

**Vietnam: Sector Programme Health Care and Family Planning I**

**Ex-post evaluation**

<b>OECD sector</b>	13030 / Family Planning	
<b>BMZ project ID</b>	1994 65 089	
<b>Project-executing agency</b>	NCPFP – National Committee for Population and Family Planning (at time of ex-post evaluation: VCPFC – Vietnam Commission for Population, Family and Children)	
<b>Consultant</b>	GITEC Consult	
<b>Year of ex-post evaluation</b>	2004	
	<b>Programme appraisal (planned)</b>	<b>Ex-post evaluation (actual)</b>
<b>Start of implementation</b>	Q3 1994	Q1 1996
<b>Period of implementation</b>	36 months	40 months
<b>Investment costs</b>	EUR 5.32 million	EUR 5.32 million
<b>Counterpart contribution</b>	EUR 1.38 million	EUR 1.38 million
<b>Financing, of which Financial Cooperation (FC) funds</b>	EUR 3.94 million	EUR 3.94 million
<b>Other institutions/donors involved</b>	Ministry of Health, GTZ, UNFPA	Ministry of Health, GTZ, UNFPA
<b>Performance rating</b>	2	
<b>Significance / relevance</b>	2	
<b>Effectiveness</b>	1	
<b>Efficiency</b>	3	

**Brief Description, Overall Objective and Programme Objectives with Indicators**

The programme was carried out as a Financial Cooperation (FC)/Technical Cooperation (TC) cooperative project. The FC component comprised the provision of oral contraceptives for nation-wide distribution as well as the supply of medical instruments and basic medication used for family planning at health care facilities in five provinces supported by TC. In addition, eleven provinces heavily affected by flood damage were supplied with basic medication. The TC contribution initially involved training in reproductive health care for the staff of the National Committee for Population and Family Planning (NCPFP) in 23 TC districts located in the five provinces. As of January 1997 training was also provided to the staff of the Ministry of Health working in the health care centers and administrations on the provincial and district level in all 56 districts of the five provinces mentioned above.

The programme objective was to maintain or improve mother-child health care and family planning (MCH/FP) services by procuring oral contraceptives better suited for the Vietnamese (lower dose of hormones) and sufficient medical instruments and medication for public health

care and family planning centers. The overall objective of the project was to improve mother-child health care and to reduce population growth.

The following indicators were defined to determine whether the programme objectives were achieved:

- Demand for the procured contraceptives is at least 80% during the programme period.
- Two years after acceptance of the supplies, no major deficiencies are discovered for the 10% of the funded MCH/FP facilities that are inspected. The supplies of medical instruments (kits) and the generators are in working order and in use.

No indicators were set to determine achievement of the overall objective.

### **Project Design / Major Deviations from the original Project Planning and their main Causes**

The project supported measures under Vietnam's family planning programme. The main emphasis was on supplying both oral contraceptives for nation-wide distribution and equipment and goods for mother-and-child health care services in those districts supported by TC in the five provinces. In addition, basic medicines were delivered to eleven provinces that suffered flood damage. The introduction of low-dose oral contraceptives was to diversify the range of offers of the state programme and encourage greater use by target groups not previously reached (e.g. adolescents, young adults). Additionally, equipment and goods were planned for facilities that improved their services with the help of TC advanced training measures.

The programme began much later than planned since the signing of the financing agreement was delayed. The original implementation period of three years was extended significantly due to delays in deliveries. There were no major changes in the programme concept. The project adjusted flexibly to changing conditions. For instance, in compliance with a late request by the project-executing agency for greater concentration, the equipment and goods were not delivered to 12 provinces altogether but instead solely in the five provinces also supported by German TC. The time and effort required to train the staff in installation and use were higher than expected and were adjusted accordingly by all programme partners involved. The delivery of basic medication in provinces suffering flood damage was not originally planned.

Changes also arose with regard to the oral contraceptives. Owing to savings achieved in connection with the procurement, instead of 7 million pill cycles, in the end 9.7 million were provided. After it was discovered that inadequate storage conditions caused mold to form on the outside packaging, additional protection was added. However, this did not turn out to be the fault of manufacturers or suppliers. What is more, early sluggish demand for oral contraceptives helped initiate additional measures. Project funds were used to develop an own pill brand (IDEAL) for the programme-executing agency, and corresponding information materials were designed. Deficiencies identified in logistics and information campaigns were taken into account in the design for the ensuing programme phase.

### **Key Results of the Impact Analysis and Performance Rating**

The first indicator of achievement of the programme objective was based on the distributed quantity of procured contraceptives, but it did not describe the impacts on the target level. Thus, it no longer complies with the state-of-the-art. As a result, the contraceptive prevalence rate (CPR) will be used to measure fulfillment of the first indicator for so-called modern family planning methods. This rate is already being used to determine actual use of the contraceptives. The CPR increased overall from 43.8% women of reproductive age (1994 – time of the project appraisal) to 55.8% (1997) and to 57% (2002). In the districts supported by TC, the rate

increased even more: surveys carried out under the programme indicate that the CPR figures determined in the collection of basic data in 1995 were 56.5% for modern contraceptives, rising to over 76% by the end of 1999. At the time of the ex-post evaluation, attainment of the programme objective was considered quite clear.

Due to long-time preferences, people in Vietnam are hesitant to abandon non-hormonal methods (such as contraceptive coils). Therefore, their share of modern types of contraception has hardly changed and remains at a very high level. However, a positive trend can be noted for the oral contraceptives procured under the programme: their contribution to the national contraceptive prevalence rate has increased from approx. 4.8% (1994) to 11.1% (2002) and then to 13.5% (2003). The figures in the districts supported by TC were higher, with some even attaining a CPR of 15% for oral contraceptives as early as 1999. The available data is limited to married women, however. It can be assumed that pills, which do not require a prescription, are used especially by unmarried women, which would make the actual rate of use even higher.

With regard to the second indicator, it can be noted that an external inspection of around 30% of the financed health care facilities carried out in December 1999 (just under two years after delivery) did not reveal any major deficiencies in equipment, and that the equipment was being used. Nevertheless, from the beginning a few of the instruments did not meet Vietnamese requirements in terms of size, but this problem was resolved in part by improvised solutions. During the ex-post evaluation, targeted and limited surveys among programme stakeholders and experts from other institutions indicated that the equipment was still in working order and in use. The Vietnamese will replace them in due time. For most facilities the equipment provided by FC was (and still is) the only equipment they have.

The target groups reached by the programme include women and their male partners of reproductive age who have decided in favor of family planning. The data available for Vietnam exclusively concerns women who are or were married. No information is available for sexually active singles. Prior experience has shown, however, that especially the younger generation which, up to now, hardly had any access to modern FP methods is now using the new contraceptives to a high degree.

The project is classified into the following developmentally relevant criteria:

- Environmental protection and resource conservation: even if falling fertility rates certainly help protect the environment and conserve resources, neither environmental protection nor resource conservation is one of the project goals.
- Gender: gender equality is an important secondary goal of the project that is pursued by promoting freedom of choice in the field of reproductive health care. Since in Vietnam the decision on whether to apply FP measures lies mainly with the women, currently there is no need for action.
- Poverty orientation: the project is part of the Vietnamese programme for poverty reduction and indirectly improves the living conditions for the country's poor. It cannot be verified that the project mainly and directly reached poor people.
- Participatory development and good governance: the project did not aim at participatory development or good governance.

At the time of the ex-post evaluation (2004) the overall objective of the programme was achieved. The annual population growth rate is currently estimated at 1.3% (compared to 2.1% at the time of the project appraisal). Mother-child health care has improved since the project appraisal, yet it still merits further attention. In 2003 the fertility rate reached an average of 2.1 children per woman. Three factors encouraged this – in international comparison - particularly fast drop in Vietnam's fertility rate in the 1990s:

1. The desired number of children fell in the 1990s, and demand for contraceptives increased.
2. Greater demand for birth control was primarily satisfied by a larger, better-quality offer of family planning services. The entire FC programme – i.e. including the measures carried out in the first phase – made a major contribution to this success.
3. Although abortion is not considered as a method of family planning in Vietnam, in the mid-1990s it still played a considerable role in reducing the fertility rate since more than one out of three pregnancies was ended in this way. Since then the number of abortions has fallen whereas the offers of modern contraception have increased. This is also considered as a programme impact.

From a development-policy perspective, the effectiveness of the project can be considered good/very good (rating 1). The provision of oral contraceptives and measures to advertise them have helped to expand Vietnam's family planning programme, which mainly relies on contraceptive coils, and to increase the share of the contraceptive prevalence rate attributed to oral contraceptives. Growing use of the products is an indication of long-term acceptance. The provision of medical equipment for reproductive health care services was important for the facilities that received the support.

As regards the efficiency criteria, the first phase of the project can be considered very good since it achieved major savings in connection with the procurement of contraceptives (9.7 million instead of 7 million pill cycles). In this way, funds could be provided for vital, additional measures such as the development of a pill brand and information campaigns. On the other hand, the programme start and deliveries were considerably delayed, so that the impacts were not felt until much later. Nothing can be said about the efficiency of the overall project because not enough detailed data is available for the Vietnamese counterpart contribution. The procurement of spare parts for used equipment does not seem to be ensured. Yet, overall the project's efficiency is still deemed sufficient (rating 3).

Both the 1st phase and the ensuing phases of the project can be rated as significant and relevant in development-policy terms (rating 2). The goals of the project correspond to the political priorities of the partner country and also match the willingness of the population to apply modern methods of family planning. The measures made a major contribution to achieving success in terms of the overall objectives (reduction in the fertility rate, drop in population growth, decrease in the number of abortions). However, a direct contribution by the FC measures cannot be verified individually. Based on the condition that the available family planning programmes are continued, the success can be considered sustainable.

Overall, the developmental effectiveness of the sector programme Health Care and Family Planning I can be considered satisfactory (rating 2).

In spite of several delays, the programme successfully contributed to improving the range of family planning methods to choose from in Vietnam. It also helped to improve the medical services available to women at selected facilities. The FC programme is a vital part of fast-paced developments in the field of reproductive health care that have won the support of the Vietnamese population and government as well as of the international community. It should not be forgotten, though, that these developments cannot yet be considered irreversible. In order to ensure that the goals remain met on a long-term basis, the offers of family planning methods must be secured via own funds, and acceptance - also by the rural and young, unmarried population – needs to be guaranteed.

## Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

## Criteria for the Evaluation of Project Success

The evaluation of the "developmental effectiveness" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- Are the **project purposes** reached to a sufficient degree (aspect of project **effectiveness**)?
- Does the project generate sufficient **significant developmental effects** (project **relevance** and **significance** measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?
- Are the **funds/expenses** that were and are being employed/incurred to reach the objectives **appropriate** and how can the project's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of the project conception)?
- To the extent that undesired **(side) effects** occur, are these tolerable?

We do not treat sustainability, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms, or to carry on with the project activities on their own and generate positive results after the financial, organizational and/or technical support has come to an end.