"As a communicator at the community level, I want to have more videos or radio tapes with comics, traditional songs or songs about FP. We can have them projected and played in our meetings. These videos should include a critique of persons who have many children and stand as good models for women to learn." (Female, aged 49, CCPFC staff, N.D district)

"Videos on abortion/MR is requested by local people and it should also include consequences of abortion. At each monthly meeting, we use it for women of reproductive age. They can understand and practice FP for their health protection. Women also like to watch videos on antenatal and postpartum health care to know how to have better maternal health care." (Female, aged 47, commune P/FP collaborator, D.C district)

Many collaborators in Anh Son and Tan Ky recommended providing more radio receivers and loudspeakers for RH communication, as communication through radio will reach more people than through meetings. Therefore, along with meetings, there should be more radios for communication.

"Radio and cassette-players for communication are few. Our commune receives just one radio set. Travel in the 12 villages where the Kinh majority reside is more convenient, while conditions of the four ethnic and remote villages are not favorable, so more attention should be paid and more communication tools be provided." (Female, aged 44, CCPFC staff, T.K district)

e. Financial support to local activities

Financial support requested includes communication on MCH and abortion reduction at local facilities.

"We want more favorable conditions in terms of financial support and materials to make better communication. The work can't be done in one or two days, but on a regular basis." (Female, aged 48, women's union staff, N.D district)

"This time we get support from DHC for communication on the bad consequences of abortion, prevention of abortion and care after abortion. We plan to conduct communication activities in eight communes within the district. Demands from communes are many, but we can only carry the work in eight communes because of lack of funding." (Female, Obstetrician, N.D district)

The support also includes providing means of transport to providers, who regularly travel to localities for supervision and service provision. At the DHC, a motorbike was given to each DHC, but it was not sufficient, because several staff had to do guidance or supervision work in communes. In case that they used their personal motorbikes, each staff was given the minor allowance of 1,500 VND (= 10 US cents) per trip for a compensation of fuel, which is not a real compensation. They believe that, this current

strategy cannot maintain the effectiveness of our work. At the district level, even health care providers are provided with means of transport (one motorbike) and they think that such small allowances don't effectively ensure their work in the long run.

> *"We are provided with one motorbike, but there are four providers in our DHC, so only one can use the motorbike while the other three use their bicycles. We need much money to buy gasoline while we have been given only 1,500 VND a trip for that. The job of a medical staff in the commune is busy. Thus, project staff is disadvantaged."* (Female, aged 45, medical officer, D. C district)

Together with requests on strengthening periodic annual medical examinations and treatment of women, local staff suggest specific support to poor women, such as giving them medicine:

> *"We would like to have a medical examination for women every year. Through these examinations, women know better about their health conditions and diseases, so they can have a proper treatment. It's not easy for rural women to visit facilities for health examinations by themselves. Such campaigns would greatly help women be aware of their health condition."* (Female, aged 33, commune P/FP collaborator, D.C district)

> *"We would like JICA and health providers to have monthly visits of our CHC to provide medical examinations and services, distribute IEC materials for counseling and provide counseling to more women."* (Female, aged 46, commune population officer, N.D district)

In addition, there should be a mechanism in place for ensuring the funding of repairs and maintenance of equipment:

> *Communes that haven't received equipment should be supported. Communes that have got equipment already, but they are broken should also be supported for repairing this crucial equipment. It's a fact that commune authorities have no funds for that. For example, we cannot afford to repair the sink of a hand-washing device for doctors and nurses."* (Male, aged 55, medical doctor, D.C district)

Last but not least is the necessity to increase monthly allowances for P/FPcollaborators. This issue is repeatedly mentioned in all FGDs and IDIs.

Chapter 4

Summary and recommendations

4.1. Summary of assessment results

The mid-term assessment (MTA) was carried out at 28 selected health facilities at district and commune levels from four districts of Nghe An province. Among the four surveyed districts, Dien Chau and Nghia Dan received assistance during Phase I of JICA's RH project, while Anh Son and Tan Ky during Phase II of the project.

Results of this mid-term assessment showed clear improvements in RH care as compared to the 2001 Baseline Survey. Achievements of the RH program of the province resulted from contributions of both government and different support programs. However, JICA's RH project which focus on women at the commune level has made considerable contributions that is highly appreciated by local staff of different levels. Quality of RH/FP services at surveyed facilities was presented **in** the following aspects:

Generally, all surveyed health facilities have more readiness or package approach in terms of infrastructure, equipment, staff and logistics to deliver RH services, especially antenatal and postpartum care.

The readiness/package approach was much improved as compared to that of the 2001 Baseline Survey. Once again, the survey results showed that JICA's support has made an important contribution to community health promotion. Most of health facilities have a ready infrastructure to provide RH services, especially antenatal and postpartum care. In JICA Phase I facilities (Dien Chau and Nghia Dan), the readiness to provide services was better than that of JICA Phase II facilities (Anh Son and Tan Ky). This revealed the long-term impact of the JICA program on RH/FP services.

- In general, researchers found that current facility infrastructure responded to the need of the assigned tasks, particularly women's RH care. Sixty one percent of facilities have a separate delivery room. The percentage of facilities having separate ANC, FP and gynecological exam rooms is small. These three types of RH services often shared the same space. According to the MOH 's standard construction model for CHCs, delivery or exam rooms are too small to place both delivery and gynecological exam tables, which makes it inconvenient for service provision.

- Compared to the Baseline Survey, the percentage of health facilities having designated rooms for counseling that ensure privacy has increased from 44 percent to 54 percent. IEC materials for counseling were found to be sufficient. However, privacy during counseling needs further improvements.

- Hygiene conditions of the facilities were considered rather good by the survey team. Eighty-six percent and 96% of facilities have enough clean water in the examination area and clean recovery rooms, respectively. Seventy-eight percent of functioning toilets are clean. Due to support from JICA and the World Bank funded-MOH's health project, it is common that each commune health center has two toilets. About 39 percent of the toilets were locked because they were broken or of poor quality; or there was not enough water for its use, or local people did not know how to use it properly. Toilets in two-thirds of the visited health facilities in Anh Son and Tan Ky were of no use because there was no water or they were out of order.

- Another alarming issue is a shortage of clean water in several facilities, especially in mountainous areas (Anh Son) in the dry season. This greatly affects quality of care, particularly the risk of infection for Ob-Gyn and FP procedures.

- Basic equipment was also found to be sufficient. This equipment were supplied by different sources, among them JICA plays a leading role. Most equipment provided by the JICA project is still in good condition. However, by the time of survey the actual status of some equipment is rather poor, such as manual operated aspirators, gynecological examination lamps and sphygmomanometers. Some facilities have an excess of some kinds of equipment (delivery table, gynecological exam table, and scales for adult) because of multiple sources of support. Others have inappropriate equipment, for example, an abortion kit for commune health centers where abortion is not allowed or an electric steam sterilizer that requires high-capacity power, which a CHC cannot afford. All delivery rooms have adequate instruments for delivery, provided by JICA.

- The majority of providers were given basic training in all RH issues and refresher training during last three years from various programs (government and/or projects), with special attention to maternal and RH care, and counseling for abortion reduction. Most providers received training on ANC skills, management of delivery and applied these techniques in their daily work. Forty percent of providers reported using partographs without any difficulty.

- Most health facilities have IEC materials on various topics relating to FP, antenatal care, breast-feeding and childcare. These materials are available to clients to read at the facilities but not enough in quantity for clients to bring home for sharing with family members. All facilities also have a JICA bookcase. Furthermore, IEC materials provided by JICA are distributed to women through the Women's Union network. Each commune has one JICA bookcase. This is a supplement to the shortage of materials at each facility.

- With regards to the logistics system, there were not enough clean delivery kits and ferrous tablets for pregnant women. These supplies were not provided by JICA's project. Clean delivery kits were available at only 7 percent of facilities and ferrous tablets were available at 39 percent of facilities. The quantities of these commodities

are smaller as compared to the baseline survey. It is explained that in this survey, most births were delivered at health facilities. Clean delivery kits were provided in areas where women do not give birth at health facilities.

- The contraceptive supply is provided by health and population sectors of the government. Some FP methods were not available at some health facilities, which negatively affected clients' choice. One-third of facilities had no condoms. Nearly 50 percent had no injectable or progestin-only pills (POP). Anyway, population and family planning (P/FP) collaborators provide pills and condoms directly to users. Each month, a pill user is provided with a cycle of pills and a condom user is provided with 7 to 20 condoms depending on clients' need and request. Population and FP collaborators reported always having sufficient condoms and pills to provide to clients.

- FP service supply system doesn't ensure a good continuity of use. In the period of 6 months prior to the survey, at least one method was not available at 43 percent of surveyed health facilities. The method, which is the most unavailable at 75 percent of facilities, is the injectable contraceptive. This shortage makes clients switch to other methods.

- Book-register and record- keeping on MCH/FP was found to be good and sufficient, especially in Nghia Dan and Dien Chau. Management and supervision from the higher to lower level is also good.

- Indicators on maternal and RH care reveal the effectiveness of the RH/FP program which has had a good impact on women's healthy behavior: 93 percent of pregnant women received ANC; 95 percent of women having births were attended by health professionals; the mean number of antenatal visits was 3; 97 percent of pregnant women received two anti-tetanus vaccination shots; and 96 percent of women giving birth were monitored with home-based maternal records. All these data were calculated using the official regular reports prepared by each CHC.

Quality of services provided to clients has been improved

The package approach in facilities, service provision system and human resources is a basis on which to improve the *quality* of services provided to clients. In fact, quality of RH/FP activities has been improved, but there still remain some problems to be discussed:

- Similar to the 2001 Baseline Survey, this mid-term assessment reveals a very good provider-client relationship in that providers have a good working manner with clients, they listened to and answered clients' questions and spent enough time with them those clients said they were satisfied.

- The choice of FP methods is still limited, due to still inadequate introduction of contraceptive methods on the part of the providers, despite the good review the providers were given by their clients..

- Information exchange between providers and clients is not sufficient and comprehensive during ANC and FP counseling. Most FP, abortion and ANC clients were asked about the purpose of their current visit instead of partaking in an exchange of information across a comprehensive range of RH issues. For example, ANC clients and providers often discussed proper nutrition regimens during pregnancy (79 percent), effects of ferrous tablets and immunization against tetanus (53 percent). Few women were asked about their STI/STD history (3 percent), caution in using medicine during pregnancy, postpartum FP practice (12 percent) and sexual activity during pregnancy (9 percent). Few FP clients were asked about RTI/STD history, their previous unplanned pregnancy and whether they have had discussion with their husband on FP practices or not.

- Two-thirds of health providers reported that before they provided FP methods, they asked clients about their number of living children, previous gynecological history and medical history. Other issues such as the purpose of contraception and high-risk sexual behavior were rarely discussed (less than 10 percent).

- FP issues were not regularly integrated into RH ones. For example, few pregnant women were given counseling on contraception after birth and few abortion clients were introduced to FP.

- Although there were few FP clients in this survey, they did not receive comprehensive counseling on specific methods that they were going to accept such as how to put FP methods into practice, the effectiveness of using FP, indications, management of side effects, the possibility of switching to another method and the prevention of STDs. Thus, providers may miss important information, which they needed to discuss with their clients.

- Counseling before and after an abortion was mainly provided at district health facilities where abortion services are also provided. Counseling issues include consequences of abortion, warning signs after abortion and post-abortion contraceptive use. Since commune health centers are not allowed to perform abortion procedures, many facilities do not follow-up with abortion clients for counseling. Several P/FP collaborators reported that they provide counseling on abortion reduction by integrating the issue into their regular IEC work.

- With focus on women health, JICA's RH program has made a considerable contribution to improve community health promotion and raise public awareness, especially women at RH age. The improvement in knowledge can contribute in changing women's behavior in seeking RH services from public health facility. Pregnant women understand the need to have an early pregnancy check-up when the age of gestation is 17 weeks. All ANC clients have home-based maternal records.

- A great majority of providers complied with IUD insertion and abortion protocols. However, the asepsis control principle has not always been complied with properly, especially at some CHCs in Anh Son and Tan Ky districts, where the steam sterilizer was not used for sterilization of sponges and gauzes/compresses.

- Most providers followed all basic steps of ANC check-ups. However, investigation into signs of anemia, edema symptoms and counseling on unusual signs during pregnancy were seldom mentioned.

- In general, RH services are convenient and accessible for clients. But due to poor understanding of quality of service, clients are easily satisfied with services they receive. Once they have a better understanding, they will know how to ask for better quality of services.

Cooperation among different sources and organizations in the implementation of RH project in Nghe An represents the program effectiveness

- Nghe An's RH program receives supports from different sources such as government and other agencies. These supports mainly cover infrastructure, equipment, staff training and IEC activities for the people. Generally speaking, these supports do not overlap each other except with the construction of supporting facilities (toilets) or some equipment such as delivery and gynecological exam tables, steam sterilizers and some others.

- Local staff of different levels of healthcare highly appreciated JICA 's RH project. It has brought about major changes in RH work in Nghe An province, particularly at the grass-roots level. . The JICA project provides support to infrastructure, medical equipment, IEC materials, improving providers' technical competence, especially grass roots midwives and Women's Union members. In addition, the JICA project has contributed to changing the working mechanism and style towards improving client-oriented quality of service and raising people's awareness, especially women during their reproductive ages regarding RH care. The presence of JICA's long-term consultants who work very closely with their Vietnamese partners has brought about a mutual learning and experience sharing. These working style and method have ensured the project's effectiveness and relevance.

- The cooperation among local organizations (health, population, women, and others) in maternal health care and FP is an advantage and is relatively effective. This close cooperation is clearly shown through meetings with the participation of these organizations, IEC/advocacy campaigns, service provision and integration of the activities in these organizations' regular tasks.

- The establishment of project management structure from central to grassroot level has made a full use of strength of collaboration between different organizations, because members of project steering committees at various levels are also leaders of these

organizations such as local authorities, health sector, population commission, women's union and etc.

- Contraceptive distribution in both the population and health systems are relatively good. Many health facilities receive pills and condoms from the population system to distribute to clients.

4.2. Recommendations

Based on the assessment results and in order to have a more effective RH program in Nghe An, the following recommendations have been made by researchers:

- To *make full use of available supports,* the relevance of the program should be reviewed. Supporting activities should respond to local needs and be adapted and appropriate to local conditions. Local leaders and donors should review in detail issues of support as they consider actual needs of the locality. There should be an appropriate coordination in supplying equipment to the same facility (CHC), to avoid a situation in which several donors may provide the same equipment, so that some facilities have a surplus of equipment that is not in use, but some others may lack equipment.

- Supplying equipment should be in accordance with training the staff to use it. There should be short and clear instructions for use of equipment, instruments and plan of maintenance and repair as well. Donors and the government/local authority should draft a plan for funding a maintenance/repairing scheme for broken equipment, should provide the names of responsible persons to contact and have located sources of funding for this emergency activity. If donors have a plan of equipment maintenance during the project duration, expenditures on this activity should be considered well in advance, when the project is initially developed. If the government is responsible for that, there should be a strong commitment and financial support for maintenance and repairing. This is to avoid the issue that when any equipment item is broken, donors be requested to provide new equipment or financial support for repairs.

- Regarding the plan to build supporting facilities (comprising bathroom, toilet and well) for health facilities, actual local conditions should be considered. For example, in areas where water is scarce, a traditional two-compartment latrine may be considered as an alternative. Clients should also be educated to maintain good hygiene while using these supporting facilities, especially the modern toilet with flushing water.

- Although FP methods are available at most of the facilities, contraceptive supply is not always sufficient. The logistic mechanism for contraceptive supply and re-supply should be reviewed by health and population sectors to ensure the availability of

contraceptive methods and to facilitate a wider range of choice for clients, especially POP and injectable contraceptives.

- Counseling to all kinds of clients should be strengthened. All facilities should have an appropriate space with privacy for counseling and providers should understand that counseling is one of their main and regular tasks.

- Along with training activities provided by the donors, local health and population sectors should have plan of further refresher training of health providers and P/FP collaborators. It is important to continue to provide these refresher training and each training topic should be appropriated with specific target audience. Continuing refresher training will help overcome the shortage of staff due to retirement or transfers.

- Providing health providers with a comprehensive understanding on RH to conduct adequate counseling on ANC, FP and abortion is crucial. FP issues as well as safe sex should be integrated into RH issues. The development of training curriculum and duration of training should be suitable to the education level of each locality and area to ensure that all kinds of staff can have a thorough understanding of the topics.

- Many health providers received training on counseling skills including antenatal care, abortion reduction, and prevention of infection in providing examinations performing surgical procedures and counseling for FP matters. However, in reality they didn't apply completely what they already learnt. Therefore, along with training, better supervision is needed to improve support and guide local providers in the application of new knowledge and skills.

- A strategy on prevention/control of infection at grassroots level facilities is needed, particularly when using non-sterile sponges and gauzes.

- In order to reduce abortion, P/FP collaborators should be given training in communication for a full integration into their regular IEC activities.

- Various information channels and forms of communication should be used to reach clients. In addition to printed materials, videos and broadcasting should be developed. Health facilities and providers should have sufficient *IEC* materials on RH issues in the form of leaflets to distribute to clients so that they can bring them home to read and share with their family members.

- Clients should be provided with fundamental elements of quality of RH services, so clients can know how to ask for a higher quality of service. Client's demand for a higher quality of service will in turn help facilities improve their quality of care continuously.

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Appendix 1:

Indicators in comparison with PDM, Baseline Survey and Mid-Term Assessment

Indicators in RH Project's PDM (revised on August 21, 2001)	**Baseline Survey 2001 (whole Nghe An Province)**		**Mid-term Assessment 2003 (Four districts)**	
1. Safe and hygienic delivery is promoted at commune level:				
- Percent of pregnant women using Home Based Material's Record (HBMR)	- Percent of deliveries used Home-Based Maternal Record	na	- Percent of deliveries used Home-Based Maternal Record	96.0
- Percent of deliveries assisted by health providers	- Percent of deliveries assisted by health providers	91.0	- Percent of deliveries assisted by health providers	95.3
	- Percent of health facility having delivery kits	24.1	- Percent of health facility having delivery kits	7.1
2. Prenatal care at commune level is improved				
- Average of pregnant women of pre-natal check-ups in plane districts is more than 3 times	- Average number of prenatal check-ups per delivered woman (year 2000)	2.8	- Average number of prenatal check-ups per delivered woman, including mountainous areas (year 2002)	3.0
- Number of trained health workers in mountainous area increased	- Average months of health provider's R.H training (months)	16.0	- Average months of health provider's R.H training (months)	26.4
	- When the last refresher training was given (months)	13.7	- When the last refresher training was given (months)	14.7
	- Providers receiving refresher training	67.3	- Providers receiving refresher training	87.5

Indicators in RH Project's PDM (revised on August 21, 2001)	Baseline Survey 2001 (whole Nghe An Province)		Mid-term Assessment 2003 (Four districts)	
	- Percent distribution of providers received refresher training on: * ANC * Pospatum * FP * Counseling on FP * Counseling on abortion	 84.1 83.2 92.5 92.5 na	- Percent distribution of providers received refresher training on: * ANC * Pospatum * FP * Counseling on FP * Counseling on abortion	 96.4 96.4 100.0 96.4 85.7
- Number of pregnant women received T/T remains high as much as 95%	- Percent of delivered women received T/T injection (year 2000)	91.2	- Percent of delivered women received T/T injection (year 2002)	96.5
- Referral case at CHCs increased	- Percent of facilities having referral cases	64.2	- Percent of facilities having referral cases	75.0
Quality of ANC	**Counseling to ANC clients** - Nutrition during pregnancy - Appropriate work/rest/ living conditions - Come to a clinic if any warning signs appear - Need 2 tetanus vaccination shots - FP after delivery	 92.1 87.3 67.1 86.1 na	**Counseling to ANC clients** - Nutrition during pregnancy - Appropriate work/rest/ living conditions - Come to a clinic if any warning signs appear - Need 2 tetanus vaccination shots - FP after delivery	 79.4 58.8 52.9 52.9 11.8
	- Mean gestational age at first ANC visit (month) - Percent of deliveries assisted by health providers - Percent of clients (ANC/RTI) who reported obtaining all wanted services/information	29.1 91.0 >77.	- Mean gestational age at first ANC visit (month) - Percent of deliveries assisted by health providers - Percent of clients (ANC/RTI) who reported obtaining all wanted services/information	17.0 95.3 >90
3. Delivery care				

Indicators in RH Project's PDM (revised on August 21, 2001)	Baseline Survey 2001 (whole Nghe An Province)		Mid-term Assessment 2003 (Four districts)	
at commune level is improved				
- Partograph is applied more than 80% of the deliveries at CHCs	- Percent of health facility using partograph to manage labor - Percent of health facility having difficulty in using partograph Percent of health	62.7 na	- Percent of health facility using partograph to manage labor - Percent of health facility having difficulty in using partograph Percent of health	96.9 58.1
4. Essential medical equipment is utilized to all CHCs	- Percent of health facility having equipment utilized	100.0	- Percent of health facility having equipment utilized	100.0
5. Four facilities of CHCs (delivery room, latrine, well and shower rooms) are improved	- Clean examination area: - Percent of health facility having enough clean water in examination area - Percent of health facility having clean recover room: - Percent of health facility having working toilet: - Percent of health facility having clean toilet	94.9 78.8 90.4 80.3 70.0	- Clean examination area: - Percent of health facility having enough clean water in examination area - Percent of health facility having clean recover room: - Percent of health facility having working toilet: - Percent of health facility having clean toilet	96.4 85.7 96.4 60.7 78.6
6. Quality of facility is improved	**Quality of facility** - Designated room for ANC examination - Designated room for delivery - Designated counseling room - Counseling room with fully private **IEC material** - Percent of health facility having IEC material on R.H **Supply system** - Percent of health facility	19.0 65.7 43.8 31,4 >75	**Quality of facility** - Designated room for ANC examination - Designated room for delivery - Designated counseling room - Counseling room with fully private **IEC material** - Percent of health facility having IEC material on R.H **Supply system** - Percent of health facility	28.6 60.7 53.6 46.4 >80

Indicators in RH Project's PDM (revised on August 21, 2001)	Baseline Survey 2001 (whole Nghe An Province)		Mid-term Assessment 2003 (Four districts)	
	having at least one FP method stockout during last 6 months	na	having at least one FP method stockout during last 6 months	42.9
	- Percent of health facilities with ANC and FP record system with well organized	56.8	- Percent of health facilities with ANC and FP record system with well organized	>70.
	- Average supervisory visits to health facility in the last 6 months	4.1	- Average supervisory visits to health facility in the last 6 months	3.6

Appendix 2:

LIST OF PARTICIPANTS

Study design

1. Vu Quy Nhan, MD.,Ph.D (Population Council)
2. Le Thi Phuong Mai, MA (Population Council)

Research instruments development

1. Le Thi Phuong Mai, MA (Population Council)
2. Vu Quy Nhan, MD.,Ph.D (Population Council)
3. Nguyen Thi Thom, MD.,MA (Vietnam's Commission on Population, Family and Child/ VCPFC)

Sampling

1. Tang Van Khien, Ph.D (Institute for Statistical Science)

Data collection/supervision

1. Le Thi Phuong Mai, MA., (Population Council)
2. Vu Quy Nhan, MD.,Ph.D (Population Council)
3. Nguyen Thi Thom, MD., MA (VCPFC)
4. Pham Huy Quang, MD., Second degree of specialization in ObGyn
5. Tran Thi An, MD., Director, Cao Son District Health Center, Hoa Binh province
6. Nguyen Minh Phuong, MD., Senior Officer, MCH/FP Center, Hoa Binh province
7. Le Ngoc Lan, MA., Senior Researcher, Center for Studies on Family and Women (CSFW)

Data analysis

1. Le Thi Phuong Mai, MA., (Population Council)
2. Le Ngoc Lan, MA., (CSFW)
3. Nguyen Ngoc Quynh (VCPFC)
4. Nguyen Viet Hong (General Statistic Office)

Report writing

1. Le Thi Phuong Mai, MA (Population Council)
2. Vu Quy Nhan, MD.,Ph.D (Population Council)

Report Review

Jane Hughes, Representative (Population Council)

English Report Editing

Maya Ibars (Population Council)

Appendix 3: LIST OF VISITED HEALTH FACILITIES

Dien Chau District

1. Dien Chau District Health Center
2. Dien Hung Commune Health Center
3. Dien Lien Commune Health Center
4. Dien Hai Commune Health Center
5. Dien Cat Commune HealthCenter
6. Dien Trung Commune Health Center
7. Dien Bich Commune HealthCenter
8. Dien Hanh Commune Health Center
9. Dien LoiCommune HealthCenter

Nghia Dan District

1. Nghia Dan District Health Center
2. Nghia Son Commune Health Center
3. Nghia Lien Commune Health Center
4. Nghia Thuan Commune Health Center
5. Nghia Khanh Commune HealthCenter
6. Nghia Tho Commune Health Center
7. Nghia Lac Commune Health Center

Anh Son District

1. Anh Son District Health Center
2. Binh Son Town Health Center
3. Hoi Son Commune Health Center
4. Khai Son Commune Health Center
5. Cam SonCommune Health Center
6. Long Son Commune Health Center

Tan Ky District

1. Tan Ky District Health Center
2. Nghia Hop Commune Health Center
3. Ky Son Commune Health Center
4. Huong Son Commune Health Center
5. Tan Phu Commune Health Center
6. Tien Ky Commune Health Center

ACKNOWLEDGMENTS

The Population Council expresses its thanks to the Japan International Co-operation Agency (JICA) for inviting it to conduct the mid-term Assessment on the implementation of Phase II of the Reproductive Health Services in Nghe An Province. The purpose of this assessment was to assess the achievement of the project intervention in order to review the appropriateness of the approach and direction of project management and make recommendations for the remaining period of the project

We are grateful to the People's Committee of Nghe An for its support and for encouraging local agencies, especially the Health Service, the MCH/FP Center and other health facilities in the province to collaborate and support this assessment. The MCH/FP Center together with the surveyed district health centers and commune health centers have closely and effectively collaborated with us in the fieldwork.

In addition, we offer our sincere thanks to women who were clients of the health facilities, for voluntarily participating in our survey by answering interview questions and giving permission to our data collectors to observe their examinations and procedures.

We are also indebted to program leaders and administrators, health and non-health professionals and population collaborators from selected districts and communes collaborating on several focus group discussions and in-depth interviews, and providing us with valuable information on the general impact of the project.

Finally, we greatly appreciate our colleagues in national research institutions in Hanoi and Hoa Binh MCF/FP Center, who have collaborate with us in this Assessment.

The authors

GOVERNMENT

DECREE of the Government No. 49/2003/ND-CP dated 15/5/2003 on functions, duties, rights and organizational structure of Ministry of Health.

GOVERNMENT

Pursuant to the Law on Governmental Organizations dated December 25, 2001;

Pursuant to the Resolution No. 02/2002/QH11 dated August 05, 2002 of the National Assembly of the Socialist Republic of Vietnam, Legislature IX, 1st session on the list of Ministries and ministerial equivalent bodies of the Government;

Pursuant to the Decree No. 86/2002/ND-CP dated November 05, 2002 of the Government on functions, duties, rights and organizational structure of Ministries and ministerial equivalent bodies

Basing on the proposal of Minister of Health, Minister of Internal Affairs;

DECREE:

Article 1. Position and rights.

Ministry of Health is the Governmental bodies to realize state management to the people's health care and protection, including: preventive medicine, medical consultation and treatment, rehabilitation, traditional medicine, medicament for man, cosmetic affected to man's health, safety and hygiene for food and medical equipment; to realize state management to public services that under the management of Ministry, and to be the representative of owner who holds the state-owned share in the state-invested enterprises which are under the Ministry's management, in conformity with the regulations of law.

Article 2. Duties and rights.

Ministry of Health takes responsibilities to realize its duties and rights stipulated in Decree No. 86/2002/ND-CP dated November 05, 2002 of the Government on functions, duties, rights and organizational structure of Ministries and ministerial equivalent bodies, and the following duties and rights:

1. To submit the Government, the Prime Minister the different projects on law, ordinances, drafts on legal normative acts on taking care and protecting the people's health;

2. To submit the Government, the Prime Minister the strategy, planning, long-term plan, 5-year plan and annual plan on the sector of taking care and protecting the people's health, and the important works, projects of Ministry of Health as well;

3. To promulgate under its authority the decisions, instructions, circulars which are under the Ministry's management.

4. To instruct, guide, investigate and to be responsible for arranging the implementation on legislative normative acts, on strategies, on planning, on plan and on national programs, after the approval of above-mentioned documents, and other legislative documents which are under the Ministry's management; to propagate, popularize and educate the law and the

information on taking care and protecting the people's health.

5. To guide the Ministries, ministerial equivalent bodies, governmental organs and People's Committees of provinces and cities under the Central management to realize the advocacies, policies relating to activities of people's health care and protection.

6. **With regard to preventive medicine:**

   a. To submit the Prime Minister for his approval of the planning, technical delimitation of preventive medicine system and border's medical quarantine system;

   b. To stipulate the qualification, skills on aspects: infected and uninfected diseases, HIV/AIDS, injurious accidents, health for schools, laborer's health, occupational diseases; on community's nutrition; on portable and running water safety and hygiene; on vaccine and biological-products; on various kinds of chemical, products for killing insects in medical sector; on initial health care and health education by mass media; on conditions for producing and trading in vaccine, biological-products. To instruct and investigate for the implementation.

   c. To submit the Prime Minister for his decision or to decide under its authority and to arrange for the implementation of the special solutions for eliminating epidemic.

   d. To preside and to coordinate with related ministries and organs in the stipulation on classifying and ranking the preventive medicine agencies;

   đ. To preside and to coordinate with related ministries and organs in order to prevent, to give emergency aid and to treat the victims in the calamity, disaster.

   e. To coordinate with Ministry of Finance to submit the Prime Minister for his decision on the national reserved items, and to arrange for the realization of national reserves on medicine, vaccine, biological-products and equipment.

   f. To be a permanent body on HIV/AIDS of National Committee on HIV/AIDS Prevention, on prevention of drug and prostitute.

7. **With regard to medical consultation and treatment, rehabilitation:**

   a. To submit the Prime Minister for his approval of planning, technical delimitation of medical consultation and treatment network, rehabilitation (medical, forensic examination, mental examination);

   b. To submit the Prime Minister for his approval of regulations on conditions, standards, procedures and formalities to establish, to unify or to dissolve the state-owned hospitals;

   c. To preside, to coordinate with related ministries and organs for appraisal and then to submit the Prime Minister for his decision on establishment, unification or

dissolution of central state-owned polyclinics or specialty hospitals.

d. To preside, to coordinate with ministries and organs and People's Committees of provinces and cities under the Central management to appraise the projects on establishment or upgrading of the hospitals under the ministries, organs or under the provinces and cities which are directly under the Central management, in conformity with the regulations of law, and then to leave the ministries and organs, the People's Committee of provinces and cities with their own decision;

đ. To stipulate the conditions, standards, specialized regulations, skills on medical consultation and treatment, medical care, convalescence, rehabilitation, orthopedics, cosmetic surgery, examination (medical, forensic examination, mental examination); on traditional medicine, on health care and protection for preferential beneficiaries in conformity with the regulations of law; on reproductive health care and carrying out the birth-control services. To instruct, to guide and to investigate the agencies of medical consultation, treatment and rehabilitation;

e. To preside, to coordinate with related ministries and organs in the stipulation of classification and ranking of state-owned agencies;

f. To stipulate the conditions, standards for practicing private-owned medical consultation and treatment. To identify the procedures on granting the private-owned, semi-private and foreign-invested agencies, or recovering from them the license for practicing medical consultation and treatment, the certification for adequacy of conditions for practicing medical consultation and treatment in conformity with the regulations of law;

To coordinate with Ministry of Culture and Information in setting out the regulations on information, advertisement of medical consultation and treatment, rehabilitation, traditional medicine, food and medical equipment affecting to man's health;

g. To stipulate the list of medicine, surgery, medical skills, par clinical tests should be paid for the patients who granted compulsory medical insurance or the medical insurance for the poor or the patients who devoted for the nation any time they have medical consultation and treatment.

To preside and to coordinate with Ministry of Finance in stipulation of rate should be paid and received in case of voluntary medical insurance.

8. With regard to traditional medicine:

a. To stipulate the solutions on strengthening medical services by traditional medicine, combining traditional medicine with modern one in prophylaxis, medical consultation

and treatment, rehabilitation; on providing the staff with training for the scientific research and the production of traditional medicament;

b. To stipulate the specialized regulations and skills on health care with traditional medicine;

c. To stipulate the conditions, standards for practicing medical medicine. To identify the procedures on granting the private-owned agencies, or recovering from them the license for practicing traditional medicine, the certification for adequacy of conditions for practicing traditional medicine in private-owned, ban cong, and foreign-invested agencies.

9. With regard to medicine and cosmetic:

a. To set out the standards and conditions for private-owned agencies who have been permitted to produce, to trade and import the medicine and materials for medicine production;

b. To stipulate the regulations on production, trading and storage of toxic drugs, habit-forming drugs;

c. To instruct, guide and investigate the management of cosmetic affecting to the man's health.

d. To build up national pharmacopoeia;

đ. To coordinate with Ministry of Culture and Information in setting out the regulations on information, advertisement of medicine, vaccine, biological-products and cosmetic directly affecting to man's health;

e. To identify the consistent management in granting or recovering the license for practicing as independent pharmacist, the certification for adequacy of conditions for operating in the agencies which produce, trade and distribute the medicine.

10. With regard to food safety and hygiene.

a. To promulgate under its authority the standards of food safety and hygiene, the procedures, technical norms for food safety and hygiene;

b. To manage the grant and recovery of certification of coming up to the standard of food safety and hygiene;

c. To be responsible for instructing, guiding and checking the realization of regulations on food safety and hygiene.

11. With regard to medical equipment and works:

a. To define the list, technical standards of medical equipment to medical agencies, medical and pharmaceutical universities, colleges and schools and medical equipment schools as well;

b. To coordinate with Ministry of Construction to provide the sample designs of medical works under the technical delimitation;

c. To appraise under its authority the projects on the construction of medical works;

d. To approve the projects under the Ministry's authority.

e. To stipulate the conditions in manufacturing medical equipment.

12. With regard to training for medical staffs.

a. To instruct the activities on making curriculum, textbook for medical staff training, including the specialized curricula from local medical schools; to consistently manage the curricula's content in conformity with the regulations of Ministry of Education and Training.

b. To manage the Hanoi Medical College, Ha Noi College of Pharmacy under the regulations of Government and the Prime Minister.

13. To organize and to instruct the realization of scientific study plan, application of scientific and technological study to medicine, pharmaceutics and medical equipment manufacture.

14. To realize the international cooperation in people's health care and protection in accordance with the regulations of law;

15. To appraise and to investigate the implementation of the projects under the Ministry's management in line with the regulations of law;

16. To decide the policy and to put forward the specific methods, to instruct the realization of operational mechanism of public services in people's health care and protection;

17. To manage, to instruct the non-productive bodies under the Ministry's management.

18. To realize the duties, specific rights stipulated for representatives of the owner of state's share's in the enterprises with state-owned share relating to medical sector, and those are under the Ministry's management in accordance with the regulations of law;

19. To realize the state management to the activities of association and non-governmental organizations in people's health care and protection in conformity with the regulations of law;

20. To inspect, investigate the activities on medical preventive, medical consultation and treatment, rehabilitation, medical equipment and works. To realize the regulations of law on food safety and hygiene; to settle the complaint, denouncement; to fight against corruption, negation; to prevent wasting and to deal with the violations of law relating to people's health care and protection under the Ministry's authority.

21. To decide and instruct the realization of Ministry's program on administrative reform in line with the target and the objectives of the State Administrative Reform Program, which approved by the Prime Minister;

22. To manage the organizational apparatus, personnel; to appoint or to dismiss, to commend and reward, to punish the

cadres, officials those who under the Ministry's management; to train and improve the specialty and competence for the cadres and officials of people's health care and protection sector;

23. To manage the allocated finance and assets and to arrange for the disbursement of allocated budget in accordance with the regulations of law.

Article 3. Ministry of Health's structure:

a. The bodies which assist the Minister to realize the state management function:

1. Therapeutic Department;
2. Traditional Medicine Department;
3. Reproductive Health Department;
4. Medical Equipment and Works Department;
5. Training and Science Department;
6. International Cooperation Department;
7. Planning-Finance Department
8. Legal Department;
9. Personnel Department;
10. Secretariat
11. Inspection Department;
12. Preventive Medicine and HIV/AIDS Prevention Department;
13. Viet Nam Pharmaceutical Management Department;
14. Food Safety and Hygiene Department;

b. Non-productive bodies under the Ministry's management:

1. Huu Nghi Hospital;
2. Thong Nhat Hospital;
3. Da Nang Institute for the protection of mother and new-born;
4. E Polyclinic
5. Thai Nguyen Central Polyclinic;
6. Hue Central Hospital;
7. Cho Ray Hospital;
8. Bach Mai Hospital;
9. Viet-Duc University Hospital;
10. K Institute for Tumor and Cancer
11. National Endocrinology Institute.
12. Central Psychiatry Hospital No. I (Thuong Tin-Ha Tay)
13. Central Psychiatry Hospital No. II (Bien Hoa-Dong Nai)
14. Central Rehabilitation-Sanatorium (Sam Son-Thanh Hoa)
15. Central pediatrics Hospital;
16. Central Maternity Hospital;
17. National Traditional Medicine Institute;
18. Acupuncture Institute;
19. National Tuberculosis and Pulmonary Disease Hospital;
20. Institute for Optomology ;
21. National Institute for otorhinolaryngology
22. Ho Chi Minh Institute for Odonto-Stomatology.
23. Institute for marine medicine;
24. National Institute for Epidemic Prevention;
25. Ho Chi Minh Institute for Hygiene and Public Medicine;
26. Tay Nguyen Institute for Epidemic Prevention;
27. Ho Chi Minh Pasteur Institute;
28. Nha Trang Pasteur Institute;

29. National Institute for Malaria Epidemiology and Parasitology
30. Quy Nhon Institute for Malaria Epidemiology and Parasitology.
31. Institute for Malaria Epidemiology and Parasitology;
32. Institute for Occupational and Environmental Hygiene;
33. Institute for Nutrition
34. Institute for Pharmaceutical products.
35. National Institute for Medical Expertise;
36. National Institute for Forensic Examination;
37. Institute for Heath Strategy and Policy
38. Ha Noi Medical University;
39. Ha Noi Pharmacy College;
40. Ho Chi Minh Medical-Pharmaceutical College;
41. Thai Binh Medical College;
42. Hai Phong Medical College;
43. College of Public Health;
44. University of Odonto-Stomatology;
45. Can Tho Medical-Pharmaceutical College;
46. Informatics Center;
47. Health and Life Newspapers;
48. Practical Medicine Magazine;
49. Pharmaceutical Magazine;

Minister of Health presides, coordinates with Minster of Internal Affairs to build up the proposal on re-arranging the other non-productive bodies and to submit the Prime Minister for his approval.

Article 4. Enforcement.

The Decree shall be of full force and effect from the day of being covered in official gazette, and shall be a replacement of the Decree No. 68/CP dated October 11, 1993 of the Government on functions, duties rights and organizational structures of Ministry of Health and all prior regulations which are in contrary to this Decree.

Article 5. Implementation responsibility.

Minister of Heath, Ministers, head of ministerial equivalent bodies, heads of governmental bodies, chairmen of people's committees of provinces and cities under central authority shall be due to implement this Decree.

For and On behalf of the Government
Prime Minister

13. Ordinance on population (Ref:06 / 2003 / PL-UBTVQH11)

Draft Translation

national assembly 's Standing committee

Ref:06/2003/PL-UBTVQH11

Socialist republic of Vietnam
independence-freedom-Happiness

Ordinance on population

Population is one of decisive factors for the sustainable development of the country.

To highlight the responsibilities of citizens, the state and society in population work; To protect legal rights and interests of citizens; To strengthen unified management of population;

Pursuant to the 1992 Constitution of the Socialist Republic of Vietnam following Resolution N° 51/2001/QH10 issued on 25 December 2001 by the IXth legislature National Assembly at the 10th session;

Pursuant to Resolution Nº 12/2002/QH11 issued on 16 December 2002 by the XIth legislature National Assembly at the 2rd session the schedule of Laws and Ordinances development by the XIth legislature National Assembly (2002-2007) and in the year of 2003;

This Ordinance stipulates on population related issues.

Chapter 1
General Provisions

Article 1: Governing scope and objects of the Ordinance

1. This Ordinance stipulates the fundamentals relating to population size, structure, distribution, population quality and solutions for implementing population work and state management on population.
2. This Ordinance applies to state institutions, political, socio-political, social and socio-professional organizations, to business organizations, armed forces, families and all Vietnamese citizens (*hereafter referred to as organizations and individuals*); To foreign organizations operating in Vietnam, foreigners who are permanent residents in Vietnam, except for cases with otherwise-stipulated international treaties that the Socialist Republic of Vietnam signs or participates, then the international stipulations are applied.

Article 2: Principles for population work

1. It is to protect the legal rights and interests of institutions, organizations and individuals in the field of population in conformity with socio-economic development, the quality of life of individuals, families and the society as a whole.
2. It is to ensure initiative, voluntary and equality for individuals and families to practise family planning, reproductive health care, choice of place of residence and utilization of methods for better population quality.

3. It is to take into accounts the rights and interests of individuals, families, and the common interests of communities and society as a whole, families practise small sized norm for plentiful, equal, progressive, happy and durable development.

Article 3: Explanation of terminology

In this Ordinance, the following terms should be understood as follows:

1. *Population* is a group of people living in a country, a region, an economic geographical area or an administrative unit .
2. *Population size* is the number of people living in a country, a region, an economic geographical area or an administrative unit at a certain point of time.
3. *Population structure* is the whole population broken down by sex, age, ethnic group, profession, marital status and other criteria.
4. *Aging population structure* is the population with high proportion of aged people.
5. *Population distribution* is the dispersion of the whole population by regions, economic geographical areas or administrative units.
6. *Population quality* is reflected by physical, intelligent and mental characteristics of population as a whole.
7. *Migration* is the movement of people from a country to another or from an administrative unit to another to establish a new residence in a certain period of time.
8. *Reproductive health (RH)* is a perfect state of mental, physical and social well-being related to the reproductive system and to its functions and processes.
9. *Family planning* (*FP*) is the efforts of the State and society to facilitate individuals and couples to have initiative and volunteer decision on the number, timing and spacing of births in order to ensure good health and responsible nurture, suited with social standards and the family living conditions.
10. *Population work* refers to management and institutional arrangements for implementation of activities affecting population size, structure and distribution and improving population quality.
11. *Human Development Index (HDI)* is the composite of average life expectancy, general education level and income per capita.
12. *Replacement fertility* is the level of fertility at which a cohort of women are having number of daughters replacing themselves in the population.
13. *Population services* consist of activities for population work including provision of information-education-communication, advocacy, guiding, counseling on population (hereafter referred to as *communication and counseling*), provision of alternatives for reproductive health care, family planning and improvement of population quality as well as other activities specified by law.
14. *Population Registration* refers to collection and updating basic demographic information of every individual in a certain period of time.

15. *National Population Database* is a system of information to be collected and computerized by population registration to every inhabitants.

Article 4: Rights and obligations of citizens in population work

1. Citizens are entitled to enjoy the following rights:
   a) To be provided with information on population
   b) To be supplied with quality, convenient, favorable and safe population services, kept privacy secrets as regulated by the law.
   c) To have free choice of RH care and FP methods, as well as methods for improvement of population quality.
   d) To have free choice of place of residence in accordance with the provisions of law.
2. Citizens have the following obligations:
   (a) To practise FP for development of a small sized, plentiful, equal, progressive, happy and durable family.
   (b) To exercise activities for improving physical, intelligent and mental health of themselves and other family members.
   (c) To respect the interests of the State , society and community in regulating population size and structure, population distribution, and improving population quality.
   (d) To exercise the stipulations set out in this Ordinance and other legal regulations relating to population.

Article 5: Responsibilities of the State, institutions and organizations involving in population work.

1. The State should have policies and solutions for realizing population work, mobilizing social participation in population activities and facilitating favorable conditions and arrangements for population work in accordance to the country's socio-economic development.
2. The State should have incentive policies to organizations and individuals investing, cooperating, assisting, supporting to RH and FP programs, to improvement of population quality with focus on the poor, ethnic people, less developed or extremely difficult areas.
3. The State management body for population is responsible for guiding the implementation of population work, for implementing population activities in co-operation with Vietnam Fatherland Front and its members, for monitoring and supervising the implementation of law on population.
4. Within the scope of their tasks and powers, institutions and organizations are responsible for:
   a) Integrating population variables into socio-economic development planning
   b) Advocating and promoting for the implementation of population work

c) Providing population services
d) Ensuring the implementation of law on population within the institutions and organizations.

Article 6: Responsibilities of Vietnam Fatherland Front and people's socio-political and social organizations in population work

Vietnam Fatherland Front and people's socio-political and social organizations are responsible for:

1. Providing inputs in policy making, developing population schemes and plans as well as in drafting other legal documents on population.
2. Undertaking the implementation of population work within their networks.
3. Advocating and promoting their members and people to undertake the law enforcement on population
4. Monitoring the implementation of law on population.

Article 7: Prohibited activities

The following activities are prohibited:

1. Preventing, forcing the utilization of FP practice.
2. Foetal sex selection in any form.
3. Producing, trading, importing and providing counterfeit contraceptives, contraceptives of poor quality, expired products, those without distribution visa.
4. Migrating and residing against the law.
5. Communicating, disseminating, or initiating information as opposed to the population policy and the traditional moral standards, negatively affecting population work and social life.
6. Hunan cloning multiply.

Chapter II
Population size, structure and distribution
Section 1: Population size

Article 8: Adjusting population size

1. The State makes adjustments of the population size in accordance to socio-economic development, natural resources and environmental sustainability by programs and projects for socio-economic development, RH care and FP for adjustment of fertility and stabilization of population at rational size .
2. Within the scope of their tasks and powers, institutions and organizations are responsible for RH and FP programs and projects. People' s Councils, People's Committees at all levels are responsible for RH and FP programs and projects within their localities.

Article 9: Family Planning

1. Family planning is a fundamental measure to adjust fertility contributing to security of plentiful, equal, progressive and happy life.
2. Solutions for family planning includes:
   (a) Promoting, counseling, assisting and facilitating individuals and couples to get initiative in accessing to FP methods.
   (b) Providing accessible, safe, convenient and quality services of FP.
   (c) Encouraging by material and mental interests to clients as well as utilizing insurance policies for promotion of FP extensively and intensively in communities.
3. The State supports and facilitates the implementation of FP programs, projects with focus on less developed or extremely difficult areas, on the poor, disadvantaged people and adolescents.

Article 10: Rights and obligations of couples and individuals in FP

1. Every couple and every individual has the rights:
   (a) To decide the timing, number and spacing of births in accordance to their age, health, studies, employment and working, income and child rearing conditions of every individual and on the basis of couple's equality.
   (b) To have choice and practice of FP methods.
2. Every individual and couple has the obligations:
   (a) To practise FP
   (b) To protecting their health and prevent themselves from RTIs, STDs, HIV/AIDS
   (c) To undertake other duties relating to RH care and FP.

Article 11: Communication and counseling on FP

1. The State management body for population is responsible for developing programs and messages for communication and counseling on FP, for coordination and collaboration with institutions, organizations and individuals in conducting communication and counseling on FP.
2. Institutions, organizations and individuals have the right to get information as well as to participate in communication and counseling on FP.
3. The information and communication institutes are responsible to promote, disseminate on population and FP related laws. The content and formalities of communication should be appropriate and understandable to specific target audiences.

Article 12: Provision of FP services

1. The State encourages organizations and individuals to produce , import and supply contraceptives and family planning services regulated by the laws.

2. Organizations and individuals that provide contraceptives and family planning services are responsible to ensure the quality of contraceptives, services and techniques including safety, convenience and follow-up, solvement of side effects and implications to clients (if any).

Section 2: Population structure

Article 13: Adjustment of population structure

1. The State makes adjustments on the population structure in order to ensure an appropriate structure by sex, age, level of education, profession and other characteristics and to protect and facilitate favorable conditions for development of ethnic population.
2. Adjustment of population structure should be made by national or provincial socio-economic development programs, projects. The State should have policies and institutes, organizations should have measures for development of social services addressing the aging population structure in the future.

Article 14: Attaining an appropriate population structure

1. The State should have necessary policies and solutions to prevent foetal sex selection ensuring balance sex structure by natural reproductive cycle as well as to adjust fertility for attaining appropriate structure by sex and age.
2. The State should realize policies for socio-economic, scientific and technical development, training and vocational training, as well as policies for appropriate use of labor forces by sex, age, minority/nations and socio-economic development level of each locality.
3. Institutions and organizations when developing policies and making plans for socio-economic development, must ensure the balance in terms of sex, age, profession structure for each location, economic-geographical area or an administrative unit.

Article 15 Protection of ethnic minorities

1. The State must have policies and solutions to provide material and mental support to ethnic minorities at less developed areas or extremely difficult areas by programs and projects for socio-economic development, poverty reduction and addressing unmet needs on RH care, FP and improvement of population quality.
2. Within the scope of their tasks and powers, institutions and organizations are responsible for promoting, counseling, guiding and supporting ethnic minorities in RH protection and care including family planning.

Section 3: Population distribution

Article 16: Reasonable population distribution

1. The State realize policies for reasonable population distribution among regions, economic geographical areas or administrative units by programs, projects fully exploiting land and natural resource potentiality to further the strengths of each region in terms of socio-economic development and national security and defense.

2. Authorized state institutions are responsible for developing population distribution schemes and plans appropriate for different regions, economic geographical areas and administrative units synchronizing investment with focus on less developed or extremely difficult areas and sparsely-populated areas in order to bring about more employment and better living conditions that will attract more labors.

Article 17: Distribution of rural population

1. The State implements policies that encourage comprehensive development in rural areas, economic structure transition, rural and agricultural industrialization and modernization that bridge the gaps between developed and less developed regions, limiting migration mobility to urban areas.
2. Within the scope of their tasks and powers, People's committees at all levels are responsible for implementing programs, projects of micro credit, job creation, income generating, new economic zones development; For realizing policies on agricultural resettlement so as to stabilize the life of ethnic minorities, limiting shifting cultivation and spontaneous migration.

Article 18: Distribution of urban population

1. The State realize essential policies and measures for limiting the overpopulation in some big cities; Scheming and planning for urban development together with building up large, medium and small cities which will facilitate an appropriate distribution of population.
2. The State has policies encouraging individuals, organizations and enterprises, employers located in urban areas to arrange accommodation for migrant labors.
3. People's committees at all levels, within their duties and powers, are responsible for population management, urban administration and management of migrant labors.

Article 19: Domestic and International migration

1. The State facilitates domestic and international migration in conformity with Vietnamese Laws and those of migrating and destination countries.
2. People's committees at all levels realize policies for socio-economic development, improvement of living standards for people in order to ease the migration mobility; Promptly resolve any problems arisen from spontaneous migration regulated by the laws.

Chapter III
Population Quality

Article 20: Improving population quality

1. Improving population quality is a national fundamental policy in the cause of country development.
2. The State implements policies for improving the quality of the population in terms of physical, mental and intellectual aspects in order to improve the human development index of Vietnam to the international advanced level and address the country's requirements for industrialization and modernization.

Article 21: Solutions for improving population quality

Solutions for improving population quality include:

1. To ensure basic human rights, the right for comprehensive and equal development in terms of mental, physical and intellectual aspects; To support to increase of basic indicators of body development in terms of height, weight, durability, life expectancy as well as to enhance education level and income per capita.
2. To promote communication, counseling and guiding for comprehensive understanding and initiative, volunteer practice of measures for the improvement of population quality.
3. To diversify supplies of goods and public services, particularly education, health in order to improve the standard of living and the quality of population.
4. To enact policies and specific measures focus on less-developed areas or extremely difficult areas in terms of socio-economic development, the poor and disadvantaged people for the improvement of population quality.

Article 22: Responsibilities in improving population quality.

1. The State encourages and facilitates organizations and individuals to undertake measures for improving the population quality by developing programs, projects for socio-economic development, investing to technique infrastructure, developing the system of social security and protecting the ecological environment.
2. Institutions, organizations and individuals are responsible for implementing health care programs, exercising physical fitness, improving education and intellectual level, promoting economy and enhancing social welfare, preserving cultural and spiritual value and protecting the ecological environment.
3. The state management body for population, in collaboration with line ministries and related organizations, is responsible for developing and realizing the integrated models for improving population quality and sustainable family development, models for improving communal population quality. It is also responsible for providing information, communication and counseling and supporting families and individuals to realize measures for improving population quality.
4. Institutes, organizations, and individuals have the right to be provided with information, guidelines and supports and they voluntarily to exercise measures for improving population quality.

Article 23: Support to reproduction

1. The State encourages and facilitates pre-marriage examination to individuals, male and female, and genetics screening tests to those at high risk of genetics disabilities or defected by chemical agents as well as provision of counseling on genetic health, material and spiritual supports to those suffered from genetics disabilities or defected by chemical agents and HIV/AIDS.
2. The State invests and encourages organizations and individuals who invest in infrastructure for reproductive supporting technology to help infertile clients, sterilization users and those who want to have births as regulated by the laws.

Article 24: Developing the norm of small-sized, plentiful, equal, progressive, happy and durable family.

1. The State enacts policies and measure to eliminate all kinds of gender discrimination, different treatments among boys and girls; To ensure equality among males and females to have the same benefits and obligations in developing the norm of small-sized, plentiful, equal, progressive, happy and durable family.
2. The State encourages the maintenance of traditional family (multi-generations) and expands several social services appropriate to different models/patterns of family to ensure the members of a family fully enjoy welfare and fully exercise obligations.
3. Institutions, organizations and individuals are responsible for promotion, counseling, supporting families improving material and spiritual life, developing a plentiful, equal, progressive, happy and durable life.
4. The members of a family have responsibilities for mutual assistance in exercising measures of health care, reproductive health care and family planning and improving material and spiritual life for every members of the family.

Article 25: Improving communal population quality

People's committees at all levels are responsible for executing and organizing the implementation of measures for economic development, deliveries of social services and ensurance of social security in order to improve the quality of local population

Chapter IV
Solutions for Population Work

Article 26: Schemes and plans of population development

1. The State integrates population development schemes and plans into those of national and regional socio-economic development to ensure that the size, structure, quality and distribution of population will be in accordance with conditions of socio-economic development, natural resources and environment.
2. People's Council, People's committees at all levels integrate population development schemes and plans into those of local socio-economic development.
3. Within their duties and powers, institutions and organizations are responsible for taking objectives of populations work into account while making their plans of activities, plans of production, business or services; as well as in their periodical review and evaluation.

Article 27: Socialization of population work

The State realizes socialization of population work in order to mobilize institutions, organizations and individuals participating actively into population work. The institutions, organizations and individuals who involve in population work are to enjoy rights and benefits of this work.

Article 28: Mobilization of resources for population work

1. The State enacts policies and mechanism to mobilize resources for population work.

2. The Population Fund is founded at the central level and it is under the state management body for population work.
3. Sources for the Population Fund are from state budget, volunteer contributions of local and foreign institutions, organizations, local people and foreigners.
4. The mobilization and utilization of the Population Fund should observe provisions by law.

Article 29: Population Education

1. Population education is conducted by all educational institutions within the national education system.
2. The Ministry of Education and Training in collaboration with Vietnam Commission for Population, Family and Children executes and develops programs and curriculum on population education in accordance with levels and grades of education.
3. Schools and other educational institutions have responsibilities to conduct teaching and learning on the basis of approved program and curriculum.

Article 30: International cooperation in the field of population

1. The State enacts policies and measures to expand the international cooperation in this field with other countries, international organizations on the basis of equality, respect of independence and sovereignty, mutual benefits and in conformity with the laws of each party and international practices.
2. The scope of international cooperation includes:
   (a) Developing and implementing programs, project in the field of population
   (b) Participating in international organizations; signing, joining international treaties in the field of population
   (c) Conducting researches and studies, applying sciences and transferring modern technology in the field of population.
   (d) Training and refresh-training, exchanging information and experiences in the field of population.
3. The State encourages oversea residents of the Vietnamese origin, foreign institutions and foreigners to participate into population activities in Vietnam.
4. International institutions and associations involving in population work in Vietnam are to operate in accordance with provisions of law of Vietnam.

Article 31: Strengthening the capacity of personnel network involving in population work

1. The State enacts policies for the development of the network and facilitates capacity building to managers and workers involving in population work at all levels focusing on full-time workers and collaborators at the grass-roots level.
2. The People's committees at all levels are responsible for creating favorable conditions to those who work for population, for sustainability of staff working full time and

collaborating for population at the grass-roots level conformity to socio-economic characteristics of the locality.

Article 32: Scientific research

1. The State encourages and facilitates every efforts by organizations and individuals in conducting researches, focus on studies for the improvement of the population quality, particularly those for population at less developed areas or extremely difficult areas.
2. The state enacts policies to protect, disseminate and apply the given results by researches and studies to making plans for socio-economic development and to policy making, planning and implementing for population.
3. Research institutions and state management body for population are responsible to apply scientific and technological advances, to improve the quality of for research work, improve the quality and efficiency of population researches and studies so that they can be applied in the actual context of the country's socio- economic situation.

Chapter V:

State Management of Population

Article 33: The contents of state management of population

The management of population by the state comprises the following main points:

1. To develop, organize and guide the implementation of population- related strategies, schemes, programmes, plans and solutions.
2. To promulgate and organize the implementation of legal guiding documents of population.
3. To conduct co-ordinated and integrated plans for population among state bodies, mass organizations, other oginization and individuals involving in population work.
4. To manage and provide technical guidance on institutional development and personnel of the state management body of population
5. To organize and administer collection, exploitation, storage of information population, population registration and the national database on population
6. To organize, manage training and refresher training courses for employees and staff working in its system network.
7. To arrange for and manage researches and application of science and technology transference in the field of population.
8. To organize, manage and implement advocacy, dissemination, motivation for people's enforcement of population-related provisions by law.
9. To undertake international cooperation in the field of population.
10. To supervise, inspect and handle claims, denunciations and violations of provisions of law on population.

Article 34: State management body of population

1. The Government undertake the unified state management of population.

2. The Commission for population, family and children is assigned by the Government to conduct administration on population.
3. Line ministries, ministrial-rank institutes are assigned by the Government to carry out state management of population within their duties and powers.
4. The Government stipulates detailed regulations on organization, function, tasks and authorities of the state management body of population as well as responsibilities of line ministries, ministrial-rank institutions to implement population work in collaboration with the Commission for Population, family and children.
5. People's Committees at all level exercise state management of population in their localities following discentralization by the Government.

Article 35: Population registration and the national database on population.

1. The state organizes, develops and manages the national database on population to be entirely applied in the whole country. The national database on population is the national heritage.
2. Institutions, organizations and individuals have obligations to supply adequate, accurate basic demographic information and have rights to use information and data of the national database on population in accordance to provisions of law.
3. The development, management, operation the national database on population, as well as provision of information and data extracted from this database should observe provisions by law.
4. The government stipulates provisions on process, procedure and content of population registration and the national database on population.

Article 36: Claim and Denunciation

Claims, denunciations and handling claims, denunciation on the acts of violation of provisions of law on population must be conducted in accordance to provisions of law on claims and denunciations.

Chapter VI

Rewards and handling of violations

Article 37: Rewards

1. Organizations, individuals that have recorded achievements in population activities are to be rewarded in accordance with provisions of law.
2. Institutions, organizations, communities work out solutions for rewarding individuals and families who have best contribution to such achievements.

Article 38: Handling of violations

1. Any person who takes an act in violation of the provisions of this Ordinance and other provisions of Law relating to population work, depending on the nature and

extent of the violation, shall be subjected to discipline, administrative sanction or prosecution under the penal code. Any loss deprived from such violation must be compensated according to the law.

2. Any person who takes advantages from their position and powers, takes an act in violation of the provisions of this Ordinance and other provisions of Law relating to population work, depending on the nature and extent of the violation, will be subjected to discipline prosecution under the penal code. Any loss deprived from such a violation must be compensated according to law.

Chapter VII

Implementation provisions

Article 39: Effect of the Ordinance

1. The Ordinance takes effects on 1 May 2003.
2. All the previous provisions which are contrary to this Ordinance are now annulled.

Article 40: Ordinance execution guidance

The Government shall defined detailed provisions to guide the implementation of this Ordinance.

On behalf of the Standing Committee of the National Assembly

Chairman

Nguyen Van An