

Joint Programme Monitoring Report

Section I: Identification and Joint Programme Status

a. Joint Programme Identification and basic data

Date of Submission: 15 July

Submitted by:

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Country and Thematic Window

VIETNAM

Children, Food Security and Nutrition

MDTF Atlas Project No: 00067241

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

Report Number: 1

Reporting Period: February – June 2010

Programme Duration: 3 years

Official starting date: 3 February 2010

Participating UN Organizations	Implementing partners ¹
<ol style="list-style-type: none"> 1. Food and Agriculture Organization (FAO) 2. United Nations Children’s Fund (UNICEF) 3. World Health Organisation (WHO) 	<ol style="list-style-type: none"> 1. Department of Crop Production, Ministry of Agriculture and Rural Development (MARD) 2. RUDEC (Rural Development Center), MARD 3. Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI) 4. Department of Maternal and Child Health, Ministry of Health (MOH) 5. National Institute of Nutrition 6. Provincial Health Department of 6 provinces 7. Hospital of Endocrinology 8. Legislative Department, MOH 9. Medical Service Administration, MOH 10. Health Inspection Division, MOH 11. Health Education and Communication Center, MOH

The financial information reported should include overhead, M&E and other associated costs.

Budget Summary	
Total Approved Joint Programme Budget	FAO: USD 1,092,727 UNICEF: USD 985,470 WHO: USD 1,421,803 Total: USD 3,500,000
Total Amount of Transferred to date	FAO: USD 543,077 UNICEF: USD 449,400 WHO: USD 551,358 Total USD 1,543,835 excluding US\$ 20,000 formulation advances
Total Budget Committed to date	FAO: USD 10,000 UNICEF: USD 252,667.44 WHO: USD 57,488.33 Total: USD 320,156
Total Budget Disbursed to date	FAO: USD 3,000 UNICEF: USD 159,736.10 WHO: USD 47,220 Total: USD 209,956

BENEFICIARIES

Direct Beneficiaries: *“The individuals, groups, or organizations, targeted, that benefit, directly, from*

¹ Please list all the partners actually working in the joint’s programme implementation, NGOs, Universities, etc

Indicate Beneficiary type	Expected number of Institutions	Number of Institutions to date	Expected Number of Women	Number of Women To date	Expected number of Men	Number of men to date	Expected number of individuals from Ethnic Groups	number of individuals from Ethnic Groups to
National Institutions	10	6						
Local Institutions	18	12						
Urban	NA	NA						
Rural	NA	NA	77813	-	-	-	NA	NA
Total	28	18		-		-		-

Indirect Beneficiaries: “The individuals, groups, or organizations, not targeted, that benefit, indirectly, from the development intervention”

Indicate Beneficiary type	Expected number of Institutions	Number of Institutions to date	Expected Number of Women	Number of Women To date	Expected number of Men	Number of men to date	Expected number of individuals from Ethnic Groups	number of individuals from Ethnic Groups to date
National Institutions	12	12	-	-		-		
Local Institutions	-	-	-	-		-		
Urban	-							

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a. Joint Programme M&E framework

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
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 2009-2010; Updated data on IDD and iron anaemia available; Updated data on IDD and USI status available	Indicators, templates, report outline and software updated and ready for field testing during the 2010 nutrition surveillance surveys Training conducted in selected provinces on IDD monitoring system	Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used; Report on results of specific studies on IDD and iron anaemia and vitamin A deficiencies. New nutrition survey from 2010 will use new frame work and questionnaire	Report from international and local consultants; Specific studies on IDD, iron anaemia and vitamin A deficiencies. Reviewing process and newly formulation	WHO, UNICEF	Data available to, and used by, local and national decision-makers and policy-makers; Data adequately reflects the incidence, nature and causes of food insecurity and vulnerability; Data collection and analysis conducted timely and data is of acceptable quality; Lack of cooperation and insufficient support from project partners and institutions. Willingness of national Government to

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								support the process;
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.	TOR drafted and work plan prepared for GIEWS workstation set up in 2 pilot 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	Sentinel monitoring of	Data established		Indicators integrated into	Setting up a small scale sentinel site surveillance	Collection of data through	UNICEF	

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sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children	affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations.	in year 1		surveillance system. Training conducted in Standardised Monitoring and Assessment of Relief and Transition (SMART) and Emergency Nutrition Assessment (ENA) software	on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment reports.	pre and post visit reports; Pre and post intervention surveys; Annually and quarterly progress reports; Mission Reports.		
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	TOR for study drafted and plan for review prepared and agreed with the Government	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
Output 1.5: National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers	National Strategy for Nutrition 2011-2020 and 5 year Action Plans for Nutrition 2011-2015 and for IYCF; National guidelines for micronutrient deficiency control; Law relating to	National Nutrition Strategy 2001-2010 Existing policies on maternity leave and on marketing of breast milk substitute		2 nd draft of National Nutrition Strategy available for comments; Consultative meeting on revision of maternity leave to be conducted first week of July; Proposal on Maternal	Progress reviews Documents of National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition and IYCF 2010-2015; National guidelines for micronutrient deficiency control. Government report and conducting new reviewing report	Annually and quarterly progress reports; Mission reports. Conduct new reviewing required	WHO, UNICEF and FAO	

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developed and implemented	support and protection of BF revised and submitted to government for approval.			Nutrition and IYCF Action Plan has been prepared and reviewed; Review meeting on anaemia intervention and recommendations for development of National Nutrition Strategy;				
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	Resolution No. 63/NQ-CP on national food security	-	-	National development policies; Government reports	Sector monitoring reports of national government	FAO	

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	(PRSPs, UNDAF); Implementation of existing pro- poor policies that improve food, health and nutrition.							
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								
Output2. 1: Intensive BF promotion/adv ocacy 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		Road map prepared for the revision of Decree 21 and legal advisor from UNICEF NYHQ to arrive in August; Consultative meeting on revision of maternity leave to be conducted first week of July; TOR for National Coordinator developed to support the function of PMB and MCH; Communication for behaviour impact (COMBI) training conducted to facilitate development of communication strategy and world breastfeeding campaign;	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	WHO/UNI CEF	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	IYCF trainer team available in 63	Data established		-	Reports on training	Pre and post training	WHO UNICEF	The IYCF steering

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promotion with ANC, FP and delivery and post-partum care	provinces; Counseling skills on breastfeeding of health workers at commune, health centres, district and provincial hospitals improved.	in year 1.				assessment		committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH
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 implement Mother-Baby Friendly Hospital Initiative	Self Assessment Annual report of the BFHIs		-	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)		-	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								

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<p>Output 3.1: Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area</p>	<p>Amount of Vitamin A, iron folic tables, de-worming drugs, multiple micronutrients, zinc, vitamin K and ORS procured and available for targeted women and children against the plan % coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns</p>	<p>MICS (2006) Provincial data established in year 1</p>		<p>Procurement process started</p>	<p>Procurement report; Field trip report; Annual reports from provincial programme</p>	<p>Procurement records Records of receiving of supplied by programme, provinces Programme reporting system</p>	<p>UNICEF</p>	<p>Miro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010</p>
<p>Output 3.2: Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)</p>	<p>% provincial, district and commune health workers in targeted provinces trained on national guidance for micronutrient deficiency control; IEC materials on micronutrient deficiency control distributed to health facilities.</p>	<p>Data collected in year 1</p>		<p>-</p>	<p>Training reports Annual reports from provincial programme</p>	<p>Pre and post training assessment Programme records</p>	<p>WHO</p>	

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OUTCOME 4: Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations								
Output 4.1: Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with 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		National Training of trainers conducted for Integrated Management of Acute Malnutrition with 40 participants from national and provincial level; Provincial training and planning meeting conducted in Kontum Province	Report on training activities Record and report from provincial programme Field trip report Provincial report 2009 before intervention of the CSAM	Records of training activities Observation during field trips	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the MOH
Output 4.2: Provision of key supplies to support nutrition services for selected provinces and	Medical equipment installed in inpatient CSAM units at provincial hospitals and in 2 district hospitals; Number of	to be locally established in year 1		F75, F100 and ReSoMal for 1,500 children with SAM procured. 30,000 Mid-Upper-Arm-Circumference tapes procured for active case finding/screening; Development of locally produced RUTF initiated and	Procurement report Record and report from provincial programme Provincial	Procurement records Records of therapeutic feeding products received by the	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by

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localities at high risk, including micronutrient supplements and ready to eat therapeutic foods	inpatient and out-patient therapeutic feeding centres adequately supplied with key RTUF and drugs			ready for field testing.	report 2009 before intervention of the CSAM	programme provinces		the MOH
OUTCOME 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam								
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		-	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	Existing extension network can reach farmers of targeted communities and involve food insecure communities; Extension workers allowed and encouraged to participate fully in training provided under the project; Appropriate technologies identified and successful methodological approaches applied.

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<p>Output 5.2: Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education</p>	<p>% households use improved food preservation and processing techniques; Increased availability of food for consumption (rice; animal source foods); Reductions in length and depth of the “lean season” and in food insecurity and risk of hunger at community level; Enhanced public knowledge of and information about good nutritional practices; Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children.</p>	<p>Local data to be collected in year 1</p>		<p>TOR drafted and agreed</p>		<p>Specific studies Questionnaires Research and field surveys; Annual and quarterly progress reports; Mid term review and final evaluation report</p>	<p>FAO</p>	<p>Lack of strong commitment, ownership, and active participation by stakeholders; NGOs/IPs fail to meet targets</p>
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c. Joint Programme Results Framework with financial information

JP output: 1.1								
Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
				NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
1.1 Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition								
New nutrition indicators and data collection frameworks for nutrition developed	1.1.1 . Technical assistance to review/update of the nutrition programme indicators and data collection framework at national level		WHO	NIN, MCH	35,417	-	-	-
	1.1.2. Provide technical and financial assistance for annual Nutrition Surveillance and apply updated indicators and data collection framework (training at national level)		UNICEF	NIN, MCH	11,069	9,877.40	5,936.40	54%
	1.1.3. Provide technical and financial support on surveillance on micronutrient deficiencies in the Target provinces		WHO	NIN, MCH, MOH	41,882	-	-	-
	1.1.4. Provide technical and financial support on surveillance on micronutrient deficiencies in selected provinces		UNICEF		21,068	22,066,46	22,066,46	112%
	1.1 sub total				109,436			
1.2 Improved information on food production, stocks, availability and market prices at national, provincial and local levels								
84 provincial staff trained in crop production and livestock estimates by	1.2.1. National GIEWS Workstation established		FAO	DCP, MARD	-	-	-	-
	1.2.2. Methodological support for estimating crop production		FAO	DCP, MARD	53,500	7,682	1,412	3%

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2011; Improved monitoring systems implemented; GIEWS Workstation set-up; Regular reports and bulletins on food statistics and market prices	1.2.3. Methodological support for estimating livestock production		FAO	DLP, MARD	42,800	-	-	-
	1.2.4. Capacity for forecasting and early warning of food emergencies enhanced		FAO	DCP, MARD	42,800	-	-	-
	1.2.5. Capacity for preparing technical reports is enhanced		FAO	DCP, MARD	-	-	-	-
	1.2 Subtotal				165,850			
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; X joint rapid nutrition assessments in emergency situations conducted	1.3.1. A sentinel site in one selective province to monitor affects of food crisis developed and functional		UNICEF	MOH	11,068	5,940	0	0%
	1.3.2. Responsible staff of central government and 15 disaster prone provinces trained on rapid nutrition assessment using latest training package		UNICEF	MOH	21,066	6,139.50	6,139.50	29%
	1.3.3. X joint rapid nutrition assessments of affected populations in emergencies		UNICEF	MOH	11,068	-	-	0%
	1.3 Subtotal				43,202			
1.4 Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)								
Regular FIVIMS maps produced	1.4.1. Report of user needs survey and training guideline		FAO	RUDEC, IPSARD, MARD	16,050	-	-	0%
	1.4.2. Specific food and nutrition indicators identified for use by FIVIMS		FAO	RUDEC, IPSARD, MARD	32,100	-	-	0%
	1.4.3. FIVIMS maps of target areas produced		FAO	RUDEC, IPSARD, MARD	16,050	-	-	0%
	1.4.4. Training for dissemination and follow up on analytical tools and information management capacity		FAO	RUDEC, IPSARD, MARD	32,100	-	-	0%
	1.4 Subtotal				96,300			
1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented								

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National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition; National guidelines for micronutrient deficiency control	1.5.1. The new national strategy for nutrition 2010-2020 and the 5 year action plan for nutrition 2011-2015 formulated and submitted		UNICEF	MOH	31,067	41,111.38	6,180.38	20%
	1.5.2. The IYCF action plan for 2010-2015 formulated and submitted		WHO	MCH/NIN/MOH	17,709	20,000	-	0%
	1.5.3. New Gov. legislation on maternities leave formulated and submitted to central Gov.		UNICEF	MOH	16,067	22,000.00	-	0%
	1.5.4. A set of national guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls individually formulated and submitted to the MOH for approval		WHO	MCH/NIN/MOH	17,709	7,728.33	7,728.33	32%
	1.5.5. National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated		UNICEF	MOH	16,067	-	-	0%
	1.5.6. National Decree 21 revised and submitted to central government		UNICEF	MCH/MOH	21,066	-	-	0%
	1.5.7. MOH pick up 100% of the cost for vitamin A capsules to meet whole country demand by 2011		WHO	NIN/MCH/MOH	8,961	-	-	0%
	1.5 Subtotal				107,580			
1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition								
Analytical reports and recommendations for policy and institutional reforms; Increased visibility of food, health and nutrition in policy frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health	1.6.1. Three regional and one national policy workshop held; Regional policy dialogue initiated in first year		FAO	RUDEC, IPSARD, MARD	64,200	-	-	0%
	1.6.2. Action plans at provincial and national levels revised to be more pro-poor focused on improving food, health and nutrition		FAO		32,100	-	-	0%

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and nutrition	1.6.3. Explicit nutrition and health concerns integrated into pro-poor policies and into national policies; Accelerated implementation of existing pro-poor policies		FAO		-	-	-	
	1.6 Subtotal				96,300			
2.1 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 positive revised	2.1.1. IYCF committee's office in MOH is available and fully functioning		WHO	MCH, MOH	14,999	-	-	0%
	2.1.2. Implementation status of IYCF at national level annually reviewed by MOH		UNICEF	MOH	-	-		
	2.1.3. National mass media communication campaign to improve commitment and investment of policy makers		UNICEF	MOH	41,067	7,542.72	7,542.72	18%
	2.1.4. Public awareness on benefits of BF increased		WHO	MCH, MOH and mass media	46,766	13,690.00	3,422.50	7.3%
	2.1.5. National Decree 21 revised and submitted to central		UNICEF	MOH	21,066	-	-	0%
	2.1.6. Political and financial commitment from policy-makers for BF		WHO		17,709	-	-	0%
	2.1.7. One national professional association champions BF protection & promotion		UNICEF	MOH	21,066	-	-	0%
	2.1.8. National professional associations actively promote BF and CF		WHO	MOH	17,709	-	-	0%
	2.1.9. Counselling skills of health workers at all levels improved, KAP of mothers on BF and CF improved		WHO	MOH	70,406	-	-	0%
	2.1.10. All communal BFHI clinics provided with handy IEC on BF		UNICEF	MOH	11,068	0	0	0%
	2.1.11. PMUs in Target provinces are established and functioning		WHO	PMU Programme provinces	36,728	-	-	0%

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	2.1 Subtotal				258,475			
2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care								
IYCF trainer team available in 63 provinces	2.2.1. Five provincial and all district IYCF-TOT teams trained on BF and CF counselling		UNICEF	MOH, NIN	11,068	0	0	0%
	2.2.2. The key trainers from 32 provinces trained on IYCF		WHO	MCH, NIN	17,709	0	0	0%
	2.2.3. Counseling activities on breastfeeding promotion in commune health centres in 10 selected communes		UNICEF	MOH	11,068	0	0	0%
	2.2.4. Counseling skills on BF of health workers at communes health centers, district and provincial hospitals improved		WHO	MOH	17,869	0	0	0%
	2.2 Subtotal				57,714			
2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate								
Number of provincial hospitals maintain BFHI standards; Number of new community health centres achieve BFHI standards	2.3.1. BFHI self-assessment teams established and trained in 5 provinces		UNICEF	MOH	11,068	0	0	0%
	2.3.2. Provinces perform annual self-assessment exercises on BFHI		UNICEF	MOH	0	0	0	N/A
	2.3.3. Revise training materials and programme and Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals		WHO	MCH, MOH	26,563	0	0	0%
	2.3.4. Orient CHCs on 10 steps of BFHI; Implement the model of communal BHF Centers in selected CHCs and rolling out to all CHCs in selected districts		WHO		52,344	0	0	0%
	2.3.5. Hospitals in selected five programme		UNICEF	MCH, MOH	0	0	0	N/A
	2.3.6. Counseling activities on BF promotion with mother support groups performed in commune health centers of 10 selected communes		UNICEF	MOH	26,139	0	0	0%
	2.3 Subtotal				116,114			

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2.4 Enhanced implementation of national code for marketing and trading of breast milk substitutes								
Number of baby Food and milk companies and health facilities who violated the national Code on BF	2.4.1. Health inspectors and related staff of five UNICEF provinces trained on Code monitoring		UNICEF	MOH	11,068	0	0	0%
	2.4.2. Monitoring of the national Decree 21 in a standard manner in five selected provinces		WHO	MOH	17,869	0	0	0%
	2.4.3. Annual review meeting on Code implementation and enforcement reviewed for lesson learnt and action		UNICEF	MOH	11,068			0%
	2.4.4. Code Watch bulletin produced on regular basis		WHO	MOH	5,527	0	0	0%
	2.4 Subtotal				45,532			
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								
Coverage of vitamin A among children 6-59 month of age; Coverage of pregnant women with iron folic supplementation; USI coverage of households; % newborns with vitamin injection	3.1.1. Vitamin A, iron folic tables, de-worming drug and sprinkles, multiple micronutrient tablets procured for all targeted women and children		UNICEF		21,068	21,068	5,230.22	25%
	3.1.2. Zinc and ORS with low osmolarity for treatment of diarrhoea among under-five children in selected areas		WHO		17,869	0	0	0
	3.1.3. Increased local production of ORS with new format		WHO		9,015	0	0	0
	3.1.4. Vitamin K1 for preventing hemorrhage in newborns in selected areas available		WHO		18,076	0	0	0
	3.1 Subtotal				66,082			
3.2. Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)								

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Coverage of vitamin A among children 6-59 month of age; Coverage of pregnant women with iron folic supplementation; USI coverage in households	3.2.1. Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces		UNICEF			0	0	0%
	3.2.2. 80% health workers at provincial, district, commune in Target provinces trained on National guidance on micronutrient deficiency control		WHO		7,597	0	0	0%
	3.2.3. 80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control		UNICEF		37,985	0	0	0%
	3.2.4. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces		UNICEF		0	0	0	N/A
	3.2.5. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces		WHO		0	0	0	0
	3.2.6. Joint monitoring trips on vitamin A, iron supplementation for children and post partum women in disadvantage localities of the programme areas		WHO		9256	0	0	0
	3.3. Subtotal				54,838			
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								

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Coverage of severe acute malnutrition children under 5 with CSAM; Moderate and severe malnutrition rate	4.1.1. National training manual (protocol) on inpatient therapeutic care and treatment (hospital based management of child severe malnutrition) adapted		UNICEF	MOH, Pediatric Hospitals	11,068	0	0	0%
	4.1.2. Public and private pediatricians of five WHO and UNICEF programme provinces trained in inpatient therapeutic care and treatment for child severe acute malnutrition		UNICEF	Pediatric Hospitals, MOH	11,068	0	0	0%
	4.1.3. 2 Target provinces have inpatient CSAM units at provincial hospitals and two district hospitals		UNICEF	MCH, MOH, Pediatric Hospitals		0	0	N/A
	4.1.4. 2 UNICEF programme provinces have inpatient CSAM units at provincial hospitals and in two selected district hospitals		UNICEF	MCH, MOH, Pediatric Hospital	11,068	11,068	11,068	100%
	4.1.5. Model of CSAM performed fluently in five selective communes in Kon Tum province		UNICEF	MCH, MOH	11,068	11,068	11,068	100%
	4.1.6. Technical assistant to review inpatient rehabilitation		UNICEF	MCH, MOH		0	0	N/A
	4.1.7. The CSAM model of UNICEF reviewed by UNICEF Global or regional Offices		UNICEF		11,068	7,760	0	0%
	4.1.8. Model community based management of child acute severe malnutrition (CSAM) available and functioning well in 2 selected provinces		UNICEF		21,068	15,345.74	14,928.6	71%
	4.1.9. 80% of responsible government officials, international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package		UNICEF	NIN, MCH, MOH	11,138	0	0	0%

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	4.1.10. National guidelines for Kangaroo-Mother care for low birth weight/premature newborns developed		WHO	MCH, MOH	9,256	0	0	0%
	4.1.11. Five Kangaroo-Mother care units at provincial, district hospital of Target provinces set-up and functioned		WHO	Programme Provinces		0	0	N/A
	4.1 Subtotal				74,666			
4.2 Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to eat therapeutic foods								
Number of inpatient therapeutic feeding centres; Number of out- patient therapeutic feeding centres	4.2.1. Medical equipment procured and installed in inpatient CSAM units at the provincial hospitals and at 2 selected district hospitals		UNICEF	NIN and Provinces		0	0	N/A
	4.2.2. 2 UNICEF programme provinces have inpatient CSAM Units at provincial hospitals and two selected district hospitals		UNICEF	MCH, MOH	21,068	10,614	10,613.51	50%
	4.2.3. Therapeutic feeding products (plumpynut) to supply CSAM units		UNICEF	MOH, Pediatric hospital		0	0	N/A
	4.2.4. Therapeutic feeding products (plumpynut) to supply CSAM in 2 UNICEF provinces		UNICEF	MCH, MOH	21,068	22,655.38	20,550.96	98%
	4.2.5. Local production of RUFT reviewed and potential suppliers defined		UNICEF	MCH, MOH	0	0	0	NA
	4.2.6. Micronutrients and equipment transported from supplier to users in UNICEF programme provinces		UNICEF	MCH, MOH	6,497	0	0	0%
	4.2.7. Micronutrients and equipment transported from supplier to users in WHO programme provinces		WHO	MCH, MOH	7,490	0	0	0
	4.2 Subtotal				65,739			
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)								

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Training needs identified; Training materials produced; Agriculture inputs purchased and distributed; Training initiated	5.1.1. Conduct participatory survey to assess training need ; conduct inventory of seed sources, locally adopted varieties as well as promising modern varieties; formulate guidelines and prepare technical materials for demonstration on-farm seed production and conservation using RICM technology		FAO	NOMAFSI, MARD	32,100	0	0	0%
	5.1.2 Train provincial staff and conduct on-farm demonstrations on the production and conservation of rice seed using integrated crop management systems and seed conservation		FAO	MARD	32,100	0	0	0%
	5.1 Subtotal				64,200			
5.2 Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education								
NGOs/IPs selected and contracted to support homestead food production activities at the community and household levels; Training materials produced; Production inputs	5.2.1 Build capacity of NGOs/IPs to support homestead food production – crops, livestock and fish; Develop and print training manuals; and conduct training		FAO	DCP, MARD	45,527	0	0	0%
	5.2.2. Support crop and small livestock production activities; Support household		FAO	DLP, MARD	37,450	0	0	0%

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purchased and distributed; Nutrition education activities initiated At least 18 NGOs and IPs trained and active in the homestead food production, small livestock raising, and aquaculture practices 900 households engaged in improved production practices; 300 households engaged in livestock raising, improved aquaculture production practices; 900 households engaged in improved post-harvest practices; 1200 households receive nutrition education	5.2.3. Support training and demonstration activities for small-scale food processing and preservation and in nutrition education		FAO	DCP, MARD	37,450	2318	0	0%
	5.2 Subtotal				120,427			
6. Formulation advance			FAO		20,000	20,000	18,692	93.46%
FAO	Programme Cost				507,549	10,000	7,682	2%
	Indirect Support Cost				35,528			0%
UNICEF	Programme Cost				420,009.24	223,276.68	130,345.64	31%
	Indirect Support Cost				29,390.76	29,390.76	29,390.76	100%
WHO	Programme Cost				515,288	21,418.33	11,150.83	2%
	Indirect Support Cost				36,070	36,070	36,070	100%
Total	Programme Cost				1,442,846.2	254,695	149,178	10%
	Indirect Support Cost				100,989	65,460.76	65,460.76	65%

				Total	1,543,835			

SECTION II: Joint Programme Progress

The second section of the report is intended to shed light on the major advances and difficulties of the Joint Programme. It also aims to collect information on two important objectives that all joint programmes are contributing towards (interagency work, delivering as One and Development effectiveness as described by the Paris Declaration and the Accra Action Agenda).

a. Narrative on progress, obstacles and contingency measures

- a. Please provide a brief overall assessment (250 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions.

Progress in outcomes:

The programme has only started to implement from February 2010. It is too early to show any result at Outcome level.

Progress in Outputs:

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

Technical and financial support was provided to National Institute of Nutrition in updating indicators and the data collection framework for the National Nutrition Surveillance System. The General Nutrition Survey and Surveillance Reports with updated indicators and data tables will guide the development of the 2011-2020 National Nutrition Strategy. The introduction of Standardized Monitoring and Assessment of Relief and Transition Methodology (SMART) and planning and analysis software (ENA) will facilitate the establishment of a more comprehensive and collaborative system to ensure reliable and timely data is used for decision making and reporting. Ministry of Health, with the responsibility of Hospital of Endocrinology, was also supported to conduct training courses on Iodine Deficiency Disorder (IDD) monitoring for Preventive Medicine Centres in Northern, Southern, Central and Central Highland Provinces.

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

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

1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented

Financial support has been provided to the Department for Maternal and Child Health to conduct a planning meeting for national and sub-national stakeholders, including all the provinces in the joint programme. The meeting will be conducted 14 July with the objective to agree on roles and responsibilities, improve result frameworks and plans, refine indicators and review the delivery targets to facilitate development and implementation of strategies and actions for promoting the nutrition of children and women. Ministry of Health has also received funds to conduct a consultative meeting on the revision of maternity leave. The road map for revision of Decree 21 on protection of Breastfeeding has been drafted by Department of Maternal and Child Health in collaboration with the Legislative Department, and this process will be supported over the next months with both technical and financial support.

Intervention to prevent anaemia throughout the life-cycle was reviewed in a consultative meeting with 90 participants from the Government, Academic Institutions, UN agencies and NGOs and key recommendations were formulated for consideration in the development of the national nutrition strategy and relevant action plans.

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

COMBI training has been conducted to facilitate develop of a comprehensive communication strategy for Nutrition in Viet Nam. The COMBI methodology and available formative research on Infant and Young Child Nutrition are currently used in the preparations for the World Breastfeeding Week Campaign planned for the first week of August 2010. The 10 Steps to Successful Breastfeeding from the Baby Friendly Hospital Initiative will be the topic of the campaign and target audience from health facilities will be reached through special events, mass media and activities in the provinces. Support was also provided to Ministry of Health and the Hospital of Endocrinology to air Iodine Deficiency Disorder prevention messages via national TV (VTV1 and VTV2). Iodine is particularly important during pregnancy and breastfeeding, to ensure normal development of the brain and nervous system in infants and young children.

Communication for behaviour impact (COMBI) training conducted to facilitate development of communication strategy and world breastfeeding campaign

3.1 Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs available to all targeted children and women in the programme area

Procurement of commodities to prevent micronutrient deficiencies has started to improve the quality of services from hospitals and health centres with essential supplies. However, most of the supplies are still in the pipeline and not yet distributed to the provinces.

4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in community and hospital systems improved

A national training of trainers was conducted on Integrated Management of Acute Malnutrition with international facilitators (Professor Michael Golden and Dr Yvonne Grellety) with 52 participants from Ministry of Health Departments, Regional Paediatric Hospitals and senior paediatricians from 6 joint programme supported provinces. A pre- and post test was conducted showing an overall initial score of 38% emphasises the relatively limited knowledge prior to the workshop. The post-test, which is of course the most important in terms of future treatment of malnourished children in Vietnam, was 70%. This is above average of the 30 workshops conducted by the consultants globally. The post test results do indicate that there should be a sustained follow-up and that the management of severe malnutrition in Vietnam should now go into a new gear – it is important not to think that the workshop will, by itself, have an immediate dramatic impact. There now needs to be a series of steps taken: first, the establishment and ratification of a national protocol

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followed by an implementation phase and follow up.

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

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

Therapeutic milk F75, F100 and ReSoMal have been procured for management of 1,500 children with Severe Acute Malnutrition at health facilities and communities at the modelling sites. 30,000 Mid-Upper-Arm-Circumference (MUAC) tapes and other anthropometric supplies have been procured for active case finding and screening of acute malnutrition. Formulation and development of locally produced Ready-to-Use-Therapeutic Foods (RUTF) for management of acute malnutrition has also been initiated in collaboration with National Institute of Nutrition.

Are there difficulties in the implementation? What are the causes of these difficulties? Please check the most suitable option

b.

- UN agency Coordination
- Coordination with Government
- Coordination within the Government (s)

Administrative (Procurement, etc) /Financial (management of funds, availability, budget revision, etc)

- Management: 1. Activity and output management 2. Governance/Decision making (PMC/NSC) 4. Accountability

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Joint Programme design

c.

External to the Joint Programme (risks and assumptions, elections, natural disaster, social unrest, etc)

Other. Please specify:

- b. Please, briefly describe (250 words) the current difficulties the Joint Programme is facing. Refer only to progress in relation to the planned in the Joint Program Document. Try to describe facts avoiding interpretations or personal opinions.

The joint programme in the initial phase has faced some constraint in term of establishment of PMU, PMC because of changes in personnel at the ministerial level. The delay in establishment of PMU and PMC leads to not-timely revision of 1st year work plan. The National Coordinator has not yet been recruited to coordinate inputs from different agencies for the programme. Due to the funding arrival in February, our quarterly and biannual reporting would only reflect one and four months of actual implementation. The design and reporting of JP follows a “project design” while UN agencies and the activities and outputs focus on strengthening of national systems and national programmes were it is difficult to separate between attribution and contribution. Different operational modalities among PUNOs is also a difficulty need to be sorted.

- c. Please, briefly describe (250 words) the current external difficulties (not caused by the joint programme) that delay implementation. Try to describe facts avoiding interpretations or personal opinions.

After only four months of implementation, it is too early to identify and elaborate external difficulties.

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Please, briefly explain (250 words) the actions that are or will be taken to eliminate or mitigate the difficulties (internal and external referred B+C) described in the previous **text boxes b and c**. Try to be specific in your answer.

NA

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b. Inter-Agency Coordination and Delivering as One

The MDG-F Secretariat asks the office of the Resident Coordinator complete this subsection, briefly commenting on the joint programme, providing its perspective from within the broader country context. The aim is to collect relevant information on how the joint programme is contributing to inter-agency work and Delivering as One.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on common processes and outputs to measure interagency coordination. These indicators have been already used to measure progress on the One UN pilot countries. Please, refer to the examples in the subsection to complete the information requested.

- Is the Joint Programme still in line with the UNDAF? Please check the relevant answer

Yes No

- If not, does the Joint Programme fit into the national strategies?

Yes No

If not, please explain:

What types of coordination mechanisms and decisions have been taken to ensure joint delivery? Are different joint programmes in the country coordinating among themselves? Please reflect on these questions above and add any other relevant comments and examples if you consider it necessary:

Vietnam is a pilot country applying the Delivering as One approach and is currently implementing the One Plan II (2006-2010 with the extension year of 2011). A new cycle for UN Reform process will start from 2012. Programme Coordination Groups (PCGs), chaired by the Government and UN, are established to coordinate joint delivery of activities under the One Plan II. The Joint Programme falls under the PCG on Sustainable Development.

Within the JP on Nutrition and Food Security, UN agencies are working together under the coordinating role of FAO as the Lead Coordinating Agency. A PMU has been set up at Department of Maternal and Child Health, Ministry of Health.

With support from the UNRC office, the JP has also worked with staff from the other 2 MDGF JPs for revising and harmonizing the TORs of the NSC. The MDGF Joint Programmes regularly share information on programme management procedures to facilitate smooth implementation.

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Please provide the values for each category of the indicator table described below:

Indicators	Baseline	Current Value	Means of Verification	Collection methods
Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDG-F JPs.	83%	83%	Harmonised Approach for Cash Transfer (HACT), UN-EU Cost norms	Regular reports, HACT monitoring
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs.	0	0	Joint Programme meeting and monitoring plan of Programme Coordination Group (PCG)	Reports, meeting minutes
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs.	0	0	Joint field trip reports	-

Please provide additional information to substantiate the indicators value (150 words). Try to describe qualitative and quantitative facts avoiding interpretations or personal opinions.

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

The joint programme would like to use existing coordination and information sharing mechanism and analytical work will be reviewed through PCG meetings, Nutrition Cluster and Partnership Group and other national review meetings. However it is too early in the joint programme to show the results of these indicators. Joint field trips are planned after the first national level planning meeting to be held in July 2010.

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c. Development Effectiveness: Paris Declaration and Accra Agenda for Action

This subsection seeks to gather relevant information on how the joint programme is fostering the principles for aid effectiveness by having appropriate ownership, alignment, harmonization and mutual accountability in the last 6 months of implementation.

You will find some multiple choice questions where you can select the most appropriate to the case, text boxes to provide narrative information and 2 indicators on ownership and alignment. These indicators have been used extensively to measure progress on the Paris Declaration. Please, refer to the examples in the subsection to complete the information requested.

Ownership: Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities is the government involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, specify

Who leads and/or chair the PMC and how many times have they met?

Institution leading and/or chairing the PMC: *Maternal and Child Health Department of Ministry of Health*
Number of meetings: *2 informal meetings, official decision on the establishment of PMU just issued*

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities is the civil society involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, specify

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

- Not involved
- Slightly involved
- Fairly involved
- Fully involved

In what kind of decisions and activities are citizens involved? Please check the relevant answer

- Policy/decision making
- Management: budget procurement service provision other, specify

Where is the joint programme management unit seated?

- National Government Local Government UN Agency By itself other, specify

Based on your previous answers, briefly describe the current situation of the government, civil society, private sector and citizens in relation of ownership, alignment and mutual accountability of the joint programmes, please, provide some examples. Try to describe facts avoiding interpretations or personal opinions.

The programme has just started in February 2010 with focus on preparation for start up the implementation process. The Government participates and have been consulted and involved during the preparation of detailed work plan and implementation process. At activity level, the involvement of stakeholders can be seen quite clearly. However, it is too early to see any concrete involvement of stakeholders at Outcome level.

d. Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes? Please provide a brief explanation of the objectives, key elements and target audience of this strategy, if relevant, please attach (max. 250 words).

- Yes No

Under discussion and development. Full proposal for advocacy and communication will be provided in the next report.

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

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- Increased awareness on MDG related issues amongst citizens and governments
- Increased dialogue among citizens, civil society, local national government in relation to development policy and practice
- New/adopted policy and legislation that advance MDGs and related goals
- Establishment and/or liaison with social networks to advance MDGs and related goals
- Key moments/events of social mobilization that highlight issues
- Media outreach and advocacy
- Others (use box below)

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

- | | |
|---|-----------|
| <input type="checkbox"/> Faith-based organizations | Number |
| <input type="checkbox"/> Social networks/coalitions | Number |
| <input checked="" type="checkbox"/> Local citizen groups | Number 1 |
| <input type="checkbox"/> Private sector | Number |
| <input checked="" type="checkbox"/> Academic institutions | Number 2 |
| <input checked="" type="checkbox"/> Media groups and journalist | Number 10 |
| <input type="checkbox"/> Others (use box below) | Number |

As the programme has started recently, the number of partnerships remains limited.

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

- Focus groups discussions
- Household surveys
- Use of local communication mediums such as radio, theatre groups, newspapers, etc
- Open forum meetings
- Capacity building/trainings
- Others

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

Section III: Millennium Development Goals

a. Millennium Development Goals

The MDG-F main objective is to contribute to progress to the attainment of the Millennium Development Goals worldwide. This subsection aims to capture data and information on the joint programmes contribution to 1 or more Millennium Development Goals and targets.

MDG #	Joint Programme Outcome 1	MDG Target	MDG Indicators	JP Indicator
Goal 1: Eradicate extreme poverty and hunger	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	No applicable MDG Target.	No applicable MDG Indicators.	Improved availability and sharing of reliable food and nutrition-related information by province, ethnicity, gender and social sectors. Analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children. Pro-poor policies for improving food, health and nutrition formulated and integrated into national and provincial development goals and strategies. National and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socio-economic Development Plan (SEDP) 2011-2015; MARD's rural development strategy; National Nutrition Strategy 2011-2010 and National Plan of Action for Nutrition 2011-2010).
	Joint Programme Outcome 2	MDG Target#	MDG Indicators	JP Indicator
Goal 4: Reduce child mortality	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	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate	% infants breastfed within one hour after delivery % infants exclusively breastfed throughout the first 6 months of life % children 6-9 month of age appropriately fed % children 6-24 months provided appropriate and safe complementary feeding
	Joint Programme Outcome 3	MDG Target	MDG Indicators	JP Indicator
	Reduction of micronutrient deficiencies in targeted children and women	No applicable MDG Target.	No applicable MDG Indicators.	% mothers and under 5 children with Vitamin A deficiency % mothers and children receiving high dose Vitamin A supplements

				<p>% pregnant women with nutrition anaemia</p> <p>% women receiving iron supplements</p> <p>% newborns covered with vitamin K injection</p> <p>% population consuming adequately iodized salt</p> <p>Improved food consumption and dietary diversity (rise in dietary diversity scores)</p>
	Joint Programme Outcome 4	MDG Target	MDG Indicators	JP Indicator
	Improved care and treatment services for young children with severe malnutrition and improved nutrition services for young children in emergency situations	No applicable MDG Target.	1.8 Prevalence of underweight children under-five years of age	<p>% low birth weights</p> <p>% U5 children moderately and severely stunted (height for age)</p> <p>% U5 children moderately and severely wasted (weight for age)</p> <p>% U5 children moderately and severely wasted (weight for age) admitted in CSAM under emergency and non-emergency contexts</p> <p>U5 child and maternal rates in hospitals and communities</p>
	Joint Programme Outcome 5	MDG Target #	MDG Indicators	JP Indicator
	Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam	Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	No applicable MDG Indicators.	<p>% farmers adopt RICM practices</p> <p>Increased food production (rice, animal, fish, fruit and vegetables) in target areas</p> <p>% households use improved food preservation and processing techniques</p> <p>Increased availability of food for consumption (rice; animal source foods)</p> <p>Reductions in length and depth of the “lean season” and in food insecurity and risk of hunger at community level</p> <p>Enhanced public knowledge of and information about good nutritional practices</p> <p>Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children</p>

Additional Narrative comments

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

As the programme was launched only recently, the programme did not have a measurable impact at the level of MDGs.

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

UN agencies in Vietnam, including FAO and UNICEF are focusing its 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 is 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 approached are modeled and best practices generated from our support to selected provinces. These efforts and experiences are used to further strengthen national programmes, health systems and policies.

Section 4: General Thematic Indicators

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

1.1. Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention					
<input checked="" type="checkbox"/> Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Children older than 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input checked="" type="checkbox"/> Women		No. Urban	No. Rural	No. Pregnant	
	Total No. 21009				
1.2. Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention					
<input type="checkbox"/> Children under 2	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children from 2 to 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Children older than 5	Total No.	No. Urban	No. Rural	No. Girls	No. Boys
<input type="checkbox"/> Women	Total No.	No. Urban	No. Rural	No. Pregnant	
<input type="checkbox"/> Men	Total No.	No. Urban	No. Rural		

1.3. Prevalence of underweight children under-five years of age²:

National 19% Targeted area 28.4% and 23.4%%

Proportion of population below minimum level of dietary energy consumption:

National % Targeted area %

If available/applicable:

Stunting prevalence:

National 32% Targeted area 36% and 39%%

Anemia prevalence:

National

36.7% Targeted area NA %

Comments:**Targeted areas are two provinces under the joint programme.**² From MDGs official list of indicators

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

<input checked="" type="checkbox"/> Homestead food production and diversification	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Food fortification	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> School feeding programmes	#National	#Local	# Urban	# Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Behavioural change communication	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Gender specific approaches	#National	#Local	# Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Interventions targeting population living with HIV	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Promotion of exclusive breastfeeding	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input checked="" type="checkbox"/> Therapeutic feeding programmes	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Vaccinations	#National	# Local	#Urban	# Rural	# Girls	Pregnant Women	# Boys
<input type="checkbox"/> Other, specify	#National	#Local	#Urban	#Rural	# Girls	Pregnant Women	# Boys

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

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

<input checked="" type="checkbox"/> Policies	No. National	4	No. Local	3
<input checked="" type="checkbox"/> Laws	No. National	2	No. Local	2
<input checked="" type="checkbox"/> Plans	No. National	5	No. Local	5

3. Assessment, monitoring and evaluation

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

No. National	3
No. Local	2
Total.	5

MDGF-2007- 2010 Annual Work Plan for the Joint Programme on Integrated Nutrition and Food securities Strategies for Children and Vulnerable Group in Viet Nam.

MDGF-2007- 2010 Annual Work Plan for the Joint Programme on Integrated Nutrition and Food securities Strategies for Children and Vulnerable Group in Viet Nam.																							
					WORK PLAN YEAR 1																		
UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status: completed ongoing delayed	Comments / dates, etc	2010				BUDGET Year 1													
						by quarter				by month												Budget Description	Amount
						Q1	Q2	Q3	Q4	J	F	M	A	M	J	J	A	S	O	N	D		
JP Outcome 1: Improved monitoring system on Food, health and nutrition status of mother an children used to guide health and nutrition-related policies, strategies and actions.																							
JP Output 1.1: Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition																							
Updated nutrition indicators and official data collection frame works for nutrition developed Health staff of NIN and MCH/MOH trained on updated nutrition indicators and official data collection frameworks	WHO	Activity 1.1.1 i. Technical assistance to review/update of the nutrition programme indicators and data collection framework at national level ii. Workshops on agreement of nutrition programme indicators and data collection framework iii. Carry out training at national level on updated nutrition programme indicators and data collection frame	NIN MCH/MOH		This activity will become the baseline survey in the selected provinces.															5000 Training 15000 Contracts 11,100Personnel 2317 Travel 2, 000 Indirect costs (%)	35,417		
New data framework and indicators applied in annual nutrition survey 20009-2010	UNICEF	Activity 1.1.2 i. Technical assistance to carry out annual nutrition surveillance ii. Update indicators and data collection framework iii. Training at national level on applied indicators and data collection methods	NIN, MCH																	5,000 Training 2,500 Personnel 1,500 Travel 1,345 Other direct costs 724Indirect costs (%)	11,069		
Updated data on IDD and iron anaemia available	WHO	Activity 1.1.3 i. Technical support to design survey on iron anaemia and Vitamin A deficiency among women at RA and pregnant women and lactating women and under-five children ii. Technical support to survey on IDD and iodized salt usage in intervenced districts of WHO programme provinces iii. Conduct these surveys iv. Organize workshop to share findings of these survey and to make plan for intervention	NIN, MCH, MOH																	5,000 Training 15,000 Contracts 18,042 Personnel 1,000 Supplies 100 Other direct costs 2,740 Indirect costs (%)	41,882		
Updated data on IDD and USI status available	UNICEF	Activity 1.1.4 i. Technical support to design survey on micronutrient deficiencies ii. Conduct these surveys in selected provinces iii. Organize workshop to share findings of these survey and to make plan for intervention	NIN																	6,000 Training 4,000 Contracts 5,000 Personnel Supplies 2,400 Travel 2,290 Other direct costs 1,378 Indirect costs (%)	21,068		
JP Output 1. 2: Improved information on food production, stocks, availability and market prices at national, provincial and local levels																							
Training needs identified; Capacity building plan prepared and training initiated; Survey equipment, hardware and software provided;	FAO	Activity 1.2.1 i. Conduct training needs assessment and develop capacity building plans ii. Develop crop production survey methods, sampling frame for crop production estimations and develop and print training manuals iii. Carry out training at provincial and district levels in crop monitoring in targeted areas iv. Organize decentralized training for sample surveys measuring area planted, yield and production of major crops, including data processing	DCP, MARD																	20,000 Training 10,000 Contracts 10,000 Personnel 2,500 Supplies 5000, Travel 2,500 Other direct costs 3,500 Indirect costs (%)	53,500		

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status: completed ongoing delayed	Comments / dates, etc	WORK PLAN YEAR 1												BUDGET Year 1			
						by quarter				2010								Budget Description	Amount		
						Q1	Q2	Q3	Q4	by month											
										J	F	M	A	M	J	J	A	S	O	N	D
	FAO	Activity 1.2.2 i. Develop and print training manual for monitoring market prices ii. Provide training in climate and market price monitoring and analysis iii. Monthly data collection of market prices	RUDEC, MARD															10,000 Training 17,000 Contracts 10,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 2,800 Indirect costs (%)	42,800		
	FAO	Activity 1.2.3 i. Develop and print training manual for livestock production estimates ii. Training at provincial and district levels in animal production estimates in targeted areas	DLP, MARD															10,000 Training 17,000 Contracts 10,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 2,800 Indirect costs (%)	42,800		
	FAO	Activity 1.2.4 i. Assess current monitoring capabilities, identify needs and establish GIEWS Workstation at national level ii. Develop capacity building in the use of the GIEWS Workstation	DCP-MARD															5,000 Training 7,000 Contracts 5,000 Personnel 5,000 Supplies 3,000 Other direct costs 1,750 Indirect costs (%)	26,750		
JP Output 1.3: Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children																					
A sentinel site in one selective province to monitor affects of food crisis developed	UNICEF	Activity 1.3.1 i. Technical assistance to develop a tracking system on the impact of the food crisis on nutrition status of mother and children ii. Provide training on use of this system	NIN MCH/MOH															4,000 Training 2,900 Personnel 1,000 Supplies 2,444 Other direct costs 724 Indirect costs (%)	11,068		
Government staff trained on rapid nutrition assessment	UNICEF	Activity 1.3.2 i. Provide training on rapid nutrition assessment in emergencies for responsible government staff in natural disaster prone areas ii. Review and update the forms for data collection in rapid nutrition assessment	NIN, MCH															9,000 Training 3,800 Personnel 2,000 Supplies 4,888 Other direct costs 1,378 Indirect costs (%)	21,066		
One joint nutrition rapid assessment carried out	UNICEF	Activity 1.3.3 Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergency	NIN															5,000 Training 1,900 Personnel 1,000 Supplies 2,444 Other direct costs 724 Indirect costs (%)	11,068		
JP Output 1.4: Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)																					
Information needs identified; Training activities initiated; FIVIMS maps produced; Indicators of food/nutrition security defined; Survey equipment, hardware and software provided	FAO	Activity 1.4.1 i. Assess information needs, identify information gaps of key decision making process related to food security; ii. Assess the current state of government structures and information systems dealing with food insecurity and vulnerability; iii. Investigate the applicability of the work and activities already conducted as well as of existing information systems and databases to update national FIVIMS iv. Prepare guidelines, training materials for carrying out an assessment of food security and vulnerability	PPC/MARD															10,000 Contracts 2,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 1,050 Indirect costs (%)	16,050		

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status: completed ongoing delayed	Comments / dates, etc	WORK PLAN YEAR 1												BUDGET Year 1			
						by quarter				by month								Budget Description	Amount		
						Q1	Q2	Q3	Q4	J	F	M	A	M	J	J	A			S	O
	FAO	Activity 1.4.2 i. Conduct training to strengthen national capacity in collecting and analyzing data on food insecurity and vulnerability; ii. Define indicators reflecting risk factors and coping mechanism intrinsic to the vulnerable population groups at risk of food insecurity; iii. Prepare guidelines, training materials for analysis of data and information	PPC/MARD															20,000 Training 5,000 Contracts 2,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 2,100 Indirect costs (%)	32,100		
	FAO	Activity 1.4.3 i. Produce food insecurity map and of vulnerability factors resulting in undernutrition and food insecurity	PPC/MARD															10,000 Contracts 2,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 1,050 Indirect costs (%)	16,050		
	FAO	Activity 1.4.4 i. Provide training for dissemination and follow up on analytical tools and information management capacities	PPC/MARD															20,000 Training 5,000 Contracts 2,000 Personnel 1,000 Supplies 1,000 Travel 1,000 Other direct costs 2,100 Indirect costs (%)	32,100		
JP 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																					
The first draft national strategy for nutrition (2010-2020) and the 5 year action plan for nutrition (2011-2015) developed	UNICEF	Activity 1.5.1 i. Review the existing national plan of action (NPAN) for nutrition and the national strategy for nutrition; iii. Provide a forum for various ministries, agencies, NGOs, academia, the private sector and the media to address the prevailing nutritional problems and identify solutions; iii. Prepare a workplan and budget for the NPAN activities and ensure timely preparation; iii. Collaborate, where appropriate, with donor agencies to assess and secure technical and financial assistance for formulating and implementing the NPAN	Gov of VN															8,500 Training 12,000 Personnel 5,025 Travel 3,510 Other direct costs 2,032 Indirect costs (%)	31,067		
The first IYCF action plan for 2010-2015 is drafted	WHO	Activity 1.5.2 i. Review the implementation of IYCF action plan 2008-2010 and identify priorities for 2011-2015 ii. Draft action plans iii. Circulate for comments iv. Finalize plan and submit for approval	NIN MCH/MOH															10,000 Contracts 5,550 Personnel Supplies Travel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709		
New legislation on maternities leave formulated	UNICEF	Activity 1.5.3 i. Review length of maternity leave legislation; ii. Provide advice on the new length of maternity legislation; iii. Review the BF implementation in workplaces	MOH															10,000 Personnel Supplies 3,450 Travel 1,566 Other direct costs 1,051 Indirect costs (%)	16,067		

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status:	Comments / dates, etc	WORK PLAN YEAR 1														BUDGET Year 1						
						2010				Budget Description	Amount															
						by quarter																				
						Q1	Q2	Q3	Q4			by month														
												J	F	M	A	M	J	J	A	S	O	N	D			
Draft guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls have been developed	WHO	Activity 1.5.4 i. Review current national guideline for vitamin A, iron anemia and Iodine and vitamin K deficiency control; ii. Revise guidelines; iii. Provide Comments; iv. Finalize guideline; v. Submit to MOH for approval	NIN, MOH	completed																					10,000 Contracts 5,550 Personnel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709
Draft guidelines on use of zinc and ORS new format in treatment of acute diarrhea have been developed	UNICEF	Activity 1.5.5 i. Review current national guidelines on use of zinc and ORS; ii. Revise the guidelines; iii. Provide comments; iv. Finalize the guidelines; v. Submit to MOH for approval	MOH	ongoing																					10,000 Personnel 3,450 Travel 1,566 Other direct costs 1,051 Indirect costs (%)	16,067
Micronutrient deficiency control activities have been promoted	WHO	Activity 1.5.7 i. Conduct advocacy workshops; ii. Support the advocacy through mass media events to improve the ownership & investment of the national and provincial governments in particular to the micro-nutrient deficiencies control activities	NIN, MCH, MOH	delayed																					5,000 Contracts 2,775 Personnel 6,00 Other direct costs 586 Indirect costs (%)	8,961
JP Output 1.6: Implementation of pro-poor agriculture and rural development policies for better nutrition																										
Capacity building activities initiated; Policy dialogue and advocacy initiatives; Training materials and technical guidelines produced	FAO	Activity 1.6.1 i. Carry out capacity building activities for selected national partners on formulation and implementation of pro-poor nutrition supportive policies; ii. Raise awareness among key stakeholders of pro-poor and nutrition policy issues and concerns; iii. Facilitate policy dialogue and advocacy on the formulation and implementation of pro-poor nutrition policies; iv. Prepare guidelines, training materials on policy analysis, development and implementation	RUDEC, IPSARD, MARD																						20,000 Training 20,000 Contracts 10,000 Personnel 5,000 Supplies 2,500 Travel 2,500 Other direct costs 4,200 Indirect costs (%)	64,200
	FAO	Activity 1.6.2 i. Analyze and update existing policies integrating nutrition objectives; ii. Prepare action plans for implementing pro-poor policies that improve food, health and nutrition	RUDEC, IPSARD, MARD																						15,000 Contracts 5,000 Personnel 5,000 Supplies 2,500 Travel 2,500 Other direct costs 2,100 Indirect costs (%)	32,100
JP 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																										
JP Output 2.1: Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals																										
IYCF committee in MOH is fully functional	WHO	Activity 2.1.1 i. Support to salary of full-time national coordinator and full-time programme assistant; ii. Support to administration of IYCF Steering Committee	MCH, MOH																						14,018 Contracts 981 Indirect costs (%)	14,999
National mass media communication campaign organized	UNICEF	Activity 2.1.2 i. Contract mass media ii. Organize national level mass media events on IYCF iii. Produce brochures/calendars and etc.	MOH																						17,700 Contracts 16,000 Personnel 4,680 Other direct costs 2,687 Indirect costs (%)	41,067

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status:	Comments / dates, etc	WORK PLAN YEAR 1												BUDGET Year 1			
						by quarter				by month								Budget Description	Amount		
						Q1	Q2	Q3	Q4	J	F	M	A	M	J	J	A			S	O
BF promoted through mass media events	WHO	Activity 2.1.3 i. Support to development and airing of TV programs ii. Support to advertisement of TV sports on BF through mass media iii. Organize conference on BF to journalists	MCH-CHE/MOH	completed														10,000 Contracts 5,550 Personnel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709		
Revised National Decree 21 positively received by the government	UNICEF	Activity 2.1.4 i. Develop advocacy package for promoting BF ii. Make available the advocacy package to the high ranking level decision makers	MOH	ongoing														17,600 Contracts 2,088 Other direct costs 1,387 Indirect costs (%)	21,066		
Political and financial commitment from policy makers for BF	WHO	Activity 2.1.6 i. Support to Central Committee for Ideology to conduct propaganda activities on BF	National Assembly and Ideology Committee	ongoing														10,000 Contracts 5,550 Personnel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709		
One national professional association champions BF protection and promotion	UNICEF	Activity 2.1.7 i. Identify one national professional association ii. Contract this association to work on BF promotion and protection	MOH	ongoing														17,600 Contracts 2,088 Other direct costs 1,378 Indirect costs (%)	21,066		
One national Professional association is working on BF	WHO	Activity 2.1.8 i. Organize a workshop for journalists ii. Support to Pediatrics Association to promote BF iii. Support to Midwives/nurses Association to promote BF	MOH, Pediatric and Midwifery association	ongoing														10,000 Training 5,550 Personnel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709		
BF counseling training materials produced and training provided to the health workers	WHO	Activity 2.1.9 i. Training on counseling to health promoters ii. Support community-based activities on BF promotion iii. Support to community supportive groups	MOH	ongoing														10,000 Training 30,000 Contracts 22,200 Personnel 3,000 Travel 600 Other direct costs 4,606 Indirect costs (%)	70,406		
IEC materials on BF printed and made available to communal BFHI	UNICEF	Activity 2.1.10 i. Develop, print and distribute IEC materials on BF counseling	MOH	ongoing														4,300 Contracts 4,000 Personnel 1,000 Supplies 1,044 Other direct costs 724 Indirect costs (%)	11,068		
WHO PMU office is functional	WHO	Activity 2.1.11 i. Support function of provincial PMUs in WHO programme provinces		ongoing														24,000 Contracts 8,325 Personnel 2,000 Travel 2,403 Indirect costs (%)	36,728		
JP Output 2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care media and community-based activities and for medical professionals																					
IYCF ToT training programme have been developed Five provincial and all district IYCF-TOT teams trained	UNICEF	Activity 2.2.1 i. Develop ToT programme for IYCF ii. Select ToT trainers and provide training on IYCF iii. Develop and make available the IYCF ToT materials	MCH, NIN	ongoing														4,000 Training 2,000 Contracts 3,300 Personnel 1,044 Other direct costs 724 Indirect costs (%)	11,068		

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status:	Comments / dates, etc	WORK PLAN YEAR 1												BUDGET Year 1						
						2010				Budget Description	Amount													
						by quarter																		
						Q1	Q2	Q3	Q4			by month												
												J	F	M	A	M	J	J	A	S	O	N	D	
ToT on IYCF training carried out	WHO	Activity 2.2.2 i. Revise training materials and programme ii. Conduct TOT training programme for IYCF trainer team of 32 provinces on IYCF	MCH, NIN	completed																			2,000 Training 8,000 Contracts 5,550 Personnel 1,000 Other direct costs 1,159 Indirect costs (%)	17,709
Training on counseling on BF carried out	UNICEF	Activity 2.2.3 i. Provide technical support on BF at commune health centers, district, provincial hospitals on BF counseling	MOH	ongoing																			5,000 Training 2,000 Contracts 2,300 Travel 1,044 Other direct costs 724 Indirect costs (%)	11,068
Training materials produced; Training on counseling on BF carried out	WHO	Activity 2.2.4 i. Training to health staff on counseling ii. Support counseling activities on breastfeeding at communes health centres, district and provincial hospitals in WHO programme provinces	MOH	delayed																			8,000 Training 2,000 Contracts 5,550 Personnel 1,000 Travel 150 Other direct costs 1,169 Indirect costs (%)	17,869
JP Output 2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate																								
BFHI self- assessment team is established and self-assessment being carried out	UNICEF	Activity 2.3.1 i. Establish self assessment team ii. Provide training on internal self assessment	MOH	completed																			5,000 Training 2,000 Contracts 2,300 Personnel 1,044 Other direct costs 724 Indirect costs (%)	11,068
Training materials on BFHI developed; Refresher training organized	WHO	Activity 2.3.3 i. Revise training materials and programme ii. Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals	MCH, MOH	completed																			3,000 Training 12,000 Contracts 8,325 Personnel 1,500 Other direct costs 1,738 Indirect costs (%)	26,563
CHC conduct 10 steps of BFHI	WHO	Activity 2.3.4 i. Orient CHCs on 10 steps of BFHI; ii. Implement the model of communal BFH Centers in selected CHCs; iii. Rolling out to all CHCs in selected districts	MOH	completed																			10,000 Training 10,000 Contracts 24,420 Personnel 3,000 Travel 1,500 Other direct costs 3,424 Indirect costs (%)	52,344
Communal Baby Friendly Health Centers follow the 10 steps of BFHI	UNICEF	Activity 2.3.5 i. Develop a model of communal Baby Friendly Health Centers; ii. Support the implementation of this model; iii. Support the roll-out exercise	MOH	completed																			9,000 Training 4,800 Contracts 7,200 Personnel 3,429 Other direct costs 1,710 Indirect costs (%)	26,139
JP Output 2.4 Enhanced implementation of national code for marketing and trading breast milk substitutes																								
Code on BF monitoring carried out	UNICEF	Activity 2.4.1 i. Develop training programme on BF Code monitoring; ii. Organize training to the health inspectors and related staff on BF Code monitoring practices	MOH	completed																			4,000 Training 2,000 Contracts 3,300 Personnel 1,044 Other direct costs 724 Indirect costs (%)	11,068

UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	Status:	Comments / dates, etc	WORK PLAN YEAR 1													BUDGET Year 1					
						2010				Budget Description	Amount													
						by quarter																		
						Q1	Q2	Q3	Q4			by month												
2010												J F M A M J J A S O N D												
National Decree 21 monitoring carried out in 5 selected provinces	WHO	Activity 2.4.2 Monitor activities of the National Decree 21 in selected provinces	MOH	completed																			10,000 Contracts 5,550 Personnel 500 Travel 650 Other direct costs 1,169 Indirect costs (%)	17,869
Annual review meeting being organized	UNICEF	Activity 2.4.3 i. Organize annual review meeting on BF Code implementation; ii. Provide technical advise/comments to enforce the Code iii. Lessons learned and action prepared for the next annual review meeting	MOH	ongoing																			4,000 Training 2,000 Contracts 3,300 Personnel 1,044 Other direct costs 724 Indirect costs (%)	11,068
Code Watch bullets available	WHO	Activity 2.4.4 Production of "Code Watch" bulletin	MOH	delayed																			3,000 Contracts 1,665 Personnel 500 Other direct costs 362 Indirect costs (%)	5,527
JP Outcome 3: Reduction of micronutrient deficiencies in targeted children and women																								
JP 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																								
Vitamin A, iron folic tablets, de-worming drugs and sprinkles, multiple micronutrient tablets available to all women and children in programme targeted areas	UNICEF	Activity 3.1.1 Procure vitamin A, iron folic tablets, de-worming drugs and sprinkles, multiple micronutrient tablets to all women and children in targeted areas	MOH																				17,350 Contracts 2,340 Other direct costs 1,378 Indirect costs (%)	21,068
Zinc and ORS available for treatment of diarrhea among under-five children in the intervened areas of programme provinces	WHO	Activity 3.1.2 Procure Zinc and ORS with low osmolarity	MCH, MOH, Pediatric hospitals																				5,550 Personnel 10,000 Supplies 500 Travel 650 Other direct costs 1,169 Indirect costs (%)	17,869
Vitamin K1 procured	WHO	Activity 3.1.3 Support the social marketing activity to promote the usage of the ORS	MOH, Regional Pasteur Institutes																				5,000 Contracts 2,775 Personnel 650 Other direct costs 590 Indirect costs (%)	9,015
	WHO	Activity 3.1.4 Procure Vitamin K1	MOH, MCH																				5,743 Personnel 10,000 Supplies 500 Travel 650 Other direct costs 1,183 Indirect costs (%)	18,076
JP Output 3.2 Capacity of local health workers in implementation of the micro-nutrient deficiency control activities (vitamin A, iron anemia and IDD) improved																								
ToT developed and Trainers are available	WHO	Activity 3.2.2 Organize ToT for provincial health workers on national guidance for micronutrient deficiencies control	NIN																				4,000 Training 2,500 Personnel 600 Other direct costs 497 Indirect costs (%)	7,597
IEC materials develop and made available to the health workers	WHO	Activity 3.2.5 i. Revise IEC materials micronutrient deficiencies control; ii. Printing and distributing of IEC materials on micronutrient deficiencies control to the health care network	NIN/CHE																				20,000 Contracts 14,000 Personnel 1,500 Other direct costs 2,485 Indirect costs (%)	37,985

				Status:	WORK PLAN YEAR 1																						
UN organization-specific Annual targets	UN organization	Activities	Implementing Partner	completed	Comments / dates, etc	2010												BUDGET Year 1									
				ongoing		by quarter				by month												Budget Description	Amount				
				delayed		Q1	Q2	Q3	Q4	J	F	M	A	M	J	J	A	S	O	N	D						
	WHO	Activity 3.2.6 Support the integrated monitoring of vitamin A supplementation for children and post partum women in disadvantage localities of the programme areas	NIN																							5,000 Contracts 3,000 Personnel 650 Other direct costs 606 Indirect costs (%)	9,256
JP Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition services for young children in emergency situations																											
JP 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																											
Two provinces of UNICEF programme have Inpatient child acute severe malnutrition (CSAM) units at the provincial hospitals and two selected district hospitals	UNICEF	Activity 4.1.1 Provide financial and technical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	MOH, Regional Pasteur Institutes																							3,000 Training 6,300 Contracts 1,044 Other direct costs 724 Indirect costs (%)	11,068
Model of CSAM performed fluently in five selective commune in Kon Tum province	UNICEF	Activity 4.1.2 Introduction of the CSAM model in one selective district of the programme areas	MCH, MOH		originally planned for the 2nd quarter, being moved forward for follow-up steps introduction																					3,000 Training 6,200 Contracts 1,044 Other direct costs 724 Indirect costs (%)	11,068
The CSAM model of UNICEF be advised by UNICEF Global or regional Offices	UNICEF	Activity 4.1.3 International technical assistant to review the CSAM model	NIN																							9,300 Personnel 1,044 Other direct costs 724 Indirect costs (%)	11,068
Model for community based management of CSAM available and functioned well in two selective provinces	UNICEF	Activity 4.1.4 Implementation of the model on outpatient therapeutic feeding centre model for community based management of CSAM in the selective provinces	NIN																							7,000 Training 10,350 Personnel 2,340 Other direct costs 1,378 Indirect costs (%)	21,068
80% of responsible government official, inter. partners within the country Nutrition Cluster network trained on nutrition in Emergencies using latest global training package	UNICEF	Activity 4.1.5 Adaptation of the training package and conduct a training programme for government network and international partner within the Nutrition Cluster on nutrition in emergencies	NIN																							6,000 Training 3,365 Personnel 1,044 Other direct costs 729 Indirect costs (%)	11,138
National guidelines for Kangaroo-Mother care for low birth weight/premature newborns have been developed	WHO	Activity 4.1.10 Support the development of national guidelines for Kangaroo-Mother care for low birth weight/premature newborns	Programme Province																							2,000 Training 3,000 Contracts 3,000 Personnel 650 Other direct costs 606 Indirect costs (%)	9,256
JP 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 eat therapeutic foods																											
Two provinces of UNICEF programme have inpatient CSAM Units at provincial hospitals and two selected district hospitals	UNICEF	Activity 4.2.1 Procurement of medical equipment for treatment and care of child severe acute malnutrition for selected rehabilitation units	MOH																							17,350 Personnel 2,340 Other direct costs 1,378 Indirect costs (%)	21,068
Procurement of Plumpynut, and other therapeutic feeding products to serve the CSAM	UNICEF	Activity 4.2.2 Therapeutic feeding products(plumpynut) to serve the CSAM of two selected UNICEF provinces	MOH, MCH																							17,350 Personnel 2,340 Other direct costs 1,378 Indirect costs (%)	21,068

