

Section I: Identification and JP Status

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

Semester: 1-11

Country	Vietnam
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	0006724
Program title	Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam
Report Number	
Reporting Period	1-11
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	\$868,027.00
UNICEF	\$894,520.00
WHO	\$1,230,808.00
Total	\$2,993,355.00

Total Budget Committed To Date

FAO	\$741,746.00
UNICEF	\$608,147.00
WHO	\$647,391.00
Total	\$1,997,284.00

Total Budget Disbursed To Date

FAO	\$741,746.00
UNICEF	\$608,147.00
WHO	\$647,391.00
Total	\$1,997,284.00

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

Progress in outcomes:

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

- Data and baseline survey completed and disseminated with all target province.
- IDD monitoring and reporting supported for all 63 provinces of Vietnam.
- Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology introduced to the target provinces.
- Food Insecurity and Vulnerability Information Mapping System (FIVIM) introduced and in place for target provinces.
- Draft National Nutrition Strategy 2010-2020 completed and ready to be submitted to the Government.
- Results of the general nutrition survey are disseminated to 63 provinces of the country.

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

- Support the National communication campaigns in line with the joint communication plan among Ministry of Health and UN
- Introduction of IYCF, including theoretical and practical skills on IYCF, skills on breastfeeding counselling in 2 targeted provinces
- Introduction of BFHI to the hospital and health clinic system
- Support to the model of "Village Breastfeeding Mum Support Group"

Outcome 3: "Reduction of micronutrient deficiencies ...". This outcome has not been achieved. The conditions for future achievement have been ready

- Developing training materials and guidance on micronutrient integrated into stunting reduction package and Infant and Young Child Nutrition IEC
- Procurement of Nutrition supplies and distribution of Vitamin A

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

- Introduction of global nutrition in emergencies training package for disaster risk management to 14 disaster prone provinces
- Development of training materials, including revision of kangaroo-mother care guideline
- Provision of F75, F100 and ReSoMal for 1500 children, 30,000 Mid Upper-Arm-Circumference tapes, 442 height boards and 297 scales

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

- Introduction of Farmer Field School on RICM for 350 farmers and support for demonstration sites in 3 provinces
- Support homestead food model for the target provinces, including fruit garden and soy bean production in 2 mountainous provinces
- Introduction of rice seed production model to farmer in disadvantaged areas

Progress in outputs

Progress in Outputs:

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

UNICEF provided technical and financial support to National Institute of Nutrition in updating indicators and the data collection framework for the National Nutrition Surveillance System. The General Nutrition Survey and Surveillance Reports with updated indicators and data tables guided the development of the 2011-2020 National Nutrition Strategy.

The introduction of Standardized Monitoring and Assessment of Relief and Transition Methodology (SMART) and planning and analysis software (ENA) 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. New data framework and recommended global indicators to survey and surveillance system are applied. In the first half of the year 2011, data on baseline survey available and disseminated to the target provinces; IDD monitoring and reporting supported for all 63 provinces with data ready for dissemination

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented 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 7th 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. This 2010-2020 NSS is ready for submission in September 2011.

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. National experts, involved in the development of the previous Action plan have being identified and the report is finalized.

With technical inputs from UN agencies, provision of maternity leave for 6 months has been successfully included in the draft Labour Code Amendment.

Disseminated results of the general nutrition survey to 63 provinces and to guide provinces in developing provincial plan on nutrition.

National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea has been developed and distributed.

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

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

In close collaboration with local government, field investigation and analysis of local pro-poor and policies situations have been conducted to bring in the roadmap on possible solutions to integrate pro-poor into local policies and action plan. An action plan to be drafted with key actions to improve food, health and nutrition for the poor in September 2011.

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

Communication for behavioural impact training has been conducted to facilitate 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 and 2011 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.

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

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

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

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

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

A training of trainers on Infant and Young Child Feeding has been conducted. The course has been facilitated by an international consultant and 5 of the National trainers on Breastfeeding. The training of trainers was held at national level and with participation from participants from national level as teachers from the Secondary Medical School, managers from the provincial health department, managers from the provincial and district hospitals, health staff working in these hospitals and medical school professionals. There were 15 trainers coming from Cao Bang and Dak Lak provinces which were trained from the first week which trained another 25 participants from the mentioned provinces. Materials on IYCF Counselling integrated course to be adapted. During the 2 weeks, 4 practical sessions on breastfeeding counselling with dolls and complementary feeding in the classroom and 4 clinical Practice on breastfeeding counselling took place at the Hanoi Obstetric and Gynaecology Hospital and complementary feeding at the National Institute of Nutrition.

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

In order to strengthen the capacities on the breastfeeding counseling, WHO has also developed the guidelines/questionnaire for pretesting of IEC materials, conducted a rapid survey questionnaire on knowledge, attitudes and practices, and media channels, on exclusive breastfeeding materials. Other IEC materials that have been developed are poster to promote exclusive breastfeeding among expectant mothers, poster among mothers and poster among parents. Commune Health Workers in project areas are trained and able to carry out comprehensive counselling on breastfeeding in 10 communes of Binh Thanh Dong and Phu Tho district, An Giang. Output 2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate

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

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

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

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

These trainings have the objective of increasing the initiation and exclusive breastfeeding rate in the targeted provinces through ten steps of successful breastfeeding. The TOT covers the implementation of BFHI at national and provincial level, the course for hospital managers and maternity staff. Breastfeeding support groups integrated to the BFH initiative at hospital level. The model of "Village Breastfeeding Mum Support Groups" were established and well functioned first in the two selective communes of Phu Tho and

Binh Tan of An Phu district. This demonstration model was shared up to the national Child Malnutrition Control Programme at MOH and other international NGO in Dec 2010 and July 2011.

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

UNICEF supported Ministry of Health and Health Inspection department with code monitoring on marketing of breastmilk 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 Breastmilk Substitutes and subsequent WHA resolutions materials (ICDC2008) into Vietnamese.

All 63 provinces trained in code monitoring and demonstrate enhanced capacity to enforce Decree 21. The annual review on code implementation is included in the revision process for decree 21 with dissemination ahead of world breastfeeding week in July 2011.

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

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

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

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

Joint programme provinces have also been supported to conduct capacity assessment for management of acute malnutrition, and Kon Tum province has developed a comprehensive action plan at commune, district and province level. 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 functional comprehensively in 1 commune and in other catchment areas through outreach support by Reproductive Health Centre.

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

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

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

Therapeutic milk F75, F100, ReSoMal and essential equipment for preparations have been procured for management of 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.

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

Local production of RUTF established and product in line with global product specification. All nutrition supplies available in provinces. Iron Folic Acid for pregnant women and women of reproductive age in the target districts are in place.

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

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

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

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

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

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

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

livestock production.

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

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

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

Measures taken for the sustainability of the joint programme

It is obvious that the sustainability of the joint programme is ensured as most of the activities are done as part of the priorities of the Government of Vietnam in nutrition and food security.

So far, the Joint Programme provides technical support the Government in preparation of the National Nutrition Strategy to be issued soon. The Joint Programme also support to Government in setting up the National Information and Early Warning System on Food and Agriculture which is adapted and applied from FAO Global Information and Early Warning System (GIEWS). Although the concrete results are not be seen at all level, specific pilot activities have been conducted at targeted provinces under the Joint Programme to test before having it adopted at country level.

This joint programme had been formulated years before it is adopted by the MDGF Achievement Fund. In order to make sure the objectives of the overall joint programme are met, planning workshops are prepared by PMU in consultation with local stakeholders to mobilise and develop work plan for each year. By doing so, the overall target at outcome and output levels are kept with relevant changes at activity level.

The Government takes lead in management and operation of the Joint programme and translate it into their priorities from policy works to technical services at grass root levels.

Are there difficulties in the implementation?

UN agency Coordination
Joint Programme design

What are the causes of these difficulties?

External to the Joint Programme
NA

Briefly describe the current difficulties the Joint Programme is facing

The joint programme in the initial phase has faced some constraints in term of establishment of PMU, PMC because of changes in personnel at the central and provincial levels. 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. It is also a difficulty that there exist many different operational modalities among PUNOs

and this needs to be sorted out.

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

For better planning and management of the joint programme in the second year of implementation, the PMU has decided to organise joint monitoring trip to programme sites in 6 provinces to learn the demands from grass root level and seek the possible collaboration between nutrition part and food security part. Planning workshop which is organised in earlier this year is also a step to bridge the gap between plan described in the project document and the current change on site. PMU has been provided personnel to support National Programme Director in coordinating the activities between Ministries involved and with UN Agencies so that timely intervention can be made.

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	Base Current line Value	Means of verification	Collection methods
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Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-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, presentations
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

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.

Management: budget

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.

Management: service provision

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.

Who leads and/or chair the PMC?

Deputy Director General of the Maternal Child Health Department, Ministry of Health chairs the PMC. Regular meetings of PMU are organised normally one a month and can be more than one a month whenever there is requirement for decision making and agreement sought.

Number of meetings with PMC chair

For official PMC meeting, NPD chairs every month with the composition of representative from MOH, MARD, FAO, UNICEF and WHO. So far, there are more than 8 PMC meeting have been organised.

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?

Are the 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 the citizens involved?

Where is the joint programme management unit seated?

National Government

The Government host the joint management unit at the headquarter of the Ministry of Health in Vietnam.

Current situation

On daily management of the PMU, beside NPD appointed by the Government who leads all the process of implementation of the joint programme. To support the PMU, a senior expert from Maternal Child Health Department, MOH is assigned to advise and support the NPD. A national coordinator is recruited to work on daily basis at PMU. A coordinator from MARD is assigned to work closely with PMU to make sure all information for planning, implementing and reporting of the joint programme consistent in the system.

4 Communication and Advocacy

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

Yes false
No true

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

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

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

Increased awareness on MDG related issues amongst citizens and governments

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

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

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

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

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

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

Capacity building/trainings

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

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

Others

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

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.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

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

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

JP Outcome	Beneficiaries	JP Indicator	Value
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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

Additional Narrative Comments

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

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

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.

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

Comments

Comments:

Estimation prevalence of malnutrition in children U5 in 2010 - NIN

Targeted areas are two provinces under the joint programme.

Estimation prevalence of malnutrition in children U5 in 2010 - NIN

NNS drafted (version 7)

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
NA
Local

NA
Urban
NA
Rural
NA
Girls
NA
Pregnant Women
NA
Boys
NA

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 2
Local

Laws

National
Local

Plans

National
Local

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	1
Local	
Total	1

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. Review meeting on anaemia interventions and recommendations for inclusion into National Nutrition Strategy New data framework and recommended global indicators applied to survey and surveillance system Data on baseline survey available and disseminated to the target provinces. IDD monitoring and reporting supported for all 63 provinces with data ready for dissemination	Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used; Report on results of specific studies on IDD and iron deficiency anaemia (IDA) and vitamin A deficiency. IYCF and BF practices... New nutrition survey from 2010 will use new frame work and questionnaire	Report from international and local consultants; Specific studies on IDD, iron anaemia and vitamin A deficiencies. Reviewing process and newly formulation	WHO, UNICEF	Data available to, and used by, local and national decision-makers and policy-makers; Data adequately reflects the incidence, nature and causes of food insecurity and vulnerability; Data collection and analysis conducted timely and data is of acceptable quality; Lack of cooperation and insufficient support from project partners and institutions. Willingness of national Government to support the process;

<p>Output 1.2: Improved information on food production, stocks, availability and market prices at national, provincial and local levels</p>	<p>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;</p>	<p>AgroInfo (MARD), 2009</p>	<p>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.</p>	<p>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;</p> <p>National GIEWS set up Frame work for training sessions for staff at provincial and local levels prepared Dissemination of information on early warning system on food insecurity at 6 provinces Staff and officers at provinces are trained on food market prices analysis and skills to run GIEWS workstation</p>	<p>Situation analysis note on market information systems; Monthly national market briefs; Quarterly national market reports; Manual or technical guides.</p>	<p>Field visits; Annually and quarterly progress reports; Mission reports</p>	<p>FAO</p>	<p>Data available; willingness of the Government to the establishment of the national GIEWS</p>
<p>Output 1.3: Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children</p>	<p>Sentinel monitoring of affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations.</p>	<p>Data established in year 1</p>		<p>Indicators integrated into surveillance system. Training conducted in Standardised Monitoring and Assessment of Relief and Transition (SMART) and Emergency Nutrition Assessment (ENA) software Food crisis monitoring integrated into national surveillance system with surveillance of seasonal incidence of malnutrition ongoing at selected sites</p>	<p>Setting up a small scale sentinel site surveillance on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment reports.</p>	<p>Collection of data through pre and post visit reports; Pre and post intervention surveys; Annually and quarterly</p>	<p>UNICEF</p>	

				Health and nutrition personnel from central level government and in 15 disaster prone provinces demonstrate increased knowledge and capacity to conduct nutrition assessments with introduction of Standardised Monitoring and Assessment of Relief and Transition (SMART) methodology and tools. 6 nutrition assessments (6 communes) conducted after natural disasters using updated methodology and tools		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	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 Food Insecurity and Vulnerability Information Mapping System (FIVIM) in place at 12 communes of 6 provinces in the JP. Market price monitoring and analysis skills trained for provincial staff Monthly data collection of market price in place at pilot communes	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,	National Strategy for Nutrition 2011-2020 and 5 year Action Plans for Nutrition 2011-2015 including micronutrient	National Nutrition Strategy 2001-2010; National Action Plan on Nutrition; Existing		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	Progress reviews Documents of National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition and IYCF 2010-	Annually and quarterly progress reports; Mission reports.	WHO, UNICEF and FAO	

<p>pregnant women and mothers developed and implemented</p>	<p>deficiency control; National IYCF Plan of Action; ; Lawand/or Gov regulations relating to support and protection of BF revised and submitted to government for approval.</p>	<p>policies on maternity leave and on marketing of breast milk substitute. National action plan on IYCF</p>		<p>inclusion into National Nutrition Strategy; Interim Micronutrient protocol available Draft 7 of the 2010-2020 NNS formulated and final version to be ready for submission in September 2011 IYCF action plan 2006-2010 reviewed and situation analysed and IYCF action plan outline developed Provision of maternity leave for 6 months included in the draft Labour Code Amendment Disseminated results of the general nutrition survey to 63 provinces and to guide provinces in developing provincial plan on nutrition. National action plan on Nutrition to be drafted. National guidelines available</p> <p>Evidence report for revision prepared with data from 15 provinces and 5 municipalities and to be disseminated in July 2011</p>	<p>2015; (It will be included in National Action Plan on Nutrition)</p>			
<p>Output 1.6: Implementation of pro-poor agricultural and rural development policies for better nutrition</p>	<p>Analytical reports and recommendations for national and sector policies and institutional reforms; Policy briefs and position papers directly addressing the needs, constraints and opportunities of the most</p>	<p>Resolution No. 63/NQ-CP on national food security</p>	<p>-</p>	<p>Guideline and training material on policy analysis, development and implementation developed; Technical report on review of current policy integrating nutrition objectives, including policy on nutrition, food security and rice production Field investigation and analysis of local pro-poor and policies situations</p> <p>Action plan drafted with key actions to improve food, health and nutrition for the poor</p>	<p>National development policies; Government reports</p>	<p>Sector monitoring reports of national government</p>	<p>FAO</p>	

	vulnerable and malnourished; Increased visibility of food, health and nutrition in policy frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition.							
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 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 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 for the communication for behaviour impact drafted, developed to World breastfeeding week campaign conducted; KAP of mothers and CF available.	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 National Coordinator	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.	TRA	The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH

			<p>TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.</p> <p>Joint Programme national PMU functioning and IYCF National Steering Committee members informed</p> <p>Information on annual implementation status of IYCF being monitored</p> <p>National communication campaigns conducted in line with the joint communication plan among MoH, UN and A&T.</p> <p>Training on Communication for behaviour impact training conducted.</p> <p>Joint planning of the breastfeeding campaign among the partners in Vietnam with the development of a Logical framework used nationwide. The logical framework has been approved by MOH and revised.,</p> <p>TV spots on early initiation of breastfeeding and exclusive breastfeeding broadcasted on National TV channel.</p> <p>Evidence report for revision prepared with data from 15 provinces and 5 municipalities was disseminated in July 2011 during the 5 year review meeting of Decree 21 implementation</p> <p>Nutrition Association, Paediatrics Association and Vietnam Association for Protection of Children's Rights involved in advocacy for BF protection and promotions - including maternity leave</p> <p>National professional associations involved in BF promotion</p> <p>Health workers from community level to national hospital demonstrate increased</p>	recruitment report	Annual report		
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				<p>knowledge and capacity to counsel on breastfeeding.</p> <p>IEC on BF for BFHI clinics being developed jointly with WHO and A&T PMU is operational at the two target provinces</p> <p>Breastfeeding campaign events have been conducted in Breastfeeding Week of August at Hanoi and Ho Chi Minh cities and at the 5 target provinces (Dien Bien, Kon Tum, Ninh Thuan, Cao Bang, Dak Lak and An Giang provinces.</p>				
<p>Output 2.2: Integrated BF promotion with ANC, delivery and post-partum care</p>	<p>IYCF trainer team available in (project sites) 6 provinces; Counseling skills on breastfeeding of health workers at commune, health centres, district and provincial levels improved.</p>	<p>Data established in year 1.</p>		<p>Increased the knowledge on IYCF, including the Trainer of Trainers on IYCF conducted at national level with 12 trainers and 20 participants. The course has been scaled up in Cao Bang and Dak Lak, where the health staff of the whole of the target districts has been trained. Materials on IYCF Counselling: an integrated course adapted. IEC materials on Breastfeeding reviewed and designed</p> <p>Teams of five provincial trainers in 5 provinces established and are able to provide training in BF and CF counselling to district and commune health staff. Refresher training for IYCF trainer teams is on-going in collaboration with WHO. Subsequent training on IYCF will be provided to local health care workers by provincial trainers. Three national hospitals and the provincial and district hospitals targeted by WHO have carried out counselling corners at the hospitals during one week to provide intensive counselling to the pregnant and mothers.</p>	<p>Reports on training. Provincial plan for scaling up the IYCF training</p>	<p>Pre and post training assessment</p>	<p>WHO UNICEF</p>	<p>The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH</p>

				<p>Trainers from national, provincial and district level trained and increased theoretical and practical skills on IYCF. Increased the knowledge on IYCF, Materials on IYCF Counselling: an integrated course adapted.</p> <p>In An Giang, responsible health workers of the project areas were trained on breastfeeding and IYCF counselling and are able to provide breast feeding counselling in their daily works at health clinic.</p> <p>A demonstration model on breastfeeding promotion at village and commune levels was developed and maintained in two selective community (Binh Thanh Dong and Phu Tho) in An Giang. This demonstration model was introduced to the national Child Malnutrition Control Programme at MOH in July 2011. Health workers demonstrate increased knowledge and skills on breastfeeding counselling in Cao Bang and Dak Lak provinces.</p>				
Output 2.3: Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate	Number of provincial hospitals that maintain Mother-Baby Friendly Hospital Initiative standards; Number of new community health facilities that provide BF counseling and IEC activities	Self Assessment Annual report of the BFHIs		<p>Currently only 59 BFHI hospitals. Development of standards for BFHI at all health facilities in the country initiated to increase coverage by strengthening requirements and systems.</p> <p>Three regional advocacy workshops to promote the 10 steps of BFHI have been carried out to the 63 provinces. The 10 steps on successful breastfeeding were applied in Phu Tan hospital, and in health centres of the 10 selective</p>	Annual reports from provincial programme; Report of external assessment of BFHs; Field trip reports. Self assessment of BFHI in all provinces	External assessment of BFHs Observation during field trips	WHO, UNICEF	

				<p>communes of other districts BFHI Trainer of Trainers for 12 provincial trainers from Cao Bang and Dak Lak provinces conducted. BFHI materials translated to Vietnamese. Circular on BFHI as minimum standard for hospitals with accreditation system under developments Training on BFHI carried out to the whole of the provincial and district hospitals targeted by WHO. BFHI materials adapted and translated into Vietnamese.</p> <p>Health staff from obstetric and paediatric departments from provincial and district hospitals were trained on the BFHI at Cao Bang and Dak Lak provinces. Heads of obstetric and paediatric departments assessed the implementation of the 10 steps of BFHI. Breastfeeding support groups integrated to the BFH initiative at hospital level.</p> <p>IEC materials on IYCF were distributed and breast feeding counselling services were available in Phu Tan Hospital and the health clinics of 10 selective communes in An Giang.</p>				
Output 2.4: Enhanced implementation of national code for marketing and trading breast milk substitutes	Number of baby food and milk companies and health facilities who violate the national code on trading and marketing of breast milk substitutes.	Annual report on Code Violation (MOH)		<p>Annual report available and to be disseminated January 2011. International code translated and disseminated in Vietnamese. All 63 provinces trained in code monitoring and demonstrate enhanced capacity to enforce Decree 21. Annual review on code implementation</p>	Reports on results of monitoring trips on implementation of National Code	Monitoring trips with observation and using checklists	WHO, UNICEF	

				included in the revision process for decree 21 with dissemination ahead of world breastfeeding week.				
OUTCOME 3: Reduction of micronutrient deficiencies in targeted children and women								
Output 3.1: Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area	Amount of Vitamin A, iron folic tables, de-worming drugs, multiple micronutrients, zinc, vitamin K and ORS procured and available for targeted women and children against the plan % coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns	MICS (2006) Provincial data established in year 1		Vitamin A available from IKD with 99 percent coverage; 2,340 ORS sachets for SAM (ReSoMal) procured and distributed Nutrition supplies procured and Quality Assurance / Certification process initiated with support from UNICEF Supply Division in Copenhagen.	Procurement report; Field trip report; Annual reports from provincial programme	Procurement records Records of receiving of supplied by programme, provinces Programme reporting system	UNICEF	Miro-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 in implementing micronutrient deficiency control activities (vitamin A, iron anaemia and IDD)	% provincial, district and commune health workers in targeted provinces trained on national guidance for micronutrient deficiency control; IEC materials on micronutrient deficiency control distributed to health facilities.	Data collected in year 1		Training on IYCF to health staff at provincial and district level and nutrition collaborators conducted in Cao Bang and Dak Lak. Micronutrient guidance integrated into the essential stunting reduction package for managers, trainers and health workers Micronutrient guidance integrated into the essential stunting reduction package for managers, trainers and health workers Micronutrient guidance and capacity development integrated into the essential stunting reduction package Micronutrient guidance integrated into the essential stunting reduction package and Infant and Young Child Nutrition IEC materials	Training reports Annual reports from provincial programme	Pre and post training assessment Programme records	WHO	

				Set of IEC materials have been drafted				
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 for 120 participants: 70 government officials trained in emergency nutrition assessment; Inpatient Unit functional at Kon Tum Provincial Hospital, Dak Ha District Hospital and Regional Referral Hospitals (HCMC, Hue, Hanoi). It is reported that 81 acute malnutrition children were treated at health facilities, of which 43 are female. Community based management is functional comprehensively in 9 communes of Dak Ha district as well as in other catchment areas through outreach support by Reproductive Health Centre and Dac Ha district hospital. It is reported that 39 malnourished children in Dac Ha district are now under out-patient management. Community screening to identify children with malnutrition has regularly conducted and it is reported that 7963 out of 8482 children under-5 in Dac Ha district was screened with MUAC. The IMAM model reviewed with support from UNICEF Asia-Pacific Shared Service Centre in collaboration with Professor Mike Golden.	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

				Government officials from 14 out of 15 disaster prone provinces (94%) and relevant institutions/agencies from the Nutrition Cluster trained in the global nutrition in emergencies training package for disaster risk management Kangaroo-mother care guidelines reviewed.				
Output 4.2: Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to use therapeutic foods	Medical equipment installed in inpatient CSAM units at provincial hospitals and in 2 district hospitals; Number of inpatient and out-patient therapeutic feeding centres adequately supplied with key RTUF and drugs	to be locally established in year 1		F75, F100 and ReSoMal for 1,500 children with SAM procured. 30,000 Mid-Upper-Arm-Circumference tapes (MUAC), 442 height boards and 297 scales procured for active case finding/screening; Development of locally produced RUTF initiated ready for field testing. Inpatient Unit functional at Kon Tum Provincial Hospital, Dak Ha District Hospital and Regional Referral Hospitals (HCMC, Hue, Hanoi) Therapeutic feeding products provided to Kon Tum and Regional Referral Paediatric Hospitals in HCMC, Hue and Hanoi Local production of RUTF established and product in line with global product specification Nutrition supplies available in provinces Iron Folic Acid for pregnant women and women of reproductive age in the WHO target districts has been requested	Procurement report Record and report from provincial programme Provincial report 2009 before intervention of the CSAM	Procurement records Records of therapeutic feeding products received by the programme provinces	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the MOH
OUTCOME 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam								
Output 5.1: Increased efficiencies in rice production in the highland and	% of farmers adopt RISM practices; Increased food production (rice, animal, fish, fruit and	Local data to be collected in		RISM training courses conducted for 80 provincial staff in An Giang, Ninh Thuan, Kon Tum and Dak Lak provinces Demonstration site for RISM on rice seed at two provinces	Minutes of meetings; Reports of field	Specific studies Questionnaires	FAO	Existing extension network can reach farmers of targeted communities and

<p>mountainous regions in Vietnam through building capacity in rice integrated crop management systems (RICM)</p>	<p>vegetables) in target areas;</p>	<p>year 1</p>		<p>350 farmers were provided knowledge and skill on RICM technology through FFS</p>	<p>surveys and studies</p>	<p>Research and field surveys; Annual and quarterly progress reports; Mid term review and final evaluation report</p>		<p>involve food insecure communities; Extension workers allowed and encouraged to participate fully in training provided under the project; Appropriate technologies identified and successful methodological approaches applied.</p>
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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>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 Demonstration models for homestead food production set up at Cao Bang province, including fruit garden and soybean tested based on the needs of local government</p> <p>Farmers are supported to visit Rice seed production model to learn on the production skill and technique</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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MDG-F Monitoring Report
Joint Programme Results Framework with Financial Information
(July 2011)

<div style="display: flex; justify-content: space-between; align-items: center;"> Completed Ongoing Delayed/Cancelled </div>															
Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Implementation 2010			Carried-over 2010 Budget	Implementation 2011			Estimated Total Cumulative Disbursement to date (2010&2011)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010&2011)
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							b	c	d=c/a		b	c	d=c/a		
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%				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%				11,822	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%				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%				23,609	112.06%
	1.1.5. Consolidation and periodic dissemination of nutrition data from national nutrition surveys, surveillance and programme monitoring reports, including study on seasonal trends in malnutrition incidence	UNICEF	NIN		15,000								0.00%	-	0.00%
	1.1.6 Review of nutrition information and programme reports through functional Nutritional Cluster & Partnership Group	UNICEF	NIN		5,000								0.00%	-	0.00%
	1.1.7. Supportive supervision and monitoring on Iodine Deficiency Disorders and salt iodisation in selected regions	UNICEF	Hospital of Endocrinology		15,000								0.00%	-	0.00%
	1.1.8. Monitoring implementation of a set of nutrition related policies, decrees and guidelines in An Giang Province	UNICEF	DoH of An Giang PCFP province.		5,000								0.00%	-	0.00%
	1.1.9. Sector Specific Rapid Assessments (SSRA) and surveys in disaster affected areas, including introduction of the new food security component of the Standardised Monitoring and Assessment of Relief and Transition (SMART) tools	UNICEF	NIN		15,000								0.00%	-	0.00%
	1.1.10. Disseminate the findings of the baseline survey in the targeted provinces, including the anaemia prevalence in women of reproductive age, under-nutrition prevalence in under five year old children and breastfeeding and complementary practices describe among children under two year	WHO	Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		16,000								0.00%	-	0.00%
1.1 Sub total				109,436	71,000	0									
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%				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%				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%				39,000	97.50%
	1.2.5. Capacity for preparing technical reports is enhanced	FAO	DCP, MARD	25,000				22,000	22,000	88.00%	7,617.00			22,000	88.00%

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	1.2.6. (i) Carry out provincial workshops on improving crop production survey methods, sampling frames, cereal balance sheet estimates and monitoring climates and market price changes (ii) Conduct the training course for GIEWs Workstations' staffs at national and provincial level	FAO	DCP, MARD		45,000							33,209	33,209	73.80%	33,209	73.80%
	1.2.7. (i) Provide training on climate and market prices monitoring and analysis (ii) Develop system for monitoring market prices (selection of participatory agents, provide trainings on data collection et system operation and management, database building up and updating) (iii) Monthly data collection of market prices	FAO	RUDEC													0.00%
	1.2 Subtotal			155,000	45,000	0				7,617.00						
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%					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%		10,000	10,000		31,040	147.34%
	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%		365	365		12,893	116.49%
	1.3 Subtotal			43,202	0	0										
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%					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%					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%					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%	4,000.00	26,000	26,000	650.00%	55,000	183.33%
	1.4.5. i) Support to monitor FIVIMS system (ii) Monthly flow and use of data from FIVIMS partner (iii) guideline and training materials for carrying out an assessment of food security and vulnerability	FAO	DCP, MARD		30,000							49,580	49,580	165.27%	49,580	165.27%
	1.4 Subtotal			90,000	30,000	0					4,000.00					
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;	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%					33,618	108.21%
National guidelines for micronutrient deficiency control	1.5.2. The IYCF action plan for 2010-2015 formulated and submitted	WHO	MCH/NIN/MOH	27,709	25,000			22,470	22,470	81.09%		10,000	10,000	40.00%	32,470	61.60%
	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%		530	530		21,905	136.34%
	1.5.4. A set of national guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls individually formulated and submitted to the MOH for approval	WHO	MCH/NIN/MOH	17,709				7,728	7,728	43.64%		19,479	19,479		27,207	153.64%
	1.5.5. National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated	UNICEF	MOH	16,067				10,147.25	10,147.25	63.16%		5,437	5,437		15,584	97.00%
	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	25,000	0										
1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition																
Analytical reports and recommendations for policy and institutional reforms;	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%	23,462	23,732	23,732	101.15%	60,270	100.45%

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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;	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%				10,600	95.77%		
Number of new community health centres achieve BFHI standards	2.3.2. Provinces perform annual self-assessment exercises on BFHI	UNICEF	MOH	0				-	-	-							
	2.3.3. Revise training materials and programme and Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals	WHO	MCH, MOH	26,563	45,000			38,366	38,366	144.43%	30,000	40,000	40,000	133.33%	78,366	295.02%	
	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%	30,000	25,000	25,000	83.33%	68,475	130.82%
	2.3.5. Hospitals in selected five programme provinces assessed on criteria for BFHI	UNICEF	MCH, MOH	0	39,000			-	-	-							
	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%					19,469	74.48%	
	2.3.7. Development and roll out of a National nutrition communication plan at national level with focus on breastfeeding promotion based on social marketing approach	UNICEF	MCH		60,000											0%	
	2.3.2. Development and roll out of a National nutrition communication plan and activities at national and provincial level, based on social marketing approach	WHO	MCH/CHE/Provincial Health Department (PHD), CHE of Cao Bang, Dak Lak Province		100,000								24,212	24,212	24.21%	24,212	24%
	2.3.3. Establish the Nutrition Education and Rehabilitation Groups in the selected districts.	WHO	Provincial Health Department (PHD)/CHE of Cao Bang, Dak Lak Province		40,000											0%	
	2.3 Subtotal				116,114	284,000	0					60,000					
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	UNICEF	MOH	11,068				10,861.76	10,861.76	98.14%		11,395	11,395		22,257	201.09%	
	2.4.2. Monitoring of the national Decree 21 in a standard manner in five selected provinces	WHO	MOH	10,869				4,458	4,458	41.02%					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%					10,664	96.35%	
	2.4.4. Code Watch bulletin produced on regular basis	WHO	MOH	5,527				-	-	0.00%					-	0.00%	
	2.4 Subtotal				38,532	0	0										
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				3,801.02	3,801.02	18.04%		1,326	1,326		5,127	24.34%	
Coverage of pregnant women with iron folic supplementation; USI coverage of households;	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%					1,500	8.39%	
	3.1.3. Increased local production of ORS with new format	WHO		9,015				2,020	2,020	22.41%					2,020	22.41%	
% newborns with vitamin K injection	3.1.4. Vitamin K1 for preventing haemorrhages in newborns in selected areas available	WHO		6,890				Activity cancelled	-	0.00%					-	0.00%	
	3.1.5. Technical assistance on quality assurance and certification of locally produced fortified complementary foods, therapeutic foods, iron folic acid supplements and micronutrient sprinkles	UNICEF	Food Administration		10,000										-	0.00%	
	3.1.6. Formulation of decrees and standard on food fortification with focus on iodised salt and flour fortification	UNICEF	Vietnam Food Administration		15,000										-	0.00%	

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	3.1.7 Technical assistance to develop the standards of the interventions to prevent iron deficiency anemia in women of reproductive age and children under five.	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces							5,410					
	3.1.8. Support anaemia prevention measures for women of reproductive age and children under five year old through the existing provincial health system network and IEC sessions conducted	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		60,000										
	3.1 Subtotal			54,842	85,000	0				5,410					
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;	3.2.1. Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces	UNICEF	MOH						0			10,000	10,000	10,000	
Coverage of pregnant women with iron folic supplementation;	3.2.2. 80% health workers at provincial, district, commune in Target provinces trained on National guidance on micronutrient deficiency control	WHO	NIN	7,597	40,000		2,040	2,040	26.85%					2,040	26.85%
USI coverage in households	3.2.3. 80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control	UNICEF	MOH				0.00	0.00	0.00%			9,175	9,175	9,175	
	3.2.4. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces	UNICEF	MOH									14,450	14,450		
	3.2.5. Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces	WHO	MOH, MCH, NIN, CHE						0.00%						
	3.2.6. Joint monitoring trips on vitamin A, iron supplementation for children and post partum women in disadvantaged localities of the programme areas	WHO	MCH, NIN, MOH	9,256			12,227	12,227	132.10%					12,227	132.10%
	3.2. Subtotal			16,853	40,000	0									
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;	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%					26,050	235.36%
Moderate and severe malnutrition rate	4.1.2. Public and private pediatricians of five WHO and UNICEF programme provinces trained in inpatient therapeutic care and treatment for child severe acute malnutrition	UNICEF	Pediatric Hospitals, MOH	11,068			13,893.08	13,893.08	125.00%					13,893	125.52%
	4.1.3. 2 Target provinces have inpatient CSAM units at provincial hospitals and two district hospitals	UNICEF	MCH, MOH, Pediatric Hospitals												
	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%			9,000	9,000	29,641.86	267.82%
	4.1.5. Model of CSAM performed fluently in five selective communes in Kon Tum province	UNICEF	MCH, MOH				0.00	0.00	0.00%			6,030	6,030	6,030.00	
	4.1.6. Technical assistant to review inpatient rehabilitation	UNICEF	MCH, MOH				0	0	0.00%					0.00	
	4.1.7. The CSAM model of UNICEF reviewed by UNICEF Global or regional Offices	UNICEF					0.00	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%			12,748	12,748	38,978.60	185.01%
	4.1.9. 80% of responsible government officials, international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package	UNICEF	NIN, MCH, MOH	11,138			7,135.32	7,135.32	64.00%					7,135.32	64.06%
	4.1.10. National guidelines for Kangaroo-Mother care for low birth weight/premature newborns developed	WHO	MCH, MOH	9,256	25,000		2,500	2,500	27.01%					2,500.00	27.01%

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	4.1.11. Five Kangaroo-Mother care units at provincial, district hospital of Target provinces set-up and functioned	WHO	Programme Provinces	-						0.00%					0.00	
	4.1.12. Develop an integrated model for Management of Acute Malnutrition to generate evidence, capacity and systems for national scale up	UNICEF	NIN		40,000											
	4.1.13. Support for implementation of Management of Acute Malnutrition in selected provinces: community sensitization and screening of acute malnutrition, consultative meetings and monitoring.	UNICEF	DoH of Kon Tum, Ninh Thuan and Dien Bien Provinces		25,000											
	Activity 4.1.14. Establish a national pool of trainers in the Global Harmonised Training Package (HTP) for Infants and Young Child Nutrition in Emergencies and roll out a national training package in selected provinces	UNICEF	NIN		15,000											
	4.1.15. Provision of training, equipment and supervision to establish SAM units in target provinces	WHO	MCH, Provincial Health Department (PHD) of Cao Bang, Dak Lak Provinces		25,000											
	4.1 Subtotal			74,666	130,000	0										
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	-												
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%				18,091	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%	9,460	9,460		29,976	142.28%	
	4.2.5. Local production of RUFT reviewed and potential suppliers defined	UNICEF	MCH, MOH	-				-	0	-	10,000	10,000		10,000		
	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%	2,000	2,000		3,500	53.87%	
	4.2.7. Micronutrients and equipment transported from supplier to users in WHO programme provinces	WHO	MCH, MOH	7,490				6,785	6,785	90.59%				6,785	90.59%	
	4.2 Subtotal			56,123	0	0										
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;	5.1.1. Conduct participatory survey to assess training need ;															
Training materials produced;	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%				28,500	95.00%	
Agriculture inputs purchased and distributed;	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%	22,960	22,960		50,760	169.20%	
Training initiated	5.1.3 (i) Develop demonstration on RICM (ii) Train 80 provincial staffs in RICM and Train 350 farmers to adopt RICM practices base on demonstration (RICM) setup in Spring 2011 (iii) Organize training classes for local cadres and farmers (60 in each province) (iv) Organize study visits for farmers and staff from CB&DB to Yen Bai sites of on-farm rice seed production and conservation (v) Organize workshops (1 in each province of CB & DB) for local farmers, staff, officers, NGOs and provincial seed companies to discuss on the status of rice seed production and supply, and to identify solutions for its improvement, including on-farm seed production	FAO	DCP, NOMAFSI/ MARD		60,000						3,700	34,815	34,815	58.03%	34,815	58.03%
	5.1 Subtotal			60,000	60,000	0					3,700					

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Implementation 2010			Carried-over 2010 Budget	Implementation 2011			Estimated Total Cumulative Disbursement to date (2010&2011)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010&2011)	
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget		Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget			
							b	c	d=c/a		b	c	d=c/a			
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 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%				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%	12,373.00			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%	27,517.00			22,483	64.24%	
	5.2.4. (i) Supports communities to develop fruit production in homesteads - Identify fruit plant/s appropriate for Cao Bang and Dien Bien - Provide quality seedlings of identified fruit plants to farmers; and provide technical supports to farmers to grow them in their home gardens in Cao Bang and Dien Bien (ii) Assist local cadres to use knowledge obtained from the training courses in 2010 to support farmers in Cao Bang and Dien Bien in homestead food production	FAO	DCP, MARD		35,000									30,500	30,500	87.14%
	5.2.5 (i) Conduct participatory survey to assess post-training practices (Interviewees are the provincial staffs and households in 3 provinces: An Giang, Ninh Thuan, and Dien Bien); (ii) Collect information about the status of food production at selected households (iii) Conduct a study to collect and analyze data on whether is good if the practical production by vulnerable households or they should join the market in order to get nutritious food by exchanged manner, i.e. hired labour for remuneration. (iv) Organize a experience sharing workshop on findings and recommendations on reasonable for vulnerable groups in project selected provinces	FAO	DLP, MARD		35,000									27,000	27,000	77.14%
	5.2.6 (i) Training for households involving in aquaculture production	FAO	RIA1											0		-
5.2 Subtotal				112,549	70,000	0		18,692	18,692	93.46%	39,890.00					
6. Formulation advance		FAO		20,000				18,692	18,692	93.46%	-					

Programme Outputs/ Indicator	Activity	UN AGENCY	RESPONSIBLE	Total Transferred Budget Status of Activities (Green/Yellow/Red)			Implementation 2010			Carried-over 2010 Budget	Implementation 2011			Estimated Total Cumulative Disbursement to date (2010&2011)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010&2011)
			NATIONAL/LOCAL	Year 2010	Year 2011	Year 2012	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget		Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget		
							b	c	d=c/a		b	c	d=c/a		

		Total Transferred Budget			Implementation 2010			Carried-over 2010 Budget ***	Implementation 2011			Estimated Total Cumulative Disbursement to date (2010&2011)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010&2011)			
		Year 2010*	Year 2011*	Year 2012**	Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget		Estimated Total amount Committed	Estimated Total Amount Disbursed	Estimated % Delivery rate of budget					
					b	c	d=c/a		b	c	d=c/a					
FAO	Programme Cost				507,549	285,000		408,880	408,880		98,669	277,388	277,388		686,268	
	Indirect Support Cost				35,528	19,950		35,528	35,528			19,950	19,950		55,478	
	Formulation Advance (incl. Indirect Support Cost)				20,000											
					563,077	304,950	-	444,408	444,408	81.83%	98,669	297,338	297,338	49.37%	741,746	87.47%
UNICEF	Programme Cost				420,000	455,000		419,352	419,352		647.67	127,545	127,545		546,897	
	Indirect Support Cost				29,400	31,850		29,400	29,400			31,850	31,850		61,250	
					449,400	486,850	-	448,752	448,752	99.86%	647.67	159,395	159,395	24.66%	608,147	64.96%
WHO	Programme Cost				515,288	596,000		419,877	419,877		95,410	149,724	149,724		569,601	
	Indirect Support Cost				36,070	41,720		36,070	36,070			41,720	41,720		77,790	
					551,358	637,720	-	455,947	455,947	82.70%	95,410	191,444	191,444	23.09%	647,391	54.44%
	Programme Cost				1,461,529	1,336,000		1,248,109	1,248,109		194,727	554,657	554,657		1,802,766	
	Indirect Support Cost				102,307	93,520		100,999	100,999			93,520	93,520		194,519	
Total					1,563,836	1,429,520	506,644	1,349,108	1,349,108	87.39%	194,727	648,177	648,177	39.91%	1,997,285	67.17%

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

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

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

*** Indirect Support Cost of Carried-over budget was deducted at HQ level at the first implementation year