

## Section I: Identification and JP Status

### Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam

#### Semester: 1-12

Country	Vietnam
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	0006724
Program title	Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam
Report Number	
Reporting Period	1-12
Programme Duration	
Official Starting Date	2010-02-03
Participating UN Organizations	<ul style="list-style-type: none"> <li>* FAO</li> <li>* UNICEF</li> <li>* WHO</li> </ul>
Implementing Partners	<ul style="list-style-type: none"> <li>* Department of Maternal and Child Health, Ministry of Health (MOH)</li> <li>* Department of Maternal and Child Health, Ministry of Health (MOH)</li> <li>* Health Education and Communication Center, MOH</li> <li>* Health Inspection Division, MOH</li> <li>* Hospital of Endocrinology</li> <li>* Legislative Department, MOH</li> <li>* Medical Service Administration, MOH</li> <li>* National Institute of Nutrition</li> <li>* Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI)</li> <li>* Provincial Health Department of 6 provinces</li> <li>* RUDEC (Rural Development Center), MARD</li> </ul>

## Budget Summary

### Total Approved Budget

FAO	\$1,092,727.00
UNICEF	\$985,470.00
WHO	\$1,421,803.00
<b>Total</b>	<b>\$3,500,000.00</b>

### Total Amount of Transferred To Date

FAO	
UNICEF	
WHO	
<b>Total</b>	<b>\$0.00</b>

### Total Budget Committed To Date

FAO	\$991,864.00
UNICEF	\$848,269.00
WHO	\$1,218,328.00
<b>Total</b>	<b>\$3,058,461.00</b>

### Total Budget Disbursed To Date

FAO	\$952,217.00
UNICEF	\$848,269.00
WHO	\$1,199,124.00
<b>Total</b>	<b>\$2,999,610.00</b>

## Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Cost Share	Irish Fund	\$100,000.00	\$0.00	\$50,000.00	\$50,000.00
Counterpart	MOH	\$50,000.00	\$0.00	\$0.00	\$0.00

#### DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

#### Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
Women of reproductive age	26,840	26,840	Families	Promotion of Exclusive Breastfeeding
Children	10,461	10,461	Families	Promotion of Exclusive Breastfeeding
Children under 5	0	310,000	Breast Feeding Women	Behaviour Change Communication Initiatives (Hand Washing, Etc)

## Section II: JP Progress

### 1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

#### **Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)**

The Joint program has made contribution to ongoing effort in nutrition and food security strategy and policy at all levels.

With the direct technical support from the JP, the finalisation of the 2011-2020 National Nutrition Strategy was completed and it was submitted to the Prime Minister for approval in December 2011. Social mobilization and advocacy programme on breastfeeding promotion, especially advocacy for policy changed at high political level was successes with the two different laws were passed by the National Assembly in June 2012, one related to the law on 6 month paid maternity leave for breastfeeding women, and the Decree 21 on Marketing of Nutrition Products for Young Children other is on ban of advertisement of milk, breast milk substitutes for children under 24 month, and nutrient complimentary food for children under 6 month.

Results of the joint programme on improvement of nutrition intake in agricultural productions in the project areas have been used as good practices for the restructuring of agriculture sector, serving for the current National Target Programme on New Rural Area of the country.

#### **Progress in outcomes**

Outcome 1: "Improved monitoring system on Food, health and nutrition status of mothers and children..." This outcome is achieved through

- Data and baseline survey completed and disseminated with all target province.
- IDD monitoring and reporting supported for all 63 provinces of Vietnam.
- Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology introduced to the target provinces.
- Food Insecurity and Vulnerability Information Mapping System (FIVIM) introduced and in place for target provinces.
- National Nutrition Strategy 2010-2020 completed and submitted to the Government for approval.
- 3rd draft of the IYCF action plan 2011-2015 developed and reviewed.
- First draft of the National Plan of Action for Nutrition developed.
- Results of the general nutrition survey are disseminated to 63 provinces of the country.

Outcome 2: "Improved infant and young child feeding practices...". This outcome has been achieved through

- Support the National communication campaigns in line with the joint communication plan among Ministry of Health and UN
- Training package introduced on IYCF, including trainer of trainers for the whole of the target provinces and replication at communication level. The package includes theoretical and practical skills on IYCF and breastfeeding counselling in the whole of targeted provinces
- Introduction of BFHI to the hospital and health clinic system, including trainer of trainers and circular on BFHI developed and endorsed by the hospital in 2 provinces.
- Paid maternity leave for 6 months approved by National Assembly Committee for Social Affairs in December 2011 and related provisions included into the Labour Code Amendment;
- Revision of Decree 21 on Marketing of Nutrition Products for Young Children approved by the Minister of Health and included into MoH's official work plan.
- Support to the model of "Village Breastfeeding Mum Support Group" and establishment of new BF support groups

Outcome 3: “Reduction of micronutrient deficiencies ...”. This outcome has been partially achieved. The conditions for future achievement have been ready

- Developing training materials and guidance on micronutrient integrated into stunting reduction package and Infant and Young Child Nutrition IEC
- Procurement of Nutrition supplies as iron folic acid to pregnant women and distribution of Vitamin A
- Standard Operating Procedures (SOPs) for flour fortification with micronutrients and salt iodisation developed

Outcome 4: “Improved care and treatment service...”. This outcome has partially achieved through

- Integrated Management of Acute Malnutrition (IMAM) model introduced to Kon Tum, Dien Bien and Ninh Tuan Provinces to develop local capacity and systems for inpatient and outpatient treatment of malnourished children
- Medical and nutrition supplies provided to 5 hospitals and 9 commune health centres
- Local production of Ready to Use Therapeutic Food in line with global product specification established through research and development.
- Introduction of global nutrition in emergencies training package for disaster risk management to 14 disaster prone provinces
- Development of training materials, including revision of kangaroo-mother care guideline

Outcome 5: “Improvements in availability, access and consumption of more diverse food...” This outcome has partially achieved through

- Introduction of Farmer Field School on RICE for 350 farmers and support for demonstration sites in 3 provinces
- Support homestead food model for the target provinces, including fruit garden and soy bean production in 2 mountainous provinces
- Introduction of rice seed production model to farmer in disadvantaged areas
- Diverse livelihood opportunities for farmers to enhance the nutritional sources and adequate food for daily consumption

### **Progress in outputs**

1.1 Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition

UNICEF provided technical and financial support to National Institute of Nutrition in updating indicators and the data collection framework for the National Nutrition Surveillance System. The General Nutrition Survey and Surveillance Reports with updated indicators and data tables guided the development of the 2011-2020 National Nutrition Strategy. The introduction of Standardized Monitoring and Assessment of Relief and Transition Methodology (SMART) and planning and analysis software (ENA) facilitated the establishment of a more comprehensive and collaborative system to ensure reliable and timely data is used for decision making and reporting. New global indicators for infant and young child feeding was also incorporated into the surveillance system and applied in all programme provinces with national application from 2011. Regional review meetings were held with assessment of programme performance, budget allocation analysis, planning and combined with training on Iodine Deficiency Monitoring and Control by UNICEF in collaboration with technical staff from Hospital of Endocrinology, Provincial Preventive Medicine Centres and salt manufacturers.

WHO provided technical and financial support for conducting a population based nutrition survey in the WHO target provinces. This survey was designed to provide the baseline data for measuring the impact of the activities implemented under the Joint Programme of Nutrition. The specific objectives aimed in the survey were to assess the prevalence of malnutrition of the under 5 year old children; the prevalence of anaemia among women of reproductive age to describe Breastfeeding and Complementary Feeding knowledge and practice among mothers with children under 5 year old using WHO IYCF indicators; and to collect information on indicators related to coverage of micronutrients including iron folate, vitamin A supplementation and iodized salt usage.

For achieving those objectives, a sample of 1974 women in reproductive age and children under five were collected from each of the two WHO provinces in the four districts of both Cao Bang and Dak Lak provinces. National and provincial capacities were strengthened on data collection, including the development of the protocol, and questionnaire were developed, four teams in Cao Bang and three in Dak Lak have been trained for the data collection which will last for one month. To complete the survey, data entry and supervision is being carried out by staff from the Reproductive Health Centers, Preventive Health Center and MCH team. New data framework and recommended global indicators to survey and surveillance system are applied. In the first half of the year 2011, data on baseline survey available and disseminated to the target provinces; IDD monitoring and reporting supported for all 63 provinces with data ready for dissemination

WHO has given financial support at national level to conduct the annual review workshop to be held in January 2011 and for the monitoring and supervision trips during January 2011.

A review on anaemia interventions and recommendations for inclusion into National Nutrition Strategy has been made with technical support of involved Agencies.

#### 1.2. Improved information on food production, stocks, availability and market prices at national, provincial and local levels

FAO support for household baseline surveys in the targeted provinces to investigate the current status of household economy and agricultural production and to identify necessary interventions for assisting households improving their production and income. Training need assessments crop production and livestock production were conducted and training needs identified for improving local staff and officers capacity in crop monitoring and decision making. Based on the training need, training materials were developed and printed. Trainings were delivered to for 144 local staff and officers.

GIEWS system has been set up at national level. A study on current monitoring capabilities to set up GIEWS workstations at national level was produced and so far, 4 targeted provinces have been prepared to set up GIEWS workstations. Training material and training on the use of GIEWS in agricultural production were delivered for 120 local staff in 6 provinces.

Series of training manual for monitoring market prices, analysing market prices, training guideline for climate monitoring and analysis were developed in 2010 and quite a few training sessions on analytical tools and information management conducted for 150 staff at provincial and district level in 6 provinces. The training sessions for 6 provinces have been conducted in the first half of the year 2011 for both technical staff at targeted provinces and local farmers.

#### 1.3. Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children

To establish a sustainable tracking system to monitor impact of volatile food prices and crisis on the nutritional status of women and children, UNICEF supported inclusion of sensitive indicators into the National Nutrition Surveillance system. A comprehensive training was conducted for the Surveillance Department at National Institute of Nutrition, General Statistic Office, Viet Nam Red Cross and representatives involved in the surveillance system from the joint programme supported provinces. The training was conducted by the developers of the global SMART guidelines and ENA software to provide the participants with skills and essential tools to collect the data necessary for monitoring and planning direct and targeted interventions. The training focused mostly on the nutrition indicators, and the next steps would be to complement with the food security component of the methodology when these guidelines have been finalised at the global level.

Food crisis monitoring has been integrated into national surveillance system with surveillance of seasonal incidence of malnutrition. Health and nutrition personnel from central level government and in 15 disaster prone provinces demonstrate increased knowledge and capacity to conduct nutrition assessments with introduction of Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology and tools. 6 nutrition assessments at 6 communes have been conducted after natural disasters using updated methodology and tools.

#### 1.4 Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)

Vulnerability maps and vulnerable group's profiles are identified and at the final reports are to complete in early 2011.

FAO supported to complete the report on current situation on food security monitoring system, information needs and data for FIVIMS. Guideline on food insecurity assessment has been prepared and shared with all stakeholders. Till the end of 2010 150 staff at provincial and district levels of 6 provinces are provided training on strengthening national capacity in collecting and analysing data on food insecurity and vulnerability.

Food Insecurity and Vulnerability Information Mapping System (FIVIM) has been in place at 12 communes of 6 provinces in the JP.

In order to run the system, technical knowledge and knowhow have been designed to be transferred to local level where necessary inputs are entered. A couple of training sessions have been provided to provincial staff on market price monitoring and analysis. Pilot monthly data collection of market price has been introduced to provincial level to test the system before applying to all targeted provinces in the third year of the project implementation. Recommendation from testing of monthly data collection will be incorporated into the report to be sent to the Government for application nationwide.

1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented. The 2011-2020 National Nutrition Strategy was finalised and submitted to the Prime Minister for approval in December 2011. Paid maternity leave for 6 months was also approved by National Assembly Committee for Social Affairs in December 2011 and related provisions included into the Labour Code Amendment following extensive advocacy work at national and sub-national level. The monitoring report on 5 years of implementation of Decree 21 is now available and facilitated approval of the revision by the Minister of Health for inclusion into MoH's official work plan.

Intervention to prevent anaemia throughout the life-cycle was reviewed in a consultative meeting with 90 participants from the Government, Academic Institutions, UN agencies and NGOs and key recommendations were formulated for consideration in the development of the national nutrition strategy and relevant action plans. The joint programme has technical and financially supported the Infant and Young Child Feeding National Action plan review. MCH department developed a road map on the IYCF National Action Plan which is being reviewed and approved. National experts, involved in the development of the previous Action plan have been identified and the report is finalized. Disseminated results of the general nutrition survey to 63 provinces and to guide provinces in developing provincial plan on nutrition. National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea has been developed and distributed.

#### 1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition

In the last two quarters of 2010, FAO has supported for the development of guidelines and training material on policy analysis, development and implementation. Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production have been prepared. The stakeholders are encouraged to use these technical reports and guidelines for planning of their activities in 2011. In close collaboration with local government, field investigation and analysis of local pro-poor and policies situations have been conducted to bring in the roadmap on possible solutions to integrate pro-poor into local policies and action plan. An action plan to be drafted with key actions to improve food, health and nutrition for the poor in September 2011.

#### 2.1 Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals

Communication for behavioural impact training has been conducted to facilitate development of a comprehensive communication strategy for Nutrition in Viet Nam. Following the training, a plan on communication activities for reaching a behavioural impact campaign was developed. The methodology and available formative research on Infant and Young Child Nutrition were used in the preparations for the World Breastfeeding Week Campaigns and other events. The 10 Steps to Successful Breastfeeding from the Baby Friendly Hospital Initiative was the topic of the campaign and target audience from health facilities was reached through special events, mass media and activities in the provinces. Over 20 published articles on breastfeeding were recorded in more than 20 newspapers during the week. WHO has financially supported to broadcast a TV spot on VTV1 on early initiation of breastfeeding which was broadcasted 23 times during the world breastfeeding week and another TV spot on exclusive breastfeeding out of the world breastfeeding week.

A village and community based model for promotion of breast feeding practice were formulated and implemented in An Giang Province to synchronize the activities at national level. Support groups of village collaborators and breastfeeding mothers were naturally formed in villages and received assistance in terms of technical information, knowledge and skills from peers, family members, village health workers, the commune health centre and mass organizations such as women union and youth union. A review meeting of the model was conducted to look further expansion of successful breastfeeding support models at village and commune level.

National communication campaigns conducted in line with the joint communication plan among MoH, UN and A&T. Training on Communication for behaviour impact training conducted. World breastfeeding week and logical framework for the communication campaign developed. TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.

Evidence report for revision prepared with data from 15 provinces and 5 municipalities and to be disseminated in July 2011 during the 5 year review meeting of Decree 21 implementation.

Nutrition Association, Paediatric Association and Vietnam Association for Protection of Children's Rights involved in advocacy for BF protection and promotions - including maternity leave. Health workers from community level to national hospital demonstrate increased knowledge and capacity to counsel on breastfeeding.

IEC on BF for BFHI clinics being developed jointly with WHO and A&T

2.2 Integrated BF promotion with ANC, delivery, and postpartum care

A training of trainers on Infant and Young Child Feeding has been conducted. The course has been facilitated by an international consultant and 5 of the National trainers on Breastfeeding. The training of trainers was held at national level and with participation from participants from national level as teachers from the Secondary Medical School, managers from the provincial health department, managers from the provincial and district hospitals, health staff working in the these hospitals and medical school professionals. There were 15 trainers coming from Cao Bang and Dak Lak provinces which were trained from the first week which trained another 25 participants from the mentioned provinces. Materials on IYCF Counselling integrated course to be adapted

During the 2 weeks, 4 practical sessions on breastfeeding counselling with dolls and complementary feeding in the classroom and 4 clinical Practice on breastfeeding counselling took place at the Hanoi Obstetric and Gynaecology Hospital and complementary feeding at the National Institute of Nutrition.

A plan for scaling up the IYCF course in the WHO provinces was developed. The courses in the provinces have reached to train the 100 % of the Commune Health Workers and Nutrition Collaborators of the target districts with the materials of the IYCF Counselling integrated course. WHO has supervised the training in both provinces.

In order to strengthen the capacities on the breastfeeding counseling, WHO has also developed the guidelines/questionnaire for pretesting of IEC materials, conducted a rapid survey questionnaire on knowledge, attitudes and practices, and media channels, on exclusive breastfeeding materials. Other IEC materials that have been developed are poster to promote exclusive breastfeeding among expectant mothers, poster among mothers and poster among parents. Commune Health Workers in project areas are trained and able to carry out comprehensive counseling on breastfeeding in 10 communes of Binh Thanh Dong and Phu Tho district, An Giang.

Output 2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate

There are currently only 59 BFHI hospitals (<1%) in the country and development of government standards for BFHI at all health facilities in the country has been initiated in collaboration with MoH Medical Services Administration to increase coverage and develop a national system for accreditation. Since most of the deliveries take place at district or commune health facilities, UNICEF supported establishment of BFHI standards at hospitals and 10 commune health clinics belong to Phu Tan District where 90% of the delivery cases take place. More than 100 doctors, midwives and nurse working in district hospital and commune health centre were trained on the BFHI's 10 steps and breastfeeding counselling at the health clinics; 14 big size posters and 20,000 leaflets on breastfeeding were prepared and distributed in the community. At Phu Tan district in An Giang Province, 108 sessions of group counselling practice were also conducted by well trained health staff for about 1500 mothers and child care givers.

A Training of Trainers on Baby Friendly Hospital Initiative. Twelve participants from the Joint Nutrition Programme provinces of Cao Bang and Dac Lak, plus staff from Save the Children and Alive and Thrive project are participating in the first week of the TOT. The materials used are the Baby Friendly Hospital Initiative: revised, Updated and Expanded for Integrated Care, 2009. The training objective achieved is to increase the initiation and exclusive breastfeeding rate in the targeted provinces through the ten steps of successful breastfeeding. The TOT covers the implementation of BFHI at national and provincial level, the course for hospital managers and the course for maternity staff. The course has been facilitated by an international consultant and 6 National trainers on Breastfeeding. The training of trainers was held at national level and with participation of managers from the provincial health department, managers from the provincial and managers from district hospitals of the WHO provinces. BFHI materials have been adapted and translated to Vietnamese. Health staff from obstetric and paediatric departments from provincial and district hospitals trained on the BFHI at Cao Bang and Dak Lak provinces.

Heads of obstetric and paediatric departments assessed the implementation of the 10 steps of BFHI.

The IYCF materials versions 2009 have been translated to Vietnamese with the support of WHO.



These trainings have the objective of increasing the initiation and exclusive breastfeeding rate in the targeted provinces through ten steps of successful breastfeeding. The TOT covers the implementation of BFHI at national and provincial level, the course for hospital managers and maternity staff. Breastfeeding support groups integrated to the BFH initiative at hospital level. The model of “Village Breastfeeding Mum Support Groups” was established and well functioned first in the two selective communes of Phu Tho and Binh Tan of An Phu district. This demonstration model was shared up to the national Child Malnutrition Control Programme at MOH and other international NGO in Dec 2010 and July 2011.

**Output 2.4:**  
Enhanced implementation of national code for marketing and trading breast milk substitutes  
The joint programme supported Ministry of Health and Health Inspection department with code monitoring on marketing of breast milk substitutes in close collaboration with Ministry of Industry and Trade. All 63 provinces were trained in code monitoring and demonstrate enhanced capacity to enforce Decree 21. A report on 5 years implementation of Decree 21 on Marketing of Breast milk substitutes identifying violations by hospitals and formula companies have also been made available and disseminated to strengthen enforcement of the national code.

The joint programme has also supported the translation of Annotated International Code of Marketing of Breast milk Substitutes and subsequent WHA resolutions materials (ICDC2008) into Vietnamese.

3.1 Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs available to all targeted children and women in the programme area  
3, 149,000 children received the recommended two doses of vitamin A in 2010 through donations in kind to UNICEF. The vitamin A capsules were successfully distributed with support from MDG-F funds and contributing to 99 percent coverage at national level.  
Nutrition supplies procured and Quality Assurance / Certification process initiated with support from UNICEF Supply Division in Copenhagen.

3.2. Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD).  
In the baseline survey conducted in the provinces, WHO has trained the health workers on testing hemoglobin level to detect anaemia deficiency and identification of household iodized salt usage. Local health workers of the target districts have been trained to give counselling of vitamin A, iron anaemia and IDD. The data collected from the survey, will estimate the knowledge of the population on vitamin A, iron anaemia and IDD for the development of the IEC materials.  
Micronutrient guidance and capacity development integrated into the essential stunting reduction package for managers, trainers and health workers.

4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in community and hospital systems improved  
A national training of trainers was conducted on Integrated Management of Acute Malnutrition with international facilitators (Professor Michael Golden and Dr Yvonne Grellety) with 52 participants from Ministry of Health Departments, Regional Paediatric Hospitals and senior paediatricians from 6 joint programme supported provinces. A pre- and post test was conducted showing an overall initial score of 38% emphasises the relatively limited knowledge prior to the workshop. The post-test, which is of course the most important in terms of future treatment of malnourished children in Vietnam, was 70%. This is above average of the 30 workshops conducted by the experts globally.

Joint programme provinces have also been supported to conduct capacity assessment for management of acute malnutrition, and Kon Tum province has developed a comprehensive action plan at commune, district and province level. Provincial health care workers at all levels were trained in management of acute malnutrition and anthropometric equipment were provided for screening and case identification. A national consultative meeting have also been held to agree on the next steps after the training and for other provinces to initiate their planning for implementation of integrated management at both community and hospital level. The draft guidelines and programme design was also reviewed by the consultants in collaboration with UNICEF Regional Office, and specific recommendations provided to strengthen the model of management. The model

functional comprehensively in Kon Tum province outreach support by Reproductive Health Centre. The Integrated Management of Acute Malnutrition model was expanded to Dien Bien and Ninh Tuan in December 2011 and will be rolled out further in 2012.

Technical support has been provided to develop the National guidelines for Kangaroo-Mother care for low birth weight/premature newborns. Evidence based literature regarding Kangaroo-Mother care guidelines have been shared from WHO to the national expert identified.

Government officials from 14 out of 15 disaster prone provinces (94%) and relevant institutions/agencies from the Nutrition Cluster trained in the global nutrition in emergencies training package for disaster risk management.

#### 4.2 Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to eat therapeutic foods

Therapeutic milk F75, F100, ReSoMal and essential equipment for preparations have been procured for management of 3,000 children with Severe Acute Malnutrition at health facilities and communities at the modelling sites. Mid-Upper-Arm-Circumference (MUAC) tapes, height boards and scales for infants and children have been procured for active case finding and screening of acute malnutrition. Posters and IEC material was developed and distributed to the sites. Local production of RUTF was established and the product is in line with the global product specification. An acceptability trial was conducted in malnourished pre-school children, and a randomised community-based effectiveness trial is ongoing in Kon Tum province to further guide the research and development of therapeutic foods.

Equipment has been transported and delivered to the WHO target provinces to diagnose haemoglobin deficiency, scales and measurement boards for infant, young child and women in reproductive age.

Inpatient Unit functional at Kon Tum Provincial Hospital, Dak Ha District Hospital and Regional Referral Hospitals (HCMC, Hue, Hanoi). Therapeutic feeding products have been provided to Kon Tum and Regional Referral Paediatric Hospitals in HCMC, Hue and Hanoi.

All nutrition supplies available in provinces. Iron Folic Acid for pregnant women and women of reproductive age in the target districts are in place.

#### 5.1. Increased efficiencies in rice production in the highland and mountainous regions in Vietnam through building capacity in rice integrated crop management systems (RICM)

FAO supported to conduct relevant survey to investigate the current status of the local crop seed production and supply in the targeted provinces. Training needs assessment was also conducted to identify on-farm quality rice seed production and storage.

Training manual for RICM training courses were developed and training conducted for 80 provincial staff in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces

Preparation works for field demonstrations in the next rice crop season from January in 2011 in Dien Bien, and March 2011 in Cao Bang are finalised. Training services for local technical staff and farmers in on-farm rice seed production using FFS (farmer field schools) will be conducted accordingly.

In 2010 and early 2011, demonstration site for ICM on rice seed were conducted at two mountainous provinces, one in the northern and one in the central highland where the geographical condition is hard for cultivation and livelihood. A total of 350 farmers were provided knowledge and skill on RICM technology through FFS. Through FFS, seedling and fertiliser were also provided with support of FAO.

RICM model is also successful conducted in Ninh Thuan for disadvantaged ethnic groups with total of more than 100 households

#### 5.2. Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education

With the support of FAO, survey missions to provinces were organised to investigate current capacity of local staff and NGOs in supporting homestead food production and small livestock production.

Report on training need assessment on for improving homestead food, small livestock production with findings and recommendations have been done. Training manuals for potentials for homestead food production and estimating livestock production were developed and printed for technical staff and project team. Training sessions were conducted for 160 staff from local NGOs in An Giang, Ninh Thuan, Kon Tum, Dak Lak, Dien Bien and Cao Bang provinces, including local agro-forestry extension workers, officers and staff from local seed companies, women unions and farmers association.

Training sessions on homestead food production skills are provided to 686 farmers in An Giang, Ninh Thuan, Kon Tum, Dak Lak, Dien Bien and Cao Bang provinces, comprising skills in harvest, postharvest and processing of some agro-products (legumes, maize, rice, soybean and fruits).

In 2011, demonstration models for homestead food production has been set up at Cao Bang province, including fruit garden and soya-bean tested based on the needs of local government. Farmers are supported to visit Rice seed production model to learn on the production skill and technique.

Ethnic households in central highland have been provided technical support in aquaculture production at small household level through demonstration models and regular technical guidance on raising tilapia in fresh water pond.

### **Measures taken for the sustainability of the joint programme**

UN agencies have been taken into account the requirement for sustainability of the activities conducted under the Joint Programme from the beginning of the programme and more strengthened after the mid-term evaluation. Sustainability Plan is being drafted by UN agencies in close consultation with the Government and it is to make sure that the plan will ensure the ownership of the Government when all the results of the programme are handed over to the Government.

Since the Joint Programme on Integrated Nutrition and Food Security Strategies has been implemented between the One Plan II (2006-2012) until the next programme cycle of One Plan 2012-2016. During the development of the One Plan 2012-2016, the three UN agencies did take into account how to take it forward what have been achieved under the Joint Programme and ensure the strengthening and replication of good models and results.

JP actions consider sustainability from the beginning. Piloted models and interventions in both health and agricultural components are integrated into the development and intervention of government-run national targeted programs. Advocacy activities support the inclusion of main activities and piloting processes in policies, strategies, plans and social security systems (for example, community breastfeeding support groups, micronutrients, IMAM, etc.).

Underlying each outcome is the idea of up-scaling and long-term actions. For example, in the case of micronutrient deficiencies, although UN agencies decided to distribute iron tablets to pregnant women for 1 year and a half, the goal is to explicitly include iron tablets in the social security care package for the poorest households (insurance for the poor).

The wide network of health workers and rural extension workers and the government's commitment will facilitate the maintenance and up-scaling of training. For example, the DoH in the Cao Bang province is working to upscale and maintain JP activities through training and provided materials. Health officials in Cao Bang reported that there would be resources from the government for this issue. Nutrition health workers at the commune level in Cao Bang considered that they have the skills needed to maintain the training in BF.

Advocacy and technical support is provided to MOH in order to integrate the training packages used during the Joint Programme as part of the national and provincial programmes under the Ministry of Health.

**Are there difficulties in the implementation?**

UN agency Coordination  
Joint Programme design

**What are the causes of these difficulties?**

External to the Joint Programme

**Briefly describe the current difficulties the Joint Programme is facing**

Quick turnover of the staffing involving in the implementation of the JP causes interrupted communication and coordination at some stages. This happens both at Government side the the UN agency side.

**Briefly describe the current external difficulties that delay implementation**

Due to the fluctuation of the economic situation and food price rising in the region and in Vietnam as well as the devaluation of Vietnamese dong currency in 2011, the implementation of the Joint Programme faces difficulties in term of funding shortage and replication of activities on larger scale.

Natural disaster and flooding in targeted provinces also hamper the implementation process of the JP in terms of field activities and financial shortage.

**Explain the actions that are or will be taken to eliminate or mitigate the difficulties**

## **2 Inter-Agency Coordination and Delivering as One**

**Is the joint programme still in line with the UNDAF?**

Yes true  
No false

**If not, does the joint programme fit the national strategies?**

Yes  
No

**What types of coordination mechanisms**

Vietnam is a pilot country for Delivering as One approach and has entered the new programme cycle of 2012-2016. The One Plan 2012-2016, which was developed through a long consultative process in a tripartite manner with Government and Development partners was signed with the Government in March 2012 and accordingly be implemented by UN agencies. Under the One Plan 2012-2016, there will be three Focus Areas and 12 Outcomes.

The governance structure of the One Plan 2012-2016 is being discussed and agreed with the Government and soon the structure of Programme Coordination Groups (PCGs) will be decided and set up.

Within the Joint Programme on Nutrition and Food Security, UN agencies are working together under the coordinating role of FAO as the Lead Coordinating Agency. A PMU has been set up at the Department of Maternal and Child Health, Ministry of Health and has been well functioning since; however, there is still some gap in communication between PMU and the three UN agencies.

With the biannual joint National Steering Committee meetings for all MDG-F Joint Programmes in the country, the Joint Programme has been regularly sharing information and exchanging knowledge on programme management procedures to facilitate a smoother implementation.

The exit strategy for the JP has been taken into account and discussion and brainstorming exercise has been carried out in the Joint Programme meetings and it has been planned so as the results of the Joint Programme will be incorporated into the current system of the Government and some follow up activities are earmarked to be funded under the One Plan 2012-2016.

**Please provide the values for each category of the indicator table below**

Indicators	Baseline	Current Value	Means of verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs	83%	83%	Harmonised Approach for Cash Transfer (HACT), UN-EU Cost norms	Regular reports, HACT monitoring
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs		2	Joint Programme meeting and monitoring plan of Programme Coordination Group (PCG)	Reports, meeting minutes
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs		4	Joint field trip reports	

*Under the framework of One UN in Vietnam, relevant UN agencies apply UN-EU Cost norms while only 2 out of 3 agencies apply Harmonised Approach for Cash Transfer (HACT) in their operation.*

*The joint programme would like to use existing coordination and information sharing mechanism and analytical work will be reviewed through PCG meetings, Nutrition Cluster and Partnership Group and other national review meetings. However it is too early in the joint programme to show the results of these indicators. Joint field trips were planned after the first national level planning meeting in early 2011. By the end of 2011, four joint monitoring missions have been conducted with the participation of all UN agencies and the Government, including both Ministry of Agriculture and Rural Development and the Ministry of Health.*

*Annual planning and review meeting was planned and organised to mobilise ideas from local to national level with the leadership of MCH where PMU locates.*

### 3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

**Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?**

Not Involved            false  
Slightly involved        false

Fairly involved false  
Fully involved true

**In what kind of decisions and activities is the government involved?**

Policy/decision making

Management: budget

Management: service provision

**Who leads and/or chair the PMC?**

Maternal and Child Health Department of Ministry of Health

**Number of meetings with PMC chair**

PMC meetings are quarterly held between PMU and UN agencies

**Is civil society involved in the implementation of activities and the delivery of outputs?**

Not involved false

Slightly involved true

Fairly involved false

Fully involved false

**In what kind of decisions and activities is the civil society involved?**

Management: service provision

**Are the citizens involved in the implementation of activities and the delivery of outputs?**

Not involved false

Slightly involved true

Fairly involved false

Fully involved false

**In what kind of decisions and activities are the citizens involved?**

Management: service provision

**Where is the joint programme management unit seated?**

National Government

**Current situation**

The programme started in February 2010 with focus on preparation for start up the implementation process. The Government participates and have been consulted and involved during the preparation of detailed work plan and implementation process. At activity level, the involvement of stakeholders can be seen quite clearly.

## 4 Communication and Advocacy

**Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?**

Yes false  
No true

**Please provide a brief explanation of the objectives, key elements and target audience of this strategy**

The proposal for advocacy and communication is integrated in the national communication strategy for specific event. National communication campaigns conducted in line with the joint communication plan among MoH, UN and A&T. For example for the National week on breastfeeding is an event where the joint effort of the Government and the UN agencies are mobilised to disseminate the message through mass media and open air events and meetings. In the long run, PMU will take the initiative in coordination with PUNOs in formulating the Communication strategy for spreading messages from the JP to targeted audience.

**What concrete gains are the advocacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?**

Increased awareness on MDG related issues amongst citizens and governments  
New/adopted policy and legislation that advance MDGs and related goals  
Key moments/events of social mobilization that highlight issues  
Media outreach and advocacy

*For two years of implementation, the Joint programme has gradually set up the foundation for cooperation and partnership with Academic institutions, local citizen groups and media. Quite a few of collaboration and relation have been shared with National Nutrition Institute, University, A&T, TV channel on the results of the JP. At grass root level, Farmer Union is playing an active role in promoting the activities and results, especially those related to crop productions, demonstrations of pilot models for income generation and nutrition supply for daily consumption of the people.*

**What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?**

Faith-based organizations	
Social networks/coalitions	
Local citizen groups	1
Private sector	
Academic institutions	2
Media groups and journalist	10
Other	

**What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?**

Household surveys  
Use of local communication mediums such radio, theatre groups, newspapers



Capacity building/trainings  
Others

*Community meetings held by mass organisations (Women Union, Youth Union, Farmer Union) and Nutrition Rehabilitation Group.*



## Section III: Millenium Development Goals

### Millenium Development Goals

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Improved monitoring systems on food, health and nutrition status of mothers and children used to guide food, health and nutritionrelated policies, strategies and actions		Improved availability and sharing of reliable food and nutrition-related information by province, ethnicity, gender and social sectors. Analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children. Pro-poor policies for improving food, health and nutrition formulated and integrated into national and provincial development goals and strategies. National and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socioeconomic Development Plan (SEDP) 2011-2015; MARD's rural development strategy; National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2011-2015.	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value

Improved infant and young child feeding practices including increased compliance with the UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months

delivery  
 % infants exclusively breastfed throughout the first 6 months of life  
 % children 6-9 month of age appropriately fed  
 % children 6-24 months provided appropriate and safe complementary feeding

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome

Beneficiaries

Reduction of micronutrient deficiencies in targeted children and women

JP Indicator

Value

% low birth weights  
 % mothers and under 5 children with Vitamin A deficiency  
 % mothers and children receiving high dose Vitamin A supplements  
 % pregnant women with nutrition anaemia  
 % women receiving iron supplements  
 % newborns covered with vitamin K injection  
 % population consuming adequately iodized salt  
 Improved food consumption and dietary diversity (rise in dietary diversity scores)

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome

Beneficiaries

JP Indicator

Value

Improved care and treatment services for young children with severe malnutrition and improved nutrition services for young children in emergency situations

% U5 children moderately and severely stunted (height for age)  
 % U5 children moderately and severely wasted (weight for age)  
 % U5 children moderately and severely wasted (weight for age) admitted in CSAM under emergency and nonemergency contexts  
 U5 child and maternal rates in hospitals and communities

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome

Beneficiaries

Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam

JP Indicator

Value

% farmers adopt RISM practices  
 Increased food production (rice, animal, fish, fruit and vegetables) in target areas  
 % households use improved food preservation and processing techniques  
 Increased availability of food for consumption (rice; animal source foods)  
 Reductions in length and depth of the "lean season" and in food insecurity and risk of hunger at community level  
 Enhanced public knowledge of and information about good nutritional practices  
 Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children

## **Additional Narrative Comments**

### **Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level**

The joint programme contributes to the effort of the Government of Vietnam in combating hunger and poverty with success on the achievement of the MDG1. The Joint Programme also makes a contribution to realise the MDG 5 on improve maternal health.

### **Please provide other comments you would like to communicate to the MDG-F Secretariat**

UN agencies in Vietnam, including FAO, UNICEF and WHO are focusing their support to national programmes through policy development and system strengthening where it is difficult to measure attribution versus contribution related to number of direct and indirect beneficiaries. Support for development of policies, advocacy, strategies, legal documents, plans and guidelines and further support for capacity development in these areas are expected to have an impact for all children under 5 in Viet Nam which is according to the 2009 Census 7,316,000 children. New approaches are modelled and best practices generated from our support to selected provinces. These efforts and experiences are used to further strengthen national programmes, health systems and policies.

Part of the support is for piloting best practices on agricultural production with suitable models for each geographical area covered by the Joint Programme. Provision of micronutrients and vitamins for children under five years-old and mothers are channelled through local health clinics, hospitals and centers.

It is suggested that there should be a regional conference for all JP coordinators and technical staff to share the experience in the process of implementation. Lessons learnt from other countries would be useful for the country having the similar activities and difficulties.

MDGF should work with the Government to discuss on the follow up or post-MDGF JPs so that the sustainability is ensured.

## Section IV: General Thematic Indicators

### 1 Integrated approaches for reducing child hunger and under-nutrition promoted

#### 1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

##### Children under 2

Total No.	2652
No. Urban	212
No. Rural	2440
No. Girls	1299
No. boys	1352

##### Children from 2 to 5

Total No.	3978
No. Urban	318
No. Rural	3660
No. Girls	1949
No. Boys	2029

##### Children older than 5

Total	NA
No. Urban	
No. Rural	
No. Girls	
No. boys	

##### Women

Total	NA
No. Urban	
No. Rural	
No. Pregnant	

## 1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

### Children under 2

Total	1326
No. Urban	106
No. Rural	1220
No. Girls	650
No. Boys	1220

### Children from 2 to 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

### Children older than 5

Total	
No. Urban	
No. Rural	
No. Girls	
No. Boys	

### Women

Total	
No. Urban	
No. Rural	
No. pregnant	

### Men

Total	
No. Urban	
No. Rural	

## 1.3 Prevalence of underweight children under-five years of age

National % 18%  
Targeted Area % 28.4% and 23.4%

**Proportion of population below minimum level of dietary energy consumption**

% National  
% Targeted Area

**Stunting prevalence**

% National 31%  
% Targeted Area 36% and 39%

**Anemia prevalence**

% National 32%  
% Targeted Area NA

**Comments**

**1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected**

**Homestead food production and diversification**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Food fortification**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women

Boys

**School feeding programmes**

National

Local

Urban

Rural

Girls

Pregnant women

Boys

**Behavioural change communication**

National

Local

Urban

Rural

Girls

Pregnant women

Boys

**Gender specific approaches**

National

Local

Urban

Local

Girls

Pregnant Women

Boys

**Interventions targeting population living with HIV**

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

**Promotion of exclusive breastfeeding**





National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Therapeutic feeding programmes**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Vaccinations**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**Other, specify**

National  
Local  
Urban  
Rural  
Girls  
Pregnant Women  
Boys

**2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies**

## 2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

<b>Policies</b>	
National	4
Local	3

<b>Laws</b>	
National	2
Local	2

<b>Plans</b>	
National	5
Local	5

## 3 Assessment, monitoring and evaluation

### 3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National	3
Local	2
Total	5

**Joint Programme M&E framework**

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<b>OUTCOME 1: Improved monitoring systems on food, health and nutrition status of mothers and children used to guide food, health and nutrition-related policies, strategies and actions</b>								
Output 1.1: Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition	New nutrition indicators and official data collection frameworks for nutrition	NIN-MOH, 2006, Multiple Indicator Cluster Survey (MICS) 2006	New nutrition indicators and data collection frameworks for nutrition developed; New data framework and indicators applied in annual nutrition survey; Updated data on IDD and iron anaemia available; Updated data on IDD and USI status available	<p>New data framework applied to National Nutrition Surveillance with inclusion of recommended global indicators on IYCF, micronutrients and maternal nutrition;</p> <p>Updated data consolidated and disseminated in annual surveillance reports and provincial profile cards for 63 provinces</p> <p>Review meeting on anaemia interventions and recommendations for inclusion into National Nutrition Strategy. Data on baseline survey available and disseminated to the target provinces.</p> <p>IDD monitoring and reporting supported for all 63 provinces with data ready for dissemination.</p> <p>Information of the National Nutrition Survey disseminated to the 63 provinces during 3 regional workshops.</p> <p>Forum on micronutrients organized, including the update with new international recommendations related to: Vitamin A deficiency control,</p>	Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used; Report on results of specific studies on IDD and iron deficiency anaemia (IDA) and vitamin A deficiency. IYCF and BF practices... New nutrition survey from 2010 will use new frame work and questionnaire	Report from international and local consultants; Specific studies on IDD, iron anaemia and vitamin A deficiencies. Reviewing process and newly formulation	WHO, UNICEF	Data available to, and used by, local and national decision-makers and policy-makers; Data adequately reflects the incidence, nature and causes of food insecurity and vulnerability; Data collection and analysis conducted timely and data is of acceptable quality; Lack of cooperation and insufficient support from project partners and institutions. Willingness of national Government to support the process;

				<a href="#">Nutrition anaemia controls for women and children, Recommendation on the use of multiple micro-nutrients in prevention and control of micronutrient deficiencies for women and children in emergency/none emergency contexts</a>				
Output 1.2: Improved information on food production, stocks, availability and market prices at national, provincial and local levels	Improved methodologies for monitoring production and food prices adopted and applied; Number of provincial staff trained in crop production and livestock estimates; Improved monitoring systems implemented;	AgroInfo (MARD), 2009	GIEWS Workstation set-up and country-wide food price monitoring mechanism connecting each district established; Regular reports and bulletins on food statistics and market prices.	Current monitoring capabilities to set up GIEWS workstations at national level reported; Training material and training on the use of GIEWS in agricultural production for 120 local staff in 6 provinces conducted; Training needs assessment on crop production and livestock production conducted, training materials and training sessions conducted in 6 province for 144 provincial staff; Training manual for monitoring market prices, analysing market prices, training guideline for climate monitoring and analysis developed, training sessions on analytical tools and information management conducted for 150 staff at provincial and district level in 6 provinces; National GIEWS set up and hosted by Ministry of Agriculture and Rural Development; Frame work for training sessions on GIEW for staff at provincial and local levels prepared and training provided for local technical staff at 6 provinces; Staff and officers at provinces are trained on food market prices analysis and skills to run GIEWS workstation; Dissemination of information on early warning system on food insecurity at 6 provinces <a href="#">Organized 6 workshops on improving crop production survey methods, sampling frames, cereal balance sheet</a>	Situation analysis note on market information systems; Monthly national market briefs; Quarterly national market reports; Manual or technical guides.	Field visits; Annually and quarterly progress reports; Mission reports	FAO	Data available; willingness of the Government to the establishment of the national GIEWS

				estimates and monitoring climates and market price changes				
Output 1.3: Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children	Sentinel monitoring of affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations.	Data established in year 1		<p>Indicators integrated into surveillance system. Training conducted in Standardised Monitoring and Assessment of Relief and Transition (SMART) and Emergency Nutrition Assessment (ENA) software</p> <p>Food crisis monitoring integrated into national surveillance system with surveillance of seasonal incidence of malnutrition on-going at selected sites</p> <p>Health and nutrition personnel from central level government and in 15 disaster prone provinces demonstrate increased knowledge and capacity to conduct nutrition assessments with introduction of Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology and tools.</p> <p>6 nutrition assessments (6 communes) conducted after natural disasters using updated methodology and tools</p> <p>The visit to VN of a regional UNICEF expert to explore ideas on application of SMS data collection method to supplement Rapid Assessment on nutrition in emergency and detail proposal was formulated.</p>	Setting up a small scale sentinel site surveillance on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment reports.	Collection of data through pre and post visit reports; Pre and post intervention surveys; Annually and quarterly progress reports; Mission Reports.	UNICEF	
Output 1.4: Improved food and nutrition information through updated Food Insecurity and Vulnerability	Revised vulnerability maps and/or vulnerable group profiles produced reflecting the	FAO-FIVIMS (2000)	FIVIMS set up and maintain at national level	Report on current situation on food security monitoring system, information needs and data for FIVIMS completed; Guideline on food insecurity assessment prepared and shared with all stakeholders; 150 staff at provincial and district levels of 6 provinces are	Vulnerability analysis and monitoring methodologies; FIVIMS information dissemination and	Vulnerability assessment reports; Annually and quarterly progress reports;	FAO	Data available, FIVIM review and set up

Information Mapping System (FIVIMS)	latest food and nutrition insecurity situations.			<p>provided training on strengthening national capacity in collecting and analysing data on food insecurity and vulnerability; food insecurity maps and vulnerability factors produced</p> <p>Food Insecurity and Vulnerability Information Mapping System (FIVIM) in place at 12 communes of 6 provinces in the JP.</p> <p>Market price monitoring and analysis skills trained for provincial staff</p> <p>Monthly data collection of market price in place at pilot communes</p> <p><a href="#">Set up the price monitoring system of Agriculture products in 12 communes of 6 district in 6 provinces has been set up.</a></p>	mapping system; National FIVIMS reports.	Mission Reports.		
Output 1.5: National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented	National Strategy for Nutrition 2011-2020 and 5 year Action Plans for Nutrition 2011-2015 including micronutrient deficiency control; National IYCF Plan of Action; ; Lawand/or Gov regulations relating to support and protection of BF revised and submitted to government for approval.	National Nutrition Strategy 2001-2010; National Action Plan on Nutrition; Existing policies on maternity leave and on marketing of breast milk substitute. National action plan on IYCF		<p>IYCF action plan 2006-2010 (including maternal nutrition) reviewed and 3<sup>rd</sup> draft of the IYCF action plan 2011-2015 developed and reviewed. <a href="#">Last draft of the IYCF action plan developed.</a></p> <p>Disseminated results of the general nutrition survey to 63 provinces and to guide provinces in developing provincial plan on nutrition.</p> <p>National action plan on Nutrition 2011-2015 first draft developed and reviewed in English and Vietnamese. <a href="#">Two day consultation workshop on the NIN departments to review the NPAN</a></p> <p>National micronutrient guidelines under development</p> <p>2011-2020 National Nutrition Strategy finalised and submitted to the Prime Minister for approval in December 2011;</p> <p>Paid maternity leave for 6 months</p>	Progress reviews Documents of National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition and IYCF 2010-2015; (It will be included in National Action Plan on Nutrition)	Annually and quarterly progress reports; Mission reports.	WHO, UNICEF and FAO	

				<p>approved by National Assembly Committee for Social Affairs in December 2011 and related provisions included into the Labour Code Amendment;</p> <p>Revision of Decree 21 on Marketing of Nutrition Products for Young Children approved by the Minister of Health and included into MoH's official work plan.</p> <p>The national law on paid maternity leave of 6 month, and national law on ban advertisement of milk for children under 24 month olds, and complementary food for children under 6 month were officially passed in June 2012 (ready to be in effective in Jan 2013)</p>				
<p>Output 1.6: Implementation of pro-poor agricultural and rural development policies for better nutrition</p>	<p>Analytical reports and recommendations for national and sector policies and institutional reforms; Policy briefs and position papers directly addressing the needs, constraints and opportunities of the most vulnerable and malnourished; Increased visibility of food, health and nutrition in policy</p>	<p>Resolution No. 63/NQ-CP on national food security</p>		<p>Guideline and training material on policy analysis, development and implementation developed; Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production Field investigation and analysis of local pro-poor and policies situations</p> <p>Action plan drafted with key actions to improve food, health and nutrition for the poor; National seminar on food security and policies of local authorities addressing the needs of food with good quality and nutritional value as well as the coordination between two components: food security and health Organized 3 regional dialogues on policies and priority plan for food security activities at all levels in 2012</p>	<p>National development policies; Government reports</p>	<p>Sector monitoring reports of national government</p>	<p>FAO</p>	

	frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition.							
<b>OUTCOME 2: Improved infant and young child feeding practices including increased compliance with the UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months</b>								
Output2. 1: Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals	National Decree 21 positively revised; National Decree on maternity leave positively revised to include 6 months of maternity leave Baseline: 4 months of maternity leave Public awareness on benefits of breastfeeding increased; Political and financial commitment of policy-makers for breastfeeding gained; KAP of mothers on BF and CF improved.	National Decree 21 on marketing of breast milk (2006) and Current status of Code Violation 2008		Monitoring report on 5 years of implementation of Decree 21 available and revision approved by the Minister of Health inclusion into MoH's official work plan; Paid maternity leave for 6 months approved by National Assembly Committee for Social Affairs in December 2011 and related provisions included into the Labour Code Amendment; National communication plan for Infant and Young Child Feeding developed and being implemented  Road map prepared for the revision of Decree 21 and legal advisor from UNICEF NYHQ conducted systematic review; Code monitoring conducted for review step of road map. Consultative meeting on revision of maternity leave conducted; National PMU coordinator supported from April to December 2012; Training on Communication for behaviour impact training conducted to facilitate development of communication plan and plan for the communication for behaviour impact drafted plan. World breastfeeding campaign and plan for the	Annually and quarterly progress reports; Mid term review; Report of National Annual Nutrition Surveillance; Report of Baseline and end-line survey in programme provinces Annual exercise and report on monitoring of the national BF Code, <a href="#">PMU National Coordinator recruitment report</a>	Records of advocacy events accomplished and number of policies supporting BF approved by government; National Annual Nutrition Surveillance; Baseline and end-line survey in programme provinces. Annual report	TRA	The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH



			<p>communication for behaviour impact drafted, developed to World breastfeeding week campaign conducted; KAP of mothers and CF available.</p> <p>TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.</p> <p>Joint Programme national PMU functioning and IYCF National Steering Committee members informed</p> <p>Information on annual implementation status of IYCF being monitored</p> <p>National communication campaigns conducted in line with the joint communication plan among MoH, UN and A&amp;T.</p> <p>Training on Communication for behaviour impact training conducted. World breastfeeding week and logical framework for the communication campaign developed, TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.</p> <p>Evidence report for revision prepared with data from 15 provinces and 5 municipalities and to be disseminated in July 2011 during the 5 year review meeting of Decree 21 implementation Nutrition Association, Paediatrics Association and Vietnam Association for Protection of Children's Rights involved in advocacy for BF protection and promotions - including maternity</p>				
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			<p>leave.</p> <p>Three regional workshops conducted for health managers and health staff from the 63 provinces in Vietnam in order to advocate for the exclusive breastfeeding and the 10 steps of the BFHI.</p> <p>National professional associations involved in BF promotion Health workers from community level to national hospital demonstrate increased knowledge and capacity to counsel on breastfeeding. IEC on BF for BFHI clinics being developed jointly with WHO and A&amp;T PMU is operational at the two target provinces</p> <p>UN and Alive &amp; Thrive supported a national and provincial-level campaign during the World Breastfeeding Week 2011 with large events in Ha Noi and Ho Chi Minh city, supported by nine additional provincial-level events to extend impact and reach. NCHE (under MoH) was responsible to coordinate with Ham Nghi Co. to execute the event in Hanoi, including launching Music Night and Festival Day. Each organization was responsible for their respective responsible provinces. The campaign was co-funded by 3 organizations.</p> <p>In 2012, a joint campaign was also organized during the World Breastfeeding Week. Joint activities at national level included a press conference, press release, factsheet, development of a package of guidelines and messages on the WBW distributed</p>				
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				<p>to 63 provinces. Printing and distribution of IEC materials to selected National hospitals and breastfeeding counseling activities at the hospitals, a TV panel discussion was organized on how to create an enabling environment for Breastfeeding promotion and protection, with focus on the enforcement of current and newly approved policies. At the programme provinces, the activities included a breastfeeding music festival with quiz competitions, counseling activities at the provincial and district hospitals and distribution of IEC materials at the city and to the hospitals.</p> <p>Joint Monitoring trips to An Giang and Cao Bang provinces conducted to support the external evaluator trip to develop the Mid-term evaluation in 2011.</p> <p>Joint Monitoring trip to Kon Tum province supported during the mission of the MDG-F Secretariat in Vietnam.</p>				
<p>Output 2.2: Integrated BF promotion with ANC, delivery and post-partum care</p>	<p>IYCF trainer team available in (project sites) 6 provinces; Counseling skills on breastfeeding of health workers at commune, health centres, district and provincial levels improved.</p>	<p>Data established in year 1.</p>		<p>Teams of five provincial trainers in 4 provinces established and are able to provide training in BF and CF counselling to district and commune health staff. Community breastfeeding support networks established in An Giang and being initiated in Dien Bien and Ninh Thuan. Refresher training for IYCF trainer teams is on-going in collaboration between WHO and UNICEF.</p> <p>Increased the knowledge on IYCF, including the Trainer of Trainers on IYCF conducted at national level with 12 trainers and 20 participants. Plan for</p>	<p>Reports on training. Provincial plan for scaling up the IYCF training</p>	<p>Pre and post training assessment</p>	<p>WHO UNICEF</p>	<p>The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH</p>

			<p>scaling up in Cao Bang and Dak Lak developed. Materials on IYCF Counselling: an integrated course adapted. IEC materials on Breastfeeding reviewed and designed.</p> <p>Trainers from national, provincial and district level trained and increased theoretical and practical skills on IYCF Increased the knowledge on IYCF, Materials on IYCF Counselling: an integrated course adapted. Commune Health Workers in project areas are trained and able to carry out comprehensive counselling on breastfeeding in 10 communes of Binh Thanh Dong and Phu Tho district, An Giang. Health workers demonstrate increased knowledge and skills on breastfeeding counselling in Cao Bang and Dak Lak provinces.</p> <p>Counselling corners established in 3 national hospitals and 2 provincial hospitals and knowledge on breastfeeding and post-delivery care provided. IEC materials provided for the hospitals.</p> <p>Conference on Promotion of Exclusive BF practices for the health staff of the whole 30 southern hospitals of Vietnam, and experience from community based BF of the pilot communes was shared for discussion/application.</p> <p>Scientific conference organized for the professional associations in Vietnam, including the Vietnam Paediatric Association including the development</p>				
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				of guidelines for their specific use.				
Output 2.3: Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate	Number of provincial hospitals that maintain Mother-Baby Friendly Hospital Initiative standards; Number of new community health facilities that provide BF counseling and IEC activities	Self Assessment Annual report of the BFHIs		<p>Circular on BFHI as minimum standard for hospitals with accreditation system under developments; Provincial Hospitals in Kon Tum, Dien Bien, Ninh Thuan and An Giang maintain BFHI standards and BF counselling using updated IEC is now available in 40 project communes. District BFHI model introduced to two new districts in An Giang.</p> <p>Currently only 59 BFHI hospitals. Development of standards for BFHI at all health facilities in the country initiated to increase coverage by strengthening requirements and systems. BFHI standards established at Phu Tan District Hospital and 10 commune health stations in An Giang Province. BFHI Trainer of</p> <p>Trainers for 12 provincial trainers from Cao Bang and Dak Lak provinces conducted. BFHI materials translated to Vietnamese.</p> <p>Circular on BFHI as minimum standard for target hospitals developed and endorsed by hospitals. Training on BFHI carried out at the provincial hospitals. BFHI materials adapted and translated to Vietnamese.</p> <p>Health staff from obstetric and paediatric departments from provincial and district hospitals trained on the BFHI at Cao Bang and Dak Lak provinces. Heads of obstetric and paediatrics departments assessed the</p>	Annual reports from provincial programme; Report of external assessment of BFHs; Field trip reports. Self assessment of BFHI in all provinces	External assessment of BFHs Observation during field trips	WHO, UNICEF	

				<p>implementation of the 10 steps of BFHI. Breastfeeding support groups integrated to the BFH initiative at hospital level.</p> <p>Provincial and district hospitals have developed their own implementation plan and schedule for the BFHI.</p> <p>“Breast milk-let’s talk about love” even at general hospitals of Dak Lak and Cao Bang. Breastfeeding support groups established in Cao Bang province (41 breastfeeding clubs) and Dak Lak province with the participation of the Vice chairman of the Woman’s Union, head of CHC, reproductive health workers, nutrition collaborators and mother with children &lt; 2 year old.</p> <p>The breastfeeding support groups were established in 2011 and have being supervised during the first six months of 2012.</p>				
Output 2.4: Enhanced implementation of national code for marketing and trading breast milk substitutes	Number of baby food and milk companies and health facilities who violate the national code on trading and marketing of breast milk substitutes.	Annual report on Code Violation (MOH)		<p>Annual report available and to be disseminated January 2011. International code translated and disseminated in Vietnamese.</p> <p>Report on 5 years implementation of Decree 21 on Marketing of Breast milk substitutes identifying violations by hospitals and formula companies available and disseminated</p> <p>All 63 provinces trained in code monitoring and demonstrate enhanced capacity to enforce Decree 21. Annual review on code implementation included in the revision process for decree 21 with dissemination ahead of world breastfeeding week.</p> <p>Statements from Cao Bang and Dak Lak</p>	Reports on results of monitoring trips on implementation of National Code	Monitoring trips with observation and using checklists	WHO, UNICEF	

				<p>provincial hospitals prohibiting the formula milk company's contact and usage of formula have been released and disseminated at the provincial health settings.</p> <p><a href="#">Training on monitoring the code carried out at provincial level and at the selected districts.</a></p>				
<b>OUTCOME 3: Reduction of micronutrient deficiencies in targeted children and women</b>								
<p>Output 3.1: Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area</p>	<p>Amount of Vitamin A, iron folic tables, de-worming drugs, multiple micronutrients, zinc, vitamin K and ORS procured and available for targeted women and children against the plan</p> <p>% coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns</p>	<p>MICS (2006) Provincial data established in year 1</p>		<p>Vitamin A available from IKD with 99 percent coverage; 2,340 ORS sachets for SAM (ReSoMal) procured and distributed</p> <p>Vitamin A available from IKD with 99 percent coverage; 2,340 ORS sachets for SAM (ReSoMal) procured and distributed; Nutrition supplies procured and Quality Assurance / Certification process initiated with support from UNICEF Supply Division in Copenhagen.</p> <p><a href="#">A formative assessment on possibility for application of social marketing approach in An Giang to promote the use of local iron folic supplement and nutrient reach food in prevention of nutrition anaemia in this province</a></p>	<p>Procurement report; Field trip report; Annual reports from provincial programme</p>	<p>Procurement records Records of receiving of supplied by programme, provinces Programme reporting system</p>	<p>UNICEF</p>	<p>Miro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010</p>
<p>Output 3.2: Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)</p>	<p>% provincial, district and commune health workers in targeted provinces trained on national guidance for micronutrient deficiency control; IEC materials on micronutrient deficiency control distributed to health facilities.</p>	<p>Data collected in year 1</p>		<p>Training on IYCF to health staff at provincial and district level and nutrition collaborators conducted in Cao Bang and Dak Lak.</p> <p>Micronutrient guidelines from the National Institute of Nutrition development have been approved by MOH, first draft of the guidelines has been developed.</p> <p>Micronutrient guidance integrated into</p>	<p>Training reports Annual reports from provincial programme</p>	<p>Pre and post training assessment Programme records</p>	<p>WHO</p>	

				<p>the essential stunting reduction package for managers, trainers and health workers</p> <p>Micronutrient guidance integrated into the essential stunting reduction package and Infant and Young Child Nutrition IEC materials</p> <p>Advocacy workshop organized on anaemia reduction strategies in most vulnerable groups and locations of Vietnam, including the categorization of different approaches of delivering interventions in different geographical location and target groups in Viet Nam based on recent available data.</p> <p>Provincial Center of Health Education of Dak Lak broadcasted messages on anaemia prevention and breastfeeding practices.</p> <p>Provincial training organized in the selected provinces to promote the anaemia prevention integrated interventions, including counselling to the women of reproductive age, IEC materials used to prevent and control anaemia, distribution of Iron Folic Acid tablets to the women of reproductive age and monitoring the distribution of supplies.</p>				
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**OUTCOME 4: Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations**

Output 4.1: Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with	Number of paediatricians trained in inpatient therapeutic care and treatment for child severe acute malnutrition; CSAM units in provincial hospitals and	to be locally established in year 1		National Training of trainers conducted for Integrated Management of Acute Malnutrition with 40 participants from national and provincial level; Provincial training and planning meetings conducted in Kontum, Dien Bien and Ninh Tuan Provinces for managers, paediatricians, nurses and other health	Report on training activities  Record and report from provincial programme Field trip report	Records of training activities  Observation during field trips	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the
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special needs in community and hospital systems improved	in two selected district hospitals; % of responsible government officials and international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package			workers; Inpatient Units functional at Kon Tum Provincial Hospital, Dak Ha District Hospital and 3 Regional Referral Hospitals (HCMC, Hue, Hanoi); Community-based management available and functioning in Kon Tum province at 9 communes and in other catchment areas through outreach support by Reproductive Health Centres.  Government officials from 14 out of 15 disaster prone provinces (94%) and relevant institutions/agencies from the Nutrition Cluster trained in the global nutrition in emergencies training package for disaster risk management Kangaroo-mother care guidelines reviewed.  Training on MUAC and anaemia prevention provided to commune health workers and village health workers in Dak Lak and Cao Bang provinces.	Provincial report 2009 before intervention of the CSAM			MOH
Output 4.2: Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to use therapeutic foods	Medical equipment installed in inpatient CSAM units at provincial hospitals and in 2 district hospitals; Number of inpatient and out-patient therapeutic feeding centres adequately supplied with key RTUF and drugs	to be locally established in year 1		Iron Folic Acid for pregnant women and women of reproductive age in the target districts requested  Medical and nutrition supplies provided to 5 hospitals and 9 commune health centres <a href="#">and newly extended location in 2012 programme</a> ; Local production of Ready to Use Therapeutic Food in line with global product specification established through research and development.	Procurement report  Record and report from provincial programme  Provincial report 2009 before intervention of the CSAM	Procurement records  Records of therapeutic feeding products received by the programme provinces	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continue to be encouraged by the MOH
<b>OUTCOME 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam</b>								
Output 5.1: Increased efficiencies in rice	% of farmers adopt RICM practices; Increased food	Local data to be		RICM training courses conducted for 80 provincial staff in An Giang, Ninh Thuan, Kon Tum and Dak Lak	Minutes of meetings;	Specific studies Questionnaires	FAO	Existing extension network can reach farmers of targeted

<p>production in the highland and mountainous regions in Vietnam through building capacity in rice integrated crop management systems (RICM)</p>	<p>production (rice, animal, fish, fruit and vegetables) in target areas;</p>	<p>collected in year 1</p>		<p>provinces            Demonstration site for ICM on rice seed at two provinces            350 farmers were provided knowledge and skill on RICM technology through FFS</p> <p>Technical support for RICM models in Ninh Thuan, Daklak and Kontum with 14ha and 9 training course for farmers in these provinces on ICM technique and sustainable and safe environment management with 260 farmers and local's staffs were trained.            Selected nutrition intake improvement through sticky corn demonstration models in Kontum applied the ICM technique and 3 training courses for 100 farmers (50 farmers/commune x 2 communes).</p>	<p>Reports of field surveys and studies</p>	<p>Research and field surveys;            Annual and quarterly progress reports;            Mid term review and final evaluation report</p>		<p>communities and involve food insecure communities;            Extension workers allowed and encouraged to participate fully in training provided under the project;            Appropriate technologies identified and successful methodological approaches applied.</p>
<p>Output 5.2: Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education</p>	<p>% households use improved food preservation and processing techniques;            Increased availability of food for consumption (rice; animal source foods);            Reductions in length and depth of the "lean season" and in food insecurity and risk of hunger at community level;            Enhanced public knowledge of and information about good nutritional practices;            Increased dietary diversity (dietary diversity scores)</p>	<p>Local data to be collected in year 1</p>		<p>Report on training need assessment on for improving small livestock production with findings and recommendations done, training manual for estimating livestock production completed 160 staff from local NGOs in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces have been trained;            homestead food production (VAC model) skills are provided to 686 farmers in An Giang, Ninh Thuan, Kon Tum, Dak Lak, Dien Bien and Cao Bang provinces</p> <p>Demonstration models for homestead food production set up at Cao Bang province, including fruit garden and soybean tested based on the needs of local government</p> <p>Farmers are supported to visit Rice seed</p>		<p>Specific studies            Questionnaires            Research and field surveys;            Annual and quarterly progress reports;            Mid term review and final evaluation report</p>	<p>FAO</p>	<p>Lack of strong commitment, ownership, and active participation by stakeholders;            NGOs/IPs fail to meet targets</p>

	<p>especially of animal sourced foods for vulnerable households and women and children.</p>			<p>production model to learn on the production skill and technique;</p> <p>One documentary movie on rice production broadcasted on the TV channel of Ninh Thuan province;</p> <p>Diversified food sources for improvement of nutrition and nutrition rich food for ethnic communities, including demonstration models on Green bean, rice, and fruit demonstration applied the ICM technique in Caobang, and Dien Bien, now training technical for farmers and local staffs.</p> <p>After success 4 aquacultures demonstration in Kontum and Daklak in 2010-2011, expansion of models based on the priority of local community for one more demonstration model in DienBien and one more commune in Tumorong District, Daklak provinces.</p> <p>Aquaculture technical training materials completed and 3 trainings for 3 provinces completed.</p> <p>Chicken raising demonstration model at household level have been set up at 5 provinces Caobang, Kontum, Angiang, Ninhthuan and Daklak</p>				
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**MDG-F Monitoring Report**  
**Joint Programme Results Framework with Financial Information**  
**(July 2012)**

Completed
Ongoing
Delayed/Cancelled

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Disbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
<b>1.1 Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition</b>									
New nutrition indicators and data collection frameworks for nutrition developed	1.1.1 . Technical assistance to review/update of the nutrition programme indicators and data collection framework at national level	WHO	NIN, MCH	35,417			35,500.00	35,500.00	100.23%
	1.1.2. Provide technical and financial assistance for annual Nutrition Surveillance and apply updated indicators and data collection framework (training at national level)	UNICEF	NIN, MCH	11,069			11,821.91	11,821.91	106.80%
	1.1.3. Provide technical and financial support on surveillance on micronutrient deficiencies in the Target provinces	WHO	NIN, MCH, MOH	41,882			39,430.00	39,430.00	94.15%
	1.1.4. Provide technical and financial support on surveillance on micronutrient deficiencies in selected provinces	UNICEF	MOH	21,068			23,609.18	23,609.18	112.06%
	1.1.5. Consolidation and periodic dissemination of nutrition data from national nutrition surveys, surveillance and programme monitoring reports, including study on seasonal trends in malnutrition incidence	UNICEF	NIN		15,000	10,000	4,287.16	4,287.16	28.58%
	1.1.6 Review of nutrition information and programme reports through functional Nutritional Cluster & Partnership Group	UNICEF	NIN		5,000	5,000	3,118.94	3,118.94	62.38%
	1.1.7. Supportive supervision and monitoring on Iodine Deficiency Disorders and salt iodisation in selected regions	UNICEF	Hospital of Endocrinology		15,000		10,759.16	10,759.16	71.73%
	1.1.8. Monitoring implementation of a set of nutrition related policies, decrees and guidelines in An Giang Province	UNICEF	DoH of An Giang PCFP province.		5,000		4,000.00	4,000.00	80.00%
	1.1.9. Sector Specific Rapid Assessments (SSRA) and surveys in disaster affected areas, including introduction of the new food security component of the Standardised Monitoring and Assessment of Relief and Transition (SMART) tools	UNICEF	NIN		15,000		10,000.00	10,000.00	66.67%
	1.1.10. Disseminate the findings of the baseline survey in the targeted provinces, including the anaemia prevalence in women of reproductive age, under-nutrition prevalence in under five year old children and breastfeeding and complementary practices describe among children under two year	WHO	Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		16,000	40,000	34,479.00	19,479.00	121.74%
	<b>1.1 Sub total</b>			<b>109,436</b>	<b>71,000</b>	<b>55,000</b>	<b>0.00</b>	<b>0.00</b>	

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Unbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
<b>1.2 Improved information on food production, stocks, availability and market prices at national, provincial and local levels</b>									
84 provincial staff trained in	1.2.1. National GIEWS Workstation established	FAO	DCP, MARD	-					
Improved monitoring systems implemented;	1.2.2. Methodological support for estimating crop production	FAO	DCP, MARD	50,000			47,383.00	47,383	94.77%
GIEWS Workstation set-up;	1.2.3. Methodological support for estimating livestock production	FAO	DLP, MARD	40,000			39,000.00	39,000	97.50%
Regular reports and bulletins on food statistics and market prices	1.2.4. Capacity for forecasting and early warning of food emergencies enhanced	FAO	DCP, MARD	40,000			39,000.00	39,000	97.50%
	1.2.5. Capacity for preparing technical reports is enhanced	FAO	DCP, MARD	25,000			22,000.00	22,000	88.00%
	1.2.6. (i) Carry out provincial workshops on improving crop production survey methods, sampling frames, cereal balance sheet estimates and monitoring climates and market price changes (ii) Conduct the training course for GIEWS Workstations' staffs at national and provincial level	FAO	DCP, MARD		45,000		23,209.00	23,209	94.60%
	1.2.7. (i) Provide training on climate and market prices monitoring and analysis (ii) Develop system for monitoring market prices (selection of participatory agents, provide trainings on data collection et system operation and management, database building up and updating) (iii) Monthly data collection of market prices	FAO	RUDEC				19,359.00	19,359	
	<b>1.2 Subtotal</b>			<b>155,000</b>	<b>45,000</b>	<b>0</b>	<b>0.00</b>		
<b>1.3. Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children</b>									
Sentinel monitoring of affects of food crisis;	1.3.1. A sentinel site in one selective province to monitor affects of food crisis developed and functional	UNICEF	MOH	11,068			9,978.46	9,978.46	90.16%
X joint rapid nutrition assessments in emergency situations conducted	1.3.2. Responsible staff of central government and 15 disaster prone provinces trained on rapid nutrition assessment using latest training package	UNICEF	MOH	21,066			21,039.54	21,040	99.87%
	1.3.3. X joint rapid nutrition assessments of affected populations in emergencies	UNICEF	MOH	11,068			12,527.61	12,528	113.19%
	<b>1.3 Subtotal</b>			<b>43,202</b>	<b>0</b>	<b>0</b>	<b>-</b>		
<b>1.4 Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)</b>									
Regular FIVIMS maps produced	1.4.1. Report of user needs survey and training guideline	FAO	RUDEC, IPSARD, MARD	15,000			14,000.00	14,000	93.33%
	1.4.2. Specific food and nutrition indicators identified for use by FIVIMS	FAO	RUDEC, IPSARD, MARD	30,000			29,000.00	29,000	96.67%
	1.4.3. FIVIMS maps of target areas produced	FAO	RUDEC, IPSARD, MARD	15,000			14,000.00	14,000	93.33%

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Unbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	1.4.4. Training for dissemination and follow up on analytical tools and information management capacity	FAO	RUDEC, IPSARD, MARD	30,000			33,000.00	33,000	110.00%
	1.4.5. i) Support to monitor FIVIMS system (ii) Monthly flow and use of data from FIVIMS partner (iii) guideline and training materials for carrying out an assessment of food security and vulnerability	FAO	DCP, MARD		30,000		30,000.00	30,000	100.00%
	<b>1.4 Subtotal</b>			<b>90,000</b>	<b>30,000</b>	<b>0</b>	<b>-</b>		
<b>1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented</b>									
National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition; National guidelines for micronutrient deficiency control	1.5.1. The new national strategy for nutrition 2010-2020 and the 5 year action plan for nutrition 2011-2015 formulated and submitted (national and subnational)	UNICEF	MOH	31,067			33,617.66	33,618	108.21%
	1.5.2. The IYCF action plan for 2010-2015 formulated and submitted	WHO	MCH/NIN/MOH	27,709	25,000		48,184.00	32,470	61.60%
	1.5.3. New Gov. legislation on maternities leave formulated and submitted to central Gov.	UNICEF	MOH	16,067			36,905.47	21,905	136.34%
	1.5.4. A set of national guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls individually formulated and submitted to the MOH for approval	WHO	MCH/NIN/MOH	17,709			27,207.33	27,207	153.64%
	1.5.5. National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated	UNICEF	MOH	16,067			15,584.25	15,584	97.00%
	1.5.6. National Decree 21 revised and submitted to central government	UNICEF	MCH/MOH	0			-	-	
	1.5.7. MOH pick up 100% of the cost for vitamin A capsules to meet whole country demand by 2011	WHO	NIN/MCH/MOH	Cancelled activity			-	-	
	<b>1.5 Subtotal</b>			<b>108,619</b>	<b>25,000</b>	<b>0</b>	<b>-</b>		
<b>1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition</b>									
Analytical reports and recommendations for policy and institutional reforms; Increased visibility of food, health and nutrition in policy frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition	1.6.1. Three regional and one national policy workshop held; Regional policy dialogue initiated in first year	FAO	RUDEC, IPSARD, MARD	60,000			60,270.00	60,270	100.45%
	1.6.2. Action plans at provincial and national levels revised to be more pro-poor focused on improving food, health and nutrition	FAO	RUDEC, IPSARD, MARD	30,000			32,000.00	32,000	106.67%
	1.6.3. Explicit nutrition and health concerns integrated into pro-poor policies and into national policies; Accelerated implementation of existing pro-poor policies	FAO	RUDEC, IPSARD, MARD				-	-	

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Unbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	1.6.4. (i) Carry out capacity building activities for selected national partners on formulation and implementation of pro-poor nutrition supportive policies · Prepare training materials · Provide training classes in 6 provinces (ii) Raise awareness among key stakeholders of pro-poor and nutrition policy issues and concerns (iii) Seminars at local level with a focus on pro-poor and nutrition policy issues (iv) Facilitate policy dialogue and advocacy on the formulation and implementation of pro-poor nutrition policies Policy dialogues at local level Policy talk show in Hanoi with an emphasis on the formulation and implementation of pro-poor nutrition policies	FAO			80,000		53,084.00	68,504	85.63%
	1.6.5 (i) Prepare action plans for implementing pro-poor policies that improved food, health and nutrition (ii) Draft action plans (iii) Compile comments and synthesise preliminary action plans (iv) Finalize action plans	FAO	RUDEC, IPSARD, MARD			80000	15,420.00	15,420	
	<b>1.6 Subtotal</b>			<b>90,000</b>	<b>80,000</b>	<b>80,000</b>	<b>-</b>		
<b>2.1 Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals</b>									
National Decree 21 positively revised; National Decree on maternity leave positively revised	2.1.1. IYCF committee's office in MOH is available and fully functioning	WHO	MCH, MOH	14,999		10,000	18,106	18,106	120.71%
	2.1.2. Implementation status of IYCF at national level annually reviewed by MOH	UNICEF	MOH	-			1,682	1,682	
	2.1.3. National mass media communication campaign to improve commitment and investment of policy makers	UNICEF	MOH	11,679			22,951	22,951	196.52%
	2.1.4. Public awareness on benefits of BF increased	WHO	MCH, MOH and mass media agencies	36,766			70,663	65,663	178.60%
	2.1.5. National Decree 21 revised and submitted to central	UNICEF	MOH	21,066			44,445	44,445	210.98%
	2.1.6. Political and financial commitment from policy-makers for BF	WHO		17,709			38,690	38,690	218.48%
	2.1.7. One national professional association champions BF protection & promotion	UNICEF	MOH	21,066			13,164	13,164	62.49%
	2.1.8. National professional associations actively promote BF and CF	WHO	MOH	17,709			17,970	17,970	101.47%

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Disbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	2.1.9. Counselling skills of health workers at all levels improved, KAP of mothers on BF and CF improved	WHO	MOH	70,406			77,511	77,511	110.09%
	2.1.10. All communal BFHI clinics provided with handy IEC on BF	UNICEF	MOH	11,068			48,531	2,328	21.04%
	2.1.11. PMUs in Target provinces are established and functioning	WHO	PMU Programme provinces	36,728			71,221	67,018	182.47%
	2.1.12. Finalisation of the revised National Decree 21	UNICEF	MOH		10,000		46,203	10,736	107.36%
	2.1.13. Development of guiding circular on labeling of breastmilk substitutes/products	UNICEF	MOIT		10,000		3,592	3,592	35.92%
	2.1.14. Enforce revised Decree 21 and related legislation through code monitoring on compliance to marketing of breastmilk substitutes / nutrition products targeting mothers and children	UNICEF	MCH		20,000	5,000	19,387	19,387	96.94%
	2.1.15. Finalisation of Policy on Maternity Leave and Breastfeeding Enforcement in the Workplace	UNICEF	MOLISA		10,000	10,000	10,127	10,127	101.27%
	2.1.16. Development of standards and accreditation system on Baby Friendly Hospital Initiative for health facilities	UNICEF	MCH		20,000	5,000	20,000	2000000.00%	100.00%
	2.1.18. Development of the National action plan on Nutrition for period 2011-2015 with focus on micronutrient control and stunting reduction	WHO	NIN		60,000		25,887	18,887	31.48%
	2.1.19. Joint Programme PMU supported. Monitoring and supervision trips are conducted by PMU	WHO	MCH		30,000	33,500	63,826	25,452	84.84%
	<b>2.1 Subtotal</b>			<b>259,196</b>	<b>160,000</b>	<b>63,500</b>	<b>-</b>		
<b>2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care</b>									
IYCF trainer team available in 63 provinces	2.2.1. Five provincial and all district IYCF-TOT teams trained on BF and CF counselling	UNICEF	MOH, NIN	11,068		5,000	5,664	5,664.08	51.18%
	2.2.2. The key trainers from 32 provinces trained on IYCF0.	WHO	MCH, NIN	17,709		20,000	27,951	27,951.00	157.83%
	2.2.3. Counselling activities on breastfeeding promotion in commune health centres in 10 selected communes	UNICEF	MOH	11,068			4,737	4,737.32	42.80%
	2.2.4. Counselling skills on BF of health workers at communes health centers, district and provincial hospitals improved	WHO	MOH	17,869		20,000	26,828	26,828.18	150.14%



Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Unbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	<b>2.2.5</b> Support development of sub-national stunting reduction action plans and monitoring and evaluation frameworks aligned with the 2011-2020 National Nutrition Strategy and National Action Plan on Maternal, Infant and Young Child Nutrition	UNICEF	NIN		25,000		-	-	0.00%
	<b>2.2.6</b> Finalisation of the strategic plan on obstetric and paediatric treatment network	UNICEF	MCH		9,000		48,236	48,236	535.96%
	<b>2.2.7</b> Support counselling activities on early initiation and exclusive breastfeeding in 4 provinces in line with National nutrition communication plan	UNICEF	DoH and CHE centers of An Giang, Kon Tum, Ninh Thuan and Dien Bien, Provinces		72,000				
	<b>2.2.8.</b> Participation in relevant regional and global consultative meetings and support for exchange visits to strengthen institutional capacity and linkages with countries	UNICEF	MOH, MOIT		20,000		16,907	16,907	23.48%
	2.2.9. Sub-national actions plans on nutrition and stunting reduction developed	WHO	Cao Bang and Dak Lak Provinces		15,000		5,000	19,850	99.25%
	2.2.9 Support to provide TOT on IYCF at national level and support the IYCF training in the 4 UNIEF provinces	WHO	MCH (for An Giang, Dien Bien, Ninh Thuan and Kon tum)		50,000		48,236	48,236.00	96.47%
	2.2.10 Revise, adapt and print IEC materials on breastfeeding promotion	WHO	CHE/Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		50,000		21,907	16,907.00	33.81%
	2.2.11 Support the training of health inspectors, establish health inspectors teams and supervise implementation of the national code.	WHO	MCH/Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		15,000		15,000	0.00	0.00%
	<b>2.2 Subtotal</b>			<b>57,714</b>	<b>256,000</b>	<b>80,000</b>	<b>-</b>	<b>-</b>	<b>-</b>

**2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate**

Number of provincial hospitals maintain BFHI standards; Number of new community health centres achieve BFHI standards	2.3.1. BFHI self-assessment teams established and trained in 5 provinces	UNICEF	MOH	11,068			10,600	10,600	95.77%
	2.3.2. Provinces perform annual self-assessment exercises on BFHI	UNICEF	MOH	0					
	2.3.3 Revise training materials and programme and Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals	WHO	MCH, MOH	26,563	45,000		108,366	108,366	407.96%
	2.3.4. Orient CHCs on 10 steps of BFHI; Implement the model of communal BHF Centers in selected CHCs and rolling out to all CHCs in selected districts	WHO		52,344			113,475	98,475	188.13%
	2.3.5. Hospitals in selected five programme provinces assessed on criteria for BFHI	UNICEF	MCH, MOH	0	39000				

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			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	2.3.6. Counselling activities on BF promotion with mother support groups performed in commune health centers of 10 selected communes	UNICEF	MOH	26,139			19,469	19,469	74.48%
	2.3.7. Development and roll out of a National nutrition communication plan at national level with focus on breastfeeding promotion based on social marketing approach	UNICEF	MCH		60,000		59,729	59,729	100%
	2.3.2. Development and roll out of a National nutrition communication plan and activities at national and provincial level, based on social marketing approach	WHO	MCH/CHE/Provincial Health Department (PHD), CHE of Cao Bang, Dak Lak Province		100,000		81,212	24,212	24%
	2.3.3. Establish the Nutrition Education and Rehabilitation Groups in the selected districts.	WHO	Provincial Health Department (PHD)/CHE of Cao Bang, Dak Lak Province		40,000	10,000	27,246		0%
	<b>2.3 Subtotal</b>			<b>116,114</b>	<b>284,000</b>	<b>10,000</b>			
<b>2.4 Enhanced implementation of national code for marketing and trading of breast milk substitutes</b>									
Number of baby Food and milk companies and health facilities who violated the national Code on BF	2.4.1. Health inspectors and related staff of five UNICEF	UNICEF	MOH	11,068			22,257	22,257	201.09%
	2.4.2. Monitoring of the national Decree 21 in a standard manner in five selected provinces	WHO	MOH	10,869			4,458	4,458	41.02%
	2.4.3. Annual review meeting on Code implementation and enforcement reviewed for lesson learnt and action	UNICEF	MOH	11,068			10,664	10,664	96.35%
	2.4.4. Code Watch bulletin produced on regular basis	WHO	MOH	5,527			-	-	0.00%
	<b>2.4 Subtotal</b>			<b>38,532</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	
<b>3.1. Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area</b>									
Coverage of vitamin A among children 6-59 month of age;	3.1.1. Vitamin A, iron folic tables, de-worming drug and sprinkles, multiple micronutrient tablets procured for all targeted women and children	UNICEF		21,068		5,000.00	5,127	5,127	24.34%
Coverage of pregnant women with iron folic supplementation;	3.1.2. Zinc and ORS with low osmolarity for treatment of diarrhoea among under-five children in selected areas	WHO		17,869			1,500	1,500	8.39%
USI coverage of households;	3.1.3. Increased local production of ORS with new format	WHO		9,015		10,000	2,020	2,020	22.41%
% newborns with vitamin K injection	3.1.4. Vitamin K1 for preventing haemorrhages in newborns in selected areas available	WHO		6,890		15,000	-	-	0.00%
	3.1.5 Technical assistance on quality assurance and certification of locally produced fortified complementary foods, therapeutic foods, iron folic acid supplements and micronutrient sprinkles	UNICEF	Food Administration		10,000		6,226	6,226	62.26%
	3.1.6 Formulation of decrees and standard on food fortification with focus on iodised salt and flour fortification	UNICEF	Vietnam Food Administration		15,000		3,579	3,579	23.86%

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	3.1.7 Technical assistance to develop the standards of the interventions to prevent iron deficiency anemia in women of reproductive age and children under five.	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces				5,410	5,410	100.00%
	3.1.8. Support anaemia prevention measures for women of reproductive age and children under five year old through the existing provincial health system network and IEC sessions conducted	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		60,000		35,348	25,348	42.25%
	<b>3.1 Subtotal</b>			<b>54,842</b>	<b>85,000</b>	<b>30,000</b>	-		
<b>3.2. Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)</b>									
Coverage of vitamin A among children 6-59 month of age;	3.2.1. Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces	UNICEF	MOH				10,000	10,000	
	3.2.2. 80% health workers at provincial, district, commune in Target provinces trained on National guidance on micronutrient deficiency control	WHO	NIN	7,597	40,000		7,040	2,040	26.85%
Coverage of pregnant women with iron folic supplementation;	3.2.3. 80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control	UNICEF	MOH				9,175	9,175	
USI coverage in households	3.2.4. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces	UNICEF	MOH				14,450		
	3.2.5. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces	WHO	MOH, MCH, NIN, CHE				5,000	-	
	3.2.6. Joint monitoring trips on vitamin A, iron supplementation for children and post partum women in disadvantage localities of the programme areas	WHO	MCH, NIN, MOH	9,256			12,227	12,227	132.10%
	<b>3.2. Subtotal</b>			<b>16,853</b>	<b>40,000</b>	<b>0</b>	-		
<b>4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in community and hospital systems improved</b>									
Coverage of severe acute malnutrition children under 5 with CSAM;	4.1.1. National training manual (protocol) on inpatient therapeutic care and treatment (hospital based management of child severe malnutrition) adapted	UNICEF	MOH, Pediatric Hospitals	11,068			26,050	26,050	235.36%
Moderate and severe malnutrition rate	4.1.2. Public and private pediatricians of five WHO and UNICEF programme provinces trained in inpatient therapeutic care and treatment for child severe acute malnutrition	UNICEF	Pediatric Hospitals, MOH	11,068			13,893	13,893	125.52%
	4.1.3. 2 Target provinces have inpatient CSAM units at provincial hospitals and two district hospitals	UNICEF	MCH, MOH, Pediatric Hospitals	-			-		

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative Commitment to date (2010 to 2012)	Estimated Total Cumulative Unbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
	4.1.4. 2 UNICEF programme provinces have inpatient CSAM units at provincial hospitals and in two selected district hospitals	UNICEF	MCH, MOH, Pediatric Hospital	11,068			29,642	29,641.86	267.82%
	4.1.5. Model of CSAM performed fluently in five selective communes in Kon Tum province	UNICEF	MCH, MOH	-			6,030	6,030.00	
	4.1.6. Technical assistant to review inpatient rehabilitation	UNICEF	MCH, MOH	-			-	0.00	
	4.1.7. The CSAM model of UNICEF reviewed by UNICEF Global or regional Offices	UNICEF		-			-	0.00	
	4.1.8. Model community based management of child acute severe malnutrition (CSAM) available and functioning well in 2 selected provinces	UNICEF		21,068			38,979	38,978.60	185.01%
	4.1.9. 80% of responsible government officials, international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package	UNICEF	NIN, MCH, MOH	11,138		10,000	7,135	7,135.32	64.06%
	4.1.10. National guidelines for Kangaroo-Mother care for low birth weight/premature newborns developed	WHO	MCH, MOH	9,256	25,000		6,500	6,500.00	70.22%
	4.1.11. Five Kangaroo-Mother care units at provincial, district hospital of Target provinces set-up and functioned	WHO	Programme Provinces	-		20,000	-	0.00	
	4.1.12. Develop an integrated model for Management of Acute Malnutrition to generate evidence, capacity and systems for national scale up	UNICEF	NIN		40,000		40,405	40,405.00	101.01%
	4.1.13. Support for implementation of Management of Acute Malnutrition in selected provinces: community sensitization and screening of acute malnutrition, consultative meetings and monitoring.	UNICEF	DoH of Kon Tum, Ninh Thuan and Dien Bien Provinces		25,000		27,428	27,428.00	109.71%
	Activity 4.1.14. Establish a national pool of trainers in the Global Harmonised Training Package (HTP) for Infants and Young Child Nutrition in Emergencies and roll out a national training package in selected provinces	UNICEF	NIN		15,000		14,108	14,108.00	94.05%
	4.1.15. Provision of training, equipment and supervision to establish SAM units in target provinces	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		25,000	25,000	-	-	
	<b>4.1 Subtotal</b>			<b>74,666</b>	<b>130,000</b>	<b>55,000</b>	<b>-</b>	<b>-</b>	
<b>4.2 Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to eat therapeutic foods</b>									
Number of inpatient therapeutic feeding centres;	4.2.1. Medical equipment procured and installed in inpatient CSAM units at the provincial hospitals and at 2 selected district hospitals	UNICEF	NIN and Provinces				-		

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			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
Number of out- patient therapeutic feeding centres	4.2.2. 2 UNICEF programme provinces have inpatient CSAM Units at provincial hospitals and two selected district hospitals	UNICEF	MCH, MOH	21,068			18,091	18,091	85.87%
	4.2.3. Therapeutic feeding products (plumpynut) to supply CSAM units	UNICEF	MOH, Pediatric hospital	-			-	-	
	4.2.4. Therapeutic feeding products (plumpynut) to supply CSAM in 2 UNICEF provinces	UNICEF	MCH, MOH	21,068			29,976	29,976	142.28%
	4.2.5. Local production of RUFT reviewed and potential suppliers defined	UNICEF	MCH, MOH	-			10,000	10,000	
	4.2.6. Micronutrients and equipment transported from supplier to users in UNICEF programme provinces	UNICEF	MCH, MOH	6,497			3,500	3,500	53.87%
	4.2.7. Micronutrients and equipment transported from supplier to users in WHO programme provinces	WHO	MCH, MOH	7,490			6,785	6,785	90.59%
	<b>4.2 Subtotal</b>				<b>56,123</b>	<b>0</b>	<b>0</b>	<b>-</b>	
<b>5.1 Increased efficiencies in rice production in the highland and mountainous regions in Vietnam through building capacity in rice integrated crop management systems (RICM)</b>									
Training needs identified; Training materials produced; Agriculture inputs purchased and distributed; Training initiated	5.1.1. Conduct participatory survey to assess training need ; conduct inventory of seed sources, locally adopted varieties as well as promising modern varieties; formulate guidelines and prepare technical materials for demonstration on-farm seed production and conservation using RICM technology	FAO	NOMAFSI, MARD	30,000			28,500	28,500	95.00%
	5.1.2 Train provincial staff and conduct on-farm demonstrations on the production and conservation of rice seed using integrated crop management systems and seed conservation	FAO	MARD	30,000			27,800	27,800	92.67%
	5.1.3 (i) Develop demonstration on RICM (ii) Train 80 provincial staffs in RICM and Train 350 farmers to adopt RICM practices base on demonstration (RICM) setup in Spring 2011 (iii) Organize training classes for local cadres and farmers (60 in each province) (iv) Organize study visits for farmers and staff from CB&DB to Yen Bai sites of on-farm rice seed production and conservation (v) Organize workshops (1 in each province of CB &DB) for local farmers, staff, officers, NGOs and provincial seed companies to discuss on the status of rice seed production and supply, and to identify solutions for its improvement, including on-farm seed production	FAO	DCP, NOMAFSI/ MARD		60,000	30000	63,700	63,700	106.17%
	<b>5.1 Subtotal</b>			<b>60,000</b>	<b>60,000</b>	<b>30,000</b>	<b>-</b>		
<b>5.2 Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education</b>									
NGOs/IPs selected and contracted to support homestead food production activities at the community and household levels;	5.2.1 Build capacity of NGOs/IPs to support homestead food production – crops, livestock and fish; Develop and print training manuals; and conduct training	FAO	DCP, MARD	42,549			30,176	30,176	70.92%

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			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012				
Training materials produced; Production inputs purchased and distributed; Nutrition education activities initiated; At least 18 NGOs and IPs trained and active in the homestead food production, small livestock raising, and aquaculture practices 900 households engaged in improved production practices; 300 households engaged in livestock raising, improved aquaculture production practices; 900 households engaged in improved post-harvest practices; 1200 households receive nutrition education	5.2.2. Support crop and small livestock production activities; Support household and group aquaculture production activities	FAO	DLP, MARD	35,000			34,420	34,420	98.34%	
	5.2.3. Support training and demonstration activities for small-scale food processing and preservation and in nutrition education	FAO	DCP, MARD	35,000			33,483	33,483	95.67%	
	5.2.4. (i) Supports communities to develop fruit production in homesteads - Identify fruit plant/s appropriate for Cao Bang and Dien Bien - Provide quality seedlings of identified fruit plants to farmers; and provide technical supports to farmers to grow them in their home gardens in Cao Bang and Dien Bien (ii) Assist local cadres to use knowledge obtained from the training courses in 2010 to support farmers in Cao Bang and Dien Bien in homestead food production	FAO	DCP, MARD		35,000			117,900	32,900	94.00%
	5.2.5 (i) Conduct participatory survey to assess post-training practices (Interviewees are the provincial staffs and households in 3 provinces: An Giang, Ninh Thuan, and Dien Bien); (ii) Collect information about the status of food production at selected households (iii) Conduct a study to collect and analyze data on whether is good if the practical production by vulnerable households or they should join the market in order to get nutritious food by exchanged manner, i.e. hired labour for remuneration. (iv) Organize a experience sharing workshop on findings and recommendations on reasonable for vulnerable groups in project selected provinces	FAO	DLP, MARD		35,000	100,000		78,845	30,000	85.71%
	5.2.6 (i) Training for households involving in aquaculture production	FAO	RIA1					37,000		
	<b>5.2 Subtotal</b>				<b>112,549</b>	<b>70,000</b>	<b>100,000</b>			
<b>6. Formulation advance</b>		FAO		<b>20,000</b>			<b>18,692</b>			

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Estimated Total Cumulative <b>Commitment to date</b> (2010 to 2012)	Estimated Total Cumulative <b>Disbursement to date</b> (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012			
				Total Transferred Budget			Estimated Total Cumulative <b>Commitment Amount to date</b> (2010+2011+2012)	Estimated Total Cumulative <b>Disbursement</b> <b>to date</b> (2010&2011&2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010&2011+2012)
				Year 2010*	Year 2011*	Year 2012**			
FAO	Programme Cost			507,549	285,000	208,971	922,549	724,884	
	Indirect Support Cost			35,528	19,950	15,729	69,315	55,478	
	Formulation Advance (incl. Indirect Support Cost)			20,000			-	20,000	
				<b>563,077</b>	<b>304,950</b>	<b>224,700</b>	<b>991,864</b>	<b>952,217</b>	<b>88.77%</b>
UNICEF	Programme Cost			420,000	416,000	84,583	788,699	773,699	
	Indirect Support Cost			29,400	29,120	6,367	59,570	58,520	
				<b>449,400</b>	<b>445,120</b>	<b>90,950</b>	<b>848,269</b>	<b>848,269</b>	<b>86.08%</b>
WHO	Programme Cost			515,288	635,000	177,625	1,125,184	925,647	
	Indirect Support Cost			36,070	44,450	13,370	93,144	80,520	
				<b>551,358</b>	<b>679,450</b>	<b>190,995</b>	<b>1,218,328</b>	<b>1,199,124</b>	<b>84.34%</b>
	Programme Cost			1,461,529	1,336,000		2,836,432	2,780,687	
	Indirect Support Cost			102,307	93,520		222,029	218,126	
<b>Total</b>				<b>1,563,836</b>	<b>1,429,520</b>	<b>506,644</b>	<b>3,058,461</b>	<b>2,999,610</b>	<b>87.38%</b>

\* The figures of Year 2010 and Year 2011 are transferred budget

\*\* The figures of Year 2012 needs to be replanned in early 2012 and submitted for endorsement

\*\* The Total budget 2010 includes Formulation Advance of 20,000