Viet Nam Prioritized Actions 2018-2020

Contents

Prioritized Actions 2018-2020

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
I. IMPROVE POLICIES, LAWS AND STRENGTHEN MANAGEMENT EFFECTIVELY							
1. IMPROVE POLICIES, LAWS							
1.1. Review FP service provision at the grassroots level; propose amendments, supplements, and solutions to policies to eliminate barriers and to develop the network of providing quality FP services in health facilities (Circular No. 26, in which IUDs, injectables are not allowed to be provided in health centers)	GOPFP/MCH	**X**	**x**	**x**			
1.2. Survey and make recommendations on the formation of policies to develop contraceptive devices and services markets; support and mobilize non-public health facilities to provide contraceptive devices and services	GOPFP				**x**	**x**	**x**
1.3. Review and make recommendations on revisions and adjustments to standard and technical specifications on quality of providing clinical services	GOPFP/MCH				**x**	**x**	**x**

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
2. DEVELOP PLANS, PROJECTS, AND MODELS							
2.1. Develop and submit for approval from the Prime Minister the Project on consolidation and improvement of the quality of FP services by the year 2030	GOPFP/PFD	X	x	x			
2.2. Develop national action plan on Adolescent Reproductive Heath for the period 2019-2025	MCH/GOPFP	x	x	x	x	X	
2.3 Develop a national proposal on provision of SRH services for unmarried youth in industrial zones	MCH	x	x	x	x	X	
2.4 Conduct review of the current sexuality education in schooling system of Vietnam	Ministry of Education and Training (MOET)/UNFPA	x	x	x	x	X	
2.5 Development of online learning programme on SRH at vocational training institution. MOLISA has responsible for vocational training for out of school youths	Ministry of Labour, Invalid and Social Affairs (MOLISA)/UNFPA	x	x	x	x	x	
2.6. Support provinces in developing localized plans using CIP approach	GOPFP/UNFPA/ FP2020			x	x	x	x
2.7. Survey on the needs and participation of non-public sector and the marketing providing contraceptive devices and services (CDS)	GOPFP/PATH			x	x	x	x
2.8. Survey on the needs and satisfaction of CDS users	GOPFP/ PATH			x	x	x	x
2.9. Develop the Total Market Approach Plan (TMA) on CDS by the year 2025	GOPFP/ PATH			x	x	x	x
2.10. Review, evaluate, and share experiences in implementing effectively various models of providing CDS; develop new intervention models on providing CDS to targeted people in specific sites	GOPFP/ MCH	X	x	x	x	x	

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
2.11. Organize conferences, seminars, and workshops to advocate for policy change and resources for the program	GOPFP	X	x	x	x	x	
2.12 Conduct stakeholder meeting to discuss policy issues on SRH/FP		x				x	
3.IMPROVE CAPACITY, STRENGTHEN INSPECTION, MONITORING AND SUPERVISION	GOPFP	x	x	x	x	x	x
II.SUPPLY OF CDS							
1. HUMAN RESOURCES							
1.1. Review and update training and refresh training curriculum and materials for FP service providers; institutionalize compulsory in-service training to service providers, the procedures of training and accreditation certificates to national and provincial trainers, the procedures of monitoring, the procedures of supervision; evaluate training and post-training activities	GOPFP/MCH	x	x	x	x	x	x
1.2. For FP service providers of public and non-public health facilities: Provide continuous training and update training on knowledge and technical skills to service providers aiming at achieving national technical standards, including counselling skills, communication and caring skills towards clients after their using of CDS	DOH/DOPFP	x	x	x	x	x	x
1.3. Mobilize resources from free market to participate in providing CDS with the agreed service price mechanism	DOH/DOPFP	x	x	x	x	x	x

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
1.4. Rotate doctors and health workers of the public sector: For communes in zone 3, rotate health workers to ensure to have qualified FP service providers in these communes	DOH/DOPFP	x	x	x	x	x	x
1.5. For hamlets, villages: organize training to population collaborators and village/hamlet health workers and hamlet midwives on using check-list, on communication and counselling skills, and on contraceptive user- follow-up skills and other necessary technical qualifications	DOH/DOPFP	x	x	x	x	x	x
1.6. For those people engaging in selling contraceptives under social marketing/socialization program (condoms, pills): organize training on management skills and social marketing skills including counselling and client-caring skills	DOH/DOPFP	x	x	x	x	x	x
2. CONSOLIDATE MEDICAL EQUIPMENT AND CONTRACEPTIVE DEVICES							
2.1. Equip medical/FP instruments and equipment that CHFs are lacking in to ensure their capability of providing FP services, meeting the segmented technical standards to provide services. Priority is given to CHFs in difficult area or in areas where fertility is high	GOPFP/DOH	x	x	x	x	x	x
2.2. Provide district health facilities and mobile teams with comprehensive instruments and equipment so that they can provide comprehensive FP services, meeting the segmented technical standards to provide services and support commune level. Priority is given to CHFs in difficult area or in areas where fertility is high	GOPFP/DOH/ MSIVN	x	x	x	x	x	x
2.3. Update the contraceptive procurement plan to ensure contraceptive security 2018-2020	GOPFP		x	x	x		
2.4. Procure/Supply contraceptives annually	GOPFP, UNFPA	x	x	x	x		

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
2.5. Conduct clinical trials on new contraceptives and promote their use to contraceptive users	GOPFP/MCH		x	x	x		
2.6. Conduct quality assurance checks of contraceptives procured; dispose if the quality is not up to standards	GOPFP/MCH		x	x	x		
2.7. Select and contract with a specialized organization to take care of quality inspection and quality control of contraceptives	GOPFP/MCH		x	x	x		
3. ENHANCE SOCIAL MARKETING AND DEVELOP CONTRACEPTIVES MARKET							
3.1. Develop guidelines to implement social marketing and develop contraceptives markets well in line with local conditions and the capacity to pay of the users	GOPFP/DOPFP	x	x	x	x	x	x
3.2. Implement social marketing program. Pilot social marketing contraceptive services (IUDs, injectables, and implants)	GOPFP/PSI/NGO	x	x	x	x	x	x
4. ORGANIZE SERVICE PROVISION IN HEALTH SYSTEMS							
4.1. Review and update technical guidelines and protocols to guide technical health providers (counselling, health care for contraceptive users, protocols to handle complications)	GOPFP/DOPFP	x	x	x	x	x	x
4.2. Organize contraceptive services as technically regulated	GOPFP/DOPFP	x	x	x	x	x	x
4.3. At commune level: Ensure health facilities can provide essential contraceptives (IUDs, injectables, pills condoms), especially in zone 2 and 3	GOPFP/DOPFP	x	x	x	x	x	x
4.4. At district level: Ensure health facilities can provide clinical contraceptives (female and male sterilizations, IUDs, implants and injectables); and provide technical support to communal level,	GOPFP/DOPFP	x	x	x	x	x	x

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
including providing mobile services or campaigns							
4.5. At provincial/central levels: focusing on conducting researches, applying scientific techniques and piloting new contraceptives; providing technical support and technology transferring to lower levels	GOPFP/DOPFP	x	x	x	x	x	x
5. ENHANCE SERVICE PROVISION TO SPECIFIC AREAS:							
5.1. In areas with high fertility: maintain a regular supply of CDS in CHFs; Organize IEC campaign integrated with service provision in remote and difficult areas	GOPFP/DOPFP	x	x	x	x	x	x
5.2. Organize service delivery to adolescents, youths through Project 906, and through friendly service provision models, including counselling, communication and FP services	GOPFP/DOPFP	x	x	x	x	x	x
5.3. Organize service delivery to migrants, unmarried people through models of clinics providing CDS; organize communication campaigns integrated with service provision, including service delivery in industrial zones, crowded migrants, islands, coastal areas	GOPFP/DOPFP	x	x	x	x	x	x
5.4. Develop and upscale models of providing FP services which are appropriate to the culture, psychology and customs of ethnic minority groups	GOPFP/DOPFP	x	x	x	x	x	x

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
5.5. The pilot and apply new approaches: models for a service package, models for social right endorsement; models for advance payment, payment by outputs; models for participating in the total marketing of private sector and NGOs; and international models which are applied with high effectiveness in Vietnam	GOPFP/NGOs	x	x	x	x	x	x
III. INCREASE INFORMATION AND COMMUNICATION ON FP							
1. Maintain regular FP communication activities. Improve coordination mechanism with line agencies, mass organizations at all levels. Concentrate on areas with high fertility rate, priority paid to adolescents, youths and migrants.	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
2. Improve contents, diversify forms of mass media and bring into full play the strength of mass media (TV spots, newspapers, magazines, electronic press). Enhance application of new communication media such as SMS, social media sites, interactive television shows, interactive radio shows, and interactive stage performances.	GOPFP/DPP/ MASS/NGOs	x	x	x	x	x	x
3. Increase quantity and improve quality of communication activities at community level through the contingent of FP collaborators and communicators. Promote advocacy to policymakers, leaders, elected council people representatives and influential individuals in communities.	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
4. Concentrate on the implementation and improvement of the quality of BCC activities which are appropriate to target people and to specific areas. Focus on the combination of communication activities at community and those at health facilities a. Continue to launch communication campaigns integrated with service provision. Enhance FP communication activities in areas with special socio-economic difficulties and those having	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
backward customs, rituals and ways of life b. Implement friendly communication forms for adolescents in and out of school such as peer education, outdoor activities and clubs							
5. Produce, duplicate and distribute IEC materials and products which are appropriate to target groups, applicable to the sites, focusing on adolescents/youths, ethnic minority people and areas with high fertility rates	GOPFP/DPF MASS/NGOs	x	x	x	x	x	x
6. Increase the quantity and improve the quality of training, refresh training on knowledge and skills of communicators and service providers at all levels in terms of advocacy and communication. Focus on enhancing responsibilities and accountability, behavior and communication skills of service providers	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
IV. RENOVATE MECHANISM TO ENSURE SUFFICIENT FINANCE FOR THE PROGRAM							
1.Review and develop pricing for packages of FP services							
1.1. Review policy on costing and pricing related to packaging of FP service (IUD)	GOPFP/DPF	x	x	x	x	x	
1.2. Develop the pricing for the service package of IDU insertion	GOPFP/DPF		x	x	x	x	x
2.Renew payment mechanism in line with a shift toward direct payment to contraceptive users							
2.1. Pilot pay cost of service in form of package service, (IUD)	GOPFP/DPF		x	x	x	x	x
2.2. Pilot the new model for financial support	GOPFP/DPF				x	x	x
2.3. Pilot to pay the cost of service following payment method of health insurance (IUD)	GOPFP/Department of Health Insurance (DHI)		x	x	x	x	x
2.4. Review and propose criteria for plan allocation	GOPFP/DPF				x	x	x

Prioritized Actions for Focal Point and in-country stakeholder	Institution/ person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
2.5. Survey to include technical costs of FP services into Health Insurance	GOPFP/DPF			x	x	x	X
V IMPROVE INFORMATION AND DATA ON FP							
1. Maintain Logistics Management Information System (LMIS): Upgrade and expand software module of LMIS and apply it to district level; supervise, support, and maintain the system to ensure consistent operation of LMIS	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
2. Review and add FP indicators in the national statistic reporting system which allows for reporting on contraceptive use among all women in reproductive age; manage and follow-up on contraceptive users, based on the application of information technology	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
3. Survey and propose approaches for collection, management, and analysis of information and data on contraceptives—supply resources in the market (products made in the country and imported products)	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
4. Survey segmentation and marketing of contraceptive market (including evaluation of the quality of CDSs)	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
5. Survey total FP service provision network (including services provided at non-public health facilities)	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x
6. Enhance the sharing of information, experience, coordination between line agencies, localities, and domestic and international development partners in implementing effective intervention models	GOPFP/DPF/ MASS/NGOs	x	x	x	x	x	x

Prioritized Actions for Secretariat, Core Conveners & Global Partners	Institution/person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
1. Support provinces in developing localized plans using CIP approach	GOPFP/UNFPA /FP2020			x	x	x	x
2. Survey on the needs and participation of non-public sector and the marketing providing contraceptive devices and services (CDS)	PATH			x	x	x	x
3. Survey on the needs and satisfaction of CDS users	PATH			x	x	x	x
4. Develop the Total Market Approach Plan (TMA) on CDS by the year 2025	PATH			x	x	x	x
5. Provide district health facilities and mobile teams with comprehensive instruments and equipment so that they can provide comprehensive FP services (IUD), meeting the segmented technical standards to provide services and support commune level. Priority is given to CHFs in difficult area or in areas where fertility is high	**MSI**	x	x	x	x	x	X
6. Implement social marketing program. Pilot social marketing contraceptive services (injectables)	PSI	x	x	x	x	x	X
7. Renovate mechanism to ensure sufficient finance for the program							
8. Organize service delivery to adolescents, youths through Project 906, and through friendly service provision models, including counselling, communication and FP services	UNFPA/FP2020						
9. Develop and submit for approval from the Prime Minister the Project on consolidation and improvement of the quality of FP services by the year 2030							
10. Review and make recommendations on revisions and adjustments to standard and technical specifications on quality of providing clinical services							

Annex 1
Country Profile: FP2020 Focal Point Team & In-Country Coordination

List of Focal Points	**Government**	DINH THAI HA (GOPFP)
	Donor	DUONG VAN DAT (UNFPA)
	Civil Society	LE DINH PHUONG (VINAPFA)
FP Stakeholders (institutional and/or individual) Note: *Please list key FP stakeholders e.g.:* - *Government agencies with FP in their mandate* - *Civil society organizations (national and international) working on FP in country* - *Multi-lateral and donor agencies working in FP* - *Youth organizations* - *etc*	**- General Office for Population & Family Planning, MOH (GOPFP).** **- Maternal and child Health Department (MCH)** **- Planning and Finance Department (PFD)** **- Department of Health (DOH), Provincial Office for Population and Family Planning (POPFP) of 63 provinces.** **- Viet Nam Family Planning Association (Vinafpa)** **- Ho Chi Minh Communis Youth Union** **- Viet nam Women's Union** **- Vietnam General Confederation of Labour** **- UNFPA Viet nam** **- MSI Viet nam** **- PSI Viet nam** **- PATH Viet nam** **- CRCD** **- Agencies, Institutions involving in the supply and provision of contraceptive devices and services (CDS)**	

CURRENT MECHANISMS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
Mechanism	**Convening/ Coordinating body**	**Members**	**Frequency** *(monthly, quarterly, semi-annually, etc.)*	**Notes on efficacy** *(How efficient & effective are these?)*
Multi-stakeholder consultations	GOPFP	NGOs, Ministries	Annually	
FP2020 focal points meeting	UNFPA	UNFPA, VINAFPA GOPFP	Quarterly	

Please list additional opportunities to improve coordination:

- Coordinate the implementation of CIP Vietnam activities

- Sharing experiences on good models in family planning, particularly the difficult access to accessible models
- Enhance the role of organizations involved in CIP implementation

Annex 2
Identification of Challenges & Prioritization of Actions

Vietnam's FP2020 Commitments
COMMITMENT 1: The government commits to: 1.1. Ensure adequate budget for family planning (FP) services for the poor and near poor people, and those who are marginalized, hard to reach, and ethnic minority groups; 1.2. Ensure sufficient budget for consolidation of the service provision network in line with technical decentralization requirements, focusing on marginalized, hard to reach areas, ensuring provision of FP and essential reproductive health (RH) services at all levels, especially at grass roots level; 1.3. Ensure budgets to meet essential needs for the population/FP/RH programs and services as well as implementing Government policies prioritized for marginalized, hard to reach and ethnic minority groups; and 1.4. Ensure to improve the quality of services through issuing technical protocols, technical procedures; upgrading infrastructures, providing equipment and training to update knowledge of FP/RH service providers. **COMMITMENT 2**: The government commits to: 2.1 Increase accessibilities to FP/RH services in regions that have slow declining maternal mortality rates 2.2 Cooperate with telecommunication providers and high tech-media in proactively providing information to adolescents and unmarried youth; 2.3 Improve cooperation between public and private providers to provide youth friendly services and contraceptive methods; 2.4 Develop reproductive health and sexual health policies and strengthen inter-sectoral cooperation on youth's reproductive and sexual health; 2.5 Promote youth's participating in developing, implementing and monitoring reproductive and sexual health services and interventions; 2.6 Improve rights-based approaches in providing family planning services by 2.7 ensuring the provision of quality FP/SRH services, thereby improving clients' satisfaction 2.7.1 developing national standards for a quality system of contraceptive methods in accordance with international standards; 2.7.2 developing policies to support participation of private sector and NGOs in providing contraceptives and family planning services; and 2.7.3 expanding and perfecting financial mechanisms for family planning services to ensure quality, competitive price and method mix; 2.8 Strengthen the health system; 2.9 Improve linkages by integrating HIV into FP/SRH policies, programs and services at all levels; and 2.10 Perfect policies and interventions in accordance with culture.

COMMITMENT 3: The Government of Viet Nam commits to collaborate with 3.1 UNFPA on its support of FP/SRH and other issues through 2020; and 3.2 MSI's cooperative program, which promotes 3.2.1 procurement of and access to long-term and permanent family planning methods of poor women living in difficult and prioritized areas, including poor and near- poor women, ethnic women of priority, based on the principle of client's right to informed choice and adherent to technical criteria as well as the MOH's requirements; and 3.2.2 the marketing capacity and procurement of contraceptives of GOPFP and provincial population-family planning offices; and the expanded choice in long-term contraceptives, including IUD and implant.

Summary of Vietnam's Costed Implementation Plan (CIP)
Insert your country's CIP priorities here (from existing documentation). The CIP is issued together with Decision No. 5518/QD-BYT dated 11/09/2018 of the Minister of Health. **Prioritized areas**: High fertility rate (TFR>2.3), Mountainous and remote areas and those having difficulties to get access.

Step 1. From the above commitment(s) and/or CIP priority area(s) which is your country having the greatest difficulty in making progress on? (*the table below can be extended, if you'd like to cover more than three*)

*Please reference your **2018 commitment self-report questionnaire**, if needed.*

1.2. Ensure to improve the quality of services through issuing technical protocols, technical procedures; upgrading infrastructures, providing equipment and training to update knowledge of FP/RH service providers.
2.7 ensuring the provision of quality FP/SRH services, thereby improving clients' satisfaction 2.7.1 developing national standards for a quality system of contraceptive methods in accordance with international standards; 2.7.2 developing policies to support participation of private sector and NGOs in providing contraceptives and family planning services; and 2.7.3 expanding and perfecting financial mechanisms for family planning services to ensure quality, competitive price and method mix;
3.2.2 the marketing capacity and procurement of contraceptives of GOPFP and provincial population-family planning offices; and the expanded choice in long-term contraceptives, including IUD and implant.

Step 2. What progress toward each commitment/CIP priority *(listed in Step 1)* has been made? What efforts have been made?

*Please reference your **2018 commitment self-report questionnaire** (attached) as well as any **available data in country** (e.g. DHS report, materials of the recent Data Consensus Meeting,*

etc.) as evidence. Additional data summary will be shared by the Secretariat and Track20 in the next few weeks.

1. Ensure to Improve the quality of services

The public health network has been the main channel to ensure the supply of clinical contraceptives for people nationwide. Non-public, recently, the market share in providing FP services of non-public health facilities has increased significantly, promoting competition in quality of services.

Quantity: According to statistics in 2013, there are 2 obstetrics hospitals and 7 general hospitals having obstetrics at the central level. At the provincial level, there are 11 obstetrics hospitals, 9 obstetric/pediatric hospitals, 156 general hospitals with obstetrics department, and 63/63 reproductive health care centers. There are 698 general hospitals/Health centers, 595 general clinics and 18 delivery facilities at the district level. At the commune level, there are 170 thousand population collaborators working in the hamlet/street clusters. This network is managed by GOPFP. This system does the distribution of non-clinical contraceptives (condoms and pills) directly to the clients and, at the same time, introduces them to medical facilities when they choose clinical contraceptives (sterilization, IUDs, injectables, and implants).

Infrastructure: At the district level, the percentage of hospitals having equipment for inserting and removing IUDs (according to the National Guideline) is 80.8%. Those with obstetric/gynecological/family planning operating table is 80%. The percentages of district health with the same resources are 91.7% and 77.6%, respectively. For other equipment such as gynaecological examination kits, suction curettage abortion kits, and other services, the rate of equipped district hospitals and healthcare centers is only 80-90%.

Human Resources: Family planning service providers at the grassroots level are mainly midwives who have secondary diplomas. At the district level, the percentage of hospitals having midwives with a secondary diploma and college/university degree is 98% and 35.3%, respectively; the percentage of hospitals having pediatric physicians is 42.5%. These rates at district health centers are 90.1%, 19.8% and 49.1% respectively.

2. Ensuring the provision of quality FP/SRH services, thereby improving clients' satisfaction

It is difficult to control the compliance with clinical standards and prices of services delivered at non-public health facilities. There is no statistical data evaluating the capacity of the system of non-public health facilities.

GENERAL POLICIES AND LEGAL DOCUMENTS

Policies and legal documents issued are comprehensive, facilitating the implementation of FP program. However, policies and laws are now focusing on the adjustment of targeted people (currently married couples in reproductive age). There is a lack of guidance and instructions on the provision of contraceptive devices and services to unmarried people and adolescents and youth.

POLICIES AND LEGAL DOCUMENTS ON FP SERVICES

Service delivery system: According to circulation No. 43/2013/TT-BYT, the supply and distribution of RH services are executed in a decentralized system with 4 levels, in which health workers at hamlets/villages or population collaborators provide services in hamlets, villages, and population groups. Facilities at localities provide basic services, and the higher levels provide more specialized technical services (Circulation No.14/2014/TT-BYT and Decision No. 385/2001/QD-BYT).

Ensuring the quality of FP services: Regulation on codes, professional title standards of FP service providers (Decision No. 4128/QĐ-BYT dated 29/7/2016; Joint-Circular No. 26/2015/TTLT-BYT-BNV).

Encouraging and creating demand for users Regulations encouraging providers and users of FP services, creating demands for users and regulation on socialization (Decision No.818/QĐ-BYT, dated 12/3/2015).

POLICIES ON CONTRACEPTIVE DEVICES: The system of documentation on management and ensuring the quality of pills is considered sufficient.

3. the marketing capacity and procurement of contraceptives

Government budget expenditure for purchase and supply of CDS declined sharply compared to previous periods. Before 2011, the ODA for purchase and supply of CDS accounted for over 80%. Currently, the budget allocated by the Government for purchase and supply of CDS has been reduced sharply.

Areas of social marketing have been increasingly expanded, accounting for 20% of the market proportion. At present, all 63 provinces have launched social marketing campaigns (the 818 Project), with tens of thousands of wholesale and retail centers having provided contraceptives in the community. The number of units doing social marketing has increased. The number of social marketing products varies and reaches the standard of quality. DKT, MSI and the 818 Project have gradually launched social marketing for IUDs, injectables, and implants. Product advertising and promotion have been increasingly diverse and effective. The prices of some commodities and products have increasingly reached the market price.

Step 3. What are the key challenges or blockages faced when trying to accelerate progress towards the above selected commitments? Where does there seem to be resistance? What are the root causes of those *challenges and blockages*?

3.1. KEY CHALLENGES AND BLOCKAGES (e.g. operational, technical, political)

1. Ensure to Improve the quality of services

Infrastructure

At commune level, infrastructure, health equipment and devices for contraceptive services are extremely limited. The rate of commune health facilities equipped with tools for inserting and removing IUDs is only 48.9%. Those with cervical examination kits are only 3.1%, and the percentage of commune health facilities having gynaecological examination kits are only 0.3%.

The commune health facilities equipped with all the six above contraceptives only account for 12.2%, while 3.1% of commune health facilities has no available contraceptives

Human Resources

At commune level, the rate of health facilities that have midwives with a secondary diploma is only 23.3%, 0.8% have midwives with college/university degrees and 12.8% have pediatric physicians. Meanwhile, training and re-training for family planning service providers are limited. The rate of health facilities with trained staffs remains low (67.4% is trained on family planning techniques, 72% is trained on communication and counselling skills). The percentage of district health centers with trained health workers is also limited (76.9% are trained on IUD insertion; 70.2% on the implant; 64.3%on injections; 79.9% on safe abortion; 78.5% on communication and counselling skills).

Medical equipment and contraceptive devices arej limited at the grassroots level, especially at commune level. The education and training for the family planning service providers are limited.

2. Ensuring the provision of quality FP/SRH services, thereby improving clients' satisfaction

- Policies and laws are now focusing on the adjustment of targeted people (currently married couples in reproductive age). There is a lack of guidance and instructions on the provision of contraceptive devices and services to unmarried people and adolescents and youth.

- In future, at the district level, there will be 1 Health Center with multiple functions (including population work). The PFP Centers will no longer exist. This will result in the psychology of health workers, population workers, thus having impacts on the supply and distribution of FP services.

- Circular No. 26/2015/TTLT-BYT-BNV regulates that midwives of grade IV can do communication, education, and counselling on FP, but are not allowed to provide FP techniques and services. In fact, they are the main team executing FP services at the grassroots level.

- The implementation shows some difficulties (the regulation of the condition of producing pills). The division of management on contraceptive devices by functional departments of Ministry of Health is not clear and remains overlapped. There is a gap in the policies of management and guarantee of the quality of contraceptive devices as following:

+ There have not yet been any general regulations on the management of medical equipment. Therefore, there is no clear definition of medical equipment and no regulation to ensure the quality of medical equipment when enterprises participate in producing, purchasing, importing, and exporting medical equipment (including contraceptive devices).

+ There are only regulations on standard and quality of contraceptive devices within the National Program on Population- Family Planning (NPFP). Those commodities that are not listed in the NPFP and that do not belong to IUD group are not managed on quality. Some are sold freely in the market without management.

+ Although there is a department under MOH in charge of managing the quality of medical equipment (including IUDs), IUDs sold in the market are not in the list of medical equipment requiring quality supervision.

+ To comply with ASEAN standards in the management of medical equipment (with emphasis on reduction of pre-check but strengthening post-check), guaranteeing the quality of contraceptive devices is challenging, in that the quality control and monitoring need to be improved.

3. the marketing capacity and procurement of contraceptives

Since 2012, family planning services have experienced a reduction of scope, including the limiting of access to free contraceptive devices and services (for example, free provision of clinical contraceptive methods). Since 2014, the Government budget allocated for population work, including family planning, has decreased significantly (from over 90% to 36%). In 2015 and 2016, the government budget allocation was late and inadequate. According to evaluation, the Government budget allocated for the population and family planning program at the central level only covered 15% of the contraceptive needs of the whole country, and was targeted only to the ethnic minority communities, rural areas, and areas experiencing difficulties.

Social marketing and distribution of contraceptives have recently been interrupted. In the period of 2013-2016, some social marketing products were not available for distribution in certain areas. There has not been a synchronized or comprehensive solution for social marketing products

to be able to replace the free-of-charge products after the Government changed its policy in 2012. The population receiving free-of-charge contraceptives have been narrowed, accounting for 56% of contraceptive users. The social marketing for IUDs, injectables, and implants is anticipated in the coming years.

Research on the market for CDS, for the most part, does not exist. At present most enterprises in the market provide pills, emergency contraceptive pills and condoms. Clinical contraceptives do not meet the needs and demands of the market.

The market has a small amount of funding (only VND 420 billion/year), even though there are many kinds of contraception to distribute (6 types) and many sites that require distribution (63 cities/provinces). The lack of capabilities of market management and the contraceptive quality, stemming from a lack of experiences, need to be improved.

Policy on market development is not yet comprehensive or strong enough to attract enterprises, private sectors, and individuals. It is necessary to have more investment from enterprises to produce quality contraceptives with standards. Moreover, the time for capital recovery is slow and supporting policies are not yet available. Thus, the market is not yet attractive to investors. The orientation, for now, is to narrow down the contraceptives subsidized and focus on the free supply to the poor, nearly poor, and prioritized population groups. The coordination on contraceptive devices in FP/RH/HIV programs needs to be improved as well.

3.2. ROOT CAUSES PER CHALLENGE LISTED ABOVE

(i.e. What are the root causes of the challenges faced in accelerating progress towards the listed commitments? Please reference the guidance note below.

Step 3.2. Guidance note: *This step can be done through asking 5 "why questions"*

5 WHY questions: *an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:*

- *Community based health workers (CBWs) are not yet in place at the district level (the challenge)*
  a. *Why? - CBWs have not received a basic training yet (First why)*
  b. *Why? - District health offices have not yet received the updated training manual from the central level (Second why)*
  c. *Why? - Budget cuts for the training department at the Ministry delayed training manual development at the central level (Third why)*
  d. *Why? - Health minister was not successful in budget negotiation with the Ministry of Finance for this fiscal year (Fourth why)*
  e. *Why? – According to feedback, supporting documents for budget negotiation were not sufficient (e.g. policy briefs, visualized data summary) to allow the Health Minister to show the impact and urgency of the program (Fifth why, a root cause)*

1. POLICY, LEGAL REGULATIONS, AND MANAGEMENT EFFICIENCY

There have been some legal documents that have hindered the development of the network providing FP services (e.g. Circular No.26 has over hindered the scope of work of midwives who are under-graduate). There is a lack of policy promoting market for CDS and mobilizing non-public health facilities. There is not a comprehensive solution for social marketing products to replace free-of-charge products. Updated documents on the criteria, technical standard, and quality of CDS do not include any mechanism ensuring that the approved guidelines for clinical services are confirmed.

2. SUPPLY OF CDS

1) Human Resource

   The scope of work on service delivery for midwife level IV in commune health facilities (CHF) is limited in some areas. There have not been efforts to address the need for upgrading knowledge and skills of those working in health facilities and training institutions, and continuous training is not included in official guidelines. Not much attention is given to enhancing technical qualification of service delivery, communication and counselling. The mobilization of health workers at higher level to commune level is weak. Not many non-public facilities participate in CDS supply.

2) Service Delivery

   Service providers are similar by regions and by users while other financial resources have not been found to replace the Government budget, which was cut short with the changing of the objectives. The current models do not meet the need of adolescents and youths, unmarried people, and migrants. The activities of non-public health sector have not yet developed, thus reducing the possibility of competition and improvement of the quality of services in public health sector.

3) Contraceptive Devices and Equipment

   There needs to be a monitoring and evaluation system on the availability of contraceptive devices and services; this will help fill the gap that currently exists, particularly in CHFs. There is a shortage in quality control tools for CDS, especially in non-public health facilities.

3. COMMUNICATION AND MOBILIZATION

The biggest challenge for the Program is the “subsidy” program which has existed in Vietnam for over half of a century. Psychologically, the habit of “subsidy” has been instilled in clients and continues to exist in health facilities.

The habit of “subsidy” exists also in providers who pay attention only to married women in planning and implementation. The public health sector has only paid more attention to accomplishing political tasks and achieving the free-of-charge plan than to meeting the need of the clients for services. The stigma and the judgement of the service providers may cause a bad effect on the accessibility of adolescents and youths, unmarried people, and migrants.

4. FINANCE

The application of health service prices to FP program has led to the confusion in some localities. The service prices include many contents, but no service package; there is a lack of financial strategy (for service payment) to assist non-public sector providing CDS and improving the service quality.

Current policies focus only on married couples in reproductive age and those are subsidized by the Government. There is a lack of solution of adding the subsidized group by the Government to those groups disbursed by health insurance.

5. FAMILY PLANNING MANAGEMENT INFORMATION SYSTEM (MIS) (FP MIS)

Sufficient criteria and data only exist for married couples. There is no data on the network of CDS, including on the private sector.
The mechanism for available data collection and sharing has not been given proper attention; there is a lack of information on the need and meeting the requirement of health facilities. The client recording system is paper-based, lack of connection to information technology and data linkage.
Contraceptive projection and balancing are based on international data, focusing on contraceptives purchased by the Government.

Step 4. What actions are required to tackle the root causes (in 3.2 above) for the identified challenges? Where does the greatest opportunity stand to influence the system, overcome resistance and accelerate changes?

4.1. What is needed in order to tackle the root causes for the identified challenges/blockages (listed in 3.2 above)? Based on your assumptions about what could work well and what will not, think about all possible actions/interventions.	
POLICY, LEGAL REGULATIONS, AND MANAGEMENT EFFICIENCY	
Root causes	**Actions/interventions to be taken**
There have been some legal documents that have hindered the development of the network providing FP services (e.g. Circular No.26 has over hindered the scope of work of midwives who are under-graduate). There is a lack of policy promoting market for CDS and mobilizing non-public health facilities. There is not a comprehensive solution for social marketing products to replace free-of-charge products. Updated documents on the criteria, technical standard, and quality of CDS do not include any mechanism ensuring that the approved guidelines for clinical services are confirmed.	1.1. PERFECT THE REGULATORY FRAMEWORK AND POLICY FOR FP 1) Review FP service provision at the grassroots level; propose amendments, supplements, and solutions to policies to eliminate barriers and to develop the network of providing quality FP services in health facilities (Circular No. 26, in which IUDs, injectables are not allowed to be provided in health centers) 2) Survey and make recommendations on the formation of policies to develop contraceptive devices and services markets; support and mobilize non-public health facilities to provide contraceptive devices and services 3) Review and make recommendations on revisions and adjustments to standard and technical specifications on quality of providing clinical services 4) Research and apply quality accreditation system and quality management tools; perfect documents, guidelines on quality management, circulation, distribution, and registering; monitor quality of CDS

	1.2. DEVELOP PLANS, PROJECTS, AND MODELS 1) Develop and submit for approval from the Prime Minister the Project on consolidation and improvement of the quality of FP services by the year 2030 2) Support provinces in developing localized plans using CIP approach 3) Survey on the needs and participation of non-public sector and the marketing providing contraceptive devices and services (CDS) 4) Survey on the needs and satisfaction of CDS users 5) Develop the Total Market Approach Plan (TMA) on CDS by the year 2025 6) Review, evaluate, and share experiences in implementing effectively various models of providing CDS; develop new intervention models on providing CDS to targeted people in specific sites 7) Organize conferences, seminars, and workshops to advocate for policy change and resources for the program
2. SUPPLY OF CDS	
Root causes	**Actions/interventions to be taken**
Human Resource The scope of work on service delivery for midwife level IV in commune health facilities (CHF) is limited in some areas. There have not been efforts to address the need for upgrading knowledge and skills of those working in health facilities and training institutions, and continuous training is not included in official guidelines. Not much attention is given to enhancing technical qualification of service delivery, communication and counselling. The mobilization of health workers at higher level to commune level is weak. Not many non-public facilities participate in CDS supply.	HUMAN RESOURCES 1) Review and update training and refresh training curriculum and materials for FP service providers; institutionalize compulsory in-service training to service providers, the procedures of training and accreditation certificates to national and provincial trainers, the procedures of monitoring, the procedures of supervision; evaluate training and post-training activities 2) For FP service providers of public and non-public health facilities: Provide continuous training and update training on knowledge and technical skills to service providers aiming at achieving national technical standards, including counselling skills, communication and caring skills towards clients after their using of CDS 3) Mobilize resources from free market to participate in providing CDS with the agreed service price mechanism 4) Rotate doctors and health workers of the public sector: For communes in zone 3, rotate health workers to ensure to have qualified FP service providers in these communes

Service Delivery Service providers are similar by regions and by users while other financial resources have not been found to replace the Government budget, which was cut short with the changing of the objectives. The current models do not meet the need of adolescents and youths, unmarried people, and migrants. The activities of non-public health sector have not yet developed, thus reducing the possibility of competition and improvement of the quality of services in public health sector. **Contraceptive Devices and Equipment** There needs to be a monitoring and evaluation system on the availability of contraceptive devices and services; this will help fill the gap that currently exists, particularly in CHFs. There is a shortage in quality control tools for CDS, especially in non-public health facilities.	5) For hamlets, villages: organize training to population collaborators and village/hamlet health workers and hamlet midwives on using check-list, on communication and counselling skills, and on contraceptive user- follow-up skills and other necessary technical qualifications 6) For those people engaging in selling contraceptives under social marketing/socialization program (condoms, pills): organize training on management skills and social marketing skills including counselling and client-caring skills CONSOLIDATE MEDICAL EQUIPMENT AND CONTRACEPTIVE DEVICES 1) Equip medical/FP instruments and equipment that CHFs are lacking in to ensure their capability of providing FP services, meeting the segmented technical standards to provide services. Priority is given to CHFs in difficult area or in areas where fertility is high 2) Provide district health facilities and mobile teams with comprehensive instruments and equipment so that they can provide comprehensive FP services, meeting the segmented technical standards to provide services and support commune level. Priority is given to CHFs in difficult area or in areas where fertility is high 3) Update the contraceptive procurement plan to ensure contraceptive security 2018-2020 4) Procure contraceptives annually 5) Conduct clinical trials on new contraceptives and promote their use to contraceptive users 6) Conduct quality assurance checks of contraceptives procured; dispose if the quality is not up to standards 7) Select and contract with a specialized organization to take care of quality inspection and quality control of contraceptives ENHANCE SOCIAL MARKETING AND DEVELOP CONTRACEPTIVES MARKET 1) Develop guidelines to implement social marketing and develop contraceptives markets well in line with local conditions and the capacity to pay of the users 2) Implement social marketing program. Pilot social marketing contraceptive services (IUDs, injectables, and implants) ORGANIZE SERVICE PROVISION IN HEALTH SYSTEMS 1) Review and update technical guidelines and protocols to guide technical health providers (counselling, health

	care for contraceptive users, protocols to handle complications) 2) Organize contraceptive services as technically regulated 3) At commune level: Ensure health facilities can provide essential contraceptives (IUDs, injectables, pills and condoms), especially in zone 2 and 3 4) At district level: Ensure health facilities can provide clinical contraceptives (female and male sterilizations, IUDs, implants and injectables); and provide technical support to communal level, including providing mobile services or campaigns 5) At provincial/central levels: focusing on conducting researches, applying scientific techniques and piloting new contraceptives; providing technical support and technology transferring to lower levels 2.5. ENHANCE SERVICE PROVISION TO SPECIFIC AREAS: 1) In areas with high fertility: maintain a regular supply of CDS in CHFs; Organize IEC campaign integrated with service provision in remote and difficult areas 2) Organize service delivery to adolescents, youths through Project 906, and through friendly service provision models, including counselling, communication and FP services 3) Organize service delivery to migrants, unmarried people through models of clinics providing CDS; organize communication campaigns integrated with service provision, including service delivery in industrial zones, crowded migrants, islands, coastal areas 4) Develop and upscale models of providing FP services which are appropriate to the culture, psychology and customs of ethnic minority groups 5) The pilot and apply new approaches: models for a service package, models for social right endorsement; models for advance payment, payment by outputs; models for participating in the total marketing of private sector and NGOs; and international models which are applied with high effectiveness in Vietnam
COMMUNICATION AND MOBILIZATION	
Root causes	**Actions/interventions to be taken**

The biggest challenge for the Program is the “subsidy” program which has existed in Vietnam for over half of a century. Psychologically, the habit of “subsidy” has been instilled in clients and continues to exist in health facilities. The habit of “subsidy” exists also in providers who pay attention only to married women in planning and implementation. The public health sector has only paid more attention to accomplishing political tasks and achieving the free-of-charge plan than to meeting the need of the clients for services. The stigma and the judgement of the service providers may cause a bad effect on the accessibility of adolescents and youths, unmarried people, and migrants * *	1) Maintain regular FP communication activities. Improve coordination mechanism with line agencies, mass organizations at all levels. Concentrate on areas with high fertility rate, priority paid to adolescents, youths and migrants. 2) Improve contents, diversify forms of mass media and bring into full play the strength of mass media (TV spots, newspapers, magazines, electronic press). Enhance application of new communication media such as SMS, social media sites, interactive television shows, interactive radio shows, and interactive stage performances. 3) Increase quantity and improve quality of communication activities at community level through the contingent of FP collaborators and communicators. Promote advocacy to policymakers, leaders, elected council people representatives and influential individuals in communities. 4) Concentrate on the implementation and improvement of the quality of BCC activities which are appropriate to target people and to specific areas. Focus on the combination of communication activities at community and those at health facilities - Continue to launch communication campaigns integrated with service provision. Enhance FP communication activities in areas with special socio-economic difficulties and those having backward customs, rituals and ways of life - Implement friendly communication forms for adolescents in and out of school such as peer education, outdoor activities and clubs 5) Produce, duplicate and distribute IEC materials and products which are appropriate to target groups, applicable to the sites, focusing on adolescents/youths, ethnic minority people and areas with high fertility rates 6) Increase the quantity and improve the quality of training, refresh training on knowledge and skills of communicators and service providers at all levels in terms of advocacy and communication. Focus on enhancing responsibilities and accountability, behavior and communication skills of service providers
FINACE	
Root causes	**Actions/interventions to be taken**

The application of health service prices to FP program has led to the confusion in some localities. The service prices include many contents, but no service package; there is a lack of financial strategy (for service payment) to assist non-public sector providing CDS and improving the service quality. Current policies focus only on married couples in reproductive age and those are subsidized by the Government. There is a lack of solution of adding the subsidized group by the Government to those groups disbursed by health insurance.	1) Review financial regulations on services related to FP (gynecological check-up, gynecological treatment, if any). Develop pricing for packages of FP services (IUD insertion package) 2) Renew payment mechanism to provide direct support to contraceptive users: Pilot the payment by service packages; review and continue piloting the models of output - based financial support to service providing facilities (Choice Program and MSI), using client cards… 3) Review the norms for resource allocations and planning 4) Coordinate with Vietnam Health Insurance Agency to pilot the payment of FP service package (IUDs), using payment mechanism of the Health Insurance through the budget allocated to the Health-Population Target Program in some localities available 5) Renew forms of planned financial allocation, a financial mechanism to promote the role of local budget, that of donors in Vietnam and abroad and mobilize for payment from FP service user 6) Survey and make recommendations on including FP service technical cost into the list of technical services covered by Health Insurance
FAMILY PLANNING MANAGEMENT INFORMATION SYSTEM (FP MIS)	
Root causes	**Actions/interventions to be taken**
Sufficient criteria and data only exist for married couples. There is no data on the network of CDS, including on the private sector. The mechanism for available data collection and sharing has not been given proper attention; there is a lack of information on the need and meeting the requirement of health facilities. The client recording system is paper-based, lack of connection to information technology and data linkage. Contraceptive projection and balancing are based on international data, focusing on contraceptives purchased by the Government.	1) Maintain Logistics Management Information System (LMIS): Upgrade and expand software module of LMIS and apply it to district level; supervise, support, and maintain the system to ensure consistent operation of LMIS 2) Review and add FP indicators in the national statistic reporting system which allows for reporting on contraceptive use among all women in reproductive age; manage and follow-up on contraceptive users, based on the application of information technology 3) Survey and propose approaches for collection, management, and analysis of information and data on contraceptives—supply resources in the market (products made in the country and imported products) 4) Survey segmentation and marketing of contraceptive market (including evaluation of the quality of CDSs) 5) Survey total FP service provision network (including services provided at non-public health facilities) 6) Enhance the sharing of information, experience, coordination between line agencies, localities, and

	domestic and international development partners in implementing effective intervention models
4.3. How can all focal points and other stakeholders best leverage their influence to support these interventions to accelerate progress? (Refer back to the stakeholder list above)	
- All focal points and other stakeholders participate develop draft CIP. **- Enhance the role of GOPFP in coordinating CIP implementation.**	
4.4. To what extent are these interventions focused on the following three themes of the workshop? Please list those that you would like to discuss/learn more (from other countries' experiences and/or technical partners) at the October workshop.	
1. Strengthening leadership / improving political will	**Role ownership of Government?** **No**
2. FP financing	**Mobilize resources** **Yes, we like to have this topic discussed at October meeting**
3. Reaching youth and adolescents **a. Adolescents** **b. Youth**	**Yes, we like to have this topic discussed at October meeting**