to Yagi relief; In 2025, UNFPA has repurposed approximately 180K for humanitarian.</li> </ul> <p>Gender:</p> <p>UNFPA has coordinated and supported two training sessions on gender-based violence in the community during natural disasters for officials, which have had a positive impact, helping central officials gain a deeper understanding of this issue and from that, we have the National Guidelines for GBV interventions in disaster.. Such awareness-raising training should be extended to provincial and commune level staff (IDI, Department of Dyke Management and Natural Disaster Prevention and Control)</p>		



## Appendix B: List of Key Documents Consulted

### Cross Programme Resources

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## Appendix C: List of Persons Met

### Stakeholders interviewed online and in Hanoi

Stakeholder	Justification for Inclusion in the CPE	Gender		
		Female	Male	Total
<b>UNFPA Country Office Leadership and Key Staff</b>		<b>9</b>	<b>5</b>	<b>14</b>
UNFPA Country Office EMT	Overall accountability for CP10	1	1	2
Key technical staff per output area	Programme Performance/Understanding of strengths, weaknesses, lessons from CP	7	3	10
Operations team	Financial Performance/Understanding of strengths, weaknesses, lessons from CP	1	0	1
M&E team	CP results measurement	0	1	1
<b>General Programme Stakeholders</b>		<b>7</b>	<b>3</b>	<b>10</b>
Ministry of Finance Leadership	Key National Implementing Partner (formerly Ministry of Planning and Investment) for all evaluation criteria and forward-looking perspectives	3	0	3
Ministry of Health Leadership	Key National Implementing Partner (including Departments from the former Ministry of Labor Invalids and Social Affairs) for all evaluation criteria and forward-looking perspectives	2	0	2
National Assembly, Committee on Social Affairs	High level engagement on several CP10 components for 6 evaluation criteria and forward-looking perspectives	0	1	1
Resident Coordinator's Office, UNDP Leadership	Country Coordination; Humanitarian context (All evaluation criteria) and forward-looking perspectives			1 UNSDF Eval.
Center for Creative Initiatives in Health and Population	Strategic perspectives on country context/NGO partnerships, including forward-looking perspectives	1	0	1
MTR Consultant	Shared perspectives on CP lessons learned, forward-looking perspectives	0	1	1
OCHA		Unable to conduct the interview due to no response, change to RCO Viet Nam		
Added				

CP11 Design Consultant	Shared perspectives on CP lessons learned, alignment of recommendations and forward looking perspectives	1	0	1
UN Resident Coordinator's Office, Viet Nam	Shared perspectives on UNFPA's humanitarian response related activities, coordination with other UN agencies and forward looking perspectives	0	1	1
<b>Output 1: Comprehensive Youth Development and Participation</b>		<b>7</b>	<b>2</b>	<b>9</b>
Center for Youth and Adolescents, Central Youth Union	Key National Implementing Partner for SRH/AY for all evaluation criteria including humanitarian/pilot, and forward-looking perspectives	1	0	1
Ministry of Education and Training	Key National Implementing Partner for SRH/AY for all evaluation criteria, and forward-looking perspectives	1	0	1
Vocational Education Directorate	Per new administrative structure, all evaluation criteria and forward-looking perspectives	Unable to conduct the interview due to the government restructuring		
Department of Youth Affairs, MOHA	Key National Implementing Partner for SRH/AY for all evaluation criteria, and forward-looking perspectives	2	0	2 (Combined with Gender (new MOHA structure))
Added				
UNESCO		1	0	1
It's T Time	NGO - sub-implementing partner	0	1	1
Youth Beneficiaries		2	1	3
<b>Output 2: Improved Social Protection Systems for Aging Populations</b>		<b>3</b>	<b>3</b>	<b>6</b>
Viet Nam Association of the Elderly	Key partner for Population Aging for 6 evaluation criteria	0	1	1
Youth Union	Key partner for Population Aging for 6 evaluation criteria	1	0	1 (same person, same meeting with the Output 1)
Help Age International Vietnam (HAIV)	Key partner for Population Aging for 6 evaluation criteria	1	0	1

Thai Nguyen province	For meeting the Yagi storm-affected beneficiaries	0	0	0
Local ISHCs with heads and some older persons in Thanh Hoa province	Local stakeholder/beneficiary perspectives on relevance, effectiveness, coherence	See the site visit table below.		
Added				
MOHA	Administration of Social Protection	1	2	3
<b>Output 3: Equitable access to SRHR information and services among vulnerable populations</b>		<b>12</b>	<b>5</b>	<b>17</b>
Committee on Ethnic Minority Affairs	Key partner for SRH for all evaluation criteria and forward-looking perspectives	Interview not possible – CEMA in process of moving to Ministry for Ethnic Minority Affairs		
Ministry of Health, Humanitarian	Key partner for SRH/Humanitarian for coverage evaluation criteria and forward-looking perspectives	0	0	0
Ministry of Health, PwD	Key partner for SRH/PwD for all evaluation criteria and forward-looking perspectives	1	1	2
Ministry of Health, Can Tho Province, PwD	Key partner for SRH/PwD pilot activities for all evaluation criteria and forward-looking perspectives	0	0	0
Ha Noi Association of PwD	Partner for SRH/PwD for all evaluation criteria and forward-looking perspectives	1	0	1 (Can Tho Association of PwD)
National Consultant on contraceptive procurement and distribution	Lessons learned from review with forward-looking implications	1	0	1
National Consultant on NAP on Cervical Cancer Review Exercise	Strategic perspectives on cervical cancer programming, including forward looking perspectives	0	1	1
MSD Viet Nam	Key partner on SRH/cervical cancer; all evaluation criteria and forward-looking perspectives	1	0	1
Provincial health authorities (CDCs), Medical College, VBA trainees, provincial trainers, village	Provincial partners and beneficiaries on all evaluation criteria for SRH in ethnic minority areas.	2	1	3 (Son La)

leaders, women in Son La province and another less-well performing province for LNOB (per MTR)				
World Health Organization	Key coordination partner for SRHR and left-behind populations for all criteria.	2	0	1
<b>Added</b>				
National Consultant on NAP on Maternal and Neonatal Health and Adolescent Reproductive Health		1	0	1
CDC Lai Chau		2	1	3
CDC Dak Nong/Lam Dong	Evaluation questions related to SRHR training and service delivery in a less-well performing ethnic minority province, per the MTR Report	1	1	2
<b>Output 4: Strengthened Evidence- and Rights-based Programming through Data Production, Analysis and Use</b>		<b>1</b>	<b>4</b>	<b>5</b>
GSO (now NSO)'s Dept. of Labour Statistics	Key Implementing Partner for data for decision making; all evaluation criteria and forward-looking perspectives	1	0	1
Viet Nam Association of the Elderly (VAE)	Key Implementing Partner for population aging/data for decision making; all evaluation criteria and forward-looking perspectives	0	2	2
MOH's VNPA (Vietnam Population Administration).	Key Implementing Partner for population aging/data for decision making; all evaluation criteria and forward-looking perspectives	0	1	1
MOJ's Dept of Population Registration.	Strategic perspectives on data for decision making on population management	0	1	1
<b>Output 5: Reduce harmful attitudes and behaviors related to Gender and GBV</b>		<b>4</b>	<b>2</b>	<b>6</b>
Ministry of Home Affairs (MOHA)/	Key Implementing Partner for gender; all evaluation criteria and forward-looking perspectives; former implementation by MOLISA	2	0	2
Ministry of Health (MOH)	Key stakeholder for gender; all evaluation criteria and forward-looking perspectives	0	1	1
Ministry of Culture, Sports, Tourism (MOCST)	Key stakeholder for gender; all evaluation criteria and forward-looking perspectives	0	1	1

Vietnam Farmers' Union (VFU)	Key Implementing Partner for gender; all evaluation criteria and forward-looking perspectives	1	0	1
Viet Nam Women's Union	Strategic insights on the country context and CP10 contributions.	0	0	0
Provincial Authorities and beneficiaries of Quang Ninh and Bac Ninh	Provincial partners and beneficiaries on all evaluation criteria ; Province selection TBC with UNFPA. Note: Victims of GBV will not be interviewed per Evaluation Handbook	See the site visit table below.		
Department of Foreign Affairs and Trade (DFAT), Australia	Donor perspectives on 6 criteria and forward-looking perspectives	1	0	1
<b>Output 6: Strengthened Multi-Sectoral response to GBV and other Harmful Practices</b>		<b>6</b>	<b>1</b>	<b>7</b>
Ministry of Home Affairs (MOHA)	Key Implementing Partner for gender; all evaluation criteria and forward-looking perspectives; former implementation by MOLISA	1	0	1
Ministry of Health (MOH)	Key stakeholder for gender; all evaluation criteria and forward-looking perspectives	0	1	1
Provincial Authorities and beneficiaries of Quang Ninh and Bac Ninh	Provincial partners and beneficiaries on all evaluation criteria ; Province selection TBC with UNFPA. Note: Victims of GBV will not be interviewed per Evaluation Handbook	See the site visit table below.		
OSCC Manager and service providers	Key implementing partner for gender; all evaluation criteria and forward-looking perspectives	See the site visit table below.		
Center for Studies and Applied Sciences in Gender (CSAGA)	Key implementing partner for gender; all evaluation criteria and forward-looking perspectives	1	0	1
UN Gender Working Group members esp. UN Women, UNICEF	Key coordination mechanism; all evaluation criteria and forward-looking perspectives	2	0	2
Korean International Cooperation Agency (KOICA)	Donor perspectives on 6 criteria and forward-looking perspectives	1	0	1
<b>Added</b>				
Viet Nam Disaster and Dyke Management Authority (VDDMA), Ministry of Agriculture	Key stakeholder for gender; all evaluation criteria and forward-looking perspectives, NIP on GBV in Emergency	1	0	1

and Rural Development (MARD)				
<b>Total</b>		<b>48</b>	<b>25</b>	<b>73</b> (1 female interviewee for both Output 1 and 2)

## Site Visits

Participants	Organizations	Gender		
		Female	Male	Total
<b>Gender (Quang Ninh – Bac Ninh)</b>				
Quang Ninh		<b>11</b>	<b>6</b>	<b>17</b>
Provincial officer		0	1	1
Provincial officers from different departments	Department of Health Department of Justice Department of Education & Training Provincial Police Labor Union Department of Social Protection	3	3	6
Manager of OSSC		0	1	1
Service providers	Health staff, hotline staff, social work staff	2	1	3
Beneficiaries		6	0	6
Bac Ninh		<b>6</b>	<b>8</b>	<b>14</b>
Provincial officer		0	1	1
Manager of the Responsible Fatherhood Club		0	1	1
Beneficiaries		6	6	12
<b>P&amp;D (Thanh Hoa)</b>		<b>9</b>	<b>13</b>	<b>22</b>
Provincial officer		0	1	1
ISHC managers/managerial board members		0	6	6
Service providers		7	5	12
Beneficiaries		2	1	3
<b>Total</b>		<b>26</b>	<b>27</b>	<b>53</b>

## Appendix D: Data collection tools

### 1. The main tool to be adapted for specific target groups based on the Evaluation Matrix

**EQ1\_Relevance: To what extent was UNFPA’s support relevant and adaptable to the needs of the CP10 beneficiaries, especially of the most left-behind population groups, including ethnic minorities, adolescents and youth, people with disabilities, migrant workers, and older populations?**

QUESTION	STAKEHOLDER GROUP
<p>Please help us understand the design process for CP10. In what ways did the design consider the specific needs of most vulnerable groups such as ethnic minorities, Persons with Disabilities, Adolescents and Youth, Older People? Migrant workers?</p> <p>How did UNFPA involve government, civil society, and affected communities in identifying priorities and shaping interventions for CP10?</p> <p>What key government priorities guided the development of the CP?</p> <p>What data guided the development of the CP?</p> <p>How well do you think the CP aligns with the strategic priorities and transformative results of UNFPA? Please elaborate.</p> <p>To what extent does CP 10 integrate gender issues across each area of programming? To what extent did CP10 address intersectional vulnerabilities (gender, age, ethnicity, disability)?</p> <p>To what extent has the CP shifted priorities or approaches in order to remain relevant to evolving needs of most left behind populations? Please explain.</p> <p>In what ways do different programme teams at UNFPA share experience with other programme teams ? In what ways has the organization created internal learning opportunities?</p> <p>What could UNFPA do in the next country programme to be more relevant to these/this target population (s) ?</p>	<p>UNFPA staff</p>
<p>To what extent does the CP generally reflect the national development priorities of the government of Viet Nam? Please be specific.</p> <p>To what extent do you think the CP aligns with the SDGs and other global frameworks/commitments?</p>	<p>National government, NIPs/CIPs including Ministries, Independent Government</p>

<p>To what extent does the CP reflect the sectoral priorities of the [Ministry] ? Please be specific.</p> <p>To what extent does CP 10 integrate gender issues across each area of programming?</p> <p>To what extent did UNFPA show flexibility in responding to evolving government priorities or policy shifts related to most left behind populations?</p> <p>What could UNFPA do in the next country programme to be more relevant to most left-behind populations ?</p>	<p>Agencies, Mass Organizations ( (MOF, MOH, MOHA, MOET, MOJ, MOCST, GSO, Nat'l Assembly, Youth Union)</p>
<p>Was your organization involved in the design of the CP? In what ways did the organization participate ? To what extent do you think the design process affected the relevance of the programme to the country context?</p> <p>To what extent is CP10 relevant to the real needs of most vulnerable populations such as [specific population depending on thematic area]? Please elaborate.</p> <p>To what extent do you think that CP10 reflects the key national development priorities of the government of Viet Nam ? Which priorities?</p> <p>Do you believe that the CP advances human rights? Please explain.</p>	<p>CSOs, NGOs, Academia</p>
<p>To what extent do you think that the CP's design is relevant to the priorities of the Government of Viet Nam ? Are there any particular priorities to which it is most relevant?</p> <p>To what extent is CP10 relevant to the real needs of most vulnerable groups such as [specific population depending on thematic area]. Please elaborate.</p> <p>To what extent has the CP shifted priorities or approaches in order to remain relevant to evolving needs of these most left behind populations? Please explain.</p>	<p>Donors</p>
<p>To what extent does the CP generally reflect the development priorities of your communities? Please be specific.</p> <p>In what ways was your province involved in the design of CP 10?</p> <p>In implementing CP 10, to what extent did UNFPA show flexibility in responding to evolving provincial priorities or policy shifts related to most left behind populations? Please explain.</p> <p>What could UNFPA do in the next country programme to be more relevant to most left-behind populations in your province ?</p>	<p>Provincial government stakeholders and direct implementing partners</p>

<p>To what extent does the CP generally reflect the national development priorities of the government of Viet Nam?</p> <p>To what extent do you think the CP aligns with the UNSDF, SDGs and other global frameworks/commitments?</p> <p>To what extent does the CP reflect the sectoral priorities of the [Ministry] ? Please be specific.</p> <p>To what extent does CP 10 integrate gender issues across each area of programming? To what extent did CP10 address intersectional vulnerabilities (gender, age, ethnicity, disability)?</p> <p>To what extent did UNFPA show flexibility in responding to evolving government priorities or policy shifts related to most left behind populations?</p> <p>What could UNFPA do in the next country programme to be more relevant to most left-behind populations ?</p>	<p>UN Stakeholder staff</p>
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**2. Focus group discussion guide: Youth beneficiaries**

**UNFPA Viet Nam 10th Country Programme (CP10) Evaluation**

**FGD Objective:** To understand the perspectives and experiences of young people who participated in activities under the UNFPA country programme, specifically focusing on the relevance, effectiveness, and impact of these activities on their lives.

**Target Participants:** A group of 6-8 young people (ages 15-24) who have participated in UNFPA-supported youth programmes (e.g., life skills education, comprehensive sexuality education (CSE), youth dialogues, leadership training, humanitarian response activities). The group should be as diverse as possible, including young women and men, and where feasible, representatives from ethnic minorities or youth with disabilities.

**Estimated Time:** 75-90 minutes

**Materials:**

- Consent forms (if written consent is required)
- Note-taking materials
- Audio recorder (with permission)
- List of local/regional confidential support services (e.g., counseling, health clinics) to provide to participants if needed.

**Part A: Introduction & Ground Rules (10 minutes)**

*(Facilitator's Goal: Build rapport, establish a safe space, and ensure informed consent.)*

**Facilitator:** "Good morning/afternoon, everyone. Thank you so much for taking the time to join us today. My name is [Facilitator's Name], and this is my colleague [Note-taker's Name]. We are part of a team evaluating a programme supported by UNFPA, the United Nations Population Fund."

"The main reason we've invited you here is to listen and learn from **you**. You are the experts on your own experiences, and we want to understand what you thought about the activities you participated in—like the trainings, workshops, or dialogues. Your honest feedback is incredibly valuable and will help UNFPA and its partners improve their support for young people in Viet Nam in the future."

"Before we begin, I want to go over a few important points:"

1. **This is not a test.** There are no right or wrong answers. We want to hear your unique and honest opinions.
2. **Confidentiality:** We will not use your names in our report. Your feedback will be combined with others' to protect your privacy. We ask that everyone here respects the privacy of others by not repeating what is shared in this room outside of our group.
3. **Voluntary Participation:** You don't have to answer any question you don't want to. You can "pass" at any time. You are also free to leave the discussion at any point if you feel uncomfortable.
4. **Respect:** Please listen respectfully to each other, even if you have a different opinion. Let's allow one person to speak at a time so we can hear everyone clearly.
5. **Recording:** We would like to use an audio recorder to make sure we capture your thoughts accurately. The recording will only be used by our evaluation team and will be deleted after we write our report. Is everyone comfortable with us recording the session?

"Do you have any questions before we start? Do we have your permission to begin the discussion?"

### **Part B: Getting to Know You (10 minutes)**

*(Facilitator's Goal: To warm up the group and understand their general context.)*

1. To start, let's go around the room. Could you please share your first name and one topic you are currently interested in (E.g. politics, AI, gender, social justice,...)?
2. In your opinion, what are the best things about being a young person in your community today?
3. And what are some of the biggest challenges that young people here face?

### **Part C: Relevance - Your Experience with the Programme (20 minutes)**

*(To assess if the programme was relevant and adapted to the needs of young people, linking to **Evaluation Question 1** and Assumptions 1.1.)*

"Now, let's talk about the specific activities you were part of."

4. How did you first hear about or get involved in the [e.g., life skills training, youth dialogue]? What made you decide to join?
5. Before you participated, what did you hope to learn or gain from it?
6. Thinking about the topics covered (e.g., sexual and reproductive health, communication skills, leadership), how useful or relevant were they to your daily life?
  - *Probe:* Can you give an example of how a topic was useful for you? Were there any topics that were not so useful?
7. Was the way the information was presented (the style of the training, the materials used) easy to understand and engaging for you? What did you like or dislike about it?
8. Did you feel that the programme leaders or organizers listened to the opinions and needs of young people when they were planning these activities?
  - *Probe:* Were you ever asked for your ideas or feedback? Do you feel your voice was heard?

#### **Part D: Effectiveness & Impact - What Has Changed? (25 minutes)**

*(To understand the effects and outcomes of the programme, linking to **Evaluation Question 3** and Assumptions 3.5, 3.6.)*

"Let's think about the time since you participated in the programme."

9. What is the most important thing you learned or skill you gained from the activities?
10. Has participating in the programme changed how you see yourself or your future? For example, has it affected your confidence?
  - *Probe:* Can you share a story or an example of a time you used a new skill or felt more confident?
11. Let's talk about participation. Do you feel more able or willing to share your opinions now, for example, in school, in your family, or in community meetings?
  - *Probe:* Have you had any new opportunities to speak with community leaders or be part of decision-making since the programme?
12. For topics related to health: Do you feel you have better information now to make safe and healthy decisions about your body and relationships?
  - *Probe:* Do you know where you can go if you need reliable health information or services? Do you feel more comfortable seeking help if you need it?
13. What parts of the programme worked really well and should definitely be continued?
14. Were there any parts of the programme that were confusing, difficult, or could be improved? What would you change?

#### **Part E: Sustainability & Looking Ahead (10 minutes)**

*(To assess ownership and gather forward-looking recommendations, linking to **Evaluation Question 6.**)*

"Finally, let's think about the future."

15. Do you think you will continue to use the knowledge or skills you learned in the long term? How?
16. What kind of support, information, or activities do you think young people in your community need most right now?
17. If you could give one piece of advice to UNFPA or other organizations for designing future programmes for young people, what would it be?

#### **Part F: Wrap-up & Closing (5 minutes)**

*(To validate key takeaways and close the session respectfully.)*

"We are coming to the end of our time. I've heard some really important points today. It sounds like [briefly summarize 2-3 key themes, e.g., '...you found the communication skills very useful, but would like more opportunities to practice them...']. Does that sound right? Is there anything important we missed?"

"Thank you all so much for your time and for sharing your honest thoughts. Your contribution is extremely helpful for this evaluation."

"As a reminder, everything you shared is confidential. If any part of our discussion brought up difficult feelings or if you want to talk more about these topics, here is a list of organizations that can provide confidential support. Please feel free to take one."

"Thank you again for your valuable participation."

# Appendix E: Evaluation Team Work Plan

EVALUATION TEAM WORKPLAN																				
																			4-Jul-25	
Evaluation Phases and Tasks	July				August				September				October				November			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
<b>Design phase</b>																				
Induction meeting with the evaluation team	█	█																		
Orientation meeting with CO staff	█	█																		
Desk review and preliminary interviews, mainly with CO staff	█	█	█																	
Drafting the design report version 1		█	█																	
Quality assurance of design report version 1				█																
ERG meeting to present the design report				█																
Drafting the design report version 2				█																
Quality assurance of design report version 2					█															
Submission of final design report to CPE manager																				
<b>Fieldwork phase</b>																				
Inception meeting for data collection with CO staff					█															
Individual meetings of evaluators with relevant programme officers at CO					█	█														
Data collection (document review, site visits, interviews, group discussions, etc)					█	█	█													
Conducting a data analysis workshop							█													
Debriefing meeting with CO staff and ERG							█													
<b>Reporting phase</b>																				
Preparation of CPE report version 1 and recommendations worksheet									█	█	█									
Quality assurance of CPE report version 1 and recommendations worksheet											█	█								
ERG meeting on CPE report version 1											█	█								
Recommendations workshop													█	█						
Revision of CPE report version 1													█	█						
Drafting CPE version 2															█	█	█	█		
Quality assurance of CPE report version 2																	█	█	█	
Submission of final evaluation report to EO																			█	
<b>Dissemination and facilitation of use phase</b>																				

**Appendix F: CPE Term of Reference**

*(without Annexes)*

**Terms of Reference**

**United Nations Population Fund (UNFPA) Viet  
Nam  
10<sup>th</sup> Country Programme  
(2022 - 2026)**

**Country Programme Evaluation**

**March 2025**

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## Acronym

APRO	UNFPA Asia Pacific Regional Office
AWP	Annual Workplan
CCA	Common Country Analysis
CO	Country Office
CP	Country Programme
CP10	UNFPA's 10th Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme document
CPE	Country Programme Evaluation
CSAGA	Center for Studies and Applied Sciences in Gender - Family - Women and Adolescents
CSO	Civil Society Organization
DaO	Delivering as One (UN)
DVP	Domestic violence prevention
FP	Family planning
GBV	Gender-based violence
GBV	Gender-based Violence
GDP	Gross Domestic Product
GNI	Gross National Income
GSO	General Statistics Office
GoVN	Government of Viet Nam
HAIV	HelpAge International Viet Nam
HDI	Human Development Index
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
JWP	Joint Workplan
M&E	Monitoring and Evaluation
MIC	Middle-income country
MNH	Maternal and newborn health
MOCST	Ministry of culture, sports and tourism
MoH	Ministry of Health
MOHA	Ministry of Home Affairs
MOLISA	Ministry of Labour, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MTR	Mid-Term Review
NGO	Non-governmental organisation
NIP	National implementing partner
ODA	Official Development Assistance
PCSA	Parliamentary Committee for Social Affairs

PD	Population and Development
PO	Programme Officer
PPP	Purchasing power parity
PWD	People with disabilities
RBM	Results-based management
RFF	Results and Resources Framework
RH	Reproductive health
SEDP	Socio-Economic Development Strategy
SDG	Sustainable Development Goals
SDGCW	Sustainable Development Goals for Children and Women Survey
SRB	Sex ratio at birth
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TOR	Terms of Reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNFPA SP	UNFPA Strategic Plan
UNSDCF/CF	United Nations Sustainable Development Cooperation Framework
VFU	Viet Nam Farmers' Union
VYU	Viet Nam Youth Union
YEE	Young and emerging evaluator

## 1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.<sup>56</sup>

In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Viet Nam since 1977. The support that the UNFPA Viet Nam Country Office (CO) provides to the Government of Viet Nam under the framework of the 10th Country Programme (CP) (2022-2026) builds on national development needs and priorities articulated in the National Plan of Action for the Viet Nam Sustainable Goals (VNSGs) for the Decade of Action, the new Socio-Economic Development Plan (SEDP) 2021-2026 under the Socio-Economic Development Strategy (SEDS) 2021-2030, the Common Country Analysis (CCA) and the Situation Analysis for the 10th UNFPA Viet Nam Country Programme 2022-2026, and the United Nations Sustainable Development Cooperation Framework (UNSDCF).

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.<sup>57</sup> The CPE was not conducted in the 9<sup>th</sup> CP cycle, thus the current CP evaluation is mandatory. The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA 10th country programme(2022-2026) in Viet Nam, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

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<sup>56</sup> [UNFPA Strategic Plan 2022-2025](#)

<sup>57</sup> [UNFPA Evaluation Policy](#) 2024, p. 22.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The [Handbook](#) provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.<sup>58</sup> It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The [Handbook](#) includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the [Handbook](#) throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Viet Nam CO; (ii) the Government of Viet Nam; (iii) implementing partners of the UNFPA Viet Nam CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Asia-Pacific Regional Office (APRO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Viet Nam CO in close consultation with the Government of Viet Nam Ministry of Finance that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

## 2. Country Context

Since the introduction of Doi Moi (“Reform”) policies in 1986, Viet Nam, with a population of over 97 million people (2020), has been transformed from one of the poorest nations into a lower middle income country (MIC) and one of the fastest growing economies in Asia, along with a dynamic, highly open market economy with socialist orientation and one party political system. GDP per capita increased by 2.7 times between 2002 and 2018, and more than 45 million people have been lifted out of absolute poverty. Despite the COVID-19 pandemic, Viet Nam is among the few countries in the world to achieve positive economic growth of 2.9 per cent in 2020.

The Government of Vietnam aims to achieve the Sustainable Development Goals (SDGs) through its new Socio-Economic Development Strategy for 2021-2030 (SEDS). According to the latest Voluntary National Review (VNR) 2023 Report on implementing SDGs, regardless of the COVID-

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<sup>58</sup> UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

19 pandemic impacts on the country's economy, the SDG index slightly dropped from 73.8 in 2020 to 72.8 in 2021 and recovered to 73.3 in 2023. Viet Nam has made remarkable progress towards SDG 1, SDG 6, SDG 9, SDG 10, SDG 16, and SDG 17.

Over the past two decades, Viet Nam has achieved good progress in maternal health, reducing maternal mortality by 75 per cent - from 165 deaths per 100,000 live births in 2000 to 46 in 2022. This achievement stands in contrast to the global reduction of 34 per cent over the same period. Furthermore, over 60 per cent of women aged 15-49 now use modern contraceptives, showcasing advancements in family planning and reproductive health.

Although Viet Nam has made substantial progress in improving the sexual and reproductive health status of the general population in the past decades, there exist challenging issues and disparities in sexual and reproductive health and rights (SRHR) that need to be addressed to ensure better SRHR for everyone to contribute to the joint efforts to make sure no one is left behind. The maternal mortality ratio (MMR) still remains as high as 100-150 per 100,000 live births in mountainous and ethnic minority regions, particularly in Northern Midlands and Mountains, and Central Highlands. At the national level, the percentage of women receiving at least 4 antenatal care visits and healthcare facility-based delivery is very good at 88.2 per cent and 96.3 per cent, respectively. In contrast, these percentages are just 10.6 per cent and 37 per cent in Mong ethnic group. The total unmet need for family planning is 10.1 per cent in the national average, but much higher at 17.7 per cent among ethnic minorities in remote mountainous regions (UNFPA, 2021) and even worse at 40.7 per cent among sexually active women who are currently unmarried or not in union. Nationwide, the abortion ratio is 68 per 1,000 live births, but this ratio is 196.9 per 1,000 live births in Ha Noi and 127.5 per 1,000 live births in the Red River Delta region.

There remain inequities and gaps in sexual and reproductive health, and participation in policy development amongst adolescents and young people, particularly among marginalised youth. Barely 18 per cent of young women aged 15-19 made their own informed decisions regarding sexual intercourse and contraceptive use compared with 68 per cent of women aged 35-39 years. And whilst contraceptive use has increased nationally, the unmet need for modern contraceptives among unmarried people is 4 times higher than that of married people. They lack adequate and comprehensive information and services, and the situation is accentuated among ethnic minorities and PWDs.

Cervical cancer has emerged as one of the most common cancers affecting the SRHR status of women. As reported by UNFPA Vietnam and the Cancer Council New South Wales, Australia in 2021, cervical cancer was the sixth most common cancer in women in Viet Nam with 4,177 new cases (7.1 per 100,000 women) and 2,420 deaths (4.0 per 100,000 women) annually. Unless preventative action is taken, a total of 218,907 Vietnamese women are expected to die from cervical cancer by 2070 and 449,656 by 2120. Regarding cervical cancer prevention measures, only 28.2 per cent of women were screened for cervical cancer and 12.0 per cent vaccinated with HPV vaccines (15.6 per cent in urban and 9.2 per cent in rural areas).

Viet Nam is one of the most rapidly ageing countries in the world. In 2019, people aged 60 and older accounted for 11.9 per cent of the total population, and by 2050, this proportion is expected

to increase to more than 25 per cent. This demographic change occurs not only because of a reduction in mortality and an increase in life expectancy, but largely due to a sharp decline in fertility over the past few decades, resulting in a rapid ageing process. Life expectancy at birth stands at 73.6 years (71 years for men and 76.3 years for women), and the total fertility rate (TFR) has nearly halved from 3.8 in 1989 to 2.09 in 2019. By 2036, Vietnam is expected to enter the aging population phase, transitioning from an “ageing” to an “aged” society. This rapid pace of aging is generating challenges to the existing social protection and healthcare systems in adequately addressing the needs of the elderly. The poverty rate of older persons is 8.8 per cent, twice as high as the national average, and it is worse among ethnic minorities and elderly women. Currently, 48 per cent of older people are not covered by social protection schemes, and 1.3 per cent of people aged 60 to 79 are supported by the national pension schemes. The incidence of disability also increases with age, and 80 per cent of PWDs are old people aged 60 and above.

Viet Nam is facing gender inequality such as gender-based violence (GBV), gender biased sex selection (GBSS) and vulnerability to harmful social norms. According to the 2019 national study on violence against women, nearly two in three women aged 15–64 have experienced at least one form of physical, sexual, psychological, and/or economic violence in their lifetime. This issue remains deeply hidden in Vietnamese society, with over 90 per cent of women who experience violence not seeking help from public services, and half never disclosing their experiences to anyone. GBV costs the country 1.81 per cent of GDP due to productivity loss, absenteeism, damage, and recovery costs. Supporting survivors of gender-based violence is in line with Viet Nam’s National Programme on GBV Prevention and Response 2021-2025 and the amended Law on Domestic Violence Prevention and Control, which was adopted by the National Assembly in November 2022. These legal and policy instruments highlight the need to establish effective models and facilities to prevent domestic violence and to support survivors.

Viet Nam is highly vulnerable to a range of natural disasters, largely due to its geographical location and the impact of climate change. Located in a typhoon-prone region, Viet Nam experiences frequent and severe flooding, particularly in the Mekong and Red River deltas, as well as along its extensive coastline. These storms cause significant damage to infrastructure and coastal communities. Droughts are a significant concern, particularly in the central and southern regions, affecting agriculture and water resources. Saltwater intrusion, especially in the Mekong Delta, is a growing problem due to rising sea levels and reduced river flows. In mountainous areas, heavy rainfall can trigger landslides, posing a threat to lives and property. Climate change is intensifying the frequency and severity of these natural disasters, thereby increasing risks and vulnerabilities. In 2024, natural disasters were devastating and extreme, leaving 514 people dead or missing and causing estimated economic losses of over 88.748 trillion VND (3.48 billion USD) according to estimates of the Ministry of Agriculture and Rural Development.

### **3. UNFPA Country Programme**

The CCA highlights the importance of addressing inequality to achieve SDGs in Viet Nam, and the UNSDCF therefore pays close attention to the needs of the most vulnerable and disadvantaged population groups in its theory of change through four Outcome areas of focus: (a) inclusive social development; (b) climate change, disaster resilience, and environmental

sustainability; (c) shared prosperity through economic transformation; and (d) governance and access to justice. Those left furthest behind include: women and girls, adolescents and youth, the elderly, ethnic minorities, migrant workers, people with disabilities (PWDs), and survivors of gender-based violence.

To achieve the UNFPA transformative results of zero preventable maternal deaths, zero unmet need for family planning and zero GBV and other harmful practices, the 10th Country Programme (2022-2026) was designed in accordance with the UNSDCF, focusing on the following UNSDCF outcome areas:

- Outcome 1: By 2026, people in Viet Nam, especially the poor and those at risk of being left behind, will benefit from inclusive, gender-responsive, disability-sensitive, equitable, affordable and quality social services and social protection systems, will have moved further out of poverty in all its dimensions, and will be empowered to reach their full potential (SDGs 1-4 and 6).
- Outcome 4: By 2026, people in Viet Nam, especially those at risk of being left behind, will have benefited from and have contributed to a more just, safe and inclusive society based on improved governance, more responsive institutions, strengthened rule of law, and the protection of and respect for human rights, gender equality, and freedom from all forms of violence.

The 10th Country Programme was developed following extensive consultations with the Vietnamese government and other national and international stakeholders, supports the implementation of the National Plan of Action for the Viet Nam Sustainable Development Goals for the Decade of Action and the new Socio-Economic Development Plan, 2021-2026, under the Socio-Economic Development Strategy 2021-2030 framework. Through addressing the nation's population dynamics and related challenges, the overall goal/vision of the 10th country programme is to contribute to (a) inclusive social development; and (b) governance and access to justice, under "leaving no one behind" and reduce inequality and vulnerabilities. Rights-based, gender-sensitive, and people-centred approaches are used, and interventions concerning humanitarian preparedness and response are mainstreamed across all intervention areas of the proposed programme.

The UNFPA Viet Nam 10th country programme (2022-2026) has six thematic areas of programming and interconnected outputs: (i) adolescents and youth (ii) Population ageing and social protection; (iii) Equitable access to sexual and reproductive health and rights; (iv) Data and evidence for policy and programme-making; (v) Gender-based violence and harmful practices; and (vi) Multisectoral response to gender-based violence and other harmful practices. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, 'many-to-many' relationship with these outcomes.

#### **Output 1: Adolescents and youth**

**An enabling environment is created to support comprehensive youth development and participation, including in disaster management policies and programmes and to advance the ICPD Programme of Action.**

This has been delivered through: (a) expanding mechanisms/platforms for dialogue between policy/decision-makers and young people, particularly vulnerable youth, including ethnic minorities, migrant workers, and young people with disabilities; (b) capacitating young people on their effective participation in dialogue sessions at national and subnational levels; (c) partnering with youth-led organizations, especially those led by vulnerable youth, in the implementation and management of the Youth Law as well as its national and provincial implementation plans and for humanitarian action; (d) promoting and advocating for young people in decision-making positions; and (e) monitoring youth development through data generation and the use of national youth development indicators, which are regularly compared with other ASEAN countries.

**Output 2:** Population ageing and social protection

**The integrated and coherent social protection system is enhanced, applying life-cycle and gender-transformative approaches for ageing and meeting the individual needs of the most vulnerable groups.**

This has been delivered through: (a) developing the legal and policy framework, adopting life-cycle and gender transformative approaches for the protection of the rights of individuals into old age and their empowerment and social inclusion in development and humanitarian settings, particularly concerning access to high-quality health care, prevention and response to domestic violence, employment opportunities and financial security; (b) developing a comprehensive care system, including institutional and community care, focusing particularly on vulnerable groups, such as ethnic minorities, people with disabilities, and survivors of domestic violence; (c) supporting evidence-based policymaking on ageing and care as well as communication to the public on ageing, taking life-cycle and gender-transformative approaches; and (d) facilitating private-sector investment in the provision of care for older persons and the application of digital technology in elderly care.

**Output 3:** Equitable access to sexual and reproductive health and rights

**Vulnerable groups, including ethnic minorities, adolescents and youth, people with disabilities and migrant workers, have increased equitable access to comprehensive and gender-transformative SRHR information and services, including in the humanitarian-development nexus.**

This has been delivered through: (a) data generation, analysis and transformation for policies, guidelines and tools that address the special needs of vulnerable populations; (b) elaboration of innovative financing mechanisms, including private-sector financing and subnational public financing, particularly to address emerging SRHR issues such as cervical cancer screening and human papillomavirus vaccinations; (c) application of digital technologies such as “telehealth” to cover hard-to-reach remote and ethnic minority locations; (d) enhancing the health information management information system; (e) strengthening mechanisms for humanitarian preparedness and response to ensure the protection of vulnerable populations; and (f) supporting a multisectoral approach to SRHR for young people and a nation-wide roll-out of comprehensive sexuality education and life-skill education, including HIV prevention, including through e-learning for in-school and out-of-school youth as well as young people with disabilities.

**Output 4:** Data and evidence for policy and programme-making

**Evidence-based and rights-based policy and programme-making, budgeting and monitoring are strengthened based on data production, analysis and use.**

This has been delivered through: innovating data technologies and communication platforms to speed up the data generation process and minimize human errors by (a) improving the capacity of data producers to collect, analyse and disseminate disaggregated data on population and sexual and reproductive health issues to fully achieve the demographic dividend potential; (b) equipping policymakers with knowledge and skills on application of new data sources; (c) exploring new data sets (new surveys, big data, sectoral and intersectoral administrative data) and data communication and management (data dashboards) to support evidence-based population policy development, which can also be used for disaster management and climate action; (d) developing capacities for data utilization to support evidence-based advocacy and policy development; and (e) preparing investment cases for SRHR, particularly to strengthen public financial management systems at subnational levels for ensuring adequate budget allocation and expenditures for SRHR..

**Output 5:** Gender-based violence and harmful practices

**Harmful attitudes that accept violence and perpetuate gender inequality, especially those of young people, are transformed to reduce GBV and other harmful practices, including in the humanitarian-development nexus.**

This has been delivered through: (a) evidence-based advocacy and technical advice for the revision of the Law on Domestic Violence Prevention and Control and other related laws and policies, in line with international best practices, where appropriate; (b) evidence-based community mobilization initiatives in the context of digital transformation, targeting particularly young people and adolescents, with the participation of men and boys, to prevent GBV and harmful practices, focusing on vulnerable groups; and (c) pilot and innovative evidence-based male engagement strategies to address toxic masculinity and help to develop healthy relationships.

**Output 6:** Multisectoral response to gender-based violence and other harmful practices

**A multisectoral response is strengthened to address gender-based violence and other harmful practices at national and subnational levels.**

This has been delivered through: (a) expansion and institutionalization of one-stop service centres by State agencies, which provide, in line with the United Nations Essential Service Package guidelines, integrated services, including health and psychological care, social services, police protection and legal advice; (b) development of national guidelines for a multisectoral coordinated GBV response, clarifying roles and responsibilities of each sector and establishing a referral mechanism for survivor-centred service provision, including to people with disabilities, ethnic minorities and migrant workers; (c) strengthened governance for multisectoral coordination at national and subnational levels, applicable across the humanitarian-development nexus; and (d) strengthened GBV administrative data systems to ensure survivor-centred data collection, to enhance GBV programming.

The UNFPA Vietnam CO delivers its country programme through the various modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery. In line with the Government's priorities, attention was also given to digital transformation and the data revolution, as well as the effective utilisation of information and communication technology, particularly to reach those furthest behind.

By the end of 2024, all identified CP10 interventions have been implemented by the CO. Due to changes in institutional frameworks and policies affecting the management of official development aid (ODA), which have caused delays in the approval of projects by partner ministries and agencies during the initial phases of the Country programme, UNFPA has opted for a direct implementation approach and has collaborated with new partners to ensure that programme objectives are met. In addition, UNFPA has been involved in shaping the new draft of the Law on Population, creating research, and advocating for policies to enhance public understanding of the aging population. The recent legislation, along with the planning of a National Targeting Programme on Population and Development for 2026-2035, which is scheduled to be submitted to the National Assembly for approval in 2025, is paving the way for UNFPA to contribute to the country's agenda on population and development. In addition to enabling robust population data for effective policy making, other strategic interventions have also gathered encouraging achievement such as partnering with government Ministries, Departments and other stakeholders to develop plans to roll-out HPV vaccinations, scale up the One Stop Service Centres (Ngoi nha Anh Duong) and National Hotline to support survivors of GBV, support life skills and comprehensive sexuality education for young people.

Regarding humanitarian response, in 2024, UNFPA donated dignity kits and cash assistance to GBV survivors and women at risk, pregnant women, and female older persons in provinces affected by Typhoon Yagi, including adolescents and youth. It is estimated that 5,650 women in affected provinces have benefited from life-saving interventions supported by UNFPA as part of this humanitarian mission.

The UNFPA Viet Nam CO also engages in activities of UNCT's working groups, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. UNFPA co-chairs the Results Group for Outcome 4 (Governance and Access to Justice). Beyond the UNCT, the UNFPA Viet Nam CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis. When Typhoon Yagi struck Vietnam in September 2024, UNFPA actively contributed to the establishment of the first-ever Vietnam UN Pooled Fund to support Typhoon Yagi recovery efforts, thereby strengthening partnerships and an efficient mechanism across donors to address emerging humanitarian needs swiftly.

The central tenet of the CPE is the country programme theory of change and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide

a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Viet Nam 10th country programme (2022-2026) is based on the results framework presented in Annex E. The design report will include a table for "Country Programme Intervention Areas" with (1) activities that were initially planned and implemented; (2) activities that were not initially planned, yet were implemented (for example in response to a humanitarian emergency); and (3) activities that were initially planned but were not implemented.

## **4. Evaluation Purpose, Objectives and Scope**

### **4.1. Purpose**

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) enhance oversight and accountability to stakeholders by assessing progress towards results and resource use; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) promote organisational learning by identifying what works, what does not, for whom, under what circumstances, and why; and (iv) empower community, national and regional stakeholders.

### **4.2. Objectives**

The **objectives** of this CPE are:

- i. To provide the UNFPA Viet Nam CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters, and a wider audience with an independent assessment of the UNFPA Viet Nam 10th country programme (2022-2026).
- ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Viet Nam CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

### **4.3. Scope**

#### **Geographic Scope**

The evaluation process will not restrict itself to the 36 provinces and cities where UNFPA has conducted its interventions, but will also consider additional areas within the 63 provinces and cities where national level interventions were implemented. The specific provinces/cities included in the field phases will be identified in the design report in accordance with the respective methodology and sampling strategy.

## **Thematic Scope**

The evaluation will cover all of the following thematic areas of the 10th CP: (i) Adolescents and youth, (ii) Population ageing and social protection, (iii) Equitable access to sexual and reproductive health and rights, (iv) Data and evidence for policy and programme-making, (v) Gender-based violence and harmful practices (vi) Multisectoral response to gender-based violence and other harmful practices. In addition, the evaluation will cover cross-cutting issues, such as human rights, gender equality, disability inclusion, etc., and transversal functions, such as coordination, monitoring and evaluation (M&E), innovation, resource mobilization, strategic partnerships, etc.

The following two assessments, conducted during the CP cycle under evaluation, will also inform the CPE:

- The mid-term review of the 10th country programme was conducted in late 2024 and completed in Q1 2025, aiming to document lessons learned and best practices, as well as provide recommendations on the implementation of the CPI0 for the remaining period until 2026, toward achieving the expected results. This MTR also provides key inputs for the Country Programme Evaluation (CPE) and the design of the Eleventh Country Programme for the period 2027-2031.
- Viet Nam has been selected as a desk-based case study for the global evaluation of UNFPA support to the 2020 round of population and housing censuses to provide evidence to support the development and implementation of the UNFPA strategy for the 2030 census round. The evaluation aims to assess: a) UNFPA's strategic positioning for census support; b) the effectiveness of UNFPA support to conduct, analyze, disseminate and use censuses, and c) the technical capacity and partnerships of UNFPA to provide effective census support.

## **Temporal Scope**

The evaluation will cover interventions planned and/or implemented within the time period of the current CP until the evaluation: January 2022 mid-2025.

## **5. Evaluation Criteria and Preliminary Evaluation Questions**

### **5.1. Evaluation Criteria**

In accordance with the methodology for CPE outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.<sup>59</sup> Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage: to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach.

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<sup>59</sup> The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

<b>Criterion</b>	<b>Definition</b>
<b>Relevance</b>	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
<b>Coherence</b>	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
<b>Effectiveness</b>	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
<b>Efficiency</b>	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
<b>Sustainability</b>	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

<b>Humanitarian-specific criterion</b>	<b>Definition</b>
<b>Coverage</b>	The extent to which major population groups facing life-threatening conditions were reached by humanitarian action.

**5.2. Preliminary Evaluation Questions**

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme.

In 2024, the Mid-term review (MTR) of the CP10 outlined six review questions across four criteria: Relevance, Effectiveness, Efficiency, and Coherence. In addition to measuring the extent to which the CP10 achieved its results and targets, including financial targets and resource mobilisation, the review also focused on gender equality and human rights aspects, as well as attention to left-behind populations in the development, planning, and implementation of the country programme. Consultation workshops were conducted with participation from a wide range of implementing partners at national and subnational levels, as well as interviews with UNFPA programme teams, to gather their feedback on the relevance and coherence of the programme interventions. At the reference group meeting for the MTR report in February 2025, participants analysed the MTR’s

gaps in measuring the effectiveness and efficiency and agreed on the initial evaluation questions for the CPE, focusing on these specific criteria.

At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Viet Nam CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what the critical elements to success are, and pinpoint other external factors that have influenced the programme and contributed to change.

### **Relevance**

1. To what extent was UNFPA’s support relevant and adaptable to the needs of the CP10 beneficiaries, especially of the most left behind population groups, including ethnic minorities, adolescents and youth, people with disabilities and migrant workers?

### **Coherence**

2. To what extent is UNFPA’s support compatible with other interventions in the country, provided by other stakeholders, including UN and other development partners, government and non-government organisations and CSOs?

### **Effectiveness**

3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme, in particular (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
4. How effectively has UNFPA leveraged, developed and diversified strategic partnerships to achieve the CP results in policy and advocacy and evidence-based policymaking that are human rights-based, gender-responsive and disability inclusive, and developing national capacities to implement relevant policies?

### **Efficiency**

5. To what extent has UNFPA supported piloting, assessing and scaling up innovative interventions in development and humanitarian contexts for increased programme efficiency to achieve the CP results?

### **Sustainability**

6. To what extent has UNFPA strengthened the capacities and performance of the stakeholders and bearers, as well as institutional frameworks and standards practice, to ensure the sustainability of Country Programme results?

### **Coverage**

7. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?

The final evaluation questions and the evaluation matrix will be presented in the design report, with explanations if there were changes to EQs and if yes, the rationale for such changes.

## **6. Approach and Methodology**

### **6.1. Evaluation Approach**

#### ***Theory-based approach***

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Viet Nam CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Viet Nam 10th country programme (2022-2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable the support provided by the UNFPA Viet Nam CO has been during the period of the 10th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Viet Nam 10th country programme (2022-2026) made.

### ***Participatory approach***

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at the national and sub-national levels. The UNFPA Viet Nam CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably ethnic minorities, adolescents and youth, people with disabilities and migrant workers). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Viet Nam CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level, including organizations representing women, ageing groups, persons with disabilities, the regional M&E adviser in UNFPA APRO – See [Handbook](#): section 1.5. The ERG will provide inputs at different stages in the evaluation process.

### ***Mixed-method approach***

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites, online databases and, potentially surveys, to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

## **6.2. Methodology**

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation [Handbook](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Viet Nam CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the *UNEG Norms and Standards for Evaluation*,<sup>60</sup> *Ethical Guidelines for Evaluation*,<sup>61</sup> *Code of Conduct for Evaluation in the UN System*<sup>62</sup>, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.<sup>63</sup> When contracted by the UNFPA Viet Nam CO, the evaluators will be requested to sign the *UNEG Code of Conduct*<sup>64</sup> prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Viet Nam. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix ; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

### ***The evaluation matrix***

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary) review in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting

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<sup>60</sup> Document available at: <http://www.unevaluation.org/document/detail/1914>.

<sup>61</sup> Document available at: <http://www.unevaluation.org/document/detail/102>.

<sup>62</sup> Document available at: <http://www.unevaluation.org/document/detail/100>.

<sup>63</sup> Document available at: <http://www.unevaluation.org/document/detail/980>.

<sup>64</sup> UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

### ***Finalization of the evaluation questions and related assumptions***

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

### ***Sampling strategy***

The UNFPA Viet Nam CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Viet Nam CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see [Handbook](#), section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Viet Nam CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

### ***Data collection***

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see [Handbook](#), section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Other sources of primary data collection, e.g. surveys, case studies and others, can be used as deemed necessary. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 6 weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g, interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

### ***Data analysis***

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see [Handbook](#), Chapter 4).

### ***Validation mechanisms***

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

### ***Use of Artificial Intelligence (AI) in CPEs***

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

- **Prior approval for utilization of AI tools:** The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager
- **Declaration of the utilization of AI tools:** If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO
- **Verification of accuracy:** The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity
- **Ethical and responsible use:** The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

## 7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

### 7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Viet Nam CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE)
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders

- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

## **7.2. Design Phase** (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA APRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

## **7.3. Field Phase** (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 06 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection

- Launching the field phase
- Collecting primary data at national and sub-national levels
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

#### **7.4. Reporting Phase** (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The [Handbook](#), Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report.. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Viet Nam CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

## 7.5. Dissemination and Facilitation of Use Phase *(Handbook, Chapter 5)*

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA editorial and style guide](#) to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the [Handbook](#), Chapter 5.

## 8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Viet Nam CO staff (incl. senior management) and the members

of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.

- **Version 1 evaluation report.** The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.
- **Recommendations worksheet.** The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).
- **Final evaluation report.** The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Viet Nam CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

## 9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid<sup>65</sup> before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- **Executive summary:** Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.
- **Background:** The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.
- **Purpose, Objectives and Scope:** The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.
- **Design and Methodology:** The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).
- **Findings:** They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- **Conclusions:** They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.
- **Recommendations:** They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.
- **Structure and presentation:** The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the [Handbook](#), section 4.5.
- **Evaluation Principles/cross-cutting issues:** Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

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<sup>65</sup> The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Viet Nam CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

## 10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

### Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE<sup>66</sup>

Main tasks	Responsible entity	Deliverables	Estimated Duration
<b>Design phase</b>			
Induction meeting with the evaluation team	CPE Manager and evaluation team		4 to 6 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	<b>Stakeholder map</b>	
Developing the field work agenda	Evaluation team, CPE Manager	<b>Field work agenda</b>	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	<b>Design report- version 1</b>	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	<b>PowerPoint presentation on design report version 1</b>	
Drafting the design report version 2	Evaluation team	<b>Design report - version 2</b>	

<sup>66</sup> For full information on all tasks and responsible entities, see the relevant chapters of the [Handbook](#)

Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	<b>Final design report</b> (see Evaluation <a href="#">Handbook</a> , section 2.4.4)	
<b>Field phase</b>			
Preparing all logistical and practical arrangements for data collection	CPE Manager		4 to 6 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	<b>Photos</b> (see <i>Evaluation Handbook</i> , Section 3.2.5)	
Filling in the evaluation matrix	Evaluation team	<b>Evaluation matrix</b>	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	<b>PowerPoint presentation</b>	
<b>Reporting phase</b>			
Consolidating the evaluation matrix	Evaluation team	<b>Evaluation matrix</b>	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	<b>Evaluation report - version 1</b>	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	<b>PowerPoint presentation</b>	
Recommendations workshop	Evaluation team, CPE manager, ERG members	<b>Recommendations worksheet</b>	
Drafting CPE version 2	Evaluation team	<b>Evaluation report - version 2</b>	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	<b>Final CPE report</b> (see <i>Evaluation Handbook</i> , section 4.5) <b>with powerpoint presentation and audit trail</b>	

*Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.*

## 11. Management of the Evaluation

The **CPE manager** in the UNFPA Viet Nam CO, in close consultation with the Ministry of Finance that coordinates the country programme, will be responsible for the management of the evaluation and supervision of the evaluation team in line with the [UNFPA Evaluation Handbook](#). The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the [Handbook](#).

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Viet Nam CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Viet Nam CO, APRO, representatives of the national Government of Viet Nam, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see [Handbook](#), section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), **the regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation

process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the [UNFPA evaluation database](#).

## **12. Composition of the Evaluation Team**

The evaluation will be conducted by a team of 4 independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and covering one of the thematic areas listed below as thematic expert, and (ii) 02 team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, youth, and gender equality and women's empowerment, population dynamics, and humanitarian response) and (iii) a Young and Emerging Evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 10th UNFPA country programme in Viet Nam.

The evaluation team leader will be recruited internationally, while the evaluation team members, including the young and emerging evaluator, will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

### **12.1. Roles and Responsibilities of the Evaluation Team**

#### ***Evaluation team leader***

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the country programme described below.

***Evaluation team member: SRHR expert***

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Viet Nam CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Gender equality and women's empowerment expert***

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Viet Nam CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Population dynamics expert***

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems, ageing and social protection policies. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Viet Nam CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

***Evaluation team member: Young and emerging evaluator.*** The young and emerging evaluator (YEE) will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA Viet Nam CO staff and the ERG.

The modalities for the participation of the evaluation team members (incl. the young and emerging evaluator) in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

## **12.2. Qualifications and Experience of the Evaluation Team**

### **International Team leader**

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Viet Nam.
- Fluent in written and spoken English.

### **National SRHR expert**

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning, adolescent SRHR.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Viet Nam.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Vietnamese.

### **National Gender equality and women's empowerment expert**

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Viet Nam.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Vietnamese.

### **National Population dynamics expert**

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.

- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Viet Nam
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English and Vietnamese.

#### **Young and emerging evaluator (national consultant)**

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to progress professionally and become a competent evaluator;
- Fluent in written and spoken English and Vietnamese.

### **13. Budget and Payment Modalities**

The evaluators, including the young and emerging evaluator, will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	2 thematic experts (per person)	Young and emerging evaluator
Design phase	10	8	10
Field phase	15	10	15
Reporting phase	17	15	12
Dissemination and facilitation of use phase	3	2	5
<b>TOTAL (days)</b>	<b>45</b>	<b>35</b>	<b>42</b>

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

#### 14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

##### UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes)  
<https://www.unfpa.org/strategic-plan-2018-2021>
2. UNFPA Strategic Plan (2022-2025) (incl. annexes)  
<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>
3. [UNFPA Evaluation Policy \(2024\)](#)
4. [UNFPA Evaluation Handbook](#)
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office: The evaluation reports are available at: <https://www.unfpa.org/evaluation>

##### Viet Nam national strategies, policies and action plans

6. National Poverty Reduction Strategy

7. National Development Plan
8. United Nations Sustainable Development Cooperation Framework (UNSDCF)
9. Relevant national strategies and policies for each thematic area of the country programme

#### **UNFPA Viet Nam CO programming documents**

10. Government of Viet Nam/UNFPA 10th Country Programme Document (2022-2026)
11. United Nations Common Country Analysis/Assessment (CCA)
12. Situation analysis for the Government of Viet Nam/UNFPA 10th Country Programme Document (2022-2026)
13. CO annual work plans
14. Joint programme documents
15. Project document for interventions/programmes in different thematic areas of the CP 10
16. Reports on core and non-core resources
17. CO resource mobilization strategy

#### **UNFPA Viet Nam CO M&E documents**

18. Government of Viet Nam/UNFPA 10th Country Programme Document (2022-2026)
19. CO annual results plans and reports (SIS/MyResults)
20. CO quarterly monitoring reports (SIS/MyResults)
21. Previous Evaluation of the UNFPA 9th Country Programme of Assistance (CP9) to the Government of Viet Nam (2017-2021), available at:<https://www.unfpa.org/evaluation/database>
22. Mid-term Review (MTR) of the UNFPA 10th Country Programme of Assistance (CP10) to the Government of Viet Nam (2022-2026)

#### **Other documents**

23. Implementing partner annual work plans and quarterly progress reports
24. Implementing partner assessments
25. Audit reports and spot check reports
26. Meeting agendas and minutes of joint United Nations working groups
27. Donor reports of projects of the UNFPA Viet Nam CO
28. HRP- Humanitarian Response Plan and related reports <https://response.reliefweb.int/>  
[optional: for CPE with a humanitarian component]
29. RRP- Refugee Response Plan and related reports <https://www.unhcr.org/refugee-response-plans> [optional: for CPE with a humanitarian component]
30. Evaluations conducted by other UN agencies
31. IAHE- Inter-Agency Humanitarian evaluations  
<https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>