



EVALUATION REPORT

PRODUCT PROJECT

Vietnam 2021 – 2024

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**Action on
Poverty**

REPORT

Final Evaluation for PRODUCT Programme in Viet Nam

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Acronyms

ANCP	: Australia NGO Cooperation Programme
AoCBT	: Action on Community-Based Tourism
AOP	: Action on Poverty
APM	: Action on Poverty Microfinance Programme
BCA	: Building Capacity and Access for Resilient Communities
CBT	: Community-Based Tourism
CCD	: Center for Community Development
DFAT	: Department of Foreign Affairs and Trade (Australia)
PRODUCT	: Promoting Rural Opportunities with Digital technologies and Upscaling Community-based Tourism
FGD	: Focus Group Discussion
FI	: Financial Inclusion
GREAT	: Gender Responsive and Equitable Agriculture and Tourism
ICT4WE	: Information and Communication Technology for Women
KII	: Key Informant Interview
MSD	: Market System Development
M&E	: Monitoring and Evaluation
NRD	: New Rural Development
NTP	: National Target Programme
NGO	: Non-Governmental Organization
OECD	: Organisation for Economic Co-operation and Development
PBA	: Product-based Approach
PrBA	: Programme-based Approach
PjBA	: Project-based Approach
PMU	: Project Management Unit
CISDOMA	: Consultative Institute for Socio-Economic Development of Rural and Mountainous Areas
SEDEMA	: Socio-Economic Development of Ethnic Minorities and Mountainous Areas
USFS	: The United State Forest Service
VSLA	: Village Savings and Loan Association
WEE	: Women's Economic Empowerment

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EXECUTIVE SUMMARY

BACKGROUND

1. **PRODUCT programme.** Action on Poverty (AOP) has implemented a project Promoting Rural Opportunities with Digital technologies and Upscaling Community-based Tourism (PRODUCT) that aimed to improve resilience, social and economic status of women and ethnic minorities living rural and mountainous areas of Vietnam from 2021 to 2024. With a total funding of AUD1.635.000, the programme has implemented activities in 08 provinces of Hoa Binh (Da Bac district), Dien Bien (Dien Bien district), Phu Tho (Tan Son district), Son La (Van Ho, Moc Chau, Muong La districts), Thai Nguyen (Dong Hy district), Lai Chau (Tam Duong district), Ha Tinh (Vu Quang district) and Soc Trang (Nga Nam district). The focus of the programme is to support community-based tourism (CBT) and financial inclusion for ethnic minorities and other vulnerable groups.

2. **This final evaluation.** As the PRODUCT has completed its programme cycle, a consultant team was engaged to conduct this independent programme evaluation. It focused on: (i) Assessing the programme against the OECD evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability; (ii) Developing of the overarching lessons learned from the project and opportunities for AOP in the next 3-year programming; (iii) Providing recommendations for AOP in the next programme cycle. In addition, the final evaluation also analysed the level of integration of the cross-cutting issues, including participatory and collaborative approach, gender, climate change, ethnicity and disabilities concerns. To scope down the evaluation, it was agreed that the assessment was based on the programme performance in Hoa Binh, Dien Bien, Son La and Lai Chau provinces.

3. **Evaluation approaches.** A number of 12 evaluation questions were raised to assess the programme performance. These questions were answered through a desk review, qualitative approaches, and a quantitative survey. Regarding the desk review, all relevant information shared by AOP and its partners were assessed. For qualitative approaches, the consultants adopted the key informant interviews (KII) and focus group discussion (FDG) to collect primary information from the beneficiaries who are CBT service providers and those benefited from FI activities; local stakeholders who are village leaders, leaders and staff at the commune level, and state officials at the district level; AOP management and staff who were involved in design and delivery of the PRODUCT programme; and AOP partners who contributed to the programme implementation through different roles. With this process, 160 people consulted. In addition, a quantitative survey to capture “changes” in various outcomes that could be linked to the programme implementation was also implemented. A representative sample of 210 households were selected from seven CBT villages with diversified socio-economic characteristics.

KEY FINDINGS

4. **Relevance.** The PRODUCT was assessed to be highly relevant to the needs of target beneficiaries, especially the poor, vulnerable, ethnic minorities, women, and other vulnerable groups. However, adapting to the dynamics and improved local capacity for CBT is required to keep AOP continues to be relevant along the CBT development pathways. This is because the CBT service providers in the community usually move along the learning curve quickly. Regarding the relevant to the policies and strategies of the local authorities, the PRODUCT was fully aligned to the strategies, policies, and priorities of the GoVN, both at the national and subnational levels. For AOP at the corporate level, the PRODUCT was instrumental for AOP in executing its cooperate strategy for Viet Nam and fully relevant to priorities and policies of ANCP.

5. **Coherence.** The PRODUCT was designed to incorporate good practices and lessons learned from the previous ANCP-funded programmes as well as other initiatives of AOP in the past. The programme being the umbrella, the major intervention of AOP in its core business of CBT. PRODUCT also “hosts” some initiatives funded from other sources that contribute to its objectives and logics of interventions. Internal coherence of PRODUCT was partly undermined by having some disjoints in practice. A pilot intervention to support ethnic minority migrants in Ha Noi is not well justified from a coherence perspective. Actual targeting of the microfinance programme on the more better-off (or the less vulnerable) represents a departure from AOP focus on the most vulnerable. The PRODUCT was found to be coherent with existing initiatives of its long-term NGO partners (Dien Bien CCD, and

CISDOMA), as well as the policies and programmes of the local authorities presented by the district programme management units.

6. **Effectiveness.** Performance under outcome 1 (on financial inclusion for ethnic minority women) was assessed to be highly satisfactory. At the outcome level, PRODUCT has strongly empowered women in economic terms, especially access to credits and digital technologies. Improvements in social roles and participation of women were reported, though improvement in economic terms being modest. At the output level, eight out nine output indicators were either achieved or exceeded, one output has not been completed yet but has reached up to 80%. It might not be a good practice to identify improvements in multidimensional poverty as an output. Measuring this indicator was also challenging. Nevertheless, using the data collected in this evaluation, it might be reasonable to argue that PRODUCT has reached its “output” of improving multidimensional poverty.

7. Performance under outcome 2 (inclusive business partnership on CBT and rural products) was assessed to be moderately satisfactory. At the outcome level, PRODUCT contributed to expand (to new places) and deepen (in the existing places) AOP interventions in CBT. New partnerships with private sector were seen. However, the “market wing” of AOP was largely concentrated to Da Bac CBT. Though great efforts were seen, Da Bac CBT was not able to expand its coverage as expected and remained limited to Sung or Da Bia villages. Lacking diversified business models to suit different stages of CBT development pathways was found as another constraint. At the output level, seven out of nine indicators were achieved or exceeded. However, putting an vibrant social enterprises (AoCBT) in operation was not achieved and this contributed to the weak market wing of AOP engagement in CBT development pathways.

8. Performance under outcome 3 (conducive policies and programmes for CBT) was also assessed to be moderately satisfactory. At senior management level, AOP contributed to important policy dialogues on national policies and national target programmes related to CBT (or rural tourism). Notably, PRODUCT was successful to advocate local authorities to prioritize public investments to improve accessibility to the CBT villages supported. Nevertheless, the review of CBT villages was not completed. Studies or research to feed to policy dialogues were not prioritized.

9. Performance of PRODUCT has been hampered by a number of factors. The COVID-19 pandemic required a “restart” in some CBT villages. The CBT intervention approaches have been in a reshaping, and this caused interruption at times. High staff mobility and constrained technical depth were other blocking factors. Finally, lack of diversified business models to suit different stages of CBT development was a major challenge.

10. **Efficiency.** Partnerships of the PRODUCT were found as a factor contributing to efficiency. By partnered with CISDOMA and Dien Bien CCD allowed AOP to leverage from the existing network, expertise, “license to operate”, and resources of the existing initiatives of the two partners. Partnerships with the district authorities (through the district PMU) were instrumental to advocate for prioritizing public investments for improving infrastructure conditions of the CBT villages. Focusing on technical assistance activities implemented through a robust financial management system was found to be another strategy to ensure value of money. With this, the PRODUCT was generally found efficient.

11. **Impacts.** Impacts at household level were observed in terms of diversifying livelihood activities, CBT-related job skills, and other important aspects of living conditions. Income redistribution impact was however modest as CBT remained at early stages in several villages and the community-based governance structures were not sufficiently powered to facilitate at process. With regard to women’s economic empowerment, improvements in voices of women in intra-household decision making processes were reported. Women participation in productive activities was also improved. With these, ethnic minority women became more confidence in expressing themselves both in the family and community settings. Observations on strong women leadership were also noted in most CBT villages visited. At the community level, physical infrastructures were improved; awareness on environmental protection, natural resource management were also strengthened. Notably, awareness of cultural values, cultural conservation, and cultural identity were consolidated among the CBT community members. With these, the CBT villages have steadily moved toward more “liveable” villages.

12. **Ownership and sustainability.** Sustainability of CBT development was a challenge. Some CBT villages have reached certain level of “commercial” sustainability in marketing, selling the services on their own but loosing cultural identity and sense of being community-based, and therefore becoming

a lemonade without lemon. Some CBT villages retained their authentic cultural identity but lack of ability to self-sustain financially. Sustainability in both commercial and community-based aspects was not seen either in the intervention approaches or in practice. While sustainability of CBT was uncertain, the risk of sustainability was pronounced. These include, inter alia, over-investment (or over-supply) in CBT (at different locations), overloading CBT (in one location), losing cultural identity and sense of being community-based. These risks need to be addressed to ensure the possibility of approaching CBT sustainability.

13. Ownership of FI services were a certainty. VSLA was a model where ownership was embedded in its design and therefore sustainability was almost guaranteed. APM operated by AOP or microfinance programmes operated by partners have been financially sustained for quite a few years, even before the start of PRODUCT. There was evidence of deepening CBT by local authorities (through prioritizing public investment in existing CBT villages) and deepening CBT by local CBT actors (through additional investments to expand services capacity). Scaling up was also observed as local authorities buying the concept of “village stay” and inclusiveness when supporting CBT in other locations. There was a need to define Exit Strategies for CBT villages to facilitate graduation from AOP support as well as to consolidate background for sustainability. Executing these Strategies would require clear roadmaps. Such strategies and associated roadmaps should be in place and communicated clearly to local CBT actors and other relevant stakeholders.

14. **Equity and climate change.** Targeting the most vulnerable communities and prioritizing the most vulnerable people within those communities was a strategy to ensure equity and PRODUCT has contributed to equitable opportunities for community members to get access to finance as well as to engage to CBT services. The PRODUCT mainstreamed WEE and having explicit arrangements to empower ethnic minority women. Impacts from such WEE strategy was evidently positive (as noted in an earlier sub-section 4.5.2). Reaching PwDs however requires more explicit and tailored made arrangements. To that end, there was area for improvement to make interventions more inclusive for PwDs and other vulnerable groups.

15. Facilitating CBT development pathways represents a non-farm diversification strategy. In that sense, the PRODUCT contributed to build up community resilience to climate change. Improvements in awareness for environmental protection also contributed to capacity to respond and adapt to climate change risk.

LESSONS LEARNED

1. **Adaptive approaches required as CBT villages moving along the learning curve.** After a village embarking on a CBT development pathway, local CBT actors were being on a learning curve. Intervention approaches to support the village needs to be adapted to this dynamic. Intensive capacity development and direct support need to change toward coaching and discrete and tailored technical support when needed. At the end of that learning, engagement modality might have to change from providing support to making cooperation. At the present, the intervention approaches adopted by AOP might be more appropriate and functioning for communities at the early stage of a basic learning curve.

2. **Community-based governance structures functioning well in some conditions that are not universally observed.** Coordinating CBT services is about coordinating businesses that generate income differently for CBT service providers. To that end, community-based structures have limitations. At the root of these arrangements, there is an assumption that sense of community identity and cohesion might outweigh personal commercial interests when such interests are against the community benefits. Experience of Sung and Lao Chai importantly indicated that the presence of the elderly, spiritual and religious leaders is a crucial factor for success. However, these conditions are unfortunately rare. For other CBT villages, community-based governance structure was found to be a weak structure. Solely relying on these structures might be misleading.

3. **Ensuring inclusiveness requiring more diversified opportunities for the most vulnerable to embark on.** Income generation effect from CBT development pathway was concentrated to homestay owners, who appeared to be the better off in the villages. It was factual in many CBT villages such as Si Thau Chai, Vat, Ke, Da Bia villages or in Ngoc Chien commune. Such “pull” force intensifies the risk of overloading or oversupplying. While investing in homestays is a promising business opportunity, engaging in other CBT services were low returning. As inequality widens, the sense of being community-based is at risk, paving a way for the village becoming a commercial version of CBT. To mitigate that

risk, making inclusive opportunities to earn from their efforts to link to homestays for providing other CBT services is the key.

4. **A CBT champion might become his/her own champion at expenses of the community.** Nursing champions in the community to lead CBT development pathways is a strategy to build up leadership and facilitate changes in the CBT villages. However, there was no guarantee that the champion, after becoming a champion, would continue to work for interests of the community rather than her/his own. Therefore, nursing a champion might also mean nursing a seed of destruction of being community-based. Building up champion of changes needs to be taken in a broader picture of nursing a governance structure where the champions would exercise their leadership.

5. **Strategies for fixing problems created along the CBT development pathways being required.** There are many villages that have now encountered problems of various types. Overloading (or oversupplying) represent one problem; losing community-based background and cultural identity are other problems. There are also villages that were mis-directed and therefore over-invested in modern facilities that could be found elsewhere in the urban areas. “Problematic” CBT villages are plenty while successful authentic, culturally centered CBT villages are rare as autumn leaves. At the present, AOP intervention approaches are more to develop CBT from the start rather than “fixing” problematic CBT villages. Therefore, when the AOP-supported CBT villages encountered some problems, choices for interventions were limited.

6. **Unpacking sustainability requiring further efforts.** Sustainability in CBT services is not straightforward and needs to be revisited. Whether and when commercial sustainability could be acceptable? Shall a community-based sustainability be sought for while commercial benefits are modest? Whether and how “commercial” and “community-based” could be combined to define CBT sustainability? If CBT sustainability must be both in commercial terms and community-based terms, how to get there? All these questions need to be revisited to unpack sustainability of CBT services that AOP aims for. Without this concept to be unpacked, supporting CBT villages would probably like navigating in the ocean without a compass.

7. **Explicit Exit Strategy being available at the start.** An Exit Strategy was not explicitly stated and easily understood in the CBT development pathways supported in the CBT villages under PRODUCT and its pre-successors. Some villages in Ngoc Chien were supported for a few months but managed to continue a vigorous development after AOP support. Sung has been the first CBT village supported by AOP but still in its struggling for standing on its own feet. The support in Phu Mau was made for a while but what should be next steps was not clearly defined. The engagement in Vat was initiated and maintained for a year or so but shall AOP continue to get engaged (for problem fixing)? There were among several questions arising from the visits to these villages that require AOP to define its Exit Strategy.

8. **Linking the output to outcome.** One issue found from assessing effectiveness is the “mismatch” between the output indicators and the outcome statement. While most of the output indicators were achieved or exceeded, the progress toward expected outcomes was less satisfactory compared to that of the output indicators. It signals that a Theory of Change (ToC) should be developed in the initial stage of new programme design to provide guidance for AOP in identifying expected outcomes and outputs, as well as to assess whether the identified outputs sufficiently contribute to generated expected outcomes.

RECOMMENDATIONS

9. **Recommendation #1 Develop intervention packages to suit main stages of CBT villages moving along the learning curve.** AOP should develop different intervention packages tailored to main stages of CBT development pathways that a CBT village might experience. CBT development is a dynamic process where few forces, including game-changing actors, might incur along the course. This requires AOP to move beyond its area of focus on supporting CBT villages at the start for CBT service product development. Instead, interventions are tailored to different phases of CBT development that are defined by capacity and resources of the CBT actors. **Priority:** High. **Time:** March 2025.

10. **Recommendation #2 Identify the risk and having risk mitigation measures to ensure sustainability.** AOP is to conduct a risk analysis through phases of CBT development. This risk analysis goes beyond the usual risk that AOP usually mentions such as child labour, sexual harassments etc. Risks that might incur during the course and could derail the CBT pathway such as losing cultural

identity, losing sense of community-based and social cohesion, overloading (oversupplying CBT), investment by outside investors that ruin the root of CBT, malfunctioning of CBT governance structures. For each type of risk, a set of mitigation measures need to be developed and documented. **Priority:** High. **Time:** March 2025.

11. **Recommendation #3 Develop business models for different stages of CBT development pathways.** Through different phases of CBT development, AOP should develop business models that best suit the dynamics of the CBT communities. The starting point of this business model was the donor-type one to support CBT product development at early stages. Overtime, as local CBT actors graduate from “beginner” grade, this donor-typed model should be upgraded to some revenue-sharing mechanisms that might be based on cost-sharing investment or co-investment between the communities and a “market wing” of AOP. The CBT governance structures should also be upgraded. Community-based governance that best suit the early stages of CBT development might need to be changed to a business arrangement. **Priority:** High. **Time:** March 2025.

12. **Recommendation #4 Strengthening market wings of AOP through an AOP-supported private sector champion and partnership.** This is a crucial recommendation that carries a great importance to the future of the CBT development pathways. AOP is to either upgrade Da Bac CBT into the mentioned AoCBT or to formally register AoCBT to be a major part of AOP “market wing”. This market wing and community wing are the key forces for a sustainable pathway of CBT development. Technical support must be made during a few years to enable AoCBT to test different business models and consolidate its in-house expertise. AoCBT should be then forced to be independent and cooperate with AOP through a partnership agreement. **Priority:** Highest. **Time:** March 2025.

13. **Recommendation #5 Invest in technical depth.** Invest to enrich the technical depth another crucial factor for AOP. Inviting quality and experienced staff to expand its thin technical depth will be important to implement most of recommendations made in this report. For this level of quality, recruiting on a full-time basis might not be possible. AOP needs to work out flexible arrangements to engage leading experts to the team. Priorities are given to professionals with track records on business development and policy advocacy. The technical depth of AOP needs to change from being an NGO-oriented organization into an organization with “NGO heart” with “business head”. Linking the work in Viet Nam to the work in other countries, offer a multi-country working experience will be an important factor to attract quality professionals. **Priority:** Highest. **Time:** June 2025.

14. **Recommendation #6 Strengthen advocacy.** Seriously invest in advocacy should be an important part of AOP intervention approaches. Advocate the authorities for prioritizing public investments to improve accessibility and other infrastructure conditions for CBT villages is an important part of this advocacy. More importantly, advocate for inclusive community-based tourism development is another important strategy that would serve as a risk mitigation for the problem of overloading or outside investors ruining the overall CBT settings. Advocate to mobilize resources that are available from the existing policies and programmes to support CBT development is another potential area for advocacy. **Priority:** Medium. **Time:** Continuous.

15. **Recommendation #7 Review the existing CBT villages and define Exit Strategies with Roadmap for actions.** Exist Strategies for CBT villages in the portfolio must be specified and communicated clearly. This will be made based on a review of the current CBT villages to assess where they are on the learning curve, different aspects of sustainability, and other dynamics both among the key local CBT actors as well as other external factors. Once the review completed, an Exit Strategy is required for each of the CBT village. To execute that Strategy, AOP would need to develop a Roadmap where the marking wing of AOP could be featured in as an important instrument for the Exit Strategy execution. With these, the Strategy and roadmap must be communicated to the communities and relevant stakeholders. **Priority:** High. **Time:** March 2025 (for identification of the Exit Strategies and Roadmaps); Continuous until end of 2029 (for execution of the Exit Strategies).

16. **Recommendation #8 Finalize the notion of product-based approach and complete the organizational restructuring with course-correcting actions.** The try-and-error approach in unpacking and operationalizing the PBA should be ended as soon as possible to avoid further ambiguity in organizational development. The notion of PBA should be summarized to fit AOP core business (which is arguably CBT, at the present). More importantly, organizational restructure should be revisited. The separation between Why, Why, How, When broken the business processes that should have been

continuous. The “Product Team” should be rationalized and maintained by one or two highly profile staff to provide programmatic support (for all interventions rather than doing interventions themselves). The “Service Team” – being the front office team of AOP needs to be strengthened, especially with smart business minds. **Priority:** Highest. **Time:** March 2025.

17. **Recommendation #9 Speed up documentation by a different order.** Speed up and finalize the documentation of the intervention approach is required. The lack of guidance notes for implementation put AOP at risk. Know-how is kept in mind of some staff without documentation and exchange of ideas for finalization. This documentation was initiated but stuck with a chick and egg problem. This needs to be changed. Develop the process and guideline first, parts or all contents of the guideline could then be tested and adjusted as appropriate. With the current technical depth, it might not be possible for AOP to accelerate this process. Engaging external expertise for finalizing this process should be considered. **Priority:** High. **Time:** June 2025

18. **Recommendation #10 Soft start in the other countries.** Potential for CBT development in the neighbouring countries was confirmed from many existing documents. This will consolidate the core business in CBT of AOP at the corporate level. This will also offer AOP staff opportunities to work regionally (and then globally), which will be a platform for AOP to attract regional thought leaders to contribute to the team. Experience from Vietnam in CBT development could be packed and piloted in neighboring countries as a soft start. Further expansion would then be considered based on progress on the ground. **Priority:** High. **Time:** Continuous.

1. INTRODUCTION

19. **PRODUCT.** In 2021, Action on Poverty (AOP) in Vietnam completed its three-year project named “Building Capacity and Access for Resilient Communities” (BCA). To address the emerging issues as well as to improve from the lessons learned, AOP in Vietnam has implemented a project Promoting Rural Opportunities with Digital technologies and Upscaling Community-based Tourism (PRODUCT) that aimed to improve resilience, social and economic status of women and ethnic minorities living rural and mountainous areas of Vietnam from 2021 to 2024. The PRODUCT had a total budget of AUD 1,330,000 from the Government of Australia through the Australian NGO Cooperation Program (ANCP) funding mechanism. In addition, the PRODUCT also mobilized other finding resources, including AUD 140,000 from the GREAT Phase 1;¹ AUD 65,000 from Irish Aid,² and AUD 100,000 from individual donors.

20. **Three outcomes.** To achieve this goal, AOP in Vietnam determined the following outcomes:

21. Outcome 1 – Social and economic status of rural women is improved thanks to access to financial services, business model, and use of digital technologies: This includes increased knowledge and skills of ethnic minority women in financial literacy, business, digital tools, stronger networks, influencing their decision-making in the family, and the community. Key activities include develop and implement ICT4WE products including platform, tools to provide trainings on financial literacy, digital literacy, business and ecommerce related skills, and reinforcing the organisation of existing products and design, implement new products to promote Financial Inclusion for local women and men.

22. Outcome 2 – Established inclusive businesses partnerships on CBT and rural products: This includes improved incomes, and more job created for women through viable private sector-led service delivery models in rural areas, committed partnership with private partners and other market actors of tourism and agriculture, promoting increased employment opportunities for women and female entrepreneurship. Key activities include reinforcing existing CBT model following product-based approach, scaling up successful models, establishing CBT alliances, and private sector engagement.

23. Outcome 3 - Better and inclusive policies and national programs on CBT and ethnic minorities: This includes changes in policies, local and national programs, guidelines on CBT, and representatives of women at local and national dialogues on policy to promote evaluation framework socially inclusive and responsibly sound tourism and for ethnic minorities. Key activities include conducting research and surveys, policy dialogues, networking, documenting and disseminating policy recommendations.

24. **Activities and coverage.** Under the Programme, various activities were implemented to support thousands of low-income people in 08 provinces of Hoa Binh (Da Bac district), Dien Bien (Dien Bien district), Phu Tho (Tan Son district), Son La (Van Ho, Moc Chau, Muong La districts), Thai Nguyen (Dong Hy district), Lai Chau (Tam Duong district), Ha Tinh (Vu Quang district) and Soc Trang (Nga Nam district). In these areas, AOP Vietnam continued to reinforce its expertise in the following models: AOP microfinance (APM), inclusive community-based tourism (CBT). The design of the PRODUCT was built up on the lessons learned from its pre-successor BCA. It was developed when AOP started to embark on a “product-based approach” (PBA) in replacement for a project-based approach (PjBA) and programme-based approach (PrBA). The implementation of this PRODUCT was an integral part of AOP transformation process into a PBA-oriented organization.

25. **Final evaluation.** As PRODUCT is approaching the completion, AOP Vietnam contracted a consultant team to conduct the final evaluation. This final evaluation had two main focuses. Under the

¹ Gender Responsive and Equitable Agriculture and Tourism (GREAT) Phase 1 (2015-2021) was an initiative supported by the Government of Australia, focusing on women’s economic empowerment in the two Northwest provinces of Lao Cai and Son La. GREAT operated through partnerships with organizations and private sector entities to create opportunities for ethnic minority women and other vulnerable groups in agriculture and tourism. Within that framework, AOP was selected as one partner to support CBT in some target villages in Son La province.

² Irish Aid has provided funding to AOP since the early stage of AOP work in Hoa Binh province in the middle of 2010s. The funding from Irish Aid has been reduced over time but Irish Aid remained a sponsor for some AOP-initiated tasks with ethnic minority women.

first focus, the evaluation aims at assessing the progress against the expected outcomes and outputs; and, on that basis, providing suggestions for AOP in the next programme cycle. Regarding the second focus, the evaluation was expected to assess the technical approach adopted to implement the PRODUCT, with a particular emphasis on CBT. Regarding the former, the current report is the evaluation report of the PRODUCT. With respect to the latter, another report was prepared in parallel with the current report.

26. **Structure of the report.** The structure of this report could be now outlined. Section 2 describes the objective, scope, and evaluation questions. Section 3 provides a description of the methodologies adopted. Section 4 discusses the findings according to the evaluation questions. Section 5 offers lessons learned and recommendations. The Terms of Reference (ToR) and other supporting documents are attached to the annexes.

2. OBJECTIVES AND SCOPE

2.1 Objectives and Scope

27. **Objectives.** The final evaluation will scope the PRODUCT project for the period of 2021-2024 in its impact areas including Hoa Binh, Dien Bien, Son La and Lai Chau. This final evaluation will mainly focus on: (i) Assessing the programme against the OECD evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability; (ii) Developing of the overarching lessons learned from the project and opportunities for AOP in the next 3-year programming; (iii) Providing recommendations for AOP in the next programme cycle. In addition, the final evaluation also analyses the level of integration of the cross-cutting issues, including participatory and collaborative approach, gender, climate change, ethnicity and disabilities concerns.

28. **Scope of the evaluation.** As prescribed in the ToR and discussions between the consultant team and AOP during the inception phase of this evaluation, this evaluation adhered to the OECD-DAC evaluation criteria and standards. This Report was a compliance to the donor reporting requirement of having an independent assessment at the programme completion. Regarding the geographical focus, the evaluation concentrated its data collection from Hoa Binh, Son La, Lai Chau, and Dien Bien. These provinces represented different modalities of implementation. In Hoa Binh, activities were conducted through a district-level programme management unit (DPMU), which was established by the district authorities. In Son La, AOP has directly implemented activities of PRODUCT (except some activities covered by GROW, that were made in reference to the GREAT programme’s local counterpart). In Dien Bien, AOP implemented activities through the Dien Bien Center for Community Development (CCD), a long-term partner of AOP in this province. In Lai Chau, the activities of PRODUCT were implemented through the partnership with the Consultative Institute for Socio-Economic Development of Rural and Mountainous Areas (CISDOMA). Both CCD and CISDOMA were the partners of AOP in the previous programme cycle.³ For the other locations covered in the PRODUCT proposal (Phu Tho, Ha Tinh, Thai Nguyen, and Soc Trang), secondary information available from the programme documents (below) was referred to.

2.2 Evaluation Criteria and Questions

29. **Evaluation questions.** Based on the ToR, which was provided in Annex 1 of this report, the consultant team proposed the list of evaluation questions that is summarised in the Table 1.⁴

Table 1. Evaluation Criteria and Evaluation Questions

Evaluation criteria	Proposed evaluation questions
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³ CCD was the partner of AOP under the BCA programme for the activities in Dien Bien province. CISDOMA was the partner in the same programme for activities in Soc Trang province. In the current programme cycle, CISDOMA partnership was in Lai Chau province.

⁴ At the Inception Phase, the consultants “decomposed” the evaluation requirements into 18 evaluation questions. In this report, these 18 questions were restructured and merged into 12 questions for convenience of structuring the report. The scopes and contents of the original questions remain.

<p>Relevance: whether the objectives of the project are in accordance to locally defined needs and priorities as well as to partner government priorities.</p>	<ol style="list-style-type: none"> 1. To what extent has the PRODUCT been responsive to the needs of targeted beneficiaries? 2. To what extent has the PRODUCT been relevant to the priorities of local governments and other programme partners? 3. To what extent has the PRODUCT been in line with the corporate strategy as well as the country strategy of AOP in Vietnam?
<p>Coherence: How is the compatibility of the project interventions with other interventions in a country, in the relevant sector.</p>	<ol style="list-style-type: none"> 4. How were good practices and lessons learned from the previous interventions incorporated in the PRODUCT design? How has the PRODUCT been compatible and synergized with other interventions of AOP as well as its partners in the field of financial inclusion, CBT, and other related focuses of PRODUCT?
<p>Effectiveness: The extent to which project objectives are being achieved or can be achieved.</p>	<ol style="list-style-type: none"> 5. To what extent has the programme achieved its objectives, expected outcomes and outputs? 6. What factors have contributed to achieving, or not, intended outputs and outcomes? What are key constrains and challenges in achieving the PRODUCT expected results? What has been the impact of COVID-19 on the implementation of PRODUCT and how have AOP and its partners responded to the challenges? Has quality of activity implementation affected?
<p>Efficiency: To determine the extent to which the project has managed resources to balance economy, efficiency and effectiveness in ways that are both equitable and ethical.</p>	<ol style="list-style-type: none"> 7. What were the measures adopted by PRODUCT to ensure value for money? Are there other intervention approaches for using the allocated budget more efficient or get higher quantity/quality of outputs/outcomes? To what extent were the focus of interventions and targeting strategies justified from an efficiency perspective?
<p>Impact: What difference/changes do the project interventions make, in terms of the significant positive or negative, intended or unintended, on the targeted actors, locations and the sector.</p>	<ol style="list-style-type: none"> 8. What are the key changes that the project has make to the targeted beneficiaries (especially resilience, socio-economic status of women and ethnic minorities), local enterprises, cooperatives, and CBT actors in the project localities? Are there changes that yet to come?
<p>Ownership and sustainability: The likely ability of project activities to continue to deliver benefits for an extended period after completion. Potential for the project to be owned by smallholder farmers themselves. The resilience to risk of the net benefit flows over time.</p>	<ol style="list-style-type: none"> 9. What processes or benefits created by PRODUCT could be sustained? Are there any risks that may jeopardize sustainability of these processes and benefits generated by PRODUCT? 10. What is the evidence showing ownership, acceptance, and scaling-up of the local authorities, programme partners, and primary beneficiaries on the processes and outcomes created by PRODUCT? What has been the exit strategy of PRODUCT and how this exit strategy been executed?
<p>Equity and climate change: How the project involves and benefits different gender groups, people with disability and other often marginalised people throughout the project cycle, including the appropriateness of design and monitoring systems against</p>	<ol style="list-style-type: none"> 11. What were strategies or measures adopted in PRODUCT to ensure inclusion of the vulnerable groups, including the poor, ethnic minorities, women, people with disabilities (PwDs), and other vulnerable groups in the programme planning and implementation? To what extent have these vulnerable groups participated to and benefited from PRODUCT interventions?

project and program objectives to date.	12. To what extent has PRODUCT contributed to enhance the ability to respond and adapt to climate change for the targeted communities and individuals?
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3. EVALUATION METHODOLOGY

3.1 Desk review

30. **A comprehensive desk review.** It was made at the early stage of this evaluation process. This review was the basis for the evaluation team to develop the Inception Phase as well as to plan for primary data collection. This desk review was made on all documents and data shared by AOP. Major documents reviewed were the PRODUCT proposal, quarterly annual reports, partner reports, database tracked by AOP on progress of the PRODUCT. In addition to these, other documents that were relevant to the PRODUCT were also reviewed. These included the evaluation reports of the BCA (the pre-successor of PRODUCT), documents on GROW and other projects implemented in parallel to the ANCP-funded activities under the PRODUCT programme. Based on this desk review, methodological issues of primary data collections (i.e. stakeholder to be met, sampling procedures for the survey, focuses of primary data collection...) were finalized.

3.2 Primary data collection: qualitative assessment

31. **Qualitative data.** For the qualitative data, the evaluation team focused on four main groups, including (i) beneficiaries who are CBT service providers and those benefited from FI activities; (ii) local stakeholders who are village leaders, leaders and staff at the commune level, and state officials at the district level; (iii) AOP management and staff who were involved in design and delivery of the PRODUCT programme; and (iv) AOP partners who contributed to the programme implementation through different roles.

32. Regarding the beneficiaries, the consultant team consulted with homestay owners, CBT service groups, CBT village coordinators, VSLA members, borrower from micro-finance initiatives (either APM under direct management of AOP or other initiatives managed by partners).

33. With regard to the local stakeholders, the evaluation team collected feedback from village heads and other village elderly; commune leaders and relevant staff assigned; representatives from the district authorities (relevant district divisions in charge of tourism and other related issues, including the Division of Culture, Sport and Tourism; Division of Ethnic Minority Affairs; Division of Labour, War Invalids, and Social Affairs).

34. For AOP, the consultant team held interviews and small group meetings with all AOP divisions or unit, AOP management at the country, regional, and global level. Consultation was also made with representatives from Da Bac CBT Social Enterprise (DB CBT).

35. With respect to the partners, the evaluation team consulted with Dien Bien CCD, CISCOMA (being implementing partners), Intrapid, Casnova, and Learning Project (being business partner. In addition, representatives from Helvetas (an INGO that also work in CBT) and Maida (a resort in Da Bac district that maintained links with the CBT villages nearby such as Da Bia and Sung villages).

36. **Sampling and data collection tools.** For this qualitative assessment, a purposive sampling is proposed. Key Informant Interview (KII) and Focus Group Discussion (FDG) were adopted as the tools for data collection. These tools were developed in the Vietnamese language and could be available from AOP upon request. The tools were subject to a round of comments from AOP staff, especially those who were engaged directly to the management of the PRODUCT programme. Once finalized, the tools were shared in advance to the stakeholders before the interview or group discussions. Data collection using these tools follow the standards of being participatory, gender sensitive, and culturally sensitive (to ethnic minorities). The interviews and group discussions were facilitated by the consultants.

37. **Total number of stakeholders and beneficiaries consulted.** With this, the number of stakeholders and beneficiaries for the qualitative assessment is provided in Table 2 below. ⁵

Table 2. Summary of Stakeholders Met for Qualitative Assessment

Stakeholders	No. of persons	Tools
AOP		
- AOP personnel	16	KII
PRODUCT beneficiaries		
- CBT service groups	30	FGD
- Homestay owners	20	KII
- CBT coordinators	6	KII
- VSLA members	38	FGD
- Borrowers from APM	10	KII
Local stakeholders		
- Village leaders	14	
- Commune officials	6	FGD
- District officials	7	FGD
Other partners		
- Implementing partners	5	KII
- Business partners	6	KII
- Other relevant stakeholders	2	
TOTAL	160	

Source: the evaluation team

3.3 Primary data collection: household survey

38. **Quantitative data collection.** In addition to the qualitative assessment, a quantitative component was a major part of the methodologies used in this final evaluation. This took place in terms of a household survey that targeted beneficiaries from CBT and FI activities. Due to some sampling consideration, it was agreed that for beneficiaries from FI activities, this household survey did not cover those who benefited from APM or the micro-finance initiatives operated by the AOP partners (see below).

3.3.1 Sampling

39. **Two-stage sampling procedures.** The first stage is to select the villages for the survey; the second stage is to select the beneficiary households within the selected village.

40. **Stage 1: Village selection.** To keep the scope manageable, the selection of villages will be made within the four provinces suggested in the ToR that are Hoa Binh, Son La, Dien Bien and Lai Chau. Based on the information shared by AOP regarding the target villages in these provinces, the consultant team selected 07 villages. These villages show a diversity in terms of CBT status as well as the programme interventions. Basic description of these villages is provided in the table below.

Table 3. Selection of Villages for the Quantitative Survey

Province	Selected villages	Basic description
Hoa Binh, Da Bac	Sung	Background

⁵ As part of confidentiality commitments to the participants of KIIs and FGDs in this evaluation, their names and affiliates are not provided here as part of this report. Details are submitted to AOP and should be available for validation from AOP when necessary and appropriate.

		<ul style="list-style-type: none"> - AOP began implementing activities to support CBT development from 2018. AOP has mobilized funding from many sources including Vance, ANCP, USFS, Seaco. - New products tested in the past year: cafes, private room accommodation - Newly established CBT coordination board to replace the old CBT management board model, capacity building activities for this group <p>Status</p> <ul style="list-style-type: none"> - 90% of customers are connected by Da Bac CBT (social enterprise), of which the majority are customers sent annually by Intrepid - Diverse traditional craft experiences, sold to individual customer groups, one-time visits, not often (Intrepid customers do not exploit these experiences) - Cultural tourism products are quite picky with customers, have a lot of potential to develop into more "high-end" tourism products but have not yet been exploited, still charging "cheap prices".
	Da Bia	<p>Background</p> <ul style="list-style-type: none"> - AOP began implementing CBT in 2014 with funding from Vance, ANCP, USFS, Seaco under the self-managed CBT model through the CBT COORDINATION BOARD. - Innovate the CBT apparatus organization by establishing a new CBT coordination board to replace the old CBT management board model, and capacity building activities for this group - Coordinate with Seaco to support community cultural centres (cafes, libraries, multi-function rooms) <p>Status</p> <ul style="list-style-type: none"> - The village actively receives visitors, only about 30% of visitors are sent by Da Bac CBT (social enterprise), including volunteer groups - Tourism products focus mainly on accommodation and meals at homestays and lakeside activities, attracting many "mass" tourist groups, especially during Tet holidays.
Son La, Van Ho	Na Sang	<p>Background</p> <ul style="list-style-type: none"> - AOP will begin implementing CBT development from 2023 with funding from USFS, Seaco, and ANCP. AOP's main interventions in CBT development: - The first version tests AOP's new approach in CBT development: Establishing a CBT coordination board, establishing service delivery groups, organizing tours, and currently having tourism activities in the village - Coordinate with Seaco to support community activities (cafes, playgrounds, murals of cultural buildings, stages) <p>Status</p> <ul style="list-style-type: none"> - Due to difficult transportation conditions, it has not had good access to the market. There is only one homestay and service groups that take turns providing services to guests. - Households are not ready to invest more due to road obstacles but have the spirit to do tourism in the long term.
	Phu Mau	<p>Background</p> <ul style="list-style-type: none"> - AOP began supporting the development of CBT from 2020 with funding from GREAT and USFS - Supported the establishment of the CBT coordination board but it did not function as expected - Support the establishment of Tat Nang Cooperative whose members are key groups in the village. The cooperative has the role of managing and trading natural hot water bathing services. <p>Status</p> <ul style="list-style-type: none"> - After the GROW project ended, there was a time when Phu Mau had few tourists, mainly visitors from Mai Chau just passing by to take a hot bath. Up to now, mass customers using collective food and accommodation services have gradually increased, with customers staying at all 3 homestays in the village and hot water spring area, so other households have also begun to develop similar homestay models. Developing tourism lacks cultural identity and does not follow the CBT model that AOP expects.
Dien Bien, Muong Phang	Che Can	<p>Background</p> <ul style="list-style-type: none"> - AOP supports CBT development from funding from ANCP and through partner CCD to implement the project. Tourism here only partly applies AOP's CBT model.

		<p>Currently, there is Phuong Duc homestay in the village that that hosts visitors frequently. Tourism service provision activities do not have much community participation.</p> <ul style="list-style-type: none"> - AOP provides support primarily through technical assistance, capacity building training, and market connections. <p>Status</p> <ul style="list-style-type: none"> - The market segment has not been clearly defined and the number of tourists is uneven.
Lai Châu, Tam Duong	Si Thau Chai	<p>Background</p> <ul style="list-style-type: none"> - AOP begun supporting CBT development from 2022 with funding from BftW, ANCP, and USFS. AOP built CBT with the establishment of a coordination board and community service delivery groups - Technical support under the corresponding project with BftW implemented by CISDOMA. - AOP interventions have not focused on improving community self-management capacity in CBT development. <p>Status</p> <ul style="list-style-type: none"> - A few leading households in the village are providing accommodation and food services at homestays along with climbing tours and porters. - The community is not well organized to cooperate in providing tourism services and has not been able to provide experiential services based on exploiting beautiful landscapes and unique cultural values of the community.
	Lao Chai	<p>Background</p> <ul style="list-style-type: none"> - AOP will begin supporting CBT development from 2022 with funding from BftW, ANCP, and USFS. AOP also deploys support through its partner CISDOMA. AOP's CBT model is partly applied in building the organizational structure to operate CBT through the coordination board and groups providing tourism services. - Technical support under the corresponding project with BftW implemented by CISDOMA. <p>Status</p> <ul style="list-style-type: none"> - With the solidarity of the community to preserve the village space, Lao Chai 1 is a beautiful tourist destination, but is currently exploited as a sightseeing and dining destination during the day, collecting entrance tickets and eating at homestays. - The project supports building community experiences but is currently untapped.

Source: basic description was compiled from the information shared by AOP

41. Stage 2: Household selection. In each selected village, households were randomly selected. The sample size will be determined at the 95% confidence level. In addition, to ensure a normally distributed sample, the minimum sample size in each village is 30. With this, the estimated sample size for the HH survey is 210 observations. It is important to note that these villages were the ones supported to develop CBT services. FI activities were also provided to villagers, including VSLA establishment, financial literacy training etc. However, based on the information from AOP, APM/micro finance clients were rarely residing in these villages. For APM/micro finance, the clients were usually in the district main towns or other better off villages. Therefore, if these clients were covered by the survey, it would mean a substantial expansion of the survey sample, and this would not be possible within the resources available to this evaluation. As a result, the clients from APM/micro finance initiatives were excluded from the survey.

3.3.2 Questionnaire

42. Household questionnaire. A household questionnaire was developed to mainly capture “changes” in various outcomes that could be linked to the programme implementation. Regarding changes in income, questions were raised to capture perceptions of changes rather than to measure the changes in quantitative terms. This is to avoid complexity of measuring income in absolute term. It was also understood that with exceptions of some homestay owners, improvements in income generated from the activities supported by the programme to other beneficiaries might be modest. In that context, capturing perceptions of changes was preferred to measuring the level of changes. In addition to changes in income, questions were developed to collect information on changes in practices in providing CBT services, changes in women's status through financial inclusion and CBT, sustainability

of processes and results etc. The questionnaire was developed in the Vietnamese language to avoid issues (such as misunderstanding of some key words) that might incur when translating to the Vietnamese language. A translated version of this questionnaire was provided in Annex 2 of this report.

3.3.3 Data collection arrangements

43. **Real-time data collection.** Once the paper-based questionnaire was finalized, the questionnaire was transformed into an electronic form in the Kobo toolbox to allow real-time data collection using smartphones or tablets. This transform was made through the support from the AOP M&E consultant.⁶ This real-time data collection was selected for quality of data. This real-time data collection approach mitigates non-sampling errors. It allows the consultant team a platform for monitoring the data collection and quality of data generated through a real-time basis.

44. **Recruitment of enumerators.** Four enumerators were recruited by the consultant team in agreement with AOP. These enumerators have considerable experience in conducting socio-economic surveys using the CAPI approach. Notably, they experienced with the Provincial Governance and Public Administration Performance Index (PAPI) and collecting information from households in the ethnic minority areas. With their level of qualification and experience in conducting surveys, the consultants provided one-day training to the enumerators with a focus on the contents of the survey rather than the techniques of data collection using tablets.

45. **Testing the questionnaire.** After the training, the enumerators were requested to test the Kobo forms by themselves and identified issues that they encountered with different rounds of test. A half-day pilot test in the field was also included for the enumerators to get used with the programme target areas and beneficiaries. After these tests, the questionnaire was finalized before the data collection process taking place.

4. MAIN FINDINGS

4.1 Relevance

46. **Summary of relevance.** The key findings regarding the relevance of PRODUCT are summarized below.

- PRODUCT was assessed to be highly relevant to the needs of target beneficiaries, especially the poor, vulnerable, ethnic minorities, women, and other vulnerable groups.
- Adapting to the dynamics and improved local capacity for CBT is required to keep AOP continues to be relevant along the CBT development pathways.
- PRODUCT was fully aligned to the strategies, policies, and priorities of the GoVN, both at the national and subnational levels.
- PRODUCT was instrumental for AOP in executing its cooperate strategy for Viet Nam and fully relevant to priorities and policies of ANCP.

Q1. To what extent has the PRODUCT been responsive to the needs of targeted beneficiaries?

47. **The PRODUCT being strongly relevant to the needs of target beneficiaries.** The evaluation confirmed the relevance of the PRODUCT focuses of interventions to its targeted beneficiaries. In particular:

48. *Regarding CBT interventions,* these have provided the target beneficiaries with livelihood opportunities and economic empowerment for disadvantaged groups. CBT is most successful where cultural values intersect natural beauty. The selected villages for CBT interventions under PRODUCT

⁶ The transformation from paper-based questionnaire into the e-form was made by the AOP M&E Consultant and this contribution was greatly appreciated by the consultant team of this final evaluation.

show examples of this intersection. It was found from the visits to the 07 CBT villages that the interventions have strengthened the capacity of ethnic minorities and the communities in general in terms of knowledge and skills for providing CBT services in a community-based coordination. With these improved capacities, the CBT actors in the villages operate the services by themselves with different level of technical assistance by AOP staff. Such interventions were found to be responsive to the needs of the vulnerable ethnic minorities, especially women.

49. *With respect to financial inclusion (FI)*, the need for financial services for women and poor ethnic minority households, especially consumer loans for spending on children's education, health care, and doing small business etc. was found to be high in the target locations of PRODUCT. However, supply of financial services in the rural and remote areas that PRODUCT target remains limited and expensive. At times, informal sources of loans were supplied by private money lenders or other sources. To respond to these needs, PRODUCT offers the support in the forms of microfinance programme (which is named APM for the one under AOP management or microfinance initiatives under the management of other partners such as Dien Bien CCD) and a community-based Village Savings and Loan Association (VSLA). While the former targets relatively more better-off clients, the latter was found to be exclusively for the poor and most disadvantaged ethnic minority women.

50. *For information and telecommunication technology for women (ICT4WE)*, PRODUCT has provided support in the forms of training on digital literacy for CBT services providers and FI clients. Digital platforms were introduced to the target groups and technical assistance was in place to support the usage of digital platforms. For CBT, these took place in terms of managing Facebook fanpages or personal accounts to do marketing for the services and reach the potential visitors. For FI, the relevant mobile applications were provided to manage savings and loans. Consultation with beneficiaries during the field visits to the four provinces indicated strong interests of the beneficiaries met as well as actual applications in practice.

51. **Needs to keep relevance of the interventions.** While relevance of PRODUCT to the needs of target beneficiaries was confirmed, the consultants also noted that there is a need for AOP to adapt their intervention focuses to remain relevant overtime. It was found that interventions of AOP to CBT villages were highly relevant and appreciated at the early stages when engagement to CBT services was new to the communities. Over time, the communities improved their capacities and could operate with less support from AOP. The interventions of AOP should therefore been changed from “support” to “cooperation” or “jointly doing business”. The consultants found that such dynamics on the interventions focuses was relatively limited. In some CBT villages, it appeared to the consultants that AOP was not (yet) able to figure out what should be the next steps to continue the path started in those villages. The Vat village or Phu Mau Village in Van Ho district, Son La or Ke village in Da Bac district, Hoa Binh for instance were examples of lack of diversity and dynamics in the intervention approaches of AOP. This undermines relevance of PRODUCT in particular and of AOP in general.

Q2. To what extent has the PRODUCT been relevant to the priorities of local governments and other programme partners?

52. **Relevance to the priorities of the GoVN at the national level.** The project's objectives aligned with various Vietnamese Government policies on digital technologies, tourism development, and rural development. To name a few, the Strategy on Vietnam's Tourism Development to 2030 emphasizes community tourism and supports the growth of small and medium tourism enterprises, particularly in rural and remote areas. It also highlights the importance of public-private partnerships and the role of advanced technology and skilled human resources in creating a competitive tourism industry. The National Targeted Program on Socio-Economic Development in Ethnic Minority and Mountainous Areas (NTP-SEDEMA) (2021-2030) has been in operation since the start of 2022 being a major initiative of the GoVN for socio-economic development of ethnic minorities. Within the NTP SEDEMA, there is a separate component project on preserving culture for tourism development (i.e. the project sixth). In the NTP for New Rural Development (NRD) 2021-2029, rural tourism was identified as a designated NRD initiatives under the Decision 922/2022/QD-TTg of the Prime Minister. Regarding digitalization, the Vietnam's National Digital Transformation Program to 2025, with a vision to 2030, prioritizes commune-level digital transformation linked to rural development. With regard to financial inclusion, provision of inclusive finance for the poor continues to be relevant and responsive to the existing priorities, including

inter alia those stated in the Decision 20/2017/QĐ-TTg of the Prime Minister on microfinance initiatives of programmes by NGOs or mass organizations.⁷

53. **Relevance to the priorities of the local government.** The support of the project to CBT was particularly relevant to the recent development priorities of the local authorities where the project has worked. All the project's participating districts have specified CBT as a priority in the local socio-economic development plans; some provinces such as Hoa Binh, Son La, Lai Chau, and Dien Bien, where the consultant visited, has attached a high priority and importance to CBT in their provincial tourism development strategies. Similar strategies or plans to develop tourism in general and CBT in particular could be easily found in other provinces that were not covered in the field visit of this final evaluation. Notably, the priorities to support CBT were highly appreciated by the representatives of local authorities at the district and commune levels met during the field visit. The local authorities also welcomed the support in terms of financial inclusion. Nevertheless, there was a general concern expressed by some officials in terms of the potential risk. This was linked to the existence of "black" credit arrangements that were covered in media. This was no means related to the financial inclusion services supported by PRODUCT. Therefore, it might be important to continue update the local authorities on the nature of the financial inclusion services supported by AOP and its partners.

Q3. To what extent has the PRODUCT been in line with the corporate strategy as well as the country strategy of AOP in Vietnam?

54. **PRODUCT being fully aligned to the strategy of AOP.** The PRODUCT was found to be consistent with the corporate strategy as well as the national strategy of AOP in Vietnam.

55. *With regard to the donors*, the PRODUCT is in alignment with the strategies of the main donor, the Government of Australia through the Australia NGO Cooperation Programme (ANCP). This reflected to its alignment to the Australian Aid policies, strategies, and programs, particularly the "Partnerships for Recovery: Australia's COVID-19 Development Response" policy.⁸ The program focuses on economic empowerment and livelihood development for the most vulnerable communities. Additionally, this project aligns with DFAT's Pillar 3, which promotes prosperity, reduces poverty, and enhances stability in six disadvantaged provinces of Vietnam. It aims to boost economic recovery by increasing women's economic empowerment and encouraging greater female participation in the labour market and global value chains. A part of the PRODUCT funding was from the Gender Responsive and Equitable Agriculture and Tourism (GREAT), which is a project funded by DFAT in Vietnam with a focus on women economic empowerment in agriculture and tourism sectors. The focus of AOP on women economic empowerment through CBT and FI was fully in line with these of GREAT.

56. *With regard AOP*, PRODUCT was in alignment with AOP vision, mission and values "*Action on Poverty works through partnership to create a world free of poverty and inequality.*" Specifically, the PRODUCT complements AOP's high-impact programs that "*tackle the root causes of poverty and foster resilient communities through initiatives focused on livelihoods and gender equality*" (see the Programme Proposal for more details). Regarding livelihoods and gender inequality, PRODUCT emphasises women's economic empowerment, targeting women from marginalised groups such as ethnic minorities, women in rural areas. It also focuses on increasing financial literacy and provide microfinance services for the poor, especially women. For gender equality, through the development of the community-based tourism model, the project targets ethnic minority groups, especially women, and helps them establish sustainable tourism businesses. For poverty and inequality, PRODUCT aims to improve social and economic status of women in the rural and ethnic minority areas.

⁷ At the time of this evaluation, there has been a consultation facilitated by the State Bank of Vietnam on a draft decree on microfinance. The contents of the drafts are not yet decided and finalized. However, it should be noted that there would be at least no setback for microfinance.

⁸ See <https://www.dfat.gov.au/development/australias-development-program/partnerships-recovery-australias-covid-19-development-response> for detailed information (accessed August 18, 2024)

4.2 Coherence

57. **Summary of coherence.** The key findings regarding the coherence of PRODUCT are summarized below.

- PRODUCT was designed to incorporate good practices and lessons learned from the previous ANCP-funded programmes as well as other initiatives of AOP in the past.
- PRODUCT being the umbrella, the major intervention of AOP in its core business of CBT. PRODUCT also “hosts” some initiatives funded from other sources that contribute to its objectives and logics of interventions.
- Internal coherence of PRODUCT was partly undermined by having some disjoints in practice. A pilot intervention to support ethnic minority migrants in Ha Noi is not well justified from a coherence perspective. Actual targeting of the microfinance programme on the more better-off (or the less vulnerable) represents a departure from AOP focus on the most vulnerable.
- PRODUCT was found to be coherent with existing initiatives of its long-term NGO partners (Dien Bien CCD, and CISDOMA), as well as the policies and programmes of the local authorities presented by the district programme management units.

Q4. How were good practices and lessons learned from the previous interventions incorporated in the PRODUCT design? How has the PRODUCT been compatible and synergized with other interventions of AOP as well as its partners in the field of financial inclusion, CBT, and other related focuses of PRODUCT?

58. **Building up on the previous experience.** The PRODUCT proposal shows clearly that good practices and lessons learned from the previous phases of the ANCP-supported programmes were incorporate in the design of PRODUCT. Notably, the lessons learned from the last BCA programme evaluation were reflected in the design. In addition, some of the activities were implemented in small scales or piloted in previous phases were scaled up in the PRODUCT. For instance, some activities under ICT4WE were conducted in the previous BCA programme. Based on the results from such activities, ICT4WE have been renovated to Information, Communication and Technology for Development (ICT4D), which was one pillar of the PRODUCT design. Support for livelihoods and value chain development under the previous BCA were the basis for proposing the market system development (MSD) approach in the current PRODUCT design. The focus on women’s economic empowerment (WEE) continues to be a core of PRODUCT. It is also important to note that one important outcome of PRODUCT was inclusive governance. Supporting local governance was seen in very early stage of AOP interventions, for instance in Hoa Binh province about a decade ago. For the current programme, the programme aims at facilitating the sharing of CBT models, financial inclusion strategies, initiatives with local government and other stakeholders to adopt best practices. Most notably, PRODUCT was design as a transition into a product-based approach for development support of AOP.

59. **Coherence to other AOP initiatives.** PRODUCT is a major programme of AOP in Vietnam that responses the livelihood and economic empowerment and gender equality. This is arguably the most important initiative in the current portfolio of AOP in the country. In addition to PRODUCT, AOP has maintained the WASH and Sanitation Programme, which does not directly relate to PRODUCT, both in terms of interventions and target area. However, PRODUCT serves as an “umbrella” for all sources of funding mobilized for the support to CBT development, women’s economic empowerment, and other support to ethnic minorities – being the most vulnerable groups in the country. PRODUCT was the “host” of the partnership with GREAT. PRODUCT also the “host” of the funding by the United State Forest Service (USFS) and private funding source. In that sense, PRODUCT was assessed to contribute to coherence of the AOP portfolio.

60. **Internal coherence of PRODUCT being undermined by some disjoints.** Internal coherence of the PRODUCT design shows some disjoints. Having an output that aims at supporting ethnic minority migrants in Hanoi, being a new initiative of AOP, was not well justified from an internal coherence perspective. The potential links between this output and the rest of the programme were not clearly defined. In addition, actual targeting of the microfinance programme as part of the financial inclusion

pillar was found on more better-off clients, which represents a departure from the focus on the most vulnerable, the furthest behind groups. Having that microfinance as part of the PRODUCT design was seen as a “historical” root to the early operations of AOP. However, combining the microfinance programmes in PRODUCT might be at expense of internal coherence of the programme design.

61. **Coherence to other interventions of the partners.** Within PRODUCT, there are three partnerships: CISDOMA, Dien Bien CCD, and District PMUs. Regarding the partnerships with Dien Bien CCD, being a local NGO located in Dien Bien province. CCD has been a long-term partner of AOP since the previous ANCP-supported programmes. CCD has strong experience, human resources, and financial capacity to operate microfinance programme in Dien Bien. In fact, the microfinance programme is effectively implemented by CCD in Dien Bien with increasing customer scale and credit balance. The initiative was reported to be financially viable since late 2010s. With respect to CISDOMA being another long-term partner of AOP. In the previous ANCP-funded BCA, CISDOMA worked together with AOP in Soc Trang province. For the current phase, CISCOMA has operated in Lai Chau province, where CISCOMA has maintained its support within other sources of funding for more than five years. With the current PRODUCT, AOP has utilized this existing partnership of CISDOMA with the local authorities in Lai Chau and provided the top-up as well as technical assistance for CISDOMA to expand its support for CBT in two villages. For district PMUs, being a designated unit established by the district authorities to work with AOP for the PRODUCT activities. The district PMUs usually consist of leaders and technical staff of relevant divisions of the district authorities. As discussed earlier, supporting the development of CBT villages has been among the mandates of these district divisions. Therefore, the support from PRODUCT was found to be complementary to the existing policies and mandates of the local authorities. Indeed, the support from AOP has been a factor that triggered public investments in improving infrastructures as well as other support for tourism development in the local areas.

4.3 Effectiveness

62. **Summary of effectiveness.** The key findings regarding the effectiveness of PRODUCT are summarized below.

- Performance under outcome 1 was assessed to be highly satisfactory. At the outcome level, PRODUCT has strongly empowered women in economic terms, especially access to credits and digital technologies. Improvements in social roles and participation of women were reported, though improvement in economic terms being modest.
- At the output level, eight out nine output indicators were either achieved or exceeded, one output has not been completed yet but has reached up to 80%. It might not be a good practice to identify improvements in multidimensional poverty as an output. Measuring this indicator was also challenging. Nevertheless, using the data collected in this evaluation, it might be reasonable to argue that PRODUCT has reached its “output” of improving multidimensional poverty.
- Performance under outcome 2 was assessed to be moderately satisfactory. At the outcome level, PRODUCT contributed to expand (to new places) and deepen (in the existing places) AOP interventions in CBT. New partnerships with private sector were seen. However, the “market wing” of AOP was largely concentrated to Da Bac CBT. Though great efforts were seen, Da Bac CBT was not able to expand its coverage as expected and remained limited to Sung or Da Bia villages. Lacking diversified business models to suit different stages of CBT development pathways was found as another constraint.
- At the output level, seven out of nine indicators were achieved or exceeded. However, putting an vibrant social enterprises (AoCBT) in operation was not achieved and this contributed to the weak market wing of AOP engagement in CBT development pathways.
- Performance under outcome 3 was also assessed to be moderately satisfactory. At senior management level, AOP contributed to important policy dialogues on national policies and national target programmes related to CBT (or rural tourism). Notably, PRODUCT was successful to advocate local authorities to prioritize public investments to improve accessibility to the CBT villages supported. Nevertheless, the review of CBT villages was not completed. Studies or research to feed to policy dialogues were not prioritized.
- Performance of PRODUCT has been hampered by a number of factors. The COVID-19 pandemic required a “restart” in some CBT villages. The CBT intervention approaches have been in a

reshaping, and this caused interruption at times. High staff mobility and constrained technical depth were other blocking factors. Finally, lack of diversified business models to suit different stages of CBT development was a major challenge.

Q5. To what extent has the programme achieved its objectives, expected outcomes and outputs?

63. **Achievement of the objectives being satisfactory.** In most general terms, the project was found to achieve its objective in terms of improving resilience, social and economic status of women and ethnic living rural and mountainous areas of the target locations. This achievement was made in the context that PRODUCT experienced a slow start in 2021 due to social distancing measures introduced in response to the COVID-19 pandemic. The rationale for this assessment is described according to each of the three outcomes below.

4.3.1 Progress toward Outcome 1

64. **Outcome 1 (Improving social and economic status of rural women through engaging in CBT, with business models and market products).** To achieve this outcome, PRODUCT has supported ICT4WE products including platform, tools to provide trainings on financial literacy, digital literacy, business and e-commerce related skills, and strengthened of the existing financial inclusion products, introduced other innovations and new products to enhance financial inclusion for target beneficiaries. Important results were found from the final evaluation and therefore this outcome was assessed to be highly satisfactory.

At the outcome level

65. **PRODUCT improving economic empowerment of poor households and ethnic minorities, especially women.** One important aspect of WEE is the power in decision making. The survey results reported that nearly 60% of households having husband and wife discussed and decided on expenditure management and allocation of workload (for income generating activities as well as for household care work. Active participation of women in household income generation activities is another aspect of WEE. It was found from the survey that over 60% of households having women actively contribute to these activities. Improved access to credit represents another aspect of WEE as it provides women with financial resources to make their own decision. In the household survey, a question was asked regarding changes in roles of women in household-level decision-making process after joining VSLA. It was found that more than 60% of the female VSLA members reported this change. As discussed in sub-section 3.3.1, clients of APM were not captured in the household survey and therefore the corresponding figure was not available for APM clients. However, group discussions with APM clients also indicated positive changes regarding voices of women in intra-household decision making process.

66. **PRODUCT improving the status and social role of the poor, ethnic minorities, and women.** With the support from PRODUCT, it was found that women benefiting from FI support participated more in public sphere such as village meetings. This active participation in these activities came out strongly from interviews or group discussions with the villagers during the field visit. This perception was confirmed and reinforced by the survey results. Responses to the questions on increase in their roles in the household or community after joining VSLA groups were 54,7% and 75,4%, respectively. For APM clients, group discussions organized with APM clients in Da Bac district suggested improvements in their participation in livelihood activities of their households. Similar change was also observed for community activities.

67. **Improvements economic status for the most vulnerable groups being modest.** Although contribution of PRODUCT through FI interventions to improve voices of women in their households and communities was positive, improvements in economic status as a result from accessing to the FI support appeared to be modest. For most of VLSA members consulted in this evaluation, economic benefits of joining VSLAs were acknowledged, especially in terms of making savings an attitude. It was also acknowledged that joining VSLA was useful to increase income, and this was also confirmed by the results from the household survey (see below). However, magnitude of improvements in income was perceived to be modest. Small loans from VSLAs lend an explanation to this perception. In addition,

some villages visited by the consultants, VSLAs were relatively new. In Na Sang village, for example, the two VSLAs were just established. This provides another explanation for modest change in income as a result from joint VSLA. For APM clients, consultations with APM clients organized in Da Bac district (Hoa Binh) and Dien Bien Phu city (Dien Bien province) suggested more important role of accessing to microfinance to household economic welfare compared to that of VSLA members. However, the majority of AMP clients are not the poorest and most vulnerable in the communities (this will be further discussed in sub-section 4.7).

At the output level

68. **Outputs under this Outcome 1 being either achieved or surpassed.** There were nine outputs required for this outcome 1. As of June 2024, according to the update by PRODUCT, eight out nine output indicators were either achieved or surpassed. One output has not been completed yet but has reached up to 80%. Progress toward output 1.9 cannot be informed by the data available from AOP. Based on the survey results, this indicator was assessed to be achieved (see below). Using a traffic light assessment, the last column of Table 4 provides progress ratings by the consultants. Accordingly, there were eight “green” light and only one “yellow” light.

Table 4. Assessment of Progress toward the Outputs under Outcome 1

	Output indicators	Target	Actual	% achieved	Rating
1.1	Number of local women improved capacity from trainings in financial literacy and using digital transaction tools.	200	307	154	●
1.2	Number of new women have access to financial services via APM to improve their livelihoods.	200	274	137	●
1.3	Number of new VSLA established	10	11	110	●
1.4	Number of VSLA served by APM	10	8	80	●
1.5	Number of women leaders	15	24	160	●
1.6	Number of new financial service/product	1	1	100	●
1.7	Number of AOP microfinance (APM) customers are serviced with digital transaction tools.	300	419	140	●
1.8	Number of training sets developed for both offline and online trainings	2	2	100	●
1.9	% of participants have their life quality improved according to Vietnam's multi-dimensional poor standard.	60	NA	see below	●

Source: Compiled from PRODUCT Progress Report 2024

69. **Yellow light on the output 1.4.** For this output, it was found that eight VSLAs borrowed from APM for allowing more loans within their groups (06 VLSAs in Dai Tu, Thai Nguyen; and 02 VLSAs in Nga Nam, Soc Trang). Consultations with AOP staff suggested reasons underlying this under-achievement. It was first noted that many VLSAs do not want to borrow from APM or other sources as interest payments would then be paid to APM rather than to VSLA members. From a APM perspective, providing loans to VSLAs might be reluctant as principals and interests would be paid by the end of the year rather than by a monthly basis as it applies for other loans provided by APM. Therefore, providing loans to VSLAs might cause shortage of fund. In addition, as consulted with some VSLA representatives, surplus of fund within VSLA was often observed, suggesting that the need to having additional funds to provide revolving loans was limited.

70. **Achieving the output 1.9.** Progress toward this output is difficult to judge. It is first noted that this output indicator is better described as an outcome of multiple interventions to improve multidimensional poverty of the target beneficiaries. Putting this outcome into the list of output makes it difficult to track. Moreover, discussing the progress toward this indicator would overlap with impact assessments of this evaluation. This is because changes in poverty are arguably one important impact of PRODUCT. In addition, measuring multidimensional poverty is a challenging task. Using the current definition of the GoVN on multidimensional poverty, it will require data collection on household income and access to public services including employment, healthcare, education, housing, water and

sanitation, and access to information.⁹ In technical terms, measuring multidimensional poverty is possible. However, it would substantially complicate the survey to inform progress of one among several outputs of PRODUCT. With this consideration, the consultants adopted an “indirect” approach to collect information on perceptions of changes in different dimensions below.

71. Regarding income dimension, the survey results show that 84,8% of the household in the sample reported increase in income. With respect to other dimensions of welfare, 94,8% reported improvements in physical infrastructure conditions; 86,3% reported increase in opportunity for in-village employment; 76,8% indicated improvements in housing conditions; 100% of homestay experienced improvements in water and sanitation conditions. In addition, the consultants also observed almost “universal” access to information of CBT actors through the usage of social media by their smartphones. For other aspects of welfare, the survey also suggested significant improvement in environmental protection awareness (with 96,5% reported increase in their awareness), and cultural preservations (95,8% reported increase in awareness of community identity and cultural values). With these positive figures, although data on multidimensional poverty is not available, it could be reasonable to argue that this outcome was achieved.

4.3.2 Progress toward Outcome 2

At the outcome level

72. **Outcome 2 (Promoting inclusive businesses partnerships on CBT and rural products).** This is an ambitious outcome of the PRODUCT. Compared to the previous phases, PRODUCT aims at reinforcing the existing CBT business models, scaling up the successful models, diversifying partnership with private sector, establishing CBT alliances. This outcome was assessed to be moderately satisfactory. This assessment was made on the following background.

73. **Expanding and deepening CBT development.** Under PRODUCT, CBT continued to be expanded to cover other locations. In Son La, Na Sang village was a new CBT village developed from the start. In Hoa Binh, the CBT support in Tan Lac district was resumed from early explorative interventions in the previous phase of the ANCP-funded programme. In partnership with CISDOMA, CBT was reinforced in the two villages of Tam Duong district, Lai Chau province. In addition to this expanded coverage, there were signals of deepening CBT interventions. This deepening was a result of adopting the new product-based approach in CBT interventions. For instance, in Sung village, being the first CBT village supported by AOP for about a decade to date, there were additional development as some households invested to build detached bungalows in their residential areas. The consultants were told that such investment was made under technical support from AOP in terms of designing. The house owners met during the field visit indicated that there was co-investment from AOP, but revenue-sharing arrangement was not finalized yet. Village “coffee shops” were also observed in some CBT villages visited. The development of CBT in Na Sang village represented a re-visit of how different CBT service groups should be coordinated. Finally, it was noted that the community-based CBT governance structure was also renewed with a separation of an “implementing group” from “advisory board”. Accordingly, the implementing group consists of young and dynamic village coordinators who contribute actively to service provision as well as coordination. The advisory board no longer engage in coordination of CBT services in the villages. Instead, the advisory board was consulted when needed and appropriate.

74. **Business partnership for CBT development being limited to the operation of Da Bac CBT.** The consultants acknowledged the efforts from AOP to consolidate and diversify business partnerships for more sustainable development of CBT. Contacts with potential business partners were made, trips were organized to introduce CBT villages to potential business partners. However, it appeared that these efforts have not been materialized in improvement in business partnership. Da Bac CBT Social Enterprise (Da Bac CBT) continues to be the main business “partner” of some CBT villages such as Sung or Da Bia. For other CBT villages, Da Bac CBT also maintained a certain level of partnership, but the number of visitors brought to these villages was limited and on an on-and-off basis. Na Sang village is a special case in the sense that almost all visitors were the participants to capacity development

⁹ Details could be found in Decree 71/2021/ND-CP on multidimensional poverty for 2022-2025.

events supported by PRODUCT. With this, business partnership with Da Bac CBT was only important for Sung and Da Bia. For other 22 CBT villages supported by AOP (except Na Sang being an exception), it was mainly left to the communities themselves in marketing their services. There was technical support made by AOP to provide knowledge and skills for homestay owners and village coordinators in using social media for marketing. However, Da Bac CBT has not been able to expand its business partnership to these 22 CBT villages.¹⁰ The M&E data provided by AOP indicated that there was new private sector partnerships established. However, these partnerships were not directly with CBT villages. Instead, these were linked to Da Bac CBT and the coverage, as above, was limited in three out of 25 CBT villages supported by AOP.

75. **Lacking progress in diversifying business models.** Except the observation of newly developed detached bungalows in Sung village where a co-investment business model was being piloted, the consultants found that the CBT business model remains focused on CBT product development. In the CBT villages supported by AOP, the focus continued to place on capacitating CBT service providers to start services (in new villages such as Na Sang) or to enhance quality and diversity of services (in other existing CBT villages). The focus was also placed on strengthening community-based governance structures. AOP has not been able to diversity business models to co-operate CBT services with the communities. While efforts from Da Bac CBT were acknowledged, business models in co-operating CBT services were not observed. Therefore, most of the CBT villages (outside Sung), the business model was nascent and based on “own marketing” by the communities. In that sense, the business model of AOP with the supported CBT villages is arguably supply-driven.

76. **Other business models being required.** The current business model might be most appropriate in the early stages of CBT development in a particular location. Once the CBT service providers obtained a level of capacity that could provide services independently, the business model needs to be changed from “developer” or “supporter” oriented (i.e. AOP provides technical and financial support for making CBT services available) to a market or business oriented. With this change, the partnership between AOP and the CBT villages is no longer the partnership between a donor NGO and recipient villages. Instead, it become a business partnership between AOP (or its affiliate such as Da Bac CBT) and the CBT villages (or some key CBT actors of these villages) to co-operate the business on a revenue-sharing basis. Without such change, AOP relevance to the CBT development path of the supported villages is eroded.

77. **Examples of other business models.** While diversification in business models by AOP was not observed, there are examples of other business models in the AOP-supported villages. In Ngoc Chien commune of Muong La district, AOP provided initial support for CBT product development in 2018-19. This support was found to be instrumental for a vibrant development of CBT in this commune. Two years after the completion of the AOP support, some most active CBT actors have worked together to establish a CBT Cooperative. In the absence of a functioning community-based coordination mechanism, this Cooperative appeared to be a good business model to strengthen cooperation among CBT actors as well as coordination across actors to provide package for tourists. In many other places, the consultants observed co-investments arrangements between investors and community members to develop quality services on a revenue-sharing basis. These business models have not been adopted in PRODUCT (except the observation of the ongoing initiative in Sung village to co-invest in detached bungalows). At this stage, the focus of AOP was on capacitating community-based CBT governance structure and having Da Bac CBT to partner to these community-based structures.










At the output level

78. **Most of outputs being achieved or exceeded.** Table 5 shows figure on physical progress of the output indicators against the targets, and ratings by the consultants using the traffic light assessment. There were nine outputs under this outcome 2. Out of these outputs, seven outputs were

¹⁰ As of this evaluation, AOP has supported CBT in 25 villages in Tam Duong district, Lai Chau province (2 villages); Dien Bien city, Dien Bien province (1 village); Muong La district, Son La province (5 villages); Moc Chau district, Son La province (2 villages); Van Ho district, Son La province (5 villages); Tan Son district, Phu Tho province (4 villages); Tan Lac district, Hoa Binh province (2 villages); Da Bac district, Hoa Binh province (4 villages).

either achieved or surpassed at the programme completion; one output was completed a half and therefore assigned with yellow light. The last output 2.9 on having Action on CBT (AoCBT) being self-reliant and capable to provide services in the country and the region was assessed by the consultants to be uncompleted. Some details are below.

Table 5. Assessment of Progress toward the Outputs under Outcome 1

	Output indicators	Target	Actual	% achieved	Rating
2.1	Number of initiatives are developed to support ethnic minority migrants and/or disadvantaged groups in Hanoi for scaling up.	2	1	50	
2.2	Number of additional ethnic minority individuals have CBT-related jobs	50	181	362	
2.3	Number of CBT training modules with digitalised contents developed	3	5	167	
2.4	Number of CBT community governance groups provided with coaching and training in business management skills	6	6	100	
2.5	Number of new partnerships established with private partners	2	9	450	
2.6	Number of community governance structures established	6	9	150	
2.7	Number of new interested district/provincial governments, other actors that are introduced CBT model	3	5	167	
2.8	Number of cross-sector shared value partnership model piloted	1	1	100	
2.9	Action on CBT (AoCBT) social enterprise is self-reliant and capable to provide its services in the country and in the region	1	1	See below	

Source: Compiled from PRODUCT Progress Report 2024

79. **Yellow light on indicator 2.1.** Under this output, it was supposed that initiatives are developed to support ethnic minority migrants and/or disadvantaged groups in Hanoi for scaling up. For the consultants, learning about this output was a surprise. The rationale of putting a single output that is not related to the main focuses of PRODUCT does not contribute to coherence of the programme design. Although the output aims at supporting ethnic minority migrants, it was not clear what could be potential links of this output to either FI or CBT. The consultants were informed that a partnership with VietHarvest, a social enterprise, was developed with the aim of collecting quality surplus food and redistributes it to underserved communities.¹¹ Another study on ethnic minority migrants in Hanoi was also conducted. Nevertheless, the consultants were not aware that were the results from these activities and, more importantly, how these activities might contribute to the outcome 2 or the objective of PRODUC in general. Therefore, not achieving the target for this output, as assessed by the consultants, does not necessarily imply under-performance of the programme.

80. **Partnerships with private sectors being made.** Figures in Table 5 indicated that there were nine partnerships with private sector established in the programme cycle. Compared to the target of two partnerships, this appeared to be an important result. These partners are Refeed, VietNipa, Hachi, Avalue, Aurora, Authentik, Au Fil Du Vietnam, CFVG, Xoxo. The consultants were not able to get a good understanding of background of these partners nor what precisely the contents of these partnerships. Feedback from AOP suggested that these partners were mainly to work with Da Bac CBT to organize tours for their clients. However, it does not seem that such new partnerships have yet contributed significantly to the number of visitors through Da Bac CBT. As discussed earlier, Da Bac CBT services remained limited to Sung and Da Bia villages. Visitors to Na Sang were also arranged by Da Bac CBT but these visitors were participants in capacity development events organized and fully funded by PRODUCT. Therefore, impressive achievement of this output does not contradict to the assessment on achievement of the outcome 2 discussed above.

¹¹ See more information at <https://www.vietharvest.com/en/> (access August 22, 2024)

81. **Red light on indicator 2.9.** Under this output, it was expected that Action on CBT (AoCBT) social enterprise would be in operation and self-reliant and capable to provide its services in the country and in the region. Consultation with AOP management indicated that the intention of establishing AoCBT was discussed at the early stage of the PRODUCT programme. Options were explored to establish AoCBT as a new social enterprise or “upgrade” Da Bac CBT into AoCBT. Legal consultation was already made to explore potential legal issues in establishing AoCBT. Discussion regarding potential conflict of interest between AoCBT and AOP was also made. In some documents, AoCBT was mentioned. There was a website (actiononcbt.com) was developed with an impressive design. Despite of many discussions and some initial preparation steps, AoCBT was not yet established at the time of this final evaluation. Therefore, Da Bac CBT continued to be the only social enterprise to cooperate and support CBT interventions of AOP. With great efforts, Da Bac CBT has restored its activities after the COVID-19 pandemic during the programme cycle. However, there were no important organizational development observed during the programme cycle. At this stage, Da Bac CBT is not at the level of providing services in the country or in the region. Instead, the roles of Da Bac CBT coincide to a few CBT villages supported by AOP. With this, the consultants assessed this indicator to be not achieved, and therefore a red light was assigned this indicator.

4.3.3 Progress toward Outcome 3

At the outcome level

82. **Outcome 3 (Promoting inclusive governance and perspectives for CBT development and ethnic minority inclusion).** This outcome aims at contributing to changes in policies, local and national programs, guidelines on CBT. This outcome is closely connected with the first two outcomes. Good practices achieved in the first two outcomes are the showcase for advocating changes in related policies and programmes. According to the consultants, progress toward this outcome was moderately satisfactory. This assessment was made on the following background.

83. **Initial efforts being in place for achieving this outcome.** At the early stage of PRODUCT, AOP management has made important initiatives to contribute to the Rural Tourism Programme, being one designated programme under the NTP NRD. AOP senior management attended the workshops organized by the NTP NRD National Coordination Office (NCO) to share AOP approaches and good practices in CBT. The inspiration of “village stay” (instead of homestay) and inclusive lens in CBT development were well accepted in the document for the Rural Tourism Programme. However, further follow-ups to operationalize these into a guideline of the NTP NRD NCO for rural tourisms were not pursued. Therefore, an opportunity was missed in sharing AOP approaches to the Rural Tourism Programme. In a related note, AOP senior management was also in contact with the NTP SEDEMA at the early stage of PRODUCT. The intention was to explore how AOP could contribute technical assistance to the project six on cultural preservation for tourism development under that NTP SEDEMA. However, follow-ups to secure concrete action plan were not pursued.

84. **Directing public investment at the local level toward tourism development.** One important result that could be claimed under this outcome was decisions of local authorities to prioritize public investments to improve accessibility to CBT villages. These investments took place in terms of road construction as well as to provide support for CBT villages (mainly for homestay owners to upgrade their facilities). In some cases, such as Si Thau Chai and Lao Chai villages, public investments for tourism development in these villages were approved within a Resolution of the Provincial People Council before engagement of AOP to support CBT in these villages (through partnership with CISDOMA). For Na Sang village, the on-going road construction to improve connectivity between the village to Chieng Xuan commune center or to Moc Chau district was made within the plan of the Van Ho district authorities to develop tourisms in the poor communes of the district. In other locations, especially in Da Bac district – being a target location of AOP support for more than a decade, there were several evidence that AOP support was an important factor that led to additional public investments in infrastructure.




85. **Knowledge sharing being under potential.** As part of this outcome, it was expected that AOP would conduct research and surveys to contribute to policy dialogues and networking to advocate for an enabling environment for CBT both at the national and sub-national level. In addition to these activities, the CBT approaches and good practices of AOP should also be documented as materials for sharing good practices and lessons learned to relevant stakeholders. The consultants were aware of

discussions regarding these activities. However, as of this evaluation, none of the research or surveys on CBT related issues were pursued. The documentation of CBT approach was initiated but not yet completed. One reason was the lack of showcases under the new product-based approach. To date, Na Sang village was the only product of the new product-based approach but the CBT services in this village are not yet in full operation. More importantly, lack of staffing to conduct these activities while outsourcing was not actively pursued lead to this under-performance.

At the output level

86. **Progress being seen, requiring further efforts for achieving the targets.** At the output level, only three outputs were identified to target. The first two indicators were about to review some existing CBT villages to identify priorities for next step. The third indicator was to establish a knowledge hub on CBT. Compared to the outcome statement to facilitate changes in policies and programmes, it seems that these indicators do not fully capture what could be potentially generated from efforts that should have been pursued under this outcome. A discussion of progress toward these indicators was provided below.

Table 6. Assessment of Progress toward the Outputs under Outcome 1

	Output indicators	Target	Actual	% achieved	Rating
3.1	Number of CBT destinations are reviewed with plans for improvement.	10	6	60	
3.2	Findings from the reviews are shared with interested district/provincial governments and other actors.	10	6	60	
3.3	CBT Knowledge hub established	10	1	100	

Source: Compiled from PRODUCT Progress Report 2024

87. **Six CBT villages being reviewed.** The first two outputs on reviewing CBT destinations and sharing the review results to local authorities and other relevant stakeholders are interconnected and should have better been synchronized. For these two indicators, six CBT destinations were reviewed. All of these six villages had existing CBT services. The four villages in Hoa Binh (Sung and Da Bia in Da Bac district; Bac Thung and Hay Duoi villages in Tan Lac district) were supported by AOP in the previous phases. The two villages in Lai Chau (Si Thau Chai and Lao Chai) had CBT services that were developed for many years with the support from local authorities and other stakeholders. Such reviews were found to be a useful exercise of AOP to identify priorities for next steps. Ideally, these reviews should be made at the early stage of PRODUCT to identify priorities for interventions in these villages. Unfortunately, only four reviews were made at the first two years. The last two reviews were made when the programme came to the final year, and these were less useful for the current programme cycle.

88. **Putting a knowledge Hub in place.** The consultants were aware that a resource tab was integrated as part of the AoCBT website (actiononcbt.com). Browsing through the resource tab indicated that good efforts have been made to assembly a rich set of reference documents on CBT and posted to the portal. This has been a new initiative and therefore analytics on interactions on the portal was not available yet. At this stage, it could be reasonable to argue that AOP has successfully collected, structured, and posted a useful knowledge hub. To that end, this indicator was assessed to be achieved. However, who would use this hub and how this would generate value adding is subject to assessment after one or two years in operation.

4.3.4 Factors Undermined Effectiveness of PRODUCT

Q6. What factors have contributed to achieving, or not, intended outputs and outcomes? What are key constrains and challenges in achieving the PRODUCT expected results? What has been the impact of COVID-19 on the implementation of PRODUCT and how have AOP and its partners responded to the challenges? Has quality of activity implementation affected?

89. **COVID-19 being a fundamental hindering factor.** The programme started in the mid of 2021 when the COVID-19 pandemic reached its peak in the country in terms the number of infected and fatal cases. Consequently, social distancing measures were strictly enforced, and domestic travels were on

a discrete basis. Meanwhile, international commercial flights were not resumed. It was not until the second quarter of 2022 that travels, inbound and outbound, were back to normal. During and in the aftermath of the pandemic, CBT services were forced into a hibernate for almost two years or more. It was not until the end of 2022, there were signal for recovery of tourism. This presented a fundamental challenge for AOP and the supported CBT villages to restart and refresh CBT services after a while. This has had important consequences on both timing and requirement for PRODUCT. In terms of timing, the programme has experienced a slow started during at least one year and a half. In terms of requirements, this raised the need for consolidating CBT services in most of the villages that were supported by AOP in the previous phases.

90. **Shaping CBT interventions being ongoing process.** PRODUCT was the first programme to experiment the product-based approach (PBA), particularly in CBT interventions. This has been a learning process introduced to unpack the nature of PBA. This consists of series of brainstorming sessions that were mainly internal and led by Asian Director. Despite of efforts to articulate this concept, understanding of PBA at different levels of AOP structure. It shows that there were several variants of PBA. No short and concise concept was rooted yet. There was a lack of consistent and concise understanding of PBA in AOP and it has caused at times confusion. Transforming the “on the build” PBA approach into the organizational structure was another learning process. Ideally, PBA understanding should have been clear and consistently rooted in AOP staff before adjustments in the organizational structure and operation models were introduced. In practice, AOP has embarked on two learning processes at the same time. One is to unpack the PBA, the other is to experiment adjustments in organizational structure. In this context, it was understandable that the programme implementation has experienced certain inconsistency in the intervention approaches across time and across staff. It has also caused consequence in the programme management. This will be the subject of another report under this final evaluation.

91. **Staff mobility and in-depth of technical expertise being a constraint.** Another key challenge for PRODUCT performance was staff mobility. During the course of the programme implementation, AOP has developed a young and dynamic pool of technical staff. This went well with the learning processes to transform AOP interventions approaches toward PBA. However, it also experienced departure of some experienced staff on CBT. Consequently, AOP encountered a relatively constrained in-house technical expertise. If the intervention approaches were standardized or some practical operational guidance was available, this lack of in-depth in-house expertise might not be an issue as external consultants could be mobilized. However, as AOP has been in a transformation process toward PBA, which is quite novel for NGOs, the process is more internally led. Therefore, lacking in-depth expertise represented a huge challenge for AOP in operationalizing PBA through PRODUCT. As a result, performance of PRODUCT was also affected.

92. **Lacking business models relevant for different stages and contexts of CBT development.** The lack of appropriate business models to fit different levels of CBT development was discussed in sub-section 4.3.2. The current business model adopted by AOP might best suit the early stages of CBT development. Overtime, as internal capacity of CBT services providers enhanced, the business model needs to be revised with a strong focus on co-operation and/or co-investment. It was also noted that as CBT develops, there are growing interests of different stakeholders, both inside and outside the communities. Having interests from the local authorities or private investors changed the overall political and business contexts for CBT development. Therefore, the business model should also be changed to adapt to new opportunities and challenges. Finally, it was noted that there are several CBT villages that were over-invested and therefore overloaded. Vat village in Moc Chau district is an example of overloading CBT. There were early stages of overloading in Si Thau Chai village where the number of homestays were more than 20 in a small village of 63 households. Da Bia village might be at the threshold of being overloaded with five homestays operating 09 community houses in a small village of 43 households. As a consequence, there were signals of over-supply in some villages. This raises a requirement of “fixing the overloading” CBT development. At this stage, it was not clear what was the strategy adopted by AOP for the villages that need to be “fixed”.

4.4 Efficiency

93. **Summary of efficiency.** The key findings regarding the efficiency of PRODUCT are summarized below.

- Partnerships of PRODUCT were found as a factor contributing to efficiency. By partnered with CISDOMA and Dien Bien CCD allowed AOP to leverage from the existing network, expertise, “license to operate”, and resources of the existing initiatives of the two partners.
- Partnerships with the district authorities (through the district PMU) were instrumental to advocate for prioritizing public investments for improving infrastructure conditions of the CBT villages.
- Focusing on technical assistance activities implemented through a robust financial management system was found to be another strategy to ensure value of money.

Q7. What were the measures adopted by PRODUCT to ensure value for money? Are there other intervention approaches for using the allocated budget more efficient or get higher quantity/quality of outputs/outcomes?

94. **Selection of partnerships improving the efficiency.** Two NGO partners of PRODUCT were CISDOMA and Dien Bien CCD. These partnerships prolonged from the previous phases. Along the course of partnership development, AOP and the partners have demonstrated the like-minded and therefore cooperation has been productive over different phases of the ANCP-funded programmes. More importantly, through these partnerships, AOP could leverage from the partners’ resources in implementing the activities. For instance, CISDOMA has implemented a project supported by Bread for the World in Tam Duong district, Lai Chau province for several years. The partnership with CISDOMA in Lai Chau allows AOP to avoid complicated procedures that might incur when seeking for formal approval to work in the province. Notably, resources from PRODUCT and the existing CISDOMA project could be planned and used to reach the objectives of supporting CBT development in the two target villages. Similar observations were found for the partnership with Dien Bien CCD. These win-win partnerships between AOP and CISDOMA, Dien Bien CCD were found to be a factor that contribute to efficiency of PRODUCT resources.

95. **Focusing on technical assistance being an efficiency-enhancing strategy.** PRODUCT interventions were largely on capacity development for individuals, groups, and communities. To that end, PRODUCT could be seen as a technical assistance programme. With capacities required in place, CBT services were developed mainly by own investments from CBT actors. For VLSAs, the material support for establishing VSLAs was at an ignorable level. Instead, all the support was made in terms of capacitating the VSLA management. With regarding to APM in the current programme, there was almost no financial support required as APM programmes in Dai Tu or Da Bac have been financially viable before the start of PRODUCT. With resources being prioritized on technical assistance, AOP has maintained a robust financial management system to ensure that all cost items were in line with the corporate cost norms and accountable. This was an important factor to ensure the value of money.

96. **Revolving the resources for different usages.** Within different phases of the ANCP-funded programmes, AOP has provided interest-free loans to homestay owners to renovate their houses for homestay services. Values of these loans varied from different phases and were demand driven. In most cases, loans of between VND60 million to VND100 million were provided with an agreement that the borrowers would pay back the principal in several instalments of one million VND each. During the COVID-19 pandemic, these payments were postponed, and these were resumed again when they started to get revenue from CBT services after the post COVID-19 recovery. The principal payments by homestay owners were collected and top-up to APM to improve total liability. With these arrangements, AOP has preserved investment capital to rotate to other activities to maximize the value of money for the target beneficiaries.

Q8. To what extent were the focus of interventions and targeting strategies justified from an efficiency perspective?

97. **Targeting the most disadvantage locations with CBT potential.** Being a development agency, AOP targets the most vulnerable groups in villages with difficult socio-economic conditions. The CBT villages supported by AOP were classified as “Area 3” villages by the GoVN, being the extremely difficult villages. Targeting these locations is challenging for any development initiatives. For AOP, these villages were selected with potential for CBT services. The case of Sung village in the previous phase

of ANCP-funded programme or Na Sang villages of the current phase were examples of extremely difficult villages with promising potential for CBT development. By focusing on these villages, AOP has supported the communities to earn income from CBT potentials that were embedded in authentic cultural values and natural beauty. With these interventions, AOP has introduced a new livelihood strategy for the target communities to be implemented by community members themselves. These create sustainable sources of income from CBT, and it allows AOP to exercise an Exit Strategy after the communities were capable of providing and managing services by themselves. With these intervention approaches, sustainability might be obtained with least cost to capacitate the communities for operating the CBT business on their own.

98. **Focusing on capacity development for CBT and FI being a strategy toward efficiency.** In the poor and disadvantaged villages supported by AOP, there are several development priorities and therefore different pathways of development. AOP has embarked on capacity development to facilitate the development of CBT services owned by the community members. In addition, enhancing FI through the support to VSLAs, trainings in financial literacy were found to a pathway to build up household financial management skills for the most disadvantaged ethnic minority women. These pathways were found to be less resource-demanding while providing income generation opportunities for community members. For that reason, the consultants assessed the focus of AOP on CBT and FI to be an efficient strategy of development support.

4.5 Impacts

99. **Summary of impacts.** The key findings regarding the impacts of PRODUCT are summarized below.

- Impacts at household level were observed in terms of diversifying livelihood activities, CBT-related job skills, and other important aspects of living conditions. Income redistribution impact was however modest as CBT remained at early stages in several villages and the community-based governance structures were not sufficiently powered to facilitate at process.
- With regard to women’s economic empowerment, improvements in voices of women in intra-household decision making processes were reported. Women participation in productive activities was also improved. With these, ethnic minority women became more confidence in expressing themselves both in the family and community settings. Observations on strong women leadership were also noted in most CBT villages visited.
- At the community level, physical infrastructures were improved; awareness on environmental protection, natural resource management were also strengthened. Notably, awareness of cultural values, cultural conservation, and cultural identity were consolidated among the CBT community members. With these, the CBT villages have steadily moved toward more “liveable” villages.

Q8. To what extent has PRODUCT contributed to improve resilience, social and economic status of women and ethnic minorities living rural and mountainous areas of Vietnam?

4.5.1 Impacts at the household level

100. **Diversifying livelihood activities targeted for households.** Table 7 shows the survey results on how livelihood strategies of households in the CBT villages supported by AOP changed over the past few years (since 2019). The two columns under “changes observed” indicate the percentage of households experiencing the changes while the last columns suggest whether such changes were an increase or a decrease. On average, 79,6% of households in the target villages indicated that they have experienced change in the livelihood strategies since the development of CBT services in their villages. Out of these households, nearly 99% indicated increases in their engagements in different livelihood activities. This is an important indication of impact of CBT on the livelihood strategies of the community members. As there were more income-generating opportunities brought by CBT development, these changed livelihood strategies toward more diversified options. Notably, engagements in all livelihoods were found to be increasing.

Table 7. Impacts of CBT on Household Livelihood Strategies

Livelihood activities	Changes observed		Decreased		Increased	
	No.	%	No.	%	No.	%
1. Agricultural production (cultivation, livestock)	101	47,9	10	9,9	91	90,1
2. Tourism services (homestay, other CBT services)	116	55,0	1	0,9	115	99,1
3. Small trade	49	23,2	2	4,1	47	95,9
4. Agricultural product processing services	13	6,2	1	7,7	12	92,3
5. Hired labour	51	24,2	0	0,0	51	100,0
TOTAL	168	79,6	2	1,2	166	98,8

Source: PRODUCT Final Evaluation Survey 2024

101. **CBT-related job skills improvements.** As discussed earlier, capacity development was the focus of PRODUCT. To be able to do tourism service business, in addition to knowledge and skills in making tourism products (homestay, kitchen, event organization...), CBT actors were also trained in business management with a focus on financial management, communication skills, marketing communications and sales. The survey results show that 77,5% CBT actors reported improvement in their job skills. Figures in Table 8 demonstrate that all CBT-related skills listed in the survey have experienced very positive changes. For instance, 85,4% of the target households reported improvements in business management capacity while the corresponding figure for organizational skills was 97,1%, and for communication and custom services was 96,9%. These clearly suggest important impacts of PRODUCT in improving CBT-related skills in the target villages.

Table 8. Improvements in CBT-related Skills

Items	N	Unchanged		Getting better	
		No.	Rate (%)	No.	Rate (%)
1. Business management capacity	130	19	14,6	111	85,4
2. Communication and customer service skills	131	4	3,1	127	96,9
3. Kitchen skills	57	5	8,8	52	91,2
4. Skills for decorating and renovating homestays	36	1	2,8	35	97,2
5. Room cleaning and hygiene skills	38	1	2,6	37	97,4
6. Skills to sell value-added products to tourists	67	3	4,5	64	95,5
7. Event organization skills (cultural performances, sightseeing and tracking, experiential activities) for tourists	70	2	2,9	68	97,1

Source: PRODUCT Final Evaluation Survey 2024

102. **CBT engagement enhancing household income.** The survey results on perceptions of the CBT actors on household income changes after engaging in CBT were provided in Table 9. For homestay owners, all of the owners in the sample reported increase in their household income. For other CBT actors (dinning, performing arts, traditional occupations, motorbike taxi etc.), 91,3% reported changes in their income. Further information collection from interviews or group discussions with CBT actors indicated that the average monthly income of homestay households was between VND20 million to VND30 million, while that of other non-homestay households were between one to three million VND. The survey also indicated that 91,5% of respondents reported better economic conditions in the villages after engaging in CBT; 84,8% suggested increases in income for community members; and 86,3% reported more job opportunities.

Table 9. Improvements in household income of CBT actors

	Homestay (N=25)	Other CBT (N=115)
Getting worse	0,0	0,0
More or less the same	0,0	8,7
Getting better	100,0	91,3

103. **Efforts for distributing income from CBT across the communities.** It was factual that CBT income was generated unequally across different CBT actors, depending on level of engagement. Homestay owners were the actors who invested the most and therefore got the largest level of income improvements. For other CBT actors, the level of service provision depends on performance of homestays. With minimum level of investment, other CBT service providers experienced smaller magnitude for income improvement. In efforts to make CBT benefits distributed more evenly to the communities, a community fund was established in the supported CBT villages. Homestay owners were supposed to contribute 10% of their revenue to the fund. For other service groups, depending on location, 5-10% of the group revenue was also contributed to the fund.¹² Based on the arrangement, 30% of the fund is allocated to the “implementors” in the CBT governance structures; 20% for the leaders of the service groups. The remaining 50% was supposed to be used for community purposes. These arrangements have been in place since the start of the CBT services. However, it has not been well enforced in most villages. With exception of tour packages organized by Da Bac CBT, CBT actors tend not to contribute to the fund as expected. This issue was known by the CBT governance structure but measures to address this issue were not effective. As a result, the redistribution effect did not function as expected.

104. **Improvements in other aspects of living conditions.** Preserving nature, improving sanitation conditions and other utilities were part of the efforts for CBT services development. It was encouraging to learn from the qualitative assessment that there were improvements in all of these aspects. CBT villages have become more “friendly” to the visitors and making the villages more “friendly” has been rooted to the mindset of the community members. Results from the household survey also indicated evidence of these improvements. Figures in Table 10 suggested strong perceptions on improvements of household living space, water and sanitation conditions. For instance, 89,3% reported improvement in living space; 90,6% reported enhancement in drinking water; 94% reported improvement in sanitation conditions. Notably, such improvements were not only observed in homestays. These were in fact observed across the CBT villages. This evidence came out strongly from interviews or group discussions with CBT actors and other village stakeholders. Given this, the consultants found it reasonable to argue that CBT development has steadily contributed to improvement in living conditions of the CBT villages, making these villages more “livable” (which will be further discussed in sub-section 4.5.3).

Table 10. Improvements in other aspects of living conditions

Items	Sample size	Getting worse		Unchanged		Getting better	
		N	%	N	%	N	%
1. Family living space	122	0	0,0	13	10,7	109	89,3
2. Lodging for tourists	30	0	0,0	0	0,0	30	100,0
3. Drinking water	138	0	0,0	13	9,4	125	90,6
4. Toilet conditions	133	1	0,8	7	5,3	125	94,0
5. Kitchen	116	1	0,9	11	9,5	104	89,7

Source: PRODUCT Final Evaluation Survey 2024

4.5.2 Impacts on women’s economic empowerment

105. **Improving positions of women in intra-household decision making process.** Women’s economic empowerment was incorporated in the PRODUCT design as a main principle. Activities under the two outcomes on FI and CBT contributed to economic empowerment for ethnic minority women in the poor households and villages. Through these activities, PRODUCT has contributed to enhance positions of women in decision-making processes in their households. Results from the survey were presented in Table 11. Accordingly, decision-making powered in the household was shared by both men and women in most cases. For household income management, 67,3% reported that income was both managed by women and men. Regarding decision on livelihoods (cropping, livestock activities etc.), 71,1% of the household surveyed reported a share decision-making power between women and men,

¹² In Sung and Da Bia villages, Da Bac CBT contributed VND5 million per year to the fund.

while the corresponding figure for decision on buying household assets was 72%. This decision-making power sharing was also found at interviews with different beneficiaries, both CBT and FI activities. Qualitative evidence further suggested improvements in position of women in intra-household decision-making processes after participating in the programme activities.

Table 11. Sharing decision-making power in the household

Indicators	Women		Men		Both	
	N	%	N	%	N	%
1. Household income management	31	14,7	38	18,0	142	67,3
2. Decision on livelihoods	17	8,1	44	20,9	150	71,1
3. Decision on buying	39	18,5	20	9,5	152	72,0

Source: PRODUCT Final Evaluation Survey 2024

106. **Decision of getting access to credit.** Among different aspect of women’s economic empowerment, access to credit is an important aspect and this was the primary focus under the programme’s outcome 1. The survey results on decision making processes to get loans were provided in Table 12. It shows that for access to credit from the Vietnam Bank for Social Policies (VBSP) or loans from relatives, power of women in decisions to take loans or to use the capital borrowed was generally lower than that of men. On the contrary, accessing to the FI services provided by PRODUCT was more dominant by women. For VSLA, this FI product was particularly tailored for women (although participation of men was observed in the target areas). Therefore, joining VSLA, decision on taking loans were driven by women more than by their spouses.

Table 12. Decision on access to credits

Sources of credit	Borrowing		Name of the borrower		Usage of loans	
	Wife	Husband	Wife	Husband	Wife	Husband
1. VSLA (N=22)	18,2	13,6	50,0	13,6	9,1	0,0
2. Microfinance (N=8)	12,5	0,0	12,5	12,5	12,5	0,0
3. VBSP (N=144)	4,9	29,2	7,6	30,6	3,5	12,5
4. Loan from relatives (N=25)	12,0	28,0	16,0	28,0	8,0	8,0

Source: PRODUCT Final Evaluation Survey 2024

107. **Improvements in women’s participation.** Qualitative assessment indicated that women have become more active in public sphere. In particular, it was noted that women in the target villages reported their increasing participation in village meetings, other activities of VSLA, CBT services groups. This increasing participation of women were confirmed by results from the survey. Table 13 shows figures on how women in different groups (VSLA, microfinance, CBT service group, and cooperatives etc.) perceived changes in their participation and roles. It was found that 54,7% members of VSLAs perceived their increased participation of women; 75,4% members of CBT service groups reported similar improvement in participation of women. For other groups, around one third of total members reported increase in women participation.

Table 13. Perceptions of increasing participation by different groups¹³

	Unchanged		Increase	
	No.	Rate (%)	No.	Rate (%)
1. VSLA (N=159)	72	45,3	87	54,7
2. Microfinance (APM/CCD) (N=107)	74	69,2	33	30,8
3. CBT service groups (N=167)	41	24,6	126	75,4
4. Cooperative or other businesses (N=94)	66	70,2	28	29,8

¹³ There were no responses on getting worse and, therefore, this table only reported the figures on “unchanged” and “getting better”

108. **Women confidence being enhanced.** Increasing participation of women was associated with growing confidence. Interviews and group discussions with ethnic minority women in VSLA or CBT service groups suggested that they become more confident in social communication through interaction with visitors either at homestays or in different CBT services groups. The consultants acknowledged a sharing of many women met in Sung village that they started communicating in the Vietnamese language after engaging in CBT services. At the root of this confidence, it was women who became more active in income-generation activities supported by PRODUCT. With this economic empowerment, ethnic minority women supported by the programme became more confidence in expressing themselves within household and community settings.

4.5.3 Impacts on the CBT villages

109. **Improvements in infrastructure conditions in CBT villages.** At the village level, improvements in infrastructures were strongly evident from both quantitative and qualitative data sources collected in this evaluation. From a quantitative perspective, Table 14 suggested that 94,8% of the respondents reported improvement in infrastructure conditions in the villages after engaging in CBT development. Such improvements were also revealed in group discussions with village leaders and other CBT actors as one of the most important changes in the CBT villages. It was noted that such improvements were not caused by direct investment from AOP. As discussed earlier, PRODUCT is best seen as a technical assistance project and no investment in “hardware” infrastructures were made. In fact, such improvements were made by the local authorities directing public investments to improve accessibility to the CBT villages as well as to improve other infrastructure conditions such as water and sanitation, telecommunication etc. The consultants interviewed commune leaders of the communes where the CBT villages located. From all these interviews, there was a strong determination to prioritize public investment to support tourism development. Such prioritization was also captured by the survey. Table 14 shows that 94.3% of the respondents reported enhanced prioritization of local authorities for infrastructure development in the CBT villages.

Table 14. Perceptions of increasing participation by different groups

	Unchanged		Getting better	
	N	%	N	%
1. Prioritization by local government	12	5,7	199	94,3
2. Infrastructure conditions in the villages (road, water supply, community house etc.)	11	5,2	200	94,8

Source: PRODUCT Final Evaluation Survey 2024

110. **Cultural values and norms being conserved and promoted.** This was noted to be a very important impact of the CBT development pathway supported by AOP in the target villages. Figures from the survey suggested that 91,9% of the respondents reported improved awareness in cultural conservation. This figure is especially noted in the context cultural norms and identify of many ethnic minority groups have been faded in an assimilation process to the society. The consultants noted some notable sharing from interviewees or participants in group discussions regarding cultural values. For ages, ethnic minorities have practiced and transferred the cultural values, traditions and norms, beliefs to next generations. It has never been in a situation that these cultural resources become arguably the most important attraction of visitors to their villages. It is the uniqueness and originality of the cultural identity, house style, costumes, and brocade along with the natural beauty that were motivations for visitors to experience CBT services. Engaging in CBT development strongly consolidated awareness for cultural conservation. The consultants also observed pride from many respondents during interviews when discussing about cultural conservation for tourism. Sung village provides a good example where traditional Yao letters were taught by the elderly to younger generations in the village.

111. **Conserving traditional while getting exposure to new culture.** This is another important impact of CBT development pathways. While awareness of cultural conservation and pride of cultural identify were noted, the survey also indicated that 86,7% of villagers reported increased exposure to new cultures brought through interactions with tourists, especially foreigners. How such cross-culture interactions would cause change in the indigenous culture is not known yet. In most cases, outcomes

of such cross-culture interaction would only be materialized slowly and gradually while most of the CBT villages remained in early stages of development. This is certainly an area for future research for AOP. Placing the focus on CBT products as a major development approach requires a 360-degree understanding of what potential consequences of cross-culture interactions might be.

Table 15. Changes in cultural conservation and environmental protection

	Worse		Unchanged		Better	
	N	%	N	%	N	%
Awareness of cultural preservation						
1. Awareness of protecting the traditional culture	0	0,0	17	8,1	194	91,9
2. Getting exposure to new culture and norms	5	2,4	23	10,9	183	86,7
Changes in environment and natural resources						
1. Improvements in village landscape	0	0,0	12	5,7	199	94,3
2. Awareness of environmental protection	0	0,0	20	9,5	191	90,5
3. Improvement in waste management	2	0,9	8	3,8	201	95,3

Source: PRODUCT Final Evaluation Survey 2024

112. **Improvements in environment being evident.** Regarding environmental protection, some positive environmental impacts were observed from the survey. It was first noted that landscape in CBT villages were found to be more beautiful. This was confirmed by 94,3% of respondents in the survey. Improved awareness of environmental protection was reported by 90,5% of villagers in the survey sample. In addition, 95,3% of villagers revealed that there were improvements in domestic waste management in their villages. The survey further shows that 87,7% of villagers have contributed to village activities to clean and plant flowers at different common spaces and lanes in their villages. These were the outcomes of capacity development activities for the CBT governance structures, homestay owners, and other CBT services groups.

113. **Steadily becoming more “livable” villages.** To conclude the discussion on impacts, Table 16 shows perceptions on overall changes in the CBT villages. It was found that 87,7% of villagers reported that they have improved their participation (and therefore contribution) to common community issues. As a result, the sense of solidarity or social cohesion in the villages was consolidated. Indeed, 86,7% of villagers perceived enhancement in social cohesion; 88,2% felt that residents in the villages were living in a safe and peaceful environment. Therefore, 96,2% confirmed that their villages become more “livable”. The concepts of village stay, “visitable” village, or “livable” village were mentioned from time to time by AOP senior management to the consultants in this evaluation. Making villages more “livable” is special in the sense that it implies both a “livable” environment for villagers as well as a “visitable” destination for visitors. To that end, it was encouraging to find perceptions of villagers in the survey on their perceptions of becoming more “livable” villages.

Table 16. Perception of changes in the CBT villages

	Unchanged		Getting improved	
	N	%	N	%
1. People's participation in common community issues	26	12,3	185	87,7
2. Improved sense of community cohesion/solidarity	23	10,9	183	86,7
3. Lives of people in the village are safe and peaceful	25	11,8	186	88,2
4. Village becomes a more "livable" place	8	3,8	203	96,2

Source: PRODUCT Final Evaluation Survey 2024

4.6 Ownership and Sustainability

114. **Summary of ownership and sustainability.** The key findings regarding ownership and sustainability of PRODUCT are summarized below.

- Sustainability of CBT development was a challenge. Some CBT villages have reached certain level of “commercial” sustainability in marketing, selling the services on their own but losing cultural identity and sense of being community-based, and therefore becoming a lemonade

without lemon. Some CBT villages retained their authentic cultural identity but lack of ability to self-sustain financially. Sustainability in both commercial and community-based aspects was not seen either in the intervention approaches or in practice.

- While sustainability of CBT was uncertain, the risk of sustainability was pronounced. These include, inter alia, over-investment (or over-supply) in CBT (at different locations), overloading CBT (in one location), losing cultural identity and sense of being community-based. These risks need to be addressed to ensure the possibility of approaching CBT sustainability.
- Ownership of FI services were a certainty. VSLA was a model where ownership was embedded in its design and therefore sustainability was almost guaranteed. APM operated by AOP or microfinance programmes operated by partners have been financially sustained for quite a few years, even before the start of PRODUCT.
- There was evidence of deepening CBT by local authorities (through prioritizing public investment in existing CBT villages) and deepening CBT by local CBT actors (through additional investments to expand services capacity). Scaling up was also observed as local authorities buying the concept of “village stay” and inclusiveness when supporting CBT in other locations.
- There was a need to define Exit Strategies for CBT villages to facilitate graduation from AOP support as well as to consolidate background for sustainability. Executing these Strategies would require clear roadmaps. Such strategies and associated roadmaps should be in place and communicated clearly to local CBT actors and other relevant stakeholders.

Q9. What processes or benefits created by PRODUCT could be sustained? Are there any risks that may jeopardize sustainability of these processes and benefits generated by PRODUCT?

4.6.1 Sustainability of CBT

115. **CBT villages being at different level of sustainability.** Among the seven villages visited during this evaluation, sustainability of CBT services varies from one village to the other, depending on capacity of the CBT actors as well as the CBT governance structures. It was noted that for all CBT villages visited, there was certain level of capacity of the CBT actors to sustain the CBT services after the completion of AOP support. This was a result of the capacity development process made by AOP to individuals, groups, and communities. If sustainability is measured in terms of ability to continue in the short-term the current level of services without AOP support, it might be reasonable to argue that most of the CBT villages could be sustained in reaching interested visitors. Vat or Da Bia villages were among the most sustainable in this direction. However, if sustainability is measured in terms of the ability to continue the services and at the same time to maintain the inclusiveness (for different CBT actors), functioning of CBT governance structure, and “authentic” culture values of the services, the sustainability is questionable.

116. **Commercial sustainability and lemonade without lemon.** Vat village was a typical example of self-sustaining in commercial terms. But authentic cultural values (of the Thai ethnic minorities) and inclusiveness of the CBT services offered in the villages have been diluted. The village was now overloaded with homestays crowding the main road passing through, competing with one to the other for visitors, sense of being community-based was lost. Vat has lost its soul of being an authentic CBT village. According to the consultants, Vat village will soon become a “lemonade without lemon”. Worryingly, there are many similar stories like Vat village. After having a good start, the village soon became overloaded and remained purely a place for one-night stay of urban dwellers. Although homestays owners in Vat village could continue their businesses without further engagement from AOP, this type of “commercial” sustainability is arguably not an expected outcome for AOP in its CBT development pathways.

117. **Community-based sustainability of authentic CBT being challenged.** If commercial sustainability is not the outcome expected, all CBT villages supported by AOP have encountered challenges of sustaining its CBT services with authentic cultural features and inclusiveness. Sung village represents a unique case where the CBT services remain largely “culturally centered” and inclusive. Among many factors, isolated location, authentic Yao cultural identity, strong leadership of the elderly and spiritual leaders were important drivers underlying this uniqueness. However, Sung village might

not be sustainable on purely commercial basis. After nearly a decade of having support from AOP, Sung is dependent on Da Bac CBT on marketing. Although the number of individual visitors has steadily increased over time, Da Bac CBT was the main source of visitors to the village. Therefore, “community-based” sustainability was seen in Sung but commercial sustainability was limited.

118. **Lacking community-based and commercial sustainability both in intervention approaches and practice.** The consultants argued that sustainability of a CBT village should be a combination of both community-based sustainability and commercial sustainability. Using the examples of Sung and Vat villages, a sustainable CBT village should be a combination of both villages. In other words, a sustainable CBT village should be able to sell their services on a financially viable basis while keeping the services inclusive for community members as well as culturally centered. Based on consultation with AOP senior management and staff, it does not seem that the current intervention approaches adopted by AOP. In practices, based on the visit to the seven CBT villages, the consultants have not observed a village that was sustainable in this meaning. Sung and Lao Chai villages were found with potential of reaching that sustainability, but further efforts are required. Re-visiting the intervention approach to define sustainability for the CBT development pathways and identify concrete actions needed to reach that sustainability are certainly desirable for AOP in the coming time.

119. **While sustainability being an uncertainty, challenges and risks being observed.** Among the most pronounced challenges, the followings were noted by the consultants.

120. *CBT being over-supplied.* Supply of CBT has been growing fast in Vietnam, many localities are investing in tourism development. This created increasing competition cross CBT destinations. Therefore, CBT villages are facing with the need to innovate and develop products that meet the market's demand while still needing to preserve the core values of CBT (i.e., cultural, natural, landscape conservation, women economic empowerment and equal benefit distribution). This is an enormous challenge in the sustainable development of CBT model. In the short-term, strong demand for tourism in the aftermath of the COVID-19 pandemic continues to be present. However, this over-supplying or over-leading CBT investments represent an increasing risk for future development of CBT.

121. *CBT being overloaded and controlled by outside investors.* There were examples where CBT become attractive for outside investors. Villages in Sa Pa district of Lao Cai or in Moc Chau and Van Ho districts of Son La were examples of CBT villages attracting investments from private investors outside the communities. These outside investors could be a “game changer” factor that ruin the background of being community-based. There were some rare cases where outside investors respect the local culture and cooperate with indigenous CBT actors. However, these outside investors change the overall architecture of CBT settings as well as visitor profiles. This problem was observed in Ke village, one of the target villages of AOP through different phases of the ANCP-funded programmes, including the current one. The risk was not yet observed for other CBT villages supported by AOP, but it will be more pronounced in the coming years.

122. *Loosing cultural identity and inclusiveness along the way.* There is a risk that some CBT villages after completion of AOP support, might steadily lose their cultural identity and community ownership. Beside potential interruption caused by outside investors, there might be some native CBT actors who become most commercially and “overwrite” the community-based nature of CBT. Vat village represents an example of this risk, where some homestay owners have emerged as the most active actors that act for their own interests. This was when the community-based characteristics of CBT was faded.

4.6.2 Sustainability of FI services

123. **Sustainability of VSLA being highly likely.** Sustainability of VSLAs were assessed to be high. This high level of sustainability is embedded in the design and operation of VSLA model. It is based on self-governance among (mainly) women who are tied with other members in both skin and social bonds. The operation of VSLAs is based on small and frequent savings, small loans provided by consensus of VSLA members. Operations of VSLAs were beneficial for members in both economic and social terms. Group discussions with the VSLAs in the visited villages during this final evaluation indicated no significant difficulties. There were some concerns from newly established VSLAs in Na Sang village in terms of willingness to participate or the lack of saving attitudes. However, these concerns were due to the lack of experience by VSLA management teams during the first few months of operation. Experience with VSLAs in other part of the country, which were supported widely by NGOs through different

development initiatives also confirmed sustainability of this model. This was brought in by the Vietnam Women Union that host around more than one hundred thousand VSLAs in the country.

124. **Sustainability of microfinance programmes being confirmed.** Sustainability of microfinance programmes was already confirmed in the previous ANCP-funded phase. In the current PRODUCT, APM was reported to be financially sustainable. For the microfinance programme operated by Dien Bien CCD, the programme has experienced impressive growth over the past few years and already demonstrated sustainable. For that reason, sustainability of microfinance initiatives supported by AOP is a certainty. The only question, as it was discussed by AOP senior management, was whether AOP should continue to operate microfinance programmes. This question was found to be a reasonable question given the disjoint between the CBT focus and the microfinance programme. Most notably, it does not seem that this microfinance initiative has been as inclusive as expected. As it will be discussed in sub-section 4.7, most microfinance clients were the better-off rural women. The microfinance initiative is of course useful and value adding for its client. But if the focus of AOP at the corporate level is on the most vulnerable, the furthest behind, the current microfinance initiative might not be the best fit to that targeting strategy. With this, the consultants welcomed the on-going discussion of AOP management to explore an exit strategy by transferring the APM programme to a microfinance institution.

125. **Future legal framework for microfinance being uncertain.** The current legal framework for microfinance initiatives by NGOs was governed by the Decision 20/2017/QD-TTg with certain restrictions in operations of microfinance initiatives, especially in terms of mobilizing savings and licensing for operation. There has been an on-going process led by SBV to “upgrade” this Decision into a GoVN Decree to enhance this legal framework for microfinance. Based on the recent discussions on drafts of this Decree, it remained uncertain whether future directions for microfinance would be further scrutinized or liberalized. In practice, as it was found at the consultation process for this evaluation, getting new licenses or existing licenses renewed have become increasingly difficult due to slow decision-making processes by the authorities concerned. In the current context, the best scenario for legal framework for microfinance is probably *status quo*. This lends a further background for considering the transfer of the APM initiative.

Q10. What is the evidence showing ownership, acceptance, and scaling-up of the local authorities, programme partners, and primary beneficiaries on the processes and outcomes created by PRODUCT? What has been the exit strategy of PRODUCT and how this exit strategy been executed?

4.6.3 Scaling up and execution of an Exit Strategy

126. **Deepening CBT by local authorities.** There was strong evidence for deepening CBT by local authorities in the CBT villages supported by AOP. As highlighted in sub-section 4.5.3, there has been significant investments prioritized by the local authorities to improve accessibility and other infrastructure conditions in the CBT villages supported by AOP. This is evidence of “intra-village” scaling up. Evidence on this deepening CBT by local authorities was found from both qualitative and quantitative assessment. It appeared that local authorities have recognized potential of CBT as a livelihood strategy to get out poverty in the constituency. In fact, tourism development was found among priorities in the socio-economic development plans of the communes and districts where the consultants visited during the fieldwork for this final evaluation.

127. **Deepening CBT by local communities.** It was also evident that local communities further invested to expand CBT services after being supported by AOP. With except of Na Sang village, the consultants observed additional investments made by local CBT actors. Some homestay owners after experiencing initial success from one stilt house have invested on their own to build other stilt houses or bungalows to expand their accommodation capacity. There were also examples where villagers proposed to AOP to support new CBT service groups. This was evidence of intra-village scaling up of the interventions supported by AOP. This is also a reflection of strong buy-in and ownership of local communities on the CBT interventions from AOP through different phases of ANCP-funded programmes.

128. **Scaling up CBT by local authorities.** This scaling up was evident through consultation with local authorities during this final evaluation. Some officials indicated that they have changed their

mindset for CBT development, starting from a simplified version of making “homestay” to the making of “village stay”. Inclusiveness and community ownership in CBT development were now recognized as important features of CBT development. The consultants themselves got opportunities to interact with the local authorities in Da Bac, Van Ho, and Tam Duong districts for several times (either with AOP or with other clients) and observed a learning process by the local authorities in these locations toward CBT development. With this learning, representatives from Da Bac PMU expressed their intention to continue providing the support for CBT in other villages that were not targeted by AOP. Representatives from Tan Lac District People Committee also proposed AOP to resume its support made under the previous ANCP-funded phase and extend the interventions to new CBT villages.

129. **New governance structures being operated by CBT actors themselves.** Having a community-based governance structure is a feature of CBT interventions by AOP in all the target villages. At the heart of this structure is the assumption that a community-based structure, once being sufficient capacitated, could function as a steward for inclusive and sustainable CBT development. In reality, it was not always possible that such community-based structures were sufficiently powered to exercise the expected roles. The case of Sung and Lao Chai villages might be exceptions. In Sung village, the community cohesion was strong and informally enforced by some elderly and spiritual leaders in the community. This is also linked to strong identity of Dao ethnic group everywhere. Lao Chai exhibits another case where community cohesion among the Hmong ethnic group was strong. In addition to this identity, Lao Chai is a Protestant village and the pastor who is recognized as the spiritual leader in the village was a supporter of CBT. With these spiritual factors, the community-based governance structures in these two villages were highly respected and honored by the community members. For other villages, it does not seem that the community-based governance structures got such power. As a result, functioning of these structures was found to be generally weak. Collection of contribution from homestay owners or service groups was poorly enforced.

130. In this context, alternative governance structures have been executed by active CBT actors themselves. CBT cooperatives were observed in Phu Mau village (Van Ho district), Vat village (Moc Chau district), Ngoc Chien commune (Muong La district), and Da Bac district (across few villages). Compared to community-based governance structure, cooperative model is less inclusive (as it only consists of most active CBT actors). However, it represents a business-based coordination arrangement among CBT actors to coordinate services. To that end, cooperatives demonstrated a stronger and strictly business mechanism for coordination. Unfortunately, it came at expense of inclusiveness, and it was not (yet) clear whether and how these cooperative members could share benefits from CBT to other non-cooperative members in the community. Nevertheless, operation of these new structures showcased strong ownership of local CBT actors.

131. **Needs of having an explicit Exit Strategy.** For FI products, the exit strategy, although it is not clearly stated, was clear. APM needs to be financially sustainable and VLSA needs to stand on their own after initial technical support. For CBT villages, however, it does not seem that AOP has developed a consistent Exit Strategy to communicate to the communities and other relevant stakeholders. When should AOP leave a CBT village? Shall it be determined by availability of resources or by the level of sustainability? appeared to be questions unanswered in the current CBT intervention approaches. In Vat village, while commercial sustainability is high there were problems arising from being overloaded and commercialized. It raises a difficult question of should AOP stop its engagement to Vat village while the village exposed serious problem losing its community-based spirit? The case of Sung village represents another extreme. While the services remain strongly community-based and culturally centered, the village might not be sustained without support from Da Bac CBT in selling the services. Shall AOP stop its support to Sung village in a near future and in what conditions? These questions reflect a shortcoming in the CBT intervention approaches that need to be fixed in the coming time. This will be the subject for discussion in section 5 of this report.

4.7 Equity and Climate Change

132. **Summary of equity and climate change.** The key findings regarding equity and climate change of PRODUCT are summarized below.

- Targeting the most vulnerable communities and prioritizing the most vulnerable people within those communities was a strategy to ensure equity and PRODUCT has contributed to equitable

opportunities for community members to get access to finance as well as to engage to CBT services.

- PRODUCT mainstreamed WEE and having explicit arrangements to empower ethnic minority women. Impacts from such WEE strategy was evidently positive (as noted in an earlier sub-section 4.5.2). Reaching PwDs however requires more explicit and tailored made arrangements. To that end, there was area for improvement to make interventions more inclusive for PwDs and other vulnerable groups.
- Facilitating CBT development pathways represents a non-farm diversification strategy. In that send, PRODUCT contributed to build up community resilience to climate change. Improvements in awareness for environmental protection also contributed to capacity to respond and adapt to climate change risk.

Q11. What were strategies or measures adopted in PRODUCT to ensure inclusion of the vulnerable groups, including the poor, ethnic minorities, women, people with disabilities (PwDs), and other vulnerable groups in the programme planning and implementation? To what extent have these vulnerable groups participated to and benefited from PRODUCT interventions?

133. **Targeting the most vulnerable communities being an equity strategy.** This was a design feature of PRODUCT to target the poor and most vulnerable communities. Indeed, the villages visited during the fieldwork of this final evaluation indicated that all the villages were under “Area 3”, being the extremely difficult areas according to the current classification of the GoVN for targeting related policies. Ethnic minorities accounted for almost 100% of the population in these villages (see Table 17 below for a basic profile of households in the target villages). With exception of Vat village, all of the CBT villages supported by AOP are in the remote and mountainous area. Although physical accessibility to these villages was improved in recent years, getting to the villages was time consuming and could be an adventurous journey in some cases (e.g. Si Thau Chai, Lao Chai, or Na Sang villages). By targeting these villages, PRODUCT explicitly the poorest and most vulnerable ethnic minority in the country.

Table 17. Basic Household Profile in the Targeted Villages

	Average	By HH engaged in CBT	By HH in VSLA
Age of HH head (years)	46,8	46,2	44,2
HH size (person)	5,0	5,1	5,0
Ethnicity (%)	100,0	100,0	100,0
Dao	28,0	31,0	22,7
H'Mong	15,2	13,4	13,6
Mường	25,1	29,6	27,3
Thái	31,3	26,1	36,4
Kinh	0,5	0,0	0,0
Poverty status (%)	100,0	100,0	100,0
Poor HH	21,3	21,1	22,7
Near poor HH	17,5	16,2	18,2
No poor	61,1	62,7	59,1
No. of labour (person)	3,1	3,1	3,0
% HH with PwDs	6,2	0	0
Viet language proficiency	100,0	100,0	100,0
Almost none	10,4	9,2	4,5
Understanding but limited speaking	11,8	11,3	18,2
Listening and speaking but no writing	19,4	20,4	27,3

No. Of observations in the survey	211	142	22
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Source: PRODUCT Final Evaluation Survey 2024

134. **Women’s economic empowerment being incorporated in all activities.** Women’s economic empowerment was explicitly pursued under outcome 1 of PRODUCT. All FI projects, ICT4WE were initiated to empower economic opportunities and capabilities for the poor and ethnic minority women. For CBT interventions under outcome 2, women’s economic empowerment was also incorporated in the intervention approaches. Indeed, women actively participated in homestay services, other CBT service groups, as well as in the community-based governance structures. These have resulted in strong participation of women in the PRODUCT activities. For instance, under output 1.1 on the number of individuals trained on financial literacy and using digital transaction tools, there were 280 women trained compared to 27 men. Output 1.2 is another example where 274 women and 57 men have access to financial services via APM. In term of CBT-related jobs, the M&E data provided by AOP show that 93 women and 88 men found CBT-related jobs. Due to the scope of this report, the consultants do not find space to highlight some specific cases observed during the fieldwork. Instead, it would be emphasized that in all the villages visited, there were examples found on women actively participated and benefited from PRODUCT interventions. In some cases, the consultants observed pioneer roles of women in CBT services development, community-based governance structures, and apparently in VSLAs.

135. **Addressing the needs of PwDs requiring more efforts.** Reaching PwDs appeared to be an area for improvement. Based on the secondary data shared by AOP, data on whether and how PwDs have been reached by PRODUCT was not available. Using the household survey, it was reported that 6.2% of households in the targeted villages having PwDs but none of these households engaged in CBT activities or joint VLSAs. From qualitative assessment, the consultants did not find convincing evidence that PwDs or their households were reached. “Do no harm” approach is not sufficient to make interventions inclusive for PwDs. This signals the need for revisiting how AOP at the corporate level would reach PwDs in its interventions.

Q11. To what extent has PRODUCT contributed to enhance the ability to respond and adapt to climate change for the targeted communities and individuals?

136. **Engaging in non-farm activities such as CBT services being a strategy for climate change adaptation.** Adaptation to climate change has not been explicitly expressed in the design of PRODUCT or other guidance notes for implementation. However, by introducing CBT services as a livelihood strategy, AOP facilitates a process of non-farm diversification for the CBT actors. Consequently, the beneficiary households become less dependent on farming activities that were heavily affected by and vulnerable to climate change risks. This was seen as a strategy to become more resilient to climate change. Going deeper to this argument, PRODUCT also provided support for other livelihood activities to enhance quality of food materials that could then be catered to visitors. To that level, the consultants have not observed application of adapting climate-informed practices.

137. **Positive impacts on environmental protection and waste management being an adapting factor to climate change risk.** After embarking to CBT development, there were improvements in awareness of community members regarding forest protection, natural landscape protection, and water source protection. These are activities associated with the capacity to adapt to climate change related to protecting forest resources and protecting water sources created by PRODUCT. Evidence for these changes were discussed in sub-sections 4.5.1 and 4.5.3 (see for instance Table 15 for instance for more details). With these changes, it could be argued that PRODUCT has contributed to ability of CBT communities in responding to climate change risk. While these positive changes were noted, the consultants again highlighted that adapting to climate change was not explicitly discussed in the design nor translated into implementation guidance. It warrants a more robust strategy for climate change mitigation and adaptation in the new phase of the ANCP-funded programme in the near future.

5. LESSONS LEARNED AND RECOMMENDATIONS

5.1 Overarching Lessons Learned

138. **Overarching lessons learned.** This final evaluation was taken in a forward-looking lens and therefore there are several lessons learned. This sub-section only draws some overarching lessons as prescribed in the ToR.

139. **Adaptive approaches required as CBT villages moving along the learning curve.** After a village embarking on a CBT development pathway, local CBT actors were being on a learning curve. With capacity development support and facilitation of AOP, capacity and dynamics of local CBT actors improve over time, representing a movement along the learning curve. Intervention approaches to support the village needs to be adapted to this dynamic. Intensive capacity development and direct support need to change toward coaching and discrete and tailored technical support when needed. At the end of a basic learning curve, engagement modality might have to change from providing support to making cooperation. At the present, the intervention approaches adopted by AOP might be more appropriate and functioning for communities at the early stage of a basic learning curve. For villages that reached certain level of capacity such as Vat, Sung, or Lao Chai villages, choices for further engagements appeared to be limited.

140. **Community-based governance structures functioning well in some conditions that are not universally observed.** Community-based structures have their own advantages. Such arrangements might be most functioning for community mobilization to implement certain activities such as a water supply or a road. Coordinating CBT services is not an on-and-off activity. It is about coordinating businesses that generate income differently for CBT service providers. To that end, community-based structures have limitations. At the root of these arrangements, there is an assumption that sense of community identity and cohesion might outweigh personal commercial interests when such interests are against the community benefits. This might be a reasonable assumption when the community was very poor and therefore opportunities for getting personal commercial interests are limited. Experience of Sung and Lao Chai importantly indicated that the presence of the elderly, spiritual and religious leaders is a crucial factor for strengthening the social bond among community members and community leadership. However, the case of Sung and Lao Chai are unfortunately rare. For other CBT villages, it was generally observed that the community-based governance structure, even after being renovated with a separation of an implementing group and an advisory group, remain a weak structure for coordinating the services, especially in facilitate income redistribution for a more inclusive CBT. Solely relying on these structures might be a mistake, especially for communities that have moved far along the learning curve.

141. **Ensuring inclusiveness requiring more diversified opportunities for the most vulnerable to embark on.** The ethics of CBT is rooted in the belief that CBT could be inclusive for individuals and households of different socio-economic characteristics. Indeed, AOP has been successful in making CBT inclusive for members of the CBT villages supported. However, income generation effect from CBT development pathway was concentrated to homestay owners, who appeared to be the better off in the villages. It might be fair in the sense that they invested the most, taking risk, and therefore should be well awarded. This represents a strong “pull” force to encourage other better-off to invest in homestays. It was factual in many CBT villages such as Si Thau Chai, Vat, Ke, Da Bia villages or in Ngoc Chien commune. Such “pull” force intensifies the risk of overloading or oversupplying. While investing in homestays is a promising business opportunity, engaging in other CBT services were low returning. As inequality widens, the sense of being community-based is at risk, paving a way for the village becoming a commercial version of CBT, a lemonade without lemon. To mitigate that risk, making inclusive opportunities to earn from their efforts to link to homestays for providing other CBT services is the key.

142. **A CBT champion might become his/her own champion at expenses of the community.** Nursing champions in the community to lead CBT development pathways is a strategy to build up leadership and facilitate changes in the CBT villages. However, there was no guarantee that the champion, after becoming a champion, would continue to work for interests of the community rather than her/his own. Therefore, nursing a champion might also mean nursing a seed of destruction of being community-based. The case of Vat or Ke village were evident of when local champions working for their own interests at expenses of the community. Therefore, nursing champion of changes needs to be taken

in a broader picture of nursing a governance structure where the champions would exercise their leadership (and benefit from their contribution).

143. **Strategies for fixing problems created along the CBT development pathways being required.** CBT might be a new phenomenon in Viet Nam 20 years ago, but CBT villages could now be observed in many places. There are many villages that have now encountered problems of various types. Overloading (or oversupplying) represent one problem; becoming a lemonade without lemon is another problem of losing the identity. On the other hands, there are villages where initial investments in CBT services have short-lived. There are also villages that were mis-directed and therefore over-invested in modern facilities that could be found elsewhere in the urban areas. The CBT villages visited during this evaluation (as well as other assignments of the consultants) tend to suggest that “problematic” CBT villages are plenty while successful authentic, culturally centered CBT villages are rare as autumn leaves. At the present, AOP intervention approaches are more to develop CBT from the start rather than “fixing” problematic CBT villages. Therefore, when the AOP-supported CBT villages encountered some problems as listed above, choices for interventions were limited.

144. **Unpacking sustainability requiring further efforts.** Through this evaluation, the consultants learned that sustainability in CBT services is not straightforward and needs to be revisited. Whether and when commercial sustainability could be acceptable? Shall a community-based sustainability be sought for while commercial benefits are modest? Whether and how “commercial” and “community-based” could be combined to define CBT sustainability? If CBT sustainability must be both in commercial terms and community-based terms, how to get there? All these questions need to be revisited to unpack sustainability of CBT services that AOP aims for. Without this concept to be unpacked and appropriate responses, supporting CBT villages would probably like navigating in the ocean without a compass.

145. **Explicit Exit Strategy being available at the start.** The consultants were struck by a fact that an Exit Strategy was not explicitly stated and easily understood in the CBT development pathways supported in the CBT villages under PRODUCT and its pre-successors. Some villages in Ngoc Chien were supported for a few months but managed to continue a vigorous development after AOP support. Sung has been the first CBT village supported by AOP but still in its struggling for standing on its own feet. The support in Phu Mau was made for a while but what should be next steps was not clearly defined. The engagement in Vat was initiated and maintained for a year or so but shall AOP continue to get engaged (for problem fixing)? Na Sang village was at its early stage of CBT development but how AOP would adapt to new dynamics once the road construction connecting the villages to other destination in the Moc Chau National Tourism Destination is completed? AOP provided some modest support for CBT in two villages of Tan Lac district, and it turned out to be not successful. The support was stopped for a while and AOP was now invited by the local authorities to continue its support. Shall AOP “returns to fix” the problems in the two villages or return to make a new start in other villages? There were among several questions arising from the visits to these villages that require AOP to define its Exit Strategy.

146. **Linking the output to outcome.** One issue found from assessing effectiveness is the “mismatch” between the output indicators and the outcome statement. While most of the output indicators were achieved or exceeded, the progress toward expected outcomes was less satisfactory compared to that of the output indicators. In some case, outcome (such as improvement in multi-dimensional poverty) was classified as output, causing difficulty in measurement as well as inconsistency in the logics. It signals that a Theory of Change (ToC) should be developed in the initial stage of new programme design. This ToC should then provide guidance for AOP in identifying expected outcomes and outputs, as well as to assess whether the identified outputs sufficiently contribute to generated expected outcomes. With this practice, the links between the output level and outcome level in the programme design would be in place and consistent with the intervention logics. This would also avoid the risk that the output indicators are defined to be easy to reach but might not be sufficient to generated expected outcomes.

5.2 Recommendations for the Next Programme Cycle

147. **Focus of recommendations in this evaluation.** The consultants suggested recommendations that focus on CBT in this sub-section. This was motivated by the finding that VSLAs were working smoothly while the discussion to transfer APM to a microfinance institution was already initiated. In that

context, CBT continues to be the focus of AOP and indeed has the potential of becoming a flagship of AOP, even at the corporate level. The recommendations are mainly on reshaping the CBT intervention approaches as below. For each recommendation, the consultants also suggested level of priority and timing for completion.

148. **Recommendation #1 Develop intervention packages to suit main stages of CBT villages moving along the learning curve.** AOP should develop different intervention packages tailored to main stages of CBT development pathways that a CBT village might experience. CBT development is a dynamic process where few forces, including game-changing actors, might incur along the course. This requires AOP to move beyond its area of focus on supporting CBT villages at the start for CBT service product development. Instead, interventions are tailored to different phases of CBT development that are defined by capacity and resources of the CBT actors. **Priority:** High. **Time:** March 2025.

149. **Recommendation #2 Identify the risk and having risk mitigation measures to ensure sustainability.** AOP is to conduct a risk analysis through phases of CBT development. This risk analysis goes beyond the usual risk that AOP usually mentions such as child labour, sexual harassments etc. Risks that might incur during the course and could derail the CBT pathway such as loosing cultural identity, loosing sense of community-based and social cohesion, overloading (oversupplying CBT), investment by outside investors that ruin the root of CBT, malfunctioning of CBT governance structures. For each type of risk, a set of mitigation measures need to be developed and documented. **Priority:** High. **Time:** March 2025.

150. **Recommendation #3 Develop business models for different stages of CBT development pathways.** Through different phases of CBT development, AOP should develop business models that best suit the dynamics of the CBT communities. The starting point of this business model was the donor-type one to support CBT product development at early stages. Overtime, as local CBT actors graduate from “beginner” grade, this donor-typed model should be upgraded to some revenue-sharing mechanisms that might be based on cost-sharing investment or co-investment between the communities and a “market wing” of AOP (see below). The CBT governance structures, being an integral part of this business model, should also be upgraded. Community-based governance that best suit the early stages of CBT development might need to be changed to a business arrangement associated with measures to maximize inclusiveness. **Priority:** High. **Time:** March 2025.

151. **Recommendation #4 Strengthening market wings of AOP through an AOP-supported private sector champion and partnership.** This is a crucial recommendation that carries a great importance to the future of the CBT development pathways. AOP is to either upgrade Da Bac CBT into the mentioned AoCBT or to formally register AoCBT (if upgrading from Da Bac CBT to AoCBT might be blocked by some legal concerns) to be a major part of AOP “market wing”. This market wing and community wing are the key forces for a sustainable pathway of CBT development. Technical support must be made during a few years to enable AoCBT to test different business models and consolidate its in-house expertise. AoCBT should be then forced to be independent and cooperate with AOP through a partnership agreement. At the same time, continue to diversify partnership with travel agencies, tour operators, other businesses will build up and consolidate the other parts of this market wing. **Priority:** Highest. **Time:** March 2025.

152. **Recommendation #5 Invest in technical depth.** Invest to enrich the technical depth another crucial factor for AOP. Inviting quality and experienced staff to expand its thin technical depth will be important to implement most of recommendations made in this report. For this level of quality, recruiting on a full-time basis might not be possible. AOP needs to work out flexible arrangements to engage leading experts to the team. Priorities are given to professionals with track records on business development and policy advocacy. The technical depth of AOP needs to change from being an NGO-oriented organization into an organization with “NGO heart” with “business head”. Linking the work in Viet Nam to the work in other countries, offer a multi-country working experience will be an important factor to attract quality professionals. At the top of this, head-hunting for a smart business mind is prioritized. There are quality business champions who want to maximize their own value adding through “socially contributing” businesses. AOP needs to find who they are and invite them on flexible basis to enhance its in-house expertise. **Priority:** Highest. **Time:** June 2025.

153. **Recommendation #6 Strengthen advocacy.** Seriously invest in advocacy should be an important part of AOP intervention approaches. Advocate the authorities for prioritizing public

investments to improve accessibility and other infrastructure conditions for CBT villages is an important part of this advocacy. More importantly, advocate for inclusive community-based tourism development is another important strategy that would serve as a risk mitigation for the problem of overloading or outside investors ruining the overall CBT settings. Advocate to mobilize resources that are available from the existing policies and programmes to support CBT development is another potential area for advocacy. This advocacy will enhance AOP visibility and will be an important asset for fund raising in the future, especially when traditional development aid has been decreasing. **Priority:** Medium. **Time:** Continuous.

154. **Recommendation #7 Review the existing CBT villages and define Exit Strategies with Roadmap for actions.** Exist Strategies for CBT villages in the portfolio must be specified and communicated clearly. This will be made based on a review of the current CBT villages to assess where they are on the learning curve, different aspects of sustainability, and other dynamics both among the key local CBT actors as well as other external factors. Once the review completed, an Exit Strategy is required for each of the CBT village. To execute that Strategy, AOP would need to develop a Roadmap where the marking wing of AOP could be featured in as an important instrument for the Exit Strategy execution. With these, the Strategy and roadmap must be communicated to the communities and relevant stakeholders. Executing such Strategies would be a process of consolidating the AOP support for CBT development over the past decade or so. This will be an important milestone and mark a new period of CBT intervention (as defined below). **Priority:** High. **Time:** March 2025 (for identification of the Exit Strategies and Roadmaps); Continuous until end of 2029 (for execution of the Exit Strategies).

155. **Recommendation #8 Finalize the notion of product-based approach and complete the organizational restructuring with course-correcting actions.** The try-and-error approach in unpacking and operationalizing the PBA should be ended as soon as possible to avoid further ambiguity in organizational development. PBA is an intervention approach that could be used to execute projects, programmes, or other activities of AOP. PBA does not replace projects or programmes. The notion of PBA should be summarized to fit AOP core business (which is arguably CBT, at the present). More importantly, organizational restructure should be revisited. The separation between Why, Why, How, When broken the business processes that should have been continuous. The “Product Team” should be rationalized and maintained by one or two highly profile staff to provide programmatic support (for all interventions rather than doing interventions themselves). The “Service Team” – being the front office team of AOP needs to be strengthened, especially with smart business minds. To facilitate this process, AOP should engage external consultant with relevant qualification to ensure neutrality in advising the organizational transformation toward a PBA adopter. **Priority:** Highest. **Time:** March 2025.

156. **Recommendation #9 Speed up documentation by a different order.** Speed up and finalize the documentation of the intervention approach is required. The lack of guidance notes for implementation put AOP at risk. Know-how is kept in mind of some staff without documentation and exchange of ideas for finalization. This documentation was initiated but stuck with a chick and egg problem. It was argued that ideas need to be tested and once proved will be documented. The documentation process was made under that direction. This needs to be changed. Develop the process and guideline first, parts or all contents of the guideline could then be tested and adjusted as appropriate. With the current technical depth, it might not be possible for AOP to accelerate this process. Engaging external expertise for finalizing this process should be considered. **Priority:** High. **Time:** June 2025

157. **Recommendation #10 Soft start in the other countries.** Start the support for CBT in other countries in the region is recommended. Potential for CBT development in the neighbouring countries was confirmed from many existing documents, including those produced by AOP (e.g. the BCA evaluation synthesis report 2021). This will consolidate the core business in CBT of AOP at the corporate level. This will also offer AOP staff opportunities to work regionally (and then globally), which will be a platform for AOP to attract regional thought leaders to contribute to the team. Experience from Vietnam in CBT development could be packed and piloted in neighboring countries as a soft start. Further expansion would then be considered based on progress on the ground. **Priority:** High. **Time:** Continuous.

ANNEXES

Annex 1. Terms of References

Project Background

In 2021, Action on Poverty (AOP) in Vietnam completed its three-year project named “Building Capacity and Access for Resilient Communities”. The learnings from the project recommended that i) it is an urgent need for local communities, especially women, to equip with digital knowledge and skills to apply digital technologies in their daily lives and businesses so that they could not only cope with the travel-restricted situation such as COVID-19 pandemic and or natural disasters but also actively participate in an emerging business trend, that is ecommerce/online trading; ii) it is necessary to engage more market actors, to mobilise resources from private sectors and government agencies, and proactively involve in advocacy efforts at the national level; (iii) and most importantly, product approach would be applied to scale up successful models at community and used for policy advocacy at national level.

To address the emerging issues, AOP in Vietnam implemented a project Promoting Rural Opportunities with Digital technologies and Upscaling Community-based Tourism (PRODUCT) that aimed to improve resilience, social and economic status of women and ethnic minorities living rural and mountainous areas of Vietnam from 2021 to 2024. To achieve this goal, AOP in Vietnam determined the following outcomes:

(1) Outcome 1 – Social and economic status of rural women is improved thanks to access to financial services, business model, and use of digital technologies: This includes increased knowledge and skills of ethnic minority women in financial literacy, business, digital tools, stronger networks, influencing their decision-making in the family, and the community. Key activities include: develop and implement ICT4WE products including platform, tools to provide trainings on financial literacy, digital literacy, business and ecommerce related skills, and reinforcing the organisation of existing products and design, implement new products to promote Financial Inclusion for local women and men.

(2) Outcome 2 – Established inclusive businesses partnerships on CBT and rural products: This includes improved incomes and more job created for women through viable private sector-led service delivery models in rural areas, committed partnership with private partners and other market actors of tourism and agriculture, promoting increased employment opportunities for women and female entrepreneurship. Key activities include reinforcing existing CBT model following product-based approach, scaling up successful models, establishing CBT alliances, and private sector engagement.

(3) Outcome 3 - Better and inclusive policies and national programs on CBT and ethnic minorities: This includes changes in policies, local and national programs, guidelines on CBT, and representatives of women at local and national dialogues on policy to promote evaluation framework socially inclusive and responsibly sound tourism and for ethnic minorities. Key activities include conducting research and surveys, policy dialogues, networking, documenting and disseminating policy recommendations.

Under the project, various activities were implemented to support thousands of low-income people in 08 provinces of Hoa Binh, Dien Bien, Phu Tho, Son La, Thai Nguyen, Lai Chau, Ha Tinh and Soc Trang provinces. In these areas, AOP Vietnam continued to reinforce its expertise in the following models: AOP microfinance (APM), inclusive community-based tourism (CBT).

Scope and Focus

The final evaluation will scope the PRODUCT project for the period of 2021-2024 in its impact areas including Hoa Binh, Dien Bien, Son La and Lai Chau. The evaluation will provide (1) a comprehensive review of the technical activities, partnerships, approaches implemented by AOP in Vietnam throughout the PRODUCT and (2) a report to ANCP funding donor (DFAT) by the end of June 2024.

This final evaluation will focus on, but not exhaustive to:

- (1) Assessing the project against the OECD evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability.
- (2) Reviewing the effectiveness and impacts of the main technical approaches in PRODUCT including CBT and APM models, using appropriate technical framework and tools.
- (3) Developing of the overarching lessons learned from the project and opportunities for AOP in the next 3-year programming.

In addition, the evaluation is expected to analyse the level of integration of the cross-cutting issues, including participatory and collaborative approach, gender, climate change, ethnicity and disabilities concerns. To be able to report to DFAT as part of ANCP's requirement at the end- of – term period, the final evaluation with focus on:

- (4) Verification and assessment of implementation and results
- (5) Identification of project's successes in order to create replicability
- (6) Actions necessary for consolidation and sustainability of results
- (7) Emphasis on Lessons learned
- (8) Improve design of other future projects based on the deeds of stakeholders and beneficiaries

Project implementation is monitored through on-site collection of data, regular project reports from partners as well as through periodic site visits. In line with AOP practice we also undertaken more comprehensive and qualitative analysis by undertaking evaluations, either internally or led by an external consultant in order to draw broader outcome and impact conclusions and validate results.

Evaluation Objectives

The objective of this evaluation, as mentioned earlier partially, will be to review and evaluate the project results to date against the agreed results framework indicators, approach/model, lessons learned and propose recommendations for adaptive management and development. The project evaluation will refer to the OECD evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Equity, Impact, and Sustainability, by reviewing available data and documentation, conducting in-person and remote interviews, and triangulating and verifying information as required.

The overall evaluation objectives are:

- 1) To determine relevance, efficiency, effectiveness, coherence, impact, sustainability of the project via its main components including CBT and APM model in targeted sites;
- 2) To have an in-depth assessment on the project technical model, particularly the CBT model with the reflection of the status against technical design and Value for Money of the intervention (efficiency, effectiveness, economy, partnerships and equity).
- 3) To Identify lessons learnt and best practice from the project which could be applied to improve the project;
- 4) To provide information to further plan and improve the project.

To achieve the evaluation objectives, we will engage a suitably qualified person to undertake and coordinate the work. This person will be expected to follow a participatory and consultative approach ensuring close engagement with relevant stakeholders that will include government counterparts, research institutions, and project staff. We envisage that members of the country program team will participate in the evaluation as a learning exercise in itself.

The consultant will be expected to facilitate evaluation tools with input from the team. The evaluation should correlate with the five evaluation criteria outlined in AOP's design, monitoring, evaluation and learning framework and defined terms:

1. **Relevance:** whether the objectives of the project are in accordance to locally defined needs and priorities as well as to partner government priorities.
2. **Coherence:** How is the compatibility of the project interventions with other interventions in a country, in the relevant sector.
3. **Effectiveness:** the extent to which project objectives are being achieved or can be achieved.
4. **Impact:** What difference/changes do the project interventions make, in terms of the significant positive or negative, intended or unintended, on the targeted actors, locations and the sector.
5. **Efficiency/ Value for Money:** to determine the extent to which the project has managed resources to balance economy, efficiency and effectiveness in ways that are both equitable and ethical.
6. **Ownership and sustainability:** The likely ability of project activities to continue to deliver benefits for an extended period after completion. Potential for the project to be owned by smallholder farmers themselves. The resilience to risk of the net benefit flows over time.
7. **Equity:** how the project involves and benefits different genders, people with disability and other often marginalised people throughout the project cycle, including the appropriateness of design and monitoring systems against project and program objectives to date.

The conclusion should be comprehensive and balanced, and highlight the strengths, weaknesses and emerging outcomes of the project, with a special focus *on what and how to continue the PRODUCT project in the next phase considering possible integration of interventions in Climate Change and Adaption and Disability.*

Methodology

The evaluation will use a mixed methodology approach that endeavours to draw together a mix of qualitative and quantitative conclusions.

Primary research will be conducted in Hoa Binh, Dien Bien, Son La, and Lai Chau where the project is being implemented in Vietnam. The specific sites will be agreed upon with the project team and partners before commencing the evaluation. A detailed methodology will be agreed between the consultant and AOP, in country partners before evaluation activities commence.

Evaluation tools will need to be developed and must be able to undertake both quantitative and qualitative data and be appropriate to be administered at the community level. The proposed methodology should be clear and relevant to the context of the project location as well as the specific indicators in the project design. *Please note that tools may require to be translated into tested before data collection.*

Key informants:

- Households participating in projects.
- Project partners, including government, civil society, and business partners.

- Enterprises and cooperatives that were established during the project implementation.
- Local authorities and mass organisations as needed.
- AOP program management team.
- Project management units.
- Others as needed.

Key research questions:

1. To what extent has the project achieved its planned objectives? Any positive/negative changes brought by the projects out of plans? Why did those changes happen?
2. How consistent was the project with AOP and donor's strategy? How did the project contribute to AOP and donor's strategic objectives?
3. How have possible collaborations been utilised and how have these contributed to the project results? Recommendations to foster more shared value partnerships in the projects and alike.
4. To what extent can the project activity implementation considered to be cost-efficient, while not compromising quality? Were there opportunities within projects to create more value with the available budget or to reduce costs without compromising quality and reach?
5. Analyse the impacts of unforeseen risks such as COVID-19 or natural disasters/climate change and the organisation's responses. What lessons can be brought to the organisation's project management?
6. What is the satisfaction level of project beneficiaries with the interventions and results? Also analyse the feedback of other key stakeholders regarding AOP's project management.
7. How was the participation of stakeholders during all project phases?
8. To what extent was inclusion including gender inclusion, considered and achieved in the projects?
9. Are the benefits brought by the project likely to continue after the project has been completed and no more donor funding is available? Identify opportunities for replication and scaling-up of the project. Include examples of replication if any.
10. What are the conclusions in relevance, adaptiveness, effectiveness, efficiency, sustainability, and replicability of each project? Identify lessons to improve the performance and impacts of the projects?

Sampling:

Quantitative method sampling:

The method proposed by the consultants should meet the level of satisfaction in statistics so the results of the sample can be representative and manipulated to the study frame.

The sample size, proposed by the consultants, will be agreed between AOP and consultants during the negotiation process and finalized in the study plan which is a critical part of the technical and financial proposal. Please refer to the project's performance indicators to develop the quantitative evaluation approach (Annex 1).

Qualitative method sampling:

The method of selecting how many respondents, who and where they should be presented will be proposed by the consultant and based on the nature of the PRODUCT's key interventions and target sites.

Expected Deliverables and Reporting Format

1. An inception report clearly indicating how the consultant plans to reach the objectives of the evaluation and, how the overall exercise will be conducted.
2. A detailed work plan clearly identifying the activities to be undertaken during the evaluation. SHOULD BE COMBINED.
3. **A powerpoint presentation summarizing the key results, main findings and initial conclusion and recommendations.**
4. A draft report that meets the standards and requirements as agreed upon between AOP, its partners and the consultant.
5. **A final evaluation report on PRODUCT project**, 25-30 pages, reflecting the evaluation results of evaluation.
6. **A deep assessment report on CBT models.** SHOULD BE COMBINED 4/5/6
7. All materials used for data collection and management, e.g. questionnaires, data entry tools, etc., and
8. All full clean dataset used for data analysis as well as the output tables and syntaxes created during the process.

Requirements of the Consultants

- A degree with relevant post-graduate studies in Economics, Rural Economics, Development Studies, or related field

- Prior experience in undertaking microfinance, community-based tourism, ethnicity, baseline studies, project monitoring, evaluations and documentation of lessons learnt in the country.
- Demonstrated experience in communicating stories, production of case studies and best practices.
- Good quantitative and qualitative data analysis skills.
- Excellent analytical and reporting writing and presentation skills.
Demonstrated experience coordinating and working with partners.

Tentative Timeline

Activity	Responsible staff	Deadline / No. of Days / Date
Selection of lead evaluator	AOP and partners	May 12
Sharing project's document	AOP	May 20
Desk research of documents	Consultant	May 20-22
Inception report, including the clear design, methodology, methods, tools and timeline for the data collection and analysis for the evaluation	Consultant	May 23
Development of tools (and translation if required)	Consultant	May 26
Training enumerators	Consultant	May 27
Digitalize quantitative data collection tools	AOP	May 28
Pilot and finalize quantitative tools	AOP and Consultant	May 29-30
Data field collection (Quantitative data collection done by AOP team)	Consultant / AOP	June 1st – 2nd week-
Initial Findings and Recommendations (powerpoint presentation)	Consultant	June 21
First draft of evaluation and CBT assessment reports	Consultant	June 30
Feedback on first drafts	AOP and partners	July 10
Final Evaluation and CBT assessment Report	Consultant	July 15

Please note that the evaluation will be used as a learning exercise. Therefore, the methodology that the consultant should take this into consideration, especially mindful of how partner staff can meaningfully participate in data collection and analysis process.

Management and Reporting Arrangements

The consultant(s) will report to the PRODUCT's manager with support from MEL Coordinator. An internal consultative group will be established to provide oversight to the implementation of the study and to review findings.

All reports must:

- be written in English
- be provided in an electronic format (Microsoft Word; Times New Roman 12; Normal page margin, line space 1.15)

Accountabilities and Responsibilities

AOP's International Program Director will support the PRODUCT manager and MEL Coordinator to coordinate the evaluation with support from the in-country project team. AOP will have overall responsibility for the evaluation and in the final approval of all deliverables. The AOP Monitoring, Evaluation and Learning Coordinator will support the in-country review process in consultation with the team.

Project indicators

#	Indicators	Target
Impact	Number and % of women and men reporting net income increase	

Outcome 1	Social and economic status of rural women is improved thanks to access to financial services, business model, and use of digital technologies	
1.1	Number of local women improved capacity from trainings in financial literacy and using digital transaction tools.	200
1.2	Number of new women have access to financial services via APM to improve their livelihoods.	200
1.3	Number of new VSLA established	10
1.4	Number of VSLA served by APM	10
1.5	Number of women leaders	15
1.6	Number of new financial service/product	1
1.7	Number of AOP microfinance (APM) customers are serviced with digital transaction tools.	300
1.8	Number of training sets developed for both offline and online trainings	2
1.9	% of participants have their life quality improved according to Vietnam's multi-dimensional poor standard.	60
Outcome 2	Established inclusive businesses partnerships on CBT and rural products.	
2.1	Number of initiatives are developed to support ethnic minority migrants and/or disadvantaged groups in Hanoi for scaling up.	2
2.2	Number of additional ethnic minority individuals have CBT-related jobs	50
2.3	Number of CBT training modules with digitalised contents developed	3
2.4	Number of CBT community governance groups provided with coaching and training in business management skills	6
2.5	Number of new partnerships established with private partners	2
2.6	Number of community governance structures established	6
2.7	Number of new interested district/provincial governments, other actors that are introduced CBT model	3
2.8	Number of cross-sector shared value partnership model piloted	1
2.9	Action on CBT (AoCBT) social enterprise is self-reliant and capable to provide its services in the country and in the region	1
Outcome 3	Better and inclusive policies and national programs on CBT and ethnic minorities.	
3.1	Number of CBT destinations are reviewed with plans for improvement.	10
3.2	Findings from the reviews are shared with interested district/provincial governments and other actors.	10
3.3	CBT Knowledge hub established	1

Ballot code:

Annex 2. Questionnaire for the Household Survey

HOUSEHOLD INFORMATION SURVEY FORM
AOP Project Final Review: PRODUCT

Hello, we are a consulting team to learn about the results and changes that AOP: PRODUCT's Project brings. We are conducting a survey to understand the current status of livelihoods, tourism activities, and access to loans that the project has supported local people.
This survey needs your participation, I hope you can take a few minutes to complete the questionnaire below. We ensure that the information is only used for project activities.
Thank you very much!

Full name of interviewer:

[] CBT/VSLA Survey Form [] Questionnaire: Microfinance (APM/CCD)

Location: village/commune/district/province

Day..... month..... Year 2024

I - GENERAL INFORMATION

1. Demographic characteristics

1.1. Full name of the head of the household:

1.2. Year of birth:

1.3. Gender: [] Male (1) [] Female (2)

1.4. Ethnic groups: []Knives (1) []H'Mong (2) []Tay (3) []Muong (4) []Thai (5) []Sutra (6) [] Other (7)

1.5. Phone number: (left blank if none/not provided)

1.6. Number of members living in the family (number of people):

1.7. Number of employees (people over 16 years old, currently engaged in labor and production):

1.8. Belonging to households: [] 1. Poverty [] 2. Near poverty [] 3. Not being poor/near-poor

1.9. How many members of the household are persons with disabilities (difficulty seeing, hearing, walking, speaking, not taking care of themselves but affected by their daily life and work):

1.10. To what extent do women (mothers/wives) in the family use Mandarin (Kinh)?

[] 1. Proficient in listening, speaking, reading and writing [] 2. Hearing and understanding but having difficulty speaking

[] 3. Hearing and speaking but illiterate [] 4. Barely able to communicate in Kinh

1.11. Are there any children in the family (between the ages of 6 and 18 years old) who have to leave school early?

Table with 4 columns: Education Level (Primary, Secondary, High School) and 2 rows: South, Female. Each cell contains '1. Yes' and '2. No' checkboxes.

1.12. Who registers the land use right certificate of my house?

[] 1. Men (father, husband, son) [] 2. Women (Mother, wife, daughter) [] 3. Both men and women

[] 4. Unknown (try to ask for information, avoid easily accumulating unknown choices)

II - PARTICIPATING IN AOP'S PROJECT AND THE CHANGE IT BRINGS

A. Participation in community tourism and the change in the way of doing mobile training (CBT)

2.1. Does the village have community tourism activities?

(1): Yes

(2): No, If not go to question 2.14 (Part II, B. Access to Finance)

2.2. What activities are involved in the family?

Participate in activities	(1): Yes (2): No	Notes
1. Member of the Coordination Board	(1) (2)	
2. Homestay	(1) (2)	Otherwise, skip sentence 2.3
3. Providing catering services to tourists	(1) (2)	Otherwise, skip sentence 2.5, idea 1
4. Participate in activities to organize entertainment and entertainment for visitors (experiential activities, sightseeing, team building,...)	(1) (2)	Otherwise, skip sentence 2.5, meaning 2 Otherwise, skip the sentence.
5. Participating in cultural/artistic performances for visitors?	(1) (2)	Otherwise, skip the sentence
6. Participating in transportation activities to serve the travel needs of tourists	(1) (2)	Otherwise, skip the sentence

If you do not participate in any activity, go to **Question 2.10**

2.3. For households with **accommodation and accommodation** services (Homestay): The change of the family since the village/hamlet is doing community tourism (CBT) according to the guidance of the Project (AOP/ CISDOMA/CCD)

	Worse	No change	Better	Not available for evaluation
a. Facilities:				
1. Family living space	(1)	(2)	(3)	(9)
2. Guest lodges	(1)	(2)	(3)	(9)
3. Clean water	(1)	(2)	(3)	(9)
4. Hygiene	(1)	(2)	(3)	(9)
5. Kitchen	(1)	(2)	(3)	(9)
6. Where to check in, see the scenery	(1)	(2)	(3)	(9)
b. Changes in labor and capacity				
7. Number of participants	(1)	(2)	(3)	(9)
8. Economic management capacity (revenue, expenditure)	(1)	(2)	(3)	(9)
9. Awareness of environmental protection	(1)	(2)	(3)	(9)
10. Awareness of cultural preservation and community identity	(1)	(2)	(3)	(9)
11. Communication skills, serving guests	(1)	(2)	(3)	(9)
12. Kitchen skills	(1)	(2)	(3)	(9)
13. Homestay decoration and renovation skills	(1)	(2)	(3)	(9)
14. Room cleaning and hygiene skills	(1)	(2)	(3)	(9)
15. Skills to sell incremental products to visitors	(1)	(2)	(3)	(9)
16. Event organizing skills (entertainment, experiential activities) for visitors	(1)	(2)	(3)	(9)
c. Number of visitors, revenue and income				
17. Number of visitors	(1)	(2)	(3)	(9)
18. Turnover	(1)	(2)	(3)	(9)
19. Income	(1)	(2)	(3)	(9)

2.4. For households that provide **accommodation and accommodation** services (Homestay): What is the change in linkage and sales connection that AOP's DA activities bring?

	Linked, connected	Change <i>(Only ask if the household has a link or connection)</i>			Not available for evaluation
		Reduce	Constant	Increase	
Sales links (more yes/no)	(1) Yes (2) No				
1. Connect through AOP's Social Enterprise	(1) (2)	(1)	(2)	(3)	(9)
2. Connect with travel agencies/companies	(1) (2)	(1)	(2)	(3)	(9)
3. Use social networks to introduce and promote	(1) (2)	(1)	(2)	(3)	(9)
4. Connect through customers (encourage referrals)	(1) (2)	(1)	(2)	(3)	(9)
5. Connect through travel advertising platforms	(1) (2)	(1)	(2)	(3)	(9)

2.5. For households participating in **activities to serve tourists**: The change in the ability to provide products and services to tourists brought about by the Project?

	(1) Yes (2) No	Change <i>(Only ask if the household has a link or connection)</i>			Not available for evaluation
		Reduce	No change	Increase	
1. Providing tourist catering services:					
1.1. Number of customers served	(1) (2)	(1)	(2)	(3)	(9)
1.2. Income	(1) (2)	(1)	(2)	(3)	(9)
2. Participate in activities to organize entertainment and entertainment for visitors (experiential activities, sightseeing, team building,...)					
2.1. Number of entries	(1) (2)	(1)	(2)	(3)	(9)
2.2. Income	(1) (2)	(1)	(2)	(3)	(9)
3. Participating in cultural/artistic performances for visitors?					
3.1. Number of Entries	(1) (2)	(1)	(2)	(3)	(9)
3.2. Income	(1) (2)	(1)	(2)	(3)	(9)
4. Participating in transportation activities to serve the travel needs of tourists (motorbike taxis, car rentals)					
4.1. Number of Entries	(1) (2)	(1)	(2)	(3)	(9)
4.2. Income	(1) (2)	(1)	(2)	(3)	(9)
5. Vehicle rental for travel experience activities (kayaks, rafting)					
5.1. Number of customers served	(1) (2)	(1)	(2)	(3)	(9)
5.2. Income	(1) (2)	(1)	(2)	(3)	(9)

2.6. What are the benefits of households when participating in community tourism groups/groups? (Multiple suitable options can be selected)

- [] 1. Increase the number of tourists coming to the family, thus increasing income

- 2. Better promotion of local tourism products
- 3. Sharing experiences in tourism
- 4. Easier access to loans
- 5. Easy to connect and link with units and travel agencies
- 6. Get more information about regulations and policies
- 7. Have a greater voice in local DL development
- 8. Ensure fairness in regulating guests and assigning members
- 9. Help share DL benefits with the community
- 10. Increase quality and professionalism
- 11. Other benefits:
- 12. No benefits

2.7. Is there a Coordination Board/Cooperative for Community Tourism established by AOP in the village?

1. Yes 2. No → Jump to **Question 2.10**

If yes: Families with members participating in the Coordination Board/Cooperative doing community tourism?

1. Yes 2. No

2.8. What are the benefits of households when there is coordination of the Coordination Board/cooperative for community tourism? (Multiple suitable options can be selected)

- 1. Increase the number of tourists coming to the family, thus increasing income
- 2. Better promotion of local tourism products
- 3. Sharing experiences in tourism
- 4. Easier access to loans
- 5. Easy to connect and link with units and travel agencies
- 6. Get more information about regulations and policies
- 7. Have a greater voice in local DL development
- 8. Ensure fairness in regulating guests and assigning members
- 9. Help share DL benefits with the community
- 10. Increase quality and professionalism
- 11. Other benefits:
- 12. No benefits

2.9. Do you face any difficulties in participating in community tourism activities supported by AOP's Project?

1. Yes 2. No

2.9.1. If so, what are the difficulties?

.....

.....

.....

2.10. **In general**, how does the project change the economic benefits of the community from CBT?
 (1) The economic benefits (income, infrastructure) enjoyed by the community (village) are less than before the activities of the AOP project (because the benefits must be shared with partners outside the community)

- (2) No change
- (3) Increase benefits for the community (village)

2.11. How does the project change the sharing of benefits in the community from CBT?

- (1) Few people in the community (village) benefit
- (2) Nothing changed
- (3) More people in the community (village) benefit more

2.12. What is your assessment of the general change of your village/hamlet since AOP implemented the Community Tourism model in the village?

	Worsening	No change	Better
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1. Infrastructure (roads, cultural houses,...)	(1)	(2)	(3)
2. Village/hamlet landscape	(1)	(2)	(3)
3. Sanitary conditions (domestic waste, wastewater treatment...)	(1)	(2)	(3)
4. On-site job opportunities	(1)	(2)	(3)
5. Income	(1)	(2)	(3)
6. Awareness of protecting natural resources (forests) and the environment (water)	(1)	(2)	(3)
7. Awareness of protecting the community's traditional culture	(1)	(2)	(3)
8. Expand understanding through exchanges and interactions with visitors	(1)	(2)	(3)
9. Community cohesion/solidarity	(1)	(2)	(3)
10. Citizen involvement in common community issues	(1)	(2)	(3)
11. Opportunities for poor households and disadvantaged households to rise up	(1)	(2)	(3)
12. Local government interest (promoting CSV investment, supporting community development)	(1)	(2)	(3)

2.12z. What do you think about the following comments?

	Disagree	Still the same	Agree
1. The cultural/spiritual life of the people in the village becomes richer, with more activities	(1)	(2)	(3)
2. The material and economic life of people in the village is less difficult and more prosperous	(1)	(2)	(3)
3. Natural resources (forests, water sources, etc.) are better managed	(1)	(2)	(3)
4. The life of people in the village is safer, less risky	(1)	(2)	(3)
5. The village becomes a more "livable" place	(1)	(2)	(3)

B. Financial Inclusion

2.13. From 2019 to now, has your family ever borrowed capital?

1. Yes 2. No (redirects to **Question 2.15**)

2.13.1. If so, from what source?

Loan Sources	(1) Yes (2) No	How much do you borrow now? (million VND)
1. Savings and credit group (VSLA)	(1) (2)	
2. Microfinance (APM, CCD)	(1) (2)	
3. Bank for Social Welfare	(1) (2)	
4. Other banks	(1) (2)	
5. Enterprises with associations and consumption	(1) (2)	

6. Private (collection, agent,...)	(1) (2)	
7. Friends, relatives	(1) (2)	

2.14. In your family, what is the participation of women (wives) in loan activities?

Loan source	Who decides to borrow? (1): Male (husband) (2): Women (Wife)	Who is the borrower (correct borrower)? (1): Male (husband) (2): Women (Wife)	Who decides to use this loan for what? (1): Male (husband) (2): Women (Wife)
1. Savings and Credit Group (VSLA)	(1) (2)	(1) (2)	(1) (2)
2. Microfinance (APM, CCD)	(1) (2)	(1) (2)	(1) (2)
3. Bank for Social Welfare	(1) (2)	(1) (2)	(1) (2)
4. Other banks	(1) (2)	(1) (2)	(1) (2)
5. Enterprises with associations and consumption			
6. Private (collection, agent,...)	(1) (2)	(1) (2)	(1) (2)
7. Friends, relatives	(1) (2)	(1) (2)	(1) (2)

2.15. From 2019 to now, have you deposited savings?

1. Yes 2. No => redirects to **Question 3.1** (Part III)

2.15.1. If so, where can I save my savings?

Where to deposit savings	(1) Yes (2) No
1. Savings and Credit Group (VSLA)	(1) (2)
2. Microfinance (APM, CCD)	(1) (2)
3. Bank for Social Welfare	(1) (2)
4. Other banks	(1) (2)
5. Enterprises with associations and consumption	(1) (2)
6. Private (collection, agent,...)	(1) (2)
7. Friends, relatives	(1) (2)

2.16. If your family participates in the Savings and Credit Team, **what are the changes in your family's** access to finance?

	(1) More difficult	(2) No change	(3) Easier	(9) Unknown/None
Save money	(1)	(2)	(3)	(9)
Loans	(1)	(2)	(3)	(9)

Only use households with loans from Microfinance sources (APM in Da Bac/CCD in Dien Bien)

2.17. If you have ever participated in Microfinance (APM, CCD), are you still a member (customer)?

1. Yes 2. No (jump to sentence...)

2.17.1. If you **are still a member** of Microfinance (APM, CCD), are you satisfied?

1. Dissatisfaction 2. Normal 3. Satisfaction

2.17.2. What are the difficulties in maintaining membership? (Choosing many options, the Coordinator allows people to answer by themselves and tick in the appropriate options)

- 1. Establish a group/group
- 2. Arrange the required savings
- 3. Ability to repay loans
- 4. Know how to use technology to make transactions
- 5. Other difficulties (specified):.....

2.17.3. If your family **is no longer a member** , what is the reason:

- 1. My team has disbanded
- 2. My house can't arrange the required savings
- 3. My family doesn't want to participate anymore
- 4. Other reasons (specified):.....

2.16. If your family participates in Microfinance, what are the changes in your **family's** access to finance?**(Only ask in the APM area)**

	(1) More difficult	(2) No change	(3) Easier	(9) Unknown/None
Save money	(1)	(2)	(3)	(9)
Loans	(1)	(2)	(3)	(9)

2.16. How has participating in Microfinance provided by the Project (AMP/CCD) contributed to changing the economic conditions of your family? **(Only ask in the APM area)**

	(1) No change	(2) Few changes	(3) Many changes	(9) Unrelated
Increase income	(1)	(2)	(3)	(9)
Having capital to expand agricultural production	(1)	(2)	(3)	(9)
Having capital to develop business and trade	(1)	(2)	(3)	(9)
Having capital for vocational training and job creation	(1)	(2)	(3)	(9)

General access to finance

2.16. According to your assessment, comparing loans from banks, private loans with loans from savings credit groups/groups, which source do you choose?

- . Loans from banks
- . Loans from the private sector
- . Loans from savings and credit groups

2.16. According to your assessment, comparing loans from banks with loans from microfinance institutions, where do you prefer to borrow? **(Only ask in areas with microfinance institutions)**

- . Loans from banks
- . Loans from the private sector
- . Loans from savings and credit groups

III – THE IMPACT OF THE PROJECT ON EMPLOYMENT, INCOME AND THE ROLE OF WOMEN

A. Changes in economic status

Employment and income

3.1. How the community tourism activities that AOP's project has built have changed your family's jobs in recent years (2019 to now)

Affair	Influential (1: Yes, 2: No)	Diminish	Constant	Increase
1. Agricultural production (cultivation, animal husbandry,...)	(1) (2)	(1)	(2)	(3)
2. Tourism services (homestay, provision of agricultural products, motorbike taxis, catering, arts,.....)	(1) (2)	(1)	(2)	(3)
3. Small business	(1) (2)	(1)	(2)	(3)
4. Agricultural product processing services	(1) (2)	(1)	(2)	(3)
5. Hire	(1) (2)	(1)	(2)	(3)
6. Gross: Income-generating jobs	(1) (2)	(1)	(2)	(3)

3.2. How the community tourism activities that the project has built have changed the economic conditions of your family in recent years (2019 to now)

Source of income from	Influential? (1: Yes, 2: No)	Diminish	Constant	Increase
1. Agricultural production (cultivation, animal husbandry...)	(1) (2)	(1)	(2)	(3)
3. Tourism services (homestay, provision of agricultural products, motorbike taxis, catering, arts,.....)	(1) (2)	(1)	(2)	(3)
4. Small business	(1) (2)	(1)	(2)	(3)
5. Agricultural product processing services	(1) (2)	(1)	(2)	(3)
6. Hire	(1) (2)	(1)	(2)	(3)
7. Total income of households	(1) (2)	(1)	(2)	(3)

B. Changing the role and status of women (brought about by CBT and financial inclusion)

The role of women in the household

3.3. In your family, what is the role of the **production and business** activities of the woman (wife)?
(3.3. To what extent has the woman (wife) participated in the following production and business activities in her family?)

Activity	To what extent do you feel the women in the family (wives) have been involved in the decisions? (1): Not Participating (2): Get a little involved (3): Participate in many
1. The management of spending (buying, selling, shopping) of the family	(1) (2) (3)
2. Production Decision	(1) (2) (3)
3. Decision in consumption	(1) (2) (3)

3.4. In your family, production **and business** activities, who decides?

Activity	Who is usually the final decision maker in your family? (1): Male (Husband) (2): Women (Wife)
1. The management of spending (purchase, sale, procurement) of the family	(1) (2) (3)
2. Decision on production	(1) (2) (3)
3. Decision in consumption	(1) (2) (3)

3.5. In your opinion, **have the activities of microfinance and village savings and loan groups created a change** in the role of women (wives) in their family's production and business decisions? 3.5. What is the difference between the role of women (wives) in production, business and economic management activities before and after participating in microfinance and loan savings groups from the following activities?

Activity	What is the role of women (wives) in production, business and economic management? (1): Reduce (2): Constant (3): Increase
1. Keep your family's money	(1) (2) (3)
2. The management of spending (buying, selling, shopping) of the family	(1) (2) (3)
3. Production Decision	(1) (2) (3)
4. Decisions on the sale of household products	(1) (2) (3)

3.6. Does AOP's project (**microfinance, village loan savings group**) contribute to the change in means (assets) of women in their families?

Means (property) registered in the names of women (wives, daughters): (1) Yes (2) No	In the past few years, in the family, the number of vehicles (property) of women (wives, daughters): (1): Decrease (2): Constant (3): Increase
1. Automotive: (1) (2)	(1) (2) (3)
2. Motorcycles: (1) (2)	(1) (2) (3)

Changes in the role of women in the community

3.7. Your assessment of the role of women in the community brought about by the Project

	Women in the leadership and management of the organization? (1): No (2): Yes	The role of women in decisions since the inception of the AOP project: (1): Reduce (2): Normal (3): Increase
1. Savings and Credit Group (VSLA)	(1) (2)	(1) (2) (3)
2. Microfinance (APM/CCD)	(1) (2)	(1) (2) (3)
3. Community Tourism Service Team (CBT)	(1) (2)	(1) (2) (3)
4. Cooperatives/enterprises (companies)	(1) (2)	(1) (2) (3)

C. Access to digital technology

3.8. Do women in my family use smartphones/tablets/laptops?

(1):Have (2):Not

1. If so, the level of technology use on your phone/tablet/ laptop (**multiple options selected**)

- 1. Search for information (google, safari, ...)
- 2. Social networks (facebook, zalo, youtube, tiktok,...)
- 3. Specialized applications installed: (**multiple options are selected**)
- Banking Software
- Microfinance Management
- Online shopping (shopee, lazada, tiki,...)

3.9. How has women's ability to adopt smartphone apps changed after the support of AOP's Project? Specifically, according to the following contents:

	Will the project improve your family's ability to adopt technology? (1):Have (2):Not	What is the level of contribution of the project? (1): Less (2): Many (3): A lot
Enhance knowledge		
1. Search for information and knowledge on the internet (google, youtube,...)	(1) (2)	(1) (2) (3)
Production, business, tourism		
2. Buying/selling online (e-commercial)	(1) (2)	(1) (2) (3)
3. Advertising and selling community tourism products	(1) (2)	(1) (2) (3)
Financial performance		
4. Transfers/payments (e-banking)	(1) (2)	(1) (2) (3)
5. Deposit savings on the app	(1) (2)	(1) (2) (3)

3.10. Does the application of technology improve your family's production, business, and access to finance? Specifically, according to the following contents:

	Does technology application improve production and business? (1):Have (2): No	How does technology improve production and business? (1): Less (2): Many (3): A lot
Enhance knowledge		
1. Search for information and knowledge on the internet (google, youtube,...)	(1) (2)	(1) (2) (3)
Production, business, tourism		
2. Buying/selling online (e-commercial)	(1) (2)	(1) (2) (3)
3. Advertising and selling community tourism products	(1) (2)	(1) (2) (3)
Financial performance		
4. Transfers/payments (e-banking)	(1) (2)	(1) (2) (3)
5. Deposit savings on the app	(1) (2)	(1) (2) (3)

IV – SUSTAINABILITY

A. Sustainable, scalable

4.1. Do you understand how to do community tourism in villages/hamlets according to the model (guidance) from AOP's Project?

1. I don't understand Understand 2. Understand a little 3. Understand

4.2. Can you do community tourism in the village/hamlet according to the model (guide) from AOP's Project?

1. Not able to do it yourself 2. Do it with support 3. Do-it-yourself

4.3. In the next year, does the family plan to expand the types of tourism services in collaboration with the DA's DVDL team/team?

1. Yes 2. No 9. No reply

4.4. Will my family expand and increase its activities, diversify more products and services to serve tourists?

1. Yes 2. No 9. No reply

4.5. Currently, the family has a need to save and borrow capital

From the Village Savings and Credit Group (VSLA): 1. Yes 2. No

From the Micro Credit Fund (APM, CCD) anymore? 1. Yes 2. No

B. Difficulties in continuing to do CBT when the project ends

(Only ask households participating in CBT)

4.6. Do you face any difficulties when continuing to do tourism according to the model that the project has built?

1. Yes 2. No

4.7. Do community tourism service groups have difficulties in organizing activities to serve tourists?

1. Yes 2. No

4.8. In your opinion, should the way of doing community tourism that the AOP Project is implementing be changed or not?

1. Yes 2. No

4.9. Can you learn more on your own to do tourism and serve tourists better?

1. Yes 2. No

Thank you for taking the time to participate in the interview. Wishing you good health and success!