POPULATION AND FAMILY PLANNING WORK IN VIETNAM

50 YEARS OF HISTORY AND DEVELOPMENT
(1961 – 2011)

Ha Noi, 12/2011
### ABBRIVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<tr>
<td>GOPFP</td>
<td>General Office for Population and Family Planning</td>
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<td>IUD</td>
<td>Intrauterine Device</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCPFP</td>
<td>National Committee for Population and Family Planning</td>
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<td>PFP</td>
<td>Population and Family planning</td>
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<td>RH</td>
<td>Reproductive Heath</td>
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In the past 50 years, population - family planning work in Vietnam has gained important achievements, which are recognized by the Party, the State and international community, particularly important contributions of population - family planning work for the development of the country.

Population - Family Planning has become one of the essential components in the programs of action of the Party Committees and of the Governments at all levels, and of all mass organizations and social society. People’s awareness and behaviour in regard to population issues have changed positively. Small-sized family has become a widely-accepted social norm. The results we have achieved are better targets set by the Resolution of the 10th Congress of the Party and the Vietnam Population Strategy 2001-2010. The achievements show the correctness and wisdom of the policies and solutions of the Party and the State, the enduring efforts of the whole political system, particularly those made by population - family planning personnel from central down to grassroots levels over the past 50 years.

“The Population and Family Planning Work in Vietnam - 50 years of History and Development” developed by the General Office for Population and Family Planning is a very meaningful publication, which clearly shows an important role and great contribution of the population and family planning work to the development of the country. I would highly recommend this book to readers of health sector to the public and international organizations and all those who are interested in population and family planning in Vietnam.

I congratulate the General Office for Population and Family Planning and personnel of all generations on their outstanding achievements gained in the past 50 years. Congratulations were also to leaders and staff who have ever been involved in population and family planning, talking the very first step to this work and tirelessly contributing to the development of the population - family planning work in Vietnam.

HEALTH MINISTER

Nguyen Thi Kim Tien

The first decade of the 21st century has been marked with the great success of the population and family planning work. We have successfully completed the population tasks and targets set by the 9th and 10th National Party Congress and Vietnam Population Strategy for 2001-2010. The population growth rate fell from 1.35% in 2001 to 1.05% in 2010, exceeding the target of 1.1% set for 2010; the contraceptive prevalence rate of modern methods increased from 61.1% in 2001 to 67.5% in 2010; and the total fertility rate dropped from 2.28 children to 2.09 children in 2006 (reaching the replacement level) and down to 2.0 children in 2010. The population size reached 86.92 million in 2010, lower than the target, which is under 89 million, set by the Vietnam Population Strategy.

Over 50 years of history and development, the population and family planning work in Vietnam has made remarkable achievements and great results. After 50 years, the average number of children per woman of childbearing age has decreased by 4.3 children, from 6.3 children in 1960 to 2.0 children in 2010. Life expectancy at birth increased by 33 years, from 40 in 1960 to 73 years old in 2010. The rate of population growth declined from an average of 3.5% in 1960 down to 1.05% in 2010. The Vietnamese population entered a “demographic bonus” period; the health status of mothers and children has been significantly improved; the targets of mortality rates of children under 1 and 5 years of age have been met and exceeded those set by the National Assembly. All these achievements have significantly contributed to increasing per capita income, improving people’s lives, reducing poverty, increasing gender equality etc., thus, making important contribution to hunger al-
leviation, poverty reduction and sustainable development of the nation.

Attainment of the above results is due to the interest and guidance of the Party Committees and authorities; the active participation of ministries, departments, agencies, political and social organizations throughout the country; the cooperation and valuable assistance of other countries and international organizations in the fields of population and family planning over the past 50 years. Population and family planning personnel from full-time officers of all levels to collaborators in villages, hamlets, residential areas, neighbourhoods has always promoted a spirit of unity, determination and endurance to overcome the difficulties and challenges and make huge efforts in advocacy, communication activities to motivate people of all strata in actively implementing population and family planning policies and laws of the Party and of the State.

Besides the significant accomplishments achieved, the population and family planning work is still facing many challenges in terms of size, structure and quality of population and population distribution, which adversely affect development sustainability of the nation.

On the occasion of 50 years of the Traditional Day of the Population and Family Planning Work in Vietnam (1961-2011), the General Office for Population and Family Planning wish to introduce a book “The Population and Family Planning Work in Vietnam - 50 years of History and Development” to give readers an overview of the 50-year path of history and growth of the population and family planning work, reaffirming the role and great contribution of the population and family planning work to the construction and development of the nation.

Although a great deal of effort has been exerted in preparation of the book, shortcomings are inevitable due to time limitations, events and data presented over a too long period of time, and both general and in-depth nature of the book. We look forwards to suggestions of readers to improve it in the next edition.

DIRECTOR GENERAL
GENERAL OFFICE FOR POPULATION
AND FAMILY PLANNING

Duong Quoc Trong
In 1999, Vietnam receives United Nations Population Award for the outstanding achievements in the field of population - family planning. The National Committee for Population and Family Planning is awarded the First Class Labour Order by the President of the Socialist Republic of Vietnam for successful implementation of the Strategy for Population - Family Planning to 2000.

In 2007, the Commission for Population, Family and Children was awarded the First Class Labour Order for outstanding achievements in the field of Population, Family and Children.

In 2009 and 2010, the General Office for Population - Family Planning has been awarded the Emulation Flag “Outstanding Institution in 2009” by Ministry of Health and the Emulation Flag “Outstanding Institution in 2010” by the Prime Minister for excellent results in the field of population - family planning.
UNITED NATIONS POPULATION AWARD

The 1999 United Nations Population Award for Vietnam

Minister-Chairwoman of the National Committee for Population and Family Planning Dr. Tran Thi Trung Chien receives The United Nations Population Award for 1999
LEADERS
IN CHARGE OF POPULATION AND FAMILY PLANNING (1992 - 2011)

H.E. Mr. Mai Ky
Minister-Chairman of the National Committee for Population and Family Planning
(1992 - 1997)

H.E. Mrs. Tran Thi Trung Chien
Minister-Chairwoman of the National Committee for Population and Family Planning
(1997 - 2002)

H.E. Mrs. Le Thi Thu
Minister-Chairwoman of the Vietnam Commission for Population, Family and Children
(2002 - 2007)

Mr. Nguyen Luc
Vie-Chairman of the National Committee for Population and Family Planning

Mr. Nguyen Thien Truong
Vie-Chairman of the National Committee for Population and Family Planning
(1996 - 2002)
Vice-Chairman of Vietnam Commission for Population, Family and Children
(2002 - 2006)

Mr. Nguyen Du
Vie-Chairman of the National Committee for Population and Family Planning
(1997 - 2002)
Mr. Phung Ngoc Hung

Mrs. Dang Thi Ngoc Thinh

Mr. Nguyen Ba Thuy
Vice-Minister of Health, in charge of Population and Family Planning (2007 - 2011)
Vice-Minister cum Director General, General Office for Population and Family Planning, Ministry of Health (2/2008 - 8/2009)

Mr. Nguyen Viet Tien
Vice-Minister of Health, in charge of Population and Family Planning (From 7/2011)

Mr. Duong Quoc Trong
Director General of the General Office for Population and Family Planning (From 10/2009)

Mr. Nguyen Van Tan
Deputy Director General of the General Office for Population and Family Planning (From 2/2008)
Mr. Tran Van Chien  
Deputy Director General of the General Office for Population and Family Planning  
(From 10/2008)

Mrs. Tran Hoa Mai  
Deputy Director General of the General Office for Population and Family Planning  
(10/2008 – 8/2011)

Mr. Le Canh Nhac  
Deputy Director General of the General Office for Population and Family Planning  
(From 7/2011)
PART I

HISTORICAL FOOTPRINTS

1961-1975 period marked the beginning of awareness of the State of Vietnam on the impact of increasing population pressure on socio-economic development of the country.

GENERAL CHARACTERISTICS

In 1960, with a population of 30.2 million, of which 16.1 million in the North and 14.1 million in the South, Vietnam was an agricultural country with 85% of the population living in rural areas. The rate of population growth at this time was very high - 3.8% per year as a result of very high birth rate. Total fertility rate or the average number of children per woman in the early 1960s was about 6.3 children. This was the period when the entire Party and people were conducting the building of socialism in the North and the liberation struggle to unify the country in the South. Many young people left for the armed forces or joined the Youth Volunteers forces, and many young couples split up to the battlefield. The country was in very difficult circumstances: low socio-economic development, low educational level, low income per capita, low life expectancy and high infant mortality rate and maternal mortality rates. People’s lives were extremely difficult.

POPULATION POLICY

Recognizing the impact of rapid population growth on the socio-economic development, the Council of Ministers issued Decision 216-CP of the birth control instructions dated 26 December 1961. This decision became an important milestone of Vietnam’s population and family planning work. Accordingly, a birth control movement was officially launched with the goal “For the sake of the mother’s health, happiness and harmony of the family, and the sake of good parenting, child birth should be guided appropriately.”
The target group of the movement was primarily women of childbearing age with many children, especially Government employees, workers, military officers and soldiers, and then experiences would be drawn and gradually expanded to the population. Coverage of the movement was urban and rural areas of Red River Delta, midland and mountainous districts. It focused on achievement of certain targets of contraceptive users.

The first decision of the Government on birth control also affirmed a principle that was stressed later in international documents - services must meet needs and characteristics of users. Article 4 of the Decision stressed: “Ministry of Health should continue to study and introduce other contraceptive methods appropriate for the living conditions of cadres, workers, employees, military officers and soldiers, and the general public; Ministry of Health is responsible for providing cheap, easy and convenient methods to those who need for birth control.”

Policies related to childbearing during this time largely focused on mobilization of people to participate in family planning to achieve the goal of fertility reduction.

In the North, the birth control movement aimed at reducing the rate of population growth from 3.5% to 2.5%, and motivating each couple to have only 2-3 children, the birth spacing is five years. In 1970, targets of the population growth rate in the North were set from 2.2% to 2.4%, in the cities - from 1.8% to 2%, the delta provinces - from 2.3% to 2.5%. The percentage of female staff and workers giving births per year is 10% - 12% of total employees.

In 1971, the target of the movement was concretized - “5% of women would use IUDs compared to the population”. This indicator is made based on estimates that if 25% of women aged 18-50 years old use IUD, the rate of natural population growth may be lowered by from 1 to 1.25%.

In the South, a number of population and birth control activities were reported. In 1973, the Population Council was established. The Population Council set targets to reduce the rate of population growth from 3% in 1973 down to 2% in 1980. In
1974, the US Agency for International Development (USAID) provided support to build 200 new family planning clinics, to equip 500 clinics and 700 private maternity homes and the UN Population Fund (UNFPA) supported to build a training center for population and family planning staff and 20 established family planning clinics.

Some support was from the Government to women accepting IUDs. Full costs of birth control services were covered by the government budget allocated to Ministry of Health, the Committee for Mother and Child Protection, and localities. With the centrally planned mechanism, all government institutions and enterprises were allowed to use welfare funds to reward and encourage IUD acceptors.

**ORGANIZATIONAL SYSTEM**

A Steering Board for Birth Control was formed and headed by the Prime Minister, Minister of Health was Deputy Head: Deputy Minister of Health was Secretary General. A standing body was Ministry of Health and leaders of Women Union, Youth Union and the General Labour Union were its members.

On 28 April 1964, the Ministry of Health issued Circular No. 10-BYT-TT on guidelines of establishing stations of mother and child protection at provincial level to perform birth control activities. Mother and child health stations assisted provincial health departments with the development of mother and child protection plans, and birth control plans, and implementation and monitoring of those plans. Review was made and experience drawn for the further improvement of the movement of mother and child protection and birth control.

On 13 May 1970, in order to strengthen the birth control movement, the Council of Ministers issued Decision No.94 on the birth control movement, which was transferred from the Ministry of Health to a new agency “Committee for mother and child protection”. The Committee is an agency directly under the Government, whose standing body was the Ministry of Health. Its network was formed from the central to district level, performing communication activities and providing family planning services. Mother and child protection stations at the provincial level and family planning teams at dis-
trict level were established to perform IUD insertion. The mass organizations: Women Union, Youth Union and the General Labour Union retained their role as the first stage. Birth control was an important task of this Committee, “The Committee for mother and child protection, the State agencies, Women Union, Youth Union and the Trade Union are responsible for communication and education activities on purposes and meanings of birth control among their cadres, workers, employees and union members and for showing their exemplary performance”.

In 1974, due to the organization change, the Committee for Mother and Child Protection dissolved and birth control work was handed over to the Ministry of Health and child education transferred to the Ministry of Education. The Ministry of Health and the State Planning Commission set population targets for the provinces/cities. The birth control service network was expanded to the district level. the State agencies, Women Union, Youth Union and the Trade Union were responsible for communication and education activities on purposes and meanings of birth control among their cadres, workers, employees and union members and for showing their exemplary performance. The Ministry of Health was responsible for production and import of drugs and IUDs, and provision of counseling and guidance on birth control, IUDs use and abortion. Women’s Union of Vietnam, the Trade Union were responsible for communication and education. Provincial and district birth control teams provided communication, IUD insertion and abortion services.

COMMUNICATION AND PROPAGANDA

During this time, the major forms of communication and propaganda were talks, slide show and pictures. The State agencies and mass organizations were responsible for communication and education on purposes and meanings of birth control among their cadres, workers, employees and union members.

PROVISION OF BIRTH CONTROL SERVICES

Birth control services during this period were mainly clinical contraceptive services (IUDs and sterilization) and provided through health system. During the period of 1961-1974, contraceptives (mainly IUDs) were provided through mother and child protection stations and by birth control teams. When the Committee for Mother and Child Protection dissolved in 1974, the provision of contraceptive services was made by the health sector.
RESOURCES

During this period, resources were not allocated as by the current national target program. They were allocated within the health budget or budget for mother and child protection, but unable to meet the needs. Birth control work in the North relied heavily on state budget, which covered costs for communication, contraceptive commodities and services. Resources came from within budget allocated to Ministry of Health, the Committee for Mother and Child Protection, and localities.

International support for birth control work was limited. In 1973, Agency for International Development Cooperation of Sweden (SIDA) was one of the foreign aid agencies in the North to assist the work.

RESULTS

Started during the war and in extreme difficulty, the birth control movement contributed to reducing the population growth rate in the country.

In 1960, the population growth rate was 3.8%. 15 years later (1975), the rate dropped to 2.4%. Particularly in the North, the population growth rate declined from 3.4% in 1960 to 2.5% in 1971, the crude birth rate decreased from 43.9‰ in 1960 down to 33.2‰ in 1975 and the total fertility rate declined from 6.3 children per woman in 1960 down to 5.25 children in 1975; People began to be aware of population issues and accepted contraceptives.

However, due to high population growth during this period, averaging over 3% per year, Vietnam’s population reached 47.6 million in 1975, an annual average increase of 1.16 million. The socio-economic development plans have contributed to increase of urban population from 15% in 1960 to 21.5% in 1975.

Fully aware of the position and the role of population issues in relation to socio-economic development of the country, the Party and the Government launched a major campaign on the basis of the active response of exemplary staff of party members, civil servants and youths.

Right from the start, birth control was voluntary and based on the movement with long-term goals towards smaller family sizes, and its fundamental solutions were propaganda and communication. Target groups of the movement were determined appropriately in each specific period (1960-1970, 1971-1974): From married couples, pre-married groups, to the middle-aged and elderly, with a special attention given to couples with more than two chil-
children and closely-spaced children, women with poor health living in difficult circumstances.

The birth control movement was initiated in the early 1960s but the desired objectives had not been achieved. The most successful lesson was the Government’s determination to reduce fertility as prerequisite for the socio-economic development. However, it was interrupted by the war. During this period, inadequate attention of the leaders of Party committees and governments at all levels to the birth control movement was observed due to the fact that more efforts need to be placed on two strategic tasks: building socialism in the North and liberation of the South for the country reunification. No specific strategy on birth control was made. No specialized apparatus and network was available. No service system to provide diverse, accessible and high quality contraceptive commodities was set up. Investment resources for this work was limited and unable to meet needs.

During this period, the objectives of population policies were worked out, lacking scientific basis both in terms of demographic indicators and targets of contraceptive use. As a result, not all of the entire society was mobilized; importance was not attached to the information, education, communication; services were not very convenient and contraceptives were not diversified, of which IUDs were mainly used.

Initial steps of birth control in the period 1961-1975 were made in the context of very high crude birth rate - CDR of 43.9‰ and the total fertility rate 6.39 children per woman. The average annual decrease of CDR was 0.71, which was encouraging, practical and acceptable to the public.
PERIOD 1976-1990
A NATION WIDE MOVEMENT

1976-1990 period marked the implementation of population and family planning in the country after the country unification when the population growth rate in the southern provinces was very high (3.2% as shown by the census in southern provinces on 05 February 1976), the phenomenon of population growth compensation after the war and north – south migration were taking place, then the war on South-West border and Northern border, and the country’s economy in recession had negative impact on the birth control movement.

GENERAL CHARACTERISTICS

After the country unification, the population size was approximately 48 million. The 1979 population census showed that the birth control movement made a lot of efforts but the results were still very limited: TFR remained very high, 4.8 children per woman, the population growth rate - 2.1%, the total population reached 52.7 million. During this period, the birth control movement continued to be promoted and carried out throughout the country. However, the movement was not strong and stable. The population growth rate was disproportionate to the economic development level.

POPULATION POLICY

During this period, the birth control work was carried out throughout country with the objective specified at the Party’s 4th Congress (1976) that “further intensify the birth control movement, with a determination to reduce the population growth rate each year, and strive for the population growth rate of about 2% by 1980”, at the 5th Congress V (1982) - “to reduce the population growth rate from 2.4% to 1.7% by 1985”, at the 6th Congress (1986) - “to reduce the population growth rate from 2.2% to 1.7% by 1990”, and it was confirmed at the 7th Congress (1991) - “to reduce the population growth rate is a national policy, the movement must become large, strong and deep in the entire population”. The target of reducing the population growth rate to 1.7% set forth by 5th, 6th and 7th Congress resolutions were not achieved.
Target groups of the movement expanded to all women of childbearing ages and men having wives in childbearing ages. Implementation scope was extended to the whole country, urban and rural areas, densely populated deltas, with a special emphasis on state employees and armed forces officers and soldiers. In the birth control movement, ethnic minority groups were given particular attention. For this targeted group, mother and child health protection was of more importance rather than the decrease of crude birth rate.

The main solutions included provision of family planning services (mainly IUDs), communication (extended to mass media, and a key form was face to face communication) and better support policies for acceptors of sterilization and IUDs. Decision 162/HDBT in 1998 stipulates that each couple had only two children, and specified age of the first birth and birth spacing while characteristics of each target group were taken into account; guidelines on registration of and commitment to family planning practice; guidelines on land/house distribution; household registration of couples with two children in urban centers; and measures to promote family planning. Contraceptives were provided free to clients registered for family planning while family planning services began to be provided through the market channel.

In order to mobilize broader social strata involved in population and family planning work and promote birth control, the Council of Ministers issued Decision No. 58-HDBT 11/04/1984 on the establishment of the National Committee for Population and Birth Control. The Committee is responsible for “assisting the Council of Ministers to direct the work of population and birth control and coordinate it among other line agencies and mass organizations in the country”.

The National Committee for Population and Birth control was chaired by a Vice Chairman of the Council of Ministers, the Minister of Health – Standing Deputy Chairman, the Vice-Chairmen were the Minister of Labour, Minister of Education; Vice Minister of Health - Secretary General, leaders of ministries, branches and mass organizations were its members. The Ministry of Health acted as a standing body responsible for all professional expertise, technology, provision of equipment, medicines and training, providing professional staff for localities. The full-time unit of the Committee worked as a permanent secretariat located in the Ministry of Health, including personnel appointed by the Ministry of Health. Each branch and mass organization appointed one official to participate in the Secretariat on part-time basis.
At provincial/city level, the Committees for Population and Birth control were established to help People’s committees at the same level to direct population and birth control in their localities. In districts, communes, wards and in offices, factories, construction sites, agricultural cooperatives, forestry farms, hospitals, schools, units etc. ... population and birth control were taken by Boards of Population and Birth Control, which were established under the Directive No. 29 dated 8 December 1981 issued by the Council of Ministers. Related branches in localities would be monitored and overseen by the local People’s Committee in regard to population and birth control.

On 6 February 1985, the National Committee for Population and Birth Control was renamed as National Committee for Population and Family Planning ² At provincial/city level and special zones, it was called a Committee for Population and Family Planning. In districts, communes, wards and in offices, factories, construction sites, agricultural cooperatives, forestry farms, hospitals, schools, units etc. ...they were called family planning motivation boards. Five years later, Chairman of the Council of Ministers signed Decision 51/CT dated 6 March 1989 to specify tasks, powers and organizational apparatus of the National Committee for Population and Family Planning in order to consolidate the apparatus working on population and family planning. Basically, it was not much different from the organizational structure formed in 1984 but there were some changes in some part-time positions and establishment of the apparatus at district level.

To ensure efficient operation and fulfill the tasks defined in the Decision 51/CT of the Council of Ministers, functional units were established under the National Committee for Population and Family Planning: Department of Planning and Policy; Department of Education and Communication; Department of Family Planning; Department of International Relations; and Administration Bureau.

**INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

Forms of communication and advocacy have been diversified to include mass media while the key form was interpersonal communication. Better incentive policy was introduced to encourage clients using sterilization and IUDs. Competitions to create works on communication on PFP, festivals on population and life and exhibitions, displays on PFP have been organized.

The decline of births greatly depends on the rate of people accept-
ing contraceptive methods, which resulted from the people’s voluntaries. Not much attention, however, was paid to education and communication on the PFP, particularly in rural areas. As a result, it did not make many contributions to changing the awareness of the people.

Due to too much consideration for technical and administrative work, due attention was not paid to communication, education and advocacy to enhance the awareness and promote the voluntary spirit of family planning targeted groups.

One of the difficulties was that baseline data on real situation of population were not reliable. Scientific and technical information for population programs was inadequate. Scientific information on population among projects lack necessary organization and sound grounds. There used to be a thriving period of information on population of foreign countries but it has become partly stagnated. As a result, it could not impulse the rapid development of population science to strengthen the implementation of population programs in the country.

**FAMILY PLANNING SERVICES**

When the Committee for Mother and Child Protection was dissolved in 1974, the provision of contraceptive methods was assigned to the public sector. In Vietnam, the Ordinance on private medical and pharmaceutical practice for private medical clinics and the Decision on hospital fees for public medical establishments came into effect in 1989.

In 1989, the Council of Ministers planned to invest in the construction of family planning service centers in many provinces and cities. There were gynecological wards, family planning service wards in the centers which were also equipped with basic medical equipment for gynecological examination and family planning.

During this period, family planning network was not developed widely enough to serve all people at grassroots level. Family planning methods were not diversified. It was basically “one - method program” (IUD). Vietnam mainly imported or received aid on contraceptive commodities. However, in the late 1970s and early 1980s, IUD Vina was produced locally based on the design of Dana loop made by the Czech Republic. This kind of loops was inert and hermetic. After a period of time, due to their

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poor quality and availability of TCu imported by UNFPA, domestic
loops were no longer produced. UNFPA supported Vietnam to build a
condom factory with the Indian technology called MERUFA. The fac-
tory has been improved and continued to produce condoms for family
planning and HIV/AIDS programs.

**RESOURCES**

Budget from the Government was allocated to subsidize contraceptive
costs, family planning services, communication and advocacy. Offices,
factories, co-operatives were allowed to encourage people with in money
or in kind. Most of budget came from regular budget allocated to Ministry
of Health and from localities. Since 1977, UNFPA has provided financial
and technical support, including contraceptive commodities, equipment
for family planning services, training on skills of communication, advoca-
cy, research, data collection, training on improvement of competence
and professional knowledge, and management skills in PFP programs. At
this time domestic investment in PFP programs was not paid due attention
to by the State and local authorities at all levels. More attention was paid
to budget investment in 1989 but the amount of budget for PFP, including
for infra-structure, was only 24 billion VND, accounting for 0.4% as com-
pared with the total budget. Most of the budget for PFP programs during
1979-1989 was dependent on international aid sources. In 1990, resources
for PFP from the central budget, including for infra-structure, reached only
VND 227 billion, equivalent to 0.02 USD/person/year, and was not con-
sidered as a specific item of State’s budget. Local budget depended on
the awareness of leaders at various levels, which caused unequal alloca-
tions among areas. Budget management was not reasonable to assure that
budget for PFP would be used in time for the right objectives and target
groups. Adding up the budget collected from the international aid and do-
mestic fund, it would be only 15 cents or VND 600 per person as against
the minimum requirement amount of USD 1-1.5 or VND 4,000-6,000 per
person according to the experience drawn by some other countries.

**TRAINING AND RESEARCH**

Much attention was paid to training in professional skills for doc-
tors specialized in gynaecology and family planning. Training courses

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4. Extracted from the report of the NCPFP at the Nationwide Conference summing up 10 years of
   the family planning campaign (1979-1989).
for PFP communicators were organized in various ministries, branches, unions, provinces/cities throughout the country. Through different projects, UNFPA provided financial support to organize training courses on PFP. Particularly, a three-month course to provide knowledge of PFP was launched on 15 October 1990 for the first time in the country at the Centre of Population, the National Economy University, opening up a new period of training for population officials.

Research in PFP during that period was just carried out, so it did not assist much for data collection with scientific and practical assurance for PFP-related plans and policies. The implemented projects contained research activities and scientific information of population, including social and natural science. However, those activities were scattering and did little systematic help to the national and local programs. Due to insufficient research and inadequately scientific surveys based on the reality of the country, there was a lack of suitable contents and necessary diversification in population education and communication. Knowledge, models, methods and measures provided by foreign experts were applied without adjustment. Therefore, they were found inappropriate to psychophysiological, social and traditional characteristics of Vietnamese people, and as a result, unconvincing to the public.

The baseline research revealed its weaknesses while the social psychology survey was still tardy, which could not reflect the real situations of population and families. The public sector rendered services in the field of research and application of medical science and techniques into birth control. However, medical services attached too much importance to old thoughts of family planning.

INTER-SECTORAL CO-ORDINATION

Along with the coordination of the NCPFP and the assistance of UNFPA, various ministries, governmental agencies and social organizations actively participated in the prevention of population booms, giving much support to the family planning campaign, supplying guidance on the implementation of the nationwide campaign to develop it into a big movement attracting interest and support of the whole society.

The PFP program was integrated into working plans of ministries,
governmental agencies and social organizations according to their assigned functions, tasks and responsibilities. The Ministry of Education introduced contents of “population education” into curricula of subjects. Population education was specified as one of the adjustable contents in educational reforms designed to achieve good results in the implementation of training objectives of each subject. The Farmer Union defined that PFP should be regularly put on the agenda made by its various levels. The Youth Union introduced the PFP program among the youth, launching a campaign with the objective that the youth should pioneer the implementation of small-sized family with one or two children. Each member of the Youth Union was an active propagandist. The Women Union organized such communication activities aimed at inhabitants as group discussions, films, materials on family planning. It also coordinated with medical establishments to provide health examinations for women and children.

**RESULTS**

During 1976-1990, Vietnam’s population increased by 1.13 million per year on average, that is 49.2 million in 1976 and 66 million in 1990, and the population growth rate continued to decline from 2.5% to 1.9% thanks to the efforts made by the PFP program. Noticeably, PFP program was carried out under difficult circumstances: the rate of population growth in Northern provinces was very high (3.2%) due to the phenomenon of population compensation after the war and emigrants moving up and down between the South and the North according to the census on 5 February 1976. The crude birth rate decreased from 33.2‰ to 31‰ and down to 30.04‰ in 1975, 1985 and 1992 respectively. The average number of children for a woman at child-bearing age declined from 5.25 to 3.98 and 3.8 in the respective years mentioned above.

The 1988 demography and health survey was the first one to provide detailed information on using contraceptive methods in Vietnam. The results showed that 53% of the married women aged 15-49 using a contraceptive method, 62.8% of which were IUDs, 5.1% - female sterilization and less than 1% - male sterilization. The rate of condom use was very low (2.2%) and more than one fourth of the total CPR was traditional methods.

However, due to historical differences, there was a difference in us-

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5. Report on the project “Assessment on the implementation of the IV Party Congress’ Resolution, 7th CPV Central Committee on PFP policies”, the NCPF Department of Popularization and Education, January 1999. Page 3.
ing contraceptive methods between the North and the South. The rate of women using IUDs in the North was higher than that in the South, 47.2% as against 17.3%. Meanwhile, the rate of women using other contraceptive methods in the North was lower than that of the South, namely natural methods (9.6% as against 19.3%), female sterilization (0.7% as against 4.9%), condoms (0.7% as against 1.6%) and contraceptive pills (0.2% as against 0.7%).

The achievements made important contributions to reducing the population growth rate although they did not meet the requirements of planned objectives. The crude birth rate reduced from 33.2 ‰ to 31‰ and down to 30.1‰ in 1975, 1985 and 1989 respectively. The total fertility rate declined from 5.25 to 3.95 and to 3.8 in 1975, 1985 and 1989 respectively. The population size changed from 47.64 million in 1975 into 67.24 million in 1991, increasing by 1.41 times as compared to the year of 1975.

The objectives to decline the population growth rate laid down by the Party Congress held in 1976, 1981 and 1986 respectively were not successful as the case of the birth-control movement. To make governmental agencies at all levels participate in the movement, the Government gave instructions but only the public sector, women and trade unions directly followed them while the others were outsiders, so the campaign did not achieve expected outcomes. Therefore, all levels of party organizations, local authorities should take their responsibilities to conduct PFP. They should not leave the whole work to the public sector or consider it as the task of professional branches.

However, the objective to lower the population growth rate restrained the program outcomes when it supposedly reduced by 1% providing that more than 5% of women at child-bearing age in a locality used IUDs. Moreover, the objective was also a major premise causing a one-method program, which was the condom, and a heavy burden placed on the women’s shoulders.

Despite the gained results, the PFP program, which was the one of great significance for the human development and socio-economic strategies, was not paid due attention to. In general, the economic and cultural development would create favorable conditions for people to accept small-sized families but it was not the case in the period when the country was sunk in a prolonged socio-economic crisis, some socio-economic policies had adverse effects on the program, slowing down the process of its reform.6

6. Extracted from the report of the NCPFP at the Nationwide Conference summing up 10 years of the family planning campaign (1979-1989).
THE PERIOD 1991-2000
A COMPREHENSIVE CHANGE

The period 1991-2000 marked a deep change in the society thanks to the political and economic renovation (Doi Moi) and fundamental changes of the PFP program in terms of contents, method mix, budget and organizational structure.

BACKGROUND

The renovation went down in life with the promulgation of various socio-economic policies, which made a lot of good effects. However, the socio-economic situation faced a great deal of difficulties, particularly the pace of economic development was not keeping up with the population growth rate. In 1991, Vietnam had a population of 67.2 million, in which a woman at child-bearing age had 3.8 children on average, the annual population growth rate was above 2%. If this situation continued, Vietnam’s population would double in thirty years’ time.

POPULATION POLICIES

During the period, PFP policies and strategies focused on the quantitative objectives through the planned targets assigned by the National Assembly on reducing the birth rate in one year and every five years, paying attention to the quality of RH/FP services, couples at child-bearing age living in rural areas, particularly in mountainous and isolated areas. The VI Party Congress specifies positions, roles and requirements to the PFP program as “to reduce the population growth is a national policy which should be developed into a big campaign to produce strong and profound effects on the whole people”.7

Chairman of the Council of Ministers Do Muoi addressed at the Conference on disseminating plans on PFP program in 1991

Rapid population growth was one of the major causes holding back the socio-economic development, making great difficulties for life improvement, negatively affecting intellectual, cultural and physical development of generations. As a result, in 1993 a Decision on PFP policies was promulgated in the fourth session of the Central Committee of the CPV (the VII Party Congress). It included five basic viewpoints on PFP policies, along with an overall objective as making the small-sized family with healthy children for a life of comfort and happiness and a specific objective as each couple should have one or two children so that an average family would have two children by 2015 in order to gradually stabilize the population scale from the middle of the twenty-first century, making great efforts to create significant changes right from the 1990s.

“PFP task is an important part in the country’s development strategy. It is one of the leading socio-economic issues of the county, a fundamental element designed to improve the quality of life for each individual, each family and the whole country”, “Neither organization nor individual is allowed to stand outside the campaign”.

(Extracted from Decision No.04-NQ-HNTW (the VII Party Congress) on PFP policies).

In order to carry out a state institutionalization toward PFP policies, the Prime Minister approved “the PFP strategy to 2000”\(^8\). The strategy emphasized that “in order to reduce the population growth rate, it is necessary to efficiently implement PFP, small-sized family with health children, civilization and prosperity which is the foundation of the Party’s human strategies, making important contributions to improving the quality of life for present and future generations”.

The VIII Party Congress in 1996 set forth the orientation for PFP work as “strengthening the system of organization in charge of PFP work; expanding FP service network down to grassroots level, particularly in the

\(^8\) Resolution No.270 of the Prime Minister dated 3 June 1993.
rural and mountainous areas; targeting at each couple having one or two children, the population growth rate under 1.8% by 2000, gradually stabilizing the population size by the middle of the next century”.

One synchronous solution system was implemented, in which leadership and organization served as prerequisite measures; IEC, PFP services and policies were basic measures; finance, logistics, training, research and management were conditional measures. In order to gain the planned objectives for the period 1991-1995 on PFP, these measures were introduced to three programs: the program on enhancing the capacity of management (VDS-01), the program on improving the efficiency of PFP services (VDS-02) and the program on the efficiency of communication and advocacy (VDS-03). An overall strategy was also put forward with an aim at implementing synchronous measures, focusing on rural areas, particularly three key densely populated areas (the Red River Delta, the central coastal areas and the Mekong River Delta).

Volunteer was laid down as a rule and PFP work was intensively introduced into socio-economic policies. During the period, some policies and regulations were formulated, ratified and implemented, which initially created favorable conditions and driving forces to promote the FP campaign among the people, individuals, families and community.

Some encouraging measures were introduced as giving priority to loans of production development, hunger eradication and poverty alleviation, employment generation; exempted public benefit labor; improving health and medical insurance for sterilized people, encouraging FP providers and so on. Besides, some other measures were not encouraged to do as cultivated land allocation on the basis of two-children family size; modification of housing policy in accordance with the number of people in a family and so on. However, much attention was paid to regulations targeting officials and collaborators in charge of PFP.

9. The 7th CPV Central Committee’s political report at the VIII National Party Congress.
Some steps were taken to make policies and regulations for collectives and individuals engaging in the PFP program as improving the awareness of officials and individuals in charge of PFP; regulations on technical improvement and encouraging officials in charge of clinical techniques; regulations on commendation and reward for communities striving for reducing the third child rate; commendation and reward policies for individuals and collectives having achievements or contributions to the PFP program. These policies brought into full play and mobilized a big number of people involved in the PFP program.

The leadership of the Party and local authorities at various levels was strengthened. After the fourth Central Decision on PFP policies and PFP Strategy to 2000 was approved, the Party and local authorities at various levels paid much attention to PFP in all aspects: promulgating decisions, instructions, action plans designed to carry out PFP; regular monitoring, assessment, reporting and reviewing, coordinating with various governmental agencies; assigning key leaders the task of taking charge of PFP work; dealing with proposals on budget investment, strengthening the management apparatus; integrating PFP targets into the socio-economic development plans as a criterion of competition or assessment of personnel etc.

We can affirm that PFP policy and strategy in the period have marked a significant change in PFP on contents, methods, budget and organizational structure. The PFP program has made a clear orientation and a sound step. An independent body was established to be in charge of PFP before the Government with a stronger commitment and significantly increased budget. It was the first time the Party of Vietnam set forth a Decision on PFP policies which brought about important results in the implementation of these policies and strategies. The campaign called “Stop at two children for a good education and rearing” has been widely spread and has received much support from the public, which is a demonstration for behavior and attitude toward accepting a small-sized family.

ORGANIZATIONAL STRUCTURE

To deal with the situation that PFP results were worse than expected targets set by three Party Congresses (IV, V and VI): The population size was too large (67.2 million in 1991), the average number of children per woman at reproductive age was 3.8, annual population growth rate was over 2%, the country could not get rid of big challenges of the rapid
population growth, a campaign on birth control was launched but did not gain high efficiency. In fact, only the Ministry of Health and mass organizations such as Women Union and Trade Union were involved, whereas, other ministries seemed to be outsiders. However, the organizational structure of PFP was improved significantly. Decree No 193-HDBT dated 19th June 1991 was issued by the Council of Ministers to establish the National Committee for Population and Family Planning.

The year of 1991 was a landmark in the first organizational structure responsible for PPF. The organizational structure was based on a model ensuring that different walks of life could get involved in the PFP program, also further enhanced responsible components/sections and agencies responsible for PPF entirely separated from the Health Ministry so that the Committee could give inter-sectoral instructions and coordination to all forces involved in PFP. The Committee was an independent organization directly under the Council of Ministers, with the large participation of ministries, governmental agencies and mass organizations, assisted by a Vice Chairman and divided into specialized sections.

In some cities, provinces, special zones directly under the Central Government, a Committee for Population - Family Planning was established directly under the People’s Committee chaired by the Permanent Vice-Chairman. In some provinces, a Vice-Chairman of People’s Committee were assigned to do this task and assisted with more officials.

In districts, wards and those of equivalent levels, a PFP Committees directly under People’s Committee was chaired by the Vice-Chairman of People’s Committee with one or two assistant officials. In communes, PFP was put under the People’s Committee’s responsibility, chaired by the Vice-Chairman and a number of professional staff. The organization apparatus of PFP in Ministries and social organizations were as follows:

Some Ministries carrying out a lot of PFP related work such as the Ministry of Health, the Ministry of Education and Training, the State Planning Committee, the Ministry of Culture, Sport and Tourism and mass media agencies had responsible sections consisting of qualified staff for advising the Ministries on PFP. Other Ministries, General Departments, subject to the necessity, arranged several capable staff in
charge to assist leaders in the area of PFP. In the people’s unions such as Vietnam Women Union, Youth Union, Farmer Union, Vietnam General Confederation of Labour, a unit of responsible or several position staffs capable for assisting leaders in population and family planning was arranged. In office and work places, PFP was considered to be important contents by the unit leaders, and the key leaders were assigned to undertake the responsibility and used the specialized sections for support.

From the experience drawn by the countries in the region, and after 30 years of the PFP program implementation with various models, the PFP network was consolidated and improved. On 21 June, 1993, the Government issued Decree No. 42/CP which superseded Decree No. 193/HDBT. The later one specifically stipulated the functions, tasks, powers, apparatus and working manner of a National Committee for Population and Family Planning. The contents of the Decree which were thoroughly grasped with the solutions to population and family planning organization under the Central Resolution IV are “strengthening Committee for Population and Family Planning from the centre to the grassroots levels. The standing agencies of the Committees for Population and Family Planning of different levels are arranged with sufficient responsible staffs who are qualified and closely related to branches, levels in managing and regulating the population and family planning programme implementation. The network for population and family planning must reach hamlets, villages, wards to provide communication on PFP and family planning services to the people.” ¹⁰

To implement this Decree, the network for population and family planning from central to grassroots levels was gradually consolidated and improved. At the Central level, the NCPFP was consolidated with more extended components than before, including representatives of several ministries, branches, unions and social organizations and headed by a Minister. The NCPFP consists of departments, specialized units and staffs are improved in both quality and quantity. Regulations for operating and coordinating are clearly identified.

¹⁰. Central Resolution IV on population and family planning policies
The structure organization of the NCPFP (in accordance with Decree No. 42/CP) consists of:
- Administrative Office;
- Department of Planning, Finance and Policy;
- Department of Communication and Education;
- Department for Family Planning Service Regulation;
- Department for Personnel and Training;
- Department of International Cooperation;
- Inspection Unit;
- Centre for Study, Information and Documentation.

The Steering Committees for Population and Family Planning of the Ministries, branches, unions were established with responsible sections or staffs for assistance. Beside the public sector, there was a responsible system instructing the family planning work in combination with caring for health of mothers and children from the Centre to district and organizations for population and family planning work of other branches, unions were gradually established. The branches with a great number of activities related to population and family planning such as National Defense, Education and Training, Culture and Information established the system for PFP from the Centre to the grassroots. The remaining branches also established Board for Population and Family Planning and provided responsible staff. Boards for Population and Family Planning were consolidated or established in such organizations as the Vietnamese Fatherland Front, Women Union etc.. The Vietnamese Family Planning Association was also founded and operated.

In localities, Committees for Population and Family Planning at provincial and district levels were consolidated or established with the participation of other branches and sectors. In 1990, only 13 provinces had full-time leaders for Committee for PFP (on average, 4.7 full-time staff were arranged and less than half of the suburban districts were provided a full-time staff), but by 1996, 53 provinces, cities and most of districts, had full-time leaders of Committees for PFP (on average, 13.2 staff in
a province and 3.5 in a commune responsible for population and family planning).

The PFP network at grassroots level consists of PFP boards with representatives from branches, unions of the Commune and boards were led by a Chairman of Commune People’s Committee. There is a full-time population and family planning worker in each commune receiving allowance and collaborators receiving little allowance, which is very low. They are responsible for IEC activities and motivating target groups to practice family planning, providing non-clinical contraceptives and recording changes of population data. It took 3 years to fill up with full-time population workers and collaborators in all communes, wards nationwide. The network consists of more than 10,000 full-time population workers and more than 122,000 collaborators in the villages, hamlets. In support to this network, there were a great deal of voluntary propagandists from organizations, unions such as Women Union, Youth Union, Farmer Union, Association of Veterans, teachers and so on.

The consolidation and improvement of the apparatus and staff for PFP, especially coverage of full-time workers and collaborators in all communes, wards, created extremely important premise for extending and developing PFP, making significant contribution to the success of the PFP program.

From 1991 to 2002, the NCPFP was a governmental agency of ministerial level (1992). It was the first time that after 30 years of operation, the PFP program was managed by an independent governmental agency. The system of provincial, district and communal Committees for Population and Family Planning was strengthened. The network of population and family planning collaborators in the hamlets, villages was established and developed. The NCPFP attended the International Conference for Population and Development in Cairo in 1994 as a committee responsible for PFP. With the spirit of “go to every lane, knock at every door, check every
target” to disseminate, motivate and provide contraceptives, PFP workers and collaborators in hamlets and villages were really the key force making the success of the PFP program.

By 2000, the network of provincial/city PFP Committees consisted of:

- **806** provincial staff, 14 per province on average
- **2,208** suburban district level officials, 4 per district on average with 2/3 of personnel, 1/3 under contract. On average, each commune has 1 full-time workers responsible with payment and 12 voluntary collaborators.
- **10,000** commune PFP officials.
- More than **147,000** collaborators in hamlets, villages.

**INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

IEC on PFP was comprehensively and systematically strengthened and carried out through various communication channels, extended in both scale, improved in quality, modernized in methods that helped to increase awareness and create consensus of the whole society on PFP, also increased the number of FP acceptors and supplied information to meet needs for free contraceptive choice.

IEC on PFP through mass media underwent a big change in quantity and quality. From a few mass media agencies infrequently involved in disseminating PFP information, there were more and more agencies participating in IEC on PFP. PFP contents were frequent on air of VTV, VOV, in big central news agencies, on 53 provincial radio and television stations, provincial newspapers, district and commune radio. Contents and forms of dissemination were more copious and interesting, suitable for different targets. Beside news and reports, there were a lot of shows, dramas, spots, questions and an-
swers etc. on air of central and local television and radio stations, as well as in newspapers.

Governmental agencies and social/mass organizations also actively participated in disseminating PFP, creating the synchronism in communication activities. Beside health workers, Women Union, Youth Union, Trade Union which have had great experience in PFP work, there appeared new forces such as the lecturers of Party committees at all levels, mobile teams of the Culture and Information Ministry, and other Ministries (Defense, Interior, Education and Training etc.), mass organizations (Association of War Veterans, Fatherland Front, Farmer Union, Viet Nam Family Planning Association etc.) that have influenced on different targets, regardless of ages, occupations, social status and religions. Especially, with the full coverage of PFP network in which full-time workers and collaborators, well qualified and equipped with appropriate communication documents and instruments, frequently came to all communes through the country to directly deliver the messages of PFP, more people accepted the family size with one or two children and practice family planning.

A lot of population communication models were designed and implemented to promote the strengths of every sector and branch and to meet each specific target group’s demand. Communication products in copious forms with high quality were directly provided to target groups, households and made available at counseling sites. Population education programs were carried out in the school system, professional education schools, training schools for the armed forces and social/mass organizations’ schools.

Billboards, posters on PFP were displayed in all traffic pivots, densely-populated areas, communes and villages.

Education programs on population was implemented at all levels of the school system, colleges, universities. The contents of population education were integrated into the curricular and through tests, examinations, extra-curricular get-togethers and club agendas. In universities,
teacher’s colleges, medical schools and so on. From 1992, millions of students were educated on population and millions of other students approached population education through extra-curricular programs, population education programs on VTV. In the armed forces, population education contents were introduced into the training programs for new soldiers, officers and commissioned officers. The implementation of population education programs helped to provide knowledge to lay foundation for the forming of attitudes accepting a small-sized family as a social norm among the young generation.

**REPRODUCTIVE HEALTH/FAMILY PLANNING SERVICES**

The network providing reproductive health and family planning (RP/FP) services was expanded in quantity and improved in quality from central to grassroots levels, along with the deployment of models providing services to households and users. Public RH/FP centers were upgraded in facilities, equipment, drugs while technical staff’s knowledge was improved to ensure good services accessible, convenient and safe for all target groups; the supply of contraceptives and essential drugs were improved to better meet an increasing number of clients’ needs for RH/FP with high quality.

There new provincial centers of maternal and child health care, 88 obstetrics at provincial hospitals, 627 inter-commune FP centers and 3,465 commune clinics were upgraded and built; and equipments were provided to 18 provincial centers of maternal and child health care, 187 district hospitals and 1,954 commune clinics. Channels distributing contraceptives, RH/FP services were diversified from free distribution to social marketing and free market. Public, non-public centers, mobile service teams, population collaborators and community-based contraceptive distribution have met clients’ needs and ensured the convenience, timely delivery of services and privacy. The network providing clinical FP services of the medical branch was expanded to get closer to the people, more convenient and safer for FP users, fulfilling the techniques of sterilization at district level, IUDs were provided in most of the commune clinics, thus, reducing the expense of
travel and complicated administrative procedures. Clinical FP services were made more flexible and easy to access, either at designated health facilities or by mobile FP teams.

Contraceptive commodities were provided mainly by UNFPA while the State tried its best to allocate budget to timely meet FP needs and avoid the shortage or stagnancy of contraceptives. Contraceptive methods have gradually been diversified: in addition to IUDs, the rate of using male/female sterilization, morning pills, condoms increased remarkably; injectable and implants were tested and have become more popular.

Some new FP services distribution channels such as social marketing, distribution by PFP collaborators, private sector and market have been launched, creating more favorable condition for FP users. Besides clinical FP service system of the Health Ministry, distribution channel by PFP collaborators providing non-clinical methods of condoms, morning pills has been carried out in all communes, wards. The social marketing program has been expanded and the number of private clinics – increased fast.

In 1991, the Health Ministry set up a Department called Department of Family Planning and Maternal and Child Health Protection (later called Department for Reproductive Health, or Department for Maternal and Child Health Care) and a network of FP-MCHP centers (renamed from “Station for Maternal and Child Health Protection”) and obstetrics of provincial and district hospitals, commune clinics providing FP services. In 1993, the Ministry issued Decree No 220/BYT-QD which defines the responsibilities of providing FP in the health system. In 2001, the Ministry issued Decree No 385/2001/QD-BYT dated on 13th, February, 2001 defining technical tasks in RH care in medical centers, therein, the competence of providing FP service of commune clinics was strengthened. The clinics were entitled to provide condoms, emergency oral contraceptives and injectables, to issue oral contraceptives for the first time by using a checklist. In the field of RH and FP, private health sector is also involved in most of the related services, such as pregnancy, IUD, infertility treatment and menstrual regulation.

Distributing FP documents to fishermen in Tinh Gia District, Thanh Hoa Province
Alongside with other effective PFP models of communication campaigns integrated with providing FP service were launched in remote, isolated and disadvantaged areas so that people are able to access on-spot FP information and services. This way brought about very good results, helped increase the number of people using FP in the campaign sites. Starting with 52 pilot communes in 1993, the number of communes implementing campaigns has risen rapidly, contributing to achievement of annual FP targets.

**RESOURCES**

The national PFP program has had its own state budget line from 1993. In this period, investment in the PFP program did not reach the minimum of USD 0.6 per capital per year, but was enhanced in the following years that created the driving force for PFP work in branches and localities. In 1995, the National Assembly ratified VND 245 billions form the Central budget source for PFP work, increased sixteen fold compared to 1991 (15 billions VND), nine fold to 1992, a year before the Central Decree IV\(^{11}\) was issued. In 2000, the investment capital reached VND 410 billions.

Many provinces, districts and communes with limited budget also added fund for this work. This manifested that the State has cared more about PFP work and exerted great efforts in, not waiting for foreign aids as previously. In this period, the State’s budget subsidizes all the expenses of contraceptive methods, FP services, campaign dissemination and promotion, professional training, management and study, salary and administrative activities of agencies in charge of PFP at provincial and district levels, pay for full-time population and workers and collaborators.

**TRAINING AND RESEARCH**

Special attention is paid to training and education with a view to equip knowledge and improve professional skills for the contingent of personnel in charge of PFP in order to maintain scientific and practical basis in management and implementation activities of PFP work. From late 1990s to 2000, the National Committee for Population, Family Planning (NCPFP) has had collaboration with the Population Center (the Institute of Population and Social Affairs, currently) of Hanoi University of National Economy and the Population Center of Ho Chi Minh Economic University (the

Institute of Human Resources Development, currently) to provide 39 basic three-month training courses on population for 2,350 population personnel from central to district levels. In addition, officials in charge of PFP work from central to district levels were provided with training courses specialized in their professional studies through postgraduate programs, English and information technology courses. A large number of officials were sent overseas to study. Providing training courses to officials working at commune level and collaborators in charge of PFP in hamlets, mountain villages were assigned to the Committees for Population, Family Planning at provincial level. Annual training courses were also given to them to improve their knowledge, management skills in the implementation of PFP at grassroots level.

In order to maintain scientific and practical basis for the implementation of activities and management in the PFP program, scientific studies were strengthened with research projects at national and ministerial levels, particularly giving prominence to interactive studies through the combination between basic and interactive studies, assessment and intensive studies on PFP. A great number of research projects and surveys were conducted, giving scientific grounds which were necessary for the management, assessment on the program with a view to carrying out IEC more effectively and diversifying contraceptive methods.

A lot of progress was made in collaboration with domestic institutes, between domestic and international institutes. A Scientific Council on Population, Family Planning was established, including scientists in charge of PFP and related fields. Scientific research was effectively managed. Good appraisal
was given to a number of research works making contributions to planning and adjustment in PFP policies in accordance with the socio-economic development of the country.

**MODES OF MANAGEMENT**

PFP requires inter-sectoral coordination by nature and needs to be implemented at grassroots level. Given that the combination of responsibilities taken by various local authorities has great effects on the success of the PFP program, such a reasonable mechanism may be vital.

During the five-year plan (1991-1995), the national program was formulated by three major programs: Program on improving management capacity of the organizational system (VDS 01); program on promoting, improving the efficiency and quality of FP services (VDS 02), program on enhancing IEC efficiency (VDS 03). They covered all activities of the PFP program, taking it as a ground for making plans, supervising and monitoring the program. Targets assignment and budget allocation began to take shape in accordance with the national target program.

Since 1993, budget allocation has been made with transparency. Majority of total budget was allocated to localities at the beginning of the year (90% in 1993, 95% in 1994 and 1995) according to the National Targeted Program, and activities are implemented through the responsibility contract between PFP offices and governmental agencies, social/mass organizations at central and grassroots levels to undertake different components of the program.

The management mechanism of the national target program defines: All resources are gathered at the central level, then allocated to organizations in charge of the program to manage. The organizations in charge of the program set up goals and tasks and allocate corresponding budget to realize objectives and tasks of each branch and locality. Responsibility contracts are signed and budget is provided on the basis of functions, tasks and abilities of organizations, institutions as well as the rate of progress and achieved results. The settlement of budget is done according to results achieved. The responsibility contracts ensure systematic coordination, the entire society’s participation and effective usage of investment resource for the PFP program.

The management mechanism has some advantages: 1) the budget is granted to grassroots levels where PFP activities take place; 2) Clearly decentralizing the management responsibility between the central and local levels, in which the central government is responsible for public
budget allocation, defining objectives and setting up standards for activities, while local level is in charge of concretizing objectives, mobilizing functional agencies to monitor the budget management; 3) Local level would mobilize more funding to achieve higher goals; 4) Budget settlement is more transparent and faster. The mechanism of management according to the national target program though responsibility contracts has been widely accepted.

**INTER-SECTORAL CO-ORDINATION**

The role of leadership and instruction on PFP was highlighted in activities coordination among sectors, branches and organizations. In general, the coordination among branches and organizations in PFP was good, with great efforts of involved parties.

PFP achievements in this period were gained thanks to the significant participation and contribution of ministries, branches and organizations, along with people’s support. The real involvement of ministries, branches and social organizations made PFP become one of key issues in their agendas. Vietnam Women’s Union organized movement of women-not-having-the-third-child clubs; the Youth Union launched the movement of 3 goals at grassroots level (no early marriage, not having a child too early or too close between children); Vietnam Farmer’s Union had the movement of 6-standard farmer family. Mass media agencies, artists contributed to this work by articles, works of art which set up good men, good deeds and good models etc. The active participation of sectors, branches and organizations in PFP created uniform and nationwide emulation movements towards PFP goals, at the same time, creating the diversification, copiousness, vividness and
effectiveness of PFP emulation movements through the country.

For this period, the Party Committee and authorities at all levels led, instructed and mobilized all forces of the entire society to take part in PFP work, especially the Party, the National Assembly, People’s Committee, Fartherland Front, Women Union, Youth Union, the VietNam General Confederation of Labour, the Association of War Veterans, and ministries, branches at central and local levels.

RESULTS

The achieved results in PFP in the period 1991 – 2000 were very great, especially the dramatically change in awareness and realization of the birth control solutions. So as to acknowledge the achieved results, the Communist Party and the State decided to offer National Committee for Population and Family Planning First Class Labour Medal, who represented the entire system of PFP. Vietnam was awarded with the U.N. Population Award in 1999. This was the acknowledgement for the achievements that Vietnam had made and commitment to addressing population and development issues.

The results of PFP programs and policies have been achieved ahead of the set targets. If the crude birth rate decreased by 0.71‰ on average in the period of 1961-1975 and reduced by 0.19‰ in the period of 1975-1991 and nearly no reduction in the years of 1985-1992, since the enforcement of Decree No. 04-NQ/HNTW, the crude birth rate fell sharply, from 30.04‰ in 1992 to 19.17‰ in 2000 and, on average, up to 1.35‰ annually. The total fertility rate rapidly fell from 3.74 children (1 April 1992) to 2.28 (1 July 2000), 0.62 lower as compared with the set goal of 2.9 children in 2000. The rate of third child rapidly decreased from 45.7% (1 April 1993) to 21.7% (1 April 2002). The crude death rate declined from 7.3‰ (1 April 1989) to 5.7‰ (1 April 1999). The population size increased from 67.24 million people in 1991 up to 77.64 million in 2000, 4.36 million lower as compared with the set goal of 82 million in 2000.

The rate of CPR increased fast in this period, from 53.2% in 1988 up to 65% (1 April 1994) and 73.9% (1 April 2001). The average age of first marriage, first baby, space between births all met the targets set by the campaign.

In the period of 1991-2000, precious lessons have been drawn:

Population and family planning policies should be closely linked with economic, social policies and made suitable with expectations of the public.
Strong political commitment of the Party, State and local authorities. Socialization of PFP work.
A strong full-time organization and a PFP network at grassroots level. Ensure adequate investment in PFP. Work out important principles of the mechanism of the PFP programme management.
Ensure the safety and accessibility to family planning information and services.
Scientific study necessary to program management.
International cooperation is necessary in the field of PFP.

Late Prime Minister, Pham Van Dong – Former Head of Steering Board for Birth Control – remarked: “Over the past years, we have considered population and family planning as a kind of propaganda, campaign with a rather simple awareness that if we just talk about morality and benefits of PFP, they would listen and do what we want. We have paid too much for this blamably serous mistake. Now, we are implementing population and family planning from the central to grassroots level with a well-organized network and carefully prepared plans, full-time personnel, relevant methodology, facilities and monitoring to timely make correction to mistakes or errors.

Population and family planning is among a series of the top ranking issues of the nation. The responsible people should find them convenient, harmonious and supportive because they are the issues of culture, people’s intellectual standards, family happiness and country prosperity, health and intellectual matters of the nation in the future. Having said that, we should be aware that everyone needs to pay due attention to PFP. After the recent mistakes, we should completely give up idle talks – the more loudly we speak, the emptier it is and the things to do must be practical, thoughtful – and finally must work with the concerned people: Couples who will be or are in the pregnancy should be clearly explained and shown methods and means which they find suitable. Enduring and clever efforts are required to make the wife as well the husband agree to strive for the above goals with short and long term benefits for themselves and society.”

THE PERIOD FROM 2001 TILL NOW
FURTHER SUCCESSES TO BE MADE

The period from 2001 till now has seen marked with initial achievements in addressing population issues comprehensively. The IX Communist Party Congress’ Resolution has determined: “Population policy to control the size and quality of population growth consistent with the requirements of socio-economic development; to improve the quality of reproductive health services and family planning; and to deal with the relationship between rational population distribution with population management and human resource development”\textsuperscript{13}.

BACKGROUND

After 7 years of implementation of the 4\textsuperscript{th} Central Resolution of the 7\textsuperscript{th} Party Congress on PFP policies, with the close direction of the Party and Government, the active participation of the Fatherland Front, mass organizations and the strong response of the people, population and family planning policy has really come to life and achieve important results: Awareness of the whole society has witnessed a marked improvement, with a family size of one or two children are more widely accepted; rapid population growth rate has been controlled, the average number of children a woman of childbearing age decreased from 3.5 children in 1992 to 2.28 children in 2002, population growth rate decreased respectively from 2\% to 1.32\%. Population and family planning work has contributed very significantly to the socio-economic development, income per capita annually, poverty alleviation and improving people’s living standards. However, after 2000, the implementation of population and family planning policies and the decline leveled off in 2003 and 2004, negatively impacting on the movement of family planning and delaying time to reach the replacement level of fertility.

POPULATION POLICIES

Turning into the 21st century, when the fertility replacement level was nearly reached, we should not only focus on addressing the popula-

\textsuperscript{13} The IX National Party Congress’ Document, National Political Publishing House, 2001
tion size, but also all other population issues in a comprehensive man-
ner in order to ensure achievements. PFP policy and strategy during the
period are reflected in a number of important documents of the Party,
National Assembly, the Government, the Prime Minister.

The 9th Party Central Committee’s Resolution affirmed “Population
policy is to control the size and quality of population growth consistent
with the requirements of socio-economic development; to improve the
quality of care in reproductive health - family planning and deal with the
relationship between population distribution with a reasonable popula-
tion management and human resource development” 14

**Overall objective of population policy and strategy:** Achieve a
small and healthy family, stabilize suitable population size to bring about
a happy and prosperous life; increase the health status and wellbeing of
population, develop high – quality human resource to meet the demand
of industrialization, modernization, and distribute to the stable and rapid
development of the country.

**Specific objectives:** “To
maintaining the trend of fertility
decline steadily to reach replace-
ment level in the national average
in 2005 at the latest, in the remote
and poor areas in 2010 so that pop-
ulation size, population structure
and population distribution are con-
sistent with human development in-
dex (HDI), which will be ranked
the middle in the advanced world by 2010”.

Based on five points of Resolution No.4, the 9th Meeting of Party’s
Central Committee, and the Decision No.147/2000 of the Prime Minis-
ter on fully widening the objectives of population policy and strategy:
Formulating methods comprehensively, gradually to harmonize relation
between population quality and quantity with human resource develop-
ment, population distribution and emigration with socio-economic de-
velopment. It was also the main mission of population work.

Resolution No. 47-NQ/TW viewpoints identified are (i): Continue
thorough and resolute implementation of the basic resolution of the

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Fourth Conference of the Party Central Committee, Session VII on population policy and family planning: striving to achieve sustainable the population size, and gradually improving the quality of Vietnam’s population, (ii) The whole Party and people consistently pursue the policy each couple has only one or two children to have good conditions for raising children (iii). Cadres and Party members lead exemplary implementation of population policy and family planning.

Vietnam Population Strategy 2001-2010 and the National Strategy on Reproductive Health 2001-2010 were designed with new orientations in the spirit of the International Conference on Population and Development 1994 in Cairo (ICPD), mounted in population and reproductive health more closely with business to reduce poverty and ensure people’s right to reproductive health.


“The population branch in particular, and all people in general should try to make the population become one of fundamental issues for socio-economic development of our nation”.

*President Nguyen Minh Triet* talked on public sector and population work with Society and Family Magazine on the occasion of Canh Dan Tet in 2010.

The Vietnamese Government enacted the Decree No.104/2003 on September 16th, 2003 on particular stipulation and guidance of implementing some articles of the population Ordinance. According to the Decree, population policy objective is to aim at stabilizing population size, insuring population structure, distributing population sensibly and increasing the quality
of population. The Decree also prohibits obstructing or forcing in family planning services (the article 9) and fetus sex choice (the article 10). It can be saying that the Decree helps Viet Nam’s PFP policy end the time of forcing people to encouraging the willing of people in family planning work.

Scope and object implementation of population and family planning is extended to all classes of comprehensive population and to all agencies, organizations, units, community focus groups in the reproductive age group adolescents and men, focusing in areas of socio-economic conditions difficult and extremely difficult, deep, remote, poor areas. A uniform system of measures and policies and strategies include: leadership, organization and management of communication - behavior change education, reproductive health, family planning and raise the quality of population information and data residents and enhancing people’s knowledge, strengthen the role of family and gender equality mechanisms of socialization and policy, finance and logistics, training and research.

The population and family planning policies have been issued fairly complete from central to local government for the legal environment as well as the incentives and conditions to attract the participation of society in response, to implement Population Strategy 2001-2010.

**ORGANIZATIONAL STRUCTURE**

During this period, there has been some changes in the organizational apparatus working in the field of population and family planning from central to local levels: for the period of 1992-2002, it was named as The National Committee for Population and Family Planning and for the period of 2002 - 2007, it was named as The Vietnam Commission for Population, Family and Children which was combined from the National Committee for Population and Family Planning and the Vietnam Committee for Child Protection and Care, with an additional function, that is to be in charge of family issues. Ac-
Accordingly, the PFP system from central down to district level and related bodies in charge of population, family and children issues in some ministries are also rearranged as in the model at the central level.

On July, 31st 2007, the Resolution No.01/2007/QH12 on the dissolution of the Vietnam Commission for Population, Family and Children (VCPFC) was enacted at the 12th session of the Vietnam National Assembly. With this Resolution, the function on state management of population and family planning work was undertaken by Ministry of Health (MoH). The General Office for Population and Family Planning was set up under MoH to help the Health Minister to manage PFP program at state level\textsuperscript{15}. During this period, some officials working on PFP program from the central down to grass root levels became pessimistic and unstable in their thinking. Therefore, beside fulfilling the task of transferring the whole original organizational apparatus, personnel, infra-structure, and equipment (such as: cars, administrative equipment) of PFP system to the receiver agencies that is Ministry of Health, Ministry of Labor, Invalids and Social welfare, Ministry of Culture, Sport and Tourism, leaders of MoH and of the General Office for Population and Family Planning (GOPFP) had to stabilize the PFP organizational structure, including over 10,000 part-time staff contingent and about 15,000 collaborators who are directly working at local level, as well as to arrange relevant qualified leaders to work at local levels for the PFP program. Thanks to the leading and guidance of the Party Advisory Board and Leaders of Ministry of Health, the Inter-branch Circular 03/2008 on guidance on the function, tasks and organizational structure of health bodies was issued on April, 25th, 2008 by Ministry of Interior and Ministry of Health, in which, there are PFP organizational apparatus at provincial and district levels. And the Circular No.13/2008/ND-CP and Circular No.14/2008/
ND-CP on PFP bodies at provincial and district levels. Later, on 14 May 2008, MOH issued the Circular No.05/2008/TT-BYT to provide guidelines in details on the function, tasks and structure for the Offices for Population and Family Planning (POPFP), under Department of Health at provincial level, and the PFP centers at district level as well as regulations on PFP workers to be health workers at Commune Health Stations and on PFP collaborators working at village level.

During this period, there were a lot of difficulties and challenges that had to be solved timely and effectively. Until May, 2008, 57 out of 64 provinces and cities received Decision on their dissolution and accordingly, their functions, tasks and organizational structure of personnel were merged into Department of Health in different models. The reality is that the information was interrupted between provinces and cities, the information collecting and analyzing are postponed, (the fluctuation of PFP staff is about 20-25%). Especially, the PFP infrastructure, equipment (offices, cars, master computer, PFP data base storing computers and other equipments) were withdrawn and then moved to other branches. 16 provinces received Decision or Plan on transferring all the building, infrastructure equipment and personnel of the Provincial Committee for Population, Family and Children (PCPFC) and PFP Service Advisory Center (a professional body of PCPFC) to other branches, including Party Committee of Enterprises, Department of Industry and Trade, Department of Communication and Information, Co-operative Union, and Provincial Magazine Offices. Moreover, in many provinces, some of the cars which used to be means for PFP communication which was provided from the Population and Health Project, a loan project of the World Bank were also transferred to other offices. The PFP data base includes more than 600 communal information, IT equipment (each commune has one master computer and two workstations) for managing the information set up by VCPFC for many years were transferred to health sector. Consequently, PFP data base which was sophisticatedly updated for so many years was interrupted and partly lost.
The relevant agencies at central level which had the authorization to formulate guidelines on the operation of the new organizational structure was somewhat slow in their response. Moreover, the guidelines on roadmap and specific activities were provided not very clearly, leading to confusion and differences in understandings during their implementation. There was a number of people, including Communist Party members and officials misunderstood about the dissolution of the VCPFC and believed that the PFP program ended, leading to the neglect for the program. PFP staff also felt unstable in doing their work. Many people had experience but were not specialized in PFP felt very anxious and wanted to change to other offices. The same things happened at district level, leading to the “lack” of qualified and experienced staff. Some PFP officials at commune level and collaborators were waiting for other assignments or waiting for permission for leaving. The rate of using contraceptive services decreased in comparison with the same period of last year, leading to the increase of population growth rate in late 2007 and 2008, the third child rate and fertilizer rate increased fast in some local areas. Especially, the reality of officials and Communist Party member having third child is rather popular in local areas, severely affecting the PFP program. The target set by the National Assembly for two years were not met (in 2007, the fertility decrease rate was 0.20‰ and 0.22‰ in 2008, despite the decrease of crude birth rate and total fertility rate).

In response to this situation, the Party Advisory Board of Ministry of Health actively updated the reality and timely reported to the Prime Minister. The Task force from Ministry of Health (led by Deputy Ministers) visited many provinces in order to understand further situation and timely made relevant decisions and guidelines. The Secretary of Party Advisory Board issued a Document No, 73/BCSD on January 14th 2009 and sent it to the Party Secretary of provinces and cities on the further consolidation and stabilization of the organizational structure and the operation of PFP offices. The Prime Minister timely and strictly led them in undertaking appropriate actions to help stabilize PFP working system.

The PFP staff at provinces, districts and communes set up in 2009 have now been strengthened into PFP Steering Board to lead and operate activities of mass organizations, relevant line ministries and branches, creating comprehensive strength in PFP work at local areas. The population collaborator contingent at all areas of communal subdivision, villages, population groups are to make propaganda and implement activities, collect information and statistics as well as provide non clinical contra-
ceptive services to households. They also are the examples for people to follow in the PFP program and to be the core force in The PFP program.

Under the guideline of the Party Advisory Board, and leaders of MOH, the GOPFP, since its establishment has developed projects on PFP mechanism/organizational apparatus so as to submit them to higher levels. These include:

- Set up and implement the supporting mechanism for PFP cadres who are out of work due to restructure of PFP system.
- Set up and implement the preferential mechanism for PFP workers.
- Allowances for PFP leaders.
- Define the rank code, title and professional standards for PFP officers.
- Define the number PFP Center staff on the pay roll.

The General for Population and Family Planning (GOPFP) focused on coordination with related agencies and local branches to stabilize the PFP staff at commune levels. So far, there have been 45 provinces setting up the norm of recruiting and taking officials to the workforce in communal centers. The Decision No. 612/QĐ issued by Prime Minister on May 6th 2010 has been materialized at district and town levels to add more allowance to those who are out of work due to the reorganization of PFP system. Other documents have been issued and taken into force, including: Decree No. 56/2011 formulated by the Government on July 4th 2011 which regulate the preferential allowance framework for public servants and officials in state-owned health center; the Decree No. 10/2011 issued by MOH on February 25th 2011 which provided regulations on paying roll in PFP centers at cities, districts, communes Decree; the No. 10/2011 issued on August 4th 2011 by Ministry of the Interior which define the title, rank code of population officials…

The local PFP officials mainly act as advisory force to help establish the regulations on working and coordinating with other agencies to deploying the PFP program as well as suggest the supporting policies for local PFP staff.

**BEHAVIOR CHANGE COMMUNICATION**

The education, campaign communication work on PFP has been comprehensively promoted at all three important corners including policy propaganda, behavior change communication and community union reinforcement at levels, which comes to unity in society. The contribution of mass organizations, branches, organizations in persuading
people on The PFP program under different ways make the regular activity of communication at all resident areas and in all times. The Central and local mass media have widely reflect the content of Viet Nam Communist Party and Government’s law and policy, information on PFP program as well as take examples of good people and practice and criticize the weakness, violation on PFP. Therefore, more and more people in the public show their concern about the campaign.

The direct communication has been converted to diversify the behavior change in copious ways. The activities of nearly 7,823 grass-root clubs have been implemented such as: meeting organization, talking about selected subject, operating mobile campaign, watching movies, singing and dancing...

The population communication models have been promoted on the base of developing the strength of each branch, union and suitably approaching the population group. The communication products have been designed and built up in various ways, with numerous quantity and increasingly enhanced content and face.

The communication campaign in line with reproductive healthcare and family planning services have been organized in about 7,000-8,000 severely populated area of high birth rate and high third child rate as well as in remote area. It has been attracted leaders of Party boards, local authorities, the participation of branches and unions, support from public people. The result of these campaigns that reach 50-70% of annual target on the number of new people using modern contraceptive methods has greatly contributing to decrease the birth rate.
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Population education, sex education and gender equality have been taken into main courses, extra curricular at secondary school, vocational schools, military force training ones, professional and political centers of unions, agencies.

The information management system, data base on population-family planning, taking note mechanism and statistic reports have been developed and computerized to regularly collect, update the changes on population and PFP work, as well as to protect the information on the exact and comprehensive way. The PFP report template system has been effectively applied from central to local levels. The information about the PFP has been regularly taken into the Hand list by the glass-root population collaborators. The Summary Committee on statistic work at ministerial level organized by the Ministry of Planning and Investment in January, 2008 showed the evaluation that “The statistic system on PFP helps to make timely and good professional reports. We should reinforce and develop the system to minimize the shortcomings. The PFP information managing system actively support all levels in elector listing, as well as the Population census in 2009 in households mapping, distributing the investigators to each site of suitable households. The PFP information managing system has gradually computerized by setting up the electric data base from Central to district areas, the software of data base as well as supporting IT equipment, educating officials at all levels on database management.
The database on Vietnam’s population was given the IT reward in 2010. The system of superiority function has contributed to data synthesis, exchanging, storing, managing information as well as predicting demography…to The PFP program.

**RH/PF SERVICES**

The public RH/PF service system has been strengthened and developed at the same time with implementation of the service model provided to households and individuals, priority is given to couples in reproductive age in populous areas with fluctuate fertility rates, areas with high fertility rates, and areas with very difficult socio-economic conditions. Public RH/PF facilities are invested to be upgraded in terms of infrastructure, equipment, FP tools to ensure that all groups can have an easy, convenient and safe access to services. This includes social marketing, community-based distribution, staff and commune population motivators, and PF mobile teams. Up to now all provinces/cities have RH centers. The majority of district health centers have RH care wards, and almost commune health stations have FP services units with technical standards. 100% of district and most of commune health facilities can provide qualified services. Presently, there are 12 gynae-obstetrics hospitals. On the other hand, there are many private health facilities. Two gynae-obstetrics hospitals provide RH/FP services.

RH/FP service providers at all level receive training and refresh training on a regular basis. Most midwives, pediatric... and grassroots health workers are trained and have basic skills about RH/FP care according to national standards. Commune population officers and motivators are provided with training on knowledge, skills and practice of providing counseling and non-clinical methods in communities. After the MOH issued the National Standards on FP services, within 4 years (2006-2009), 4,888 district and 2,992 commune participations were trained following these Standards. 1.313 provincial and district health staff were trained on
implanting and injecting techniques. 2,011 provincial and district health workers, and population/FP workers were trained on management of FP services. 31 provinces without big projects were given training on monitoring and monitoring support.

The quality of population is mentioned for the first time in the Population Strategy 2001-2010 and the Party’s Resolution 47-NQ/TW with general solutions. Several models have been studied, piloted and applied such as sperm bank and IVF; premarital counseling and health check; prenatal and neonatal screening to detect and provide early treatment of congenital malformation, metabolism disorder; interventions for minimizing genetic defects, hereditary diseases, malformation.... Some models are being studied and piloted including interventions to reduce early and consanguinity marriage; interventions to reduce negative impacts of social factors to race quality; counseling and health care for the elderly; premarital counseling and health check.

Based on grassroots population motivators, the NCPFP, then VCPFC and now GOPFP has actively involved in providing non-clinical methods. Contraceptive methods are being provided through both channel health and population. It is seen contraceptives are available and convenient for users if there exists an effective collaboration. On the other hand, an ineffective collaboration can make some oral pills or condoms unavailable for some certain time and at some health facilities. Currently, the family planning service network is under the MOH.

Family planning services are mainly provided at professional health facilities of all levels and by population motivators. VCPFC and GOPFP have initiated Communication and RH service Campaign with collaboration of health sector (responsible for technical practice) and Women’s Union (advocacy). This is a kind of mobile service to provide family planning communication, gynecological examination for women and advocacy for couples to accept contraception. Generally, each commune conducts one or two campaigns depending on financial allocation from NCPFP, then VCPFC and now GOPFP with human resource from MOH.

**RESOURCES**

The government provides funding on contraceptives, family planning services, communication, advocacy, incentives, training, management and operation research, payments for motivators and commune population officers. Investments on population has been gradually increased.
Between 2001-2009, family planning investment remained below 0.6 USD/person/year but kept increasing annually, from 320 billion VND in 2001 to 561 billion VND in 2005 and 710 billion VND in 2009. Each year an average of 30 billion VND from provinces had been added to the program.

**TRAINING AND RESEARCH**

Staff training and refresh training has been strengthened and promoted to respond to PFP work. Staff training has been strengthened and improved to ensure PFP work. Technical training curriculum are developed covering all issues. Training courses, materials, technical guidelines and PFP management have been developed for officers from central to local levels, especially the 13-volume training set on PFP communication was developed by VCPFC in collaboration with UNFPA. Training curriculum and materials on population (Demography, Population and Development, Population statistics, Family planning management, Public administration of PFP, Advanced material on population, Training material on PFP for commune officers...) were developed and published. Technical training and management for PFP staff at different levels are decentralized as: central level provides training to provincial level, provincial level to district and commune level.

In 2010, the Ministry of Education and Training approved the framework of the secondary Pop/Health training materials with a training code. The Ministry of Health approved the Pop/Health elementary curriculum. Some provincial colleges and secondary health schools are about to conduct secondary training on population and health, meeting needs of local population workers. The BA public sector with population orientation is under way for assessment in order to obtain PFP staff training according to title scale for civil service employees and officials. The continuous and orientation training program on PFP are being revised. Professional training programs has been revised and finalized to meet the PFP tasks in this period.

*Closing ceremony of the 12th PFP training course conducted by the GOPFP in collaboration with the Institute of Population and Social Issues, National Economics University*
Scientific research contributes to find out weaknesses and select solutions for timely adjustment. It is necessary to integrate research and reality, conduct different types of research, use available research outcomes, promote ability and take full advantage of international support to achieve qualified researches. International cooperation helps learn and share experiences, train staff and support funds. Research results provide basis for developing and finalizing and revising population policies and integrating PFP policies and socio-economic policies to create resonant impacts in implementing PFP policy targets. A number of studies in this period have been approved and appreciated, such as Evaluation of the Viet Nam Population Strategy 2001-2010; Evaluation of intervention policy and RH programs for ethnic groups; Assessing the implementation of the social marketing strategy for contraceptives and HIV/AIDS 2001-2005...

**MODES OF MANAGEMENT**

The implementation of PFP policy and strategy is carried out through the National targeted PFP program designed for each five-year plan. The program in the period 2001-2005 comprises of 9 component projects: 1/ Behaviour change communication; 2/ Campaign integrating communication and FP/RH service provision in difficult areas. 3/ Improving quality of family planning services; 4/ Ensuring logistics and contraceptive social marketing; 5/ Developing policy and improving management capacity; 6/ Improving quality of the PFP management information system; 7/ Raising quality of the population; 8/ Integrating PFP and sustainable development; 9/ Developing communication counseling facilities and population register.

The targeted program in 2006-2010 includes 6 component projects: 1/ Behaviour change communication; 2/ Improving quality of family planning services; 3/ Ensuring logistics and contraceptive social marketing; 4/ Improving management capacity; 5/ Improving quality of the PFP management information system; 6/ Raising quality of the population.

The program offices follow the same management mechanism of human resources get open financial allocations at the beginning of the year.
Central and local levels are assigned with specific responsibilities. Focus is paid on human resources at local level. Budgets are used in form of contracts between program offices and PFP implementers. The working mechanism of the program in this period changes in line with decentralization so that ministries and sectors can implement program tasks and provides additional budget for provinces/cities to carry out program tasks under their management.

**INTER-SECTORAL COLLABORATION AND SOCIALIZATION**

Good implementation of PFP policies contributes to raise people’s life. So objective and PFP policy should be in accordance with functions, tasks, principle, and objectives of all sectors and social organizations and bring direct benefits to members of organizations. Therefore, sectors and social organizations have been very active to participate with high responsibility. FPF work has become one of important activities of these sectors and social organizations. PFP issues have been integrated in community regulations and convention and activities of these sectors and social organizations. The number of civil societies, enterprises and individuals involving in PFP work in terms of communication, and service provision, and providing material contribution to PFP practitioners is increasing. Non-clinical contraceptive social marketing and participation of private sector in providing FP services is expanding, Contraceptive marketing, expanded RH services, and increasing self-reliant payment are becoming common. Family planning movement has been strengthened and promoted.

**RESULTS**

The population of Viet Nam in 2007 was 77.6 million. It increased to 83.1 million in 2005 and 86.92 million in 2010, reaching the Strategy target that set below 88 million. Within ten years (2001-2010), the population increased by 11.2 million. Population growth rate declined from 1.28% in 2001 to 1.17% in 2005 and 1.05% in 2010, ahead of the target at 1.14% by 2010.
From 2000, fertility rate has slowly declined and fluctuated by year. TFR dropped to 2.28 in 2002, and 2.1 in 2003 and increased to 2.23 in 2004, then decreased to 2.11 in 2005, 2.07 in 2007, and 2.00 in 2010. CBR increased from 18.6%o in 2001 to 19.2%o in 2004, and decreased to 17.1%o in 2010. Fertility reduction in five years from 2006 to 2010 was 1.5%o, an average of 0.3%o per year, ahead of the target at 0.25%o annually in this period.

The proportion of third births and over declined from 21.7% in 2002 to 20.8% in 2005, 16.7% in 2007 and 15.1% in 2010. Although in 2003-2004, Party officials and government employees in many provinces had more third births and over.

Contraceptive prevalence rate increased from 73.9% in 2001 to 76.8% in 2005, 79% in 2007 and stood at 78% in 2010. This CPR is high and similar to that in developed countries (75% on average). Modern contraceptive methods increased from 61.1% in 2001 to 65.7% in 2005, 68.2% in 2007 and 67.5% in 2010, lower than the Strategy target at 70%. As CPR slowly increases while the number of women aged 15-49 keeps increasing from 9,520 thousand in 2005 to 10,670 thousand in 2008 and 11,120 thousand in 2010. This number will continue to increase and reach its peak after 2020.

Contraceptive method mix has become greater. New methods such as DMPA and implant which were on trial during 2001-2005 have been used nation-wide. From 2000 to now, two long-lasting methods namely sterilization and IUD tend to decline. Between 1996 and 2000, there were more than 120,000 sterilization users each year. This figure was 31,000 annually in the period 2006-2007.

Abortion rate continues to decline from 1.7% in 2001 to 1.0% in 2005 and 0.9% in 2008, lower than the strategy target at 0.6% in 2010. The abortion rate suddenly increased to 1.7% in 2003 compared to 1.1% in 2002 and by 0.2% from 2007 to 2008. Complication rate due to abortion is low with 2.9%, but standards and technical process for safe abortion haven’t been correctly followed.

Sex ratio at birth is on the rise during 2000-2005 and keeps at high level at 112 in 2007, similar to that of China in the 1990 when this country experiences skewed SRB. Nine provinces/cities have a very high SRB with 115-128. In addition, the number of Vietnamese women married to foreigners increases that will worsen this skewed SRB with more man than women in the coming years.
The human development index continues to increase, but still lower than some other countries in the region and far behind industrial countries. HDI value increased from 0.671, raking the 108th among 177 countries in 2000 to 0.704 raking 108/177 (2005), and 0.733 raking 105/177 2008, (new calculation gives a score of 0.718). HDI is expected to achieve the Strategy target at an advanced average level (0.700-0.750). It noted that HDI increases in all three component factors: GDP, life expectancy and education index.

Live expectancy of the Vietnamese people is relatively high, increasing from 68.5 years in 2000, to 72.0 in 2005 and 73.2 in 2010, ahead of the Strategy target at 71 years. Maternal mortality rate declined from 95/100,000 live births in 2000 to 80/100,000 in 2005 and is expected to achieve the Strategy target at 70/100,000 in 2010. Infant mortality rate rapidly reduced from 31.2‰ in 2000 to 17.8‰ in 2005 and is expected to be 16‰ in 2010, ahead of the Strategy target at below 20‰ in 2010. However, IMR remains high is some areas with 25-34‰. Prevalence of STIs and STDs including HIV/AIDS is a matter of concern. Although life expectancy is high, healthy adjusted life expectancy is still low with 58.2 years, ranking the 116th among 174 countries [WHO, 2002].

Physical aspects of the Vietnamese people are limited. Under-five malnutrition rate reduced from 33.8% in 2000 to 25.2% in 2005 and 21.2% in 2007. This rate is still high in some areas with 30-35%. There are about 6.3 million disabled persons, making 6.3% of the total population. And around 1.5% of the population have physical and mental defects, this figures keeps increasing by year. Adolescents and youths are small and weak.

Migration is complicated and on the rise, especially the rural-urban migration and the flow to industrial zones are common and difficult to control. Migrants find it hard to execute their rights and duties, and have difficulties in life, accessing basic social services, particularly health, RH/FP services. Population management is inconsistent among ministries and organizations. Since 2007 the population register and development of the national population database has assigned to the Ministry of Public Security, 3 indicators of the Strategy are not assessed (90% of the population are registered; 100% of population requirements of central and provincial agencies are met; 75% of spontaneous migrants are registered).
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategy target by 2010</th>
<th>Outcome by 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total population (million)</td>
<td>88</td>
<td>86.92</td>
</tr>
<tr>
<td>2 Population growth rate (%)</td>
<td>1.1</td>
<td>1.05</td>
</tr>
<tr>
<td>3 Total fertility rate</td>
<td>Maintaining replacement level fertility</td>
<td>2.0</td>
</tr>
<tr>
<td>4 Contraceptive prevalence rate (%)</td>
<td>70</td>
<td>67.5</td>
</tr>
<tr>
<td>5 Infant mortality rate (‰)</td>
<td>25</td>
<td>15.8</td>
</tr>
<tr>
<td>6 Maternal mortality rate (maternal deaths per 100,000 live births)</td>
<td>70</td>
<td>69 (2009)</td>
</tr>
<tr>
<td>7 Menstrual regulation/abortion rate (% compared to the present)</td>
<td>50</td>
<td>60 (2008)</td>
</tr>
<tr>
<td>8 GDP per capita (% compared to the present)</td>
<td>200</td>
<td>350</td>
</tr>
<tr>
<td>9 Life expectancy at birth (year)</td>
<td>71</td>
<td>73.2</td>
</tr>
<tr>
<td>10 Average number of school years</td>
<td>9</td>
<td>9.6 (2008)</td>
</tr>
<tr>
<td>11 Under-five malnutrition rate (%)</td>
<td>25</td>
<td>17.5</td>
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<tr>
<td>12 New HIV infection rate (%)</td>
<td>0.3</td>
<td>0.276</td>
</tr>
<tr>
<td>13 Proportion of defected couples having births (% compared to the present)</td>
<td>50</td>
<td>-</td>
</tr>
<tr>
<td>14 Urban unemployment (%)</td>
<td>5.0</td>
<td>4.29</td>
</tr>
<tr>
<td>15 Use of working time in rural areas (%)</td>
<td>80-85</td>
<td>-</td>
</tr>
<tr>
<td>16 Proportion of employees receiving training (%)</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>17 Population registered according to indicators of the population database (%)</td>
<td>90</td>
<td>-</td>
</tr>
<tr>
<td>18 Meeting population requirements of central and provincial agencies (%)</td>
<td>100</td>
<td>-</td>
</tr>
<tr>
<td>19 Proportion of urban population (%)</td>
<td>35-40</td>
<td>30.17</td>
</tr>
<tr>
<td>20 Spontaneous migration register (%)</td>
<td>75</td>
<td>-</td>
</tr>
</tbody>
</table>
PART II

COOPERATION FOR POPULATION GOALS
INTERNATIONAL RELATION
IN THE FIELD OF POPULATION - FAMILY PLANNING

Over the past decades, international cooperation has proved to be an important factor in implementing population-family planning programs in countries, especially in developing countries. For Vietnam, in the past, international support, especially financial and technical, was significant while the State’s resources were limited. International support offers an opportunity for Vietnam to access to advanced technology for management in the field of population-family planning, timely provides equipment, materials, especially contraceptive commodities, which Vietnam have not produced in order to improve the reproductive health of the people.

The programs/projects in the field of PFP/RH have become an important part of the national targeted program on population-family planning.

International cooperation is a good opportunity for learning and sharing experience, especially the successful lessons of Vietnam in the field of PFP/RH, which are recognized by UN organizations and international community.

The partners and donors:

* The international organizations: UNFPA, UNDP, UNICEF, WHO, UNAIDS, Asian Development Bank (ADB), World Bank (WB), ESCAP, the Board of the world population (ICOMP), POPIN, Partners in Population and Development (PPD) ...

* Bilateral cooperation partners: Sweden (SIDA), Norway, Germany (including GTZ and KFW), Norway (NORAD), Denmark (DANIDA), China (National Committee for Population and Family Planning), Thailand (Ministry of Public sector), Laos (Committee of Maternal and Child Protection), Indonesia (National Coordinating Committee on Family Planning), Switzerland, Holland, Australia, Japan, Korea, Singapore, Malaysia...

* The non-governmental organizations: International Planned Parenthood Federation (IPPF), DKT, the U.S. Population Council (PC), Futures Group, Path, Marie Stopes, Pathfinder International, the World Population Fund (WPF), North Caroline University ...
SOME PHOTOS OF INTERNATIONAL COOPERATION IN THE FIELD OF PFP
COOPERATION WITH UNITED NATIONS POPULATION FUND (UNFPA)

In 1977, cooperation between the Government of Vietnam and the United Nations Population Fund (UNFPA) started when Vietnam’s population was more than 50 million and was expected to double in 30 years. Both sides were aware that even very good results of socio-economic development was very large, but too difficult to meet the basic needs of the population with a large scale. At that time, Vietnam was a backward agricultural society with a devastated economy after several decades of war, having less experience in international cooperation and the concept: “many children more well-being” is still very popular.

In 1970s, UNFPA was a unique source of financial and technical assistance to Vietnam in the field of population. Despite huge difficulties, the cooperation between the two sides has been developed and implemented with strong commitment and enthusiasm on the basis of equality, autonomy and mutual trust. Started with initial modest programme, the cooperation has continuously grown on a larger scale with more comprehensive programmes.

Now, Vietnam has become one of the countries with fast economic growth in the region and has become a middle income country. Vietnam-UNFPA Cooperation Programme is proud to make a contribution to the success.

Signing a project on population and family planning between the National Committee for Population, Family Planning and UNFPA
The signing ceremony of the project: “Supply contraceptives“ (VIE/92/P05)

The signing ceremony of Viet Nam – UNFPA project

The budget provided to Vietnam by UNFPA

<table>
<thead>
<tr>
<th>National Program</th>
<th>Periods</th>
<th>UNFPA Funding (Million USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1978-1983</td>
<td>15</td>
</tr>
<tr>
<td>II</td>
<td>1984-1987</td>
<td>14</td>
</tr>
<tr>
<td>III</td>
<td>1988-1991</td>
<td>22</td>
</tr>
<tr>
<td>IV</td>
<td>1992-1996</td>
<td>36</td>
</tr>
<tr>
<td>V</td>
<td>1997-2000</td>
<td>25</td>
</tr>
<tr>
<td>VI</td>
<td>2001-2005</td>
<td>30</td>
</tr>
<tr>
<td>VII</td>
<td>2006 – 2010</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Budget</strong></td>
<td><strong>170</strong></td>
<td></td>
</tr>
</tbody>
</table>

Three main areas of support and budget allocation ratio

<table>
<thead>
<tr>
<th>%</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>Advocacy</td>
</tr>
<tr>
<td></td>
<td>Information, Education</td>
</tr>
<tr>
<td></td>
<td>and Communication</td>
</tr>
<tr>
<td>14%</td>
<td>Population and Development</td>
</tr>
<tr>
<td>72%</td>
<td>Reproductive Health/Population-</td>
</tr>
<tr>
<td></td>
<td>Family Planning</td>
</tr>
</tbody>
</table>
MAIN CONTENTS OF MORE THAN 30 YEARS OF COOPERATION BETWEEN VIETNAM - UNFPA

**Maternal and child health and family planning**
- Providing equipment, essential drugs and contraceptive devices
- Training health and population staff on Maternal and child health/ family planning and population communication
- Strengthening and improving the logistics system of maternal and child health care and family planning
- Developing and piloting health management information systems (HMIS)
- Supporting to piloting social marketing of condoms

**Reproductive Health**
- Developing and updating the National Standards and Guidelines Reproductive Health Care
- Supporting training programs on reproductive health in secondary pop/health schools in the whole countries.
- Developing and piloting models to provide information of reproductive health services (i) migrants in urban areas, (ii) young adults and adolescents
  - Piloting model of domestic violence prevention.
  - Developing and piloting model to provide emergency obstetric services in difficult mountainous areas
- Advocacy and support to prevention of HIV / AIDS

**Information - education - media**
- Supporting to coordinate activities of information education and communication
- Supporting to develop education program on population in the school
  - Supporting to mass organizations on propaganda population, family planning.
- Training on population communication for the press staff

**Data and population information**
• Establishing database and training using the results of population census
• Developing indicator system to monitor the social fluctuations
• Support to management of information and population documentation.
• Integration of population variables into plan-making

**Research and training**
• Support to research and training on population-development
• Support to policy development, population and family planning strategy

**Gender equality and women’s status**
• Improving the status of rural women through activities to increase their income and family planning
• Mainstreaming gender into the work of population and family planning

**Cooperation with the World Bank (WB) and Asian Development Bank (ADB)**

World Bank and Asian Development Bank have effectively supported population and family planning work for Vietnam through several projects such as “Population-Family Health”; “Support to recover flood damage in health component”; “Community action on HIV/AIDS prevention”; “Prevention of HIV/AIDS among youth”; “Care and early childhood development in the community”.

The project “Population-Family Health” started in 1996 and was extended to September, 2003 in 20 provinces and cities. The total project fund was USD 129.6 million, of which ADB is USD 41 million (loan), WB is USD 50 million (loan), the aid of the German
Bank for Reconstruction (KfW): DM 31.3 million (approximately 20 million USD) and counterpart fund: USD 18.6 million. This is the biggest projects using loans in the social sector, and is also a longest project with contents and a wide scope in Vietnam at that time. The project built and upgraded 15 Centers for Maternal and Child Protection/Family planning with 137 Obstetrics, the district hospital surgery rooms and 2606 communal health centers, 60 health houses, provided a large list of medical equipment for health facilities at provincial, district and communal level worth USD 42 million including the modern equipment such as X-ray machines, ultrasound machines, ECG machines, ventilators ...

The project “Support to recover flood damage in health component” funded by ADB was implemented to recover damages of medical equipment and infrastructure (hospitals, clinics) by storm in 1999 in central province and floods in 2000 in Cuu Long delta river provinces. Location of project implementation includes four central provinces and 9 provinces in Cuu Long river delta. Project implemented from November, 2000 to 31st December, 2002. The total project budget of VND 62 billion (82% of which funded by ADB and extracted from financial subsidies to overcome the consequences of floods and the rest of 18% was from the counterpart funds of the Government).

The project “Community action on HIV/AIDS prevention” is co-funded projects, including loans from the Asian Development Bank (ADB) and World Bank (WB), implemented from 2001 to 2003 in 12 provinces, in which ADB funded for five provinces and WB funded for seven provinces. Long-term objective of this project is to gradually slow the growth rate of HIV/AIDS in project provinces through implementing models of community action against AIDS. The specific objective is to increase understanding and gradually change people’s behavior on prevention of HIV/AIDS; Established models of community action on prevention HIV/AIDS in five ADB provinces and seven WB provinces. On this basis, to draw experience and multiply in the whole countries; Increase the rate of examination and treatment for patients with sexual transmitted diseases; Built capacity of management and supervision for staff working in prevention of HIV/AIDS in the provinces deploying the model. Fund invested in five ADB provinces was 3 USD million (ADB mobilized from Japanese Fund for Poverty Reduction (JFPA) and in 7 WB provinces was USD 1.5 million (from project population - health family).

The project “Prevention of HIV/AIDS among the youth” was de-
ployed in the nationwide and in 15 selected provinces in 2007-2011 period. The total project non-refundable aid is USD 26.7 million and the Government of Vietnam contributed USD 6.7 million. The rest of the grant account for ¾ of ADB’s total project fund, which are drawn from the Asian Development Fund. Many project activities have been implemented across the country, bringing positive results in prevention and control of HIV/AIDS. Some results of the project as the second national survey of adolescent and youth in Vietnam (SAVY II) Produced advocacy materials and articles on issues of youth and HIV/AIDS to provide for the target group every year; Producing and broadcasting 106 television spots “House with many windows”; Producing six spots of the documentary films with the topics of counseling and voluntary testing, talks about sex, condoms, syringes, stigma and discrimination; Producing 50 one minute television spots and has in turn been broadcasted in the channel VTV1, VTV3, VTV6 and O2TV of Vietnam Television Station; hoanhiptim.vn website was built and officially run from 15th September, 2008. Millions of people access that website; Design and multiply direct communication materials including brochures, manuals, flip charts, leaflets; posters, games to provide the central agencies and localities.

Technical Assistance Project “Early childhood care and development in the community” with a total fund of USD 2.2 million, of which ADB grants is USD1.9 million (from Japanese Fund for Poverty Reduction). The objective of the project is to improve health, nutrition, cognitive and social development for the group of under 3 year old children and are the children in ethnic minority family in Quang Binh, Quang Tri provinces and in poor migrant worker’s family in industrial zones in Binh Duong province. The project implemented from 2008 to 2011. The main project components include: The intervention pilot on early childhood care and development; Communication and advocacy; Capacity building and early childhood development; project management and monitoring and researches. All the main project activities have been implemented as plan.
Cooperation with Partners in Population and Development (PPD)

On 25th November, 2009, Vietnam officially became the 25 member of the Partners in Population and Development (PPD) and since then Vietnam has been actively contributing to activities of PPD, participating in training programs on demographics, information management and international conference to exchange experiences among member countries.

Since 1999, under the framework of South – South Cooperation, PPD has supported GOPFP in training of staff at central and provincial levels. There have been many officers, managers, policy makers have been trained on population and development in PPD member countries such as in Thailand, China, Indonesia, Egypt, South Africa ....

BILATERAL COOPERATION

Cooperation with the Federal Republic of Germany (KFW and GTZ)

German Government through German Reconstruction Bank (KFW) and the German Technical Assistance (GTZ) has offered grants and soft loans to population and family planning work in Vietnam.

German Reconstruction Bank (KFW)

From 1994 to now, the German Government through KFW has supported Vietnam with a total budget of USD 40 million in four cycles. KFW mainly supplies all kinds of modern contraceptive devices, which are being
used in Vietnam; KFW has helped in developing a strategy for ensuring adequate supply, diversification of contraceptive devices; expanded social marketing (Social Security) contraception tablets in order to recover a part of the capital and strengthen internal resources to provide contraceptive devices through the socialization of the population and family planning; Creating demand for modern contraceptive methods (through media campaigns, promotion of products of contraceptive devices) with emphasis on the pill, injection contraception and condoms for adolescent/ youth, through mass media and direct communication; Distribute contraceptive devices, sold through existing channels, expand social marketing and develop sustainably and effectively social marketing strategy of contraceptive devices.

KFW provides not only contraceptive devices, but also supports the General Office for Population and Family Planning (formerly named the National Committee for Population and Family Planning, then the Vietnam Commission for Population, Family and Children) to build a comprehensive information system of logistics management of all contraceptive devices in the whole country and help management of contraceptive device from central to grassroots levels. This has helped GOPFP to obtain information of contraceptive devices in all provinces or cities for better coordination.

The German Technical Assistance (GTZ)

Bilateral cooperation projects on technical cooperation between German Government and Vietnam Government named “Strengthening Family Health” was established on the basis of the requirements of the Vietnamese Government to the German Government to support the National Committee for Population and Family Planning. The project implemented from 1994 to 2004 in five provinces including Ninh Binh, Nghe An, Ha...
Tinh, Quang Binh, Binh Dinh provinces.

From 1994 to 2004, the German government through GTZ has made important contributions to population and family planning program in Vietnam. Program “Strengthening reproductive health” with two development projects, which effectively implemented in eight provinces of difficulty. The provincial and district trainers have been trained on Pop/RH. These trainers now have made positive contribution to the Population - Family and Children programs in their provinces.

Over 93% of doctors, nurses, secondary health school midwives, who provides reproductive health services at provincial, district and communal health centers, have been comprehensively trained on reproductive health. Over 95% population staff at district and communal level and in relating mass organizations have been trained on basic knowledge and communication skills, reproductive health and family planning counseling skills. Nearly 100% of leaders have been trained on skills of planning, supervising, evaluating, monitoring and managing of the project. Many models of harm reduction interventions in HIV / AIDS control and prevention have been piloted in the provinces, the communities and have been welcomed and accepted.

Project: “Contribution to improvement of Reproductive Health/Health Services in Cao Bang and Son La provinces” deployed from July, 2006 to September, 2010 in Cao Bang and Son La provinces with the total budget of 3,487,000 EURO. The long-term project objective is to contribute to improving the life of the poor ethnic minority in provinces of Cao Bang and Son La through increasing use of medical treatment services and implementation of effective prevention as well as participation in appropriate and effective financial mechanisms. Short-term subjective is to improve reproductive health services, HIV/AIDS/STI prevention and health insurance in the provinces of Cao Bang and Son La.

The project has made certain contributions to im-
proving development indicators of medical, cultural, socio-economic and reducing the risk of poverty and change the women status in two provinces. The capacity of project participants, including health workers, RH providers, health leaders, health insurance staff, staff in mass organization, communication staff, media reporter, the propagandists have been enhanced under the projects. The project helped raise awareness and change attitudes, behaviors on RH, HIV / AIDS, health insurance of the beneficiaries from the project, including the ethnic minorities in difficult areas, adolescent and youth in the village.

-Cooperation with Norway-

The project “Population Registration and National Database System on Population” was deployed in the 1998 – 2002 period. Project implemented at central level and in Ha Tay, Binh Thuan and Tay Ninh provinces. The overall project objective is to classify national database on population, one of the six national database improving administrative management on population as well as making contribution to socio-economic development in the country. The population registration database system plays as a backbone database system, providing reliable and accurate data of the people for related agencies to use. Specific objectives of the project are: Every people in the country has some unique identification, known as ID. This database will be used as the original data for other database of the government and private sectors.

The project has completed the pilot phase and pre-feasibility design, which is the basis for the government to assign tasks to implement the project: “National database system on population for the Ministry of Public Security and the General Office for Population and Family Planning, the Ministry of Health” and perfect management information systems of population and family planning. This resident registration and management system will be the backbone for infrastructure for the administrative management of any countries on the way to modernization.
Cooperation with Denmark

The project “Enhancing research capacity on population/reproductive health in Vietnam” was implemented during the period from 2001-2004 and 2007-2009 in Nghe An, Hai Phong and Quang Ninh provinces.

The overall objective of the project is strengthening the capacity to implement in-depth analysis research on HIV, Population and Reproductive Health in Vietnam. Specific objectives are: 1) Training Advanced degree (Ph.D., MA) and combined training in specialized credit (short term) for research staff (priority to young staff) on Population/Reproductive Health in Vietnam. 2) Support young researchers in Vietnam to access to the scientific research methods and field studies in some specific areas in Vietnam. 3) Set up information networks, publish and print materials to share experiences and research findings on Population/Reproductive Health and HIV/AIDS.

Over 200 Vietnamese researchers have been trained by professors at the University of Copenhagen to build research capacity on HIV/P/RH. In addition, hundreds of Vietnam staff and students have accessed to anthropology methods through editing, printing and providing the book “Introduction to Social Anthropology in the context of Vietnam” serving for the work of training and research. 10 staff have been trained masters on International Health. 04 staff have been trained doctors on Health International.

Cooperation with China

Vietnam and China signed a memorandum of understanding in the field of population and family plan-
ning in April 2010. The two sides have exchanged many delegations of research, study and exchange experiences. Vietnam has also sent several staff to participate in training courses in China within the framework of bilateral cooperation and South-South cooperation.

-Cooperation with Indonesia

Vietnam and Indonesia signed a memorandum of understanding in the field of population and family planning. Indonesia has cooperated and supported for many Vietnam delegations to attend training courses on population and family planning in Indonesia. Many Indonesian models and organization modes have been initially applied in line with conditions and situation in Vietnam. So far many effective cooperation activities have been implemented within the framework of bilateral cooperation.

-Cooperation with countries and other territories

National Committee for Population and Family Planning has also established cooperative relations with many governments, international organizations working in the field of population and family planning to strengthen exchanges and learning experiences through conferences, workshop, training courses and exchange of information and materials. During Vietnam was lifted embargo, Sweden actively supported Vietnam in the field of family planning through provision of contraceptive method.

Switzerland, Holland, Australia, Japan, Korea, America, Thailand, Singapore, Malaysia, India, Egypt ... have also cooperated, directly or indirectly supported through finance, technique and training and supply contraceptive method for population and family planning program in Vietnam.

Taiwan (China) supported to organize several delegations of staff in the field of population and family planning in Vietnam, especially the
leaders at provincial, municipal level participate in study tour to learn and exchange experiences. Taiwan experts have also coordinated to organized several scientific workshops to introduce the achievements in population and family planning in Vietnam.

NON-GOVERNMENTAL ORGANIZATIONS

-Cooperation with some non-governmental organizations, other training and research units

The General Office for Population and Family Planning has signed MOU on bilateral cooperation with International Marie Stopes in the field of population and family planning, reproductive health. Some cooperative activities have been implemented in the signed framework of cooperation.

A several projects and cooperation activities have been carried out with International DKT - The leading organization in the introduction of social marketing of contraceptives in Vietnam. A number of projects and cooperation activities have been carried out with DKT International. DKT piloted program began in 1993 and since then it has been developed and become a large-scale program covering all 64 provinces in Vietnam. Contraceptive products through marketing channels are subsidized by the Government of Vietnam to support poor people. They are sold with very low price in order to promote the provision and distribution of these products.

The Population Council of America has actively supported cooperation in the field of research and investigation on population and family planning.

The Futures Group is also an organization providing support to Vietnam in the provision and training on the using

Dr. Lynellyn D. Long, representative of Population Council in Vietnam made speech at the opening of the workshop on gender and development
of programs on software calculations, and population projections.

The World Population Fund, the International Parenthood Federation (IPPF), Pathfinder International, PATH, North Caroline University ... are also organizations, which have effective cooperation with Vietnam in the field of population and reproductive health / family planning.

Minister Mai Ky witnessed the signing ceremony of cooperation between the National Committee for Population and Family Planning and Population Information Center ESCAP
After 50 years implementing guidelines, policies and laws of the Party and the State on population and family planning, especially after 10 years implementing successfully the 2001-2010 Population Strategy; implementing international commitments on population and development as well as millennium development goals, population and family planning work has achieved important results.

Birth rate and the growth rate in population size continues to decrease. The number of women in reproductive age (15-49 years) continuously maintained at high and peak at about 25.5 million people in 2030. If the total fertility rate maintains at 1.8 children/a woman in 2030, the population size of our country will be at 103-104 million people and get to stabilize at less than 110 million people in the middle of XXI century, much lower than all previous estimates. Proportion of population in working age (15-59 years) will account for 69-70% of total population in 2030 and decrease to 61%; The rate of population of over 65 years will increase slowly, reaching 11% in 2030 and will account for a quarter of the population in the middle of this century.

The counseling and pre-marital health checks, screening and prenatal infants to detect and treat early cases of dangerous diseases to become the essential needs for the couple. The sex ratio at birth will be back to normal. After the year 2020, the conditions to implement policies to encourage childbearing in a certain population groups are also ripe, creating new directions to improve the population quality as some countries have been made.

Maternal and Child health status, reproductive health will approach the level of developed countries on the basis of perception and behavior of people increased, while the conditions of facilities, level of science, biotechnology, education, electronics and information technology. The reproductive health care services expanded more comprehensive health within the family rather than just focusing on pregnant women and children under 5 years old. Prevention and health education will become the central task of the health care system to promote health promotion rather than just focus on solving the disease. RH becomes constant need of people. Here are the main aspects of population and reproductive health strategy in Vietnam for 2011-2020 period.
1. POPULATION ISSUES AND REPRODUCTIVE HEALTH

1.1. Population quality

Population quality is limited, the human development index in our country has been gradually improved, but is still low. Health and physical of Vietnam are still limited, especially are the height, weight and strength.

The mortality rate of under 1 year children in some areas remains high. Disease structure tends to gradually shift from infectious diseases to metabolic disorders, genetic and consequences of injury. Situation of overweight children and mind disorders, autism, diabetes tends to increase.

Vietnam has 16 ethnic groups with a population of under 10,000 people, which have been concerned. Some diseases such as malaria, goiter, leprosy... are in the high percentage of ethnic minorities. Some peoples are at risk of degradation due to early marriage, closed blood marriage are still common. Knowledge and skills of maternal and child care are still limited leading to the rate of infertility, child mortality remains high. The level of enjoyment of health services, population and reproductive health, basic social services is low.

Abuse and use of drugs such as tobacco, alcohol, drugs, stress problems including psychological phenomenon of suicide, injury, violation of law are becoming more serious to the young people.

1.2. Reproductive Health

The maternal health status is limited. Although Obstetric complications and maternal mortality decreased, there is also differences among regions. Accessibility and quality of maternal health care before, during, after childbirth and newborn care are limited in mountainous and remote areas without trained staff and midwifery are still popular in some eth-

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1. General Statistics Office, 1999 Census Data
nic minority areas. The rate of check up visits for mothers and infants after birth is low.

Supply of contraceptive methods faces difficult. In coming years due to the number of women entering reproductive age continues to increase, the demand for contraceptive use, contraceptive methods, especially contraceptive methods continue to increase and at high rate. Most contraceptive methods has to be imported, while international aid sources of contraceptive device has ended. The State need invest hundreds of billions VND each year to purchase contraceptive device².

Status of abortion and infertility are still high. The rate of abortions, including abortions in young people, adolescents are high. Status of repeat abortions, unsafe abortion are rather popular. The rate of infertility, especially secondary infertility is also quite high and access to support services for infertility is limited.

Status of reproductive tract infections are rather common, sexual transmitted illness, HIV and cancer of reproductive tract are still high.

The check-up, detection, treatment, follow-up and counseling after treatment have not been concerned. The screening and early detection of reproductive tract cancer have not been widely implemented. Alignment of RH system and HIV prevention are limited. The proportion of women infected with HIV from their husbands and partners tends to increase.

Reproductive health, sexual health in particular groups have many challenges. Situation of unsafe sex, unwanted pregnancy and abortion, sexually transmitted diseases in adolescent/youth tends to increase. Awareness and behavior on reproductive health and sexual health of the adolescent/the youth are still restricted. Knowledge, attitude and behav-

². UNDP, Report on human development, 2009
ior on population and reproductive health in the community and even of health staff are also limited. RH services for male, elderly, immigrants are not available, do not meet the growing demand. Sexuality is considered as a sensitive issue and have limited discussion on the mass media, in the agendas. Gender awareness in the community are very limited, lack of understanding about the impact of sexual violence to reproductive health, sexual health of the victim’s. Lack of understanding of the relation between drug abuse and gender-based violence; the concept backwardness of the role of women and men, women lack awareness of the rights.

1.3. Population structure

Population of working age (15-59 years) increased both the proportion and quantity (about 65 million in 2020). This is an opportunity for growth but also creating major challenges for education, vocational training, job creation for workers, especially the young people.

Migration occurred with increasingly intense, particularly labor shift between regions require enhancing population management, innovation of management modes and meeting the needs of basic social services for millions of migrants.

The sex ratio at birth increased rapidly and continuously, in 2009 this ratio had reached 111. According to international experience, if there is no positive solution, this ratio will exceed over 120 in 2020. This situation would adversely affect to public order and social security, making it difficult to build families of future generations.

Vietnam population is aging, the number of elderly people is increasing, along with the context of low fertility, small size family, mostly nuclear families including parents and children, requires to have the type of care for the elderly and becomes increasingly urgent.
1.4. The size and density of population and birth rate

In 2011, our country has 87.8 million, with a density of 260 people per km². Vietnam has become one of the countries with large population size and with very high population density. Although Vietnam has achieved the fertility replacement level, the population of our country is still in the phase which is very sensitive, not excluding from the possibility of birth rate increase again. On the other hand, in some localities with high levels of urbanization, the birth rate was relatively low, if we continue implementing population and family planning policy as before, the birth rate many drops too low. To avoid these adverse changes to keep a stable population size with an appropriate and reasonable population structure, expanding the period of demographic “bonus”. Vietnam should continue to maintain a low fertility rate and a more flexible policy should be developed to be adaptable to the changes of fertility rate in the coming years.

1.5. Capacity of planning, integration of population variables

Population and development have close relationships and reciprocal. The integration of population variables in planning of socio-economic development is an objective requirement. However, the integration of variables population of ministries, branches and localities to plan for socio-economic development have not been really good and properly concerned. This lead to both waste and deficit in investment, socio-economic development.

2. POINT OF VIEW AND OBJECTIVES

2.1. Point of view

(1) 2011-2020 Population and Reproductive Health Strategy of Vietnam is an important content of the strategy for national socio-economic development, contributing to improving the quality of human resources, improving the life quality of each person, each family and the whole society.
(2) Settling synchronously population and reproductive health issues, focusing on improving the population quality, improving maternal and child health, promoting strength of the “golden” population structure, actively adjusting the population growth and controlling sex ratio at birth.

(3) Fundamental solution to implement Population and Reproductive Health care, which is a synchronous and efficiency combination between advocacy, education, communication to change behavior, provision of positive prevention services, actively, fairly, equity and control constantly and effectively for the units and individuals provide service violating the regulations on the diagnosis and fetal sex selection.

(4) Investment for the work of population and RH are the investment for sustainable development, providing direct effect on economy, society and environment. Increased investment from the state budget and actively take advantage of the aid and contributions to mobilize people’s support and make priority human resources to remote, coastal and mountainous areas as well as to islands.

(5) Strengthen the leadership and guidance of the Party and Authorities; enhancing effective of the state management; mobilize the participation of the whole society to continue perfecting thee system of organization and structure to implement effectively the work of Population and Reproductive Health Care.

2.2. Objectives

2.2.1. Overall objective: Improve quality of the population and reproductive health, maintain reasonably low fertility level, solve issues on population structure and distribution in contribution to successful implementation of the industrialization and modernization.

2.2.2. Specific objectives

(1) Achieve population growth rate of 1% by 2015 and maintain this rate at 1% by 2020; achieve a higher average HDI according to the world rank by 2020.

(2) Improve health status, reduce child morbidity and mortality, reduce child health gaps among regions.

(3) Improve maternal health, reduce maternal health gaps among regions.

(4) Reduce the rate of increasing SRB with special focus on prov-
inces/cities having seriously skewed SRB, bring SRB to normal level at 105-106 boys/100 girls by 2025.

(5) Maintain a reasonably low fertility level, fully meet needs for family planning, increase accessibility to qualified reproductive supported services.

(6) Reduce abortion rate, basically exclude unsafe abortion.

(7) Reduce RTIs, STDs; actively prevent, detect and provide early treatment of reproductive tract cancer, pay attention to screening of reproductive tract cancer among women aged 30-54.

(8) Improve adolescent and youth reproductive health.

(9) Improve reproductive health of special groups (migrants, disabled persons, HIV persons, ethnic groups at risk of receding race quality); timely meet reproductive health needs of victims of gender-based violence, disaster and natural calamity.

(10) Strengthen health care for the elderly.

(11) Promote population distribution in line with the national socio-economic development; integrate population variables into policy making, planning, and socio-economic plans of each level and sector.

3. SOLUTIONS

3.1. Leadership, organization and management

Strengthening leadership and direction of all party and government levels towards the population and RH work; consolidating the working mechanism to ensure effective management and implementation of the work.

3.2. Advocacy and behaviour change communication

Strengthening the dissemination and education of policies and laws on population and RH, particularly policies and laws on controlling skewed SRB; effectively implementing communication and education activities with contents, format and approach appropriate to each area, target group; paying attention to difficult areas, hard-to-reach groups; extend education on population, reproductive health, skewed SRB, HIV prevention, gender and gender equality, in and out-of-school sexual health; promoting participation of target groups and communities in planning, implementing, monitoring and providing feedback on communication and education activities.
3.3. Population and reproductive health services

Improving quality of population and reproductive health diseases and defects; increasing accessibility to RH/FP services, especially essential service packages; ensuring reproductive rights and meet needs of all groups, moving forward to erase gaps among region and population groups.

3.4. Developing and finalizing population and reproductive health policies

Finalizing policies, laws and management tools to ensure legislative framework and favourable social environment for good implementation of the population and reproductive health work.

3.5. Socialization, inter-sectoral coordination and international cooperation

Mobilizing participation of individuals, communities, NGOs, social society, and professional associations, at the same time encouraging participation of private sector, domestic and international organizations to provide population and RH services; promoting inter-sectoral collaboration and expanding international cooperation to successfully achieve the Strategy targets.

3.6. Finance

Diversify different financial sources and step by step raise investment on population and reproductive health; effectively managing and coordinating government’s financial sources; ensuring equity and equality for individuals in accessing and selecting qualified population and reproductive health services.

3.7. Training, scientific research and information

Paying attention to providing professional training to population and reproductive health staff; improving capacity and conducting scientific research on population and reproductive health; consolidating and promoting automation of the management information system, population and reproductive health database; strengthening monitoring, assessing, analyzing and projecting capacity.
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50 YEARS OF HISTORY AND DEVELOPMENT (1961 – 2011)

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