



The UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF)

Proposal by the UN in Viet Nam

Proposal Title: Mitigating the Socio-Economic Impact of COVID-19 in Viet Nam on the Most Vulnerable Groups and Supporting More Resilient Policies and Systems

Amount: USD 1,000,000

I. Immediate Socio-Economic Response to COVID-19

Viet Nam has been deeply affected by the COVID-19 pandemic. Since the first case of the outbreak was reported on 23rd January, 2020, the Government of Viet Nam (GoV) has worked tirelessly to limit the spread of the virus as well as ensure the best medical treatment for those infected. This, however, has come at a cost. To contain the outbreak, the Government has imposed strict regulations including travel restrictions, school closures, shut down of non-essential service facilities, and strict social/physical distancing. The pandemic, together with these stringent measures, has had major multidimensional impacts on the lives of all populations in Viet Nam, especially children, women and other vulnerable groups. Economic impact due to shut down of businesses, dampened demands, and supply chain disruptions is serious, which in turn drive many social impacts. The UN in Viet Nam is currently carrying out a joint UN COVID—19 socio-economic impact assessment. Inevitably, COVID-19 is a human and development crisis exacerbating vulnerabilities and inequalities. Schools closures, in place since February, have disrupted the learning of 21.2million children¹, whilst it has been estimated that by the end of the second quarter the crisis could affect the livelihoods of 4.6 to 10.3 million workers.² As some 35 million Vietnamese workers do not have social insurance, particularly among those working in the informal sector, there is a legitimate concern that those just above or on the poverty line, including the rural poor, will be hard hit by the impact of COVID-19, as the outbreak threatens their access to basic essential services and already vulnerable livelihoods.³

The National COVID-19 Response Plan was issued on 20 Jan, updated on 31 Jan, and is currently being revised once again. This was complemented by the UN COVID-19 response support plan (now entitled UN COVID-19 Strategic Preparedness and Response Plan for Viet Nam) compiled on 27 March, which is a living document, being revised as well, focusing on 3 pillars: 1) ensure continuity of essential public health and social protection functions; 2) assess economic impact; and 3) education. The

¹ Source: MOET (2017-2018)

² COVID-19 and the labour market in Viet Nam; 21 April 2020, ILO

³ MOLISA

National Response Plan now includes a \$2.6 billion social protection package for cash support to the most vulnerable people and workers that have lost their jobs (with a modest amount of around US\$40 per month per household or worker who lost their job in the informal sector) for the period from April to June 2020, and providing affected enterprises with credit at zero/low interest rates to pay workers' salaries. In addition, the Government has embarked on an expansionary fiscal stance to strengthen its national health systems, shore up the local economy and provide income assistance to the most vulnerable and impoverished.

The experience of Viet Nam's COVID-19 response has been a remarkable testament to prevention and preparedness advocacy, with a low number of cases (currently under 275), high recovery rate (over 200 or three-quarters of infected persons) and zero deaths despite sharing a border with China, the original epicenter of the virus. Viet Nam has not only taken swift action to successfully minimize the spread of the virus but has also emerged as a frontrunner in global virus diplomacy, providing advice and donating medical supplies to Europe, South-East Asia and the US.⁴

Nonetheless, it cannot be disputed that the COVID-19 has set off an unprecedented ripple and even multiplier effect in Viet Nam which permeates all layers of society, particularly those that were already reliant on fragile livelihood opportunities, or disproportionately targeted due to geography. This concern has been echoed by the UN Secretary-General in his statement on 16 April 2020, which pointed out the need to closely look at this intricacy: "Reduced household income will force poor families to cut back on essential health and food expenditures, particularly affecting children, pregnant women and breastfeeding mothers." The GoV, particularly the Ministry of Health (MoH), Ministry of Agriculture and Rural Development (MARD), and Ministry of Labour, Invalids and Social Affairs (MOLISA) have requested support from the UN in responding to the crisis as well as in addressing the medium- and long-term systems building, in accordance with the One UN Plan 2017-2021. The GoV is also accelerating the provision of e-services and encouraging enterprises and people to build resilience and embark on the transition to a global new normal of "co-existing safely with COVID-19", as stated by Deputy Prime Minister Vu Duc Dam at the meeting of the National Steering Committee on COVID-19 on 17 April 2020.

While there are promising signs in Viet Nam that the outbreak is being contained and the GoV had begun to relax its stringent measures starting April 16, these measures have had far-reaching negative consequences especially on the poor and vulnerable people and the economy. Further, how the pandemic will evolve in the future inside Viet Nam and globally is still rather uncertain. As such, both the social impact and loss of livelihoods are an immediate primary concern, and no time should be spared to help support vulnerable people and retain some of the developmental gains that the country has achieved in the past decades as well as to Leave No One Behind and stay on track to achieve the SDGs.

II. Solutions proposed

Key proposed interventions include:

Response to ensuring high engagement of community access to essential healthcare related goods and services:

Support the provision and delivery of essential healthcare related goods and services, as to allow the most vulnerable people to benefit from them and mitigate the negative impact of Covid-19 in the social sectors and on society.

⁴ <https://www.reuters.com/article/us-health-coronavirus-vietnam-diplomacy/vietnam-challenges-chinas-monopoly-on-virus-diplomacy-idUSKCN21S0CH>

- (1) It should be noted that pregnancy and childbirth do not stop in crisis, and swift support is essential. Given restrictions on movement in the Covid-19 environment, innovative ITC technologies will be immediately put in place to facilitate tele-health for sexual, reproductive, maternal, neonatal child health (SRMNCH), esp. to safeguard pregnant women and children in remote locations and migrant populations. A smartphone App will be developed and piloted in selected localities to ensure the continuity of SRMNCH service provision during the COVID-19 incidence period, with special focus on vulnerable populations including ethnic minorities and migrant workers. Lessons learned and best practice from the piloted telehealth interventions will be assessed and then used to advocate for national scale-up using the government's budget. In addition, support will be provided to train health workers at the Primary Health Care level about national guidelines on the continuation of SRMNCH services during the COVID-19 incidence period. Contraceptives, medical equipment and supplies and PPEs will be provided to health care facilities and financial incentives provided to vulnerable people to ensure that they have access to and can utilize SRMNCH services during the COVID-19 incidence period.
- (2) Innovative and flexible community-led services and delivery systems such as selected existing social enterprises serving very vulnerable key populations affected by HIV with a gender-responsive approach (such as for women living with HIV, female and male sex workers, transgender people, men who have sex with men, female PWUD and LGBT people)⁵ will be supported to allow them to respond to the increased demands they face and help relay reliable information to them for safe health seeking behaviour and address newly emerging issues among such vulnerable communities.
- (3) Ensure existing delivery of primary health care at the community level is not interrupted or disrupted including routine immunization, maternal, family planning, newborn, young child and adolescent care, HIV and STI prevention, nutrition services, capacities to respond to other life-threatening diseases, such as pneumonia, mental health and substance dependence together with affirmative measures to protect health workers and prevent the Covid-19 transmission at such health facilities.
- (5) (4) Support front-line mobile health teams, commune health collaborators and other community networks to improve existing outreach services and provide timely support to vulnerable people including women and children. This will be done through the provision of clean delivery kits and financial incentives for grass-roots health workers and midwives to provide home based birth attendance services while promoting health-seeking behaviour. Also support the provision of free modern contraceptives (esp. pills and injectables, which provide more autonomy for women) and transportation vouchers to facilitate Antenatal Care /maternal delivery for those who are in urgent needs to facilitate continuing use of health services. Every attention will be paid to mitigate physical (due to restrictions on movement), financial (due to stretched household budgets) and social (due to fears of being infected with the coronavirus) barriers for women to access health services. In terms of prevention and treatment of COVID-19 in prisons and closed settings, technical and equipment support will be provided to the correctional services to review and improve prisons' procedures related to prisoners management, education and health care in line with UN's recommendations on COVID-19 preparedness and response, the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders as well as other human rights standards. Enhanced consideration will be given to resorting to non-custodial measures at all stages of the administration of criminal justice, including at the pre-trial, trial and sentencing as well as post-sentencing stages. Priority will be given to non-custodial measures for alleged offenders and prisoners with low-risk profiles and caring responsibilities, with preference given to pregnant women and women with dependent children. Attention will be paid to meeting the specific health-care needs of women in prisons and closed settings.
- (6) On nutrition, provide immediate distribution of micronutrients for pregnant women and children. This initiative will therefore help mitigate the impact of reduced access to nutritious food as well as limit direct mortality and avoid increased indirect mortality.

Response to limited access to water and sanitation and weak hygiene practices:

⁵ Informed by the Gender Assessment of Vietnam's HIV Response, Viet Nam Authority for HIV/AIDS Control (VAAC) and UNWOMEN, 2017: <https://asiapacific.unwomen.org/en/digital-library/publications/2018/01/gender-assessment-of-viet-nam-hiv-response>) and the Review of HIV Prevention in Viet Nam, VAAC and UNAIDS, 2019

- (1) Provide services and supplies in health facilities, schools and communities to be able to implement hygiene practices such as handwashing with soap.
- (2) Provide hygiene in a box and WASH package (including ceramic filters, water tanks, soaps, hand sanitisers) for schools and households that complements longer-term efforts to upgrade systems to provide water to affected communities including through an improved piped water system.

Response to loss of livelihoods:

- (1) Emphasizing the principle of Leave No-one Behind, the proposed solution will commence with immediate cash support to households and micro-businesses to minimize immediate livelihood losses, keep their businesses running to earn income and avoid recovery delays once opportunities arise. This initiative is designed to complement existing government assistance and address gaps in support for the most vulnerable, micro businesses in the informal sector.
- (2) In response to the Window 2 call for promoting digital innovations that boost employment and support livelihoods, households and microbusinesses, particularly those of ethnic minority women, will be supported to use e-payment tools to receive any cash transfer from the project and to receive GoV cash transfers safely and rapidly should longer-term support prove necessary to further mitigate the ongoing socio-economic impacts of COVID-19.

Given the urgency, the three interventions will start immediately after approval and the availability of funding. They will take place in parallel with the findings of the urgent comprehensive socio-economic vulnerability assessments which are being or will be conducted allowing the UNJP to further design interventions to strengthen systems and capacities as well as inform medium and long term policy change and strategies. What is being proposed here as the UN's socio-economic intervention is therefore time-sensitive. It will be implemented and delivered by December 2020.

III. What is the specific need/problem the intervention seeks to address?

The outbreak of COVID-19 in Viet Nam in January 2020 signaled the beginning of a major disruption in the economy and general well-being of the Vietnamese people, especially the most vulnerable groups. The outbreak had led both to new challenges as well as an exacerbation of existing socio-economic challenges— especially with regard to inequity of access to basic social services between population groups, urbanization and migration, as well as a rapidly ageing population and a weak social protection system. Consisting of 14.7% of Viet Nam's population, ethnic minority peoples account for 95% of the country's extreme poor (US\$1.9/day PPP 2011) and 55.3% of the country's poor (national poverty line), and display twice the proportion of people without any education qualifications, at 43.8%.⁶ On the other hand, both the urban and rural poor, especially women and other key populations, have limited access to public essential services like health, education and sanitation, and have found themselves more vulnerable to the socio-economic disruptions of the COVID-19 outbreak which have exacerbated existing fragilities in their access to basic services and food insecurity. For example, Ha Giang, which is considered the poorest province in Viet Nam, shares a border with China, and is expected to be one of the hardest hit provinces considering existing vulnerabilities and proximity to the original epicenter of the virus. The province Lao Cai is also another example of a region disproportionately impacted by COVID-19. Since 2012, Lao Cai has experienced 400% cumulative growth in per capita tourism revenue but has now suffered a steep decline and abrupt drop-off of tourists due to the outbreak. These fragile regions have the smallest margin of safety and a loss of income for one or two months is catastrophic and presents a great risk of many people falling into destitution and/or forced migration in search of income and the accompanying risk of dangerous income generating opportunities such as being trafficked.

Among the most serious impacts of COVID-19 have been the disruption of basic social services and loss of livelihoods. These include:

⁶ Ministry of Labour, Invalids and Social Affairs and UNDP, 2018

(i) Access to essential healthcare related goods and services: Access issues related to essential healthcare could be due to fear of not wanting to access health facilities (“social”), stress on parts of the healthcare system, reduced access to health facilities (“physical”, due to lack of public and other transportation and travel restrictions), or reduced household budgets for health (“financial”). A key threat to safety and wellbeing is reduced health seeking behavior i.e. as a result of the COVID-19 outbreak, women, children have other vulnerable groups with chronic health issues have been discouraged to go to health centers and hospitals. The number of people coming for medical examinations and treatment at many medical facilities is now sharply decreasing, including at many hospitals. In Hai Phong province, the number of visitors to the provincial hospital has sharply decreased by 80%⁷. It should be noted that this behavior has led to an increase in emergency cases - despite experiencing symptoms, many patients chose to remain at home or acquired medicines without prescription so as to bypass contact with the health system. In some cases, symptoms deteriorated, and patients were rushed into hospital emergency units, which entails a higher economic burden and requires longer treatment time. Upon initiation of the strict physical distancing campaign on April 1, immunization services at district health centers and commune health stations was temporarily suspended. At the provincial level, most provinces reported lower coverage for Measles Rubella (MR), Diphtheria, Pertussis and Tetanus (DPT4) and Japanese Encephalitis (JE2) in the first three months of 2020. A reduction of 10% or more for MR was found in 13 provinces and DPT4 coverage in 7 provinces, an issue which needs to be addressed quickly.⁸

As a result of the COVID-19 outbreak, people in urban areas, including women and children, were also being discouraged to go to health centers and hospitals for a few weeks, as exemplified in the case of Bach Mai hospital that experienced local transmission. The types of care and services that are interrupted as a result include: pre- and post-natal health care, provision of modern contraceptives, early screening and detection of complications in pregnancies, clean and safe delivery, prevention for HIV and STIs, treatment of STIs and provisions for clinical management of rape. While the maternal mortality ratio (MMR) has declined to 46 per 100,000 live births at national level, it still remains as high as 100-150 per 100,000 live births in remote locations. Also, the contraceptive prevalence rate among migrants is as low as 38% compared to 59% national average. It means that their need for family planning is not met (30%). If the vulnerable populations are not supported immediately with appropriate interventions amid COVID-19, the maternal and neonatal mortality and morbidity are highly likely to increase. There is emerging regional evidence on the impact of COVID-19 on female and male sex workers and transgender people who are, globally and in Viet Nam, at higher risk of HIV, STI and SGBV. In addition, due to a high HIV and STI prevalence, poverty levels, discrimination and high risk of SGBV, these groups in Viet Nam may be at risk of loss of income and (due to their illegal/illicit occupations or lack of legal identities) many do not have health insurance and are usually not eligible for income subsidies. While men account for 68% of the estimated number of People Living with HIV in Viet Nam and Men who have Sex with Men face particularly fast increasing new HIV and STI infections, ensuring gender specific and responsive information and service is essential for all HIV affected key populations groups. Despite its increasing social health insurance coverage, Viet Nam still has high out of pocket health expenditure at 45% of the total national expenditure⁹ and this has been a rising trend. Women and LGBT community members who use drugs are even more vulnerable to COVID-19 as they face additional social stigma and discrimination related to their gender and/or sexual orientations. Women who use drugs reportedly experience higher rates of violence and abuse which harms their safety and blocks their access to essential health care and social welfare services. Additionally, as-farm to-table supply chains have been disrupted, especially in the agriculture sector, food security and access to nutritional food has been compromised. The urban poor in Vietnam depend heavily on informal food systems and on top of their social and cultural importance, informal markets support healthy, nutritious diets. Low nutrition is of particular concern for children, pregnant women, the elderly and immunocompromised individuals. There also is a need to address, in particular from a prevention angle, weak health and sanitary condition in prisons, which had already been overcrowded and have been affected by the curtailment of social services to prisoners due to COVID-19. It is noted that although women represent a small proportion in prison populations, their gender-specific health needs are often neglected in closed settings. Incarcerated women report histories of alcohol and drug abuse, sexually transmitted infection, sexual and physical abuse, and mental illness, with rates of these conditions higher than those of incarcerated men.

⁷ <http://thhp.vn/tin-tuc-n3945/y-te-va-suc-khoe-anh-huong-cua-dich-covid19-toi-cong-tac-kham-choa-benh.html>

⁸ Administrative data from MoH.

⁹ World Health Organization, Global Health Expenditure Database (accessed 14 April 2020).

(ii) Limited access to water and sanitation and weak hygiene practices: while one of the most effective measures to prevent COVID-19 is handwashing, access to water is a serious challenge, especially in the Mekong Delta Region that is experiencing concurrent challenges of COVID-19 and severe drought and saltwater intrusion. The quality of water and sanitation facilities are generally low, and 30% of schools do not have running water. While this issue can be attributed to several factors such as lack of knowledge and technology, a crucial underlying cause is the low investment in water and sanitation. According to a recent study on financing in the WASH sector, the total amount of WASH-related expenditure declined by almost 30 per cent between 2016 and 2018. Only 6% of the WASH budget is allocated for basic sanitation for households, and only 0.01% and 0.02% was allocated for hygiene promotion and handwashing, respectively. The lack of access to water and sanitation coupled with poor hygiene practices contribute to high rates of diarrhoea, pneumonia and parasitic infections, in addition to making people more susceptible to COVID-19 infection. Furthermore, limited access to WASH has left one fourth of children under the age of five in Viet Nam suffered from stunted growth before the outbreak of COVID-19.

(iii) Disruption of local supply chains and loss of livelihoods: Households in rural areas depend on agricultural production, seasonal jobs in agriculture, and agro-tourism. As they are constrained by restrictions on movement or activity, they will be prevented from working their land, caring for their animals, going fishing, or accessing markets to sell produce, buy food, or get seeds and supplies. If this occurs, women in particular (who lead the majority of micro-businesses in these communities) could find themselves forced to abandon their livelihoods, e.g. selling off their animals or eating their seed stock instead of saving some to replant. Once this happens, achieving self-reliance again will become extremely difficult. Some might even have no other choice than to leave their farms in search of dangerous or illegal income-generating opportunities such a trafficking or other illegal trade. In this context, experts advise that one avenue to stabilize families' purchasing power will be through injections of cash, so they can meet critical household needs without selling off their assets. This support is particularly targeted at household enterprises and micro-businesses providing employment and incomes to vulnerable ethnic minority women that would otherwise not be able to sustain their employment as a result of COVID-19 impacts. There is strong global empirical evidence on the positive impact of cash transfers to poor and vulnerable households during farm-to-table food supply disruptions, particularly when these transfers are to women. Recovery efforts should ensure continuity of the food supply chain (including between rural, peri-urban and urban areas) by supporting through various activities for the functioning of local food markets, value chains and systems.¹⁰

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

It is important to note that roughly 30% of the population live in urban areas and the remaining 70% are spread over the country in diverse geography, including in remote mountainous locations where provision and access to basic services is challenging. Among these populations, there are many ethnic minorities and communities living near the border areas which create a high risk of infection due to limited weak access to health and sanitation services and poor nutrition at a time when border crossings are ongoing because of porous borders. The Mekong Delta is also one of the most susceptible and vulnerable deltas to sea level rise in the world and has been experiencing a severe drought and saltwater intrusion since late 2019, affecting lack of access to clean water, sanitation, protection and care of vulnerable people including women and children. Provinces such as Ha Giang and Lao Cai are other examples of poor vulnerable regions which are at risk of finding their livelihood opportunities decimated as a result of the outbreak. The large urban centers, most affected in terms of COVID-19 infection and temporary restrictions in Ha Noi, HCMC and Da Nang, also host many young migrant workers, their families and students from other provinces and more marginalized urban poor, many of whom saw their limited access to basic social services even more restricted because of COVID-19.

¹⁰ <http://www.fao.org/news/story/en/item/1269721/icode/>

With promising signs that the outbreak could be contained, the UN in Viet Nam proposes to address critical existing vulnerabilities by: (i) supporting the delivery of healthcare related services to maintain access and effectiveness by ensuring that the stigma and fear associated with the outbreak does not act as a barrier for the most vulnerable to access the healthcare related services they need. As such, the goal of UN's support through this proposal is to use it as a bridge to ensure the maintenance of essential healthcare and other related services for the most vulnerable people which have been or can be temporarily compromised by the impact of COVID-19 while promoting health-seeking behaviour. It is also to ensure that these services become more inclusive and resilient using innovative approaches including with specific gender-responsive approaches to ensure that no one is left behind¹¹. The programme also seeks to reinforce the Government's existing advocacy on outbreak prevention by (ii) supplementing its efforts to improve access to water and sanitation; and hygiene practices. This intervention will have immediate health benefits for at-risk communities as well as reduce the risk of local transmission – which could lead to another round of physical distancing and restricted movement. Finally, in recognizing the role of food security in ensuring the well-being of communities affected by COVID-19, and the risk Viet Nam faces in reversing the progress made in nutrition (stunting in particular) and maternal health, the intervention seeks to (iii) reduce nutrition loss due to food insecurity and physical distancing as a result of COVID-19. The approach proposed will address this risk by propping up micro household based businesses with cash injections to encourage the viability of their business before economic recovery is fully stimulated, whilst simultaneously allowing them to make up any existing nutritional deficiencies so to maintain good health, for especially vulnerable pregnant women and children.

This is indeed an opportunity to lay the initial groundwork to 'build back better'. It is expected that this investment will mitigate the socio-economic impact of COVID but also bring new evidence and lessons to meet the needs of vulnerable populations. With its vital leadership role in chairing ASEAN and as a non-permanent member of the UN Security Council in 2020, Viet Nam can demonstrate good practice by implementing a strong rights-based response placing people at the center in the COVID-19 response as well as in its longer-term socio-economic development planning by safeguarding investment in human capital development and sustained growth. As Viet Nam is finalizing its 10-year Socio Economic Development Strategy and investments in social sectors, especially in health and education, have historically not reached the required level, the COVID-19 crisis and this proposal are opportunities to advocate for sustained progress towards SDG achievement, beyond addressing urgent current social needs.

The UN in Viet Nam has assembled a core rapid response team to deliver this intervention comprising of UNFPA, UNICEF, UNDP and UNWOMEN in collaboration with UNAIDS and UNODC. Various agencies will bring to this proposal a variety of expertise to deliver a truly integrated socio-economic response which is people-centred, rights-based and provides the groundwork for the economic recovery efforts that will need to be forthcoming soon. UNAIDS, UNFPA, UNICEF and UNODC are already working closely on a number of inter-agency initiatives including a UN joint programme on HIV/AIDS (with several other UN agencies to support the national HIV response and the most vulnerable populations affected by HIV), various UN joint analysis and campaigns such as for youth with focus on vulnerable people, for zero discrimination and diversity and have established working relationships with the Government and other partners including civil society and communities. UNFPA and UNICEF have approved project cooperation frameworks with the concerned line Ministries. Successful examples include: their joint action to end violence against women and children; collaboration to support the SDG survey on women and children; joint support to the government to strengthen and ensure a more inclusive national social insurance system, among others. UNDP and UN Women are undertaking together with MPI the socio-economic assessment of the impacts of COVID-19 in households and businesses with a gender perspective. A joint effort under this proposal could maximize the on-going response of individual agencies and position the UN in future recovery efforts, also holding GoV accountable to address the precarious situation of the most vulnerable people. These agencies each bring technical expertise and global best practice in the proposed areas of work. Moreover, each agency will utilize its respective existing project implementation modality with the government, thus losing no time and swiftly moving into the interventions to be completed by December 2020.

¹¹ UNAIDS feature story: Community networks extend arms to connect people to medicine in Viet Nam
https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200417_vietnam

It should also be highlighted that this proposal is fully complementary to the SDGF Joint Programme on Social Protection. This proposal focuses on ensuring uninterrupted essential social services, while the SDGF JP has been designed to establish an integrated Social Protection/Social Insurance/Social Assistance mechanism with an equity focus. In a context where the SDGF JP has been partially re-purposed with a focus on accelerating the implementation of the designed framework by a joint UN team comprising the ILO, UNICEF, UNFPA and UNDP, the MPTF proposal will serve to complement it by targeting the country's most vulnerable populations also ensuring that they fully benefit from essential social services and targeted livelihood support. This approach minimizes some of underlying inequalities and gaps that existed in these areas before the COVID-19 pandemic exacerbated by some unintended impact of the measures taken by Viet Nam's Government to prevent and control it and keep Viet Nam on track to achieve SDG targets. As we celebrate UN75 this year, such socio-economic interventions are critical to demonstrate the added value of the UN system, building on the UN's comparative advantages and track record of ensuring concrete developmental results over the past decades.

V. Documentation

Attached:

- The UNCT has contributed to and posted the Government of Viet Nam's National Plan to respond to the COVID-19 pandemic and the UNCT COVID-19 Strategic Preparedness and Response Plan on the WHO Partners' Portal on 24 and 31 March 2020 respectively.
- The RCO-led Brief on the economic impact of COVID-19 on Viet Nam (April, 2020).
- There is also some initial analysis and assessment emerging from the UNDP-led the UN Working Group on COVID-19 Economic Impact Assessment and UNICEF led the UN Working on COVID-19 Social Impact Assessment. These will be built on and deepened, feeding into a joint UN COVID—19 impact assessment, which is an integral part of the UNCT's COVID-19 Response Plan.
- This proposal also builds on the strategic position paper on Human Capital and Social Development 2021-2030 developed by the UN and other development partners, submitted, presented to and discussed with the Government in October 2019 as part of the new Socio-Economic Development Strategy and Plan.
- The Terms of Reference for the UNDP - UN Women rapid assessment of economic impacts of the crisis at household and firm level, which will feed into the COVID-19 Impact Assessment of the Ministry of Planning and Investment's National Center for Information and Forecast (NCIF) and One UN impact assessment. This rapid survey is being administered covering around 600 households of vulnerable workers and people, including ethnic minorities, in approximately 6 provinces (including Lao Cai). This assessment will also cover another 500 Micro/SMEs in selected sectors that are identified as severely affected. The results of this assessment together with scanned solutions of responses in and outside of the country will inform the implementation and adjustment of Government policy measures to support the most vulnerable people and MSMEs.

VI. Target population

- **Response to ensuring high engagement of community access to essential healthcare related goods and services**
- **Response to limited access to water and sanitation and weak hygiene practices**

An urgent, comprehensive multi-dimensional socio-economic vulnerability assessment will be undertaken to build on current and emerging evidence from local sources on the ground. The assessment will identify the extent and nature of gaps in the demand and access to safe and timely essential services including health, nutrition, WASH, social, protection and justice services for vulnerable and marginalized populations groups including women and adolescent girls. This work will be completed by the end of May 2020. Selected locations will be identified depending on the issues to be addressed. There will be an efficient use of existing structures that can be leveraged to maximize the impact, partnerships, speed and project delivery mechanisms. This will also enable the interventions to respond to the needs of both remote and urban areas as well as the evolving situation.

With UNFPA's and UNICEF's support, the integrated national guidelines on Sexual Reproductive Maternal Neonatal and Child Health amid the COVID-19 epidemic will be applied at national level, therefore will bring benefits to women, adolescent girls and children in Viet Nam. Particularly, this should improve equitable access to essential sexual, reproductive maternal health for the 10,000 most pregnant and lactating women, particularly those who are female migrant workers and ethnic minorities and 37,500 children including children in schools and from poor households in selected provinces. The support to community-led social enterprises, guided and facilitated by UNAIDS, will ensure better outreach, timely information for safe health seeking behavior, linkages to and some direct services provision for HIV and STI prevention, management and reduction of mental health issues, stigma, discrimination, violence and substance use as well as social support and emergency financial assistance to about 10,000 vulnerable people living with HIV as well as key populations taking into account gender specific needs (women and men living with HIV, sex workers, LGBTI groups including transgender people, gay and other men who have sex with men, people who use drugs). UNODC's support will benefit about 100,000 people in prisons and closed settings and 20,000 people who use drugs (PWUD).

- **Response to disruption of local supply chains and loss of livelihoods**

The target beneficiaries will be identified through several tried and tested mechanisms. These include the second National Social-Economic Survey on 53 Ethnic Minority Groups of Viet Nam conducted in 2019; the on-going UNDP-UN Women rapid assessment of COVID-19 socio-economic impacts on vulnerable enterprises and households; UNDP's successful work with ethnic minority women and cooperative groups in 14 provinces of Viet Nam including Ha Giang province; and UN Women's support to ethnic minority women's resilient livelihoods and enhanced market access in Lao Cai.

Given the emergency nature of the support and the limited time available to prepare the proposal, the ethnic minority women-led enterprises' needs have been based on: (i) the available surveys and assessments (such as by the National Economics University, Private Sector Development Department); (ii) early information from the above-mentioned on-going UNDP-UN Women rapid assessment of economic impacts of the crisis at household and firm level; and (iii) UNDP and UN Women's work with ethnic minority women and cooperatives in 12 provinces including Ha Giang and Lao Cai in the northern mountainous border regions, as well as UN Women's support to ethnic minority women's resilient livelihoods and enhanced market access in Lao Cai.

Households and microbusinesses will be more specifically selected (i) from the list of target groups of the GoV Social Protection Package defined and verified by the local government, and (ii) in close consultations with the communities in two EM provinces in the Northern Border area (most likely Lao Cai and Ha Giang based on their COVID-19 risk and socio-economic development level). The direct beneficiaries of the project will include a minimum of 1,200 households and/or micro-businesses (including households participating in local cooperative structures), particularly those led by women and ethnic minorities, who are not able to meet their immediate livelihoods requirements. The potential impacts are that households and microbusinesses in these communities will be supported to continue their livelihood activities whilst the markets stabilize; job losses will be minimized; and workers will be less likely to abandon these activities in search of income from other potentially more dangerous and illegal avenues.

VII. Who will deliver this solution?

UNICEF has sustained its operation in Viet Nam since 1975 and due to expertise in the areas of health, nutrition, water and sanitation, social policy and data, monitoring and evaluation as well as formalized partnerships to facilitate immediate implementation, it has been requested by the Ministry of Health to support maternal and child health, demand-side issues, nutrition, by Ministry of Agriculture and Rural Development to support community-based WASH including in drought affected areas as well as WASH in schools. At the global level, the UN Secretary General assigned UNICEF to lead on social impact analysis of COVID-19.

UNFPA has its existing project implementation modalities for SRHR which is already approved by the government through the Ministry of Health. As such, the project will be immediately delivered through the existing structure, which does not require any separate review and project approval process. Where agreeable and at the request of the Ministry of Health, UNFPA will also retain its own implementation modality so as to ensure speed and maximum programme delivery. Every attention will be paid on gender aspects in this proposal, as special concerns of women with regard to pregnancies and childbirth will have to be addressed in a flexible manner in relation to COVID-19.

UNDP has 30 years of experience in partnering with GoV on (i) poverty reduction, (ii) ethnic minorities' development and (iii) MSME development. UNDP has rich experience in providing policy advice and technical support in reforming Viet Nam's social assistance system, improving the management and service delivery including through the application e-management and e-delivery solutions and tools. Since 2018, UNDP, in partnership with e-payment and e-commerce service providers, has been working with ethnic minority women and their micro businesses and cooperatives on application of the digital solutions for expanding their businesses. UNDP has been requested by MOLISA to provide technical assistance to digitalize the management and delivery of cash transfers from the Social Protection package to the vulnerable people to mitigate COVID-19 socio-economic impacts.

UNWOMEN: As part of the UN "Delivering as One" initiative in Viet Nam, UN Women leads UN's advocacy to further promote gender equality by enhancing women's economic empowerment, ending violence against women and girls and improving women's access to justice, and making gender equality a key part of the national legal framework, policies and plans. The UN Women Office in Viet Nam has technical experts in the areas of women's economic empowerment, humanitarian action, peace and security, social protection, violence against women, etc.

Two other agencies will also contribute to implementation of this joint programme thanks to pass through agreement with UNICEF: **UNAIDS** is mandated to leads the UN support to the national HIV response, will lend their expertise and skills to ensure linkages with those community organizations and the national HIV response led by the MOH and is already actively liaising with those community organization. The **United Nations Office on Drugs and Crime (UNODC)** is mandated to assist Member States to provide PWUD, prisoners and people vulnerable to human trafficking with evidence-informed comprehensive HIV and drug demand reduction services aimed at prevention, treatment and care of HIV and abuse of drugs.

National partners will include:

Ministry of Health is the focal Ministry for the overall design and the implementation of the national strategy to prevent and contain the COVID-19 epidemic in the country. It is also responsible for delivering and monitoring essential services including sexual, reproductive, maternal and child health as well as nutrition and hygiene promotion at primary health care level for vulnerable populations such as those living in remote areas and migrant populations.

Ministry of Agriculture and Rural Development is responsible for providing rural water supply for communities and households including in remote areas and works closely with the Ministry of Education and Training on water and sanitation in schools.

Viet Nam Women Union is a mass organization that was formed in 1930 to mobilize women to fight for independence of Viet Nam. With over 15 million women-member-base, present in over ten thousand local women's unions in communes and towns throughout the country, VWU is strategically placed to mobilize women nation-wide while taking part in community activities such as women's economic empowerment. UN Women and UNDP in Viet Nam have been cooperating with VWU in various initiatives including on strengthening women's livelihood, business and economic development in Lao Cai and Ha Giang Provinces.

MOLISA is responsible for the design, implementation and management of the GoV Social Protection package to mitigate socio-economic impacts of the Covid-19 on the most vulnerable, while DOLISA at the local level is responsible for identifying and delivering cash support to the eligible beneficiaries.

Business sector partners including e-commerce and e-payment service providers (as mentioned above) and NGOs/social enterprises such as the Center for Support and Green Development (GreenHub) and Vietnam Rural Business Development Center (VietED) will also be mobilized in the implementation of the project, especially in promoting the utilization of e-payment and e-commerce tools.

Community-led social enterprises which have proven to be innovative people-centered models to ensure effective outreach, inclusive and gender-responsive support for key HIV and other health information services to the most vulnerable and marginalized groups.

Civil Society Organizations which have proven to be effective in providing innovative service delivery solutions for vulnerable and marginalized groups, particularly in humanitarian situations.

Provincial partners will include the provincial department of health, provincial centre for disease control, provincial department of education and training, and provincial department of agriculture and rural development.

M&E

Based on the results framework, its outcome, output and indicators, periodic reports will be prepared and routine field monitoring visits undertaken to selected localities to collect data and monitor the progress of implementation. UNDP and UN Women will apply their standard oversight, monitoring and evaluation and financial management and accountability policies, as set out in relevant sections of UNDP's [Programme and Operations Policies and Procedures](#) and UN Women's [Policy, Procedure and Guidance \(PPG\)](#). UNDP and UN Women will each assign one programme officer and one programme associate on a part-time basis for the implementation, management and monitoring of the project, and will draw on other staff to provide specific expertise on gender-sensitive poverty reduction, business promotion with poor/EM households and micro-businesses, cash transfer/social assistance and promoting e-payment and e-commerce, women's empowerment and gender equality, quality assurance, oversight and monitoring and evaluation necessary for the implementation and management of the project.

Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Mr. Shin Umezu Email: umezu@un.org Position: Head of RCO Other Email: shin.umezu@one.un.org Telephone: +84 24 3850 0141 Skype:
Description	<i>Mitigating the social-economic impact of COVID-19 in Viet Nam on the most vulnerable groups and supporting more resilient policies and systems</i>
Universal Markers	Gender Marker : <i>(bold the selected; pls select one only)</i> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.
Fund Specific Markers	Human Rights Based Approach to COVID19 Response <i>(bold the selected)</i> : Yes/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance
	Fund Windows <i>(bold the selected; pls select one only)</i> Window 1: Enable Governments and Communities to Tackle the Emergency Window 2: Reduce Social Impact and Promote Economic Response
Geographical Scope	Regions: Nationwide, needs-based based on ongoing assessments; including Ha Giang and Lao Cai Country: Viet Nam
Recipient UN Organizations	UNFPA: Naomi Kitahara, Representative e-mail: kitahara@unfpa.org Tel: +84 24 3850 0320 UNICEF: Rana Flowers, Representative, e-mail: rflowers@unicef.org , Tel: +84 24 3850 0201 UNDP: Caitlin Weisen, Representative, email: caitlin.wiesen@undp.org , Tel: +84 243 850 0100 UN Women: Elisa Fernandez, Representative, e-mail: elisa.fernandez@unwomen.org , Tel: +84 24 3850 0362
Implementing Partners	Ministry of Health, Ministry of Agriculture and Rural Development, provincial Departments of Health, Selected existing community-led social enterprises; UNODC, UNAIDS, UNWOMEN, Civil Society Organizations.

Programme and Project Cost	Budget	Agency	Amount	Comments	
	Budget Requested	UNICEF		\$550,000	
		UNFPA		\$250,000	
		UNWOMEN		\$100,000	
		UNDP		\$100,000	
	Total requested from MPTF	\$ 1,000,000			
	Other Contributions from agencies	UNFPA		\$350,000	USD 300,000 in kind; USD 50,000 financial
		UNICEF		\$450,000	USD 350,000 in kind; 100,000 financial
		UNAIDS		\$25,000	USD 10,000 in kind; USD 15,000 financial
		UNODC		\$26,000	USD 6,000 in kind; USD 20,000 financial
		UNDP		\$50,000	In-kind
		UNWomen		\$50,000	In-kind
	Total of other contributions	\$951,000			
	Comments				
Programme Duration	Start Date: 18th May 2020 (or upon receipt of funds)				
	Duration (In months): 8 months				
	End Date: 31 st December 2020				

Results Framework

Window 2: Proposal outcome	2.1 Most vulnerable people continue to access the essential health care and nutrition services amid Covid-19 epidemic, whilst key livelihood channels are supported before economic recovery begins.				Outcome Total Budget
					USD
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicators	2.1a Number of maternal and neonatal deaths in target locations	Not available	No more than 10% increase in the absolute number of maternal deaths	National surveillance; MOH project report	UNFPA/MoH
	2.2a Percentage of CHCs reported contraceptives stock-out in last 6 months	Not available	Up to 20%	MOH project report	UNFPA/MoH
	2.3a Number of poor households and micro-businesses, particularly those led and EM, that can maintain their livelihoods with the assistance provided under the MPTF.	0	1,200	Local Government Report	UNDP/DOLISA
Proposal Outputs	2.1.1 Vulnerable pregnant women (ie those in COVID-19 high risk locations, those residing in remote areas and migrant populations) provided with sexual and reproductive health services.				
	2.1.2 Newborns, children (both boys and girls), and women have continued access to health, nutrition and water and hygienic sanitation (WASH) services especially emergency and life-saving services, adequate diet and to information on services and practices that improve their health and nutritional status.				
	2.2.1 Tele health mechanism is used to mitigate the impact of restricted movements by pregnant women in target locations. 2.2.2 Vulnerable key populations affected by HIV have continued access to HIV and STI prevention, harm reduction and other social support and referral services for mental health, stigma and discrimination, violence and substance use management.				
	2.3.1. A minimum of 1,200 poor households and micro-businesses, particularly those led by women and EM provided with additional cash transfers.				
Proposal Output Indicators	2.1.1.a Level of implementing national guidelines for SRMNCH during the COVID-19 epidemic	Not available	Fully in use in 12 high risk locations, in target remote locations and migrant populations	Government report	UNFPA/MOH

	2.1.1.b Percentage of health workers who have received additional training in SRMNCH, appropriate use of PPE and IPC in the COVID-19 incidence context	0	70%	MOH project reports	UNFPA/MOH (note that 70% health workers at Primary Health Care are female)
	2.1.1.c Number of pregnant and lactating women in selected provinces who continuously received a full package of pre- delivery, and post-natal care and multiple micro-nutrient supplementation in the context of COVID-19	1,120 pregnant women and lactating women	10,000 pregnant and lactating women	Monthly report	UNFPA, UNICEF, MOH and selected provinces
	2.1.1.d Number of children under 5 years of age disaggregated by sex in selected provinces who continuously received essential health, nutrition and WASH services (immunization, post-natal visits for newborns, child grow monitoring, management of acute malnutrition, IYCF counseling and multiple micro-nutrient supplementations, and clean water) in the context of COVID-19	3,150 children under 5 years of age	15,000 children under 5 years old	Monthly report	UNICEF, MOH and selected provinces
	2.1.1.e In the context of COVID-19, out of 22,500 children including children in schools, who have access to Infection Prevention and Control WASH package, of which at least 10,000 are girls	0	22,500 children	Monthly report	UNICEF and selected provinces
	2.2.1.a Percentage of health facilities in the piloted areas able to provide telehealth services	0	70%	MOH project report	UNFPA/MoH
	2.2.2.a Number of men and women in prisons, compulsory education/reformatory centers reached and benefited from additional information and services with the assistance provided under the MPTF in the period of COVID-19.	0	100,000	MPS project report	UNODC
	2.2.2.b Number of men and women who use drugs reached and benefited from additional information and services with the assistance provided under the MPTF in the incidence period of COVID-19	0	20,000	Selected academia and network reports	UNODC
	2.2.2.c Number of key populations affected by HIV reached and benefited from additional information	0	Total of 10,000	Selected social enterprise and	UNAIDS

	and services in the context of COVID-19		members of key populations reached and benefited from additional information & services	community networks reports	
	2.3.1a Number of poor households and micro-businesses, particularly those led by women and ethnic minority, that receive additional cash transfer under the MPTF.	0	1,200	Local govt and Women's Union report	UNDP/UNWOMEN/DOLISA/Women's Union

Note: for many of the above listed indicators, a baseline does not exist as they are new or significantly redesigned interventions in the context of COVID-19

Activities by output areas	<p>Output 2.1.1</p> <ol style="list-style-type: none"> 1. Support the Ministry of Health to update national guidelines and training programme on provision of sexual reproductive maternal neonatal and child health (SRHMNCH) services. 2. Support training health providers at district and commune levels on provision of sexual reproductive maternal neonatal and child health (SRHMNCH) services, case screening and management, IPC during the COVID-19 incidence period and monitoring their implementation and compliance after the training. 3. Support provision of contraceptives, medical equipment and supplies, PPE, sanitizers for selected health facilities to ensure continuing provision of quality SRMNCH services for vulnerable populations including ethnic minorities and migrant workers. 4. Support health education/information and financial incentive to generate demands for continuing use of SRMNCH services during the COVID-19 incidence period. 5. Procure and distribute micronutrients, Ready to Use Therapeutic Foods (RUTFs), village health bags, baby boxes, hand sanitizers and soaps for selected district and commune health centres. 6. Procure and distribute handwashing stations, WASH packages and hygiene boxes to selected schools and poor households, and compact safe water filtration systems for the most vulnerable communities with connection to community schools and health facilities where appropriate. 7. Procure and deploy on-line training equipment for provincial Centre for Disease Controls and selected district health centres. 8. Organize trainings including on-line trainings in nutrition, WASH, standard procedures for IPC, case screening and management for district and commune health staff and local water and sanitation authorities. 9. Conduct data collection and map out the service coverage gaps and the vulnerable maternal and child population in selected district and communes. 10. Develop micro action plans and organize integrated outreach sessions at village level including immunization, child growth monitoring and malnutrition screening, infant and young child feeding consultation and breastfeeding and hand washing promotion 11. Develop, adapt, produce and distribute printed and digital communication materials, platforms and tools including Chatbots and mobile
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	<p>apps in Kinh and ethnic minority languages where appropriate.</p> <ol style="list-style-type: none"> 12. Conduct school-based communication sessions on infection prevention and control and WASH for school children. 13. Conduct integrated communication and education using local media networks including local louder speakers. 14. Conduct pre- and post-natal home visits for mothers and newborns. 15. Provide cash support for poor households with children under 2 years old to improve dietary intake for children and promote health seeking behaviors and consultations at commune and district health centres. <p>Conduct regular monitoring and documentation of lessons learnt, good practices and experiences.</p>
	<p>Output 2.2.1:</p> <ol style="list-style-type: none"> 1. Support pilot telehealth interventions to provide SRMNCH services during the COVID-19 epidemic in selected localities (to mitigate the impact of restricted movements by pregnant women in target locations) with active participation of local CSO and/or community- based organizations. 2. Support the drawing of lessons learned and best practices from the telehealth interventions and advocate their findings to the government and other partners for national scale-up.
	<p>Output 2.2.2</p> <ol style="list-style-type: none"> 1. Develop and disseminate localized guidance on COVID-19 prevention and alternative healthcare service options to existing healthcare services in the context of the COVID-19 response to PLHIV and key populations affected by HIV (sex workers, transgender people, Men who have Sex with Men and other LGBTI people). 2. Support access to and uptake of HIV and STI prevention, screening, testing and treatment (including post exposure prophylaxis) and other direct social services as part of mitigation of COVID-19's impact on livelihoods and mental health of PLHIV and other key populations affected by HIV (Sex workers, transgender people, Men who have Sex with Men and other LGBTI people). 3. Soft skills training on and sharing of innovative community-led HIV and broader initiatives/systems for strengthened community preparedness, resilience and response to COVID-19 and other emergencies. 4. Support the Ministry of Public Security to review procedures related to management of prisoners, education and health care in line with the UN's recommendations on COVID-19 preparedness and response as well as other human right standards (including the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders). 5. Procure and distribute personal protective equipment (PPE) such as face masks, face shields, hand sanitizers, goggles, disposable gloves and handheld temperature scanners to prisons and reformatories. 6. Develop and distribute gender sensitive IEC materials for prison staff and inmates. 7. Support the development and roll out of the national guideline on COVID-19 prevention in drug treatment and harm reduction service facilities which takes the different needs and challenges of female PWUDs into account. 8. Provide technical assistance to universities and pharmacies, and VNPUD in the development and delivery of online trainings on COVID-19 prevention for PWUD, particularly female PWUD.
	<p>Output 2.3.1a</p>

Activities

1. Collect information on COVID-19 support provided in the target localities in Ha Giang and Lao Cai provinces.
2. Work with local authorities and counterparts (District People's Committee and Women's Union) to define the criteria of targeted beneficiaries, assistance amount and implementation arrangements/mechanism to deliver the cash transfer.
3. Identify and select the poor households and micro-businesses which meet the criteria for support.
4. Make cash transfers to eligible beneficiaries.
5. Collect information on the use and impact of the cash transfers and prepare the final report.

SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input checked="" type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input checked="" type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input checked="" type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
[Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated % Budget allocated	
2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.	10%	
2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.	20%	
3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	21%	

3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	39%
5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	10%

Risk

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner	
The Covid-19 pandemic last for a long time resulting in severely negative socio-economic consequences and system failure to deliver the programme	Financial Organizational Political	3	4	5	Work closely with government to have preparedness and mitigating plans; Enhanced coordination of interventions amongst UN agencies, and with IFIs and bilateral partners.	UN, MOH and provinces	
Shortage of necessary products for the Covid-19 prevention and containment at domestic and international markets due to the global surge.	Operational	3	4	4	Explore local procurement as much as possible, and apply corporate Fast Track Procedure for procurement	UN, MOH and provinces	
Strict social distancing measures disrupt quality and timely implementation of programme.	Operational	3	5	4	Maximise the use of digital innovation and online mechanisms; seize opportunities for relaxed period of social distancing; UN selection of local partners based on their commitments and ability to implement the project within the social distancing requirements	UN, local partners, MOH and provinces	

Budget by UNDG Categories

***Up to Four Agencies**

Budget Lines	Fiscal Year	Description [OPTIONAL]	UNICEF (inclusive of UNAIDS and UNODC)	UNFPA	UNDP	UNWOMEN	Total USD
1. Staff and other personnel	2020	Temporary staff cost	30,000	20,000	10,000	10,000	55,000
2. Supplies, Commodities, Materials; therapeutic food, multiple micro-nutrient supplementation; soap, hand sanitizers, commercial disinfectant, disinfection materials	2020	RMNCH commodities including PPE, EmOC kits, vital medical equipment, clean delivery kits for health workers, village health bags, newborn boxes, dignity kits for vulnerable pregnant women, and hand sanitisers; therapeutic food, multiple micro-nutrient supplementation; handwashing station, water filter systems, WASH package and hygiene boxes, soap, hand sanitizers, commercial disinfectant, disinfection materials	201,619	103,645	3,458	0	308,722
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020						0
4. Contractual services	2020		104,400		10,000	10,000	124,400
5. Travel	2020	Monitoring cost	14,000	10,000	2,000	4,000	30,000
6. Transfers and Grants to Counterparts	2020	For guideline and training development and pilot telehealth interventions and mobile home services; transportation provision for ANC visits, post-natal visits and migrant populations and midwives outreach Capacity building (training health workers), capacity building for health workers and WASH and sanitation officers, organization of health, nutrition and WASH outreach services, development and dissemination of printed and digital communication materials and tools and organization of communication events	164,000	100,000	65,000	65,000	394,000
7. General Operating and other Direct Costs	2020				3,000	4,458	7,458
Sub Total Programme Costs			514,019	233,645	93,458	93,458	934,580
8. Indirect Support Costs * 7%			35,981	16,355	6,542	6,542	65,420
Total			550,000	250,000	100,000	100,000	1,000,000

** The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.*

Signatures

UN Entity	Signatures
Resident Coordinator: Kamal Malhotra	
UNICEF Representative: Rana Flowers	
UNFPA Representative: Naomi Kitahara	
UNDP Representative: Caitlin Wiesen	
UN Women Representative: Elisa Fernandez-Saenz	

Annex: SDG List

Target	Description
TARGET_1.1	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
TARGET_1.2	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
TARGET_1.3	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
TARGET_1.4	1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
TARGET_1.5	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
TARGET_1.a	1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions
TARGET_1.b	1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
TARGET_2.1	2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
TARGET_2.2	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
TARGET_2.3	2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment
TARGET_2.4	2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality
TARGET_2.5	2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed
TARGET_2.a	2.a Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries
TARGET_2.b	2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round

Target	Description
TARGET_2.c	2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
TARGET_3.3	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
TARGET_3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
TARGET_3.5	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
TARGET_3.6	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
TARGET_3.9	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
TARGET_3.a	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
TARGET_3.b	3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
TARGET_3.c	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
TARGET_3.d	3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
TARGET_4.1	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
TARGET_4.2	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
TARGET_4.3	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university
TARGET_4.4	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
TARGET_4.5	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

Target	Description
TARGET_4.6	4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy
TARGET_4.7	4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development
TARGET_4.a	4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
TARGET_4.b	4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries
TARGET_4.c	4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
TARGET_5.1	5.1 End all forms of discrimination against all women and girls everywhere
TARGET_5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
TARGET_5.3	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
TARGET_5.4	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
TARGET_5.5	5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
TARGET_5.a	5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
TARGET_5.b	5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
TARGET_5.c	5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
TARGET_6.1	6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
TARGET_6.2	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
TARGET_6.3	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
TARGET_6.4	6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity

Target	Description
TARGET_6.5	6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
TARGET_6.6	6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
TARGET_6.a	6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
TARGET_6.b	6.b Support and strengthen the participation of local communities in improving water and sanitation management
TARGET_7.1	7.1 By 2030, ensure universal access to affordable, reliable and modern energy services
TARGET_7.2	7.2 By 2030, increase substantially the share of renewable energy in the global energy mix
TARGET_7.3	7.3 By 2030, double the global rate of improvement in energy efficiency
TARGET_7.a	7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology
TARGET_7.b	7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective programmes of support
TARGET_8.1	8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries
TARGET_8.10	8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all
TARGET_8.2	8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors
TARGET_8.3	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services
TARGET_8.4	8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-Year Framework of Programmes on Sustainable Consumption and Production, with developed countries taking the lead
TARGET_8.5	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
TARGET_8.6	8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training
TARGET_8.7	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
TARGET_8.8	8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment
TARGET_8.9	8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products
TARGET_8.a	8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-related Technical Assistance to Least Developed Countries
TARGET_8.b	8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour

Target	Description
	Organization
TARGET_9.1	9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all
TARGET_9.2	9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries
TARGET_9.3	9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets
TARGET_9.4	9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities
TARGET_9.5	9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending
TARGET_9.a	9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States
TARGET_9.b	9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities
TARGET_9.c	9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020
TARGET_10.1	10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average
TARGET_10.2	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
TARGET_10.3	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
TARGET_10.4	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
TARGET_10.5	10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations
TARGET_10.6	10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
TARGET_10.7	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies
TARGET_10.a	10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements
TARGET_10.b	10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in

Target	Description
	particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes
TARGET_10.c	10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent
TARGET_11.1	11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
TARGET_11.2	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
TARGET_11.3	11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
TARGET_11.4	11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage
TARGET_11.5	11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
TARGET_11.6	11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
TARGET_11.7	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
TARGET_11.a	11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning
TARGET_11.b	11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels
TARGET_11.c	11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials
TARGET_12.1	12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries
TARGET_12.2	12.2 By 2030, achieve the sustainable management and efficient use of natural resources
TARGET_12.3	12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
TARGET_12.4	12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment
TARGET_12.5	12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
TARGET_12.6	12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information

Target	Description
	into their reporting cycle
TARGET_12.7	12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities
TARGET_12.8	12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
TARGET_12.a	12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production
TARGET_12.b	12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products
TARGET_12.c	12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities
TARGET_13.1	13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries
TARGET_13.2	13.2 Integrate climate change measures into national policies, strategies and planning
TARGET_13.3	13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning
TARGET_13.a	13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
TARGET_13.b	13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
TARGET_14.1	14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution
TARGET_14.2	14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans
TARGET_14.3	14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels
TARGET_14.4	14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics
TARGET_14.5	14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available scientific information
TARGET_14.6	14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies

Target	Description
	negotiation3
TARGET_14.7	14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism
TARGET_14.a	14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries
TARGET_14.b	14.b Provide access for small-scale artisanal fishers to marine resources and markets
TARGET_14.c	14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”
TARGET_15.1	15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements
TARGET_15.2	15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally
TARGET_15.3	15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world
TARGET_15.4	15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development
TARGET_15.5	15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species
TARGET_15.6	15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed
TARGET_15.7	15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products
TARGET_15.8	15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species
TARGET_15.9	15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts
TARGET_15.a	15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems
TARGET_15.b	15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation
TARGET_15.c	15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities

Target	Description
TARGET_16.1	16.1 Significantly reduce all forms of violence and related death rates everywhere
TARGET_16.10	16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
TARGET_16.2	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
TARGET_16.3	16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all
TARGET_16.4	16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
TARGET_16.5	16.5 Substantially reduce corruption and bribery in all their forms
TARGET_16.6	16.6 Develop effective, accountable and transparent institutions at all levels
TARGET_16.7	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels
TARGET_16.8	16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance
TARGET_16.9	16.9 By 2030, provide legal identity for all, including birth registration
TARGET_16.a	16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime
TARGET_16.b	16.b Promote and enforce non-discriminatory laws and policies for sustainable development
TARGET_17.1	17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection
TARGET_17.10	17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda
TARGET_17.11	17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020
TARGET_17.12	17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access
TARGET_17.13	17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence
TARGET_17.14	17.14 Enhance policy coherence for sustainable development
TARGET_17.15	17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development
TARGET_17.16	17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries
TARGET_17.17	17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships
TARGET_17.18	17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

Target	Description
TARGET_17.19	17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries
TARGET_17.2	17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries
TARGET_17.3	17.3 Mobilize additional financial resources for developing countries from multiple sources
TARGET_17.4	17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress
TARGET_17.5	17.5 Adopt and implement investment promotion regimes for least developed countries
TARGET_17.6	17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge-sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism
TARGET_17.7	17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed
TARGET_17.8	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology
TARGET_17.9	17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation