

**FINAL MDG-F JOINT PROGRAMME
NARRATIVE REPORT**

<p align="center">Participating UN Organization(s)</p> <p>FAO (Lead Coordinating Agency) UNICEF WHO</p>	<p align="center">Sector(s)/Area(s)/Theme(s)</p> <p>Children, Food Security and Nutrition</p>
<p align="center">Joint Programme Title</p> <p>Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam</p>	<p align="center">Joint Programme Number</p> <p>MDGF-2007 MDTF Atlas Project No.00067241</p>
<p align="center">Joint Programme Cost [Sharing - if applicable]</p> <p>[Fund Contribution]: USD 3,500,000</p> <p>Govt. Contribution: USD 50,000</p> <p>Agency Core Contribution: USD 143,000 (WHO)</p> <p>Other: USD 2,269,530 (UNICEF with resources from Luxembourg, National Committees for UNICEF, UNICEF Thematic and Regular Resources, USAID, UN One Plan Funds, Atlantic Philanthropy)</p> <p>TOTAL: USD 3,550,000</p>	<p align="center">Joint Programme [Location]</p> <p>Region (s): VIETNAM (Northern, Central Highland, Mekong Delta and Central Coastal areas)</p> <p>Governorate(s): Dien Bien, Cao Bang, Ninh Thuan, An Giang, Kon Tum , Dak Lak</p> <p>District(s) Dien Bien Dong, Muong Cha, Hoa An, Lak, Tuan Giao, Dak Ha, Tumorong, Nason, Thuan Bac, Bac Ai, Ninh Hai, Phu Tan, An Phu, Tinh Bien, Tri Ton</p>

Final Joint Programme Evaluation

Final Evaluation Done Yes
Evaluation Report Attached Yes
Date of delivery of final report: June 30, 2013

Joint Programme Timeline

Original start date
start date of the programme
3 February 2010
Final end date
(including agreed extended date)
30 June 2013

Participating Implementing Line Ministries and/or other organisations (CSO, etc)

- Department of Crop Production, Ministry of Agriculture and Rural Development (MARD)
- Department of Livestock Production, Ministry of Agriculture and Rural Development (MARD)
- RUDEC (Rural Development Center), MARD
- Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI) (MARD)
- Research Institute for Aquaculture No.1 (RIA1) (MARD)
- Department of Maternal and Child Health, Ministry of Health (MOH)
- Legislative Department, MOH
- Legislative Department, MOLISA
- Vietnam Food Administration, MOH
- Health Inspection Division, MOH
- National Institute of Nutrition (NIN)
- Hospital of Endocrinology
- Health Education and Communication Center, MOH
- Provincial Health Department of 6 provinces (Dien Bien, Cao Bang, Ninh Thuan, An Giang, Kontum, Daklak)
- Provincial Department of Agriculture and Rural Development (Dien Bien, Cao Bang, Ninh Thuan, An Giang, Kontum, Daklak)
- Farmer Associations of 6 provinces (Dien Bien, Cao Bang, Ninh Thuan, An Giang, Kontum, Daklak)
- Institute of Legislative Studies of the National Assembly
- Alive & Thrive

I. PURPOSE

a. Provide a brief introduction on the socio economical context and the development problems addressed by the programme.

While Viet Nam has achieved a significant reduction in malnutrition among under-five children during the last three decades, malnutrition remains a public health priority. There are important differences in food patterns between the highlands, midlands and mountainous areas, between urban and rural areas, and between ethnic groups. Many maternal, newborn and child health (MNCH) core outcomes, such as like maternal mortality, child mortality and child malnutrition rates, are lagging behind in these areas compared to the rest of Viet Nam, especially among poor and disadvantaged groups.

Underweight and stunting rates among under-five children are 19% and 32% respectively (National Nutrition Survey 2009) and it was estimated that 27% of mothers with under-five children suffer from chronic energy deficiency.

Vulnerable groups are facing the challenges of higher food prices, impacts from the financial crisis and natural disasters. Short-term responses include improving the coverage and sustainability of critical health and nutrition interventions. Longer term actions must tackle the underlying causes of poor nutrition, including income levels and access to adequate quantities of a variety of good quality foods.

The Joint Program “Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam” was approved and signed by three UN agencies (FAO, UNICEF, and WHO) and the Government of Vietnam in December 2009 and came into implementation from early 2010 with aims to address the continuing high prevalence of malnutrition among the most vulnerable, with a focus on stunting reduction and preventing future malnutrition. The amount approved for the JP is USD 3,500.000 plus a commitment of USD50.000 and other resources such as human resources, facilities from the Government of Vietnam.

In accordance with the National Project for Food Security to 2020 with a Vision to 2030 - the ongoing strategy for support and protection of vulnerable groups through better nutrition - and the national approach to agriculture, farmers and rural development, the programme will work at both the national and provincial level, targeting several selected provinces, including Cao Bang, Dien Bien, Dak Lak, Kon Tum, Ninh Thuan and An Giang. These provinces were selected based on their high levels of stunting (prevalence rates and numbers) as well as the presence of related on-going activities and the capacity of agencies at the field level to implement programme activities.

Short-term measures to address malnutrition include breastfeeding and complementary feeding, as well as iron and vitamin A supplementation. The target groups for interventions are under-five children, women of reproductive age and pregnant women. Children will benefit from improved breastfeeding and complementary feeding practices provided by their mothers or child care provided, which will be demonstrated through measurable improvements in

health education, promotion and counselling activities and improved homestead food production.

Long-term policies and strategies that improve the quality of diets through the increased availability of better crops and animal source foods (meat, milk and fish) are an integral part of the programme. The programme includes activities for strengthening information and mapping systems, including nutritional sentinel surveillance, food security and early warning systems, and market information structures.

Capacity building through training programmes for stakeholders at various levels from the provincial to community level is a key component and building block for the implementation of the programme.

All project outputs contribute to improving the quality of social and protection services universally available to all Vietnamese people and to strengthening policymaking and institutional capacity towards more inclusive and sustainable economic growth.

The six provinces of Dien Bien, Cao Bang, Ninh Thuan, An Giang, Kontum and Daklak were selected based on the targeting children under 5, women at reproductive age and pregnant women. Different interventions on both nutrition improvement for children under 5 and pregnant women as well as ethnic groups were supported in term of technical expertise, supplies and services from UN agencies.

Participating UN agencies were FAO, UNICEF and WHO and FAO played the role as Lead coordinating agency from UN side during the implementation process. Their shares in the budget were as below:

Agency	Budget (USD)	%
WHO	1.421.803	40,63
FAO	1.092.727	31,22
UNICEF	985.470	28,15
Total	3.500.000	100,00

National Implementing partners were the Department of Maternal and Child Health - Ministry of Health as the responsible agency and agencies such as the Department of Crop Production in the Ministry of Agriculture and Rural Development (MARD), the National Institute of Nutrition, the Health Education and Communication Centre, the Ministry of Health and also Provincial Health Department of 6 provinces in Cao Bang, Dien Bien, Kon Tum, Ninh Thuan, Dak Lak, and An Giang.

b. List joint programme outcomes and associated outputs as per the final approved version of the joint programme Document or last agreed revision.

The JP was defined as an initiative to support the Government of Vietnam in addressing the continuing prevalence of malnutrition among the most vulnerable groups and in preventing future malnutrition. With this aim, the JP has the following five outcomes:

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;

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;

Outcome 3: Reduction of micronutrient deficiencies in targeted children and women;

Outcome 4: Improved care and treatment for children with severe malnutrition and improved nutrition services for young children in emergency situations;

Outcome 5: Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions in Vietnam.

The first outcome was to be implemented at national level, the second outcome at national and at provincial levels and the other outcomes were to be undertaken at province level. The provinces were selected based on their high levels of stunting (prevalence rates and numbers) as well as the presence of on-going activities and the capacity of agencies at field level to implement programme activities.

In order to achieve these outcomes, a results framework was developed with the clear set of activities with specific budget allotments that would be delivered under support by UN agencies.

c. Explain the overall contribution of the joint programme to National Plan and Priorities

The joint programme was formulated to support the priorities of the Government of Vietnam for food security and nutrition. One of the Outcomes of the Joint Programme supported directly the National Strategy of food Security to 2020 and vision 2030. The joint programme implementation period was coincided with the formulation and development of several nutrition-based strategies and policies of the Government of Vietnam. Therefore, it provided technical expertise in the field for those important documents to be approved and come into practice.

The JP responded well to the Government's Resolution No. 26 on Agriculture, Farmers and Rural Areas development in which vulnerable and disadvantaged groups were the center of the support. The JP took the element of improving food patterns between highlands, midlands and mountainous areas and between ethnic groups.

The JP also contributed to the implementation of the MDGs plan of the Government and as reported in the Viet Nam's MDG report 2011, MDG1 was already achieved by Viet Nam.

Although the Joint Programme was developed and designed earlier, it stayed in line with the Government's Socio-economic Development Plan (SEDP) 2010-2015 and remained relevant with the One Plan 2012-2016, a five-year common programmatic framework of the UN system in Viet Nam to support the Government to achieve its socio-economic goals set in the SEDP.

d. Describe and assess how the programme development partners have jointly contributed to achieve development results

The Joint Programme aimed to address the continuing prevalence of malnutrition among the most vulnerable and in preventing future malnutrition in the six representative provinces of Cao Bang, Dien Bien, Ninh Thuan, An Giang, Kon Tum and Dak Lak in Viet Nam. The National coordinating authority (Line Agency) was the Ministry of Health (MOH) in collaboration with the Ministry of Agriculture and Rural Development. The Department of Maternal and Child Health Department on behalf of the Ministry of Health, the programme owner (national implementing partner) was playing the role of managing and coordinating inputs and delivering outputs.

Through working jointly in both health/nutrition and agriculture sectors and at different levels from policy makers to the people at the grassroots level, the JP contributed to creating greater synergy between health and agriculture sector, and better diagnosis on inputs from agriculture sector for improved maternal and child nutrition.

In addition, the Joint Programme contributed to the development and formulation of some policies and legal frameworks for health, nutrition and food security. The overarching 2011-2020 National Nutrition Strategy was approved by the Prime Minister in 2012 and the biggest innovation of the Strategy is that the issues of food security and nutrition were for the first time addressed in the strategy, which further enhances the link between health (MOH) and food security (MARD) as well as other sectors (Ministry of Labour, Invalids, and Social Affairs - MOLISA and Ministry of Industry and Trade - MOIT).

The Joint Programme contributed also to important legislation on maternity and breastfeeding protection in line with global UNICEF/WHO recommendations, including extension of paid maternity leave from 4 to 6 months in the 2012 Labour Code Amendment and ban on marketing of breast-milk substitutes and related products for children under 24 months in the 2012 Advertisement Law. A revised National Decree 21/2006-CP to strengthen monitoring and enforcement mechanisms was also aligned with the International Code, subsequent World Health Assembly resolutions and the 2012 Advertisement Law for further approval by the Prime Minister.

The communication advocacy framework for improving practices of feeding infant and young children was developed and implemented jointly by the involved partners of the Joint Programme. There were improved understanding and communication among UN agencies, Ministries and sub-departments at provincial level on the importance of food security at household level and the linkages between food security, food diversity and nutrition intake for mothers and children under 5 years of age.

II. ASSESSMENT OF JOINT PROGRAMME RESULTS

- a. Report on the key outcomes achieved and explain any variance in achieved versus planned results. The narrative should be results oriented to present results and illustrate impacts of the pilot at policy level)**

The Joint Program achieved significant results for all the six provinces and provision of technical inputs for national law, policies and strategies. This led to an important foundation for adoption of international standards and recommendations for infant and young child feeding and maternity protection, as well as for replication of agricultural production best practices and models in each locality.

Linking health sector interventions with agriculture and other sectors into the national action plan at all levels created a platform where technical expertise were exchanged and completion of joint activities achieving joint results. Coordination and collaboration were strengthened at national and provincial levels among government agencies. As a result, policies and strategies developed for nutrition and food security have reflected the synthesis which has never been achieved before.

At national level, the Joint Programme contributed to the development and enforcement of legislation extending maternity leave from 4 to 6 months in the 2012 Labour Code Amendment and restricting marketing of breast milk substitutes and related products for children under 24 months in the 2012 Advertisement Law. The revised National Decree 21/2006-CP guiding monitoring and enforcement on marketing of breast-milk substitutes is aligned with the International Code, subsequent World Health Assembly resolutions and the 2012 Advertisement Law and is now awaiting final approval by the Prime Minister.

The combination of technical assistance, capacity development initiatives and strategic policy and advocacy work contributed to Prime Minister's Decision 226/2012 on the National Nutrition Strategy for 2011-2020 with subsequent development of the National Plan of Action for Nutrition 2012-2015, Action Plan for Infant and Young Child Feeding 2012-2015 and contextualized provincial action plans in Cao Bang, Dac Lak, Ninh Thuan, Dien Bien, An Giang and Kon Tum.

Improvements made in the monitoring systems on food, health and nutrition status of mothers and children were used to guide the development of these related policies, strategies and action plans including the completion of a nationwide General Nutrition Survey and the redesign of the Annual Nutrition Surveillance System with inclusion of globally recommended indicators for infant and young child feeding and disaggregation of data based on geographical location, ethnicity, gender and socio-economic status. Provincial Nutrition Profiles were further developed to easily share the findings and guide policy makers and programme managers. A Global Information and Early Warning System (GIEWS) was set up to monitor the food supply and demand and generate early warning of impending food crisis for the whole country.

Several international standards and best practices were also adapted to local context, modeled for evidence generation and further replication. These models include community-based breast-feeding support groups, Integrated Management of Acute Malnutrition (IMAM), Kangaroo Mother Care, anemia prevention through iron and folic acid supplementation of pregnant women, Baby Friendly Hospital Initiative (BFHI) and Rice Integrated Crop Management (RICM) models for rice, vegetables and fruit production, early warning and monitoring systems such as Global Information and Early Warning System for (GIEW),

Standardised Monitoring and Assessment of Relief and Transition (SMART) as well as conceptualizing the use of cell phone technology for future monitoring and promotion of child nutrition (Growth-Watch).

b. In what way do you feel that the capacities developed during the implementation of the joint programme have contributed to the achievement of the outcomes?

The JP was formulated based on the preliminary findings of the 2009-2010 General Nutrition Survey which recommended that priority should be given to those provinces with high prevalence of malnutrition.

To develop the capacity of policy makers, technical working groups were established and plenary consultations, national and international workshops were held during the various steps of the formulation and implementation phases. These working groups and meetings served as platforms to disseminate and reach consensus on global standards and recommendations, scientific evidence, empiric evidence to guide the application and socio-economic arguments based on international and local research and desk reviews. The success of these capacity development efforts can be exemplified by the passing of the ban on marketing of breastmilk substitutes in the 2012 Advertisement Law, the extension of maternity leave in the Labour Code Amendment with over 90 per cent of the votes, and the adoption of updated evidence based recommendations into the National Plan of Action for Nutrition 2012-2015 and Action Plan for Infant and Young Child Feeding 2012-2015.

Pilot models or demonstration models for crops production were introduced with support from the JP including input materials, technical expertise and technology transfer for the whole JP implementation period. Environment friendly and economic production practices were introduced to local communities so that they can save cost for input materials including seed, fertilizer, water, pesticides and therefore increasing total income for their families and protect the environment also.

The joint programme had a focus on development of institutional capacity and supervisory monitoring to ensure sustainability and further scale-up of initiatives by national or local counterparts. Training of Trainers from such institutions, followed by training of managers, health providers and farmers, were conducted for Integrated Management of Acute Malnutrition, Nutrition Assessments, Infant and Young Child Feeding, Baby Friendly Hospital Initiative, anemia prevention, local agricultural production applied advanced technology, Farmer Field Schools and Integrated Crop Management for rice, vegetables and fruits. One example for this approach includes the capacity development of the Training Centre at National Institute of Nutrition to provide technical expertise for the roll out the Integrated Management of Acute Malnutrition model in provinces and the establishing a functional production unit for therapeutic foods within the Food Technology Department. Another example included the initiative to equip the Department of Agriculture and Rural Development, Farmer's Union and Women's Union with knowledge and skills to become trainers and directly support service provision.

With the limited financial source covers to all six provinces under the JP, those demonstration models play the role as a "show case" or "good model" for replication from the Government

source. The successful implementation of the demonstration models is also a good catalyst for mobilization of resources from other development partners working in food security and nutrition in the country. One good example is the Integrated Management of Acute Malnutrition model, as this intervention was included into the 2011- 2020 National Nutrition Strategy and related three year Action Plans resulting so far in integration of the training package into the National Targeted Programme and 22 focus provinces. This intervention has also been proposed to be financially covered by the National Health Insurance from 2014. International development partners will in the interim support scale up in 8-10 provinces by December 2013.

Other good examples are the Baby Friendly Hospital Initiative model that was included in the three year National Action Plan for Infant and Young Child Feeding for replication and scaling-up nation-wide after the completion of the JP; and anemia prevention for women at reproductive age and pregnant women model which is now included in National Action Plan for Nutrition 2012-2015.

- c. **Report on how outputs have contributed to the achievement of the outcomes based on performance indicators and explain any variance in actual versus planned contributions of these outputs. Highlight any institutional and/ or behavioural changes, including capacity development, amongst beneficiaries/right holders.**

Joint 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.

Monitoring systems on food, health and nutrition status of mothers and children were improved to formulate evidence-based policies, including the National Nutrition Strategy 2011-2020 and 3 year National Action Plans for Nutrition and Infant and Young Child Feeding. The information generated was also used for policy and advocacy support resulting in extension of paid maternity leave from 4 to 6 months in the 2012 Labour Code and alignment of the 2012 Advertisement Law and revised Decree 21 with the International Code on marketing of breast-milk substitutes and subsequent World Health Assembly resolutions.

The contributions to the monitoring systems included finalizing the nationwide General Nutrition Survey and development of Provincial Nutrition Profiles. The National Nutrition Surveillance System were also redesigned with inclusion of globally recommended indicators for maternal, infant and young child nutrition and data collection framework for disaggregation based on geographical location, ethnicity, gender and socio-economic status. In addition, monitoring and reporting of Iodine deficiency disorders and salt iodisation was supported for all 63 provinces from 2011 and integrated into the Nutrition Surveillance System from 2013 to complement monitoring of other micronutrient deficiencies including iron deficiency anemia.

Moreover, a Global Information and Early Warning System (GIEWS) on food and agriculture was set up to monitor the food supply and demand and generate early warning of impending food insecurity in provinces and districts. The Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology was also introduced to the National Nutrition Surveillance Network with further application of new Emergency Nutrition Assessment Delta software to facilitate planning, implantation, automatic quality assurance and timely reports.

Joint 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.

Increased political commitment to support, protect and promote recommendations for maternal nutrition and infant and young child feeding was evident during the implementation of the Joint Programme, and the commitment was translated into a set of remarkable policies and legislation. The final draft of the revised National Decree 21 on marketing of nutrition products for children that complements the 2012 Advertisement Law was available for approval by the Prime Minister at the end of the Joint Programme. These legislation documents include all provisions in the International Code and subsequent World Health Assembly resolutions, including the ban on marketing of breast-milk substitutes for children under 24 months, feeding bottles and teats as well as complementary foods for children under 6 months.

Maternity protection including the extension of paid maternity leave from 4 to 6 months, were also successfully included in the approved Labour Code Amendment to protect the breastfeeding rights of women and children. The Labour Code was brought into effect from January 2013.

The National Communication Plan on IYCF was also jointly developed by other partners and national counterparts with 70 per cent of planned outputs to increase public awareness achieved by June 2013. The results of this communication plan were assessed through the annual Nutrition Surveillance System. The plan also included support to 6 hospitals and 76 commune health stations to become baby-friendly and establishing community-based clubs for mother to mother breastfeeding support. Baby-friendly hospitals which were visited during the final evaluation mission reported an average increase in early initiation of breastfeeding from 70.5 to 97 per cent. The village-based breastfeeding clubs established in areas of An Giang Province known to have poor feeding practices reported an increase in mothers' knowledge about breastfeeding from 70 to 94 per cent resulting in an increase in breastfeeding rates from 80 to 92 per cent and so far an increase in exclusive breastfeeding for six month from 0 to 12 per cent.

Two training packages, the UNICEF/WHO Baby Friendly Hospital Initiative: revised, updated and expanded for integrated care, Geneva 2009, and the WHO/UNICEF Infant and Child Feeding training course were translated, adapted and used for capacity building in target provinces. Finalization of these materials is ongoing by the MOH.

Joint Outcome 3: Reduction of micronutrient deficiencies in targeted children and women Developing training materials and guidance on micronutrient integrated into stunting reduction package and Infant and Young Child Nutrition IEC.

Two international meetings were organized by WHO and UNICEF on anemia prevention along the life cycle in 2011, and on strategies to reduce micronutrients deficiencies in 2012, with the objectives of reviewing scientific evidence and country projects in order to inform national strategies and plans. Key internationally recommended interventions and

implementation strategies were then included in the National Nutrition Strategy 2011-2020, the National Plan of Action for Nutrition 2012-2015, and the Action Plan for Infant and Young Child Feeding 2012-2015.

The second draft of National Guidelines on Micronutrient Deficiencies Control is available and will be finalized and submitted for MOH's approval in third quarter of 2013. Updated guidance on micronutrients was also integrated into the essential stunting reduction package in the National Plans of Action for Nutrition and Infant and Young Child Feeding 2012-2015. The JP has so far directly improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anemia and IDD), with the training of a total of 438 responsible health workers.

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. UNICEF also provided 50 per cent of the needed Vitamin A supplements (for 7,241,000 children and women) in 2010 and 30 per cent (for 3 million children plus emergency stock to cover 1.8 million children) in 2011 through other funding sources and the freight costs were covered under the programme fund supported by the MDG Achievement Fund. The government has now assumed the responsibility for procuring 100 per cent of the Vitamin A required for the whole country as indicated in the hand-over agreement. Quality assurance inspections were also conducted by UNICEF Supply Division in Copenhagen in 2012 to assess and provide technical assistance for local production of sprinkles and fortified ready to use foods.

Joint Outcome 4: Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations; 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.

Around 40 senior pediatricians were trained as national trainers in inpatient and outpatient treatment of children with severe acute malnutrition with subsequent roll-out of the Integrated Management of Acute Malnutrition trainings and treatment services by the Training Centre of the National Institute of Nutrition. This technical expertise as well as provision of essential supplies has resulted in available services at 9 hospitals and 28 commune health centres with 741 children treated as of June 2013 in Kon Tum, Dien Bien and Ninh Thuan Provinces.

The overall results of modeling of treatment of severe acute malnutrition were development of National Guidelines for Integrated Management of Acute Malnutrition and inclusion of the services into the National Nutrition Strategy 2011-2020 and 3 Year Action Plans. In addition, local production of Ready-to-Use-Therapeutic-Foods was established with a current production capacity of 140 metric tons covering the needs for 11,000 children. The exit strategy includes successful integration of training with the National Targeted Programme and generation of evidence to establish a sustainable financial mechanism for supplies and services with inclusion into the National Health Insurance scheme by 2014.

Over 80 per cent of responsible government officials and international partners in the Nutrition Cluster & Partnership Group were trained in the Global Harmonized Training

package for Nutrition in Emergencies with 60% of participants scoring above 80 per cent in the post-test compared to only 5% in the pre-test.

A decision of MOH to develop national Guidelines on Kangaroo-Mother care for low birth weight and premature newborns is also available, and 50 health staff from six hospitals in Cao bang and Dac Lac were trained on Kangaroo-Mother care. Six Kangaroo-Mother care units were further established in Cao Bang and Dac Lac provinces. National guidelines and training materials on Kangaroo Mother Care have been developed.

Joint Outcome 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam. Rice Integrated Crop Management (RICM), ICM technique and FFS approach application for rice, sticky corn, vegetable, green bean introduced in all six provinces.

Advanced approach in agriculture production was introduced to targeted provinces. Some new international guidance on nutrition, food security at household levels and sustainable agriculture for food security were introduced through localized publications such as Family Nutrition Guide, Seasonal Food Calendar, Save and Growth.

Farmer Field School (FFS) on RICM were introduced for 350 farmers through technical and input materials support for demonstration sites in 6 provinces. Introduction of rice seed production model was made to farmers in disadvantaged areas. RICM technique application for rice, sticky corn, vegetable, green bean was rolled out to 3 provinces Ninh Thuan, Daklak and Kontum with total of 25 training courses for 238 provincial technical staff and 2,171 farmers. Technical guidance and manual on ICM for rice, fruit and livestock production developed for and made available for technical staff and farmer.

Diverse livelihood opportunities for farmers to enhance the nutritional sources and adequate food for daily consumption were facilitated through support on homestead food model for the target provinces, including fruit garden, vegetables, green bean, and soy bean production in 2 mountainous provinces. Homestead production to improve nutritional intake for daily meals of local people was supported by providing of different options like rice, green bean, fruit, chicken raising and aquaculture in Dien Bien, Cao Bang, Dak Lak, Kon Tum, An Giang and Ninh Thuan. Trainings were provided for 160 staff from local NGOs and 686 farmers involving in these models.

Input materials provided, including distribution of thousand of fruit trees for home garden, 4700 chicks, fishes, fertilizers as well as on the spot 10 training courses introducing small livestock production techniques.

More than 120 aquaculture farmers provided training on aquaculture production technique and 12 aquaculture households were selected for demonstration model with full support from the JP.

d. Who are and how have the primary beneficiaries/right holders been engaged in the joint programme implementation? Please disaggregate by relevant category as appropriate for your specific joint programme (e.g. gender, age, etc)

The number of beneficiaries reached is 93,931. More than 34,561 beneficiaries from ethnic minorities and disadvantaged areas from six provinces Dien Bien, Cao Bang, An Giang, Ninh Thuan, Kontum and Daklak representing Cham, H'mong, Bana, Tay, Thai. Food availability options were introduced to these areas through agriculture production for rice, green bean, rice seed production, vegetables, fruit gardens. Additionally, the JP made important contribution toward income generation for these groups of which women and ethnic minorities are the major beneficiaries.

	An Giang	Kon Tum	Dak Lak	Cao Bang	Dien Bien	Ninh Thuan	Total
No. of pregnant women that receive iron-folic acid	52,367	2,945			5,580	6,429	67,321
National Training of Trainers on IMAM							40
# of Severely malnourished children detected using MUAC		630			15	96	741
# of children treated/being treated using the RUTF (Hebi)		630			15	96	741
# of commune health center practicing IMAM							28
# of hospitals practicing IMAM (Inpatient SAM Management Units)	0	3			2	2	10
# of commune health center practicing IMAM	0	16	0	0	3	9	28
# of hospitals practicing IMAM	0	3			2	3	11
IYCF Trainer Teams established	1	1	1	1	1	1	6
Health workers trained on BF/IYCF Counseling							1,236
# of Village Health Workers (VHWs) supported to provide BF counseling services							783
# of districts with BF Clubs supported	3	1	2	2		1	9
# of communes with BF Clubs supported			41	25			66
# of VHW supported to provide BF counselling services	150	148	263	492	40	100	1193
# of mothers reached/counselled by VHW (estimated persons times)			5,482	10,332			15,814
# of BFHI models set up with self-assessment and external assessment conducted			3	3			6
% of early initiation in the participating hospitals (2009)			70	71			141

	An Giang	Kon Tum	Dak Lak	Cao Bang	Dien Bien	Ninh Thuan	Total
% of early BF initiation in the participating hospitals (2012) -estimated			98	95			193
# of women/pregnant women that received iron folic acid supplementation			3,755	2,243			5,998
# of farmers participated in the Rice demonstration intervention (Rice Integrated Crop Management)	182	345	400	110	60	525	1,622
No. of GIEWS station set up	1	1	1	1	1	1	6
# of districts with rice demonstration model	1	2	1	1	1	2	8
# of districts with fruit gardening model				1	1		2
# of districts with soy bean/beans models				2		1	3
# of districts with aquaculture model		1	1		1		3
# of districts with Livestock model	1	1	1	2	1	1	7
# of districts with Sticky Corn model	1	1					2
	52,707	4,728	10,122	13,384	5,723	7,267	93,931

For children under 2 and children from 2 to 5, the JP has supported through treatment and complimentary activities on food production with total of 15,911.

		Children under 2 years of age				Children from 2 to 5 years of age			
		Boy	Girl	Urban	Rural	Boy	Girl	Urban	Rural
Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention	Number	1,352	1,299	212	2,440	2,029	1,949	318	3,660
	Percentage	50.98	48.98	7.99	92.01	51	49	7.99	92.01
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	Number	1,220	106	106	1,220				
	Percentage	92.01	7.99	7.99	92.01				

- e. Describe and assess how the joint programme and its development partners have addressed issues of social, cultural, political and economic inequalities during the implementation phase of the programme:

- a. To what extent and in which capacities have socially excluded populations been involved throughout this programme?
- b. Has the programme contributed to increasing the decision making power of excluded groups vis-a-vis policies that affect their lives? Has there been an increase in dialogue and participation of these groups with local and national governments in relation to these policies?
- c. Has the programme and its development partners strengthened the organization of citizen and civil society groups so that they are better placed to advocate for their rights? If so how? Please give concrete examples.
- d. To what extent has the programme (whether through local or national level interventions) contributed to improving the lives of socially excluded groups?

The General Nutrition Survey supported by the joint programme revealed emergent disparities in stunting according to socioeconomic status and among provinces and ethnic groups. The level of stunting was approximately 3 times higher amongst children from the poorest households compared to children from the wealthiest households. The stunting prevalence is above 40 per cent in Lao Cai and Kon Tum provinces compared to less than 8 per cent in Ho Chi Minh city, and over 50 per cent in H'Mong, Ba Na and Gia Rai ethnic minority groups compared to 23 per cent in the majority Kinh children. Maternal nutrition and education status were also associated with stunting. Children of mothers with low body mass index (<18.5 kg/m²) have a significant higher prevalence of stunting at 33 per cent compared to 21 per cent for children of mothers with higher body mass index. Stunting also progressively decreases as maternal education increased from 39 per cent in children of mothers having no education to 20 per cent in children with mothers having some secondary or higher education.

The new National Nutrition Strategy for 2011-2020 supported by the joint programme recognised the need to focus on stunting reduction with equity, and the need to intensify high impact interventions which will address stunting before birth targeting pregnant women and during the first two years of the child's life. This was also translated into outlining interventions for these groups in the National Action Plans for Nutrition and Infant and Young Child Feeding, and the National Targeted Programme (PEMC) providing an extended intervention package for vulnerable populations in districts and communes of the 22 poorest provinces.

Viet Nam's legislation was also strengthened in line with international standards and recent World Health Assembly resolutions to create an enabling environment to protect breastfeeding rights of women and children. An example where the joint programme tabled the concerns and views of women to policy makers was during the policy and advocacy work to extend maternity leave from 4 to 6 months. A survey conducted by Viet Nam General Confederation of Labour with support from UNICEF and Alive & Thrive among female workers in factories, indicated that 90 per cent of the women wanted extension of maternity leave. This survey report was presented to leaders of line ministries and over 100 members of parliaments and their delegates, and contributed to the evidence base resulting in better maternity provisions in the Labour Code Amendment.

f. Describe the extent of the contribution of the joint programme to the following categories of results:

- a. Paris Declaration Principles

- Leadership of national and local governmental institutions
- Involvement of CSO and citizens
- Alignment and harmonization
- Innovative elements in mutual accountability (justify why these elements are innovative)

The programme responded to the “leadership of national and local governmental institution”, “involvement of CSO and citizens”, “alignment and harmonization” objectives of the Paris Declaration on Aid Effectiveness.

The Programme Management Unit (PMU) played a crucial role in coordinating agency inputs and moving implementation forward. Furthermore, the PMU was effective as a bridge between the JP, participating UN agencies, suppliers and the provinces. The National Programme Director (NPD) played a critical role in giving advice for the intervention to on-going policy and strategy formulation process from the Government side, coordinating the collaboration between agriculture and health sector via periodic joint monitoring missions to the fields. The NPD chaired the periodic Project Management Committee (PCM) meetings and when required for urgent actions.

b. Delivering as One

- Role of Resident Coordinator Office and synergies with other MDG-F joint programmes
- Innovative elements in harmonization of procedures and managerial practices (justify why these elements are innovative)
- Joint United Nations formulation, planning and management

Vietnam is a pilot country for Delivering as One and it is now under the second generation of Delivering as One with the new cycle of One Plan, a common programmatic framework for UN agencies - One Plan 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 is being implemented by UN agencies. Under the One Plan 2012-2016, there will be three Focus Areas and 12 Outcomes.

Although the Joint Programme was formulated and developed much earlier and before the launch of the One Plan 2012-2016, it remained relevant and in line with the support that the UN system was providing to the Government during the new period.

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 was set up at the Department of Maternal and Child Health, Ministry of Health and was well functioning since; however, there werestill some gaps in communication between PMU and the three UN agencies.

The JP contributes to the One Plan Outcome and to the Government’s own priorities and international commitments in the food security, nutrition and health fields. It will greatly accelerate ongoing efforts for achieving a number of the MDGs related to health and nutrition including eliminating extreme poverty and hunger and reducing malnutrition (MGD1) which Vietnam has recently successfully achieved, reducing newborn and under-five mortality(MDG4) and reducing maternal morbidity and mortality (MDG5).

With the biannual joint MDG-F National Steering Committee meetings for all MDG-F Joint Programmes in the country, the Spanish donors were regularly given overview of the programme implementation and relevant stakeholders from Joint Programmes had opportunities for regularly sharing information and exchanging knowledge on programme management procedures to facilitate a smoother implementation.

Most activities were completed successfully, and the JP has transferred its results and achievements to up-coming projects and programmes funded either from the Government budget or from other development partners.

The JP came to an end in June 2013 including six-month of no-cost extension to wrap up remaining activities and completion of hand-over process and results to the Government side. The exit strategy for the JP were developed with inputs from different brainstorming exercises between the Government and UN agencies and it ensured that follow-up activities would ensure linkages between food security and nutrition areas and would be incorporated into either the national plan developed for current system of the Government or agency plan under the framework of One Plan 2012-2016.

In terms of funding for the follow-up activities of the Joint Programme exit strategy, if taken up by the Government, these activities would be funded from the national budget. For example, the GIEWS system have been taken up by the Ministry of Agriculture and Rural Development; therefore, the continuation and expansion of the system in Joint Programme provinces as well as in other provinces have been funded from the Government budget for 2013 and 2014. Some follow-up activities which are expected to be implemented under the framework of One Plan 2012-2016 are still awaiting fund from the One Plan Fund.

Due to the difficulty of global economy and shrinking of ODA flow to Vietnam, other opportunities for follow up of the results from the JP face uncertain situation. Solutions for sustainability of the JP results should be taken to agenda at higher level of the Government to call for technical assistance and funding from other development partners.

III. GOOD PRACTICES AND LESSONS LEARNED

a. Report key lessons learned and good practices that would facilitate future joint programme design and implementation

Three year implementation for the JP was not a long time to expect some critical lessons learnt. However, for the whole period of the JP operation, many good practices were drawn at both national and local levels. The JP brought some good examples for both the Government and UN agencies to decide on whether JP or Joint Programming approach should be adopted in the future.

Lessons learnt:

- It is most effective to align JP policy and advocacy agenda of host government and UN agency mandates and commitments.

- Government ownership, leadership and meaningful participation throughout the project cycle (from design to evaluation) are essential for JP program success and sustainability.
- Effective implementation and sustainable JP interventions requires participation of both national and local level stakeholders.
- Strong coordination mechanism with clear roles and responsibilities for decision making is essential to JP success.
- Through working together under the Joint Programme, participating UN agencies and government institutions were able to share updates on programme implementation to avoid overlaps and to help create synergy; moreover, working together also helped UN agencies to have a more strengthened common voice and message. For example, the key message on promotion of nutrition, health and food security for disadvantaged groups, children under five years old and pregnant women were clearer and stronger since they were created and solidified following inputs from various UN agencies. Other good examples are the common communication message prepared for the national week of breastfeeding or the joint UN inputs provided to the National Institute of Nutrition and MOH during the development of the national nutrition strategy and action plans.
- Joint Programmes helped facilitate collaboration with UN and government agencies beyond traditional partners (e.g. FAO and MOH, etc) to collect comprehensive views from different perspectives in planning and implementing project activities.
- Recruitment of national and international consultants by different institutions can be a challenge to ensure efficiency, effectiveness, and coordination. This creates challenges in coordinating timing for them to work together and working with local governments. In addition, as each consultant is accountable to different agencies (Government, or UN), decision making on how to proceed and technical contents can be time consuming as the government, UN, national consultants, and international consultants need to discuss and to reach consensus.
- Broad coverage of issues in one Joint Programme may reduce effectiveness and efficiency due to significant time required for coordination and increased amount of risks to manage (e.g. delay of one activity causing delay of other activities, staff turnover, multiple reporting). Joint Programmes may increase effectiveness and efficiency by having narrower and clearer focus.
- The amount of work required by Joint Programmes should not be underestimated and sufficient resource should be budgeted to secure staff to ensure smooth implementation of project without interruption caused by staff change.
- Regular exchange of information on progress and discussion on challenges and solutions is a minimum requirement for coordination (e.g. participation of JP colleagues in monthly PMC meetings is important to ensure synergies and joint working arrangements).
- Complying with many reporting requirements (by the donor, the government, One UN, and each Participating UN Organization) consumes significant amount of time and creates burden for staff involved in the Joint Programme, especially technical staff seconded by UN agency to manage on behalf of the lead agency.

- Seasonality aspect of agriculture related activities are not taken place at the right time at the fields because of planning cycle of the JP (fiscal year planning and management, approval process, activities planning, contract negotiations with NIPs, etc).
- Transaction cost for implementation of activities at grass root levels, especially in Central Highland where the access to commune limited, is high and exceed the original plan of the JP.
- Capacity building should not stop at one-time training only but should go together with follow-up training or support to ensure the long-term influence or change. Follow-up support would enable higher chance of sustainability of these capacity building activities since it will allow for application of new knowledge and skills in practice after training.
- Strong coordination and response mechanisms to funding gaps ensures the sustainability of the JP results.
- Piloted models and interventions in both health and agricultural components were integrated into the development and intervention of the government-owned national targeted programmes.
- The results of the Joint Programme were made sustainably by mainstreaming its activities into national targeted programmes and action plans - this is a good example of how UN working together could influence different areas of policy and laws.

Some of particular items in lessons learnt at the same time can be counted as good practices which can be replicated and adopted in the future. However, under the JP there were some good practices that can be considered to be replicated and in fact some of them have been taken into account for some actions both from Government side and UN side.

Good practices:

- Establishment of Food Security and Nutrition Early Warning System serving for both nutrition and food security interventions in the country where natural disasters and climate change are underlying causes of insecurity of food and health of the people.
- Promotion of government ownership through meaningful participation in planning, implementation and monitoring.
- Government leadership in coordination of multiple sectors to improve the nutrition outcomes. This was proved to be efficient under the JP where UN technical interventions were timely taken up and reflected in the national strategies and policies for the whole sector.
- Integration of agriculture and nutrition as a means to improve maternal and child nutrition status. This was reflected in the National Strategy for Nutrition and action plan of the country.
- Deliberate and strategically planned coordination of multi-sectoral advocacy efforts from the grassroots to national level to impact policy change. Through UN system, ideas and comments from grass root level and CSOs were picked up, incorporated and sent to Government decision makers. Ideas and voices of grass-root level and CSOs might not have been heard if UN had not facilitated the process.

b. Report on any innovative development approaches as a result of joint programme implementation

Growth-Watch Monitoring and Promotion of Child Nutrition using Cell Phone Technology:

Viet Nam has around thirty million mobile phone users with 60% from rural areas. This figure indicates that cell phone applications, including Short Message Service (SMS) has become more and more popular in social life as a result of the growth in the telecommunication sector with high geographical coverage. Globally, the use of cell phones and SMS has been applied successfully to health and nutrition surveillance systems, including in Ethiopia, Malawi, Nigeria, Rwanda, Uganda and Zambia. In Malawi, the deployment of SMS into the national nutrition surveillance system significantly reduced delays in data transmission, eliminated time-consuming manual data entry, increased data quality, reduced operational costs, and increased the flow of information among stakeholders at the national level and health workers and caregivers at the local level.

It has therefore become relevant to model the use of SMS in data collection in some remote mountainous areas with high malnutrition rates in Viet Nam to assess its effectiveness and sustainability. Although the Nutrition Surveillance System (NSS) generates data from all the 63 provinces with consolidated annual reports, data in emergencies are mostly collected through Nutrition Rapid Assessments. In practice, Nutrition Assessments and Surveys are both costly and time-consuming. Due to its high cost, no more than one nutrition rapid assessment is conducted each year. Moreover, as the report takes time to be produced, it is often too late to inform an effective response to the emergency situations. Considering these constraints, there is a special need for improvement of nutrition assessments in terms of data quality and data reporting speed for a timely nutrition response. To this end, SMS application emerges as a good approach for Viet Nam.

The existence of the National Child Malnutrition Control Programme has provided Viet Nam with major financial support for development of a comprehensive surveillance system. Practical experiences from several National Target Programmes (NTPs) on health care reveals that NTPs can't be sustained forever, which implies a high potential risk of no more funds to support an annual comprehensive Nutrition Surveillance System as it is currently designed. In such case, the current way the nutrition surveys in Viet Nam has been designed and implemented might just be feasible for assessments every 5 years. The country therefore requires an innovative surveillance design for more frequent monitoring of key nutrition indicators where a sentinel site system might be the best option.

The overall idea of this innovation was to introduce cell phone technology into the National Nutrition Surveillance System in 3 provinces by July 2013 to more effectively monitor the nutritional status of children and make timely corrective actions to reduce the prevalence of stunting. This will include collection and transmission of key nutrition indicators/data from areas with high stunting rates to the National Institute of Nutrition for generation of periodic situation reports, establish an automatic quality assurance mechanism of data from the on-going Nutrition Surveillance System, monitoring nutrition status of targeted children in a given population under certain programme circumstances, and response with current

intervention packages for these caregivers and children to improve the nutritional status of children.

The conceptualisation of Growth Watch was partially supported by the Joint Programme and will continue with field testing and enrolment of parents and children from July 2013 by UNICEF using other funding sources.

Social Marketing to Promote and Sustain the Practice of Using Iron Folic Acid Supplements for prevention and control of iron-deficiency anemia in women

Iron Deficiency Anaemia (IDA) is one of leading causes of maternal mortality and child stunting in Viet Nam. 36.7 % of pregnant women in the country and 40-50 % of pregnant women in An Giang Province was anaemic at the beginning of the project. Iron Folic Acid Supplementation (IFS) has been recognized as a high impact intervention for prevention and control of IDA among women, and further for stunting reduction. Based on this, WHO and UNICEF Viet Nam supported an IFS programme, which provided **free iron and folic acid tablets** to more than 90 % of pregnant women during the period of 2008 to 2010 in target areas. As an exit strategy to avoid dependency of local health sector on external donors in sustaining the IFS interventions, a Social Marketing (SM) model was developed and applied in An Giang. A locally production folic acid supplement with acceptable quality and price was identified. A partnership between local health sector and the company producing the product was developed to jointly promote its use. Key strategies were developed around the 4Ps of the social marketing principles (product, price, placement and promotion). The innovative approach of the SM model is that all targeted women are seen and treated under both a social and commercial view, which finally leads to a positive impact on health of all women and children. Via a common practice that the women buy and use the locally produced supplement. Under the joint programme this model was applied in 18 communes of Phu Tan district in An Giang.

Advocacy for anaemia prevention according to life-cycle:

Anaemia including iron deficiency anaemia is a public health issue in Viet Nam. The anaemia prevalence is high among women at reproductive age, pregnant women and under-five children, constituting 29%, 36% and 30% respectively. Anaemia in pregnant women can result in low birth weight, high mortality among newborns and mothers and stunting among children.

WHO recommends that the prevention of anaemia should be implemented through life-cycle from newborn period to adult women. An international workshop “Anaemia Prevention According to Life-cycle” was organized in June 2011 to inform the above recommendations and to advocate to include these recommendations into current national strategies on nutrition and micronutrients control. More than 80 national and international participants attended the workshop.

For Newborn and women in postnatal period: the recommended interventions are delayed cord clamping; skin-to-skin contact and early breastfeeding; multi-micronutrients

supplementation to low birth weight/premature babies and Iron and folic acid supplementation to postpartum women

For preschool children, the recommended interventions are exclusive breastfeeding during the first 6 months; Iron syrup for low birth weight/premature babies during the first year; for children 6-24 months: the recommended interventions are continued breastfeeding and complementary feeding, multi- micronutrient/iron folate supplementation and De-worming from 12 months; for children 25-59 months and school children, the recommended interventions are multi-micronutrient/iron folate supplementation and de-worming.

For women of reproductive age, the recommended interventions are weekly supplementation of iron and folate acid and de-worming. For pregnant women, daily supplementation of iron and folic acid is recommended.

The report of the workshop was produced and disseminated to relevant agencies working in nutrition and micronutrient controls.

The contents of the workshop were used for developing national action plan on micronutrients control as part of National Action Plan on Nutrition.

c. Indicate key constraints including delays (if any) during programme implementation

- a. Internal to the joint programme
- b. External to the joint programme
- c. Main mitigation actions implemented to overcome these constraints

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. The period 2010-2013 represented also difficult years for the whole economy, and this might result in limited impact of the JP implementation at the field.

d. Describe and assess how the monitoring and evaluation function has contributed to the:

- a. Improvement in programme management and the attainment of development results
- b. Improvement in transparency and mutual accountability
- c. Increasing national capacities and procedures in M&E and data
- d. To what extent was the mid-term evaluation process useful to the joint programme?

Besides regular monitoring activities conducted under the Joint Programme, a model of joint monitoring mission was set up under the leadership of the Ministry of Health to include both the Government agencies and UN agencies for better understanding on the areas they were working. Through this interaction, ideas for collaboration and joint activities were raised and followed up.

The cooperation between agriculture and health were improved followed the recommendation from mid-term evaluation. This was translated into practical actions such as joint monitoring missions to the fields to understand actual context of agricultural models and interventions from health side.

Regarding the scaling up of the GIEWs system, it has been taken by MARD as it is the need from Agriculture side to serve for planning and decision making on the situation of food insecurity at all level. The fund for implementation of GIEW for the whole country was reported costly and it was not possible to follow under the Joint Programme. Therefore, MARD has allocated fund for this activity from the Government budget.

The recommendations and actions to be followed reported in the Mid-term evaluation helped the Joint Programme to adjust both technical intervention and financial allocation in a way that it fit the frame of the MDGF requirement. It also helped to increase the collaboration and cooperation between Government and UN as well as among Government institutions and UN agencies involving in the Joint Programme.

e. Describe and asses how the communication and advocacy functions have contributed to the:

- a. Improve the sustainability of the joint programme
- b. Improve the opportunities for scaling up or replication of the joint programme or any of its components
- c. Providing information to beneficiaries/right holders

The Joint Programme on Integrated Nutrition and Food Security Strategies were implemented between the two programmatic cycles of the UN system: the One Plan II (2006-2012) and the current 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.

Regarding the support of infrastructure for measuring the situation of food security and agriculture production, GIEWS system get special attention of the Government. JP support for setting up GIEW at national level and equipment provision for JP targeted area due to the limited cost. In 2012, based on the result achieved under this Outcome, the Government has develop new proposal for up scaling the GIEW system from the Government budget to increase coverage of the system both in JP provinces and to other ones with total of more than USD 150,000.

f. Please report on scalability of the joint programme and/or any of its components

- a. To what extent has the joint programme assessed and systematized development results with the intention to use as evidence for replication or scaling up the joint programme or any of its components?
- b. Describe example, if any, of replication or scaling up that are being undertaken
- c. Describe the joint programme exit strategy and asses how it has improved the sustainability of the joint program

In order to ensure that the JP's key achievements were sustained and good practices and lessons learned were utilized to the maximum extent beyond the JP's project completion date of June 2013, it was agreed that a Sustainability Plan would be developed. The Plan constitutes a reference document to facilitate smooth planning of future work on value chain upgrading for all partners involved in the JP.

The objectives of the Sustainability Plan include:

- Ensure sustainability and accountability of key achievements beyond Joint Programme completion of June 2013
- Ensure smooth handover of key achievements with relevant stakeholders in June 2013

The development of the sustainability plan took approximately one year during which several consultations with implementing partners were made.

The JP was developed to support on-going priorities of the Government on Food Security and later on Nutrition Strategy. Therefore, results achieved from the JP were embedded in the Government ones. For those activities to implement plan and action plans, financial resources are mobilized from the Government budget through national action plan and annual allocation from the Ministry of Finance.

An example on the proactive solution from the Government is the case for application of GIEW station. The JP has supported for the establishment of the system at national level. However, in order to set up a full system for the whole country, it cost around USD 200,000 as indicated in the Mid-term evaluation report and it is not recommended to cover under the JP. Given the importance of the system for early warning message and plan for decision makers at national level, MARD has taken action by developing a follow-up project to continue with the system. Till now, annual allocation for the system has been ensured at around USD 100,000.

In the recent missions to Dak Lak, a farmer in Buon Tria commune shared that with the support from the JP for aquaculture model, he could earn around VND 5 million per month

and he has had a plan to invest more on his pond for different types of fish so that he could produce enough fish to sell them to supermarket or export.

IV. FINANCIAL STATUS OF THE JOINT PROGRAMME

a. Provide a final financial status of the joint programme in the following categories:

Organization	Approved Budget	Total Transferred To Date	Formulation Advance*	Total disbursement	Disbursement rate (%)
FAO	1,092,727	1,092,727	20,000	1,055,851	97.00
UNICEF	985,470	985,470		985,455	100.00
WHO	1,421,803	1,421,803		1,421,803	100.00
	3,500,000	3,500,000	20,000	3,463,109	98.95

The expenditure of the Joint Programme presented above should not be considered as final disbursement since they were reported as at the operational closure of the Joint Programme on 30 June 2013. Upon the financial closure of the Joint Programme between Headquarters of UN agencies and MPTF Office, the final disbursement will be confirmed then.

For final financial disbursement of the Joint Programme, please refer to MPTF Gateway at <http://mptf.undp.org>.

b. Explain any outstanding balance or variances with the original budget

V. OTHER COMMENTS AND/OR ADDITIONAL INFORMATION

The joint programme contributed 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 made a contribution to realize the MDG 5 on improving maternal health. The interventions of the JP were done at both national and local level. Recent meeting of the Government of Viet Nam on MDG report has shown the "on-track" record for both MDG1 and MDG5.

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 modeled and best practices generated from UN support to selected provinces. These efforts and experiences are used to further strengthen national programmes, health systems and policies.

VI. CERTIFICATION ON OPERATIONAL CLOSURE OF THE PROJECT

PUNO	NAME	TITLE	SIGNATURE	DATE
FAO	Jongha Bae	FAO Representative		3/9/2013
UNICEF	Lotta Sylwander	UNICEF Representative		6/9/2013
WHO	Kasai Takeshi	WHO Representative		10 Sep 2013

VII. ANNEXES

1. List of all document/studies produced by the joint programme

Programme as a whole

1. JP Document
2. Sustainability plan
3. Final evaluation report
4. Monitoring reports
5. Minutes of the PMC meetings
6. JP Improvement Plan following mid-term evaluation

Nutrition and Food security

7. Book: Family Nutrition Guide (EN&VN)
8. Book: Save and Growth (VN)
9. Seasonal Food Calendar for the whole country (VN)
10. Guideline on Food Insecurity Assessment, 30 October 2010 (English and Vietnamese version)
11. Guideline on Climate analysis and Monitoring, October 2010 (English and Vietnamese version)
12. Guideline on Policy analysis and development, October 2010 (English and Vietnamese version)
13. Guideline on Price analysis (English and Vietnamese version)
14. Guideline on Price monitoring (English and Vietnamese version)
15. Final report on current situation of system monitoring food security; information needs, data for FIVIMS system, August 2010 (English and Vietnamese version)
16. Final report on review current policy integrating nutrition objectives. Report consist of policies on nutrition, food security and rice production, August 2010 (English and Vietnamese version)
17. Final report on Capacity improvement and need assessment for the small livestock and aquaculture producers in the vulnerable group in Dien Bien, Ninh Thuan and An Giang provinces, 20 March 2011 (English and Vietnamese version)
18. Final report of implementing sub-components of the programme, 30 April 2011 (English and Vietnamese version)
19. Mission report on Training needs assessment on livestock production estimates in Dien Bien, Ninh Thuan and An Giang provinces, February 2011 (English and Vietnamese version)
20. Final report on the implementation of crop production in Cao Bang and Dien Bien provinces, 30 December 2011.
21. Final report on the improvement of soybean production for improved availability, access and consumption of nutritious foods for children and vulnerable groups in Cao Bang province, 15 December 2011
22. Final report on the implementation of crop production in Cao Bang and Dien Bien provinces, 30 December 2012.

23. Survey report of Cao Bang and Dien Bien on the current status of: household production and economy, local seed production and supply, homestead food production and training needs, November 2011.
24. Final report on improving the GIEWS system, February 2011.
25. Final report on Completing availability, the approaching and consuming of food sources for more diversity in the highland and mountainous regions in Vietnam, February 2011.
26. Final report on results of implementing rice production model applying integrated crop management (RICM), 30 December 2012.
27. Final report for provision of “Overall coordination and management of the sub-components under Outcome 5”, December 2012.
28. Final report on Improvement of aquaculture practices at small household (EN and VN)
29. Report on anaemia prevention according to life-cycle(EN)
30. Baseline survey in Cao Bang and Daklak(EN)
31. National Action Plan on IYCF (VN)
32. National Action Plan on Nutrition (VN)
33. IYCF training package (VN)
34. BFHI -Revised, Updated and Expanded for Integrated Care (VN)
35. Kangaroo-Mother Care training manual (VN)
36. Standardized Monitoring and Assessment of Relief and Transition (SMART) methodology and tools for Health and nutrition personnel;
37. Nutrition assessments conducted after natural disasters using updated methodology and tools
38. First draft of National Micronutrient Guidelines;
39. Monitoring report on 5 years of implementation of Decree 21;
40. 2011 Annual report available ;
41. International code translated and disseminated in Vietnamese.
42. Report on 5 years implementation of Decree 21 on Marketing of Breast milk substitutes identifying violations by hospitals and formula companies available and disseminated
43. Annual review on code implementation included in the revision process for decree 21 with dissemination ahead of world breastfeeding week.
44. Statements from Cao Bang and Dak Lak provincial hospitals prohibiting the formula milk companies contact and usage of formula were released and disseminated at the provincial health settings.
45. Kangaroo-mother care guidelines (reviewed).
46. National Training of trainers manuals for Integrated Management of Acute Malnutrition.
47. Training manual on MUAC and anemia prevention (VN?)

2. List all communication products created by the joint programme

1. TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.
2. National communication campaigns conducted in line with the joint communication plan among MoH, UN and A&T.
3. Training on Communication for behaviour impact training conducted. World breastfeeding week and logical framework for the communication campaign developed;
4. IEC on BF for BFHI clinics being developed jointly with WHO and A&T;
5. WHO and UNICEF and Alive & 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;
6. updated IEC about BFHI standards and BF counseling available in 40 project communes;
7. The model of “Village Breastfeeding Mum Support Groups” were established and well functioned;
8. “Breast milk-let’s talk about love” even at general hospitals of Dak Lak and Cao Bang;
9. Successful example of RICM on rice production in Ninh Thuan broadcasted on Ninh Thuan TV channel
10. Documentary movie on ICM model in Dien Bien broadcasted on Dien Bien TV channel

3. Minutes of the final review meeting of the Programme Management Committee and National Steering Committee

Included separately

4. Final Evaluation Report

Included separately

5. M&E framework with update final values of indicators

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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								
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>IDD monitoring and reporting supported for all 63 provinces with data ready for dissemination.</p> <p>Information of the National Nutrition Survey including iron deficiency anaemia (IDA) data disseminated to the 63 provinces.</p> <p>Provincial Nutrition Profiles were printed with 2011 data for 63 and 2012 for 25 selective provinces to assist with provincial planning, monitoring and evaluation.</p>	<p>Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used;</p> <p>Report on results of specific studies on IDD and iron deficiency anaemia (IDA) and vitamin A deficiency. IYCF and BF practices...</p> <p>The questionnaire for nutrition survey system updated and put in used since 2010.</p> <p>A qualitative assessment</p>	<p>Report from international and local consultants; Specific studies on IDD, iron anaemia and vitamin A deficiencies. Reviewing process and newly formulation</p>	WHO, UNICEF	<p>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;</p>

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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.	GIEWS workstations at national level established and piloted at 6 provinces and hosted at Ministry of Agriculture and Rural Development. Dedicated staff working with GIEWS stations to collect data and enter data into web-based GIEWS software after installing and trainings on agriculture products, food market prices analysis and skills at provinces established and functioned. Periodic Reports and bulletins on food statistics and market prices are available as result of capacity building on training manuals and tool available; 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;	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
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		Indicators on crisis/emergency integrated into surveillance system and Standardized Monitoring and Assessment of Relief and Transition (SMART) and Emergency Nutrition Assessment (ENA) software introduced	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 Information Mapping System (FIVIMS)	Revised vulnerability maps and/or vulnerable group profiles produced reflecting the latest food and nutrition insecurity situations.	FAO-FIVIMS (2000)	FIVIMS set up and maintain at national level	Food Insecurity and Vulnerability Information Mapping System (FIVIM) in place at 12 communes of 6 provinces in the JP. FIVIMS maintained at national as an integrated part of GIEWS;	Vulnerability analysis and monitoring methodologies; FIVIMS information dissemination and mapping system; National FIVIMS reports.	Vulnerability assessment reports; Annually and quarterly progress reports; Mission Reports.	FAO	Data available, FIVIM review and set up

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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 3 year Action Plans for Nutrition 2011-2015 including micronutrient deficiency control; National IYCF Plan of Action; ; Law and/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>National Nutrition Strategy 2011-2020 approved by the Prime Minister in February 2012, National IYCF Action Plan 2012-2015 and National Plan of Action for Nutrition 2012-2015 approved in February and June 2013 by the Minister of Health. Provincial Nutrition and MNCH Action Plans developed guided by disaggregated data from the General Nutrition Survey and Provincial Nutrition Profiles</p> <p>Extension of paid maternity leave from 4 to 6 months approved in the 2012 Labour Code Amendment and brought into effect from January 2013.</p> <p>Revised Decree 21 regulating marketing of breastmilk substitutes and related products for children available for public comments before submission to the Prime Minister in 2013.</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	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 1.6: Implementation of pro-poor agricultural and rural development policies for better nutrition	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 frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition.	Resolution No. 63/NQ-CP on national food security		<p>Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production</p> <p>Guideline and training material on policy analysis, development and implementation developed;</p> <p>Field investigation and analysis of local pro-poor and policies situations conducted and reported</p> <p>Policy dialogue 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</p>	National development policies; Government reports	Sector monitoring reports of national government	FAO	

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

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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		Revised Government Decree 21 available for submission to Prime Minister to complement the ban on marketing of breastmilk substitutes, feeding bottles and teats as well as complementary foods for children under 6 months in line with the International Code and subsequent WHA resolutions approved in the 2012 Law on Advertisement and brought into effect from January 2013. Extension of paid maternity leave from 4 to 6 months approved in the 2012 Labour Code Amendment and brought into effect from January 2013. National Communication Plan on IYCF developed and around 70 per cent of planned outputs to increase public awareness achieved by June 2013	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	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
Output 2.2: Integrated BF promotion with ANC, delivery and post-partum care	IYCF trainer team available in (project sites) 6 provinces; Counselling skills on breastfeeding of health workers at commune, health centres, district and provincial levels improved.	Data established in year 1.		IYCF trainer teams available with updated knowledge and skills in project sites in all 6 provinces. Counselling skills on breastfeeding of health workers improved at all levels after enrolment in training programmes, establishment of community-based breastfeeding models/clubs and receiving handy reference materials.	Reports on training. Provincial plan for scaling up the IYCF training	Pre and post training assessment	WHO UNICEF	The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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		57 BFHIs including 6 provincial BFHs and 5 new district hospitals strengthened; Baby Friendly standards established at 76 commune health stations of An Giang, Cao Bang and Dak Lak provinces.	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	
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)		Ministry of Health released Code violation Annual reports	Reports on results of monitoring trips on implementation of National Code	Monitoring trips with observation and using checklists	WHO, UNICEF	
OUTCOME 3: Reduction of micronutrient deficiencies in targeted children and women								

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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	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 % coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns	MICS (2006) Provincial data established in year 1		Vitamin A available from IKD with 99 percent coverage; 2,340 ORS sachets for SAM (ReSoMal) procured and distributed 3,283,905 iron folic acid tablets provided to 5,998 pregnant women during 18 months in 4 programme districts of Cao Bang and Dac lac province. 50 per cent of the needed Vitamin A supplements (for 7,241,000 children and women) provided in 2010 and 30 per cent (for 3,000,000 children plus emergency stock to cover 1.8 million children) in 2011 at national level. Government responsible for providing 100% of Vitamin A from 2012. USI coverage declined to 45% due to limited availability of iodized salt in the market and delayed policy change for mandatory fortification Vitamin K1 available in the list of essential medicine of MOH and covered by the Government	Procurement report; Field trip report; Annual reports from provincial programme	Procurement records Records of receiving of supplied by programme, provinces Programme reporting system	UNICEF, WHO	Miro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 3.2: Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)	% 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.	Data collected in year 1		<p>Second draft of National Guidelines on Micronutrient Deficiencies Control available. The guidelines will be finalized and submitted for MOH's approval in third quarter of 2013. Micronutrient guidance integrated into the essential stunting reduction package in National Plan of Action on Infant and Young Child Feeding 2012-2015 and Micronutrients Deficiencies Control objective of National Plan of Action on Nutrition 2012-2015</p> <p>Awareness and knowledge of health workers and professionals at central , provincial, district and commune level on anaemia prevention according to life cycle improved.</p> <p>The social marketing approach advocated for anaemia prevention for the population living in lowland provinces.</p>	Training reports Annual reports from provincial programme	Pre and post training assessment Programme records	WHO	
OUTCOME 4: Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations								

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 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	Number of pediatricians trained in inpatient therapeutic care and treatment for child severe acute malnutrition; CSAM units in provincial hospitals and 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	to be locally established in year 1		<p>40 senior pediatricians trained as national trainers in inpatient and outpatient treatment of children with severe acute malnutrition with subsequent roll out of the Integrated Management of Acute Malnutrition trainings and treatment services by the Training Centre of the National Institute of Nutrition in 9 hospitals and 28 commune health centres with 741 children treated as of June 2013 in Kon Tum, Dien Bien and Ninh Thuan Provinces.</p> <p>The overall results of modelling of treatment of severe acute malnutrition were development of National Guidelines for Integrated Management of Acute Malnutrition, inclusion of the services into the National Nutrition Strategy 2011-2020 and 5 Year Action Plans, establish local production of Ready-to-Use-Therapeutic-Foods, integration of training with the National Targeted Programme and generation of evidence to establish a sustainable financial mechanism for supplies and services with inclusion into the National Health Insurance Scheme.</p> <p>Over 80 per cent of responsible government officials and international partners in the Nutrition Cluster & Partnership Group trained in the Global Harmonised Training package for Nutrition in Emergencies with 60% of participants scoring above 80 per cent in the post-test compared to only 5% in the pre-test.</p> <p>Decision of MOH to develop national Guidelines on Kangaroo-Mother care for low birth weight and premature newborns.</p> <p>50 health staff from six hospitals in Cao bang and Dak Lak trained on Kangaroo-</p>	<p>Report on training activities</p> <p>Record and report from provincial programme Field trip report Provincial report 2009 before intervention of the CSAM</p>	<p>Records of training activities</p> <p>Observation during field trips</p>	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the MOH

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
				Mother care. Six Kangaroo-Mother care units established on Cao Bang and Dac Lac provinces.				
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		Equipment and therapeutic supplies available for 9 hospitals and 28 commune health centres while the local production of Ready-to-Use-Therapeutic Foods will supply additional sites in 5 provinces outside of the project area in collaboration with Government and NGOs.	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 continued to be encourage by the MOH
OUTCOME 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam								

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 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)	% of farmers adopt RICM practices; Increased food production (rice, animal, fish, fruit and vegetables) in target areas;	Local data to be collected in year 1		<p>Training documents on ICM technique on rice, fruit, soybean, livestock were developed for Technical staffs and Farmers. 8 trainings on RICM technique conducted for 238 provincial technical staff in Dien Bien, Cao Bang, An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces. Demonstration sites for ICM on rice and rice seed, sticky corn, green bean and vegetables at 6 provinces established with total 2,171 farmers were provided knowledge and skill on RICM technology through FFS.</p> <p>Ninh Thuan had 525 farmers/2297 farmers in 3 communes participating in RICM (22.85%).</p> <p>Kontum had 345/ 2170 farmers in 3 communes participating in RICM (15.89%)</p> <p>Dak Lak had 400/1568 farmers in 2 communes participating in RICM (25.51%)</p> <p>Cao Bang had 110/3308 farmers in 2 communes participating in RICM (3.32%)</p> <p>Dien Bien had 60/3115 farmers in 2 communes participating in RICM (1.92%) An Giang: had 182/2563 farmers in 2 communes participating in RICM (7.10%)</p>	Minutes of meetings; Reports of field surveys and studies	Specific studies Questionnaires Research and field surveys; Annual and quarterly progress reports; Mid term review and final evaluation report	FAO	<p>Existing extension network can reach farmers of targeted communities and involve food insecure communities;</p> <p>Extension workers allowed and encouraged to participate fully in training provided under the project;</p> <p>Appropriate technologies identified and successful methodological approaches applied.</p>

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 5.2: Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education	% 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.	Local data to be collected in year 1		<p>Training need assessment for improving small livestock production done and training manual for estimating livestock production prepared and followed with training for 160 staff from local NGOs in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces;</p> <p>Homestead food production (VAC model) skills provided to 686 farmers in An Giang, Ninh Thuan, Kon Tum, Dak Lak, Dien Bien and Cao Bang provinces</p> <p>The RICM demonstrations provided new techniques in reducing input materials, resulting in reduced rice seed quantity from 300kg/ha to 200-120kg/ha, saved 50-60% seed quantity, fertilizer and chemical use reduced from 30-50% compare with traditional cultivation and the yield increase from 15-20% (from 4.5 ton/ha to 5.0 -6.0 ton/ha</p> <p>Indigenous traditional rice variety was recovered, purified in Dien Bien, contributed to increased production from 3.0 ton/ha to 4.5 ton/ha.</p> <p>The soybean, green bean, and sticky corn, fruit, vegetable demonstrations were made diversity crop (diversity food) for farmers and make more profit from farmers .</p> <p>Twelve aquaculture demonstration models, 48 satellite models and 60 households in Dien Bien, Dak Lak and Kon Tum using techniques trained by project’s experts. As a result, 10 demonstration (83%) and 38 satellite models (79%) and some households applied aquaculture production for increasing protein in their daily food consumption and income increase.</p> <p>The chicken demonstration to help the</p>		<p>Specific studies</p> <p>Questionnaires</p> <p>Research and field surveys;</p> <p>Annual and quarterly progress reports;</p> <p>Mid term review and final evaluation report</p>	FAO	<p>Lack of strong commitment, ownership, and active participation by stakeholders;</p> <p>NGOs/IPs fail to meet targets</p>

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target	Means of verification	Collection methods (with indicative time frame & frequency)	Respon- sibilities	Risks & assumptions
				<p>farmers applied new techniques in livestock production with local varieties to save money for food purchase and environment protected. The chicks in the demonstration grown 2-2.5kg/head only in 2 months. It supplemented more nutrition (protein) for poor households and 90% households participated in the chicken model continued to expand these models.</p> <p>Some documentary movies on rice production broadcasted on the TV channel of Ninh Thuan province and Dien Bien province;</p> <p>Technical guidance and publications provided for family nutrition awareness raising and capacity building purposes, including Family Nutrition Handbook, Seasonal Food Calendar, Save and Growth for crop production.</p>				