

Section I: Identification and JP Status

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

Semester: 2-10

Country	Vietnam
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	0006724
Program title	Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam
Report Number	
Reporting Period	2-10
Programme Duration	
Official Starting Date	2010-02-03
Participating UN Organizations	<ul style="list-style-type: none"> * FAO * UNICEF * WHO
Implementing Partners	<ul style="list-style-type: none"> * Department of Maternal and Child Health, Ministry of Health (MOH) * Department of Maternal and Child Health, Ministry of Health (MOH) * Health Education and Communication Center, MOH * Health Inspection Division, MOH * Hospital of Endocrinology * Legislative Department, MOH * Medical Service Administration, MOH * National Institute of Nutrition * Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI) * Provincial Health Department of 6 provinces * RUDEC (Rural Development Center), MARD

Budget Summary

Total Approved Budget

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

Total Amount of Transferred To Date

FAO	\$523,077.00
UNICEF	\$449,400.00
WHO	\$571,358.00
Total	\$1,543,835.00

Total Budget Committed To Date

FAO	\$444,408.00
UNICEF	\$448,753.00
WHO	\$455,947.00
Total	\$1,349,108.00

Total Budget Disbursed To Date

FAO	\$444,408.00
UNICEF	\$448,753.00
WHO	\$455,947.00
Total	\$1,349,108.00

Donors

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

Amount in thousands of US\$

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

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

After the first half of the year with some delays in rolling out activities, the Joint Programme has been making progress towards the realization of Outcomes. Concrete results at output level are reported below.

Progress in outputs

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

UNICEF provided technical and financial support to National Institute of Nutrition in updating indicators and the data collection framework for the National Nutrition Surveillance System. The General Nutrition Survey and Surveillance Reports with updated indicators and data tables guided the development of the 2011-2020 National Nutrition Strategy. The introduction of Standardized Monitoring and Assessment of Relief and Transition Methodology (SMART) and planning and analysis software (ENA) in June 2010 facilitated the establishment of a more comprehensive and collaborative system to ensure reliable and timely data is used for decision making and reporting. New global indicators for infant and young child feeding was also incorporated into the surveillance system and applied in all programme provinces with the vision of national application in 2011. Regional review meetings were held with assessment of programme performance, budget allocation analysis, planning and combined with training on Iodine Deficiency Monitoring and Control by UNICEF in collaboration with 200 technical staff from Hospital of Endocrinology, Provincial Preventive Medicine Centres and salt manufacturers.

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

For achieving those objectives, a sample of 1974 women in reproductive age and children under five were collected from each of the two WHO provinces in the four districts of both Cao Bang and Dak Lak provinces. National and provincial capacities were strengthened on data collection, including the development of the protocol, and questionnaire were developed, four teams in Cao Bang and three in Dak Lak have been trained for the data collection which will last for one month. To complete the survey, data entry and supervision is being carried out by staff from the Reproductive Health Centers, Preventive Health Center and MCH team

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

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

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

GIEWS system has been set up at national level. A study on current monitoring capabilities to set up GIEWS workstations at national level was produced and so far, 4 targeted

provinces have been prepared to set up GIEWS workstations. Training material and training on the use of GIEWS in agricultural production were delivered for 120 local staff in 6 provinces.

Series of training manual for monitoring market prices, analysing market prices, training guideline for climate monitoring and analysis were developed in 2010 and quite a few training sessions on analytical tools and information management conducted for 150 staff at provincial and district level in 6 provinces. The training sessions for 6 provinces will be continued in early 2011.

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

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

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

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

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

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

Department for Maternal and Child Health received support from UNICEF to conduct a planning meeting for national and sub-national stakeholders, including all the provinces in the joint programme. The meeting identified roles and responsibilities, improved result frameworks and plans, refined indicators and reviewed the delivery targets to facilitate development and implementation of strategies and actions for promoting the nutrition of children and women. UNICEF supported Ministry of Labour, Invalids and Social Affairs (MOLISA) in collaboration with Ministry of Health to conduct consultative meetings on the revision of maternity leave. The road map for revision of Decree 21 on protection of breastfeeding has been prepared by Department of Maternal and Child Health in collaboration with the Legislative Department and UNICEF HQ legal advisor. Code monitoring conducted in selected provinces and cities to identify gaps and generate evidence as outlined in the first steps of the road map. Intervention to prevent anaemia throughout the life-cycle was reviewed in a consultative meeting with 90 participants from the Government, Academic Institutions, UN agencies, NGOs, and provinces and key recommendations were formulated for consideration in the development of the national nutrition strategy and relevant action plans. The 5th draft of the 2011-2020 National Nutrition strategy is available based on financial support and technical support from UNICEF and WHO to National Institute of Nutrition and Maternal and Child Health Department and in consultations with provincial and national level stakeholders from government, non-governmental institutions, academia, professional associations and other involved parties.

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 WHO has technical and financially supported the Infant and Young Child Feeding National Action plan review. MCH department developed a road map on the IYCF National Action Plan which as being reviewed and approved. Nationals experts, involved in the development of the previous Action plan have being identified and the report will be finalized.

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

In the last two quarters of 2010, FAO has supported for the development of guideline and training material on policy analysis, development and implementation. Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production have been prepared. The stakeholders are encouraged to use these technical reports and guidelines for planning of their activities in 2011.

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

Communication for behavioural impact training has been conducted to facilitate develop of a comprehensive communication strategy for Nutrition in Viet Nam. Following the training, a plan on communication activities for reaching a behavioural impact campaign has been drafted, circulated with MCH, CHE and other stakeholders and revised. The methodology and available formative research on Infant and Young Child Nutrition were used in the preparations for the World Breastfeeding Week Campaign conducted in August 2010. The 10 Steps to Successful Breastfeeding from the Baby Friendly Hospital Initiative was the topic of the campaign and target audience from health facilities was reached through special events, mass media and activities in the provinces. Over 20 published articles on breastfeeding were recorded in more than 20 newspapers during the week. WHO has financially supported to broadcast a TV spot on VTV1 on early initiation of breastfeeding which was broadcasted 23 times during the world breastfeeding week and another TV spot on exclusive breastfeeding out of the world breastfeeding week.

UNICEF also supported daily airing of documentary films and short messages on breastfeeding in May 2010 on national TV channels (VTV1 and VTV2). 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) as iodine is particularly important during pregnancy and breastfeeding, to ensure normal development of the brain and nervous system in infants and young children.

A village and community based model for promotion of breast feeding practice were formulated and implemented with support from UNICEF in the two selective communes of Binh Thanh Dong and Phu Tho in An Giang Province to synchronize the activities at national level. Support groups of village collaborators and breastfeeding mothers were naturally formed in villages and received assistance in terms of technical information, knowledge and skills from peers, family members, village health workers, the commune health centre and mass organizations such as women union and youth union. A review meeting of the model was conducted in December 2010 to look further expansion of successful breastfeeding support models at village and commune level.

WHO has also developed the branding for exclusive breastfeeding, logo development, exclusive breastfeeding (EBF) slogan, and a list of additional slogans for future campaign use and development. Also a studio photo session for pictures to support EBF and infant health activities and materials has been conducted. The material development work among communication partners of the Ministry of Health and NGO has been coordinated with the support of WHO. Planning tools for EBF communication strategy and implementation plan have been developed by WHO.

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

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

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

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

In order to strengthen the capacities on the breastfeeding counseling, WHO has also developed the guidelines/questionnaire for pretesting of IEC materials, conducted a rapid

survey questionnaire on knowledge, attitudes and practices, and media channels, on exclusive breastfeeding materials. Other IEC materials that have been developed are poster to promote exclusive breastfeeding among expectant mothers, poster among mothers and poster among parents.

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

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

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

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

The plan to conduct the following trainings in the provinces has been developed. These trainings have the objective of increasing the initiation and exclusive breastfeeding rate in the targeted provinces through ten steps of successful breastfeeding. The TOT covers the implementation of BFHI at national and provincial level, the course for hospital managers and maternity staff.

Output 2.4: Enhanced implementation of national code for marketing and trading breast milk substitutes

UNICEF supported Ministry of Health and Health Inspection department with code monitoring on marketing of breast milk substitutes in close collaboration with Ministry of Industry and Trade. Two national trainings were conducted to harmonise the methodology and tools followed by intensive monitoring in joint programme supported provinces and major cities like Hue, Da Nang Nha Trang and Hanoi were low compliance and violations are frequently observed. 15 local hospitals, health clinics and 40 formula milk/food shops and companies in An Giang Province were also monitored on compliance to marketing of nutrition products in line with National Decree 21. The code violations will be shared and acted upon the coming months.

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

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

3, 149,000 children received the recommended two doses of vitamin A in 2010 through donations in kind to UNICEF. The vitamin A capsules were successfully distributed with support from MDG-F funds and contributing to 99 percent coverage at national level.

Output 3.2. Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD).

In the baseline survey conducted in the provinces, WHO has trained the health workers on testing hemoglobin level to detect anemia deficiency and identification of household iodized salt usage. Local health workers of the target districts have been trained to give counselling of vitamin A, iron anaemia and IDD. The data collected from the survey, will estimate the knowledge of the population on vitamin A, iron anaemia and IDD for the development of the IEC materials.

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

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

Joint programme provinces have also been supported to conduct capacity assessment for management of acute malnutrition, and Kon Tum province has developed a comprehensive action plan at commune, district and province level. 120 provincial health care workers at all levels were trained in management of acute malnutrition and anthropometric equipments were provided for screening and case identification. A national consultative meeting have also been held to agree on the next steps after the training and for other provinces to initiate their planning for implementation of integrated management at both community and hospital level. The draft guidelines and programme design was also reviewed by the consultants in collaboration with UNICEF Regional Office, and specific recommendations provided to strengthen the model of management. The model will be fully operational in January 2011.

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

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

Therapeutic milk F75, F100, ReSoMal and essential equipment for preparations 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, 442 height boards and 297 scales for infants and children have been procured for active case finding and screening of acute malnutrition. Posters and IEC material was developed and distributed to the sites. 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 and an acceptability trial conducted in malnourished pre-school children.

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

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)

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

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

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

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

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

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

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

Measures taken for the sustainability of the joint programme

The Government should take more active role in coordinating the technical expertise and advice from participating UN agencies in this Joint Programme as for the time being, the coordination between the component on Food Security and the component on Nutrition is not really incorporated at national level.

Are there difficulties in the implementation?

UN agency Coordination
Coordination with Government
Joint Programme design

What are the causes of these difficulties?

Briefly describe the current difficulties the Joint Programme is facing

There is not yet a good and smooth coordination among UN agencies (FAO, UNICEF, and WHO) due to different operational and fund transfer modalities of the agencies, as well as their different mandate and geographical priority. However, efforts are ongoing to harmonise the approaches, share experiences, conduct joint activities and ensure that the programme supports the target groups in a more coordinated manner.

PMU has been set up and hosted by the Ministry of Health and a common working rule has been endorsed; however, this has not be used to full extent and there is space for strengthening coordination, planning and reporting by three agencies.

It is still difficult for PMU to get the updated information from UN agencies on some activities, particularly at provincial level where funding is directly channelled from Donor to the target provinces. It is important to ensure regular reporting procedures to PMU so that they are kept posted on the implementation of Joint Programme and able to follow-up and participate.

Briefly describe the current external difficulties that delay implementation

NA

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

The lead coordination role of FAO should be enhanced so that linkages and coordination among three UN agencies can be improved.

A frequent or permanent contact point or focal point should be appointed for easy communication and information sharing with Government implementing partners during the

implementation and reporting period.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
No false

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

Yes
No

What types of coordination mechanisms

Vietnam is a pilot country 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.

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

Indicators	Baseline Value	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			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			Joint field trip reports	

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

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

Not Involved false
Slightly involved false
Fairly involved false
Fully involved true

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

Policy/decision making
Management: budget
Management: service provision

Who leads and/or chair the PMC?

Deputy Director from the Maternal and Child Health Department of Ministry of Health

Number of meetings with PMC chair

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 false
Slightly involved true
Fairly involved false
Fully involved false

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

Management: service provision

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

Not involved false
Slightly involved true
Fairly involved false
Fully involved false

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

Management: service provision

Where is the joint programme management unit seated?

National Government

Current situation

The programme 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.

4 Communication and Advocacy

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

Yes false
No true

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

Under discussion and development. Full proposal for advocacy and communication will be provided in the next report. PMU will coordinate with PUNOs in formulating the Communication strategy for spreading messages from the JP to targeted audience.

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

Increased awareness on MDG related issues amongst citizens and governments
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
Key moments/events of social mobilization that highlight issues
Media outreach and advocacy

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

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

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

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



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

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

Capacity building/trainings

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

Others

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

Section III: Millenium Development Goals

Millenium Development Goals

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

JP Outcome	Beneficiaries	JP Indicator	Value
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		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 2011-2020 and National Plan of Action for Nutrition 2011-2015.	

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

JP Outcome	Beneficiaries	JP Indicator	Value
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		% 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	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Outcome 3: Reduction of micronutrient deficiencies in targeted children and women		% low birth weights % mothers and under 5 children with Vitamin A deficiency % mothers and children receiving high dose Vitamin A supplements % pregnant women with nutrition anaemia % women receiving iron supplements % newborns covered with vitamin K injection % population consuming adequately iodized salt Improved food consumption and dietary diversity (rise in dietary diversity scores)	

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

JP Outcome	Beneficiaries	JP Indicator	Value
Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition services for young children in emergency situations		% U5 children moderately and severely stunted (height for age) % U5 children moderately and severely wasted (weight for age) % U5 children moderately and severely wasted (weight for age) admitted in CSAM under emergency and non-emergency contexts U5 child and maternal rates in hospitals and communities	

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

JP Outcome	Beneficiaries	JP Indicator	Value

Outcome 5: Improvement in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam

% farmers adopt RICM practices
Increased food production (rice, animal, fish, fruit and vegetables) in target areas

% households use improved food preservation and processing techniques

Increased availability of food for consumption (rice; animal source foods)

Reductions in length and depth of the “lean season” and in food insecurity and risk of hunger at community level
Enhanced public knowledge of and information about good nutritional practices

Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children

Additional Narrative Comments

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

In this stage of implementation, the joint programme has not yet had 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, UNICEF and WHO are focusing their support to national programmes through policy development and system strengthening where it is difficult to measure attribution versus contribution related to number of direct and indirect beneficiaries. Support for development of policies, advocacy, strategies, legal documents, plans and guidelines and further support for capacity development in these areas are expected to have an impact for all children under 5 years old in Viet Nam which is according to the 2009 Census 7,316,000 children. New approaches 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 IV: General Thematic Indicators

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

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

Children under 2

Total No.

No. Urban

No. Rural

No. Girls

No. boys

Children from 2 to 5

Total No. 21009

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. boys

Women

Total

No. Urban

No. Rural

No. Pregnant

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

Children under 2

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total

No. Urban

No. Rural

No. pregnant

Men

Total

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

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

Proportion of population below minimum level of dietary energy consumption

% National
% Targeted Area

Stunting prevalence

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

Anemia prevalence

% National 32%
% Targeted Area NA

Comments

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

Homestead food production and diversification

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Food fortification

National
Local
Urban
Rural
Girls
Pregnant Women

Boys

School feeding programmes

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National

Local

Urban

Rural

Girls

Pregnant women

Boys

Gender specific approaches

National

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding



National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Therapeutic feeding programmes

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Vaccinations

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

Other, specify

National
Local
Urban
Rural
Girls
Pregnant Women
Boys

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

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

Policies	
National	4
Local	3

Laws	
National	2
Local	2

Plans	
National	5
Local	5

3 Assessment, monitoring and evaluation

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

National	3
Local	2
Total	5

Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (MDGF-2007)

Monitoring & Evaluation 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; Updated data on IDD and iron anaemia available; Updated data on IDD and USI status available	New Indicators including IYCF indicators and frameworks for National nutrition Surveillance developed; Updated data on IDD and USI status prevalence of malnutrition, anaemia Breastfeeding and Complementary Feeding practice and coverage of micronutrients supplementation in the target provinces.	Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used; Report on results of specific studies on IDD and iron deficiency anaemia (IDA) and vitamin A deficiency. IYCF and BF practices... New nutrition survey from 2010 will use new frame work and	Report from international and local consultants; Specific studies on IDD, iron anaemia and vitamin A deficiencies. Reviewing process and newly formulation	WHO, UNICEF	Data available to, and used by, local and national decision-makers and policy-makers; Data adequately reflects the incidence, nature and causes of food insecurity and vulnerability; Data collection and analysis conducted timely and data is of acceptable quality; Lack of cooperation and insufficient support from project partners and institutions. Willingness of national Government to support the

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
					questionnaire			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.	Current monitoring capabilities to set up GIEWS workstations at national level reported; Training material and training on the use of GIEWS in agricultural production for 120 local staff in 6 provinces conducted; Training needs assessment on crop production and livestock production conducted, training materials and training sessions conducted in 6 province for 144 provincial staff; Training manual for monitoring market prices, analysing market prices, training guideline for climate monitoring and analysis developed, training sessions on analytical tools and information management conducted for 150 staff at provincial and district level in 6 provinces;	Situation analysis note on market information systems; Monthly national market briefs; Quarterly national market reports; Manual or technical guides.	Field visits; Annually and quarterly progress reports; Mission reports	FAO	Data available; willingness of the Government to the establishment of the national GIEWS
Output 1.3: Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children	Sentinel monitoring of affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations.	Data established in year 1		Indicators integrated into surveillance system. Training conducted in Standardised Monitoring and Assessment of Relief and Transition (SMART) and Emergency Nutrition Assessment (ENA) software	Setting up a small scale sentinel site surveillance on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment	Collection of data through pre and post visit reports; Pre and post intervention surveys; Annually and quarterly progress	UNICEF	

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
					reports.	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	Report on current situation on food security monitoring system, information needs and data for FIVIMS completed; Guideline on food insecurity assessment prepared and shared with all stakeholders; 150 staff at provincial and district levels of 6 provinces are provided training on strengthening national capacity in collecting and analysing data on food insecurity and vulnerability; food insecurity maps and vulnerability factors produced	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 developed and implemented	National Strategy for Nutrition 2011-2020 and 5 year Action Plans for Nutrition 2011-2015 including micronutrient deficiency control; National IYCF Plan of Action; ;	National Nutrition Strategy 2001-2010; National Action Plan on Nutrition; Existing policies on maternity leave and on marketing of breast milk substitute. National action plan on IYCF		5 nd draft of National Nutrition Strategy available for comments; Consultative meeting on revision of maternity leave conducted; IYCF Action Plan (including maternal nutrition) development is on- going; Review meeting on anaemia interventions and recommendations for inclusion into National Nutrition Strategy; Interim Micronutrient protocol available	Progress reviews Documents of National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition and IYCF 2010-2015; (It will be included in National Action Plan on Nutrition)	Annually and quarterly progress reports; Mission reports.	WHO, UNICEF and FAO	

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	Law and/or Gov regulations relating to support and protection of BF revised and submitted to government for approval.							
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	Resolution No. 63/NQ-CP on national food security	-	Guideline and training material on policy analysis, development and implementation developed; Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production	National development policies; Government reports	Sector monitoring reports of national government	FAO	

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
	and nutrition in policy frameworks (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/advocacy campaigns through mass media and community-based activities and for medical professionals	National Decree 21 positively revised; National Decree on maternity leave positively revised to include 6 months of maternity leave Baseline: 4 months of maternity leave Public	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 conducted systematic review; Code monitoring conducted for review step of road map. Consultative meeting on revision of maternity leave conducted; Recruitment process for National Coordinator completed to support the function of PMU and MCH; Training on Communication for behaviour impact training conducted to facilitate development of communication plan and plan for the communication for behaviour impact drafted plan. World breastfeeding campaign and plan	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, PMU	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	TRA	The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
	awareness on benefits of breastfeeding increased; Political and financial commitment of policy-makers for breastfeeding gained; KAP of mothers on BF and CF improved.			for the communication for behaviour impact drafted, developed to World breastfeeding week campaign conducted; KAP of mothers and CF available. TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.	National Coordinator recruitment report	provinces. Annual report		
Output 2.2: Integrated BF promotion with ANC, delivery and post-partum care	IYCF trainer team available in (project sites) 6 provinces; Counseling skills on breastfeeding of health workers at commune, health centres, district and provincial levels improved.	Data established in year 1.		Increased the knowledge on IYCF, including the Trainer of Trainers on IYCF conducted at national level with 12 trainers and 20 participants. Plan for scaling up in Cao Bang and Dak Lak developed. Materials on IYCF Counselling: an integrated course adapted. IEC materials on Breastfeeding reviewed and designed	Reports on training. Provincial plan for scaling up the IYCF training	Pre and post training assessment	WHO UNICEF	The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH
Output 2.3: Increased	Number of provincial	Self Assessment Annual report of		Currently only 59 BFHI hospitals. Development of standards for	Annual reports from provincial	External assessment	WHO, UNICEF	

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
number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate	hospitals that maintain Mother-Baby Friendly Hospital Initiative standards; Number of new community health facilities that provide BF counseling and IEC activities	the BFHIs		BFHI at all health facilities in the country initiated to increase coverage by strengthening requirements and systems. BFHI standards established at Phu Tan District Hospital and 10 commune health stations in An Giang Province. BFHI Trainer of Trainers for 12 provincial trainers from Cao Bang and Dak Lak provinces conducted. BFHI materials translated to Vietnamese.	programme; Report of external assessment of BFHs; Field trip reports. Self assessment of BFHI in all provinces	of BFHs Observation during field trips		
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)		Annual report available and to be disseminated January 2011. International code translated and disseminated in Vietnamese.	Reports on results of monitoring trips on implementation of National Code	Monitoring trips with observation and using checklists	WHO, UNICEF	
OUTCOME 3: Reduction of micronutrient deficiencies in targeted children and women								

Expected Results (Outcomes & outputs)	Indicators	Baseline	Overall JP Expected target	Achievement of Target to date	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Output 3.1: Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area	Amount of Vitamin A, iron folic tablets, 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/household with vitamin A or iron folic, iodized salt USI in households and vitamin K injection in new-borns	MICS (2006) Provincial data established in year 1		Vitamin A available from IKD with 99 percent coverage; 2,340 ORS sachets for SAM (ReSoMal) procured and distributed	Procurement report; Field trip report; Annual reports from provincial programme	Procurement records Records of receiving of supplied by programme, provinces Programme reporting system	UNICEF	Micro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010
Output 3.2: Improved capacity of local health workers	% provincial, district and commune health workers	Data collected in year 1		Training on IYCF to health staff at provincial and district level and nutrition collaborators conducted in Cao Bang and Dak Lak.	Training reports Annual reports from provincial programme	Pre and post training assessment Programme	WHO	

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
in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)	in targeted provinces trained on national guidance for micronutrient deficiency control; IEC materials on micronutrient deficiency control distributed to health facilities.					records		
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 paediatricians trained in inpatient therapeutic care and treatment for child severe acute malnutrition; CSAM units in provincial hospitals and in two selected district	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 for 120 participants: 70 government officials trained in emergency nutrition assessment;	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

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
	hospitals; % of responsible government officials and international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package							
Output 4.2: Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to use therapeutic foods	Medical equipment installed in inpatient CSAM units at provincial hospitals and in 2 district hospitals; Number of inpatient and out-patient therapeutic feeding centres adequately	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, 442 height boards and 297 scales procured for active case finding/screening; Development of locally produced RUTF initiated ready for field testing.	Procurement report Record and report from provincial programme Provincial report 2009 before intervention of the CSAM	Procurement records Records of therapeutic feeding products received by the programme provinces	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the MOH

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
	supplied with key RTUF and drugs							
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		RICM training courses conducted for 80 provincial staff in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces	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.

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
Output 5.2: Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education	% households use improved food preservation and processing techniques; Increased availability of food for consumption (rice; animal source foods); Reductions in length and depth of the “lean season” and in food insecurity and risk of hunger at community level; Enhanced public knowledge of and information about good nutritional practices; Increased dietary diversity (dietary diversity	Local data to be collected in year 1		Report on training need assessment on for improving small livestock production with findings and recommendations done, training manual for estimating livestock production completed 160 staff from local NGOs in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces have been trained; homestead food production (VAC model) skills are provided to 686 farmers in An Giang, Ninh Thuan, Kon Tum, Dak Lak, Dien Bien and Cao Bang provinces		Specific studies Questionnaires Research and field surveys; Annual and quarterly progress reports; Mid-term review and final evaluation report	FAO	Lack of strong commitment, ownership, and active participation by stakeholders; NGOs/IPs fail to meet targets

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
	scores) especially of animal sourced foods for vulnerable households and women and children.							

MDG-F Monitoring Report
Joint Programme Results Framework with Financial Information
(from July to December 2010)

Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Completed		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
		Ongoing			a	b	c	d=c/a
		Delayed/Cancelled						
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	35,500	35,500	100.23%
	1.1.2. Provide technical and financial assistance for annual Nutrition Surveillance and apply updated indicators and data collection framework (training at national level)		UNICEF	NIN, MCH	11,069	11,821.91	11,821.91	106.80%
	1.1.3. Provide technical and financial support on surveillance on micronutrient deficiencies in the Target provinces		WHO	NIN, MCH, MOH	41,882	39,430	39,430	94.15%
	1.1.4. Provide technical and financial support on surveillance on micronutrient deficiencies in selected provinces		UNICEF	MOH	21,068	23,609.18	23,609.18	112.06%
	1.1 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 2011;	1.2.1. National GIEWS Workstation established		FAO	DCP, MARD	-	-	-	-
Improved monitoring systems implemented;	1.2.2. Methodological support for estimating crop production		FAO	DCP, MARD	50,000	47,383	47,383	94.77%
GIEWS Workstation set-up;	1.2.3. Methodological support for estimating livestock production		FAO	DLP, MARD	40,000	39,000	39,000	97.50%
Regular reports and bulletins on food statistics and market prices	1.2.4. Capacity for forecasting and early warning of food emergencies enhanced		FAO	DCP, MARD	40,000	39,000	39,000	97.50%
	1.2.5. Capacity for preparing technical reports is enhanced		FAO	DCP, MARD	25,000.0	22,000	22,000	88.00%
	1.2 Subtotal				155,000			
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;	1.3.1. A sentinel site in one selective province to monitor affects of food crisis developed and functional		UNICEF	MOH	11,068	9,978.46	9,978.46	90.16%
X joint rapid nutrition assessments in emergency situations conducted	1.3.2. Responsible staff of central government and 15 disaster prone provinces trained on rapid nutrition assessment using latest training package		UNICEF	MOH	21,066	21,039.54	21,039.54	99.87%
	1.3.3. X joint rapid nutrition assessments of affected populations in emergencies		UNICEF	MOH	11,068	12,527.61	12,527.61	113.19%
	1.3 Subtotal				43,202			

Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Completed		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
		Ongoing			a	b	c	d=c/a
		Delayed/Cancelled						
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	15,000	14,000	14,000	93.33%
	1.4.2. Specific food and nutrition indicators identified for use by FIVIMS		FAO	RUDEC, IPSARD, MARD	30,000	29,000	29,000	96.67%
	1.4.3. FIVIMS maps of target areas produced		FAO	RUDEC, IPSARD, MARD	15,000	14,000	14,000	93.33%
	1.4.4. Training for dissemination and follow up on analytical tools and information management capacity		FAO	RUDEC, IPSARD, MARD	30,000	29,000	29,000	96.67%
	1.4 Subtotal				90,000			
1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented								
National strategy for nutrition 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	33,617.66	33,617.66	108.21%
	1.5.2. The YCF action plan for 2010-2015 formulated and submitted		WHO	MCH/NIN/MOH	27,709	22,470	22,470	81.09%
	1.5.3. New Gov. legislation on maternities leave formulated and submitted to central Gov.		UNICEF	MOH	16,067	21,375.47	21,375.47	133.04%
	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	7,728	43.64%
	1.5.5. National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated		UNICEF	MOH	16,067	10,147.25	10,147.25	63.16%
	1.5.6. National Decree 21 revised and submitted to central government		UNICEF	MCH/MOH	0	0.00	0.00	0.00%
	1.5.7. MOH pick up 100% of the cost for vitamin A capsules to meet whole country demand by 2011		WHO	NIN/MCH/MOH	Cancelled activity	-	-	0.00%
	1.5 Subtotal				108,619			
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 and nutrition	1.6.1. Three regional and one national policy workshop held; Regional policy dialogue initiated in first year		FAO	RUDEC, IPSARD, MARD	60,000	36,538	36,538	60.90%
	1.6.2. Action plans at provincial and national levels revised to be more pro-poor focused on improving food, health and nutrition		FAO	RUDEC, IPSARD, MARD	30,000	10,000	10,000	33.33%
	1.6.3. Explicit nutrition and health concerns integrated into pro-poor policies and into national policies; Accelerated implementation of existing pro-poor policies		FAO	RUDEC, IPSARD, MARD	0	0	0	0.00%
	1.6 Subtotal				90,000			
2.1 Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals								

Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Completed		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
		Ongoing			a	b	c	d=c/a
		Delayed/Cancelled						
National Decree 21 positively revised; National Decree on maternity leave positively revised	2.1.1. IYCF committee's office in MOH is available and fully functioning		WHO	MCH, MOH	14,999	8,257	8,257	55.05%
	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	11,679	22,951.09	22,951.09	196.52%
	2.1.4. Public awareness on benefits of BF increased		WHO	MCH, MOH and mass media agencies	36,766	40,195	40,195	109.33%
	2.1.5. National Decree 21 revised and submitted to central		UNICEF	MOH	21,066	44,445.28	44,445.28	210.98%
	2.1.6. Political and financial commitment from policy-makers for BF		WHO		17,709	13,690	13,690	77.31%
	2.1.7. One national professional association champions BF protection & promotion		UNICEF	MOH	21,066	5,656.02	5,656.02	27.00%
	2.1.8. National professional associations actively promote BF and CF		WHO	MOH	17,709	8,970	8,970	50.65%
	2.1.9. Counselling skills of health workers at all levels improved, KAP of mothers on BF and CF improved		WHO	MOH	70,406	57,011	57,011	80.97%
	2.1.10. All communal BFHI clinics provided with handy IEC on BF		UNICEF	MOH	11,068	2,328.22	2,328.22	21.04%
	2.1.11. PMUs in Target provinces are established and functioning		WHO	PMU Programme provinces	36,728	25,018	25,018	68.12%
2.1 Subtotal				259,196				
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	5,664.08	5,664.08	51.18%
	2.2.2. The key trainers from 32 provinces trained on IYCF0.		WHO	MCH, NIN	17,709	27,951	27,951	157.83%
	2.2.3. Counselling activities on breastfeeding		UNICEF	MOH	11,068	4,737.32	4,737.32	42.80%
	2.2.4. Counselling skills on BF of health workers at		WHO	MOH	17,869	20,285	20,285	113.52%
	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	10,600.10	10,600.10	95.77%
	2.3.2. Provinces perform annual self-assessment exercises on BFHI		UNICEF	MOH	0	-	-	
	2.3.3. Revise training materials and programme and Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals		WHO	MCH, MOH	26,563	38,366	38,366	144.43%

Programme Outputs	Activity	Activity status		UN AGENCY	RESPONSIBLE PARTY		Estimated Implementation Progress			
		Completed	Ongoing		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget	
		Delayed/Cancelled	a			b	c	d=c/a		
	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	43,475	43,475	83.06%	
	2.3.5. Hospitals in selected five programme provinces assessed on criteria for BFHI			UNICEF	MCH, MOH	0	-	-	-	
	2.3.6. Counselling activities on BF promotion with mother support groups performed in commune health centers of 10 selected communes			UNICEF	MOH	26,139	19,468.94	19,468.94	74.48%	
	2.3 Subtotal					116,114				
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	MOH	11,068	10,861.76	10,861.76	98.14%	
	2.4.2. Monitoring of the national Decree 21 in a standard manner in five selected provinces			WHO	MOH	10,869	4,458	4,458	41.02%	
	2.4.3. Annual review meeting on Code implementation and enforcement reviewed for lesson learnt and action			UNICEF	MOH	11,068	10,664.00	10,664.00	96.35%	
	2.4.4. Code Watch bulletin produced on regular basis			WHO	MOH	5,527	-	-	0.00%	
	2.4 Subtotal					38,532				
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;	3.1.1. Vitamin A, iron folic tables, de-worming drug and sprinkles, multiple micronutrient tablets procured for all targeted women and children			UNICEF		21,068.00	3,801.02	3,801.02	18.04%	
	3.1.2. Zinc and ORS with low osmolarity for treatment of diarrhoea among under-five children in selected areas			WHO		17,869	1,500	1,500	8.39%	
Coverage of pregnant women with iron folic supplementation;	3.1.3. Increased local production of ORS with new format			WHO		9,015	2,020	2,020	22.41%	
USI coverage of households;	3.1.4. Vitamin K1 for preventing haemorrhages in newborns in selected areas available			WHO		6,890	Activity cancelled	-	0.00%	
% newborns with vitamin K injection	3.1 Subtotal					54,842				
3.2. Improved capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)										
Coverage of vitamin A among children 6-59 month of age;	1.2.1. Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces			UNICEF		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	2,040	2,040	26.85%	

Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Completed		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
		Ongoing			a	b	c	d=c/a
		Delayed/Cancelled						
Coverage of pregnant women with iron folic supplementation; USI coverage in households	1.2.3. 80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control		UNICEF		0	0.00	0.00	0.00%
	3.2.4. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces		UNICEF		0	-	-	-
	3.2.5. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces		WHO		-	-	-	0.00%
	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		9,256	12,227	12,227	132.10%
	3.2. Subtotal				16,853			
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								
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	26,049.72	26,049.72	235.36%
	4.1.2. Public and private pediatricians of five WHO and UNICEF programme provinces trained in inpatient therapeutic care and treatment for child severe acute malnutrition		UNICEF	Pediatric Hospitals, MOH	11,068	13,893.08	13,893.08	125.00%
	4.1.3. 2 Target provinces have inpatient CSAM units at provincial hospitals and two district hospitals		UNICEF	MCH, MOH, Pediatric Hospitals	0	-	-	-
	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	20,641.86	20,641.86	186.50%
	4.1.5. Model of CSAM performed fluently in five selective communes in Kon Tum province		UNICEF	MCH, MOH	0	0.00	0.00	0.00%
	4.1.6. Technical assistant to review inpatient rehabilitation		UNICEF	MCH, MOH	0	0	0	0.00%
	4.1.7. The CSAM model of UNICEF reviewed by UNICEF Global or regional Offices		UNICEF		0	0.00	0.00	0.00%
	4.1.8. Model community based management of child acute severe malnutrition (CSAM) available and functioning well in 2 selected provinces		UNICEF		21,068	26,230.60	26,230.60	124.00%
	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	7,135.32	7,135.32	64.00%

Programme Outputs	Activity	Activity status	UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Completed		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget
		Ongoing			a	b	c	d=c/a
		Delayed/Cancelled						
	4.1.10. National guidelines for Kangaroo-Mother care for low birth weight/premature newborns developed		WHO	MCH, MOH	9,256	2,500	2,500	27.01%
	4.1.11. Five Kangaroo-Mother care units at provincial, district hospital of Target provinces set-up and functioned		WHO	Programme Provinces	-	-	-	0.00%
	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;	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	-	-	-
Number of out- patient therapeutic feeding centres	4.2.2. 2 UNICEF programme provinces have inpatient CSAM Units at provincial hospitals and two selected district hospitals		UNICEF	MCH, MOH	21,068	18,091.02	18,091.02	85.87%
	4.2.3. Therapeutic feeding products (plumpynut) to supply CSAM units		UNICEF	MOH, Pediatric hospital	0	-	-	-
	4.2.4. Therapeutic feeding products (plumpynut) to supply CSAM in 2 UNICEF provinces		UNICEF	MCH, MOH	21,068	20,515.82	20,515.82	97.38%
	4.2.5. Local production of RUFT reviewed and potential suppliers defined		UNICEF	MCH, MOH	0	-	-	-
	4.2.6. Micronutrients and equipment transported from supplier to users in UNICEF programme provinces		UNICEF	MCH, MOH	6,497	1,500	1,500	23.09%
	4.2.7. Micronutrients and equipment transported from supplier to users in WHO programme provinces		WHO	MCH, MOH	7,490	6,785	6,785	90.59%
	4.2 Subtotal				56,123			
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)								
Training needs identified; Training materials produced; Agriculture inputs purchased and distributed; Training initiated	5.1.1. Conduct participatory survey to assess training need ; conduct inventory of seed sources, locally adopted varieties as well as promising modern varieties; formulate guidelines and prepare technical materials for demonstration on-farm seed production and conservation using RICM technology		FAO	NOMAFSI, MARD	30,000	28,500	28,500	95.00%
	5.1.2 Train provincial staff and conduct on-farm demonstrations on the production and conservation of rice seed using integrated crop management systems and seed conservation		FAO	MARD	30,000	27,800	27,800	92.67%
	5.1 Subtotal				60,000			
5.2 Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education								

Programme Outputs	Activity	Activity status		UN AGENCY	RESPONSIBLE PARTY		Estimated Implementation Progress			
		Completed	Ongoing		NATIONAL/LOCAL	Total amount Planned for the JP	Estimated Total amount Comitted	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget	
		Delayed/Cancelled	a			b	c	d=c/a		
NGOs/IPs selected and contracted to support homestead food production activities at the community and household levels; Training materials produced; Production inputs purchased and distributed; Nutrition education activities initiated; At least 18 NGOs and IPs trained and active in the homestead food production, small livestock raising, and aquaculture practices 900 households engaged in improved production practices; 300 households engaged in livestock raising, improved aquaculture production practices; 900 households engaged in improved post-harvest practices; 1200 households receive nutrition education	5.2.1 Build capacity of NGOs/IPs to support homestead food production – crops, livestock and fish; Develop and print training manuals; and conduct training			FAO	DCP, MARD	42,549	30,176	30,176	70.92%	
	5.2.2. Support crop and small livestock production activities; Support household and group aquaculture production activities			FAO	DLP, MARD	35,000	20,000	20,000	57.14%	
	5.2.3. Support training and demonstration activities for small-scale food processing and preservation and in nutrition education			FAO	DCP, MARD	35,000	22,483	22,483	64.24%	
	5.2 Subtotal					112,549				
6. Formulation advance				FAO		20,000	18,692	18,692	93.46%	

FAO	Programme Cost					507,549	408,880	408,880	
	Indirect Support Cost					35,528	35,528	35,528	
						543,077	444,408	444,408	81.83%
UNICEF	Programme Cost					420,000	419,352	419,352	
	Indirect Support Cost					29,400	29,400	29,400	
						449,400	448,752	448,752	99.86%
WHO	Programme Cost					515,288	419,877	419,877	
	Indirect Support Cost					36,070	36,070	36,070	
						551,358	455,947	455,947	82.70%
Total	Programme Cost					1,442,837	1,248,109	1,248,109	86.50%
	Indirect Support Cost					100,999	100,999	100,999	
						1,543,836	1,349,108	1,349,108	87.39%