The United Nations and the International Development Targets/ Millennium Development Goals

The original International Development Targets (IDTs) were derived from agreements and resolutions of the world conferences organized by the United Nations in the 1990s (see Box 1). They were reinforced at the respective follow-up conferences, with the targets reconfirmed at the follow-up Social Summit in Geneva in June 2000. The IDTs were first adopted by the OECD/DAC in 1996 and endorsed again in 2000 together with the UN, World Bank and IMF in the publication, “A Better World for All”. At the UN Millennium Summit in September 2000, 149 Heads of State and representatives of Government from some 180 countries adopted the Millennium Declaration. In this Declaration, an augmented set of targets with corresponding indicators were agreed upon and are now known as the Millennium Declaration Development Goals (MDGs). As part of the follow up to the Millennium Declaration and as requested by the General Assembly, UN Country Teams are generating progress reports like this one in programme countries. The targets outlined in this report are based on the MDGs and identified as the following:

1. Halve the proportion of people living in extreme poverty between 1990 and 2015
2. Halve the proportion of people who suffer from hunger between 1990 and 2015
3. Reduce child mortality rates by two-thirds by 2015
4. Reduce maternal mortality ratio by three-quarters by 2015 and achieve universal access to safe and reliable contraceptive methods by 2015
5. Achieve universal access to primary education by 2015
6. Empower women and eliminate gender disparities in primary and secondary education by 2005
7. Halve the proportion of people unable to reach or afford safe drinking water by 2015
8. Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015
9. Halt and reverse the spread of HIV/AIDS by 2015

Like other progress reports, it is structured in the following way:

- **Status and Trends:** They provide a convenient update on the progress of individual countries in meeting their individual development targets and reducing poverty.
- **Challenges to Achieving the Goal:** They describe the development challenges that confront each country in meeting the targets.
- **Supportive Environment:** They outline the nature of the supporting policy environment.
- **Priorities for Development Assistance:** They identify the specific priorities for development cooperation.
- **Monitoring and Evaluation:** They highlight the needs for strengthening data gathering and statistical capacity building.

In Viet Nam, this report represents a first stocktaking, monitoring, and analysis of the IDTs/MDGs which is internationally comparable. This will be followed by a more in-depth exercise of “localizing the IDTs/MDGs for the Viet Nam context” to be carried out under the auspices of the Poverty Task Force (PTF) - a partnership group consisting of representatives of government, bilateral, multilateral and non-governmental organizations. Within this exercise, a series of papers will be produced which focuses on how best to “localize” the targets for the Viet Nam context, covering a number of important questions, such as the quality dimension. These papers - focusing on themes - will take Government strategies as a starting point and explore the links with the IDTs/MDGs. This thematic focus will also allow the inclusion of key development issues in Viet Nam which would not automatically be covered by the IDTs/MDGs and to establish indicators which are relevant for VietNam’s strategic objectives. The sectors identified are (i) Access to economic opportunities, (ii) Good governance/public management, (iii) Health, (iv) Education, (v) Social Protection, (vi) Infrastructure, (vii) Environment, (viii) Ethnic Minorities. Research teams will be formed to produce such in-depth papers and a summary report of the research will be presented at a high profile workshop in September 2001. The themes will also be reflected in the Viet Nam Development Report 2002 and will be discussed at the Consultative Group meeting in November 2001.

**Box 1: UN GLOBAL CONFERENCES OF THE 1990s**

- World Summit for Children (New York, 1990)
- World Conference on Education for All (Jomtien, 1990)
- UN Conference on Environment and Development (Rio de Janeiro, 1992)
- International Conference on Population and Development (Cairo, 1994)
- Fourth World Conference on Women (Beijing, 1995)
- World Summit for Social Development (Copenhagen, 1995)
- World Food Summit (Rome, 1996)
- Second UN Conference on Human Settlements (Habitat II, Istanbul, 1996)
- Follow-up Conferences in the second half of the 1990s
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8. Education
9. Gender Equality
10. Access to Basic Household Amenities
11. Environment
12. HIV/AIDS
## Overview of Progress

<table>
<thead>
<tr>
<th>Goals</th>
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<th>State of Supportive Environment</th>
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<tr>
<td><strong>Extreme Poverty</strong></td>
<td>Strong</td>
<td>Fair</td>
</tr>
<tr>
<td>Halve the proportion of people living in extreme poverty by 2015</td>
<td>Probably</td>
<td>Potentially</td>
</tr>
<tr>
<td><strong>Hunger and Malnutrition</strong></td>
<td>Strong</td>
<td>Fair</td>
</tr>
<tr>
<td>Halve the proportion of population below minimum level of dietary energy consumption</td>
<td>Probably</td>
<td>Potentially</td>
</tr>
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<td>Halve the proportion of underweight children under five years old by 2015</td>
<td>Probably</td>
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<tr>
<td><strong>Under-five mortality</strong></td>
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<td>Fair</td>
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<tr>
<td>Reduce under-five mortality by two-thirds by 2015</td>
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</tr>
<tr>
<td><strong>Reproductive health</strong></td>
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<td>Fair</td>
</tr>
<tr>
<td>Reduce maternal mortality ratio by three-quarters by 2015</td>
<td>Probably</td>
<td>Potentially</td>
</tr>
<tr>
<td>Universal access to safe/reliable reproductive health services (contraceptive methods) by 2015</td>
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</tr>
<tr>
<td><strong>Universal primary education</strong></td>
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<tr>
<td>Achieve universal access to primary education by 2015</td>
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<tr>
<td>Achieve equal access for boys and girls to upper secondary education by 2005</td>
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<tr>
<td>Halve the proportion of people unable to reach or afford safe drinking water by 2015</td>
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<td>Potentially</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
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<td>Fair</td>
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<tr>
<td>Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015</td>
<td>Probably</td>
<td>Potentially</td>
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<td><strong>HIV/AIDS</strong></td>
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<tr>
<td>Halt and reverse the spread of HIV/AIDS by 2015</td>
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# Monitoring and Evaluation Capacity

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<thead>
<tr>
<th>GOAL</th>
<th>Data gathering</th>
<th>Statistical tracking</th>
<th>Statistical analysis</th>
<th>Statistics into Policy</th>
<th>Monitoring &amp; Evaluation</th>
<th>Quality of Survey Info</th>
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<td>Hunger and Malnutrition</td>
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</tr>
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<td>Under-five Mortality</td>
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<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
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</tr>
<tr>
<td>Universal primary education</td>
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<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
</tr>
<tr>
<td>Gender Equality</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
<td>Strong Fair Weak</td>
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<td>Basic Amenities</td>
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<td>Environment</td>
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<td>HIV/AIDS</td>
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<td>Strong Fair Weak</td>
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</table>
VIETNAM: DEVELOPMENT CONTEXT

ECONOMY AND POVERTY

Viet Nam has experienced dramatic changes in its transition from a centrally-planned to a market-oriented economy. Since launching key reforms through its doi moi or renovation strategy in 1986, the country has made remarkable progress across a broad range of socio-economic development measures. The rate of poverty fell from 58% in 1993 to around 37% of the population in 1998 according to the international poverty line (see Extreme Poverty chapter) - one of the sharpest declines of any developing country on record. Much of the poverty reduction can be traced to the high annual economic growth rates of the country in the early 1990s (8-9%) and specifically to Viet Nam’s strong agricultural performance since the late 1980s. Reforms in the agricultural sector transformed Viet Nam from a country experiencing extreme food insecurity into one of the world’s largest exports of rice, coffee and other agricultural commodities.

Viet Nam currently ranks 101 out of 162 countries in terms of the Human Development Index (HDI) – well above what would be expected from its current level of GDP per capita of less than US$400. Available data indicates that, in addition to an increase in average real incomes and a significant reduction in the incidence of poverty in Viet Nam, the reform process has also further improved social indicators that have been sustained over the period. Life expectancy has increased to 68 years and adult literacy has been maintained at over 90%. Mortality rates among children under age five have declined to 42 per 1,000 live births and the primary school net enrolment rate increased from 91% in 1993/94 to nearly 95% in 1998/99.

KEY DEVELOPMENT INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
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<tr>
<td>Population size</td>
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<td>1999</td>
</tr>
<tr>
<td>Population growth rate</td>
<td>1.65%</td>
<td>1999</td>
</tr>
<tr>
<td>Life Expectancy at Birth</td>
<td>68.3 years</td>
<td>1999</td>
</tr>
<tr>
<td>Real GDP per capita</td>
<td>US$400</td>
<td>2000</td>
</tr>
<tr>
<td>Poverty headcount ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% of population below international poverty line)</td>
<td>37%</td>
<td>1998</td>
</tr>
<tr>
<td>Poverty headcount ratio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(% of population below national poverty line)</td>
<td>17%</td>
<td>2001</td>
</tr>
<tr>
<td>Estimates HIV prevalence rate among adults 15-49 years</td>
<td>0.22%</td>
<td>2000</td>
</tr>
<tr>
<td>Population with access to safe water supplies</td>
<td>51.8%</td>
<td>2000</td>
</tr>
<tr>
<td>Proportion of underweight children (under 5)</td>
<td>33.8%</td>
<td>2000</td>
</tr>
<tr>
<td>Net primary enrolment rate</td>
<td>94.8%</td>
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</tr>
<tr>
<td>Ratio of girls to boys in primary education</td>
<td>98.1%</td>
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<tr>
<td>Under-five mortality rate (per 1,000 live births)</td>
<td>42</td>
<td>2000</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>100</td>
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GOVERNMENT EFFORTS

The Government of Viet Nam places human beings at the centre of development, promoting human potential and the well-being of all. This is reflected in the success of the doi moi reforms and in the new Socio-Economic Development Strategy (2001-2010) presented at - and approved by - the Ninth Congress of the Communist Party of Viet Nam in April 2001. In parallel, the Government developed ten-year strategies and five-year plans for all sectors for the Ninth Party Congress. Targets include closing the gaps between disadvantaged and other groups, eradication of hunger and hard-core poverty and universalization of lower secondary education.

The main economic aspects of the ten-year Strategy are to accelerate socialist-oriented industrialization and modernization in order to establish the foundations for Viet Nam to gradually become an industrialized country by 2020. At the core of the Government’s strategy is the imperative to create a development process that is implemented by the people and for the people, and to ensure a decent minimum standard of living and equal opportunities for all. This approach is in line with the human development perspective, which defines development as the process of expanding people’s capabilities and choices to improve their overall well-being. This is particularly important for the vulnerable groups of the population and poor regions of Viet Nam.

1 Human Development Report 2001 (UNDP, 2001). The HDI comprises GDP per capita in purchasing power parity dollars; life expectancy at birth; the combined enrolment ratio in primary, secondary and tertiary education and adult literacy.
The overarching objective of the ten-year Strategy is “to bring our country out of underdevelopment; improve noticeably the people’s material, cultural and spiritual life; and lay the foundations for making ours basically a modern-oriented industrialized country by 2020.” The Strategy identifies a number of development targets for 2010 (see Box 2).

The Government’s Strategy aims to “substantially improve” Viet Nam’s HDI through a wide range of measures to: (i) double GDP by 2010 and lower the population growth rate from the current 1.7% to 1.1-1.2% a year; (ii) ensure that all children at the age of primary education attend school, and universal access to lower secondary education in the whole country; (iii) raise longevity from 68 years to 71 years. Fulfilling these objectives implies, ceteris paribus, that Viet Nam would reach a similar HDI level as Thailand today.

Since a number of other countries will improve their position as well, policies need to remain rigorous to achieve this position over the next ten years. Government is assuming its responsibility in bringing the country further ahead in the path to development by setting human development targets that are very much in line with the internationally-agreed development goals for 2015. Viet Nam is ahead of schedule in meeting some of these targets, such as for primary education enrolment. However, further attention must be given to improving the quality of basic social services such as education and health care in Viet Nam. Equal access to services by different geographical, income, gender and ethnic groups also needs to be addressed.

Box 2:
GOVERNMENT TARGETS UNDER THE TEN-YEAR SOCIO-ECONOMIC DEVELOPMENT STRATEGY
2001-2010

- Doubling of GDP, which implies a growth rate of 7.2% per annum
- Domestic savings to be increased to over 30% of GDP
- Exports to grow at more than twice the rate of GDP
- Substantial rise in the country’s Human Development Index (HDI)
- Eradication of hunger and rapid reduction of the number of poor households
- Reduction of urban unemployment to 5%, and of rural underemployment to 15-20%
- Universalization of lower secondary education (education for all)
- Malnutrition rate of children to be reduced from around one-third to around 20%
- Life expectancy to increase from 68 to 71 years
EXTREME POVERTY
Halve the proportion of people living in extreme poverty between 1990-2015

1 STATUS & TRENDS

Since the late 1980s when Viet Nam launched its doi moi (renovation) policy, the country has experienced high rates of economic growth and an impressive reduction in poverty. It is well under way to meeting the Millennium Development Goal of halving the proportion of the population living in extreme poverty by 2015. During the 1990s alone, the share of the population in poverty was cut substantially, from around 58% of the population in 1992/1993, to 37% in 1997/1998 according to the international poverty line.

The Government has set an ambitious growth rate of around 7% GDP for the ten years between 2001 and 2010. Assuming growth is balanced with urban and rural consumption rising at the same rate and assuming a population growth rate of 1.5% per annum, poverty could be reduced to 6% by 2010. If rural consumption grows in line with agricultural growth at 4% per year and urban consumption follows an industrial growth rate of 10% per year, the reduction will be smaller, resulting in a poverty level of 10% by 2010. The actual outcome is likely to be between these two scenarios.

National poverty reduction rates in the 1990s conceal significant disparities. In urban areas, poverty decreased by two-thirds from 1993-1998, while the reduction was less than half in rural areas (see Chart 1). The growing gap between urban and rural areas constitutes the core of the increasing differentiation between rich and poor in Viet Nam. In 1993, the richest fifth of the population spent 4.6 times as much as the poorest fifth, and by 1998 this ratio had increased to 5.5, with 43.7% of all spending coming from the rich and 8% from the poor. The increasing gaps among population groups and regions leaves a larger number of people in poverty than if growth had been distributed evenly.

Nearly 90% of the poor live in rural areas in Viet Nam. Poor people are often farmers with low levels of education, and limited access to factors of production such as land, capital, technology, information, and basic social services. They are also particularly vulnerable to natural disasters, which frequently occur in Viet Nam. On average, ethnic minorities are significantly more deprived. Most ethnic minorities live in remote areas and often suffer from isolation, low levels of education and poor health. While they constitute some 14% of the total population, they accounted for 29% of the poor in 1998. In the preceding five years, poverty among ethnic minorities dropped only modestly from 86% to 75%, compared to the decrease in national poverty rates from 58% to 37%.

Box 3:
POVERTY LINES IN VIET NAM

The international poverty line is based on the Viet Nam Living Standards Survey (VLSS) undertaken in both 1992/1993 and 1997/1998, by the General Statistical Office (GSO) with support from UNDP, the World Bank and the Swedish International Development Agency (SIDA). The poverty line includes the minimum consumption level of both food (70%) and non-food items (30%) and is determined by a two-step procedure. The first step is to establish the price of a Vietnamese basket of food items deemed to be necessary for good nutritional status. This is estimated internationally at an average of 2100 calories per person per day. The actual consumption of the third quintile was closest to this level of minimum food intake. The second step is to add the costs of the non-food items, which were then derived from the actual levels of the consumption of non-food items of the third quintile. Taken together, the general poverty line amounts to the equivalent of US$109 and US$128 per capita per year in 1993 and 1998 respectively (using nominal exchange rates). This poverty line is not directly comparable to the more common poverty line of US$1 per person per day (in terms of Purchasing Power Parity). A new household survey is planned for implementation in early 2002.

The national poverty line is determined by the Ministry of Labor, Invalids and Social Affairs (MOLISA). Throughout the 1990s, it was set at the income equivalent of buying 15 kg, 20 kg and 25 kg of rice per month in mountainous and remote, rural and urban areas respectively. In order to broaden the definition of poverty beyond a sole focus on adequate food supply and in order to allow more poor households access to Government anti-poverty programmes, MOLISA recently decided to increase the poverty line to VND 80,000 (US$5.5), VND 100,000 (US$6.9) and VND 150,000 (US$10.3) in these three areas. Under certain conditions, provinces and cities are authorized to raise the poverty line. Due to the increase of the poverty line, the poverty estimate was adjusted from 11% in 2000 to 17% in early 2001. The Government target for the reduction of poverty by 2010 (10%) is based on the new poverty line.


2 CHALLENGES TO ACHIEVING THE GOAL

Due to the natural limitations of cultivable land and the expected productivity growth in agriculture, off-farm employment opportunities need to be expanded and the impact of increasing migration to urban areas must be addressed urgently. It is projected that the labour market will need to absorb 1.2-1.4 million new entrants per year over the coming decade in addition to those who will become redundant due to the anticipated public sector and economic restructuring process.

These challenges are reflected in the ten-year Socio-Economic Development Strategy for 2001-2010 which was recently endorsed by the Ninth National Congress of the Communist Party (see Viet Nam Development Context chapter).

Ø Economic restructuring. Achieving the national targets is expected to concur with substantial shifts in the sectoral structure of the economy. Whereas the role of the agricultural sector will depend on the possibility of diversification and intensification, industries and services are expected to account for a much larger share in GDP growth. This shift – whereby workers gradually move out of agriculture into better paying jobs in manufacturing, thus enabling those staying in agriculture to enjoy higher returns – is essential to further the success in rapid poverty reduction. It may, however, not be an easy process, involving many political, social and environmental costs.

Ø Institutional reforms. Critical to achieving the national targets is the Government’s continued implementation of institutional reforms, particularly with regard to the still underdeveloped private sector, which produces well under 10% of GDP. One of the single most important recent reforms in this respect was the implementation of the new Enterprise Law in early 2000. A vibrant private sector is essential to providing jobs and incomes for the rapidly growing labour force as well as generating domestic savings and taxes in order to finance higher levels of development in a people-centred and sustainable manner. The new Law significantly lowered the costs and administrative burden of setting up a private enterprise by simplifying and removing licensing requirements. In 2000 alone, approximately 14,400 new private small and medium enterprises (SMEs) and 140,000 household businesses were registered and 500,000 new jobs created. However, further reforms are needed to meet the ambitious targets for continued poverty reduction.

Ø Social sector reforms. In addition to policies that indirectly reduce and alleviate poverty, the Government will need to increase public spending on public infrastructure, disaster management and social services, including health, education, social safety nets and targeted anti-poverty programs. As important is the need to improve the poverty focus of social policies and programmes to ensure the quality and the accessibility of public services.

3 SUPPORTIVE ENVIRONMENT

Poverty reduction is at the forefront of the Government’s agenda. At the end of 1999, the Government, under the leadership of the Ministry of Labor, Invalids and Social Affairs (MOLISA), began the formulation of the ten-year Hunger Eradication and Poverty Reduction Strategy for 2001-2010 (HEPR) and the more detailed five-year National Target Program for Hunger Eradication, Poverty Reduction and Job Creation. Both are planned to be completed by mid 2001. The Government has committed itself to eradicate chronic hunger by 2005 and reduce poverty from 17% in 2001 to below 10% in 2005 and to 5% by 2010, based on the national poverty line.

The HEPR Strategy is intended to be a comprehensive document addressing the multidimensional nature of poverty and proposing a wide array of policy measures. These vary from macroeconomic and institutional reforms and pro-poor budgeting to improved access to productive assets, public services and social safety nets. It also contains eleven areas for targeted interventions, ranging from subsidized credits, basic infrastructure, and legal assistance to programmes for ethnic minorities, sedentarization, and staff training in public health and education services. It builds on the experience gained in the various government programmes that were developed during the 1990s, notably the National Target Programme for HEPR (Programme 133) and Support to the 1,715 Poorest Communes in Mountainous and Remote Areas (Programme 135).

In 2000, the Government – through the Ministry of Planning and Investment (MPI) – began drafting the Interim Poverty Reduction Strategy Paper (I-PRSP), which would provide access to the concessional lending facilities of the Bretton Woods Institutions. The I-PRSP was finalized in March 2001, and subsequently endorsed by the Boards of the IMF and the World Bank. The IMF approved, in principle, a three-year arrangement under the Poverty Reduction and Growth Facility (PRGF) for nearly US$400 million in April. The World Bank
also approved a Poverty Reduction Support Credit (PRSC) arrangement amounting to an additional US$250 million in June 2001.

The I-PRSP, which is scheduled to be developed into a full PRSP by March 2002, underlines that poverty reduction requires not only targeted interventions, but that poverty should be put at the centre of all policies – macroeconomic policies, structural reform policies, sectoral policies and social policies, both at national and local levels. It contains the following main objectives:

- Create a fair, stable and transparent business environment for different forms of enterprises, including policies to attract more foreign direct investment;
- Further liberalize trade, particularly through realizing the commitments agreed upon under AFTA and the US Bilateral Trade Agreement and paving the way for accession to the WTO;
- Reform State-Owned Enterprises (SOEs) as well as the banking sector to mobilize domestic savings and improve financial intermediation;
- Protect macroeconomic stability, through prudent fiscal, monetary and debt policies, current account liberalization, better budget transparency and macroeconomic statistics;
- Create opportunities for poor families by accelerating rural development, addressing urban poverty, and expanding and improving basic infrastructure;
- Ensure social equity, for example through the full implementation of the Grassroots Democracy Decree, invest in human resources and reduce people’s vulnerability;
- Public administration reforms, notably further decentralization and capacity building.

Although both strategies share the same overall objectives, are largely consistent, and have been formulated in a consultative manner, there are three notable differences. Firstly, the I-PRSP and its related funding through the IMF and World Bank, has, in principle, a much shorter timeframe (three years) than the HEPR. Secondly, the I-PRSP puts emphasis on anti-poverty policy reforms rather than targeted programme interventions, which constitutes the essence of the HEPR. Thirdly, the HEPR is more specific on implementation and execution modalities, including the identification of resources. However, as noted in the *Vietnam Development Report 2001*, a joint publication of the ADB, World Bank and UNDP, it would ultimately be more effective if, in the longer term, these two key documents are merged into one, taking advantage of the relative strengths of both.

### Priorities for Development Assistance

The HEPR and I-PRSP benefited enormously from the report *Attacking Poverty* (1999), produced by the Poverty Working Group (PWG) – a coalition of Government agencies, donors and NGOs. The report was essentially based on the Viet Nam Living Standards Survey carried out in 1993 and 1998, as well as participatory poverty assessments in four different regions.

In the coming years, the PWG intends to focus on assisting the Government in completing the HEPR and expanding the I-PRSP into a full PRSP. This includes filling analytical gaps, for example on the relation between trade liberalization and poverty reduction, prioritizing and costing programmes in connection with a new round of Public Expenditure Reviews, strengthening the participatory process and therefore the ownership of the PRSP, as well as synthesizing the HEPR and the PRSP.

Indicators and mechanisms for monitoring progress on poverty reduction need to be developed, also in relation to the IDTs/MDGs. This publication can be considered a first step in this process, which will be deepened in the framework of the PWG over the next months. In parallel, various donors are currently providing support to the Government’s General Statistical Office (GSO), to design a new household survey strategy for the next ten years, with surveys every other year.

Viet Nam’s development partners will continue supporting the Government in the numerous areas that have been outlined in the ten-year Socio-Economic Strategy for 2001-2010, the HEPR and the I-PRSP. Halving poverty will clearly remain a top priority for all.

### Monitoring and Evaluation Environment

<table>
<thead>
<tr>
<th>Elements of monitoring environment</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data-gathering capacities</td>
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</tr>
<tr>
<td>Quality of recent survey information</td>
<td>Strong</td>
</tr>
<tr>
<td>Statistical tracking capacities</td>
<td>Strong</td>
</tr>
<tr>
<td>Statistical analysis capacities</td>
<td>Strong</td>
</tr>
<tr>
<td>Capacity to incorporate statistical analysis into policy, planning &amp; resource allocation mechanisms</td>
<td>Strong</td>
</tr>
</tbody>
</table>
HUNGER AND MALNUTRITION

Halve the proportion of population below minimum level of dietary energy consumption and halve proportion of underweight children (under five years old)

1 STATUS & TRENDS

According to international data, the proportion of the population below the minimum level of dietary intake decreased from 28% in 1990-92 to 22% in 2000. Figures from the National Institute of Nutrition, however, indicate that this decline was from 25% to 15%. Please see chart to the right.

Furthermore, child malnutrition has come down to 34% (2000) from higher levels in 1985 (52%) and 1994 (45%). Yet, stunting remains the most prevalent type of malnutrition among children under five, with low birth weight, micronutrient deficiencies (particularly vitamin A and iron) and inadequate weaning practices serving as underlying causes.

In addition, it appears that Viet Nam can potentially achieve the goal of reducing child malnutrition to 20% (weight-for-age) by 2010 – set by the National Programme of Action for Children 2001-2010 – this may not be the case in disadvantaged areas where stunting, micro-nutrient deficiencies, poor hygiene and sanitation, limited access to safe drinking water and food insecurity problems persist. Malnutrition, in these areas, and particularly in the North Central region, Central Highlands, and Northern Highlands is still over 40%. These disadvantaged areas are also those where household and community food production is not stable.

2 CHALLENGES TO ACHIEVING THE GOALS

Ø Unavailability of appropriate agricultural support services. Ninety percent of “food-insecure” people live in rural areas, making agricultural development essential to improving their access to food through enhanced production, improved processing and preservation techniques. Appropriate agricultural support services (e.g. extension, research, credit and marketing) are also lacking and need to be made available to help these vulnerable groups escape hunger.

Ø Limited information on the most vulnerable groups. There is inadequate information available on who is food insecure and where these populations are located.

Ø Lack of specific target programs on food security. Food insecurity is a core dimension of vulnerability. Hunger will not simply disappear as a by-product of poverty elimination. Participatory poverty assessments in Viet Nam have shown that hunger and dietary inadequacy is a distinct dimension of deprivation. Focused programs on food security through mainly agricultural development activities are needed within the broader objective of poverty reduction.

Ø Limited capacity and decision making of women to care for infants/children. This is one of the main factors, besides food security, that affects children’s nutritional status. The heavy workload women shoulder to provide additional productivity and income, their double burden during pregnancy and men’s lack of involvement in childcare, leads to nutritional problems for both women and children, including problems of low birth weight, complications with deliveries, breastfeeding and the provision of adequate childcare.

Ø Lack of knowledge of child health and nutrition care. Often, families and caretakers are not able to support pregnant women and mothers in caring for their children primarily as a result of lack of knowledge and essential resources. Caretakers and mothers are unable to assess the nutritional status of their children and do not have adequate information on maintaining a hygienic environment, good weaning and nutrition practices and the basic management of childhood illnesses. If they do have such knowledge, caretakers and families are often unable to put it into practice as they lack essential resources.

Ø Low performance of basic social services at local level. Not all health services and schools are able to give adequate support and information to families and communities in providing basic health and nutrition care for children and women. Moreover, these services themselves often provide low quality care for children in general.

Ø Inadequate sanitation and unsafe drinking water. These are also significant underlying causes of illness and inadequate food intake – often leading to child malnutrition and death and also result in diarrheal and skin diseases as well as parasitic infestations. Intestinal worms contribute to protein energy malnutrition and iron deficiency anemia, which in turn causes illness, impaired development and in some cases death among children.

UNITED NATIONS COUNTRY TEAM: IDT/MDG Progress - Viet Nam
The Ten Year Socio-economic Strategy and National Hunger Eradication and Poverty Reduction and Job Creation Programme (HEPR - see Extreme Poverty chapter) emphasize more equitable growth, education for all, reduction in child malnutrition, increase in life expectancy, etc. - all positive factors in achieving the overall hunger and malnutrition targets.

To tackle malnutrition, Viet Nam’s Government has been working with its partners to build the capacity of the commune and provincial health systems and reinforce the village health worker network to act as an interface between services and families. The quality of primary health-care services is being improved through integrated and rational approaches such as community-based monitoring and integrated mother and child health activities. The introduction of “healthy schools”, in which good nutrition and hygiene behaviour are promoted through the education system is also a viable approach in promoting adequate care for children.

Through the National Plan of Action for Nutrition (1995-2000), knowledge and desirable childcare practices have improved. The NPA also played an important role in reducing micronutrient deficiencies. In April 2001, the Government launched the National Nutrition Strategy 2001-2010, which prioritizes assistance to the disadvantaged areas of Viet Nam. Participation of the community in nutrition education and commune/village involvement is a key element of the strategy.

An integrated programme approach focusing on malnutrition must contain the main components of gender development, improving the capacity of families and communities to provide care for children, improved environmental sanitation, access to clean water and reinforcement of basic social services to enable families and communities to provide care for themselves.

Priorities for Development Assistance

Development partners could facilitate Viet Nam’s improved progress towards reducing the level of food insecurity and decreasing malnutrition by supporting programmes that:

- Address the problem through a holistic approach and promote the collaboration and coordination among different key sectors (agriculture, health, education, water and sanitation, etc.) and partners.
- Include the development of adequate information systems to identify food insecure and vulnerable groups, and which can provide useful indications for targeted activities, [e.g. Food Insecurity and Vulnerability Mapping System (FIVIMS)].
- Stimulate investment in small agri-businesses through enhanced agricultural research and support services (i.e. training, credit, market and marketing facilities, rural cooperatives and other community based organizations, etc).
- Enhance the capacity of communities and families to provide adequate care for children and women, and safety nets for vulnerable people.
- Reinforce the capacity of Basic Social Services to provide adequate support and care to vulnerable groups, particularly children and women.
- Invest in environmental sanitation, water quality and food safety.
- Promote new models and effective strategic approaches to reach vulnerable groups in areas with high prevalence of malnutrition.

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UNDER-FIVE MORTALITY
Reduce under-five mortality rate by two-thirds by 2015

1 STATUS & TRENDS

It is difficult to assess whether Viet Nam will be able to meet the 2015 target of reducing the under-five mortality rate (U5MR) by two-thirds taking 1990 as a baseline, as the under-five mortality rates in 1990 vary considerably according to the source. According to government data, the U5MR in 1990 was 55.4 per 1,000 live births (ICDS, 1989-1993 Government Statistical Office). According to UNICEF, the U5MR was 81 per 1,000 live births in 1990 (“Women and Children A Situation Analysis”, 1994; UNICEF Viet Nam). If the target for 2015 is based on the U5MR of 81, the target will be around 27 per 1,000 live births. In this case, Viet Nam may potentially reach the target if important reforms continue to take place. If the target for 2015 is based on the U5MR of 55.4, the target will be around 18 per 1,000 live births. In this second scenario, it is unlikely that Viet Nam will be able to meet the target. It should be noted that the current U5MR is already quite low and improvements to this indicator are therefore much more difficult to achieve.

Although there are some concerns over the reliability of the data, all sources of data show that over the last several decades the infant mortality rate and under-five mortality rate consistently fell. Infant and under-five mortality rates stand at 36.7 (Population and Housing Census, 1999, Government Statistical Office) and 42 per 1,000 live births respectively (2000, GSO). In the Ten Year Socio-economic Strategy the Government aims to reduce under-five mortality to 32 per 1,000 live births in 2010.

It is important to note that the IMR and U5MR are low in relation to the country’s general level of economic development. However, the National Programme of Action (NPA) goal of 30 per 1000 live births for the IMR was not reached by the year 2000. There also are important regional and ethnic disparities in infant and child mortality. The IMR and U5MR are highest in the Central Highlands and in the Northern Highlands – the two regions where there is a high concentration of ethnic minorities. In these areas, the U5MR can be two to five times higher than rates in other parts of the country. In addition, recent research suggests that child mortality rates have increased in the poorest 20% of the population.

Acute respiratory infections, diarrhoeal diseases and injuries remain the main causes of child morbidity and mortality. Peri-natal conditions also account for a major share of infant deaths. Malnutrition and micro-nutrient deficiencies are serious problems in Viet Nam (see Food Security chapter) and significant causes of child mortality.

2 CHALLENGES TO ACHIEVING THE GOAL

There are at least six sets of challenges that Viet Nam will have to overcome for the country to meet the target by 2015:

Ø Poverty and health inequalities. Widespread income poverty affects all aspects of children’s health and survival by limiting access to food, basic amenities and health services. Approximately 28 million Vietnamese (37.4%) are considered poor. Economic growth has led to significant reduction in the incidence of poverty but has also come along with increasing inequality, including health inequalities.

Ø Inadequate sanitation, unsafe drinking water and poor hygiene. These problems result in diarrhoeal diseases, parasitic infestations and skin diseases. Improving access to safe water for the poor could lead to substantive improvements in the U5MR. (See chapter on Basic Amenities)

Ø Unequal access to and deteriorating quality of health services. Viet Nam has an extensive health care delivery network with a large supply of health workers and well organized national public health programmes. However, data on utilization and access to health-care services show that there are increased inequalities between rich and poor in this regard. The poor and near poor utilize public health facilities less, are underrepresented in health insurance schemes and find that services are unresponsive to their needs. In addition, the quality of the health services has been deteriorating mainly because of low budgets and salaries, poor planning and management skills.

Ø Inadequate financing for health. The public health budget is very low compared to international standards and needs to be raised. The health expenditures (public and private) are not directed to the most effective interventions.

Ø Lack of integration and coordination between the disease-oriented programmes dealing with child health. This makes it difficult to develop comprehensive and resource-based plans of action to meet the targets of the NPA for 2001-2010.

Ø Poor childcare practices at family level. In Vietnamese households, basic hygiene, health and nutrition practices crucial to child survival, growth and development are ineffectively applied. Knowledge of childcare and particularly of child feeding among mothers and families is inadequate and this results in poor feeding habits.
The Ten-Year Socio-economic Development Strategy highlights the issue of child health. The more precise national objectives for child health are articulated in the NPA, in the “National Nutrition Strategy 2001-2010” and in the “Strategy for People’s Health Care for the years 2001-2010”. In these documents the Government has signaled its intention to pursue policies and programmes to reduce under-five mortality to 32 per 1000 live births by 2010. The main approaches to reach these targets include: universal nutrition education, control of protein energy malnutrition and micro-nutrient deficiencies in children, increasing financial access to health care through the development of health insurance schemes, improving PHC/community-based services through new management methods and the deployment of qualified health workers, strengthening preventive care and health promotion, developing pro-poor health strategies. Water and sanitation also receive considerable attention from the Government, through the implementation of the “National Rural Water Supply and Sanitation Programme”. The programme has raised the profile of the sector, created a favorable investment environment for donors, and established Water Supply and Sanitation Offices in all 61 provinces (see Basic Amenities chapter). The overall poverty reduction strategy should also help in reaching the target for under-five mortality.

Development partners could usefully support programmes and strategies that:

Ø **Reduce poverty and inequalities, and develop pro-poor economic growth.**

Ø **Increase access to clean water and sanitation.** With particular focus on the introduction, promotion and construction of appropriate water supply and sanitation facilities, and with emphasis on community participation with the promotion of low-cost and environment-friendly technologies.

Ø **Strengthen the institutional capacities of MOH and other agencies that have influence over health.** Particular emphasis should be put on building planning and policy-making capacities at all levels to support the effective leadership and clear direction of the health sector reform process.

Ø **Improve capacity of families to provide adequate home-based health and nutrition care to children.** This should include breastfeeding, adequate micro-nutrient intake and complementary feeding, hygiene, disease prevention and prevention of injuries. Interventions to build the capacity of village health workers, mass organizations and communities to provide information and communicate on these subjects are essential.

Ø **Support reform in health financing.** Given the need for poor and near poor to have access to health services, sound approaches to widen health financing coverage should be developed.

Ø **Strengthen primary health care (PHC) and service delivery.** Adequate allocations to PHC, including the district level, extension of community-based PHC services and improvement of quality and responsiveness to the needs of the poor and increased health promotion are essential.

### 3 Supportive Environment

#### Elements of monitoring environment

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### 4 Priorities for Development Assistance

UNITED NATIONS COUNTRY TEAM: IDT/MDG Progress - Viet Nam
REPRODUCTIVE HEALTH
Reduce maternal mortality ratio by three-quarters by 2015
Universal access to safe/reliable reproductive health services by 2015

1 STATUS & TRENDS

Over the last decade (1990-2000) improvement in the quality of Reproductive Health (RH) services and information has led to a decrease in the maternal mortality ratio (MMR) in Viet Nam, a trend that will most likely continue. However, it is difficult to access whether Viet Nam will be able to meet the 2015 target of reducing MMR by three-quarters because reliable data is lacking. Studies carried out with the support of international donors indicate the official data underestimates the MMR and questions whether the decrease has been as steep as indicated (i.e. from 200 to 100 per 100,000 live births between 1990 and 2000). There are also large differences in the maternal mortality ratios across regions. The Central and Northern Highlands (i.e. rural, mountainous and remote areas) have the highest levels of maternal mortality (up to 418/100,000 live births) while the Red River Delta and the South East (i.e. most urbanized and populated areas) have the lowest.

The steady increase in the proportion of married couples using modern contraceptives over the past ten years indicates that the Vietnamese population will potentially have universal access to safe and reliable contraceptive methods by 2015. In 1993, the proportion of married couples using modern contraceptives was 36%, and increased to 60% in 1997 while the goal set by the Vietnamese Government for 2010 is 70%. However, with the majority of contraceptive users still relying on intrauterine devices, there is an urgent need to broaden the range of contraceptive methods available to the users. In particular, the use of condoms, currently below 5%, should be increased.

2 CHALLENGES TO ACHIEVING THE GOALS

In Viet Nam the major causes of maternal deaths are haemorrhage, infections, eclampsia, obstructed labour and unsafe abortions. Progress towards reducing the MMR and increasing access to and utilization of contraceptives is compromised by a number of challenges:

Ø Inadequate access to essential, comprehensive and emergency obstetric care (EOC) due to:
- Poor emergency referral system
- Lack of infrastructure in remote and mountainous areas
- Lack of basic knowledge on maternal health at the household/family level

Ø Inadequate access to and utilization of quality reproductive health care services and information due to:
- Shortage of health professionals, particularly midwives
- Inadequate skills including counselling skills among health professionals
- Inadequate performance of Maternal Health Care, including Ante-Natal Care, Safe Delivery Care and Post-Natal Care

Ø Shortage of contraceptives especially condoms and other reproductive health commodities and insufficient logistical management of contraceptives.
The abovementioned challenges are recognized by the Government in two new strategies: “National Strategy on RH for 2001-2010”, and “Viet Nam National Population Strategy, 2001-2010” approved by the Government in 2000. Both strategies indicate a strong political commitment to further reduce the MMR, and improve access to, and acceptance of, contraceptives. In the Reproductive Health Strategy for Viet Nam the MMR target for 2010 is 70 per 100,000. The strategy aims to bridge the gaps between different regions and groups of the population. This is very relevant with respect to the MMR, as progress to date has been uneven, with the ratios much higher in remote and mountainous areas compared to average maternal mortality ratio in Viet Nam. To meet the MMR target, it is critical that the RH strategy is put into practice, particularly the components on safe motherhood. This includes ambitious targets for mothers receiving pre and post-natal care and deliveries assisted by well-trained health personnel.

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Priorities for Development Assistance

Development partners could contribute to these targets by:

- Assisting the Government to build capacity to implement the RH strategy in general and, specifically, the safe motherhood component. Assistance should be provided in all areas mentioned in the strategy to improve access, utilization and quality of RH services (i.e., Information, Education and Communication (IEC), service delivery, research, training, financing, and management, monitoring, assessment and planning). A gender-based approach to Safe Motherhood should be adopted that takes into account the ways in which gender norms influence the vulnerability of pregnant women, their ability to learn protective behaviour and to benefit from care.

- Providing assistance to ensure the effective implementation of the Government’s Population Strategy including access to reproductive services and commodities including contraceptives.

- Providing assistance to improve the capacity of the government to gather, analyse and utilize high quality data on reproductive health including data on MMR and access to contraceptives.

Monitoring and Evaluation Environment

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In the Population Strategy for Viet Nam, targets have been set for increasing the prevalence of modern contraceptive methods to 70% by improving information about, and access to, contraceptives. The strategy further recognizes the need to make information and contraceptives available to adolescents and young unmarried adults, whose needs have been virtually ignored in the past. To ensure increased access to and prevalence of contraceptives, all parts of the population strategy should be fully implemented. It is critical that initiatives be taken by the Government to fill the gap between condom supply and demand.
Given the current rate of progress, Viet Nam is very likely to achieve full primary enrolment in 2015. The net enrolment rate in primary education has steadily improved from 1990 to 2000. In 1999, the net enrolment rate (NER) in primary education stood at 94.8%, a significant improvement from 1990 (86%) and 1995 (91%). This rate has far exceeded the goal set at the World Summit for Children in 1990. The primary gross enrolment rates reveal a similar upward trend from 102% in 1990 to 108% in 1999. This upward trend is probably due to the increasing number of ethnic minority children who attend primary school but enrol late, thereby increasing the proportion of children within the primary school system. (“Education for All in Viet Nam 1990-2000”).

However, the country still faces geographical, gender and ethnic disparities in primary net enrolment rates. In 1999, while the NER of the Red River Delta (in northern Viet Nam) was 98%, that of the Mekong River Delta (in southern Viet Nam) was only 90%. In addition, gender disparities also exist in rural areas, with male NER of 94% compared to female NER of 92% (see Gender chapter).

Inequitable access. Equitable access by different income, gender and ethnic groups, particularly in the more isolated areas of the country, remains a challenge. Although all provinces and cities of Viet Nam achieved the national goal of Universal Primary Education (UPE) of 90% by July 2000, concerted efforts are necessary to assist disadvantaged groups and girls, especially those from ethnic minorities, in order to overcome regional disparities.

Quality of educational services. It is important to go beyond the quantitative target. Quality of education varies by geographical, income, gender and ethnic group. The government strategy does not define a clear national set of service standards for basic education that can be guaranteed to every pupil and existing standards do not specify a minimum performance level for each school. The availability (especially in disadvantaged areas) and quality of teaching staff as well as the relevance of curricula need to be reviewed.

Inadequate financing. Although National Education Strategies for 2001-2010 have been approved, additional financial resources need to be raised and allocated from domestic and international sources to carry out the National Education Plan.

The Government has put significant efforts into developing the draft Education Strategy to the year 2010, which aims primarily to reach the NER target of 98% and primary school completion rate of 85%-95% by the year 2010 (Source: MOET 2000). At present, the Ministry of Education and Training, in collaboration with UN agencies and the donor community is planning to develop an “EFA National Framework” aimed at enhancing the overall coordination and effectiveness of the education planning process.

Other supportive policies contributing to the success in meeting the target include:

- Involvement of communities and mass organizations in sharing the costs of primary education.
- Introduction of a new national unified curriculum starting in 2002-2003 school year. This will require a well-executed plan for national implementation including gradual and systematic phasing in of the plan especially in the poor and remote provinces of the country.
- Increasing the primary school day from four to seven or eight hours for all children. One of the consequences of increasing the time spent in school will be the need for additional classrooms and numbers of well-trained teachers to carry out this reform.
- Larger investment in primary education. The national expenditure on primary education has more than doubled from 1.11% to 2.38% of GDP over the last few years. Viet Nam has committed to further increase public spending on education to 20% of total public spending, which would be equal to 4% of GDP by 2005.

Development partners could facilitate the achievement of the UPE goal by:

- Promoting Access, Equity and Quality in Primary Education. Specific programmes need
to be developed to reach the unreached and to ensure that girls and boys, urban and rural children, and those from disadvantaged groups and remote groups, including ethnic minorities and disabled children get access to and regularly participate in quality primary education. It is of particular importance to improve content and methodologies of teaching-learning and to ensure that all children acquire basic numeracy, literacy and live skills in a child-friendly learning environment.

Ø **Strengthening Education Planning, Management and Information System.** Improve the education management information system to obtain meaningful and accurate statistics, especially sex- and ethnic disaggregated data, particularly at district, commune and school levels. This includes development of an education information and database at the school and community levels in order to strengthen school management and supervision including the setting of enrolment targets and establishment of school improvement plans. Emphasis should also be placed on strengthening community participation, including capacity building of parent-teacher associations and education councils to facilitate ownership of primary education by the local communities.

Ø **Supporting Early Childhood Care at Family and Community Levels.** This includes support for early stimulation of very young children, 0-3 years of age, in order to maximize their psychosocial, cognitive and intellectual development. Also, emphasis should be placed on the establishment of low-cost, inclusive and safe community-based child development groups and kindergardens for children, 3-6 years of age, particularly in poor and disadvantaged communities.

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GENDER EQUALITY
Empower women and eliminate gender disparities in primary and secondary education

1 STATUS & TRENDS

If current trends persist, the goal of achieving gender parity in education is likely to be met at the primary level and lower-secondary levels by 2005.

There is almost no difference in the enrolment of boys and girls of primary school age, but a gender gap begins to appear (at age 11 in 1997/98) in the secondary school age group and then increases in the upper secondary school level. The overall increase in enrolment in the lower-secondary school ages has been accompanied by an increase in girls’ enrolment, and the gap between boys’ and girls’ enrolment has declined over the five-year period (92-97) from 11% to 6% in lower secondary school ages, and from 15% to 11% in upper secondary school ages (Desai 2000). The improvement, however, is not uniform. In urban areas, girls’ enrolment increased much more than boys’ enrolment, so that in 1997-98 there is no gender difference. Amongst the poorest (poorest quintile of the population), there is a wider gender gap. The rate of girls who did not attend lower-secondary school was 32% while it was 20% for boys.

2 CHALLENGES TO ACHIEVING THE GOAL

Although significant progress has been made in terms of narrowing the gender gap in education, a number of issues still need to be addressed:

Ø Geographical disparities: Gains have not been consistent in all regions and between all socio-economic and cultural groups. Poor children and those from the more remote areas and ethnic minority groups have lower rates of participation and achievement. This is especially true for children from the Hmong, Bana, Xo-Dang and Dao minority groups, and particularly among Hmong girls.

Ø Fewer opportunities: In Viet Nam, like in other low-income countries, the opportunity cost of sending girls to school beyond primary level is high. The school fee exemption system is not always functional. Amongst the poor, girls have fewer opportunities for education than boys do, since poor families tend to prioritize boys in terms of sending them to school. Girls from poor families are more likely to stay at home and do household work and look after their younger siblings while their parents are working in the fields.

Ø Higher drop-out rates for girls: Across all segments of the population, girls represent 70% of all dropouts. Girls, more than boys, are expected to participate in family economic activities.

Ø Gender stereotypes: School textbooks reflect and reinforce traditional gender stereotypes, which might foster girls adopting domestic and subservient roles within the society.

3 SUPPORTIVE ENVIRONMENT

In 2000, the Government of Viet Nam declared that the national programme on universalization of primary education (UPE) had been completed in all 61 provinces; with the exception of some districts and communes. A similar programme for junior secondary level has now been launched. In the National Plan of Action for the Advancement of Women to the year 2005, targets have been set to increase the rate of girls and boys attending primary and secondary schools and to reduce the rate of girls dropping out and repeating grades at both education levels.

Status at a glance
Will target be reached by 2005?
Primary education:
- Probably
- Potentially
- Unlikely
- Insufficient data

Lower secondary:
- Probably
- Potentially
- Unlikely
- Insufficient data

Upper secondary:
- Probably
- Potentially
- Unlikely
- Insufficient data

State of supportive environment
- Strong
- Fair
- Weak but improving
- Weak

RATIO OF GIRLS TO BOYS IN EDUCATION

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>2000</th>
<th>2005 (estimate)</th>
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<tbody>
<tr>
<td>Primary</td>
<td>66.6</td>
<td>98.1</td>
<td>100</td>
</tr>
<tr>
<td>Lower secondary</td>
<td>86.1</td>
<td>92.6</td>
<td>100</td>
</tr>
<tr>
<td>Upper secondary</td>
<td>99.6</td>
<td>98.1</td>
<td>100</td>
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Box 4:
Key objectives of the Draft Plan of Action for the Advancement of Women in Viet Nam (2001-2005)

- Implement women’s equal rights in the area of labour and employment to improve women’s economic status and living standards
- Ensure the realization of women’s equal rights in education and create conditions for women to enhance their qualification levels in all aspects
- Improve women’s health
- Enhance the role and position and increase the participation of women in leadership and decision making
- Ensure the realization of women’s rights and benefits and facilitate women’s participation in socio-economic activities
- Capacity building and effective operation of the National Machinery for the Advancement of Women

POOR CHILDREN NOT ATTENDING SCHOOL

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Lower secondary</td>
<td>11</td>
<td>33</td>
</tr>
</tbody>
</table>

4 Priorities for Development Assistance

The donor community in Viet Nam could support the Government’s efforts to achieving the goal in the following ways:

Ø Improve gender-sensitive access to, and quality of, basic education

Ø Create enabling opportunities for girl-friendly basic education (e.g., boarding schools for ethnic minority and poor girls)

Ø Invest in strengthening early childhood care at family and community level to promote girls’ development and learning capacity

Ø Develop gender-responsive activities and strategies in all phases of basic education programmes

Ø Support the revision of school textbooks and curriculum to reflect positive images of gender equality in both the text and the illustrations

Box 5: Poor and ethnic minority girls have less access to school

- 19% of ethnic minority girls do not go to primary school
- 64% do not attend secondary school
- 70% of children dropping out are girls

5 Monitoring and Evaluation Environment

<table>
<thead>
<tr>
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ACCESS TO BASIC HOUSEHOLD AMENITIES
Halve the proportion of people unable to reach or afford safe drinking water by 2015

1 STATUS & TRENDS
In 2000, about 51.8% of the Vietnamese population had access to safe water supply. This national figure conceals the urban-rural disparities in the country. While 78% of the urban households are using safe water supply, only 44% of the rural households have access to safe drinking water sources.

The latest available statistics are from a Multi-Indicator Cluster Survey carried out by the General Statistical Office of Viet Nam in September 2000. Safe water is defined as water coming from pipes, public taps, tubewells with handpump, protected wells and springs.

2 CHALLENGES TO ACHIEVING THE GOAL
The greatest needs are in the rural areas of Viet Nam where approximately 80% of the population live.

Ø Sectoral reform. While the National Rural Water Supply and Environmental Sanitation Strategy (RWSS) was finalized in 1999 as a basic sector framework, the Centre for Rural Water Supply and Environmental Sanitation (CERWASS), under the Ministry of Agriculture and Rural Development (MARD), needs strengthening and restructuring. Decentralization of responsibility and defining the role of CERWASS as the coordinator and facilitator rather than the provider of services, is a key factor for achievement of sector goals.

Ø Poverty reduction and progress in basic education. Hygiene practices and the local infrastructure in remote under-served areas are major factors contributing to the success or failure in reaching the targets.

Ø Community participation. Extensive training and support will be needed to ensure that communities are capable to manage, operate and maintain their water supply infrastructure.

3 SUPPORTIVE ENVIRONMENT
In July 1999, the national RWSS strategy was completed by a consulting team and presented to the Government. The strategy was then approved by the Prime Minister and became national policy in August 2000. The aim is to decrease the proportion of the population without access to safe drinking water to 20% by 2005. The role of the main Government agency in the strategy – CERWASS within MARD – is not to be a supplier of service provision. CERWASS has assumed the responsibility of being a facilitator of provincial level planning and implementation, however, this role will take time to put in place. With great emphasis on capacity building, the role of CERWASS will only be to support and coordinate by the end of 2005. At the central level, CERWASS will plan and provide support for the whole sector. It is believed that Viet Nam is on track to achieve the 2015 sector targets because of the increasing political commitment towards the water supply and sanitation sector. The ongoing poverty alleviation programme will certainly contribute to reducing the level of poverty and increasing the knowledge and capacity in remote mountainous areas, with mainly ethnic minority populations.

Plans have been developed for building capacity at the local level to implement the existing sector framework (Programme and Strategy) in a more transparent, effective and sustainable way. The setting up of an effective national Information, Education and Communication (IEC) strategy, focusing on behavioural change in the fields of health, hygiene and the environment is part of this plan. Support will be given to the Government in establishing and reinforcing rules and regulations to control water resource and environmental problems.

4 PRIORITIES FOR DEVELOPMENT ASSISTANCE
Assistance should focus on reducing the widening urban-rural gap with special attention to:

Ø National and local capacity building to facilitate the implementation of the sector programme on the principles and approaches outlined in the national sector strategy.

Ø Strengthening the capacity within the community to actively participate in the Rural Water Supply Sector Programme.

Status at a glance
Will target be reached by 2015?
Probably Potentially Unlikely Insufficient data

State of supportive environment
Strong Fair Weak but improving Weak

### Monitoring and Evaluation Environment

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ENVIRONMENT
Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015

1 STATUS & TRENDS

While the overall policy framework is improving and the concept of sustainable development is gaining ground, the state of the environment in Viet Nam continues to be under enormous pressure. The Government has drafted strategies and action plans for making development more sustainable, but growing population pressure and other factors still contribute to the unsustainable use of natural resources.

2 CHALLENGES TO ACHIEVING THE GOAL

Natural resources continue to be used unsustainably, and the effective implementation of the Government strategies and action plans may be compromised by a number of factors including:

Ø Population pressure. According to the recent Population Census, the population growth amounted to 1.65% in 1999. While this is a significant drop from around 3% in the early nineties, it still means that every 42 years, the population of Viet Nam will double. The General Statistical Office (GSO) projects the population size at 96-102 million in 2024, with the urban share growing from 23.5% to 27-29%.

Ø Weaknesses in implementing the environmental strategy. While the Government has made commendable progress identifying and prioritizing environmental concerns, there is limited capacity and resources for implementing Viet Nam’s environmental priorities. Less than 2% of the Government’s current budget is spent on the environment, according to the National Environmental Agency.

Ø Lack of environmental awareness. Viet Nam is one of the most densely populated countries in the world (235 people/km²). Among countries where more than 30% of gross domestic product is derived from agriculture, Viet Nam is number five in terms of population density (after Bangladesh, India, Rwanda and Burundi). About 80% of the Vietnamese population depend on agriculture for income. Agriculturally based countries rely on water and land to grow crops and need natural resources to support the population. Therefore, it is imperative to raise environmental education awareness so that people in Viet Nam can better understand that their actions affect the sustainable use of natural resources.

Ø Industrial Growth. The forecast industrial growth in the next ten years will result in a large increase in environmental emissions and hazardous waste production. Without proper reduction measures, environmental degradation cannot be avoided.

Ø Incentive missing for introducing Cleaner Production Technology. There are no incentives for companies to invest in new technologies for cleaner production. In most cases, environmentally friendly landfills or wastewater treatment plants do not exist for the proper disposal of hazardous wastes or the cleaning of wastewater. Disposal and treatment costs are far too low and there are, therefore, no incentives for waste minimization.

3 SUPPORTIVE ENVIRONMENT

Viet Nam has made significant progress in strengthening its approach to sustainable development. In 1991, the Government drafted the Environmental Protection and Sustainable Development Strategy for the 1992 Rio Earth Summit. This was the first government strategy that publicly included the concept of sustainable development. In 2000, the Government...
PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could usefully support:

Ø Implementation of the National Environmental Action Plan. This document was developed in a highly participatory manner, and consequently there is a strong consensus about the priorities the action plan highlights. Support is now needed to implement these priorities and to integrate environmental considerations into sectoral programme implementation.

Ø Environmental education and awareness. Without a better, more widespread understanding of the need for environmentally sustainable development, environmental degradation is likely to continue.

Ø Environmental institution strengthening. The National Environmental Agency (NEA), within the Ministry of Science, Technology and the Environment (MOSTE) is the most important government entity for monitoring environmental conditions and regulating pollution sources. More support is needed, however, to build the capacity of NEA, as well as the capacity of the Departments of Science, Technology and the Environment in the provinces, and other ministries concerned with environment.

Ø Cleaner technologies in industry. Information and know-how related to new and cleaner technologies, new production processes, and new products must be enhanced in industry, government agencies, and research and academic institutions. More financial and technical support is needed for training and promotion of this concept in Viet Nam.

MONITORING AND EVALUATION ENVIRONMENT

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1 STATUS & TRENDS

Over the last ten years, Viet Nam has experienced a rapid increase in the number of new HIV infections. By December 2000, the cumulative number of reported HIV infections reached 32,359. However, it is estimated that 107,000 people are living with HIV/AIDS. All 61 provinces have reported HIV/AIDS cases. Of all AIDS and HIV-reported cases the majority (65%) are related to injecting drug use. Although data on HIV risk behavior is not included in routine HIV surveillance, studies of injecting drug users (IDUs) indicate that 28% of users share equipment. There are also indications of increasing risk for heterosexual transmission. The number of HIV-positive women has been steadily increasing, and the number of HIV-positive pregnant women has increased from 0.02% in 1994, to 0.2% in 2000. Sexual transmission of HIV has also increased among female sex workers, with an increase in prevalence rate from 0.59% in 1994, to 4.33% in 2000.

The epidemic in Viet Nam has ample room for growth. The sex trade and the use of illicit drugs is growing, and mobility within and across borders could eventually translate into a higher number of HIV-positive people. The Government has established HIV/AIDS as one of its priority programmes. According to Government estimates and projections, current HIV prevalence among adults is estimated at 0.22% and will rise to 0.27% by 2005.

2 CHALLENGES TO ACHIEVING THE GOAL

At least five major challenges stand in the way of halting and reversing the spread of HIV/AIDS in Viet Nam:

Ø Leadership and coordination. Strong coordination mechanisms and increased involvement of provincial entities are needed to avoid fragmentation of efforts. Increased accountability of all public sectors involved in HIV/AIDS will be fundamental for an effective and expanded response.

Ø Protecting young people from the epidemic and its impact. Expansion of health and sex education, as well as greater access to voluntary counselling and testing, will be critical for Viet Nam’s response to the epidemic. The major challenge is to obtain high rates of condom use not only to protect individuals involved, but also to avert what could become a long chain of transmission. If condom use remains low, Viet Nam could see an upsurge in HIV infections.

Ø Reducing the vulnerability of injecting drug users and sex workers to HIV infection. Effective measures to ensure that there is better access to information and essential services are critical to containing the spread of epidemic.

Ø Care and support. Ensuring health care and social support for those infected and affected by HIV/AIDS will require a broad approach. The continuum of affordable clinical and home-based care and treatment has not yet been established in the country. Moreover, the establishment of a specific programme focusing on children infected or affected by AIDS is necessary.

Ø Stigma and discrimination. Identification and elimination of arbitrary discrimination or unequal treatment of people living with HIV/AIDS is an imperative for controlling HIV/AIDS in the country. To curtail discrimination based on known or presumed HIV status, it is necessary to ensure that confidentiality of HIV status is not breached and that mandatory testing is not required.

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1 Data source: Ministry of Health
3 SUPPORTIVE ENVIRONMENT

In June 2000, the Prime Minister of Viet Nam issued Decision No.61/2000/QD/TG, establishing a new National Committee for the Prevention of AIDS, Drugs and Prostitution (NCADP). This committee merges three former Committees: Social Evil Prevention and Control, the National Committee for Drug and Prostitution Prevention and Control, and the National Committee for AIDS Prevention and Control. The new committee’s mandate is to assist the Prime Minister in directing and coordinating AIDS, drug and prostitution prevention and control. The Ministry of Health is taking overall leadership of the HIV/AIDS National Programme.

The Government is developing the second National Targeted Plan on HIV/AIDS Prevention for the period 2001–2005. The National Strategic Plan includes key priorities such as better care and support for people living with HIV/AIDS, prevention of mother to child transmission and more involvement at the provincial level. Successful implementation and decentralization of the HIV/AIDS activities outlined in the current national plan will be required in order to halt and reverse the spread of HIV/AIDS by 2015.

4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

The donor community could usefully focus their assistance in the following areas:

Ø **Promotion of sexual health and reproductive health education** to prevent HIV and other diseases specifically targeting young people.

Ø **Providing to men and women using illegal drugs and those involved in commercial sex, information and adequate services in order to reduce their vulnerability.**

Ø **Improving the capacity of health services and providing care and support for HIV-infected persons.** This could include the delivery of voluntary and confidential counselling and testing, the provision of adequate prophylactics and treatment for opportunistic infectious diseases and anti-retroviral treatment.

Ø **Improving the capacity of basic social service providers and mass organizations to support people affected and infected by HIV/AIDS.** This should include psychological support and assistance to orphaned children.

Ø **Supporting research aimed at reviewing institutional and community responses and the socio-cultural factors that contribute to the spread of HIV/AIDS and adjusting programmes and policies accordingly.**

Ø **Ensuring the participation and consultation of people living with HIV/AIDS in all programmatic aspects, including the reduction of discriminatory practices, and the elimination of mandatory HIV testing and routine work dismissals due to AIDS-related illnesses.**

Ø **Assisting the country in the careful monitoring and evaluation of HIV/AIDS-related activities.**

5 MONITORING AND EVALUATION ENVIRONMENT AT A GLANCE

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The United Nations Development Assistance Framework (UNDAF)* is a strategic planning framework for UN development operation and assistance at country level. The UNDAF provides a basis for coordinating UN responses to national development priorities as well as a framework under which UN organizations may support the country’s long-term development according to their comparative advantages.


The UNDAF for Viet Nam sets four focus areas which reflect a convergence of national needs and priorities and areas to which UN development assistance may be effectively applied in pursuing poverty reduction over the next five years. These are: basic human needs, rural development, governance and environment. The UNDAF draws on a three-pronged approach for reducing poverty – creating opportunity, ensuring equity and reducing vulnerability – as recommended by the Attacking Poverty report (see Extreme Poverty chapter) in these four areas. The more specific UN objectives aim to assist the Government in realizing its long-term development goals in support of its ten-year Socio-economic Development Strategy for 2001-2010 by:

- Supporting equitable access to economic and social resources in order to ensure improved local delivery of high quality basic social services to meet the basic needs of the poor. Specific attention will be paid to the most vulnerable, including ethnic minorities and women.
- Supporting rural development to reduce the vulnerability of the poor and provide them with employment and income generating activities. Facilitating rural development through support in the areas of basic human needs, governance and environmental management as well as supporting targeted interventions.
- Strengthening and promoting good governance, including strengthening the rule of law and increasing transparency; improving efficiency, effectiveness and transparency of state management, increased role for participation of people from all sector of society and promoting the right to development.
- Supporting a framework for the protection of Viet Nam’s environment (environmental management and planning) and ensuring the environmental sustainability of rural development interventions and the integration of environmental concerns in basic services interventions such as health services, rural water and sanitation and education.

The UN system provides high-quality, technical policy advice on poverty and human development issues, based on global experience in pursuit of these objectives. Within the UN system, collaborative projects and programmes are ongoing, and joint UN advocacy efforts are made to promote the rights enshrined in UN declarations, covenants and conventions signed by Viet Nam. Interagency theme groups for the four principal areas of UN development assistance provide operational follow up on collaborative initiatives planned in respective thematic areas (Basic Human Needs, Rural Development, Governance and Environment) and a Joint Programme Committee was set up to ensure that potential duplication and gaps are avoided. Monitoring of UNDAF goals and objectives is the dual responsibility of the four UNDAF Theme Groups and the Joint Programme Committee, coordinated by the UN Resident Coordinator’s Office. Beyond UN system collaboration, UN agencies in Viet Nam continue to actively participate in a number of Donor Working Groups and work to deepen current partnerships with the Government and wider donor community.

* In his reform programme, the UN Secretary-General established a number of mechanisms for improving the coherence and impact of UN assistance at country level. Among these were the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).
Cover photo: Tuyet Minh / UN Women’s Photo Competition. Graphic Design: Dang Huu Cu / UN Viet Nam