Ex Post-Evaluation Brief
Vietnam: Sector Programme - Health and Family Planning, Phases II-IV

Programme/Client	Sector Programme - Health and Family Planning, Phases II to IV – (II) 1996 65 126*, (III) 2000 65 920, (IV) 2003 66 492*	
Programme executing agency	Vietnamese Commission for Population, Family and Children (VCPFC)	
Year of sample/ex post evaluation report: 2012/2012		
	Appraisal (planned)	**Ex post-evaluation (actual)**
Investment costs (total)	(II) EUR 18.82 million (III) EUR 8.69 million (IV) EUR 12.82 million	(II) EUR 18.31 million (III) EUR 8.67 million (IV) EUR 12.98 million
Counterpart contribution (company)	(II) EUR 2.82 million (III) EUR 0.51 million (IV) EUR 2.82 million	(II) EUR 2.31 million (III) EUR 0.49 million (IV) EUR 2.98 million
Funding, of which budget funds (BMZ)	(II) EUR 16.0 /16.0 mill. (III) EUR 8.18/8.18 mill. (IV) EUR 10.0/10.0 mill.	(II) EUR 16.0 /16.0 million (III) EUR 8.18/8.18 million (IV) EUR 10.0/10.0 million

* random sample

Project description: All three phases of this programme supported VCPFC, the programme agency, in implementing the national population strategy by providing modern contraceptives as needed through both the public and private sectors (social marketing). The programme also encompassed structural improvements at the programme agency, including developing and setting up a logistics management system. Through information campaigns aimed at specific target groups, the programme sought to change attitudes on issues around modern family planning. These three phases formed part of a joint programme for population health and family health undertaken by the World Bank, the Asiatic Development Bank and German Financial Cooperation (FC). Overall, the sector programme for Health and Family Planning (Phases II, III and IV) covered demand during the period from 1999 to 2008. It was designed as a national programme.

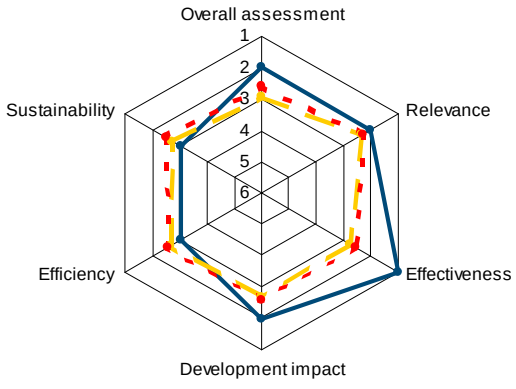
Objective: The programme objective for this programme was to increase the use of modern contraception through the improved provision and better marketing of contraceptives and through behavioural change initiatives. Furthermore, the national fertility rate was to be held at the population replacement level as then calculated. Both of these programme objectives would serve to improve reproductive health within the target group as well as to lower the birth rate whilst guaranteeing individual freedom of choice at the same time (the overall objective). Because the objectives and measures were broadly similar in all three phases, they have been considered together. However, ratings have been differentiated where necessary. **Target group:** The sexually active population of Vietnam of reproductive age, i.e. between the ages of 15 and 49 (totalling approx. 50 million in 2009, including approx. 24.9 million women), with a particular focus on poorer population groups in rural areas as well as adolescents and young adults (approx. 17.3 million, aged 15–24).

Overall rating: 2

All three programme phases were rated very good for effectiveness, good for relevance and impact, and satisfactory for sustainability. Efficiency was rated as satisfactory in Phases II and III and no longer satisfactory in Phase IV.

Of Note: After the programme ended, the national Health Ministry took over contraceptive procurement in its entirety (representing roughly 70–80% of national demand). This is seen as a very positive step which confirms the high priority given to this subject at a national level. In addition, the information and behavioural change components that were developed for adolescents and young adults within the programme framework have also provided significant input to other programmes (e.g. HIV/AIDS).

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating: All three phases of the programme were rated overall as good. **Rating: 2**

Relevance: In its demographic development, Vietnam demonstrated continuous population growth from 1950 to 2005, the result of a birth rate (i.e. crude birth rate) that was significantly higher than the death rate (crude death rate). If this growth in population had continued unchecked, it would have allowed population numbers to double in less than 30 years. At the beginning of the 1990s the average fertility rate stood at four children per woman. In 2005, with a fertility rate (i.e. the total fertility rate, or TFR) of 2.1%, Vietnam achieved for the first time what is known as population replacement fertility, i.e. a fertility rate at which the average number of children born per woman leads to the replacement of the parental generation in its entirety, and thereby ensures that population size remains permanently stable. Despite this, because the death rate has also fallen, Vietnam's population continues to grow by approx. one million people each year, and in 2011 it comprised approx. 88 million people. Hence the core problem - ensuring an adequate supply of contraceptives to reduce the fertility rate, with due consideration for individual freedom of choice - was correctly identified, and in socialist Vietnam it to some extent justified providing contraception on a general, largely free-of-charge basis for the duration of the programme. For all three phases, the chain of effects which underpins the programme seems logically. Smaller, supplementary components were incorporated within individual phases, either to adapt to changes in circumstances or to effect occasional improvements. However, their scope did not lead to any change in our assessment.

By ensuring a high proportion of hormonal contraceptives were freely available via the public distribution network, plus involving the local NGO "VINAFPA" for distribution in rural areas (using social marketing techniques) and working with the NGO "Youth House" to reach adolescents and young adults, the programme fulfilled its aim of focusing on this target group in particular. Apart from that, the nationwide programme made a contribution - even if indirectly - to the Millennium Development Goals of a "reduction in child mortality" and an "improvement in maternal health", and hence it also contributed to the main objectives of German DC over the course of the programme.

The health sector, and the reproductive health subsector in particular, continues to have a high priority for the Vietnamese Government, as is demonstrated by their new "Strategy for Population and Development, 2011-2020", which was adopted in 2011. In addition, health has been one of the priority areas of German development cooperation with Vietnam since 1994. The programme was part of a joint programme addressing population health and family health undertaken in conjunction with the World Bank and the Asiatic Development Bank. The programme agency and the donors involved rated cooperation and coordination as good. GIZ made a contribution to improving the quality of reproductive health facilities in eight provinces within the programme area by providing technical support and training. Overall we have assessed programme relevance as good in all three phases. Sub-Rating: 2

Effectiveness: The programme objective was to increase the use of modern contraceptives by the target group. At the time of programme appraisal, it was planned that, across these three phases, FC funds would finance the procurement of a total of 13.6 million IUDs, 77.3 million cycles of oral contraception, 8.2 million cycles of a progestin-only pill, 5.4 million injectable contraceptives and 9.7 million condoms, equivalent to approx. 54 million Couple Years Protection, or CYP. Due to reduced purchase prices and increased revenues from social marketing sales, roughly 33% more contraceptives were procured and distributed than originally planned. Over the period from 1999 to 2008, FC actually financed roughly 111 million cycles of oral contraceptives, 15 million IUDs, 3.5 million injectable contraceptives 35 million condoms and 5,000 implants, equivalent to around 72 million CYP.

The movement in the programme objective indicator for "raising the contraceptive prevalence rate (CPR, modern methods)" shows that the desired effect was achieved. This rate increased from 44% (the outset value at Phase II appraisal in 1994) to 68% (in 2009 at the end of the programme). Other indicators defined were increasing CPR (modern methods) for young and unmarried people, and keeping the fertility rate at the population replacement level of 2.1. In Phase III a reduction in the abortion rate was set as an additional indicator. From a current perspective, the latter two indicators constitute indicators for the overall objective rather than for the programme objective. Accordingly, they have not been used in assessing the programme objective.

In rural areas, CPR (modern methods) now stands at around 69%, i.e. above the national average. The aim of focusing in particular on poorer, rural target groups is deemed to have been achieved. Data for the indicator of "CPR (modern methods) for young and unmarried people" is still not being collected in Vietnam. The Vietnam Multiple Indicator Cluster Survey (MICS) for 2010-2011 states that unmet contraceptive demand among all women aged 15–49 is only 4.3%. In the 15-24 age group, unmet demand rises to 15.6%. Non-representative surveys carried out within the framework of the ex-post evaluation, both at social marketing sales outlets and among pupils and students, suggest that the work undertaken by DKT, the social marketing agency, has helped ensure an improved, continuous supply of contraception, and has eased access to contraception for unmarried couples in particular.

The programme aimed to overcome delivery bottlenecks which had existed in the past and to improve stockholding in the state-run warehouses through the development and introduction of a Logistics Management and Information System (LMIS). All the programme objectives were either achieved or surpassed in the corresponding phase, some of them ahead of schedule. On our assessment, programme effectiveness (for all three phases) just achieves the level of "very good". Sub-Rating: 1

Efficiency: It seems overall that the contraceptives distributed and sold under the programme were over-subsidised. Due to Vietnam's economic development, average household income per capita has more than trebled from VND 356,100 per month in 2002 to

VND 1,387,100 per month in 2010. Measured against the Chapman Index, which states that the annual cost of contraception to end clients should not exceed 1% of annual family income, the average end customer price for the social marketing pill over the duration of the programme was below this already reasonable level (at between VND 2,000 and VND 4,000 per cycle). The reason for this was that the national committee responsible for setting the selling prices of social marketing products, which is made up of representatives from the Ministry of Planning and Investment, the Ministry of Finance and the Ministry of Health, did not approve any price increases. The committee approved a (fivefold) price increase for the first time in 2009, which is now being implemented gradually by DKT. The fact that the social marketing pill and the pill which is distributed free of charge via the public system are one and the same product provides an added complication for DKT's sales efforts. The practice of issuing contraceptives to all users free of charge in public healthcare facilities reflects the high priority which the Vietnamese Government places on reducing the fertility rate, and is readily understandable when seen against the rapid growth in population over the last ten years. However, the distribution of free contraceptives could have been instigated much earlier in a more targeted fashion, as studies had shown that larger population groups were willing and able to pay. Measures in this direction (including targeting, limiting the provision of free IUDs, and raising the social marketing proportion to 50%) had already been discussed in the planning stage of Phase IV, but were only partially implemented because of the attitude of government agencies. Despite the excess level of subsidy it seems that private products have not been crowded out, as the price level of interest to the private market is not affordable for the majority of customers. Hence there are significant price differentials between, for example, the commercial pill (approx. VND 12,000 – 60,000 per cycle) compared to the "social marketing pill" (VND 2,000 – 4,000 per cycle). Overall, the market share of the social marketing products – despite the continuing widespread practice of free-of-charge distribution - has risen. The adoption in June 2011 of the "Operational Plan for the Contraceptive Total Market", which aims to promote a sharper focus on free distribution with greater market share being taken by social marketing products and commercial products alike, is seen as a positive development.

It has not been possible to calculate a firm figure for the cost per Couple Year Protection (CYP), as there is no reliable data available on public sector provisioning costs, and the procurement of all the contraceptives (including those distributed through social marketing channels) was undertaken by the governmental agency VCPFC. Bundling the international tenders together in this way had a beneficial effect in the form of significant cost savings. Over the course of the programme, the average purchase price per unit for all the contraceptives fell (e.g. in the case of the three-month injectable contraceptive, from EUR 0.64 per injection in Phase III to EUR 0.55 in Phase IV). These savings were used to fund additional supplies and further activities in Phases III and IV. Implementation overall was completed within the timeframe envisaged, with some individual measures being delayed or deferred in each of the three phases. Counterpart contributions were duly rendered and were made available promptly in each case. The service contracts that were arranged to cover the logistics management system have now expired. Due to increasing demand, the "General Office for Population and Family Planning" (GOPFP) arranged for the logistics

management system to be expanded, and used an external supplier for the task. This company also guarantees system servicing. Overall, excess subsidy has increased over time, caused in part by the increase in procurement efficiency. In total, efficiency has been assessed as satisfactory in Phases II to III, but not longer satisfactory in Phase IV. Sub-Rating: Phases II and II: 3 Phase IV: 4

Overarching developmental impact: The overall aim of the programme was to help improve the reproductive health of the target group, measured using the following indicators: (1) a reduction in the abortion rate; and (2) a reduction in maternal mortality. No target values were defined. The abortion rate (per 100 pregnancies) declined from 38.7 (in 1996) to 23.2 (in 2007). The “Total Abortion Rate”, which reflects the average number of terminated pregnancies per woman over the course of her reproductive years, fell from 2.5 (in 1995) to 1.0 (in 2009). In general, data on terminations can only be considered meaningful to a limited extent, as it is based purely on statements from public health institutions and therefore relates just to married women. The traditional attitude which the Vietnamese people still hold toward premarital sex and the shame which unmarried women feel about it means these mostly young women go to private health service providers. There they certainly have to pay for an abortion, but as a rule no personal data is recorded. As the state does not yet control the quality of these private service providers, there is no reliable information on the actual number of abortions carried out on unmarried women, nor on the damage to health that can result from unsafe abortions etc.

Maternal mortality has also shown a very positive trend, falling nationally from 95 deaths per 100,000 live births (in 2000) to 68 (in 2010). A recent study by Guttmacher Institutes and the UNFPA (Costs and Benefits of Contraceptive Services, Estimates 2012) works on the assumption that, by ensuring free access to contraception in developing countries, the incidence of deaths related to pregnancy and childbirth can be reduced by roughly a third in the case of pregnant women and mothers, and by approx. 20% for newborns. This also offers the possibility of significant savings for healthcare systems. Other effects, such as reducing poverty and environmental pollution, lead to further beneficial consequences for the economy.

Furthermore, and in accordance with current best practice, the fertility rate - which was originally defined as a programme objective indicator - was used during ex-post evaluation to assess the progress made towards the overall objective. Since 2005, the fertility rate has been at the population replacement level or just under, and it is therefore below the average fertility rate for South-east Asia (2.4%). In the medium term it will be necessary to lift the “two-child policy” which is still in place, in order to counter the development of an ageing society.

Overall, each of these phases achieved the overall objectives. By financing around 70% - 80% of national demand for contraceptive products over the course of the programme, these three phases covered a significant proportion of the national requirement for contraception for family planning purposes. In principle, it is therefore reasonable to assert that - in line with the probability assessments used as a basis for planning, and the chain of ef-

fects assumed - a substantial contribution was made towards achieving the overall objective. In all three phases the overall objective was assessed as good. Sub-Rating: 2

Sustainability: After FC financing had expired and other donors had withdrawn, the Vietnamese Government completely took over the funding and subsidy of hormonal contraceptives. Discussions with users, as well as with other donors and organisations, gave no indication of any bottlenecks in supply. The GOPFP focused more on the availability of contraceptives and less on campaigns to raise awareness or disseminate information, and funding for these purposes has reduced significantly since FC financing came to an end. As a result, although the programme components which the FC programme financed for young people are still running, not every school or university etc. has sufficient funds for them. Some of the initiatives which Youth House developed have been taken over by the HIV/AIDS prevention programme, which the ADB has been funding since 2008. Funding for communication and education initiatives is now very limited at the municipal level too, with the budget for communication work standing at USD 200 per municipality per year. However, given the high number of young men in Vietnam, educational initiatives are particularly important for achieving the long-term objective. The social marketing programme is continuing at present, under national direction and in a revised form. Social marketing products may only be distributed by a company which is not classified as an NGO. The social marketing agency DKT is therefore carrying out sales of contraceptives through its subsidiary DELPHI. As well as the “New Choice” brand of pill, it also distributes condoms, an emergency contraceptive and an abortion pill. Cost recovery is basically secure, thanks to contracts to deliver educational programmes awarded by GOPFP, the Ministry of Health’s Vietnam Administration of HIV/AIDS Control (VAAC) and various other donors and organisations (including DFID, the ADB, and Family Health Intl.). However, many donors have withdrawn from the HIV/AIDS and family planning areas, and this causes complications for the work of DKT. Further obstacles, such as the prohibition against advertising hormonal contraceptives in the mass media, serve to limit sales growth. GOPFP and DKT are working together on improving the conditions for social marketing and on implementing the new Population Strategy and the Operational Plan, which aims at raising the social marketing share of the total contraceptive market. Overall, at the national level, there is a high degree of ability and willingness to continue financing these programme components and funding the product subsidy. A critical view is taken of the very high proportion of subsidy still being given to contraceptives, which represents a risk to sustainability. The equipment and software procured for the LMIS was suitably maintained, and at a national level the system was even expanded. Stockholding was outsourced to an external company and the warehouses were sold. GOPFP outsources services, which leads to cost savings through increased competition. There are however risks to sustainability, especially at the provincial level, where due to staff turnover too few qualified staff are available (trainings take place only every two years) and the necessary funds to purchase replacement PCs etc. are not always available. Further risks could arise as a result of Vietnam’s current economic policy. The Ministries have to comply with a two-year ban on new acquisitions, introduced in an effort to prevent inflation from overheating even further. By way of con-

trast, the transfer of know-how from the supplier of oral contraceptives (Helm Pharmaceuticals) was a success. The Vietnamese company Naphaco is now producing oral contraceptives for the national market. Sustainability in all three phases was assessed as satisfactory overall. Sub-Rating: 3

Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

1	Very good result that clearly exceeds expectations
2	Good result, fully in line with expectations and without any significant shortcomings
3	Satisfactory result – project falls short of expectations but the positive results dominate
4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
6	The project has no impact or the situation has actually deteriorated

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability) The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).