



UNITED NATIONS and GOVERNMENT OF VIET NAM

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

Country: Viet Nam

UNDAF Outcomes:

Outcome 1. Quality social and protection services universally available to all Vietnamese people

Outcome 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth

Joint Programme Outcomes:

- 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
- 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
- 3: Reduction of micronutrient deficiencies in targeted children and women
- 4: Improved care and treatment for children with severe malnutrition and improved nutrition services for young children in emergency situations
- 5: Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions in Viet Nam

<p>Programme Duration: 36 months</p> <p>Anticipated start/end dates: 2009-2012</p> <p>Fund Management Option: pass-through</p> <p>Managing or Administrative Agent: UNDP MDTF</p>	<p>Total estimated budget*: US\$3,550,000</p> <p>Out of which:</p> <p>1. Funded Budget: US\$3,550,000</p> <p>2. Unfunded budget: N/A</p> <p>* Total estimated budget includes both programme costs and indirect support costs</p>
<p>Budget breakdown by UN organization:</p> <ul style="list-style-type: none"> • FAO US\$ 1,092,727 • UNICEF US\$ 985,470 • WHO US\$ 1,421,803 	<p>Sources of funded budget:</p> <ul style="list-style-type: none"> • Government and staff time \$50,000 • Donor MDG-F... \$3,500,000



Nilgun F. Tas
 United Nations
 Resident Coordinator a.i.

Date: 28/12/2009

Benito A. Fernández
 Resident Representative
 Spanish Agency for International
 Development Cooperation

Date: 28/12/2009

Bui Ba Bong
 Vice Minister
 Ministry of Agriculture and Rural
 Development

Date: 28/12/2009

J. **Dr. Tran Chi Liem**
 Vice Minister
 Ministry of Health

Date: 29/12/2009

f. **Andrew W. Speedy**
 Representative
 Food and Agriculture Organization

Date: 28/12/2009

f. **Jesper Morch**
 Representative
 United Nations Children's Fund

Date: 28/12/09

Jean-Marc Olivé
 Representative
 World Health Organisation

Date: 28/12/2009

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1. Executive Summary

The joint programme “Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam” is a three-year programme that supports the Government of Viet Nam in addressing the continuing prevalence of malnutrition among the most vulnerable and in preventing future malnutrition. It does this through improving the monitoring of food security, nutrition and health; improving the capacity to deliver critical health and nutrition services including the appropriate care of the sick and malnourished, improved infant and young child feeding and the promotion of breastfeeding, and ensuring adequate intakes of iron, vitamin A and iodine including supplementation and salt iodization; and improving food security by increasing homestead food production and linking this to the increased consumption of a variety of safe, good quality food.

The programme combines both short-term strategies such as breastfeeding, iron and vitamin A supplementation to address current issues of malnutrition, with long-term policies and strategies that improve the quality of diets through the increased availability of improved crops and animal source foods (meat, milk and fish). The programme includes activities for strengthening information and mapping systems, including nutritional sentinel surveillance, food security and early warning, and market information systems, and for enhancing capacities in data collection, management, analysis and use for policy, programming and monitoring purposes. It contributes directly to the UNDAF and One Plan Outcomes in making quality social and protection services universally available to all Vietnamese people and strengthening policy making and institutional capacity for economic growth to be more inclusive and sustainable.

The Joint Programme will be implemented in strict accordance with a Results Framework, an integrated Work Plan and a detailed table for monitoring and evaluation purposes, the Programme Monitoring Framework. This table states in a clear manner five programme outcomes, the outputs, targets, indicators, means of verification and collection, and risks and assumptions related to the outputs. These tools will be instrumental in the execution of the activities planned and will enable monitoring of implementation, evaluation of outputs and measurement of indicators.

The joint programme has the following five outcomes:

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;
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;
3. Reduction of micronutrient deficiencies in targeted children and women;
4. Improved care and treatment for children with severe malnutrition and improved nutrition services for young children in emergency situations;
5. Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions in Vietnam.

The first outcome will be implemented at national level, the second outcome at national and at provincial levels and the other outcomes are to be undertaken in the following selected provinces (Cao Bằng, Điện Biên, Đắk Lắk, Kon Tum, Ninh Thuận, and An Giang). These provinces were selected based on their high levels of stunting (prevalence rates and numbers) as well as the presence of on-going activities and the capacity of agencies at field level to implement programme activities.

Outcome 5 contributes directly to the National Project for Food Security to 2020 with a vision to 2030 that was requested by the Prime Minister and Government of Viet Nam and represents part of the ongoing strategy for support and protection of vulnerable groups through better nutrition and the approach to Agriculture, Farmers and Rural Development (Tam Nông).

2. Situation Analysis

Viet Nam has a population of approximately 86 million, mostly (70%) rural. While the country is a net exporter of rice and many other agricultural commodities, the agricultural share of GDP (~20%) has continued to decline as industrialization gathered pace. Annual economic growth averaged around 7.5% from 1991-2000 and per capita GDP almost doubled over this period. Though still a poor country, Viet Nam has made great strides and made much progress in recent years in alleviating poverty and improving health and standards of living. However inequalities in income distribution have resulted in a marked divergence in living standards between major cities, and between ecologically diverse rural areas. As a consequence, poor living conditions, hard work and poor diets have continued to be the lot of many Vietnamese citizens even though many have benefited from the growth in the economy and have been able to rise out of poverty.

The economic transition has been accompanied by changes in lifestyles and in dietary patterns which are reflected in changes in nutritional status. Surveys conducted in 1985, 1995 and 2006 indicate that levels of nutritional status of children under five years of age (underweight i.e. <2SD weight-for-age) decreased from 51%, to 44% and 20.2% respectively (MICS-2006). Similarly the prevalence of stunting (chronic undernutrition i.e. <2SD height-for-age) fell from 57% in 1997 to 35.8% in 2006. Severe (<3SD) acute undernutrition (<2SD weight-for-height) has fallen to 2.9% (MICS 2006). Vitamin A deficiency as indicated by corneal lesions has been reduced to a level lower than public health significance. The prevalence of iron deficiency anaemia among women of child bearing age in the areas reached by the iron deficiency anaemia control programme have fallen by half from 50% to 25% (NIN-MOH 2006).

However at the same time, rising levels of over-weight and obesity have been observed in both children and adults. Clearly the distribution curve for consumption is shifting to the right, with many of those at the lower end having benefited from the rise in average food intakes while those at the upper end to the right of the curve have intakes which, combined with more sedentary lifestyles, are in excess of the level to maintain desirable weight.

The trends in micronutrient deficiencies are encouraging. The government has invested considerably in micronutrient supplementation programmes. Clinical vitamin A deficiency was eliminated in 1995. Goiter rates have declined markedly and use of iodized salt increased from 24% in 1993 to 93% in 2006. However a number of challenges remain. Iron deficiency anaemia is a major public health problem with 36% of pregnant women and about one third of under-five children anaemic. The iron deficiency anaemia control programme consists of supplementing women's diets with iron and folic acid, providing nutrition education, and preventing parasites, especially hookworm. In the areas covered by the programme the prevalence of anaemia in women of child bearing age fell significantly. However the programme is mostly dependent upon external support which was phased out in 2004 and there is no intervention to tackle child iron deficiency. The Iodine Deficiency Disorders Control programme has been implemented for nearly four decades and covers all provinces in Vietnam with the provision of iodized salt and iodized fortified fish source to the general population. The salt iodization programme has been downgraded from a national priority programme after reaching the national target; it is likely therefore that unless reinvigorated, iodine deficiency will return. The national Vitamin A supplementation programme is one of the successful preventive health programmes with annual coverage of more than 90% among 6-36 months old children; however, coverage among 6-59 months old children varies as this age group is only targeted in a limited number of ADB-supported areas. The programme relies mainly on external assistance to finance supplies.

Despite the fact that Viet Nam has achieved a significant reduction in malnutrition among under-five children during the last three decades, malnutrition remains a public health

priority. Food consumption data shows little improvement in energy intake and only a slight increase in the intake of protein and lipids between 1990 and 2000 (1931 kcal/day). However, there are important differences in food patterns between highlands, midlands and mountainous areas, urban and rural and between ethnic groups. Underweight and stunting rates among under-five children are 20.2% and 35.8% respectively (MICS 2006) and it has been estimated that 27% of mothers with under-five children suffer from chronic energy deficiency. Viet Nam has one of the lowest levels of breastfeeding in the region. Only 57% of babies are breastfed during the first hour of birth despite the fact that 80% of deliveries take place in health facilities. In addition only 17% of babies are breastfed exclusively during the first six months and only 41% of infant children aged 6-11 months are given appropriate complementary food.

Vulnerable groups are facing the challenges of higher food prices, the financial crisis and natural disasters. Poorer women and children, as well as those affected by HIV/AIDS, are particularly at risk since higher food prices can worsen their already precarious nutrition status. There is also a regional dimension to these concerns, with patterns of vulnerability and disparity often overlapping in certain regions which are characterized by seasonal food shortages, high poverty rates, poor nutrition and these regions are most often affected by natural disasters and resulting crop failure. These regions have relatively high concentrations of ethnic minority populations. Both short-term measures including improving the coverage and sustainability of critical health and nutrition interventions targeted to the vulnerable, including women and children, living in remote and mountainous areas, as well as longer term measures that tackle the underlying causes of poor nutrition in terms of incomes and resources to access adequate quantities of a variety of good quality food are urgently required.

There are several national frameworks of nutrition data collection in Viet Nam and such data has been used for programming and planning. However, the quality of those data collection frameworks and its analysis and systematic integration for policy and programming purposes is of concern. There is a need to review and improve the current system for collection, analysis and utilization of nutrition data and to improve the effectiveness of the resources allocated for data collection.

The government is committed to reducing malnutrition and micronutrient deficiencies, in particular among women and children. A National Plan of Action for Nutrition 1995-2000 reflecting the government's policy on nutrition with key strategies identified was ratified as a follow up to the 1992 International Conference on Nutrition. The Programme on Prevention of Protein-Energy Malnutrition for under-five children has been implemented since 1995. The National Nutrition Strategy (NNS) 2001-2010 promotes appropriate dietary intake for all to improve the health and nutrition of the population and a Master Plan of Action for Nutrition 2003-2007 was prepared for its implementation. The Government is pursuing a decentralization policy which requires stronger capacity at provincial level to tailor and adjust national policies and programmes for improving nutrition to the local situation for effective implementation and management.

The long term approach to improved food security throughout the country requires attention to the supply and availability of foods which contribute to better diet and nutrition. In a Session on Food Security and Poverty Reduction at the Annual Plenary Meeting of the International Support Group of MARD held on November 18 2008, Dr Pham Huy Thong, DDG Crop Production Department presented a report that described how rice production has increased remarkably over 30 years but the rate of increase is now slowing. Similarly, food per capita has also increased but there is much regional variation. Income had increased and poverty reduced to below 15% (13% 2008); but rural poverty was around 20% and over 50% in ethnic minorities. Vulnerable groups were suffering from rising food prices. Furthermore, the typical diet was 70% rice based and therefore nutritionally unbalanced particularly for woman and children. In addition there were

problems of reducing area of rice production land, pests and diseases and the impact of climate change.

At the same meeting, Dr. Pham Van Hoan, Head of Department for Scientific & Research Management of the National Institute of Nutrition stressed the importance of 'nutrition security', noting that malnutrition rates were still high especially in remote mountain areas and those affected by natural disasters. In northern mountain provinces, malnutrition as measured by stunting of children under 5 was as high as 47%. She raised issues of defining vulnerable groups, improving support programmes, changing behaviour and long term solutions for nutrition security.

Ex-Deputy Prime Minister HE Nguyen Cong Tan noted that rice production was one of Viet Nam's best assets and core to maintaining food security but he proposed that certain rice producing areas should turn to other crops, particularly soybean, and to off farm activities to generate better income which could not come from rice. It was suggested that there was a need for a greater variety of foodstuffs. It was concluded that:

- Rice was still important and there was a need to protect rice production land
- Diversification was needed to ensure food and nutrition security, including production of crops such as soybean and also of fish and livestock products.
- Nutrition security should be considered as well as food security particularly with respect to protein and micronutrients.
- Attention should be paid to vulnerable groups, particularly women and children, ethnic minorities and mountainous areas.

Resolution 26 NQ/TW of the 7th Congress of the Central Executive Committee on Agriculture, Farmers and Rural Areas in 2008 dictates the Governments strategy for agriculture and food security. In the course of implementing the Conclusion 32-KL/TW, dated 20th November 2008 of the Politburo relating to carrying out the above Resolution, the Politburo has assigned the task to the Experts Team of the MARD to formulate the Project: "National Food Security until 2020 with vision to 2030".

MARD has organized several seminars to gather the opinions from ministries, departments, research organizations, agricultural scientists, associations, food businesses and the provinces. MARD submitted the Project to the Prime Minister on the 2nd day of February 2009. In the Government meeting on the 4th February 2009, the Government discussed the Project: National Food Security until 2020 with vision to 2030. The Prime Minister asked the Drafting Team to further develop the project.

In the submission sent by the Minister of Agriculture and Rural Development HE Cao Duc Phat on 25 March 2009, the following concrete goals were proposed:

- To eradicate food deficiency and hunger by the year 2012;
- To improve the food security level for the groups of inhabitants exposed to the threat of food deficiency.
- To improve the nutritive situation towards the nutritive balance and to increase the average daily calorie consumption up to 2,600 – 2,700Kcal/person/day; to reduce the percentage of malnourished children of under 5-years age down to fewer than 5% by the year 2020.
- To improve the structure and quality of food consumption, targeting the average consumption/person by 2020 as follows: rice consumption to be reduced to 100kgs, to increase the consumption of non-cereal foods: meat (all kinds) – 45kgs, fish – 30kgs, fruits – 50kgs, vegetables – 120kgs, to double the current consumption of eggs and milk.
- To ensure that the income of the food producers to be at least 2.5 times higher than the current income by year 2020.
- To ensure the food hygiene and quality for the consumers.

It refers specifically to the issue of access to food for vulnerable groups and ethnic minorities; it stresses the need to promote local food production through investment and expansion of agriculture extension, and through implementation of the hunger eradication and poverty relief programmes (134, 135) and the programme for supporting 61 poor districts. For areas exposed to regular natural disasters, the core task is to protect production, enhance the national reserve capacity for food, improve breeding and animal and plant health.

It also cites the need to improve the quality of food and nutrition by improving food safety, nutritional balance, especially for children, pregnant and breast-feeding women, old and sick people. It states the intent to continue to implement efficiently the programmes for hunger eradication and poverty relief; nutrition programme for children and mothers; the programme for preventing chronic diseases; enhanced the education/propaganda on nutrition; food security at household level; quality and safety of food and to strengthen activities for monitoring, assessment and supervision of nutrition.

The concerned Departments of MARD (Crop Production Department and Department of Livestock Production) have been closely involved in aligning the UN Joint Programme with the National Project in terms of better data and information (Outcome 1) and better food supply and nutritional quality (Outcome 5).

3. Strategies, including lessons learned and the proposed Joint Programme

Background/context:

The proposed programme for improving nutrition will make a significant contribution to the Government's own priorities and international commitments in the food security, nutrition and health fields. It will greatly accelerate ongoing efforts for achieving a number of the MDGs related to health and nutrition including eliminating extreme poverty and hunger and reducing malnutrition (MDG1), reducing newborn and under-five mortality (MDG4) and reducing maternal morbidity and mortality (MDG5). The programme will take into consideration the work being carried out by Government as well as national institutions and organizations (Vietnam Gardening Association¹ (VACVINA), Vietnam Farmers' Union, Vietnam Women's Union and NGOs), and international NGOs and partners involved in similar activities relevant to the Joint Programme including the country programme activities being undertaken by the participating agencies themselves.

Lessons Learned:

The Joint Programme builds on lesson learned from past programme experiences including specifically the UN Gender Joint Programme recently launched in Viet Nam. From the health side the Lancet series provided evidence on what kinds of interventions work best to reduce child malnutrition. Child stunting remains stubbornly high (34%), partly due to lack of attention given to maternal malnutrition. There is need to focus on a few interventions and do them well, for example more pre-natal interventions, more child micronutrient interventions, improved infant and young child feeding and improved infectious disease prevention and treatment. From the agriculture side, comprehensive support for homestead horticultural production to provide a more diversified food supply especially during the lean season together with nutrition and health education and the promotion of the consumption of such nutrient-rich foods from home gardens have lead to marked nutrition improvement among women and young children. Programmes have better chance of success if they are closely aligned with national and local priorities, receive strong Government support and participatory community involvement, there is good coordination between agencies and between government authorities as well as inter-disciplinary cooperation and synergies for maximum impact. Strong government ownership, leadership and commitment combined with participatory community-based actions are key factors in ensuring that interventions are appropriate to the needs of the country. By aligning closely to the government's policies and strategies, the programme supports national priorities and plans for technical and institutional capacity building. This strengthens credibility and accountability through better coordination and partnership with government and UN agencies.

The Proposed Joint Programme:

This programme has been jointly prepared by the participating UN agencies and Government stakeholders and implementing partners. It is to be implemented by these same partners, each bringing their unique comparative advantage to the programme. An important and unique strength of the joint programme is the number and diversity of UN agencies, Government stakeholders, public or private institutions involved in addressing the food insecurity and malnutrition in Viet Nam.

The UN Team will support the Government through a comprehensive strategy complementary to currently ongoing efforts which includes policy and technical assistance for data collection, analysis, and integration into policies and programmes; expanding the coverage of effective short-term interventions including ensuring vitamin A

¹ This association is involved in activities related to integrated crop, fish and livestock management known as the VAC system.

supplementation to children under 5 years of age (presently only children under 3 years of age are covered), increasing the coverage of iron supplementation taking advantage of successful models recently piloted in some provinces (micronutrient sprinkles, weekly supplementation of iron folate and de-worming), supporting the key interventions identified by National Action Plan on infant and young child feeding through breastfeeding promotion, mass media and community-based activities, implementing national code of conduct for marketing and trading breast milk substitutes and expanding the Baby Friendly Hospital Initiative; and food production activities linked to measurable nutrition and dietary diversification goals.

Based on lessons learned from implementing the national nutrition strategy, the Joint Programme will focus on a number of tried and tested interventions and do them well with an emphasis on coverage, quality of delivery, impact and outcomes. For example pre-natal interventions and child micronutrient interventions will be strengthened, infant and young child feeding will be improved and infectious disease prevention and treatment expanded. From the agriculture side, support will be provided for boosting homestead production (crop, animal and fish) to provide a more diversified food supply especially during the lean season together with nutrition and health education and the promotion of the consumption of such nutrient-rich foods from home gardens for improving household nutrition especially of women and young children.

The first outcome will be implemented at national level, the second outcome at national and at provincial levels and the other outcomes are to be undertaken in the following selected provinces (Cao B'ng, Đì?n Biên, Đ?k L?k, Kon Tum, Ninh Thu?n, and An Giang). These provinces were selected based on their high levels of stunting (prevalence rates and numbers) as well as the capacity of agencies at field level to implement programme activities.

Socio-economic and health data for the target provinces

Name of province	Population*	Poverty rate (%)	Population of Women in RA**	Number of under-five children ***	Under-weight rate (%)****	Stunting rate (%)****	Wasting rate ****	Mothers' energy deficiency rate (%)****
Dien Bien	467,800.00	37.4	13,566.00	17,309	25.5	37.4	6.6	10.2
Cao Bang	523,000.00	37.5	65,898.00	69,036	25.2	37.5	6.7	18.6
Ninh Thuan	574,800.00	22.3	98,865.00	94,267	27.1	33.2	7.7	22.2
Kontum	389,900.00	31.2	14,426.00	20,275	31.5	46.9	7.2	13.6
Dac Lac	1,759,100.00	24.3	65,087.00	91,473	30.4	41.2	7.2	21.0
An Giang	2,231,000.00	9.7	464,048.00	464,048	22.0	31.8	7.0	18.6
National average	85,154,900	11	24,241,552	10,633,718	21.2	33.9	7.1	21.4

* data from Health Statistics Yearbook 2007

** Estimated population based on average regional percentage of women at R A

*** Estimated population based on average regional percentage of under -five children

**** Data from Nutrition Surveillance in 2007

The target groups for interventions are under-five children, women at reproductive age and pregnant women. The children will benefit from the programme in improved breastfeeding and complementary feeding practices provided by their mothers or child care takers as results of health education, promotion and counseling activities and improved homestead food production. These target groups will be supplemented with micronutrients including vitamin A, and iodine through the existing national micronutrient programs. In addition, the iron folate will be supplemented to these targeted groups for

preventing anemia. The severely malnourished children will be treated according to hospital-based and community-based treatment model.

At the community level, the target groups will be reached through village health workers, nutrition collaborators and women union network. Those people are the key who will run community-based health education and promotion activities and establish and maintain breastfeeding support groups in community. They will provide counseling to women and mothers on nutrition during pregnancy, breastfeeding and complementary feeding to children. The village health workers will also perform postpartum home visits to mothers and newborns with distributing vitamin A and supporting continuously breastfeeding to mothers after birth.

At the health facility level, the pregnant women will be reached during antenatal care check up and delivery at commune health centers or provincial, district hospitals. The health workers at health facilities will provide counseling to pregnant women on nutrition during pregnancy and breastfeeding and distribute iron folate tablets to them. Pregnant women who deliver at health facilities will benefit from implementation of Baby-Friendly Hospital Initiative by the birthing facilities, in which initial breastfeeding within one hour after birth, rooming-in of mother and baby, counseling and support on breastfeeding, prevention from using milk formula and referring to social breastfeeding groups in community will be provided to delivering women.

Severely malnourished children will be notified during growth monitoring by the nutritional collaborators and will be referred to treatment unit for severe malnutrition at hospitals or commune health centers.

The joint programme address issue of inequality in access to health care services by selecting provinces and districts within provinces for interventions that have higher rate of poverty, underweight malnutrition and stunting and mother chronic energy deficiency. There are five provinces were selected for this programme meeting the above criteria. Concurrently, in these provinces majority of population are ethnic minorities. Therefore these under-served populations will be benefit from the programme.

It is recognized that men including husband, fathers and male leaders play important role in supporting women to take care of their and children's health especially during woman's pregnancy and lactation, the program will include men in all activities including community-based health education activities and training on homestead food production. The specific session on IEC materials on role of men in improving women's and children's nutrition and health will be developed and the key messages on role of men will be delivered through mass media and community meetings. Men support groups will be organized in each village as a forum for men to discuss and exchange experiences in supporting their families. The ratio between male and female among health promoters, who will run IEC activities, will be made balanced. For the health facility-based activities such as training for health staff on breastfeeding counseling, the gender balance between male and female will be made. The indicators on gender are included in monitoring and evaluation framework of the programme including ratio of male and female participants attending programme activities.

Partnerships

The programme implementation will operate through the strong and decentralized government structures in Viet Nam. Government ministries (Ministry of Agriculture and Rural Development, Ministry of Health, Ministry of Industry and Trade, Ministry of Planning and Investment, etc.) link to their corresponding provincial Departments (DARD, DOH, etc.) and down to District, Commune and Village level. These Government Ministries, institutions and civil society, have been involved in the design of the programme. The main government partners will facilitate the coordination and technical expertise in their

area of competence, as well as participate in the implementation of programme activities. Government partners will also facilitate the contacts and the work with other Ministries linked to the different activities. In addition, most villages have been involved in the system of Farmer Field Schools pioneered in the Region by the UN (FAO) and continuing to this day. These have often developed beyond farm training to cover health and other social skills. At the community level, the project will build on existing practice of working with village health workers and agricultural extension staff⁴

In addition there are strong mass organizations and civil society including the Vietnam Farmers' Association and Vietnam Women's Union and Youth Union and Vietnam Gardening Association which operate at all levels. The provision of basic health care and nutrition services through this Joint Programme will be done through existing Government programmes that include full involvement and participation of these mass organizations. Community social workers from the Youth Union, Farmer Association, Red Cross Association and Women Union will be instrumental in delivering these services. NGO programmes in the target provinces will be invited to participate in all local project activities.

The programme will provide opportunities to involve technical co-operation with private companies and local and international NGOs. For instance, it is envisaged that the nutrition component will require during its last phase the implementation of the local production of ready to use therapeutic food (RUFT) and fortified foods for community-based management of severe and acute malnutrition interventions for children.

The comparative advantage of the different UN agencies and their extensive experience in the country working both at national and local levels add value to government efforts to reduce hunger and levels of malnutrition.

The programme aims to integrate the results and lessons learnt from monitoring and evaluation into national policies, guidelines and regulatory frameworks and into programmes at provincial level. Capacity building through training programmes for stakeholders at various levels from provincial down to community level is a key component and a building block for the implementation of the programme.

Involvement of government ministries will be a key strategy throughout the programme, and especially during year one. Efforts will be made to include all partners throughout the entire programme lifespan and beyond, bring international experience and methodologies to bear on the successful implementation of all programme components. The Joint Programme will be implemented in accordance with a Results Framework, an integrated Work Plan and a detailed table for monitoring and evaluation purposes, the Programme Monitoring Framework.

The joint programme makes special efforts to integrate and promote gender equality, human rights, and community participation. For example, policy recommendations will carefully take into account human rights issues such as equity and non-discrimination. The health component in particular will put special emphasis on women. The agricultural component will make use of: multidisciplinary teams (using expertise from different sectors), and will promote decision-making in pilot places by different stakeholders, including research institutions, government authorities, technical multi-disciplinary teams, farmers associations, and civil society. This will be an important part of ensuring success and for ensuring that technologies and strategies are appropriate to local conditions and accepted by local men and women through a consultative process.

Sustainability of results:

Capacity building both of institutions, of staff and of communities is key to sustaining the results of the programme and will therefore be pursued with multiple stakeholders and

institutions across multiple sectors and components. Strong government ownership, leadership and commitment combined with participatory community-based actions are key factors in ensuring that interventions are sustained beyond the life of the programme.

4. Results Framework

Table 1 (attached) presents the Results Framework. Under each Outcome, the related SMART (specific, measurable, achievable, relevant and time-bound) outputs and corresponding indicators are provided. Agencies and the national partners involved are specified and the annual activities with budgets are provided. The Results Framework lays the foundation for both implementation and monitoring of the proposed joint programme and defines the agencies involved in delivering different aspects of the joint programme and the collaboration envisioned in realizing the outcomes.

5. Management and Coordination Arrangements

This programme will be implemented by participating UN Agencies in cooperation with participating national partners.

A National Steering Committee (NSC) for MDG-F has been established to provide oversight and strategic guidance to the MDG-F Joint Programmes in Viet Nam. The NSC consists of:

- Senior Representative(s) of the Government (Co-chair);
- UN Resident Coordinator (Co-chair);
- General Coordinator, Technical Office for Cooperation of Spain in Vietnam.

Other UN agencies, donors, Government representatives and members of civil society involved in projects financed or to be financed from the JP will be invited to participate in NSC meetings as observers or to provide information as needed. The NSC will meet semi-annually, and all decisions will be made by consensus. The main function is to exercise oversight and be responsible for providing necessary arrangements for assurance of the successful implementation of the joint programme. The specific responsibilities of the NSC will include:

- Reviewing and adopting the Terms of Reference and Rules of Procedures of the NSC and/or modify them, as necessary (template is available at MDTF Office/Website).
- Approving the strategic direction for the implementation of the Joint Programme within the operational framework authorized by the MDG-F Steering Committee.
- Approving the documented arrangements for management and coordination
- Approving the annual work plans and budgets as well as making necessary adjustments to attain the anticipated outcomes.
- Reviewing the Consolidated Joint Programme Report from the Administrative Agent and provide strategic comments and decisions and communicate this to the Participating UN Organizations.
- Suggesting corrective action to emerging strategic and implementation problems.
- Creating synergies and seeking agreement on similar programmes and projects by other donors.
- Approving the communication and public information plans prepared by the PMCs.

A Programme Management Committee (PMC) shall be established for the operational coordination of the programme and will meet periodically. The PMC will be chaired by the UN Resident Coordinator or his delegate. The PMC will comprise participating UN agencies, donors, government partners and technical experts. In addition, the civil society representatives and local experts will be invited to participate in the TMC as appropriate. The TMC shall have the following functions:

- ensuring operational coordination
- appointing a Programme Manager or equivalent thereof;
- managing programme resources to achieve the outcomes and output defined in the programme;
- establishing adequate reporting mechanisms in the programme;
- integrating work plans, budgets, reports and other programme related documents; and ensures that budget overlaps or gaps are addressed;
- providing technical and substantive leadership regarding the activities envisaged in the Annual Work Plan;
- agreeing on re-allocations and budget revisions and make recommendations to the RC as appropriate;
- addressing management and implementation problems;
- identifying emerging lessons learned; and
- establishing communication and public information plans

Under the One UN Plan, 11 Programme Coordination Groups (PCGs) have been established in Viet Nam in order to coordinate and guide the UN's work in different results areas presented in the One UN Plan. The PCG relevant to the work described in this proposal is PCG Health and Reproductive Rights.

The PCG will ensure the necessary oversight of the programme on behalf of the UNCT and the Resident Coordinator by regularly monitoring progress at its regular meetings. The TMC will be required to make brief reports on progress to the PCG on a monthly basis through the sub group on Family Health and Nutrition. In this way, the JP will form part of the overall PCG annual work plan.

At implementation level, participating national partner and the respective UN agency will take overall responsibility and accountability for each of their outputs. To strengthen synergies and complementarities, each agency shall work in close cooperation with other key UN agencies and partners that have significant experience in the given or related components to ensure the maximum impact and the dissemination of lessons learned.

The Fund will reply on the UN Resident Coordinator (RC) to facilitate collaboration between Participating UN Organizations to ensure that the programme is on track and that promised results are being delivered.

Daily project management will be ensured by a Programme Management Unit (PMU), which will consist of one representative from MOH, one from MARD and two secretarial/accounting assistants.

In each province, the Vice Chairman of the Provincial Peoples Committee will be asked to assign focal contact points from the Department of Health and the Department of Agriculture and Rural Development.

6. Fund Management Arrangements

Each Participating UN Organization (PO) shall assume programmatic and financial responsibility for the funds disbursed to it by the Administrative Agent (AA) and can decide on the execution process with its partners and counterparts following the organization's own applicable regulations, in line with the contents of the present Joint Programme document.

Each PO establishes a separate ledger account for the receipt and administration of the funds disbursed to it by the AA. POs are requested to provide certified financial reporting according to the budget template provided in the MDG-F Operational Guidance Note issued by the MDTF Office and are entitled to deduct their indirect costs on contributions received not exceeding seven percent of the joint programme budget in accordance with the provisions of the MDG-F MOU signed between AA and the POs.

Subsequent installments will be released in accordance with annual work plans approved by the NSC. The release of funds is subject to meeting a minimum commitment threshold of 70% of the previous fund release to the POs combined. If the 70% threshold is not met for the programme as a whole, funds cannot be released to any other organization regardless of that organization's performance. The following year's advance can be requested at any time point after the combined commitment against the current advance has exceeded 70% and the work plan requirements have been met. If the overall commitments of the programme reach 70% before the end of the twelve-month period, the POs may, after endorsement by the NSC, request the MDTF office, through the RC to release the next installment ahead of schedule.

Any fund transfer is subject to submission of an approved Annual Work Plan and Budget to the MDTF Office. Cash transfer modalities, the size and frequency of disbursements,

and the scope and frequency of monitoring, reporting, assurance and audit will be agreed to and documented by the TMC prior to programme implementation taking into consideration the capacity of implementing partners and can be adjusted during programme implementation in accordance with applicable policies, processes and procedures of the participating UN Organizations.

Transfer of cash to national Implementing Partners:

Specific cash transfer modalities arrangements of the UN Agencies involved are:

FAO Representation office in Viet Nam will transfer funds to the relevant national implementing partners engaged in the activities on a reimbursement basis. Funds will be managed accordingly to FAO financial rules and regulations.

UNICEF Country office in Viet Nam will transfer funds to the relevant national implementing partners engaged in the activities using Direct Cash Transfer modality under the Harmonized Approach to Cash Transfers (HACT) approved for the ExCom agencies. Funds will be managed in accordance with UNICEF financial rules and regulations.

WHO Country Office in Viet Nam will transfer funds to the relevant national implementing partners engaged in the activities on an advanced payment basis upon request to release funds for activities by the implementing partners. Funds will be managed according to WHO financial rules and regulations.

7. Monitoring, Evaluation and Reporting

Monitoring: Table 2 provides the monitoring arrangements for the joint programme, including activities the UN agencies or its national partners will undertake to measure impact and the timing of such activities.

Annual/Regular reviews:

At the beginning of every year an Annual Work plan for the joint programme as a whole will be developed jointly by UN agencies and implementing agencies.

Evaluation:

The JP will have a mechanism for monitoring and evaluation that includes an annual review by the National Steering Committee. A sub-group, made up of representative implementing UN agencies and Government partners will meet quarterly to discuss progress in the implementation, assess progress made against indicators developed and make management decisions. Indicators have been developed for each Joint Outcome and each Output with a relevant UN agency assigned to lead on each component project. Progress of the JP will be measured against these indicators on an annual basis. The PMC will organize quarterly meetings between the concerned IPs and UN agencies to review progress of the JP including financial progress, thus making it possible to make mid-year corrections and/or modifications in the work plan for each succeeding quarter if deemed necessary. These updates will be made available to the Trust Fund.

Reporting:

Project reports (annual) will document process and impact and will identify problems arising and recommend corrective action to be taken. Annual reports as well as financial reports will be prepared by the PMC with each component project and participating agency preparing their contributions directly to the PMC in a common reporting format. The report will be anchored in the Results Framework and will be consolidated around the Joint Outcomes and Outputs.

Quarterly narrative and financial updates will be prepared by the JP team (narrative) and the Participating UN Orgs (financial).

The MDTF Office is responsible for the annual Consolidated Joint Programme Progress Report, which will consist of three parts:

AA Management Brief. The Management brief consist of analysis of the certified financial report and the narrative report. The management brief will identify key management and administrative issues, if any, to be considered by the NSC.

Narrative Joint Programme Progress Report. This report is produced through an integrated Joint Programme reporting arrangement. The report should be reviewed and endorsed by the PMC before it is submitted to the MDTF Office on 31 March of each year.

Financial Progress Report. Each Participating UN organization will submit to the MDTF Office a financial report stating expenditures incurred by each programme during the reporting period. The dead-line for this report is 30 April.

The quarterly reports will be made available to the donor.

The joint programme will have a final evaluation and mid term review. The mid term review will be organized by the MDG-F Secretariat.

The Joint Programme will have a final evaluation conducted at the end of the JP to assess the relevance and effectiveness of activities and modes of operation under the JP. This review will assess the impact of results achieved on the basis of initial analysis and indicators described in Table 2: Joint Programme Monitoring Framework.

8. Legal Context or Basis of Relationship

The cooperation of assistance agreements that each participating agency has with the Government of Vietnam will collectively provide the legal context for this programme.

Table 3: Basis of Relationship

Participating UN organization	Agreement
FAO	The Food and Agriculture Organization of the United Nations and the Government of Vietnam signed an agreement for the establishment of the FAO Representation in Viet Nam on 27 January, 1978.
UNICEF	The Basic Cooperation Agreement (BCA) concluded between the Government of Viet Nam and UNICEF on 12 th February 1979 provides the basis of the relationship between the Government of Viet Nam and UNICEF
WHO	The Basic Agreement between the World Health Organization (WHO) and The Government of Viet Nam signed on November 23, 1979 provides the basis of cooperation between WHO and the Government of Viet Nam

9. Work plans and budgets

Annex 1: Work Plan for UNDP/Spain MDG Fund Joint Programme Vietnam
Period: Jan 2010 – end Dec 2010

<attached>

PROGRAMME BUDGET				
CATEGORY	FAO	UNICEF	WHO	TOTAL COST
Personnel	199,653	359,840	413,520	973,013
Contracts	309,049	243,950	588,018	1,141,017
Training	390,500	193,000	210,000	793,500
Supplies and commodities	62,500	11,000	42,200	115,700
Miscellaneous	60,847	113,210	75,050	229,106
Sub-total				
Indirect Support Costs	70,178	64,470	93,015	227,664
TOTAL	1,092,727	985,470	1,421,803	3,500,000

Table 1: Results Framework

UNDAF Outcome: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth									
Joint Programme Outcome 1: Improved monitoring systems on food, health and nutrition status of mothers and children used to guide food, health and nutrition-related policies, strategies and actions									
Outcome Indicators: Improved availability and sharing of reliable food and nutrition-related information by province, ethnicity, gender and social sectors. Analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children. Pro-poor policies for improving food, health and nutrition formulated and integrated into national and provincial development goals and strategies. National and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socio-economic Development Plan (SEDP) 2011-2015; MARD's rural development strategy; National Nutrition Strategy 2011-2010 and National Plan of Action for Nutrition 2011-2010). Baseline: To be locally established									
JP Outputs (indicators and baselines)	Participating UN organization-specific Outputs	Participating UN Organization	Participating UN Organization corporate priority ²	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame			
						Y1	Y2	Y3	Total
1.1 Technical support for strengthening the existing nutrition and data collection and utilization system on food-health-nutrition Output Indicators: New nutrition indicators and official data collection frameworks for nutrition Baseline: Data collected in year 1.	New nutrition indicators and data collection frameworks for nutrition developed	WHO	09.003.WPO 1.VNMM01	NIN, MCH	Review meetings and workshops to update nutrition programme indicators and data collection framework at national level	33,341			33,341
	New data framework and indicators applied in annual nutrition survey 2009-2010	UNICEF	FA1/KRA1	NIN, MCH	Provide technical and financial assistance for annual Nutrition Surveillance and apply updated indicators and data collection framework (training at national level)	10,345	10,000		20,345
	Updated data on IDD and iron anaemia available	WHO	09.003.WPO 1.VNMM01	NIN, MCH, MOH	Provide technical and financial support on surveillance on micronutrient deficiencies in the Target provinces	33,341		28,300	61,641
	Updated data on IDD and USI status available	UNICEF	FA1/KRA1	NIN	Provide technical and financial support on surveillance on micronutrient deficiencies in selected provinces	19,690			19,690

² See Key to Participating Agencies' Corporate Strategies Page xx.

<p>1.2 Improved information on food production, stocks, availability and market prices at national, provincial and local levels</p> <p><u>Output Indicators:</u> 84 provincial staff trained in crop production and livestock estimates by 2011; Improved monitoring systems implemented; GIEWS Workstation set-up; Regular reports and bulletins on food statistics and market prices</p>	<p>National GIEWS Workstation established</p> <p>Methodological support for estimating crop production</p> <p>Methodological support for estimating livestock production</p> <p>Capacity for forecasting and early warning of food emergencies enhanced</p> <p>Capacity for preparing technical reports is enhanced</p>	<p>FAO</p> <p>FAO</p> <p>FAO</p> <p>FAO</p> <p>FAO</p>	<p>H5</p> <p>H4</p> <p>H4</p> <p>H4</p> <p>H4</p>	<p>DCP, MARD</p> <p>DCP, MARD</p> <p>DLP, MARD</p> <p>DCP, MARD</p> <p>DCP, MARD</p>	<p>Review information management structures and information flows for forecasting and early warning</p> <p>Equip and train MARD staff at provincial (6) and district levels in crop production estimates</p> <p>Equip and train MARD staff at provincial (6) and district levels in livestock production estimates</p> <p>Hold 6 provincial level workshops on improving crop production survey methods, sampling frames, cereal balance sheet estimates and for monitoring climate and market price changes</p> <p>Agricultural information centers supported by GIEWS Workstation produce regular reports on food availability and market prices including CCBS update and agro-meteorology forecasting</p>	<p>30,000</p> <p>40,000</p> <p>40,000</p> <p>20,000</p> <p>25,000</p>	<p>30,000</p> <p>40,000</p> <p>40,000</p> <p>20,000</p> <p>25,000</p>	<p>30,000</p> <p>40,000</p> <p>40,000</p> <p>40,000</p> <p>50,000</p>
<p>1.3 Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children</p> <p><u>Output Indicators:</u> Sentinel monitoring of affects of food crisis; X joint rapid nutrition assessments in emergency situations conducted</p>	<p>A sentinel site in one selective province to monitor affects of food crisis developed and functional</p> <p>Responsible staff of central government and 15 disaster prone provinces trained on rapid nutrition assessment using latest training package</p>	<p>UNICEF</p> <p>UNICEF</p>	<p>FA1/KRA1</p> <p>FA1/KRA1</p>	<p>MOH</p> <p>MOH</p>	<p>Technical assistance to develop a tracking system on the impact of the food crisis on nutritional status of mothers and children</p> <p>Refresh training on rapid nutrition assessment in emergency for responsible government staff in natural disaster prone areas and update forms for data collection in rapid nutrition assessment</p>	<p>19,688</p> <p>10,344</p>	<p>20,000</p> <p>10,000</p>	<p>39,688</p> <p>20,344</p>

Baseline: Data collected in year 1.		UNICEF			MOH		10,344	10,000	20,344
1.4 Improved food and nutrition information through updated Food Insecurity and Vulnerability Information System Mapping System (FIVIMS) Output Indicators: Regular FIVIMS maps produced Baseline: FIVIMS (2000)	X joint rapid nutrition assessments of affected populations in emergencies	UNICEF			MOH		10,344	10,000	20,344
	Report of user needs survey	FAO	H4/H5		RUDEC, IPSARD, MARD		15,000		15,000
	Specific food and nutrition indicators identified for use by FIVIMS	FAO	H4/H5		RUDEC, IPSARD, MARD		15,000		15,000
	FIVIMS maps of target areas produced	FAO	H4/H5		RUDEC, IPSARD, MARD		30000		30,000
	Monthly flow and use of data from FIVIMS partners	FAO	H4/H5		RUDEC, IPSARD, MARD		30000	30000	60,000
1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented Output Indicators: National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition; National guidelines for micronutrient deficiency control Baseline: Existing plans, policies and strategies.	The new national strategy for nutrition 2010-2020 and the 5 year action plan for nutrition 2011-2015 formulated and submitted	UNICEF	FA1/KRA1		MOH		29,035	30,000	59,035
	The IYCF action plan for 2010-2015 formulated and submitted	WHO	09.004.WP01.VNIM01		MCH/NIN/MOH		16,776		16,776
	New Gov. legislation on maternities leave formulated and submitted to central Gov.	UNICEF	FA1/KRA1		MOH		15,016	5,000	20,016
	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	09.002.WP01.VNIM01		NIN/MCH/MOH		16,776	7,700	24,476

								15,016	5000			20,016
	National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated	UNICEF	FA1/KRA1	MOH		Provide Technical assistance in formulation and issuance of national guidelines for use of zinc and ORS new format in treatment of acute diarrhoea			5000			20,016
	National Decree 21 revised and submitted to central government	WHO	09.004.WPO 1.VNM01	MCH/MOH		Review of National Code on Trading and Marketing breast milk substitutes, Decree 21			15,300		14,400	29,700
	MOH pick up 100% of the cost for vitamin A capsules to meet whole country demand by 2011	WHO	09.001.WPO 1.VNM01	NIN/MCH/MOH		Support advocacy events to improve ownership and investment of national and provincial governments in particular for micronutrient deficiency control activities		8,493	7,700			16,193
<p>1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition</p> <p>Outcome Indicators: Analytical reports and recommendations for policy and institutional reforms; Increased visibility of food, health and nutrition in policy frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition</p> <p>Baseline: Existing national and provincial policies.</p>	3 regional and one national policy workshop held; Regional policy dialogue initiated in first year	FAO	H1/H2	RUDEC, IPSARD, MARD		Build capacity for analyzing impacts of policy choices on food, health and nutrition and engage in regional dialogue to share experiences		60,000			60,000	
	Action plans at provincial and national levels revised to be more pro-poor focused on improving food, health and nutrition	FAO	H1/H2	RUDEC, IPSARD, MARD		Prepare action plans for implementing pro-poor policies that improve food, health and nutrition		30,000				30,000
	Explicit nutrition and health concerns integrated into pro-poor policies and into national policies; Accelerated implementation of existing pro-poor policies	FAO	H1/H2/H3	RUDEC, IPSARD, MARD		Implement pro-poor policies that improve food, health and nutrition and integrate lessons learned into national policies			80,000		80,000	160,000

Table 1: Results Framework (contd.)

UNDAF Outcome: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth									
Joint Programme Outcome 2: Improved infant and young child feeding practices including increased compliance with the UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months									
Outcome Indicators:									
% 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									
Baseline:									
To be locally established									
JP Outputs (indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization	Participating UN organization corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame			
						Y1	Y2	Y3	Total
2.1 Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals	IYCF committee's office in MOH is available and fully functioning	WHO	09.004.WP01.VNM01	MCH, MOH	Support to functioning of IYCF National Steering Committee	14,019	13,800	13,800	41,619
	Implementation status of IYCF at national level annually reviewed by MOH	UNICEF	FA1/KRA1	MOH	Support annual review meeting on the implementation of IYCF and BF promotion at national and provincial level		15,000	10,000	25,000
Output Indicators: National Decree 21 positively revised; National Decree on maternity leave positively revised Baseline: Existing policies.	National mass media communication campaign to improve commitment and investment of policy makers	UNICEF	FA1/KRA1 & KRA2	MOH	Promote national level mass media events	38,380	30,000		68,380
	Public awareness on benefits of BF increased	WHO	09.001.WP01.VNM01	MCH, MOH and mass media agencies	Promote at national level through mass media events	16,776	22,900	7,100	46,766
National Decree 21 revised and submitted to central	National Decree 21 revised and submitted to central	UNICEF	FA1/KRA1	MOH	Support advocacy work at high ranking level of the decision making on BF	19,688	20,000		39,688
	Political and financial commitment from policy-makers for BF	WHO	09.001.WP01.VNM01	MOH	Support advocacy work on BF to high level decision-makers	16,766	7,700		24,476
One national professional association champions BF protection&promotion	One national professional association champions BF protection&promotion	UNICEF	FA1/KRA1	MOH	Work with professional associations on BF to involve them as champions for BF promotion	19,688	20,000		39,688

	National professional associations actively promote BF and CF	WHO	09.001.WP01.VNM01	MOH	Work with professional associations on BF to involve them as champions for BF promotion	16,776	15,300		32,076
	Counseling skills of health workers at all levels improved, KAP of mothers on BF and CF improved	WHO	09.002.WP01.VNM01	MOH	Support BF counseling, training and IEC activities in target provinces.	66,139	70,200	28,700	165,039
	All communal BFHI clinics provided with handy IEC on BF	UNICEF	FA1/KRA2	MOH	Support BF counseling, training, IEC activities in selected provinces	10,344	10,000	15,000	35,344
	PMUs in Target provinces are established and functioning	WHO	09.004.WP01.VNM01	PMU Programme provinces	Support function of provincial PMUs in WHO Programme provinces	33,804	22,200	22,200	78,204
	Five provincial and all district IYCF-TOT teams trained on BF and CF counseling	UNICEF	FA1/KRA1	MOH	TOT training programme for IYCF trainer team in 33 provinces on IYCF	10,344	10,000		20,344
	The key trainers from 32 provinces trained on IYCF	WHO	09.002.WP01.VNM01	MCH, NIN	TOT training for IYCF trainer team in 32 provinces on IYCF	16,776	15,300		32,076
	Counseling activities on breastfeeding promotion in commune health centres in 10 selected communes	UNICEF	FA1/KRA2	MOH	Support counseling activities on BF at commune health centers, district and provincial hospitals in selected provinces	10,344	10,000	15,000	35,344
	Counseling skills on BF of health workers at communes health centers, district and provincial hospitals improved	WHO	09.002.WP01.VNM01	MOH	Support counseling activities on BF at commune health centers, district and provincial hospitals in WHO programme provinces	16,766	15,300	14,000	46,076
	BFHI self-assessment teams established and trained in 5 provinces	UNICEF	FA1/KRA1	MOH	Establish a self-assessment team and train on internal self assessment in 57 provincial BFHI Hospital following 10 criteria	10,344	10,000		20,344
	Provinces perform annual self-assessment exercises on BFHI	UNICEF	FA1/KRA1	MOH	Support self-assessment (internal exercise) in 57 provincial BFHI hospitals			10,000	10,000
2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care Output Indicators: IYCF trainer team available in 63 provinces Baseline: None.									
2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate									

<p>Output Indicators: Number of provincial hospitals maintain BFHI standards; Number of new community health centres achieve BFHI standards Baseline: Current data.</p>	80% of obstetric and pediatric department staff of the 57 BFHI provincial hospitals (including five UNICEF programme provinces) trained	WHO	09.002.WP01.VNM01	MCH, MOH	Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals	27,034	22,900	49,934
	80% of obstetric and pediatric department staff of provincial hospitals in 6 new provinces trained	WHO	09.002.WP01.VNM01	MCH, MOH	BFHI training for staff of 6 new provinces	15,300	15,300	15,300
	Hospitals in selected five programme provinces assessed on criteria for BFHI	WHO	09.002.WP01.VNM01	MCH, MOH	External assessment of BFHI hospitals in selected provinces	7,700	7,700	14,800
	Counseling activities on BF promotion with mother support groups performed in commune health centres of 10 selected communes	WHO	09.004.WP01.VNM01	MOH	Develop and implement the model of communal Baby Friendly Health Centers following 10 steps of BFHI and roll-out	51,507	75,500	152,907
<p>2.4 Enhanced implementation of national code for marketing of and trading of breast milk substitutes</p> <p>Output Indicators: Number of baby Food and milk companies and health facilities who violated the national Code on BF</p> <p>Baseline: current status of code violation 2008.</p>	Counseling activities on BF promotion with mother support groups performed in commune health centres of 10 selected communes	UNICEF	FA1/KRA2	MOH	Develop and implement the model of communal Baby Friendly Health Centers following 10 steps of BFHI and roll-out	24,429	25,000	49,429
	Health inspectors and related staff of five UNICEF provinces trained on Code monitoring	UNICEF	FA1/KRA1	MOH	Training programme for provincial health inspectors and related staff on Code monitoring	10,344	10,000	20,344
	Monitoring of the national Decree 21 in a standard manner in five selected provinces	WHO	09.004.WP01.VNM01	MOH	Support the monitoring activities of the national Decree 21 in selected provinces	16,776	15,300	39,176
	Annual review meeting on Code implementation and enforcement reviewed for lesson learnt and action	UNICEF	FA1/KRA1	MOH	Review of Food Administration annual performance on Code monitoring	10,344	10,000	20,344
	Code Watch bulletin produced on regular basis	WHO	09.004.WP01.VNM01	MOH	4. Production of "Code Watch" bulletin	5,180	6,100	15,580

Table 1: Results Framework (contd.)

UNDAF Outcome: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth									
Joint Programme Outcome 3: Reduction of micronutrient deficiencies in targeted children and women									
Outcome Indicators:									
% mothers and under 5 children with Vitamin A deficiency									
% mothers and children receiving high dose Vitamin A supplements									
% pregnant women with nutrition anaemia									
% women receiving iron supplements									
% newborns covered with vitamin K injection									
% population consuming adequately iodized salt									
Improved food consumption and dietary diversity (rise in dietary diversity scores)									
Baseline:									
To be locally established									
JP Outputs (indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization	Participating UN organization corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame			
						Y1	Y2	Y3	Total
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 Output Indicators: Coverage of vitamin A among children 6-59 month of age; Coverage of pregnant women with iron folic supplementation; USI coverage of households; % newborns with vitamin K injection Baseline: MICS (2006)	Vitamin A, iron folic tablets, de-worming drug and multiple micronutrient tablets procured for all targeted women and children	UNICEF	FA1/KRA1	MOH	Procure micronutrients (vitamin A, iron folic tablets, de-worming drugs and sprinkles, multiple micronutrient tablets) for all targeted women and children in the programme provinces	19,690	20,000		39,690
	Zinc and ORS with low osmolarity for treatment of diarrhoea among under-five children in selected areas	WHO	09.004.WP0 1.VNM01	MCH, MOH, Pediatric hospitals	Procure and provide Zinc and ORS with low osmolarity for treatment of diarrhoea in under-five children in selected areas	16,776	15,300		32,076
	Increased local production of ORS with new format	WHO	09.001.WP0 1.VNM01	MOH, Regional Pasteur Institutes	Support social marketing to promote the use of the ORS new format product	8,493	7,700		16,193
Vitamin K1 for preventing hemorrhage in newborns in selected areas available	WHO	09.004.WP0 1.VNM01	MCH, MOH	Procure and provide vitamin K1 for preventing hemorrhage in newborns in selected areas	16,776	15,300		45,876	

3.2 Capacity of local health workers in implementing micronutrient deficiency control activities (vitamin A, iron anemia and IDD) improved Output_Indicators: Coverage of vitamin A among children 6-59 month of age; Coverage of pregnant women with iron folic supplementation; USI coverage in households Baseline: Multiple Indicator Cluster Survey (MICS) 2006	Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces	UNICEF	FA1/KRA1	MOH	TOT training for provincial health workers on national guidance for micronutrient deficiency control	10,000	10,000	20,000
	80% health workers at provincial, district, commune in Target provinces trained on National guidance on micronutrient deficiency control	WHO	09.002.WP0 1.VNM01	NIN	Training for provincial, district and commune health workers in WHO supported programme provinces on national guidance for micronutrient deficiency control	6,100	6,836	12,936
	80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control	UNICEF	FA1/KRA1	MOH	Training programme for provincial health workers on national guidance for micronutrient deficiency control	10,000	15,000	25,000
	Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces	UNICEF	FA1/KRA2	MOH	Development and production/distribution of IEC materials on micronutrient deficiency control (vitamin A, IDD) to the health care network in UNICEF programme areas	20,000		20,000
	Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces	WHO	09.004.WP0 1.VNM01	MOH, MCH, NIN, CHE	Development and production/distribution of IEC materials on micronutrient deficiency control (iron folic, de-worming) to the health care network of WHO programme areas	22,000	36,376	58,376
Joint monitoring trips on vitamin A, iron supplementation for children and post partum women in disadvantage localities of the programme areas	WHO	09.004.WP0 1.VNM01	MCH, NIN, MOH	Support the integrated monitoring of vitamin A supplementation for children and post partum women in disadvantage localities of the programme areas	7,700	8,493	23,193	

Table 1: Results Framework (contd.)

UNDAF Outcome: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth									
Joint Programme Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition services for young children in emergency situations									
Outcome Indicators: % low birth weights % U5 children moderately and severely stunted (height for age) % U5 children moderately and severely wasted (weight for age) % U5 children moderately and severely wasted (weight for age) admitted in CSAM under emergency and non-emergency contexts U5 child and maternal rates in hospitals and communities Baseline: To be locally established									
JP Outputs (indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization	Participating UN organization corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame			Total
						Y1	Y2	Y3	
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 Output Indicators: Coverage of severe acute malnutrition children under 5 with CSAM; Moderate and severe malnutrition rate Baseline:	National training manual (protocol) on inpatient therapeutic care and treatment (hospital based management of child severe malnutrition) adapted	WHO	09.02.WP01. VNM01	MOH, Pediatric Hospitals	Revision adaptation and production of national training manual (protocol) on inpatient therapeutic care and treatment (hospital based management of child severe malnutrition)	15,300			15,300
	Public and private pediatricians of five WHO and UNICEF programme provinces trained in inpatient therapeutic care and treatment for child severe acute malnutrition	WHO	09.02.WP01. VNM01	Pediatric Hospitals, MOH	Training programme for public and private pediatricians on inpatient therapeutic care and treatment for management of child severe acute malnutrition (five selective provincial hospitals)	22,900			22,900
	2 Target provinces have inpatient CSAM units at provincial hospitals and two district hospitals	WHO	09.02.WP01. VNM01	MCH, MOH, Pediatric Hospitals	Provide financial and technical support to revitalize, establish inpatient therapeutic care units for hospital based management of child severe acute malnutrition in 5 provinces	38,000			38,000

2 UNICEF programme provinces have inpatient CSAM units at provincial hospitals and in two selected district hospitals	UNICEF	FA1/KRA1	MCH, MOH, Pediatric Hospital	Provide financial and technical support to revitalize, establish inpatient therapeutic care units for hospital based management of child severe acute malnutrition in 5 provinces	10,344	10,000	30,344
Model of CSAM performed fluently in five selective communes in Kon Tum province	UNICEF	FA1/KRA2	MCH, MOH	Introduction of CSAM model in one selected district	10,344	20,000	30,344
Technical assistant to review inpatient rehabilitation	WHO	09.02.WP01.VNM01	MCH, MOH	International technical assistant to review inpatient rehabilitation		15,300	15,300
The CSAM model of UNICEF reviewed by UNICEF Global or regional Offices	UNICEF	FA1/KRA1		International technical assistant to review CSAM model	10,344		10,344
Model community based management of child acute severe malnutrition (CSAM) available and functioning well in 2 selected provinces	UNICEF	FA1/KRA2		Implementation of the model on outpatient therapeutic feeding centre model for community based management of child acute severe malnutrition (CSAM) in selected provinces	16,690	20,000	36,690
80% of responsible government officials, international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package	UNICEF	FA1/KRA1	NIN, MCH, MOH	Adapt the training package and conduct a training programme for government network and international partners in the Nutrition Cluster on nutrition in emergencies	10,409		10,409
National guidelines for Kangaroo-Mother care for low birth weight/premature newborns developed	WHO	09.02.WP01.VNM01	MCH, MOH	Support to develop national guidelines for Kangaroo-Mother care for low birth weight/premature newborns	8,606	7,700	16,306
Five Kangaroo-Mother care units at provincial, district hospital of Target provinces set-up and functioning	WHO	09.02.WP01.VNM01	Programme Provinces	Support to set-up Kangaroo Mother care units at provincial and district hospitals of WHO programme provinces		31,500	31,500

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 <u>Output Indicators:</u> Number of inpatient therapeutic feeding centres; Number of out-patient therapeutic feeding centres Baseline: MICS (2006)	Medical equipment procured and installed in inpatient CSAM units at the provincial hospitals and at 2 selected district hospitals of WHO programme provinces	WHO	09.004.WP0 1.VN001	NIN and Provinces	Procurement of medical equipment for treatment and care of child severe acute malnutrition in Target provinces and districts	31,500	31,500	31,500
	2 UNICEF programme provinces have inpatient CSAM Units at provincial hospitals and two selected district hospitals	UNICEF	FA1/KRA1	MCH, MOH	Procurement of medical equipment for treatment and care of child severe acute malnutrition in selected rehabilitation units	19,690		19,690
	Therapeutic feeding products (plumpynut) to supply CSAM units in 2 WHO provinces	WHO	09.004.WP0 1.VN001	MOH, Pediatric hospital	Procurement of key therapeutic foods, drugs (F75, F100, Resoma, retinol...) to supply nutrition rehabilitation centres in hospitals	15,300	15,300	15,300
	Therapeutic feeding products (plumpynut) to supply CSAM in 2 UNICEF provinces	UNICEF	FA1/KRA1	MCH, MOH	Procurement of Plumpynut, and other therapeutic feeding products to supply CSAM	19,690	20,000	39,690
	Local production of RUFT reviewed and potential suppliers defined	UNICEF	FA1/KRA1	MCH, MOH	Support the local development of RUFT food to meet demand from CSAM and other health programme (HIV/AID)	10,000	10,000	10,000
	Micronutrients and equipment transported from supplier to users in UNICEF programme provinces	UNICEF	FA1/KRA1	MCH, MOH	Shipping cost	6,072	16,000	22,072
	Micronutrients and equipment transported from supplier to users in WHO programme provinces	WHO	09.004.WP0 1.VN001	MCH, MOH	Shipping cost	5,767	13,800	19,567

Table 1: Results Framework (contd.)

UNDAF Outcome: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity building for strengthening policy making for more inclusive and sustainable economic growth									
Joint Programme Outcome 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam									
Outcome Indicators:									
% farmers adopt RICM practices									
Increased food production (rice, animal, fish, fruit and vegetables) in target areas									
% households use improved food preservation and processing techniques									
Increased availability of food for consumption (rice; animal source foods)									
Reductions in length and depth of the "lean season" and in food insecurity and risk of hunger at community level									
Enhanced public knowledge of and information about good nutritional practices									
Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children									
Baseline:									
To be locally established									
JP Outputs (indicators and baselines)	Participating UN organization-specific Outputs	Participating UN organization	Participating UN organization corporate priority	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame			
						Y1	Y2	Y3	Total
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)	Report on assessment of seed situation; Training needs assessed and capacity building plan developed	FAO	A1	MARD	Review rice seed situation and assess training needs	30,000	30,000		60,000
	120 provincial staff trained in RICM and 600 farmers adopt RICM practices	FAO	A1	MARD	Train provincial staff and conduct on-farm demonstrations on the production and conservation of rice seed using integrated crop management	30,000	30,000		60,000

Output Indicators: % staff trained in RICM; % farmers using RICM; Increased production and yields; Reports on field trials to adapt RICM practices to local conditions, on impact and on proposals for wider uptake of RICM Baseline: Data collected in year 1.	FAO	A1	MARD	Adapt rice ICM technologies and systems to local conditions, evaluate impact and assess challenges for their wider adoption		30,000	30,000
Transfer of adapted RICM technologies through on-farm demonstrations and FF schools	FAO						
At least 18 NGOs and implementing Partners (IPs) trained and active in the household food system	FAO	H3	DCP, MARD	Build capacity of NGOs/IPs to support homestead food production	42,548	42,548	42,548
900 households engaged in improved livestock production practices by 2011	FAO	B1	DLP, MARD	Support small livestock production activities	35,000	70,000	70,000
300 households engaged in improved aquaculture production practices by 2011	FAO	C4	RIA1, MARD	Support household and group aquaculture production activities	35,000	70,000	70,000

practices; % farmers using improved production practices by 2011; % increased production and yields; % farmers adopt improved post-harvest preservation and processing practices; % farmers receive nutrition education; % vulnerable households with improved dietary diversity and increased intakes of animal sourced foods Baseline: Data collected in year 1.	900 households involved in improved post-harvest practices; 1200 households provided with nutrition education	FAO	H3	DCP, MARD	Support training and demonstration activities for small-scale food processing and preservation and in nutrition education	100,000	100,000	
FAO	Project preparation							18,692
	Programme Cost							507,548
	Indirect Support Cost							36,837
	Sub Total for FAO							563,077
UNICEF	Programme Cost							420,000
	Indirect Support Cost							29,400
	Sub Total for UNICEF							449,400
WHO	Programme Cost							515,288
	Indirect Support Cost							36,070
	Sub Total for WHO							551,358
Totals	Programme Cost							1,461,528
	Indirect Support Cost							102,307
	Total							1,563,835
								1,413,363
								522,802
								3,500,000

Participating Agencies' Corporate Strategies

FAO

Strategic Objective A – Sustainable intensification of crop production / Organizational Result A1 - Policies and strategies on sustainable crop production intensification and diversification at national and regional levels

Strategic Objective B – Increased sustainable livestock production / Organizational Result B1 – The livestock sector effectively and efficiently contributes to food security, poverty alleviation and economic development

Strategic Objective C - Sustainable management and use of fisheries and aquaculture resources / Organizational Result C4 - Members and other stakeholders have benefited from increased production of fish and fish products from sustainable expansion and intensification of aquaculture

Strategic Objective H - Improved food security and better nutrition.

Organizational Result H1 - Countries and other stakeholders have strengthened capacity to formulate and implement coherent policies and programmes that address the root causes of hunger, food insecurity and malnutrition

Organizational Result H2 - Member countries and other stakeholders strengthen food security governance through the triple-track approach and the implementation of the Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security

Organizational Result H3 - Strengthened capacity of Member countries and other stakeholders to address specific nutrition concerns in food and agriculture

Organizational Result H4 - Strengthened capacity of Member countries and other stakeholders to generate, manage, analyse and access data and statistics for improved food security and better nutrition

Organizational Result H5 - Member countries and other stakeholders have better access to FAO analysis and information products and services on food security, agriculture and nutrition and strengthened own capacity to exchange knowledge

UNICEF

FA1 corresponds to Focus Area 1 entitled Young Child Survival and Development in the 2006-2011 UNICEF Medium Term Strategic.

KRA1 corresponds the Key Result Area 1 under FA1 “Key result area 1- Scale up high-impact health and nutrition strategies aims to scale-up, in partnership with Governments, WHO and others, high-impact health and nutrition interventions to reduce the number of neonatal and young child deaths from preventable and easily treatable causes.

KRA2 corresponds to Key Results Area 2 under FA 1 “Key result area 2 – Build capacity for improved family and community care practices that impact on young child survival, growth and development calls for capacity-building for improved family care practices in support of newborn and young child survival, growth and development”.

WHO

09.001.WP01.VNM01 Advocacy and support provided to increase political, financial and technical commitment in Viet Nam in order to address nutrition, food safety and food security as central to national development policies and to agricultural development and food production processes

09.002.WP01.VNM01 Up-to-date evidence and internationally accepted norms and standards, including references, nutritional requirements, research priorities, guidelines, training materials made available, translated, if necessary, and disseminated in Viet Nam

09.003.WP01.VNM01 Improved capacity in Vietnam to collect, analyze, disseminate and use data on the magnitude, causes and consequences of undernutrition and overnutrition, inappropriate diets and physical inactivity.

09.004.WP01.VNM01 Guidance and support provided to Viet Nam for the implementation of the National Action Plan for Nutrition and National Plan for Accelerating Reduction of Stunting.

Table 2: Joint Programme Monitoring Framework

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p><i>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</i></p>	<p>Availability and sharing of more reliable food and nutrition-related information by province, ethnicity, gender and social sectors;</p> <p>Baseline: National Nutrition Survey, National Institute of Nutrition (NIN-MOH), 2006.</p> <p>Availability of analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children;</p> <p>Availability of pro-poor policies for improving food, health and nutrition</p> <p>Extent of integration of pro-poor policies for food, health and nutrition into national and provincial development goals and strategies</p> <p>Extent to which national and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socio-economic Development Plan (SEDP) 2011-2020; MARD's rural development strategy);</p> <p>Baseline. Current policies, strategies and plans</p>	<p>Minutes of Meetings; Reports and studies; Reports of field surveys; National development policies reflecting the outcomes of assessments.</p>	<p>Specific studies; Questionnaires; Periodic Research; Regular Field surveys; Annually and quarterly progress reports; Mid-term review; Final evaluation report; Official Government reports.</p>	<p>WHO, UNICEF and FAO</p>	<p>Data available to, and used by, local and national decision-makers and policy-makers; Data adequately reflects the incidence, nature and causes of food insecurity and vulnerability; Data collection and analysis conducted timely and data is of acceptable quality; Uptake of improved methodologies and use of information products by recipient countries and target users; Activities can be implemented within the existing coordination mechanism framework; Willingness of national Government to support the process; National government and other stakeholders share innovative approaches and experiences in integrating food, health and nutrition objectives into national goals and strategies through policy dialogue at the national level.</p> <p>Lack of cooperation and insufficient support from project partners and institutions.</p>

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p>1.1 <i>Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition</i></p>	<p>New data framework and indicators applied in annual nutrition survey 2009-2010;</p> <p>Updated data on IDD, USI, iron anaemia and vitamin A deficiencies available.</p> <p>Baseline: NIN-MOH, 2006, Multiple Indicator Cluster Survey (MICS) 2006</p>	<p>Manual or technical guides defining methodologies produced, including the definition of data to be collected, templates to be used;</p> <p>Report on results of specific studies on IDD and iron anaemia and vitamin A deficiencies.</p> <p>New nutrition survey from 2010 will use new frame work and questionnaire</p>	<p>Report from international and local consultants;</p> <p>Specific studies on IDD, iron anaemia and vitamin A deficiencies.</p> <p>Reviewing process and newly formulation</p>	<p>Output 1.1: WHO and UNICEF</p>	
<p>1.2 <i>Improved information on food production, stocks, availability and market prices at national, provincial and local levels</i></p>	<p>Improved methodologies for monitoring production and food prices adopted and applied; Number of provincial staff trained in crop production and livestock estimates;</p> <p>Improved monitoring systems implemented; 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>Baseline: AgroInfo (MARD), 2009</p>	<p>Situation analysis note on market information systems;</p> <p>Monthly national market briefs;</p> <p>Quarterly national market reports;</p> <p>Manual or technical guides.</p>	<p>Field visits;</p> <p>Annually and quarterly progress reports;</p> <p>Mission reports.</p>	<p>Output 1.2: FAO</p>	

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
1.3 Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children	Sentinel monitoring of affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations. <u>Baseline:</u> Data established in year 1.	Setting up a small scale sentinel site surveillance on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment reports.	Collection of data through pre and post visit reports; Pre and post intervention surveys; Annually and quarterly progress reports; Mission Reports.	Output 1.3: UNICEF	
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. <u>Baseline:</u> FAO-FIVIMS (2000)	Vulnerability analysis and monitoring methodologies; FIVIMS information dissemination and mapping system; National FIVIMS reports.	Vulnerability assessment reports; Annually and quarterly progress reports; Mission Reports.	Output 1.4: FAO	
1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented	National Strategy for Nutrition 2011-2020 and 5 year Action Plans for Nutrition 2011-2015 and for IYCF; National guidelines for micronutrient deficiency control; Law relating to support and protection of BF revised and submitted to government for approval. <u>Baseline:</u> National Nutrition Strategy 2001-2010 Existing policies on maternity leave and on marketing of breast milk substitute..	Progress reviews Documents of National strategy for nutrition 2010-2020 and the 5 year action plan for nutrition and IYCF 2010-2015; National guidelines for micronutrient deficiency control. Government report and conducting new reviewing report	Annually and quarterly progress reports; Mission reports. Conduct new reviewing required	Output 1.5: WHO, UNICEF and FAO	

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p><i>1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition</i></p>	<p>Analytical reports and recommendations for national and sector policies and institutional reforms;</p> <p>Policy briefs and position papers directly addressing the needs, constraints and opportunities of the most vulnerable and malnourished;</p> <p>Increased visibility of food, health and nutrition in policy frameworks (PRSPs, UNDAF);</p> <p>Implementation of existing pro-poor policies that improve food, health and nutrition.</p> <p><u>Baseline:</u> existing policies.</p>	<p>National development policies; Government reports.</p>	<p>Sector monitoring reports of national government</p>	<p>Output 1.6: FAO</p>	
<p><i>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</i></p>	<p>% infants breastfed within one hour of delivery at national and in the project areas;</p> <p>Baseline: 57.8% (MICS 2006)</p> <p>% infants exclusively breastfed throughout the first 6 months of life;</p> <p>Baseline: 17% (MICS 2006)</p> <p>% children 6-9 months of age appropriately fed;</p> <p>Baseline: 68.2% (MICS 2006)</p> <p>% children 6-24 months provided appropriate and safe complementary feeding.</p> <p>Annual nutrition survey 2008</p> <p>Local baseline data established in Year 1.</p>	<p>Report of National Annual Nutrition Surveillance;</p> <p>Report of Baseline and end-line survey in programme provinces.</p> <p>Provincial report</p> <p>Field trip report</p>	<p>Conduct national/provincial Nutrition Surveillance</p> <p>Specific baseline and end-line survey in programme provinces</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>

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p>2.1 Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals</p>	<p>National Decree 21 positively revised; National Decree on maternity leave positively revised to include 6 months of maternity leave</p> <p>Baseline: 4 months of maternity leave</p> <p>Public awareness on benefits of breastfeeding increased.</p> <p>Political and financial commitment of policy-makers for breastfeeding gained;</p> <p>KAP of mothers on BF and CF improved.</p> <p>Baseline: National Decree 21 on marketing of breast milk (2006) and Current status of Code Violation 2008</p>	<p>Annually and quarterly progress reports;</p> <p>Mid term review;</p> <p>Report of National Annual Nutrition Surveillance;</p> <p>Report of Baseline and end-line survey in programme provinces</p> <p>Annual exercise and report on monitoring of the national BF Code</p>	<p>Records of advocacy events accomplished and number of policies supporting BF approved by government;</p> <p>National Annual Nutrition Surveillance;</p> <p>Baseline and end-line survey in programme provinces.</p> <p>Annual report</p>		
<p>2.2 Integrated BF promotion with ANC, FP and delivery and post-partum care</p>	<p>IYCF trainer team available in 63 provinces;</p> <p>Counseling skills on breastfeeding of health workers at commune, health centres, district and provincial hospitals improved.</p> <p>Baseline Data established in year 1.</p>	<p>Reports on training</p>	<p>Pre and post training assessment</p>		
<p>2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate</p>	<p>Number of provincial hospitals that maintain Mother-Baby Friendly Hospital Initiative standards;</p> <p>Number of new community health facilities that implement Mother-Baby Friendly Hospital Initiative.</p> <p>Baseline: Self Assessment Annual report of the BFHIs</p>	<p>Annual reports from provincial programme;</p> <p>Report of external assessment of BFHIs;</p> <p>Field trip reports.</p> <p>Self assessment of BFHI in all provinces</p>	<p>External assessment of BFHIs</p> <p>Observation during field trips</p>		

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
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. Baseline: Annual report on Code Violation (MOH)	Reports on results of monitoring trips on implementation of National Code	Monitoring trips with observation and using checklists		
Outcome 3: Reduction of micronutrient deficiencies in targeted children and women	<p>% post partum women and children in the project areas receiving the high dose Vitamin A supplements as required ;</p> <p>% pregnant women in the project areas with anemic</p> <p>% pregnant women in the project areas receiving iron folic supplements;</p> <p>% newborns in the project areas covered with vitamin K injection;</p> <p>% house hold of the population in the project areas consuming adequately iodized salt;</p> <p>Improved food consumption and dietary diversity (rise in dietary diversity scores)</p> <p>Baseline: MICS (2006) Provincial data established in year 1.</p>	<p>Report on results of National Annual Nutrition Surveillance;</p> <p>Report on results of Baseline and end-line assessment in programme provinces;</p> <p>Survey report on micronutrients deficiencies in selected districts of programme provinces.</p> <p>Annual nutrition survey done by national (using the relevant part only)</p>	<p>National Annual Nutrition Surveillance</p> <p>Baseline and end-line assessment in programme provinces</p> <p>Specific Survey on micronutrients deficiencies in selected districts of programme provinces</p> <p>Desk reviews</p>	UNICEF, WHO	Miro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010
				UNICEF,	

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
3.1 Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area	Amount of Vitamin A, iron folic tablets, de-worming drugs, multiple micronutrients, zinc, vitamin K and ORS procured and available for targeted women and children against the plan % coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns Baseline: MICS (2006) Provincial data established in year 1.	Procurement report Field trip report Annual reports from provincial programme the province)	Procurement records Records of receiving of supplies by programme provinces Programme reporting system	WHO	
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. Baseline: data collected in year 1.	Training reports Annual reports from provincial programme	Pre and post training assessment Programme records		
Outcome 4: <i>Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations</i>	Number of functional inpatient and outpatient therapeutic feeding centres; % low birth weights in the project areas; % U5 children moderately and severely stunted and wasted admitted in CSAM under emergency and non-emergency contexts in the project areas; U5 child and maternal mortality rates in hospitals and communities in the project areas; Baseline to be locally established in year 1	Field trip report Annual reports from provincial programme Provincial nutrition data 2008	Field trip with interview and observation Record and report from provincial programme	WHO, UNICEF	The policy on establishment of the dietetic department in provincial/district hospital will continued to be encourage by the MOH

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p>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</p>	<p>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 Baseline to be locally established in year 1</p>	<p>Report on training activities Record and report from provincial programme Field trip report Provincial report 2009 before intervention of the CSAM</p>	<p>Records of training activities Observation during field trips</p>		
<p>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</p>	<p>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 Baseline to be locally established in year 1</p>	<p>Procurement report Record and report from provincial programme Provincial report 2009 before intervention of the CSAM</p>	<p>Procurement records Records of therapeutic feeding products received by the programme provinces</p>		

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Risks & assumptions
<p>Outcome 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam</p> <p><i>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)</i></p> <p><i>5.2 Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and nutrition education</i></p>	<p>Indicators % of farmers adopt RICM practices; Increased food production (rice, animal, fish, fruit and vegetables) in target areas; % households use improved food preservation and processing techniques; Increased availability of food for consumption (rice; animal source foods); Reductions in length and depth of the “lean season” and in food insecurity and risk of hunger at community level; Enhanced public knowledge of and information about good nutritional practices; Increased dietary diversity (dietary diversity scores) especially of animal sourced foods for vulnerable households and women and children. Baseline Local data to be collected in year 1.</p>	<p>Minutes of meetings; Reports of field surveys and studies</p>	<p>Specific studies Questionnaires Research and field surveys; Annual and quarterly progress reports; Mid term review and final evaluation report</p>	<p>Output 5.1: FAO Output 5.2: FAO Output 5.3: FAO</p>	<p>Existing extension network can reach farmers of targeted communities and involve food insecure communities; Extension workers allowed and encouraged to participate fully in training provided under the project; Appropriate technologies identified and successful methodological approaches applied. Lack of strong commitment, ownership, and active participation by stakeholders; NGOs/IPs fail to meet targets</p>

Annex 2: Work Plan and Budget for UNDP/Spain MDG Fund Joint Programme Vietnam **Period: First 12 months**

JP Outcome 1: Improved monitoring systems on food, health and nutrition status of mothers and children used to guide health and nutrition-related policies, strategies and actions										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 1.1: Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition										
Updated nutrition indicators and official data collection frame works for nutrition developed	WHO	Activity 1.1.1 i. Technical assistance to review/update of the nutrition programme indicators and data collection framework at national level ii. Workshops on agreement of nutrition programme indicators and data collection framework iii. Carry out training at national level on updated nutrition programme indicators and data collection frame		X	X		NIN MCH/MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	5,000 15,000 11,100 0 0 2,000 2,317 35,417
Health staff of NIN and MCH/MOH trained on updated nutrition indicators and official data collection frameworks										
New data framework and indicators applied in annual nutrition survey 2009-2010	UNICEF	Activity 1.1.2 i. Technical assistance to carry out annual nutrition surveillance ii. Update indicators and data collection framework iii. Training at national level on applied indicators and data collection methods		X	X		NIN, MCH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	5,000 0 2,500 0 1,500 1,345 724 11,069

Updated data on IDD and iron anaemia available	WHO	Activity 1.1.3 i. Technical support to design survey on iron anaemia and Vitamin A deficiency among women at RA and pregnant women and lactating women and under-five children ii. Technical support to survey on IDD and iodized salt usage in intervened districts of WHO programme provinces iii. Conduct these surveys iv. Organize workshop to share findings of these survey and to make plan for intervention				x	x	NIN, MCH, MOH	MDG-F	Training Contracts Personnel Supplies Other direct costs Indirect costs (%) Sub-Total	5,000 15,000 18,042 1,000 100 2,740 41,882
Updated data on IDD and USI status available	UNICEF	Activity 1.1.4 i. Technical support to design survey on micronutrient deficiencies ii. Conduct these surveys in selected provinces iii. Organize workshop to share findings of these survey and to make plan for intervention				x	x	NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	6,000 4,000 5,000 0 2,400 2,290 1,378 21,068 109,436

JP Output 1.2: Improved information on food production, stocks, availability and market prices at national, provincial and local levels											
Training needs identified; Capacity building plan prepared and training initiated; Survey equipment, hardware and software provided; GIEWS Workstation established at national level	FAO				X	X		DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	20,000 10,000 10,000 2,500 5,000 2,500 3,500 53,500
	FAO				X	X		DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	10,000 17,000 10,000 1,000 1,000 1,000 2,800 42,800
	FAO				X			DLP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	10,000 17,000 10,000 1,000 1,000 1,000 2,800 42,800
	FAO					X	X	DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	5,000 7,000 5,000 5,000 0 3,000 1,750 26,750 165,850

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

<p>A sentinel site in one selective province to monitor affects of food crisis developed</p>	<p>UNICEF</p>	<p>Activity 1.3.1 i. Technical assistance to develop a tracking system on the impact of the food crisis on nutrition status of mother and children ii. Provide training on use of this system</p>	<p>x</p>	<p>x</p>	<p>NIN MCH/MOH</p>	<p>MDG-F</p>	<p>Training Contracts 0 Personnel 2,900 Supplies 1,000 Travel 0 Other direct costs 2,444 Indirect costs (%) 724 Sub-Total 11,068</p>	<p>4,000</p>
<p>Government staff trained on rapid nutrition assessment</p>	<p>UNICEF</p>	<p>Activity 1.3.2 i. Provide training on rapid nutrition assessment in government agencies for responsible disaster prone areas ii. Review and update the forms for data collection in rapid nutrition assessment</p>	<p>x</p>	<p>x</p>	<p>NIN, MCH</p>	<p>MDG-F</p>	<p>Training Contracts 0 Personnel 3,800 Supplies 2,000 Travel 0 Other direct costs 4,888 Indirect costs (%) 1,378 Sub-Total 21,066</p>	<p>9,000</p>
<p>One joint nutrition rapid assessment carried out</p>	<p>UNICEF</p>	<p>Activity 1.3.3 Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergency</p>	<p></p>	<p>x</p>	<p>NIN</p>	<p>MDG-F</p>	<p>Training Contracts 0 Personnel 1,900 Supplies 1,000 Travel 0 Other direct costs 2,444 Indirect costs (%) 724 Sub-Total 11,068</p>	<p>5,000</p>
<p>Total for Output</p>							<p>43,202</p>	<p>43,202</p>

JP Output 1.4: Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)										
Information needs identified; Training activities initiated; FIVIMS maps produced; Indicators of food/nutrition security defined; Survey equipment, hardware and software provided	FAO	Activity 1.4.1 i. Assess information needs, identify information gaps of key decision making process related to food security; ii. Assess the current state of government structures and information systems dealing with food insecurity and vulnerability; iii. Investigate the applicability of the work and activities already conducted as well as of existing information systems and databases to update national FIVIMS iv. Prepare guidelines, training materials for carrying out an assessment of food security and vulnerability	x	x	x	x	PPC	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 2,000 1,000 1,000 1,000 1,050 16,050
	FAO	Activity 1.4.2 i. Conduct training to strengthen national capacity in collecting and analyzing data on food insecurity and vulnerability; ii. Define indicators reflecting risk factors and coping mechanism intrinsic to the vulnerable population groups at risk of food insecurity; iii. Prepare guidelines, training materials for analysis of data and information	x	x	x	x	PPC	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	20,000 5,000 2,000 1,000 1,000 1,000 2,100 32,100

FAO	Activity 1.4.3 i. Produce food insecurity map and of vulnerability factors resulting in undernutrition and food insecurity				x	PPC	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 2,000 1,000 1,000 1,000 1,050 16,050
FAO	Activity 1.4.4 i. Provide training for dissemination and follow up on analytical tools and information management capacities				x	PPC	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	20,000 5,000 2,000 1,000 1,000 1,000 2,100 32,100
JP Output 1.5: National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented									
The first draft national strategy for nutrition (2010-2020) and the 5 year action plan for nutrition (2011-2015) developed	UNICEF								
	Activity 1.5.1 i. Review the existing national plan of action (NPAN) for nutrition and the national strategy for nutrition; iii. Provide a forum for various ministries, agencies, NGOs, academia, the private sector and the media to address the prevailing nutritional problems and identify solutions; iii. Prepare a workplan and budget for the NPAN activities and ensure timely preparation; iii. Collaborate, where appropriate, with donor agencies to assess and secure technical and financial assistance for formulating and implementing the NPAN	x	x	x	x	Government of Vietnam	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	8,500 0 12,000 0 5,025 3,510 2,032 31,067
Total for Output									96,300

The first IYCF action plan for 2010-2015 is drafted	WHO	Activity 1.5.2 i. Review the implementation of IYCF action plan 2008-2010 and identify priorities for 2011-2015 ii. Draft action plans iii. Circulate for comments iv. Finalize plan and submit for approval				x	x	NIN MCH/MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 5,550 0 0 1,000 1,159 17,709
New legislation on maternities leave formulated	UNICEF	Activity 1.5.3 i. Review length of maternity leave legislation; ii. Provide advice on the new length of maternity legislation; iii. Review the BF implementation in workplaces				x	x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 10,000 0 3,450 1,566 1,051 16,067
Draft guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls have been developed	WHO	Activity 1.5.4 i. Review current national guideline for vitamin A, iron anaemia and Iodine and vitamin K deficiency control; ii. Revise guidelines; iii. Provide Comments; iv. Finalize guideline; v. Submit to MOH for approval				x	x	NIN, MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 5,550 0 0 1,000 1,159 17,709
Draft guidelines on use of zinc and ORS new format in treatment of acute diarrhea have been developed	UNICEF	Activity 1.5.5 i. Review current national guidelines on use of zinc and ORS; ii. Revise the guidelines; iii. Provide comments; iv. Finalize the guidelines; v. Submit to MOH for approval				x	x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 10,000 0 3,450 1,566 1,051 16,067

Micronutrient deficiency control activities have been promoted	WHO	Activity 1.5.7 i. Conduct advocacy workshops; ii. Support the advocacy through mass media events to improve the ownership & investment of the national and provincial governments in particular to the micro-nutrient deficiencies control activities	x	x	x	x	NIN, MCH, MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	0 5,000 2,775 0 0 600 586 8,961 107,580
JP Output 1.6: Implementation of pro-poor agriculture and rural development policies for better nutrition										
Capacity building activities initiated; Policy dialogue and advocacy initiatives; Training materials and technical guidelines produced	FAO	Activity 1.6.1 i. Carry out capacity building activities for selected national partners on formulation and implementation of pro-poor nutrition supportive policies; ii. Raise awareness among key stakeholders of pro-poor and nutrition policy issues and concerns; iii. Facilitate policy dialogue and advocacy on the formulation and implementation of pro-poor nutrition policies; iv. Prepare guidelines, training materials on policy analysis, development and implementation	x	x	x	x	RUDEC, IPSARD, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	20,000 20,000 10,000 5,000 2,500 2,500 4,200 64,200
	FAO	Activity 1.6.2 i. Analyze and update existing policies integrating nutrition objectives; ii. Prepare action plans for implementing pro-poor policies that improve food, health and nutrition	x	x	x	x	RUDEC, IPSARD, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	0 15,000 5,000 5,000 2,500 2,500 2,100 32,100 96,300

JP Outcome 2: Improved infant and young child feeding practices including increased compliance with the UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 2.1: Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals										
IYCF committee in MOH is fully functional	WHO	Activity 2.1.1 i. Support to salary of full-time national coordinator and full-time programme assistant; ii. Support to administration of IYCF Steering Committee		x	x		MCH, MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	14,018 0 0 0 0 981 14,999
National mass media communication campaign organized	UNICEF	Activity 2.1.2 i. Contract mass media ii. Organize national level mass media events on IYCF iii. Produce brochures/calendars and etc.			x		MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	0 17,700 16,000 0 0 4,680 2,687 41,067
BF promoted through mass media events	WHO	Activity 2.1.3 i. Support to development and airing of TV programs ii. Support to advertisement of TV sports on BF through mass media iii. Organize conference on BF to journalists			x		MCH-CHE/MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	0 10,000 5,550 0 0 1,000 1,159 17,709

Revised National Decree 21 positively received by the government	UNICEF	Activity 2.1.1.4 i. Develop advocacy package for promoting BF ii. Make available the advocacy package to the high ranking level decision makers				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 17,600 0 0 0 2,088 1,378 21,066
Political and financial commitment from policy makers for BF	WHO	Activity 2.1.1.6 i. Support to Central Committee for Ideology to conduct propaganda activities on BF				x	National Assembly and Ideology Committee	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 5,550 0 0 1,000 1,159 17,709
One national professional association champions BF protection and promotion	UNICEF	Activity 2.1.1.7 i. Identify one national professional association ii. Contract this association to work on BF promotion and protection				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 17,600 0 0 0 2,088 1,378 21,066
One national Professional association is working on BF	WHO	Activity 2.1.1.8 i. Organize a workshop for journalists ii. Support to Pediatrics Association to promote BF iii. Support to Midwives/nurses Association to promote BF				x	MOH, Pediatric and Midwifery association	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	10,000 0 5,550 0 0 1,000 1,159 17,709

BF counseling training materials produced and training provided to the health workers	WHO	Activity 2.1.9 i. Training on counseling to health promoters ii. Support community-based activities on BF promotion iii. Support to community supportive groups	x	x		MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	10,000 30,000 22,200 0 3,000 600 4,606 70,406
IEC materials on BF printed and made available to communal BFHI	UNICEF	Activity 2.1.10 i. Develop, print and distribute IEC materials on BF counseling	x			MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 4,300 4,000 1,000 0 1,044 724 11,068
WHO PMU office is functional	WHO	Activity 2.1.11 i. Support function of provincial PMUs in WHO programme provinces						Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	0 24,000 8,325 0 2,000 0 2,403 36,728 258,457

JP Output 2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care media and community-based activities and for medical professionals										
IYCF ToT training programme have been developed Five provincial and all district IYCF-TOT teams trained	UNICEF	Activity 2.2.1 i. Develop ToT programme for IYCF ii. Select ToT trainers and provide training on IYCF iii. Develop and make available the IYCF ToT materials		x	x		MCH, NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	4,000 2,000 3,300 0 0 1,044 724 11,068
ToT on IYCF training carried out	WHO	Activity 2.2.2 i. Revise training materials and programme ii. Conduct TOT training programme for IYCF trainer team of 32 provinces on IYCF		x	x		MCH, NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	2,000 8,000 5,550 0 0 1,000 1,159 17,709
Training on counseling on BF carried out	UNICEF	Activity 2.2.3 i. Provide technical support on BF at commune health centers, district, provincial hospitals on BF counseling		x	x		NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	5,000 2,000 0 0 2,300 1,044 724 11,068
Training materials produced; Training on counseling on BF carried out	WHO	Activity 2.2.4 i. Training to health staff on counseling ii. Support counseling activities on breastfeeding at communes health centers, district and provincial hospitals in WHO programme provinces		x	x		MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	8,000 2,000 5,550 0 1,000 150 1,169 17,869 57,714

JP Output 2.3 Increased number of health facilities introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate										
BFHI self-assessment team is established and self-assessment being carried out	UNICEF	Activity 2.3.1 i. Establish self assessment team ii. Provide training on internal self assessment								Training Contracts 5,000 Personnel 2,000 Supplies 2,300 Travel 0 Other direct costs 0 Indirect costs (%) 1,044 724 Sub-Total 11,068
Training materials on BFHI developed; Refresher training organized	WHO	Activity 2.3.3 i. Revise training materials and programme ii. Conduct Refresher training courses on BFHI for the staff of 57 BFHI certified provincial hospitals								Training Contracts 3,000 Personnel 12,000 Supplies 8,325 Travel 0 Other direct costs 0 Indirect costs (%) 1,500 1,738 Sub-Total 26,563
CHC conduct 10 steps of BFHI	WHO	Activity 2.3.4 i. Orient CHCs on 10 steps of BFHI; ii. Implement the model of communal BFH Centers in selected CHCs; iii. Rolling out to all CHCs in selected districts								Training Contracts 10,000 Personnel 10,000 Supplies 24,420 Travel 0 Other direct costs 3,000 Indirect costs (%) 1,500 3,424 Sub-Total 52,344
Communal Baby Friendly Health Centers follow the 10 steps of BFHI	UNICEF	Activity 2.3.5 i. Develop a model of communal Baby Friendly Health Centers; ii. Support the implementation of this model; iii. Support the roll-out exercise								Training Contracts 9,000 Personnel 4,800 Supplies 7,200 Travel 0 Other direct costs 0 Indirect costs (%) 3,429 1,710 Sub-Total 26,139
Total for Output										116,114

JP Output 2.4 Enhanced implementation of national code for marketing and trading breast milk substitutes										
Code on BF monitoring carried out	UNICEF	Activity 2.4.1 i. Develop training programme on BF Code monitoring; ii. Organize training to the health inspectors and related staff on BF Code monitoring practices				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	4,000 2,000 3,300 0 0 1,044 724 11,068
National Decree 21 monitoring carried out in 5 selected provinces	WHO	Activity 2.4.2 Monitor activities of the National Decree 21 in selected provinces				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 10,000 5,550 0 500 650 1,169 17,869
Annual review meeting being organized	UNICEF	Activity 2.4.3 i. Organize annual review meeting on BF Code implementation; ii. Provide technical advise/comments to enforce the Code iii. Lessons learned and action prepared for the next annual review meeting				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	4,000 2,000 3,300 0 0 1,044 724 11,068
Code Watch bullets available	WHO	Activity 2.4.4 Production of "Code Watch" bulletin				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	0 3,000 1,665 0 0 500 362 5,527 45,532

JP Outcome 3: Reduction of micronutrient deficiencies in targeted children and women										
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Output 3.1 Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area										
Vitamin A, iron folic tablets, de-worming drugs and sprinkles, multiple micronutrient tablets available to all women and children in programme targeted areas	UNICEF	Activity 3.1.1 Procure vitamin A, iron folic tablets, de-worming drugs and sprinkles, multiple micronutrient tablets to all women and children in targeted areas	x				MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 17,350 0 0 0 2,340 1,378 21,068
Zinc and ORS available for treatment of diarrhea among under-five children in the intervened areas of programme provinces	WHO	Activity 3.1.2 Procure Zinc and ORS with low osmolarity	x				MCH, MOH, Pediatric hospitals	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 5,550 10,000 500 650 1,169 17,869
Vitamin K1 procured	WHO	Activity 3.1.3 Support the social marketing activity to promote the usage of the ORS	x				MOH, Regional Pasteur Institutes	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 5,000 2,775 0 0 650 590 9,015
	WHO	Activity 3.1.4 Procure Vitamin K1	x				MOH, MCH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 5,743 10,000 500 650 1,183 18,076
									Total for Output	66,028

JP Output 3.2 Capacity of local health workers in implementation of the micro-nutrient deficiency control activities (vitamin A, iron anemia and IDD) improved										
ToT developed and Trainers are available	WHO	Activity 3.2.2 Organize ToT for provincial health workers on national guidance for micronutrient deficiencies control	x	NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	4,000 0 2,500 0 0 600 497 7,597	NIN, CHE	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 20,000 14,000 0 0 1,500 2,485 37,985
WHO	Activity 3.2.6 Support the integrated monitoring of vitamin A supplementation for children and post partum women in disadvantage localities of the programme areas	x	NIN	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 5,000 3,000 0 0 650 606 9,256					
						Total for Output				
54,838										

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

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
			Q1	Q2	Q3	Q4		Source of Funds	Amount	
Two provinces of UNICEF programme have inpatient child acute severe malnutrition (CSAM) units at the provincial hospitals and two selected district hospitals	UNICEF	Activity 4.1.1 Provide financial and technical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	x	x	x	x	MOH, Regional Pasteur Institutes	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	3,000 6,300 0 0 0 1,044 724 11,068

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

Model of CSAM performed fluently in five selective commune in Kon Tum province	UNICEF	Activity 4.1.2 Introduction of the CSAM model in one selective district of the programme areas				x		MOH, MCH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	3,000 6,300 0 0 0 1,044 724 11,068
The CSAM model of UNICEF be advised by UNICEF Global or regional Offices	UNICEF	Activity 4.1.3 International technical assistant to review the CSAM model				x		NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 9,300 0 0 1,044 724 11,068
Model for community based management of CSAM available and functioned well in two selective provinces	UNICEF	Activity 4.1.4 Implementation of the model on outpatient therapeutic feeding centre model for community based management of CSAM in the selective provinces				x	x	NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	7,000 0 10,350 0 0 2,340 1,378 21,068
80% of responsible government official, inter. partners within the country Nutrition Cluster network trained on nutrition in Emergencies using latest global training package	UNICEF	Activity 4.1.5 Adaptation of the training package and conduct a training programme for government network and international partner within the Nutrition Cluster on nutrition in emergencies				x		NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	6,000 0 3,365 0 0 1,044 729 11,138
National guidelines for Kangaroo-Mother care for low birth weight/premature newborns have been developed	WHO	Activity 4.1.10 Support the development of national guidelines for Kangaroo-Mother care for low birth weight/premature newborns					x	Programme Provinces	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	2,000 3,000 3,000 0 0 650 606 9,256 74,666

JP Output 4.2 Provision of key supplies to support nutrition services for selected provinces and localities at high risk, including micronutrient supplements and ready to eat therapeutic foods										
Two provinces of UNICEF programme have inpatient CSAM Units at provincial hospitals and two selected district hospitals	UNICEF	Activity 4.2.1 Procurement of medical equipment for treatment and care of child severe acute malnutrition for selected rehabilitation units	x				MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 17,350 0 0 2,340 1,378 21,068
Procurement of Plumpynut, and other therapeutic feeding products to serve the CSAM	UNICEF	Activity 4.2.2 Therapeutic feeding products(plumpynut) to serve the CSAM of two selected UNICEF provinces	x				MOH, MCH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 0 17,350 0 0 2,340 1,378 21,068
All micronutrients and equipments are transported from supplier to users in UNICEF programme provinces	UNICEF	Activity 4.2.3 Shipping cost	x				NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 5,000 0 0 0 1,072 425 6,497
All micronutrients and equipments are transported from supplier to users in WHO programme provinces	WHO	Activity 4.2.7 Shipping cost				x	MOH	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	0 7,000 0 0 0 0 490 7,490 65,379

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

UN organization-specific Annual targets	UN organization	Activities	TIME FRAME				Implementing Partner	Source of Funds	PLANNED BUDGET	
			Q1	Q2	Q3	Q4			Budget Description	Amount
JP Output 5.1: Increased efficiencies in rice production in the highland and mountainous regions in Vietnam through building capacity in rice integrated crop management systems (RICM)										
Training needs identified; Training materials produced; Agriculture inputs purchased and distributed; Training initiated	FAO	Activity 5.1.1 i. Conduct participatory survey to assess training needs; ii. Conduct inventory of seed sources, locally adopted varieties as well as promising modern varieties; iii. Formulate guidelines and prepare technical materials for demonstrating on-farm seed production and conservation using RICM technologies	X				DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	0 20,000 5,000 3,000 1,000 1,000 2,100 32,100
	FAO	Activity 5.1.2 i. Train provincial staff and conduct on-farm demonstrations on the production and conservation of rice seed using integrated crop management systems and seed conservation	X	X			DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output	20,000 5,000 2,000 1,000 1,000 1,000 2,100 32,100 64,200
JP Output 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;	FAO	Activity 5.2.1 i. Build capacity of NGOs/IPs to support homestead food production – crops, livestock and fish; ii. Develop and print training manuals; iii. Conduct training	X						Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	25,500 8,049 5,000 1,000 2,000 1,000 2,978
Production inputs purchased and distributed; Nutrition education activities initiated	FAO	Activity 5.2.2 i. Support crop and small livestock production activities; ii. Support household and group aquaculture production activities	X	X	X	X			Sub-Total Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	45,527 20,000 10,000 2,000 1,000 1,000 1,000 2,450
At least 18 NGOs and IPs trained and active in the homestead food production, small livestock raising, and aquaculture practices	FAO	Activity 5.2.3 i. Support training and demonstration activities for small-scale food processing and preservation and in nutrition education	X					X	Sub-Total Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	37,450 20,000 10,000 2,000 1,000 1,000 2,450
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									Sub-Total Total for Output	37,450 120,427
Total Planned Budget (first year)										1,543,835
Total FAO										543,077
Total UNICEF										449,400
Total WHO										551,358