

APPENDIX 7: GENDER ACTION PLAN
(Updated to 31 December 2024 by Gender and EM consultant and CPMU)

Gender activities/actions	Performance indicators/targets	Progress up to date	Challenges/difficulties and recommendations																																
Output 1: Public investment management for local health care strengthened																																			
1. Prioritize investment in equipment to perform sexual and reproductive health (SRH), child and elderly care related technical services (as per mandated services at district health care level and within the budget frame).	<p>A1. List of standard equipment developed for district health centers (DHC)/district hospitals for procurement under the project: This list includes equipment items for delivering SRH related technical services.</p> <p>DMF 1c. 12 district hospital in the six target provinces are equipped with essential medical equipment, including equipment for SRH services and outbreak investigation and diagnosis</p>	<p><u>Achieved</u></p> <p>The list of standard equipment for delivering SRH technical services has been included in the Program Feasibility Study (FS) and it was updated based on the standard lists of medical equipment sent by the CPMU and the allocated fund. It included equipment items for delivering SRH related technical services: Colposcope with camera, Color ultrasound Machine 4D; Black and white ultrasound machine with trolley.</p> <table><tr><th>Name of DHC/DH</th><th>Colposcope with camera</th><th>Color ultrasound machine 4D</th><th>Black and white ultrasound machine with trolley</th></tr><tr><td>Phu Tho</td><td>4</td><td>2</td><td>3</td></tr><tr><td>Tuyen Quang</td><td>5</td><td>4</td><td>4</td></tr><tr><td>Quang Nam</td><td>5</td><td>3</td><td>4</td></tr><tr><td>Gia Lai</td><td>4</td><td>4</td><td>3</td></tr><tr><td>Dak Nong</td><td>3</td><td>1</td><td>3</td></tr><tr><td>Soc Trang</td><td>8</td><td>5</td><td>5</td></tr><tr><td>Total</td><td>29</td><td>19</td><td>22</td></tr></table>	Name of DHC/DH	Colposcope with camera	Color ultrasound machine 4D	Black and white ultrasound machine with trolley	Phu Tho	4	2	3	Tuyen Quang	5	4	4	Quang Nam	5	3	4	Gia Lai	4	4	3	Dak Nong	3	1	3	Soc Trang	8	5	5	Total	29	19	22	
	Name of DHC/DH	Colposcope with camera	Color ultrasound machine 4D	Black and white ultrasound machine with trolley																															
Phu Tho	4	2	3																																
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Dak Nong	3	1	3																																
Soc Trang	8	5	5																																
Total	29	19	22																																
	<p>A2. In case of procurement of any additional equipment for the districts (i.e. for items that are not included in the standard list mentioned above): priority consideration is given</p>	<p><u>On-going/Achieved</u></p> <p>The proposed list of provinces approved by ADB and MOH increased from 13 to 40, compared to the approved list in the FS, in which the items related to SRH increased from 3 to 9 items, specifically as follows: (i) Birthing table; (ii) Gynecological examination table; (iii) Obstetric Monitoring; (iv) Automatic urine testing machine ≥ 11 parameters; (v) Electrically controlled resuscitation bed; (vi) Inox bed; (vii) Colposcope with camera; (viii) Color ultrasound machine 4D; (ix) Black and white ultrasound machine with trolley.</p>																																	

	<p>to procurement of equipment items and tools for delivering SRH related technical services.</p>	<table><tr><th>Name of DHC/ DH</th><th>Colposcope with camera</th><th>Color ultrasound machine 4D</th><th>Black and white ultrasound machine with trolley</th><th>Automatic urine testing machine ≥ 11 parameters</th><th>Birth delivery table</th><th>Gynecological examination table</th><th>Electrically controlled resuscitation bed</th><th>Electrically controlled resuscitation bed</th><th>Obstetric Monitor</th></tr><tr><td>Phu Tho</td><td>3</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Tuyen Quang</td><td>1</td><td>2</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Quang Nam</td><td>2</td><td>3</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Gia Lai</td><td>1</td><td>1</td><td>1</td><td>2</td><td>1</td><td>1</td><td>2</td><td>14</td><td>1</td></tr><tr><td>Dak Nong</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Soc Trang</td><td>1</td><td>2</td><td>0</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>4</td></tr><tr><td>Total</td><td>8</td><td>10</td><td>3</td><td>10</td><td>1</td><td>1</td><td>2</td><td>14</td><td>6</td></tr></table>	Name of DHC/ DH	Colposcope with camera	Color ultrasound machine 4D	Black and white ultrasound machine with trolley	Automatic urine testing machine ≥ 11 parameters	Birth delivery table	Gynecological examination table	Electrically controlled resuscitation bed	Electrically controlled resuscitation bed	Obstetric Monitor	Phu Tho	3	1	0	1	0	0	0	0	0	Tuyen Quang	1	2	0	3	0	0	0	0	1	Quang Nam	2	3	2	2	0	0	0	0	0	Gia Lai	1	1	1	2	1	1	2	14	1	Dak Nong	0	1	0	0	0	0	0	0	0	Soc Trang	1	2	0	2	0	0	0	0	4	Total	8	10	3	10	1	1	2	14	6	
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Total	8	10	3	10	1	1	2	14	6																																																																										
	<p>A3. By 2023, 12 district hospitals in the 6 target provinces are equipped with essential medical equipment including equipment for SRH services.</p> <p>Revised at MTR: By 2024, 12 district hospitals in the 6 target provinces are equipped with essential medical equipment including equipment for SRH services.</p>	<p><u>Not yet due</u></p> <p>This equipment is under Package 9 and will be implemented by CPMU. The list of equipment has received no objection letter from ADB and approval by MOH. The technical specifications were completed in October 2024. The preparation of estimated price for equipment was finished on 25 October 2024.</p> <p>However, to increase competitiveness and efficiency, creating conditions for more contractors to participate, CPMU proposed to update the Procurement Plan and was granted NOL by ADB on December 20, 2024, dividing package 09 into 02 packages (43 and 44), increasing from 4 lots to 09 lots. The updated Procurement Plan will be approved by CPMU in January 2025. Expected advertisement and contract award are by February 2025 and May 2025, respectively. According to the plan, equipment will be handed over to beneficiaries in Q3 2025.</p>																																																																																	

	DMF 1c (project): 12 district hospitals in the six target provinces are equipped with essential medical equipment, including equipment for SRH services and outbreak investigation and diagnosis (2018 baseline: 0 hospitals equipped) ⁹		
2. Use ICT equipment (basic) and digital IEC materials for enhancing the delivery of preventive health education interventions at the LHC level (e.g. for pregnant mothers or youth sexual education).	A4. List of standard ICT equipment developed for DHC/district hospitals for procurement under the project.	<p><u>Not yet due</u></p> <p>According to FS, the Strengthening Health Information System Package will be recruited, with a total budget of \$1,200,000. This consulting firm will be responsible for: (i) Software development (\$380,000 from Category 3); (ii) Procurement of equipment (\$505,000 from Category 1); (iii) Training and developing the online training system to support the use of above software (\$315,000 from Category 2). However, the Ministry of Health issued Decision 3532/QD-BYT dated 12 August 2020 on the management information system of CHSs with the goal of using only one software. Therefore, hiring a firm to develop the software seems redundant and appropriate. To solve the problem, CPMU proposed to cancel this package. ADB reminded the CPMU to remind the MOH management on its proposed alternative plan to replace this package (MOU signed 7 June 2022 for review mission from 23 to 25 May 2022). To conduct this plan, CPMU worked with the Department of IT (MOH) to develop the alternative plan and the list of standard ICT equipment for DHC/district hospitals, which is expected to be completed in Q2 2024. However, according to Decree 95/2022/ND-CP dated 15 November 2022 of the Government regulating the functions, tasks, powers and organizational structure of the Ministry of Health, the Department of IT no longer exists. Therefore, CPMU needs to seek guidance from MOH on which unit to continue working with, to come up with an alternative plan for this activity.</p>	<p>This activity is likely to be delayed. According to Decree 95/2022/ND-CP dated 15 November 2022 of the Government regulating the functions, tasks, powers and organizational structure of the Ministry of Health, the Department of IT no longer exists. A part of this Department has been merged into the Department of Science, Training and Technology (MOH), while the remaining part shall be re-structured to become the National Health Information Center. Therefore, CPMU needs to seek guidance from MOH on which unit to continue working with, to come up with an alternative plan for this activity. As expected, to develop a replacement plan, an IT consultant will be hired by CPMU in January 2024. The expert will assist CPMU in preparing a replacement proposal to submit to ADB in the</p>

			first quarter of 2024. However, in the context of the new Bidding Law, the recruitment of this expert has been delayed. So, the IT consultant is expected to be recruited on Q1 2025 .
	A5. Number and type of basic ICT equipment and digital IEC materials for preventive health education supplied to LHC facilities in target provinces.	<p><u>Not yet due</u></p> <p>The list of IT equipment for DHCs/ district hospitals is expected to be completed in Q1 2025 and delivered to LHC facilities in target provinces in Q2 2025. CPMU expected to recruit the individual IEC consultant in Q2 2024 and the IEC firm in Q4 2024. IEC materials will be completed in Q1 2025. The new Bidding Law, however, has forced CPMU to review the recruitment process and it has caused some delay in the recruitment of the IEC expert. The individual IEC consultant has been recruited in 05 August 2024. This consultant is responsible for managing and supervising the Program's IEC activities.</p>	There is a delay. The first reason has been presented in A4. The second reason is due to the delay in the re-selection procedure of an IEC consultant who is responsible for managing and supervising the Program's IEC activities. This consultant has been recruited in 05 August 2024. After reviewed all relevant materials, the consultant proposed to cancel this package because not enough time and proposed alternative plan to replace this package to get achieved relevant program targets (T2, T3, T4, T5, A6)
3. Ensure privacy and confidentiality for examination and consultations in the DHC/district hospital to deal with sensitive healthcare-related issues such as HIV, SRH including abortion, and	T1. At least one room in each DHC/district hospital supported by the project offers conditions for privacy and confidentiality to deal with sensitive healthcare-related issues.	<p><u>On-going/Achieved</u></p> <p>Project activities have not been implemented in the project provinces (such as: providing medical equipment and training). ADB mission visited DHC in Yen Lap district, Phu Tho province and DHC in Dak R'lap district, Dak Nong province (from 23 to 26 May 2023), all DHCs have a separate room for privacy and confidentiality to deal with sensitive healthcare-related issues. CPMU sent a Letter No.59/YTCS-KH dated 22 June 2023 and No.117/YTCS-ADB on 10 November 2023 to 16 DOHs/PPMUs requesting the arrangement of a separate room in each DHCs/district hospitals for examination and consultations to deal with sensitive healthcare-related issues such as HIV, domestic violence, etc. The Gender and Ethnic Minorities consultant had conducted a fieldwork to all 6 targeted provinces during June and July 2024. In each province the consultant visited 2 DHCs and 4 commune health stations (CHSs), and in all 12 visited DHCs there is a separate room</p>	During the meeting of ADB mission and CPMU on the morning of 12 August, it is decided that each DHC should have a durable name plate outside the room with the friendly statement "Private consultation room for health care issues".

domestic violence.		with different names for privacy and confidentiality to deal with sensitive healthcare-related issues.	
Output 2: Service models of local health care network improved			
1. Implement gender-sensitive marketing and awareness-raising activities to ensure women and men of all ages and ethnic groups in the communities of the target districts know about and understand the new service models of the LHC system.	A6. A marketing and awareness-raising strategy on new service models of LHC developed that is gender and EM-sensitive.	<u>Not yet due</u> An IEC consulting firm should have been recruited by CPMU in Q4 2024. However, the IEC consultant proposed to cancel this package because not enough time and proposed alternative plan to replace this package to achieve relevant program targets (T2, T3, T4, T5, A6). On 26 September 2024, the alternative plan was submitted to ADB for no objection. On 02 October 2024, ADB replied to CPMU's proposal that "CPMU needs to prepare a procurement plan (version 8) for ADB's approval. In the updated procurement plan, please indicate revised amount (should be lower than \$250,000) and change CQBS to RFQ. So CPMU submitted the revised TOR for ADB no objection enclosing updated PP. On 20 December 2024, CPMU received NOL of ADB. Therefore, CPMU expects to award this contract in Q1 2025. IEC firm is expected to be recruited in Q1 2025. The IEC team will design the IEC materials in Q2 2025. So all communes in target districts will gain knowledge from the IEC materials on the new services models of LHC in Q3 2025. Hence, it is not enough time, so there will be only IEC material development and TOT for district health center staff.	
	T2. All communication materials revised/developed and reproduced/produced under the project for dissemination in the target districts on new service models of LHC are gender and EM-sensitive*.	<u>Not yet due</u> IEC firm is expected to be recruited in Q1 2025. However, there is a change as mentioned in A6. The gender consultant will work with the IEC team to ensure IEC materials, communication messages are gender and ethnic minorities sensitive.	
	Range of communication and awareness-raising activities on the new service models of LHC implemented in target districts (number and type of	<u>Not yet due</u> The IEC team will design the IEC materials in Q2 2025. The IEC firm will develop and provide training the guidelines of IEC materials and develop an IEC plan for 2025 – 2027 on using the IEC materials to conduct key communication activities at the commune level. So the district health care staff will be trained in the use of IEC materials in Q3 2025.	There will be only IEC material development and TOT for district health center staff. CPMU recommended to revise T3 as "In Q3 2025 staffs at each DHC in the targeted districts of the 6 targeted provinces will

	<p>activities with targeted groups).</p> <p>T3. At least 55% of district health care staff trained in the use of IEC materials are women (Point of reference, 2023: 55% DHC female health staff in Phu Tho and 66% DHC female health staff in Dak Nong)</p>		<p>participate in IEC TOT, with at least 55% of them being women."</p>
	<p>T4. All target districts implement at least once a year in 80% of the CHS an awareness-raising campaign on the new services models of LHC.</p> <p>Revised at MTR: All communes in target districts gained knowledge acquired from the IEC materials on the new services models of LHC</p>	<p><u>Not yet due</u></p> <p>The IEC team will design the IEC materials in Q2 2025. So all communes in target district will be gained knowledge acquired from the IEC materials on the new services models of LHC in Q3 2025.</p>	<p>There will be only IEC material development and TOT for district health center staff.</p>
<p>2. Strengthen the delivery of preventive health care, including gender and EM sensitive IEC, for women and men (especially from EM and other vulnerable</p>	<p>T5. All IEC materials used and/or produced by the project for preventive health education activities at the LHC level in the target districts are gender and EM-sensitive.</p>	<p><u>Not yet due</u></p> <p>All IEC materials produced by the project for preventive health education activities at the LHC level in the target districts are gender and EM-sensitive, expectedly in Q3 2025.</p>	

groups) in the areas of SRH, HIV, communicable diseases, and NCDs.	<p>T6. By 2026, the proportion of births assisted by a trained health worker in each of the 6 target provinces is equal to or above the national average (2015 baseline in JAHR 2016: national 98.3%; Gia Lai, Dak Nong, and Quang Nam below the national average as per MOH data for 2017).^a</p> <p>Revised at MTR: By 2025, the proportion of births assisted by a trained health worker in 6 target provinces is equal to or above the national average (2015 baseline in JAHR 2016: national 98.3%; Gia Lai, Dak Nong, and Quang Nam below the national average as per MOH data for 2017).^a</p>	<p><u>On-going/Not achieved/not yet due</u></p> <p>According to Health Statistics Yearbook for 2019-2020 of the MOH, the proportion of births assisted by a trained health worker of the whole country reached 98,8% and 92,9% in 2019 and 2020 respectively. According to data in 2019 and 2020, similar to the baseline data in 2017, 3/6 provinces exceeded the national average level (Phu Tho, Tuyen Quang and Soc Trang). The remaining 3 provinces that did not yet reached the national average rate include Quang Nam, Dak Nong and Gia Lai, of which Gia Lai continued to be the one with lowest rate.</p> <p>In 2023, available data for Phu Tho, Tuyen Quang, Dak Nong, Soc Trang, and Gia Lai show that in Phu Tho, Tuyen Quang, and Dak Nong the proportion of births assisted by a trained health worker exceed the national average level.</p> <p>On 21 November 2024 CPMU sent a request No. 122/YTCS-KH to PPMUs for updated data for DMF, GAP and EMDP. So far, only 4 provinces provided updated data for 2024 as highlighted in the table below.</p> <p>Births assisted by a trained health worker (%):</p> <table><tr><th>Province</th><th>2017</th><th>2018</th><th>2019</th><th>2020</th><th>2023</th><th>2024</th></tr><tr><td>Phu Tho</td><td>100.0</td><td>100</td><td>100</td><td>99.9</td><td>100</td><td>100</td></tr><tr><td>Tuyen Quang</td><td>99.1</td><td>99.9</td><td>99.1</td><td>99.6</td><td>99.5</td><td></td></tr><tr><td>Quang Nam</td><td>97.6</td><td>97.0</td><td>97.6</td><td>97.8</td><td>99.8</td><td></td></tr><tr><td>Dak Nong</td><td>95.1</td><td>95.0</td><td>95.1</td><td>95.5</td><td>98.7</td><td>88.2</td></tr><tr><td>Soc Trang</td><td>100.0</td><td>99.9</td><td>100</td><td>100</td><td>90.7</td><td>99.8</td></tr><tr><td>Gia Lai</td><td>91.8</td><td>91.1</td><td>91.8</td><td>90.4</td><td>92.8</td><td>92.1</td></tr><tr><td>Country</td><td>98.8</td><td>98.5</td><td>98.8</td><td>92.9</td><td>95</td><td></td></tr></table> <p>Sources: of Health Statistics Yearbook, 2018-2019 & 2019-2020, Ministry of Health. Data for 2023 for provinces are from PPMUs reports during the Gender and EM consultant's fieldtrip (figure for Quang Nam 2023 is only for Hiep Duc district); data for Vietnam for 2023 are taken from Report No. 11/BC-BYT by Ministry of Health dated January 4, 2024 Summary of health sector work in 2023 and tasks and solutions in 2024; Data for 2024 are from PPMUs (for Dak Nong, the data are average of data from Dak R'lap and Cu Jut districts).</p>	Province	2017	2018	2019	2020	2023	2024	Phu Tho	100.0	100	100	99.9	100	100	Tuyen Quang	99.1	99.9	99.1	99.6	99.5		Quang Nam	97.6	97.0	97.6	97.8	99.8		Dak Nong	95.1	95.0	95.1	95.5	98.7	88.2	Soc Trang	100.0	99.9	100	100	90.7	99.8	Gia Lai	91.8	91.1	91.8	90.4	92.8	92.1	Country	98.8	98.5	98.8	92.9	95		
Province	2017	2018	2019	2020	2023	2024																																																					
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T7. Not later than 2 years after the beginning of the project, 90% of all LHC facilities (CHS and DHC/district hospitals) in target districts display a public notice informing the patients about their commitment not to announce the sex of the fetus and not to allow sex-selective abortion; the public notice shall be long lasting and placed in a clear, visible and well-frequented place (refer to MOH Gender Action Plan - Decision 822/QĐ-BYT 10 March 2016).

On-going/ Not achieved

CHSs, Yen Son district hospital in Tuyen Quang Province has informed the patients about their commitment not to announce the sex of the fetus and not to allow sex-selective abortion. The public notice is at the obstetrics clinic room.

The ADB mission visited Yen Lap DHC in Phu Tho province and Dak R'lap DHC in Dak Nong province (from 23 to 26 May 2023). All DHCs do not notify the sex of the fetus to the patient, but there is no public notice about the doctor's commitment not to announce the sex of the fetus at the clinics.

CPMU sent a letter No. 59/YTCS-KH dated 22 June 2023 and No.117/YTCS-ADB on 10 November 2023 to request 6 PPMUs to monitor the implementation of a public notice informing the patients about their commitment not to announce the sex of the fetus and not to allow sex-selective abortion at CHS and DHC/district hospitals and report to ADB in Q4 2023.

As the advice of the gender consultant, CPMU had sent document Number 73/YTCS-ADB dated 11 July 2024 to all 16 project province PPMUs requesting to implement the public notice about not providing consultation on sex of fetus in any form printed on a durable plate to be put outside in public places that are easily seen by the visitors. The document also contained a sample of such a plate.

- Binh Phuoc PPMU sent document 4466/BC-SYT dated 25 July 2024 saying that all 45/45 DHCs/CHSs in the province had had the durable public notice.
- Ha Tinh PPMU sent document 2187/SYT-KHTC dated 29 July 2024 saying that all DHCs/CHSs in the province had had the durable public notice.
- Bac Giang PPMU sent document 1892/SYT-KHTC dated 26 July 2024 saying that all 5/5 DHCs and 22/22 CHSs in the province had had the durable public notice.
- Dak Nong PPMU sent document 2352/SYT-TCCB dated 29 July 2024 saying that 100% of all units under Provincial Department of Health (implying all DHCs and CHSs) in the province had had the durable public notice.
- Tuyen Quang PPMU sent document 1791/SYT-NVYD dated 17 July 2024 to all district hospitals, DHCs, and provincial Bureau of Population and Family Planning to displayed in public area a durable notice on not to provide information on sex of fetus and prohibition of sex-selective abortion. Son Duong DHC in Tuyen Quang had informed the Gender and EM consultant on 26 September 2024 via zalo that the DHC and 100% CHSs in the district had had the durable public notice.

Target districts	No. of CHS and DHC/district hospitals	No. of CHS and DHC/district hospitals	% of CHS and DHC/district hospitals

The data on % of CHS and DHC/district hospitals displaying public notice will be updated regularly.



Public notice not to reveal sex of the fetus in any circumstances (the red plate) in Krong Pa DHC (18 June 2024).



Public notice not to reveal sex of the fetus in any circumstances in Cap Tien CHS in Son Duong district, Tuyen Quang (26 Sept 2024).

		displayed public notice	displayed public notice
Son Duong	29	1	100
Yen Son	29	1	3.4
Yen Lap	18	1	5.6
Doan Hung	23	1	4.3
Que Son	14	0	0
Hiep Duc	12	0	0
la Pa	10	10	100
Krong Pa	15	15	100
Dak R'Lap	12	12	100
Cu Jut	9	9	100
Long Phu	12	12	100
Cu Lao Dung	9	9	100
Total (12 districts)			

Note: Except Dak R'Lap and Cu Jut in Dak Nong, in all other districts the public notice is observed only in the district health centers; all the CHSs do not have the public notice with the explanation that they do not provide ultrasound services.

The Gender and Ethnic Minorities consultant had conducted a fieldwork to Soc Trang (from 4 to 7 June 2024), Gia Lai and Dak Nong (from 16 to 21 June 2024), Phu Tho and Tuyen Quang (from 17 to 20 July 2024), and Quang Nam (from 24 to 27 July 2024). In each province the consultant visited 2 DHCs and 4 commune health centers. The results are as followed:

- In Soc Trang, Long Phu DHC does not have a public notice informing the patients about their commitment not to announce the sex of the fetus and not to allow sex-selective abortion; Cu Lao Dung DHC does have the public notice but only made from a printed paper stuck to the wall outside the ultrasound room.
- In Gia Lai, la Pa DHC does have the public notice printed on paper stuck to the wall of the ultrasound that looks very old, indicating that the notice has been hung long time ago; Krong Pa DHC also has the public notice printed in long-lasting plastic board hanging outside the ultrasound room.
- In Dak Nong, Dak R'lap DHC does not have the public notice; Cu Jut DHC does have the long-lasting and color-printing public notice outside the ultrasound room. On 29 July 2024 PPMU Dak Nong sent CPMU a document Number 2352/SYT-TCCB informing that "100% units under the DOH had made the public notice with the content of their commitment not to announce the sex of the fetus and not to allow sex-selective abortion".
- In Tuyen Quang in Son Duong DHC there is a color durable plate with the notice of not providing consultation on sex of fetus in any form hanging at the ultrasound



Public notice not to reveal sex of the fetus in any circumstances (the top red text plate) in Cu Jut DHC (18 June 2024).



Public notice not to reveal sex of the fetus in any circumstances (the blue plate) in Son Duong DHC in Tuyen Quang (19 July 2024).

		<p>bed inside the room. But in Yen Son DHC there is only a paper public notice stucked to the wall at the examination bed inside the ultrasound room;</p> <ul style="list-style-type: none"> • In Phu Tho in Yen Lap DHC there is a color durable plate with the notice of not providing consultation on sex of fetus in any form hanging at the ultrasound bed inside the room. in Doan Hung DHC color durable plates with the notice of not providing consultation on sex of fetus in any form hanging outside and inside the reproductive examination room and the ultrasound room. • In Quang Nam, Hiep Duc DHC director said that they will soon make the durable public notice (not yet); Que Son DHC building is just built anew by the provincial budget for economic restoration program and because the district administrative boundary is going to be expanded to include the neighboring district of Nong Son; the DHC building is too new so that the signs outside service rooms are not ready and are to be made. DHC director said that they will make the durable notice soon. • All commune health stations visited do not have the public notice because they do not provide ultrasound services. • The gender consultant had made clear to all leaders of the DHCs and CHSs visited that a durable public notice about not providing sex of fetus is required by the CPMU and by the commitment made to ADB. <p>On 21 November 2024 CPMU sent a request No. 122/YTCS-KH to PPMUs for updated data for DMF, GAP and EMDP. So far, only 4 provinces provided updated data for 2024 as followed:</p> <ul style="list-style-type: none"> • Gia Lai: All DHCs and CHSs in the 2 targeted districts of Ia Pa and Krong Pa have public notice of not providing consultation on sex of fetus in any form. • Soc Trang: All DHCs and CHSs in the 2 targeted districts of Long Phu and Cu Lao Dung have public notice of not providing consultation on sex of fetus in any form. <p>Phu Tho: only 2 DHCs in the 2 targeted districts of Doan Hung and Yen Lap have public notice of not providing consultation on sex of fetus in any form.</p>	
	<p>T8. By 2026, 20% increase in the proportion of pregnant women having 4 antenatal care visits throughout 3 trimesters disaggregated by ethnicity (2017 baseline MOH Maternal and Child</p>	<p><u>Not yet due</u></p> <p>According to the mid-term review report of the consulting firm (with data source from the Statistics Division under the Department of Planning – Finance (MOH)), in 2022, nationwide, there were 1,110,521 women giving birth, of which 939,023 pregnant women had at least 4 antenatal visits during 3 trimesters. The proportion of pregnant women having at least 4 antenatal visits during 3 trimesters by 2022 nationwide was 84.5%, lower than the Program's target (85%). At 6 selected provinces: 78%; At 12 districts: 82.6%; EM: 66.8%. Thus, all figures in 2022 are lower than the set target (85%), of which the data in 6 provinces and 12 districts are lower than the national average ratio.</p>	

Health Department: national 61.9%; 6 target provinces: Tuyen Quang lowest with 14.4% and Phu Tho highest with 89.5%)^b

Revised at MTR:

By 2025, at least 85% pregnant women have four antenatal care visits during pregnancy disaggregated by ethnicity (2017 baseline: national aggregate 61.9%)

DMF (outcome c). At least 85% of pregnant women have four antenatal care visits during pregnancy (2017 baseline: national aggregate 61.9%)

Data for 2023 (Table below) show that only in Ia Pa and Krong Pa in Gia Lai, and in Dak R'lup and Cu Jut in Dak Nong the proportions of pregnant women having at least 4 antenatal visits during 3 trimesters are lower than the target of 85%; the proportions for ethnic minority people are lower than that for Kinh people. In all other districts, the proportions of pregnant women having at least 4 antenatal visits during 3 trimesters are higher than the target of 85%. 12 districts taken together show 89.4% of pregnant women having at least 4 antenatal visits during 3 trimesters, and 85.2% of ethnic minority women having at least 4 antenatal visits during 3 trimesters.

Proportion of pregnant women having 4 antenatal visits during 3 trimesters at 12 Program selected districts in 2023

Source: Data collection from 12 surveyed districts

District	Total			EM		
	Number of births	Number of women having 4 antenatal cares	% of women having 4 antenatal cares	Number of births	Number of women having 4 antenatal cares	% of women having 4 antenatal cares
Son Duong	2,328	2,162	92.9	1124	1031	91.7
Yen Son	1,769	1,632	92.3	1,074	937	87.2
Yen Lap	1,240	1,227	99.0	1,054	1032	97.9
Doan Hung	685	675	98.5	28	27	96.4
Que Son	671	640	95.4	0	0	0,0
Hiep Duc	494	487	98.6	117	112	95.7
Ia Pa	72	58	80.6	71	57	80.3
Krong Pa	296	195	65.9	271	170	62.7
Dak R'Lap	1546	1237	80.0	201	123	61.2
Cu Jut	758	498	65.7	501	272	54.3
Long Phu	1,453	1,285	88.4	655	581	88.7
Cu Lao Dung	804	738	91.8	40	36	90.0

Total (12 districts)	12,116	10,834	89.4	5,136	4,378	85.2
Sources: PPMUs' data for 2023 (data for Ia Pa and Krong Pa are for Q1 2024; data for Que Son are for 2022; Que Son is in the process of being merged to the neighboring district in October 2024 and data were not available when the Gender and EM consultant visited).						
Proportion of pregnant women having 4 antenatal visits during 3 trimesters at 12 Program selected districts in 2024						
<i>Source: Data collection from PPMUs</i>						
District	Total			EM		
	Number of births	Number of women having 4 antenatal cares	% of women having 4 antenatal cares	Number of births	Number of women having 4 antenatal cares	% of women having 4 antenatal cares
Son Duong						
Yen Son						
Yen Lap	783	783	100	703	703	100
Doan Hung	1376	1354	98.4	77	75	97.4
Que Son						
Hiep Duc						
Ia Pa	357	344	96.4	354	344	97.2
Krong Pa	1351	739	54.7	1219	679	55.7
Dak R'Lap	1415	1190	84.1	552	366	66.3
Cu Jut	596	476	79.9	248	233	94.0
Long Phu	1335	1222	91.5	642	630	98.1
Cu Lao Dung	722	659	91.3	18	18	100.0
Total (12 districts)						
On 21 November 2024 CPMU sent a request No. 122/YTCS-KH to PPMUs for updated data for DMF, GAP and EMDP. So far, only 4 provinces provided updated data for 2024 as highlighted in the table above.						

	<p>T9. The number of adolescent birth rate per 1,000 women 15-19 years of age in target provinces ^c.</p>	<p><u>On-going/ Achieved</u></p> <p>Number of adolescent birth rate per 1000 women 15-19 years old</p> <table><tr><td>Province</td><td>2019</td><td>2022</td><td>2023</td><td>2024</td></tr><tr><td>Phu Tho</td><td>6.24</td><td>3.6</td><td>1.04</td><td>0.97</td></tr><tr><td>Tuyen Quang</td><td>13.0</td><td>5.8</td><td></td><td></td></tr><tr><td>Quang Nam</td><td>5.20</td><td>21.4</td><td></td><td></td></tr><tr><td>Dak Nong</td><td>9.68</td><td>11.2</td><td>6.5</td><td>(46/596 births in CuJut district)</td></tr><tr><td>Soc Trang</td><td>5.18</td><td>5.6</td><td>5.0</td><td>0</td></tr><tr><td>Gia Lai</td><td>14.7</td><td>55.5</td><td>7.75</td><td>8.93</td></tr><tr><td>Nationwide</td><td>3.34</td><td>14.6</td><td></td><td></td></tr></table> <p>Source: data for 2019 are taken from General Statistics Office, General Survey on Population and Housing (1 April 2019); data for 2022 and 2023 are provided by PPMUs. The figure for Gia Lai 2023 is average of the figures in Ia Pa and Krong Pa districts.</p> <p>- According to the mid-term review report of the consulting firm: In 2022, the adolescent birth rate (per 1,000 women) at the age of 15-19 at 12 districts of 6 target provinces was quite high (14.6%). The province with highest ratio is Gia Lai (55.5%), followed by Quang Nam (21.4%), Dak Nong (11.2%), Tuyen Quang (5.8%), Soc Trang (5.6%). The province with the lowest rate was Phu Tho (3.6%).</p> <p>The Vietnam Marriage and Family law stipulates that the age of marriage for women is at least 18 years old, so by the age of 19 they can have children. EM women in the Central Highlands and mountainous provinces often get married and have children early, leading to the fact that the adolescent teenage birth rate (ages 15-19) per 1,000 women is higher than other ones at provinces in delta areas and cities.</p> <p>During the fieldwork in June and July 2024 the Gender and EM consultant had visited 6 targeted provinces, in each province he had visited 2 district health centers and in each target district he visited 2 commune health stations. In general, in most sites that he visited there are a few cases of births by women aged 15-19, most of theses cases were births to women in aged 17-19 who were in customary marriages, especially those who married before the legal age of marriage at 18 complete age.</p>	Province	2019	2022	2023	2024	Phu Tho	6.24	3.6	1.04	0.97	Tuyen Quang	13.0	5.8			Quang Nam	5.20	21.4			Dak Nong	9.68	11.2	6.5	(46/596 births in CuJut district)	Soc Trang	5.18	5.6	5.0	0	Gia Lai	14.7	55.5	7.75	8.93	Nationwide	3.34	14.6			
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<p>3. Ensure gender mainstreaming in electronic health records systems and integrated management of health information.</p> <p>➤ This includes improvement in information management and reporting on domestic violence (refer to MOH Gender Action Plan).</p>	<p>A7. The electronic health records system includes information on sex, age, and ethnicity.</p> <p>DMF 2c: Implementation plan for electronic health records disaggregated by sex, age and ethnicity adopted.</p>	<p>Completed</p> <p>Decision No. 5349/QD-BYT dated 12 November 2019 approving plan for deployment of electronic health record.</p> <p>Information on age, sex and ethnicity are included under Circular No. 37/2019/TT-BYT dated 30 December 2019 on health sector reporting statistics. On 29 December 2017, MOH issued Decision 6111/QD-BYT approving the Master Plan for improving information technology application at CHSs for 2018 - 2020.</p> <p>On 12 August 2020, MOH issued Decision 3532/QD-BYT stipulating the development and application of the management information system for CHSs. Following data fields are included: Demographic information by household: Household code, full name, relationship with head of household, date of birth, gender, blood type (A, B, O, RH), ethnicity, nationality, religion, occupation.</p> <p>Evidence from the fieldwork made by the Gender and EM consultant in June and July 2024 shows that the electronic insurance health records system used in all 6 targeted provinces include information on sex, age, and ethnicity of the users and the data are used by the local health facilities according to the Circular 37/2019/TT-BYT by Ministry of Health dated 30 December 2019 regulating reporting regime of the health sector. There are other electronic applications for recording patients for different health care programs, such as tuberculosis, HIV, non-communicable diseases, communicable diseases, population and reproductive health care programs, accidents and injuries, etc. most of which contain data that can be disaggregated by sex, but not all applications having data on ethnicity. The application for accidents and injuries includes the field of causes of injuries, including “domestic violence”. In Tuyen Quang and Quang Nam the commune health stations used paper-book to record injuries and monthly they make inputs into an excel file to report to the district health center.</p>	
	<p>A8. Monitoring of and reporting on gender-specific health issues (including domestic violence) is integrated into the electronic health records system.</p>	<p>On-going/ achieved</p> <p>ADB mission visited the CHSs in Cam Khe and Yen Lap districts and found that monitoring and reporting on gender – specific health issues is integrated in to the electronic health records system and HIS software, since Phu Tho is one of provinces participated in pilot of the electronic health records system. According to the DOH in Dak Nong, the electronic health records system was updated database for 10% of patients in Dak Nong and all CHSs and DHCs in Dak Nong used HIS software.</p>	<p>The electronic health records system was developed by MOH in 2018 and currently, the electronic health records system is piloted in 15 out of 63 provinces. The ADB mission visited Dak Nong and Phu Tho provinces, the domestic violence cases were not</p>

Revised at MTR:
Monitoring of and reporting on gender-specific health issues (including domestic violence) is integrated into the hospital information system.

Evidence from the fieldwork made by the Gender and EM consultant in June and July 2024 in all 6 targeted provinces shows that the HIS software used by all the visited DHCs and CHSs in the 6 provinces had a screening form for injuries which includes category of “domestic violence”. CHS in Tan Hung commune, Long Phu district, Soc Trang has a paper form (in addition to the electronic form) for screening for victims of violence and they are well aware of this task. In Tuyen Quang and Quang Nam the commune health stations used paper-books to record injuries and monthly they make inputs into an excel file to report to the district health center. However, not all staffs of CHS visited are aware of Circular 24/2017/TT-BYT by Ministry of Health dated 17 May 2017 regulating process of receiving, providing health care, and keeping records, reporting victims of domestic violence in health care facilities.

Another problem is that the existing electronic records only imply “domestic violence” in term of physical violence (beating, hurting that cause injuries), not including cases of sexual violence, such as rape. For example, in Tam Thang commune, Cu Jut district, Dak Nong in 2023 there was a case of a girl who was raped by the step-father; the girl shown up in the CHS for health check only when the pregnancy was in the 6-7 months and this case was not recorded as the victim of domestic violence (because it was not an “injury”) even though the step-father was arrested by the police for the crime against the girl.

Thôn
Xã Tân Hưng

PHIẾU TAI NẠN THƯƠNG TÍCH

Họ và tên: Nguyễn Văn Mưa nam/nữ: Nam tuổi: 74
 Nơi thường trú: Ấp Tân Hưng, Xã Tân Hưng, Huyện LP, tỉnh VT
 Thời điểm xảy ra tai nạn: ngày 05 tháng 04 năm 2024
 Nơi xảy ra tai nạn: Ấp Tân Hưng, Xã Tân Hưng, Huyện LP, tỉnh VT

1. Nghề nghiệp:
 - học sinh, sinh viên ☐ - Công nhân, thợ thủ công ☐
 - Cán bộ công chức ☐ - Lao động, tự do buôn bán ☐
 - Bộ đội, công an ☐ - Nghề khác ☒

2. Địa điểm xảy ra:
 - Trên đường đi ☐ - Nơi làm việc ☐
 - Tại nhà ☒ - Nơi công cộng ☐
 - Trường học ☐ - Hồ, ao, sông biển ☐
 - Khác ☐

3. Bộ phận bị thương:
 - Đầu, mặt, cổ ☒ - Chi ☐
 - Thân mình ☐ - Đa chấn thương ☐

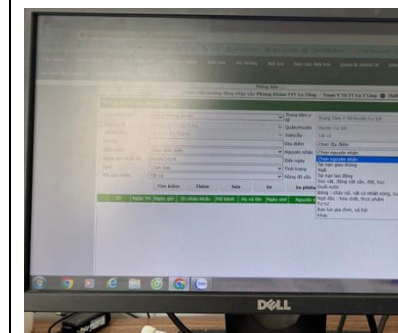
4. Nguyên nhân trực tiếp:
 - Tai nạn giao thông ☐ - Bỏng, cháy nổ, điện, vật cơ nhiệt ☐
 - Ngã ☐ - Ngộ độc, hóa chất thực phẩm ☐
 - Tai nạn lao động ☐ - Tự tử ☐
 - Súc vật động vật cắn, đốt, húc ☐ - Bảo lực trong gia đình xã hội ☐
 - Duối nước ☐ - Khác: béc đi vật, sét đánh, TNSTH ☒

5. Diễn biến sau tai nạn thương tích:
 - Chết ☐ - Tàn phế ☒ - Chưa xác định ☐
 - Xử trí sau tai nạn thương tích

- Tự chữa ☐ - Đến Bệnh Viện Huyện, PKDK khu vực ☐
 - Được sơ cấp cứu tại chỗ ☐ - Đến bệnh viện tỉnh ☐
 - Đến cơ sở khám, chữa bệnh ☐ - Đến bệnh viện Trung ương ☐
 - Tự nhân ☐ - Khác ☐
 - Đến trạm y tế xã ☒

Tân Hưng, ngày 05 tháng 04 năm 2024
 NGƯỜI LẬP PHIẾU
Trang
 YS. Trần Thị Thảo Trang

integrated in the electronic health records system (the Gender and EM consultant found that domestic violence was integrated in the electronic health records system in Dak Nong in June 2024). It was integrated in the Hospital information management software (HIS). CPMU proposed to cancel the package on software development. ADB has agreed in principle in MOU signed on 7 June 2022. The ADB mission suggested removing this action.



The software for screening the causes of injuries which include category “domestic violence”, CHS in Ea T’linh commune, Cu Jut district, Dak Nong, 20 June 2024.

		Screening form for victim of domestic violence in CHS in Tan Hung commune, Long Phu district, Soc Trang.	
	<p>A9. Cases of domestic violence are recorded in the electronic health records system (Circular No. 24/2017/TT-BYT).</p> <p>Revised at MTR: Cases of domestic violence are recorded in the hospital information system.</p>	<p><u>On-going/ achieved</u></p> <p>Circular 24/2017/TT-BYT dated 15 May 2017 of the Ministry of Health regulates the process of receiving, caring, and generating statistics/ reports for patients who are victims of domestic violence at health facilities. This Circular stipulates that health facilities must record patient information and annually report to MOH/ DOHs. This information is integrated in to the HIS and it is not integrated in to the electronic health records system. On 12 August 2020, MOH issued Decision 3532/QD-BYT regulating the construction and implementation of the management information system for CHSs. There is information on "10. Management of injury prevention and control", including violence, conflict, suicide, occupational accidents...).</p>	<p>The Gender and EM consultant had made a fieldtrip to all 6 targeted provinces during June and July 2024 and found that cases of domestic violence are reported to be recorded in the hospital and DHC and CHS information system, but the numbers of cases are very low, in many communes visited there was none in the last year, perhaps injuries due to domestic violence that are serious enough to need medical care are rare at local levels.</p>
	<p>A10. Gender-related information in the electronic health records is extracted and analyzed for use in key planning documents (e.g. Annual Health Plans, Annual Health Reports).</p>	<p><u>On-going/ Achieved</u></p> <p>The electronic health records system was developed and piloted in 15 out of 63 provinces. The Annual Health Reports included gender-related information. Such as, Annual report on Results in 2021 and plan for 2022 in the Health Sector (MOH) including the sex disaggregated data on population, HIV-infected patients and take care of the health of mothers and children.</p>	<p>The Gender and EM consultant had made a fieldtrip to all 6 targeted provinces during June and July 2024 and found that Gender-related information in the electronic health records is extracted and used in the monthly and annual reports of activities of the facility.</p>
Output 3: Local health care workforce development and management strengthened			
1. Monitor sex and ethnicity of medical	<p>A11. Records on licensing of medical practitioners are disaggregated by sex</p>	<p><u>On-going/ Achieved</u></p> <p>The records on licensing of healthcare practitioners are prepared based on Decree 109/2016/ND-CP dated 1 July 2016. The form No.3 - Curriculum Vitae in the Annex</p>	

practitioners being licensed	and ethnicity, and regularly (at least every six months) monitored for identifying any underrepresentation issues.	<p>I enclosed with this Decree including the name of healthcare practitioners and disaggregated by sex and ethnicity. The Department of Health issued practice certificates to healthcare practitioners and monitored for identifying any underrepresentation issues.</p> <p>Note that the application form for licensing contains information about sex and ethnicity, but the license form does not include information about sex and ethnicity. Circular 32/2023/TT-BYT dated December 31, 2023, of the Ministry of Health detailing a number of articles of the Law on Medical Examination and Treatment regarding practice licensing, including a license form without information separated by gender and ethnicity.</p>	
<p>2. Review and strengthen or develop sessions/module s for the integrated curriculum and training package on the family doctor model to ensure it is gender-sensitive and covers comprehensively the following areas:</p> <ul style="list-style-type: none"> ➤ SHR and rights, ➤ Domestic violence ➤ Quality of health service delivery. ➤ Good practices in effective communication for 	<p>A12. Integrated curriculum and training package including all training materials on family doctor model (for both doctors and other health workers) are gender-sensitive.</p>	<p><u>On-going/ Achieved</u></p> <p>The training curriculums on the family doctor model were approved by the MOH and implemented in 2017. In 2022, 5 training courses on the family doctor model were conducted. The Gender and Ethnic Minority Consultant reviewed the curriculum and training materials on the family doctor model to ensure these documents are gender-sensitive and gender training was included in these training.</p> <p>The Gender and EM consultant is reviewing the training materials for 3-day training course on family medicine principles and provide feedback in Q3 2024. For the time being the 3-day training material used gender-sensitive definition by The American Academy of Family Physicians (AAFP): “Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, all genders, each organ system and every disease entity.” The principles of family medicine are to help the patient regardless of diseases, gender or age (page 13, Lesson 1). Lesson 2 highlighted that commune health center operating according to the principle of family medicine would implement programs, activities for community health care, community-based rehabilitation, targeted programs of population, reproductive health care for mother and children, elderly people, family planning, and program for combining traditional and modern medicines (page 25). Lesson 3 emphasizes the priority given to elderly people, children and women (page39). Lesson 4 from page 45 to 58 is about health care for pregnant women in community. The 3-days training program reserved the last afternoon section to lecture exclusively about gender equality, namely the subsection on “Some basic knowledge about gender equality, concepts, legal regulations, gender equality policies”, the subsection on “Domestic violence and gender-based violence”, and the subsection on “Integrating gender into health management”.</p>	<p>CPMU, with the support of a gender consultant, continues to review remaining training programs and training materials to ensure they are gender-sensitive.</p>


preventiv e health educatio n activities that is gender and EM sensitive.	<p>A16. The training package on the family doctor model (for both doctors and other health workers) deals comprehensively with the 4 different mentioned areas.</p>	<p><u>On-going/ Achieved</u></p> <p>The training package on the family doctor model (for both doctors and other health workers) deals comprehensively with the 4 difference mentioned areas:</p> <ul style="list-style-type: none">- SHR and right;- Domestic violence;- Quality of health care service delivery;- Good practice in effective communication for preventive health education activities.																																									
	<p>A17. Increase in the number of cases of domestic violence per year detected and recorded (Circular No. 24/2017/TT-BYT; MOH Gender Action Plan - Decision 822/QD-BYT 10 March 2016) (Baseline 2018: not systematically recorded).</p>	<p><u>On-going/ More data needed</u></p> <p>Circular 24/2017/TT-BYT dated 15 May 2017 of the Ministry of Health stipulating statistics and annual data report. This Circular also guides on detecting and recording several cases of domestic violence per year. The data on the cases of domestic violence per year in target provinces is not available.</p> <p>CPMU requested 06 provinces to report data in Letter 73/YTCS-KH by 4 November 2021, only 03 provinces responded, including Tuyen Quang, Phu Tho and Soc Trang.</p> <p>The Gender and EM consultant had made a fieldtrip to all 6 targeted provinces during June and July 2024 and found that there are only a few cases of domestic violence recorded that need medical treatment at the commune/district health facilities as highlighted in column 2023 in the Table below:</p> <table><tr><th></th><th>Number of domestic violence cases detected and recorded annually</th><th>In 2020 Number of cases</th><th>2022</th><th>2023</th><th>2024</th></tr><tr><td>Phu Tho</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><i>Doan Hung district</i></td><td>Yes</td><td>05</td><td></td><td>0</td><td>0</td></tr><tr><td><i>Yen Lap district</i></td><td>No</td><td></td><td></td><td>0</td><td>0</td></tr><tr><td>Tuyen Quang</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><i>Yen Son district</i></td><td>No</td><td></td><td></td><td>0</td><td></td></tr><tr><td><i>Son Duong district</i></td><td>No</td><td></td><td></td><td>20</td><td></td></tr></table>		Number of domestic violence cases detected and recorded annually	In 2020 Number of cases	2022	2023	2024	Phu Tho						<i>Doan Hung district</i>	Yes	05		0	0	<i>Yen Lap district</i>	No			0	0	Tuyen Quang						<i>Yen Son district</i>	No			0		<i>Son Duong district</i>	No			20
	Number of domestic violence cases detected and recorded annually	In 2020 Number of cases	2022	2023	2024																																						
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<i>Yen Son district</i>	No			0																																							
<i>Son Duong district</i>	No			20																																							

		<table><tr><td>Soc Trang</td><td></td><td></td><td></td><td>0</td><td></td></tr><tr><td><i>Long Phu district</i></td><td>Yes</td><td></td><td></td><td>0</td><td>0</td></tr><tr><td><i>Cù Lao Dung district</i></td><td>No</td><td></td><td></td><td>0</td><td>0</td></tr><tr><td>Quang Nam</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td><i>Hiep Duc</i></td><td></td><td></td><td>33</td><td></td><td></td></tr><tr><td><i>Que Son</i></td><td></td><td></td><td>4</td><td></td><td></td></tr><tr><td>Dak Nong</td><td></td><td></td><td></td><td>108</td><td></td></tr><tr><td><i>Cu Jut</i></td><td></td><td></td><td>7</td><td>2</td><td>40</td></tr><tr><td><i>Dak R'lap</i></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td>Gia Lai</td><td></td><td></td><td></td><td>0</td><td>0</td></tr><tr><td><i>Ia Pa</i></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td><i>Krong Pa</i></td><td></td><td></td><td></td><td></td><td>0</td></tr></table> <p>According to the mid-term review report of the consulting firm: The number of domestic violence cases detected and fully recorded each year has been given in Circular No. 24/2017/TT-BYT [21]; Gender Action Plan of the Ministry of Health - Decision 822/QD-BYT dated 10 March 2016 [20]. However, the number of domestic violence cases detected and fully recorded each year is not complete at health facilities, so the index "Average number of domestic violence cases detected and fully per year and health facility" was only collected in Quang Nam (in 2022, at Hiep Duc Hospital, there were 33 cases, at Que Son Hospital, there were 4 cases) and in Dak Nong (in 2022, at Cu Jut Hospital, there were 7 cases). CPMU sent a letter No. 59/YTCS-KH dated 22 June 2023 and No.117/YTCS-ADB on 10 November 2023 requesting PPMUs to collect data on cases of domestic violence per year detected and recorded and report to ADB in the progress report for Q4 2023.</p> <p>On 21 November 2024 CPMU sent a request No. 122/YTCS-KH to PPMUs for updated data for DMF, GAP and EMDP. So far, only 4 provinces provided updated data for 2024 as highlighted in the table above.</p>	Soc Trang				0		<i>Long Phu district</i>	Yes			0	0	<i>Cù Lao Dung district</i>	No			0	0	Quang Nam						<i>Hiep Duc</i>			33			<i>Que Son</i>			4			Dak Nong				108		<i>Cu Jut</i>			7	2	40	<i>Dak R'lap</i>					0	Gia Lai				0	0	<i>Ia Pa</i>					0	<i>Krong Pa</i>					0	
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	A15. Family doctor model training delivery	<u>On-going/achieved</u> Family doctor model trainings were conducted in 2022 for 198 health worker including 130 female (65.6%) and 62 ethnic minority (31.3%).																																																																									
3. Ensure fair participation of female and EM	T10. Proportions of women and EM health workers	<u>On-going</u>																																																																									

health workers in all capacity development activities supported by the project.	participating in all training, study tours, and other professional development activities supported by the project are no less than their representation in the LHC workforce. (Point of reference, 2015: national 70% CHS female health workers; 18% EM health workers; 6 target provinces: 66% female health workers; 24% EM health workers).	<p>To 31 December 2023, CPMU were conducted 22 short training classes (Include: 5 classes on family doctor model, 10 classes on disease prevention and biosafety, 7 classes on NCD) for health worker with 736 participants including 410 women (55.7%) and 215 EM (29.2%).</p> <table><tr><th rowspan="3">Province</th><th rowspan="3">% of CHS female health workers in 2024</th><th rowspan="3">% of EM health workers in 2024</th><th colspan="5">Number of health workers participating in CPMU's training courses by 31 December 2023</th></tr><tr><th rowspan="2">Total</th><th colspan="2">Female</th><th colspan="2">EM</th></tr><tr><th>Number</th><th>%</th><th>Number</th><th>%</th></tr><tr><td>Phu Tho</td><td>62.6</td><td>28.6</td><td>147</td><td>68</td><td>46</td><td>38</td><td>26</td></tr><tr><td>Tuyen Quang</td><td>70.1</td><td>50.1</td><td>180</td><td>116</td><td>64</td><td>58</td><td>32</td></tr><tr><td>Quang Nam</td><td>83.5</td><td>60.0</td><td>124</td><td>79</td><td>64</td><td>9</td><td>7</td></tr><tr><td>Dak Nong</td><td>77.0</td><td>49.6</td><td>58</td><td>33</td><td>57</td><td>16</td><td>28</td></tr><tr><td>Soc Trang</td><td>50.0</td><td>16.7</td><td>103</td><td>38</td><td>37</td><td>20</td><td>19</td></tr><tr><td>Gia Lai</td><td>62.2</td><td>42.7</td><td>124</td><td>76</td><td>61</td><td>74</td><td>60</td></tr><tr><td>Total</td><td>68.5</td><td>45.2</td><td>736</td><td>410</td><td>55.7</td><td>215</td><td>29.2</td></tr></table> <p>Source: PPMUs provided data for 2024, and CPMU training data for 2023. In 2024, CPMU has not been organizing any additional training.</p>	Province	% of CHS female health workers in 2024	% of EM health workers in 2024	Number of health workers participating in CPMU's training courses by 31 December 2023					Total	Female		EM		Number	%	Number	%	Phu Tho	62.6	28.6	147	68	46	38	26	Tuyen Quang	70.1	50.1	180	116	64	58	32	Quang Nam	83.5	60.0	124	79	64	9	7	Dak Nong	77.0	49.6	58	33	57	16	28	Soc Trang	50.0	16.7	103	38	37	20	19	Gia Lai	62.2	42.7	124	76	61	74	60	Total	68.5	45.2	736	410	55.7	215	29.2
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	<p>T11. At least 38% female doctors (CHS) out of the 100 doctors awarded the 3-month certificate in family medicine (data disaggregated by sex and ethnicity) (Point of reference, 2015: proportion of CHS female doctors at a national level: 38%). DMF 3d. 100 doctors (At least 38% women) awarded a certificate in family medicine (data disaggregated by sex</p>	<p><u>Not yet due</u></p> <p>Training activities are expected to be conducted in 2025 after fund reallocation.</p>																																																																									

	and ethnicity) (2018 baseline: 0)		
	<p>T12. At least 65% of women among the other health workers participating in the short-term courses on the family doctor model.</p> <p>DMF 3e. In the six target provinces, at least 1,000 assistant doctors, nurses, midwives (of which 65% are women) successfully 3-day training program on principles of family medicine (2018 baseline: 0)</p>	<p><u>On-going/ Achieved</u></p> <p>Family doctor model trainings were conducted in 2022 for 198 health workers including 130 female (65.6%) and 62 ethnic minority (31.3%).</p>	
Project management gender-related activities	<p>A19. Appoint gender focal (preferably from the CAFW MOH) who will closely liaise with DOHs and District Units to ensure GAP implementation.</p>	<p><u>On-going/ Achieved</u></p> <p>Gender focal points have been assigned by CPMU and PPMUs.</p>	
	<p>A20. Project annual operation plans (CPMU and DOHs) include activities and adequate budget allocation for GAP implementation.</p>	<p><u>On-going/ Achieved</u></p> <p>GAP implementation was included as a part of the annual operation plan.</p>	

	<p>A21. PMU to translate the GAP into Vietnamese language and to distribute it to all target districts during the first semester after project effectiveness.</p>	<p><u>On-going/Achieved</u></p> <p>The translation of GAP has been included in the appendix of the Feasibility Study approved by the Ministry of Health and sent to the beneficiary provinces. The ADB mission visited Phu Tho and Dak Nong PMUs in May 2023, both PPMUs staff were unaware of the project's GAP.</p> <p>CPMU sent revised GAP (Vietnamese version) which was revised in the MTR mission (May 22-31, 2023) to 6 PPMUs and project districts.</p> <p>The Gender consultant had brief and personally delivered the GAP and EMDP (Vietnamese version updated up to 30 March 2024) to PPMUs of the 6 targeted provinces as well as to 12 targeted district health centers during his fieldtrip in June and July 2024.</p> <p>In Q4 2024 updated GAP and EMDP (both English and Vietnamese versions) had been posted on the website of the Program: https://ytecosoadb.com.vn/chuyen-muc/van-ban/van-ban-chuong-trinh/</p>	

			
	<p>A22. PMU to recruit gender and EM consultants (national) to build the capacity of PMU and key stakeholders in gender analysis and mainstreaming and gender/EM requirements for the project, and to support GAP and EMDP implementation, monitoring, and reporting.</p>	<p><u>On-going/ Achieved</u></p> <p>The CPMU recruited a national consultant on gender and ethnic minority in December 2021. However, the consultant terminated the contract from January 2023 due to health reasons. CPMU had recruited a national consultant on gender and EM in late December 2023 and the consultant has been working since then.</p> <p>The Gender and Ethnic Minorities consultant had conducted a fieldwork to Soc Trang (from 4 to 7 June 2024), Gia Lai and Dak Nong (from 16 to 21 June 2024), Phu Tho and Tuyen Quang (17 to 20 July 2024) and Quang Nam (24 to 27 July 2024) and had provided the most updated GAP and EMDP in Vietnamese language to the PPMUs and 12 visited DHCs to ensure that the project implementers in the province and in the districts know about the requirements of the gender and EM-sensitive activities of the project.</p>	

		The Gender and Ethnic Minorities consultant will provide PPMUs with the updated versions of GAP and EMDP as these documents being updated during the course of the project implementation.	
	A23. Collect and analyze data disaggregated by sex and ethnicity where relevant and integrate gender sensitive indicators (from DMF and GAP) in the PPMS.	<u>On-going/ Achieved</u> The data where relevant and intergrade gender sensitive indicators are collected and disaggregated by sex and ethnicity.	
	A24. Ensure regular monitoring and reporting (at least semi-annually to ADB) on the progress of GAP implementation.	<u>On-going/ Achieved</u> The GAP implementation progress was updated and regular monitoring and reporting.	
	A25. Document success stories (e.g. on the successful integration of domestic violence-related services, and effective communication as part of the implementation of family medicine model)	<u>Not yet due</u> The success stories will be prepared at the end of the project.	

Note: Gender and EM sensitivity mean that is free of gender bias and any discrimination against EMs, respectful of the culture and identity of EMs, conveys positive messages and images about women and EMs, and promotes gender equality and non-discrimination based on gender and/or ethnicity.

^a Baseline 2017 (for the first 9 months of 2017): national 98.4%; Gia Lai 89.6%; Dak Nong 94.7%; Quang Nam 97.8%; Tuyen Quang 99.9%; Phu Tho 100%; and Soc Trang 100%. Maternal and Child Health Department, MOH.

^b Baseline 2017 (for the first 9 months of 2017): Tuyen Quang 14.4%; Dak Nong 40%; Gia Lai 41.3%; Soc Trang 60.7%; Quang Nam 78.5%; and Phu Tho 89.5%. Source: Maternal and Child Health Department, MOH. Note that the Multiple Indicator Cluster Survey (MICS) 2014 shows a national average of 73.7% of pregnant women receiving 4 times or more antenatal care.

^c 2014 baseline in JAHR 2016: national 45.

^d A toolkit to operationalize and facilitate implementation of Circular No. 24 is expected to be developed with support from WHO and UNFPA in 2018 and piloted in 2019 as part of the UN Joint Program on Essential Services to respond to gender-based violence. It is advised to refer to this toolkit to determine whether there would be any relevant parts or elements of it that can be included in the module/session to be developed/ strengthened on domestic violence for integration into the family doctor training package.

