





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:

- 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

Programme Duration: 36 months

Anticipated start/end dates: 2009-2012

Fund Management Option: pass-through

Managing or Administrative Agent: UNDP MDTF

Total estimated budget*: US\$3,550,000

Out of which:

Funded Budget: US\$3

US\$3,550,000

2. Unfunded budget:

N/A

* Total estimated budget includes both programme costs and indirect support costs

Budget breakdown by UN organization:

FAO
 US\$ 1,092,727
 UNICEF
 WHO
 US\$ 985,470
 US\$ 1,421,803

Sources of funded budget:

 Government and staff time \$50,000

Donor MDG-F...

\$3,500,000







Nilgun F. Tas United Nations Resident Coordinator a.i. Resident Representative
Spanish Agency for International
Development Cooperation

Bui Ba BongVice Minister
Ministry of Agriculture and Rural
Development

Date: 28/12/2009

Date: 28/12/2009

Date: 28/12/2009

Dr. Tran Chi Liem
Vice Minister
Ministry of Health

Andrew W. Speedy
Representative
Food and Agriculture Organization

Jesper Morch Representative United Nations Children's Fund

Date:

29/12/2009

Date: 28/12/2809

Date: 28/12/9

, Jean-Marc Olivé

Representative
World Health Organisation

Date:

28/12/2009

Table of contents

1. Executive Summary 4
2. Situation Analysis 5
3. Strategies, including lessons learned and the proposed Joint Programme 9
4. Results Framework
5. Management and Coordination Arrangements14
6. Fund Management Arrangements15
7. Monitoring, Evaluation and Reporting16
8Legal Context or Basis of Relationship17
9. Work plans and budgets17
Annex 1: Work Plan for UNDP/Spain MDG Fund Joint Programme Vietnam Period: Jan 2010 – end Dec 201017
Table 1: Results Framework
Participating Agencies' Corporate Strategies
Table 2: Joint Programme Monitoring Framework
Annex 2: Work Plan and Budget for UNDP/Spain MDG Fund Joint Programme Vietnam Period: First 12 months44

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 B?ng, Đi?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 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 (MGD1), 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 Association 1 (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 interdisciplinary 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 prenatal 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, Đi?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

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

^{**} Estimated population based on average regional percentage of women at RA

 $^{{\}tt ***Estimated\ population\ based\ on\ average\ regional\ percentage\ of\ under\ -five\ children}$

^{****}Data from Nutrition Surveillance in 2007

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 antennal 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 server 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 form 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 Gardenning 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 requires during its last phase the implementation 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 twelvemonth 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>

PRO	GRAMME BU	UDGET		
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

JNDAF 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

Improved availability and sharing of reliable food and nutrition-related information by province, ethnicity, gender and social sectors.

Outcome Indicators:

Analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children.

National and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socio-economic Development Plan (SEDP) Pro-poor policies for improving food, health and nutrition formulated and integrated into national and provincial development goals and strategies. 2011-2015; MARD's rural development strategy; National Nutrition Strategy 2011-2010 and National Plan of Action for Nutrition 2011-2010). Baseline:

To he locally established

TO DE IOCAII) ESCADIISITEC	פת							
JP Outputs (indicators	Participating UN	Participating	Participating	Implementing	Indicative activities for	Resource allocation and indicative time	n and indicat	ive time
and baselines)	organization-	Z S	S 5	Partner	each Output	fr	frame	
	specific Outputs	Organization	Organization corporate			7.1	B	Total
			priority ²					
1.1 Technical	New nutrition	WHO	09.003.WP0	NIN, MCH	Review meetings and	33,341		33,341
support for strengthening the	indicators and data collection		1.VNM01		workshops to update nutrition programme			
existing nutrition	frameworks for				indicators and data			
utilization system					national level			
on food-health- nutrition	New data	UNICEF	FA1/KRA1	NIN, MCH	Provide technical and	10,345 10,000		20,345
	indicators applied				illialicial assistalice foi annual Nutrition			
Output Indicators:	in annual nutrition				Surveillance and apply			
New nutrition	survey 2009-2010				updated indicators and			
indicators and official					data collection			
data collection					framework (training at			
Iraineworks for					national level)			
nutrition	Updated data on	WHO	09.003.WP0	NIN, MCH,	Provide technical and	33,341	28,300	61,641
	IDD and iron		1.VNM01	МОН	financial support on			
DaseIIIIe: Data	anaemia available				surveillance on			
collected III year 1.					micronutrient			
					deficiencies in the			
					Target provinces			
	Updated data on	UNICEF	FA1/KRA1	NIN	Provide technical and	19,690		19,690
	IDD and USI status				financial support on			
	available				surveillance on			
					micronutrient			
					deficiencies in selected			
					provinces			

 $^{^{\}rm 2}$ See Key to Participating Agencies' Corporate Strategies Page xx.

1.2 Improved National GIEWS FAO information on food Workstation stocks, established availability and market prices at	national, provincial Methodological FAO and local levels support for estimating crop production Output Indicators: production 84 provincial staff	trained in crop production and support for support for stimates by livestock estimates by livestock livestock livestock monitoring production		Baseline: Data collected in year 1. enhanced	sustainable tracking one selective system to monitor the impact of the food crisis on nutrition status of functional	Responsible staff of central government and soring of 15 disaster prone provinces trained on rapid nutrition assessment using latest training package
H5	4H	H4	4H	4H	UNICEF FA1/KRA1	UNICEF FA1/KRA1
DCP, MARD	DCP, MARD	DLP, MARD	DCP, MARD	DCP, MARD	НОМ	НОМ
Review information management structures and information flows for forecasting and early warning	Equip and train MARD staff at provincial (6) and district levels in crop production estimates	Equip and train MARD staff at provincial (6) and district levels in livestock production estimates	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	Agricultural information centers supported by GIEWS Workstation produce regular reports on food availability and market prices including CCBS update and agrometeorology forecasting	Technical assistance to develop a tracking system on the impact of the food crisis on nutritional status of mothers and children	Refresh training on rapid nutrition assessment in emergencies for responsible government staff in natural disaster prone areas and update forms for data collection in rapid nutrition assessment
30,000	40,000	40,000	20,000 20000	25,000 25000	19,688 20,000	10,344 10,000
			0	0	0	0
30,000	40,000	40,000	40,000	50,000	39,688	20,344

20,344	15,000	15,000	30,000	000'09	59,035	16,776	20,016	24,476
10,000				30000	30,000		5,000	7,700
10,344	15,000	15,000	30000	30000	29,035	16,776	15,016	16,776
Support to NIN to conduct joint rapid nutrition assessment of affected populations in emergencies	Review information systems and identify information needs of data users	Identify indicators of risk of food and nutrition insecurity	Produce FIVIMS maps of target areas	Identify organizational arrangements for improved flow and use of data at local, national and regional levels	Technical assistance for the development of the National Action Plan for Nutrition 2011-2015	Development and issuance of the new IYCF action plan 2010-2015 including IYCF in emergencies	Review length of maternity leave legislation and enforcing BF in workplace	Provide technical and financial assistance in formulation and issuance of national guidelines for vitamin A, iron anaemia and iodine and vitamin K deficiency control for national use
НОМ	RUDEC, IPSARD, MARD	RUDEC, IPSARD, MARD	RUDEC, IPSARD, MARD	RUDEC, IPSARD, MARD	НОМ	MCH/NIN/MOH	МОН	NIN/MCH/MOH
	H4/H5	H4/H5	H4/H5	H4/H5	FA1/KRA1	09.004.WP 01.VNM01	FA1/KRA1	09.002.WP0 1.VNM01
UNICEF	FAO	FAO	FAO	FAO	UNICEF	МНО	UNICEF	МНО
X joint rapid nutrition assessments of affected populations in emergencies	Report of user needs survey	Specific food and nutrition indicators identified for use by FIVIMS	FIVIMS maps of target areas produced	Monthly flow and use of data from FIVIMS partners	The new national strategy for nutrition 2010-2020 and the 5 year action plan for nutrition 2011-2015 formulated and submitted	The IYCF action plan for 2010-2015 formulated and submitted	New Gov. legislation on maternities leave formulated and submitted to central Gov.	A set of national quidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls individually formulated and submitted to the MOH for approval
Baseline: Data collected in year 1.	1.4 Improved food and nutrition information through updated Food	Insecurity and Vulnerability Information Mapping System	(FIVIMS) Output Indicators:	Regular FIVIMS maps produced <u>Baseline:</u> FIVIMS (2000)	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.	nutrition 2010-2020 and the 5 year action plan for nutrition; National guidelines for micronutrient deficiency control	Baseline: Existing plans, policies and strategies.

20,016	400 29,700	16,193	000'09	30,000	80,000 160,000
	14,400				80,0
2000	15,300	7,700			000'08
15,016		8,493	000'09	30,000	
Provide Technical assistance in formulation and issuance of national guidelines for use of zinc and ORS new format in treatment of acute diarrhoea	Review of National Code on Trading and Marketing breast milk substitutes, Decree 21	Support advocacy events to improve ownership and investment of national and provincial governments in particular for micronutrient deficiency control activities	Build capacity for analyzing impacts of policy choices on food, health and nutrition and engage in regional dialogue to share experiences	Prepare action plans for implementing pro-poor policies that improve food, health and nutrition	Implement pro-poor policies that improve food, health and nutrition and integrate lessons learned into national policies
НОМ	мсн/мон	NIN/MCH/MOH	RUDEC, IPSARD, MARD	RUDEC, IPSARD, MARD	RUDEC, IPSARD, MARD
FA1/KRA1	09.004.WP0 1.VNM01	09.001.WP0 1.VNM01	H1/H2	H1/H2	н1/н2/н3
UNICEF	МНО	OH.	FAO	FAO	FAO
National guidelines on use of zinc and ORS new format in treatment of acute diarrhoea formulated	National Decree 21 revised and submitted to central government	MOH pick up 100% of the cost for vitamin A capsules to meet whole country demand by 2011	3 regional and one national policy workshop held; Regional policy dialogue initiated in first year	Action plans at provincial and national levels revised to be more pro-poor focused on improving food, health and nutrition	Explicit nutrition and health concerns integrated into pro-poor policies and into national policies; Accelerated implementation of existing pro-poor policies
			1.6 Implementation of pro-poor agricultural and rural development policies for better nutrition	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 Baseline: Existing national and provincial policies.

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

UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months Joint Programme Outcome 2: Improved infant and young child feeding practices including increased compliance with the

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 Par	olished Participating UN	Participating	Participating	Implementing	Indicative activities for	Resource allocation and indicative time	allocation	and indicat	ive time
	organization-specific Outputs	UN organization	UN organization corporate	Partner	each Output	7.1	rame X2	ج ج	Total
	IYCF committee's office in MOH is available and fully functioning	МНО	09.004.WP01. VNM01	мсн, мон	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	ΗOΣ	Support annual review meeting on the implementation of IYCF and BF promotion at national and provincial level		15,000	10,000	25,000
	National mass media communication campaign to improve commitment and investment of policy makers	UNICEF	FA1/KRA1 & KRA2	НОБ	Promote national level mass media events	38,380	30,000		68,380
	Public awareness on benefits of BF increased	МНО	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	UNICEF	FA1/KRA1	НОМ	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	МНО	09.001.WP01. VNM01	МОН	Support advocacy work on BF to high level decision-makers	16,766	7,700		24,476
	One national professional association champions BF protection	UNICEF	FA1/KRA1	НОМ	Work with professional associations on BF to involve them as champions for BF promotion	19,688	20,000		39,688

32,076	165,039	35,344	78,204	20,344	32,076	35,344	46,076	20,344	10,000
	28,700	15,000	22,200			15,000	14,000		10,000
15,300	70,200	10,000	22,200	10,000	15,300	10,000	15,300	10,000	
16,776	66,139	10,344	33,804	10,344	16,776	10,344	16,766	10,344	
Work with professional associations on BF to involve them as champions for BF promotion	Support BF counseling, training and IEC activities in target provinces.	Support BF counseling, training, IEC activities in selected provinces	Support function of provincial PMUs in WHO Programme provinces	TOT training programme for IYCF trainer team in 33 provinces on IYCF	TOT training for IYCF trainer team in 32 provinces on IYCF	Support counseling activities on BF at commune health centres, district and provincial hospitals in selected provinces.	Support counseling activities on BF at commune health centers, district and provincial hospitals in WHO programme	Establish a self- assessment team and train on internal self assessment in 57 provincial BFHI Hospital	Support self- assessment (internal exercise) in 57 provincial BFHIhospitals
НОМ	НОМ	НОМ	PMU Programme provinces	НОМ	MCH, NIN	НОМ	НОМ	НОМ	НОМ
09.001.WP01. VNM01	09.002.WP01. VNM01	FA1/KRA2	09.004.WP01. VNM01	FA1/KRA1	09.002.WP01. VNM01	FA1/KRA2	09.002.WP01. VNM01	FA1/KRA1	FA1/KRA1
МНО	МНО	UNICEF	МНО	UNICEF	МНО	UNICEF	МНО	UNICEF	UNICEF
National professional associations actively promote BF and CF	Counseling skills of health workers at all levels improved, KAP of mothers on BF and CF improved	All communal BFHI clinics provided with handy IEC on BF	PMUs in Target provincesare established and functioning	Five provincial and all district IYCF-TOT teams trained on BF and CF counseling	The key trainers from 32 provinces trained on IYCF	Counseling activities on breastfeeding promotion in commune health centres in 10 selected communes.	Counseling skills on BF of health workers at communes health centers, district and provincial hospitals improved	BFHI self-assessment teams established and trained in 5 provinces	Provinces perform annual self- assessment exercises on BFHI
				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	Hospital Initiative and granted MBFH certificate

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

Table 1: Results Framework (contd.)

come: 1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutional capacity strengthening policy making for more inclusive and sustainable economic growth		
1. Quality social and protection services universally available to all Vietnamese people, and 2. Institutivaling policy making for more inclusive and sustainable economic growth	capacity	
 Quality social and pre thening policy making for 	Institutional	
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	ome: 1	strengt
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UND≱ buildii	UNDA	buildin

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
% pregnant 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	plished								
JP Outputs	Participating UN	Participating	Participating	Implementing	Indicative activities for	Resource allocation and indicative time	llocation a	ınd indicati	ve time
(indicators and	organization-specific	N S	N	Partner	each Output		frame	ē	
baselines)	Outputs	organization	organization			乊	72	S S	Total
			priority						
3.1 Supplies of	Vitamin A, iron folic	UNICEF	FA1/KRA1	МОН	Procure micronutrients	19,690	20,000		39,690
vitamin A	tables, de-worming				(vitamin A, iron folic				
capsules, iron	drug and sprinkles,				tables, de-worming				
folic tablets,	multiple				drugs and sprinkles,				
zinc and de-	micronutrient tablets				multiple micronutrient				
worming drugs	procured for all				tablets) for all targeted				
available to all	targeted women and				women and children in				
targeted	children				the programme				
children and					provinces				
women in the	Zinc and ORS with	МНО	09.004.WP0	мсн, мон,	Procure and provide	16,776	15,300		32,076
programme area	low osmority for		1.VNM01	Pediatric	Zinc and ORS with low				
	treatment of			hospitals	osmority for treatment				
Output Indicators:	diarrhoea among				of diarrhoea in under-				
Coverage of	under-five children in				five children in selected				
vitamin A among	selected areas				areas				
children 6-59	Increased local	WHO	09.001.WP0	MOH, Regional	Support social	8,493	2,700		16,193
month of age;	production of ORS		1.VNM01	Pasteur	marketing to promote				
Coverage of	with new format			Institutes	the use of the ORS new				
pregnant women					format product				
with iron folic	Vitamin K1 for	WHO	09.004.WP0	мсн, мон	Procure and provide	16,776	15,300	13,800	45,876
supplementation;	preventing		1.VNM01		vitamin K1 for				
USI coverage of	hemorrhage in				preventing hemorrhage				
households;	newborns in selected				in newborns in selected				
% newborns with	areas available				areas				
vitamin K injection									
Baseline: MICS									
(2006)									

	I	I			
20,000	12,936	25,000	20,000	58,376	23,193
10,000		15,000			7,000
10,000	6,100	10,000	20,000	22,000	7,700
	6,836			36,376	8,493
TOT training for provincial health workers on national guidance for micronutrient deficiency control	Training for provincial, district and commune health workers in WHO supported programme provinces on national guidance for micronutrient deficiency control	Training programme for provincial health workers on national guidance for micronutrient deficiency control	Development and production/distribution of IEC materials on micronutrient deficiency control (vitamin A, IDD) to the health care network in UNICEF programme areas	Development and production/distribution of IEC materials on micronutrient deficiency control (iron folic, deworming) to the health care network of WHO programme areas	Support the integrated monitoring of vitamin A supplementation for children and post partum women in disadvantage localities of the programme areas
НОМ	NIN	НОМ	НОМ	MOH, MCH, NIN, CHE	MCH, NIN, MOH
FA1/KRA1	09.002.WP0 1.VNM01	FA1/KRA1	FA1/KRA2	09.004.WP0 1.VNM01	09.004.WP0 1.VNM01
UNICEF	МНО	UNICEF	UNICEF	ОНМ	МНО
Trainer team for national guidance on micronutrient deficiency control available in the five UNICEF provinces	80% health workers at provincial, district, commune in Target provinces trained on National guidance on micronutrient deficiency control	80% provincial, district and commune health workers in the five UNICEF provinces trained on national guidance for micronutrient deficiency control	Five different items of IEC materials on micronutrient deficiency control developed and distributed to all UNICEF project provinces	Five different items of IEC materials on micronutrient deficiency control developed and distributed to all WHO programme provinces	Joint monitoring trips on vitamin A, iron supplementation for children and post partum women in disadvantage localities of the programme areas
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		

Table 1: Results Framework (contd.)

UNDAF Outcome: building for streng	UNDAF Outcome: 1. Quality social and protection services universally available to all Vietn building for strengthening policy making for more inclusive and sustainable economic growth	protection se	rvices univers usive and sust	ally available to	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	and 2. Ins	titutional	capacity	
Joint Programm	e Outcome 4: Impro	oved care and	d treatment	services for yo	Joint Programme Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved	e malnut	rition and	d impro	ved
nutrition services Outcome Indicators	nutrition services for young children in eme Outcome Indicators:	n in emergen	ergency situations	ra.					
% low birth weights % U5 children mode	% Iow birth weights % U5 children moderately and severely stunted		(height for age)						
% U5 children mo	% U5 children moderately and severely wasted	_	-						
% U5 children mo	% U5 children moderately and severely wasted (weight fo		r age)	mitted in CSAM	admitted in CSAM under emergency and non-emergency contexts	-emergen	y context	S	
<u>Baseline:</u>		2							
To be locally established	blished								
JP Outputs (indicators and	Participating UN organization-specific	Participating UN	Participating UN	Implementing Partner	Indicative activities for each Output	Resource	Resource allocation and indicative time frame	nd indica e	tive time
baselines)	Outputs	organization	organization corporate priority		-	7.7	22	53	Total
4.1 Capacity of	National training	МНО	09.02.WP01.	MOH, Pediatric	Revision adaptation and		15,300		15,300
on care and	inpatient therapeutic		TOLINA	nospitals	production of fractional (protocol)				
treatment of	care and treatment				on inpatient therapeutic				
children with	(hospital based				care and treatment				
severe acute	management of child				(hospital based				
(SAM) and with	severe mainutrition)				management of child severe malnutrition)				
special needs in	Public and private	CHM	09.02 WP01.	Pediatric	Training programme for		22,900		22,900
community and	pediatricians of five)	VNM01	Hospitals,	public and private		200174		200177
hospital systems	WHO and UNICEF			МОН	pediatricians on inpatient				
improved	programme				therapeutic care and				
Output Indicators:	provinces trained in innation therapeutic				treatment for management of child				
Coverage of	care and treatment				severe acute malnutrition				
severe acute	for child severe acute				(five selective provincial				
	malnutrition				hospitals)				
children under 5	2 Target provinces	WHO	09.02.WP01.	мсн, мон,	Provide financial and		38,000		38,000
with CSAM;	have inpatient CSAM		VNM01	Pediatric	technical support to				
Model are allu	units at provincial			Hospitals	revitalize, establish				
severe malnutrition rate	nospitals and two district hospitals				Inpatient tnerapeutic care units for hospital based				
Baseline:	-				management of child				
					severe acute malnutrition in 5 provinces				

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

31,500	19,690	15,300	39,690	10,000	22,072	19,567
31,500		15,300	20,000	10,000	16,000	13,800
	19,690		19,690		6,072	5,767
Procurement of medical equipment for treatment and care of child severe acute malnutrition in Target provinces and districts	Procurement of medical equipment for treatment and care of child severe acute malnutrition in selected rehabilitation units	Procurement of key therapeutic foods, drugs (F75, F100, Resoma, retinol) to supply nutrition rehabilitation centres in hospitals	Procurement of Plumpynut, and other therapeutic feeding products to supply CSAM	Support the local development of RUFT food to meet demand from CSAM and other health programme (HIV/AID)	Shipping cost	Shipping cost
NIN and Provinces	мсн, мон	MOH, Pediatric hospital	мсн, мон	мсн, мон	мсн, мон	мсн, мон
09.004.WP0 1.VNM01	FA1/KRA1	09.004.WP0 1.VNM01	FA1/KRA1	FA1/KRA1	FA1/KRA1	09.004.WP0 1.VNM01
МНО	UNICEF	ОНМ	UNICEF	UNICEF	UNICEF	ОНМ
Medical equipment procured and installed in inpatient CSAM units at the provincial hospitals and at 2 selected district hospitals of WHO programme provinces	2 UNICEF programme provinces have inpatient CSAM Units at provincial hospitals and two selected district hospitals	Therapeutic feeding products (plumpynut) to supply CSAM units in 2 WHO provinces	Therapeutic feeding products (plumpynut) to supply CSAM in 2 UNICEF provinces	Local production of RUFT reviewed and potential suppliers defined	Micronutrients and equipment transported from supplier to users in UNICEF programme provinces	Micronutrients and equipment transported from supplier to users in WHO programme provinces
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	Output Indicators: Number of inpatient therapeutic feeding centres; Number of out-	patient therapeutic feeding centres Baseline: MICS	(2006)		

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	olished	1	() () () ()		0:10:10:10:10:10:10:10:10:10:10:10:10:10		20:100	Scit Controlled	fr. mo
outs	Participating UN	Participating	Participating	Implementing	Indicative	Kesource a	Resource allocation and indicative time frame	indicative tim	e rrame
(indicators and	organization-specific	S	S	Partner	activities for	Ţ	72	S S	Total
baselines)	Outputs	organization	organization		each Output				
			corporate priority						
5.1 Increased	Report on	FAO	A1	MARD	Review rice	30,000	30,000		000'09
es in	assessment of seed				seed situation				
rice production	situation;				and assess				
in the highland	Training needs				training needs				
	assessed and								
mountainous	capacity building plan								
regions in	padolavan								
	120 provincial staff	FAO	A1	MARD	Train	30,000	30,000		60,000
through building	trained in RICM and				provincial staff				
capacity in rice	600 farmers adopt				and conduct				
integrated crop	RICM practices				on-farm				
management					demonstration				
systems (RICM)					s on the				
					production and				
					conservation				
					of rice seed				
					nsing				
					integrated				
					crop				
					management				

30,000	42,548	70,000	70,000
30,000			
		35000	35000
	42,548	35,000	35,000
Adapt rice ICM technologies and systems to local conditions, evaluate impact and assess challenges for their wider adoption	Build capacity of NGOs/IPs to support homestead food production	Support small livestock production activities	Support household and group aquaculture production activities
MARD	DCP, MARD	DLP, MARD	RIA1, MARD
P1	FE	B1	2
PAO	FAO	FAO	FAO
Transfer of adapted RICM technologies through on-farm demonstrations and FF schools	At least 18 NGOs and implementing Partners (IPs) trained and active in the household food system	900 households engaged in improved livestock production practices by 2011	300 households engaged in improved aquaculture production practices by 2011
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.	5.2 Improved homestead food production including animal sourced foods (small livestock,	poultry, fisheries and aquaculture), processing and preservation,	and nutrition education Output Indicators: % provincial staff and IPs trained in improved

100,000	18,692	210,000 1,002,548	14,700 71,487	224,700 1,092,727	85,000 921,000	5,950 64,470	90,950 985,470	193,600 1,328,788	13,552 93,015	207,152 1,421,803	488,600 3,271,028	34,202 228,972	522,802 3,500,000
	-	285,000	19,950	304,950	416,000	29,120	445,120	619,900	43,393	663,293	1,320,900	92,463	1,413,363
c P	18,692	507,548	36,837	563,077	420,000	29,400	449,400	515,288	36,070	551,358	1,461,528	102,307	1,563,835
Support training and demonstration activities for small-scale food processing and preservation and in nutrition education													
DCP, MARD	-												
	-												
PAO													
900 households involved in improved post-harvest practices; 1200 households provided with nutrition education	Project preparation	Programme Cost	Indirect Support Cost	Sub Total for FAO	Programme Cost	Indirect Support Cost	Sub Total for UNICEF	Programme Cost	Indirect Support Cost	Sub Total for WHO	Programme Cost	Indirect Support Cost	Total
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 vear 1.	FAO				UNICEF			WHO			Totals		

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

Collection methods (with indicative time frame & frequency)	Specific studies; WHO, Data available to, and used Ouestionmaires; Regular Field surveys; Progress reports; Progress reports
Means of (Carification f	Minutes of Meetings; Reports and studies; Reports of field Surveys; National development policies preflecting the outcomes of assessments. Outcomes of Fassessments.
Indicators (with baselines & indicative timeframe)	Availability and sharing of more reliable food and nutrition-related information by province, ethnicity, gender and social sectors; Baseline: National Nutrition Survey, National Institute of Nutrition (NIN-MOH), 2006. Availability of analytical reports to guide nutrition policy formulation for reducing malnutrition in women and children; Availability of pro-poor policies for improving food, health and nutrition Extent of integration of pro-poor policies for food, health and nutrition into national and provincial development goals and strategies Extent to which national and provincial policies, strategies and plans contain nutrition objectives, targets and indicators (Socioeconomic Development Plan (SEDP) 2011-2020; MARD's nural development strategy); Baseline. Current policies, strategies and plans
Expected Results (Outcomes & outputs)	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

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

Risks & assumptions				
Responsibility	Output 1.3: UNICEF	Output 1.4: FAO	Output 1.5: WHO, UNICEF and FAO	
Collection methods (with indicative time frame & frequency)	Collection of data through pre and post visit reports; Pre and post intervention surveys; Annually and quarterly progress reports; Mission Reports.	Vulnerability assessment reports; Annually and quarterly progress reports; Mission Reports.	Annually and quarterly progress reports; Mission reports. Conduct new reviewing required	
Means of verification	Setting up a small scale sentinel site surveillance on food prices and nutrition status Rapid nutrition assessment reports; Impact assessment reports.	Vulnerability analysis and monitoring methodologies; FIVIMS information dissemination and mapping system; National FIVIMS reports.	Progress reviews Documents of National strategy for mutrition 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
Indicators (with baselines & indicative timeframe)	Sentinel monitoring of affects of food crisis set up; Joint rapid nutrition assessments conducted in emergency situations. Baseline: Data established in year 1.	Revised vulnerability maps and/or vulnerable group profiles produced reflecting the latest food and nutrition insecurity situations. Baseline: FAO-FIVIMS (2000)	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. Baseline: National Nutrition Strategy 2001- 2010	Existing policies on maternity leave and on marketing of breast milk substitute
Expected Results (Outcomes & outputs)	1.3 Establish a sustainable tracking system to monitor the impact of the food crisis on nutrition status of mothers and children	1.4 Improved food and nutrition information through updated Food Insecurity and Vulnerability Information Mapping System (FIVIMS)	1.5 National policies, strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women and mothers developed and implemented	

Risks & assumptions		The IYCF steering committee of the MOH continued to be supported to fulfil their function and responsibility by the MOH
Responsibility	Output 1.6: FAO	WHO, UNICEF
Collection methods (with indicative time frame & frequency)	Sector monitoring reports of national government	Conduct national /provincial Nutrition Surveillance Specific baseline and end-line survey in programme provinces
Means of verification	National development policies; Government reports.	Report of National Annual Nutrition Surveillance; Report of Baseline and end-line survey in programme provinces. Provincial report Fielf trip report
Indicators (with baselines & indicative timeframe)	Analytical reports and recommendations for national and sector policies and institutional reforms; Policy briefs and position papers directly addressing the needs, constraints and opportunities of the most vulnerable and malnourished; Increased visibility of food, health and mutrition in policy frameworks (PRSPs, UNDAF); Implementation of existing pro-poor policies that improve food, health and nutrition.	% infants breastfed within one hour of delivery at national and in the project areas; Baseline: 57.8% (MICS 2006) % infants exclusively breastfed throughout the first 6 months of life; Baseline: 17% (MICS 2006) % children 6-9 months of age appropriately fed; Baseline: 68.2% (MICS 2006) % children 6-24 months provided appropriate and safe complementary feeding. Annual mutrition survey 2008 Local baseline data established in Year 1.
Expected Results (Outcomes & outputs)	I.6 Implementation of propor agricultural and rural development policies for better nutrition	Outcome 2: Improved infant and young child feeding practices including increased compliance with the UNICEF/WHO guidelines on exclusive breastfeeding from 0-6 months and safe complementary feeding for children 6-24 months

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

Risks & assumptions		Miro-nutrient deficiency control will be still a key component of the new national nutrition strategy 2011-2010	
Responsibility		UNICEF, WHO	UNICEF,
Collection methods (with indicative time frame & frequency)	Monitoring trips with observation and using checklists	National Annual Nutrition Surveillance Baseline and end-line assessment in programme provinces Specific Survey on micronutrients deficiencies in selected districts of programme provinces Desk reviews	
Means of verification	Reports on results of monitoring trips on implementation of National Code	Report on results of National Annual Nutrition Surveillance; Report on results of Baseline and end-line assessment in programme provinces; Survey report on micronutrients deficiencies in selected districts of programme provinces. Annual mutrition survey done by national (using the relevant part only)	
Indicators (with baselines & indicative timeframe)	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)	% post partum women and children in the project areas receiving the high dose Vitamin A supplements as required; % pregnant women in the project areas with anemic % pregnant women in the project areas receiving iron folic supplements; % newborns in the project areas covered with vitamin K injection; % house hold of the population in the project areas consuming adequately iodized salt; Improved food consumption and dietary diversity (rise in dietary diversity scores) Baseline: MICS (2006) Provincial data established in year 1.	
Expected Results (Outcomes & outputs)	2.4 Enhanced implementation of national code for marketing and trading breast milk substitutes	Outcome 3: Reduction of micronutrient deficiencies in targeted children and women	

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time	Responsibility	Risks & assumptions
			rame & trequency)		
3.1 Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women within the programme area	Amount of Vitamin A, iron folic tables, de-worming drugs, multiple micronutrients, zinc, vitamin K and ORS procured and available for targeted women and children against the plan % coverage of targeted subject/house hold with vit. A or iron folic, iodized salt USI in households and vit. K injection in new borns Baseline: MICS (2006) Provincial data established in year 1.	Procurement report Field trip report Annual reports from provincial rogramme the province)	Procurement records Records of receiving of supplied by programme provinces Programme reporting system	МНО	
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: Improved care and treatment services for young children with severe acute malnutrition and improved nutrition services for young children in emergency situations	Number of functional inpatient and outpatient therapeutic feeding centres; % low birth weights in the project araes; % U5 children moderately and severely stunted and wasted admitted in CSAM under emergency and nonemergency contexts in the project araes; U5 child and maternal mortality rates in hospitals and communities in the project araes; 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	Responsibility	Risks & assumptions
			frame & frequency)		
4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in community and	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;	Report on training activities	Records of training activities		
hospital systems improved	% of responsible government officials and international partners in the country Nutrition Cluster network trained in nutrition in emergencies using latest global training package	Record and report from provincial programme Field trip report	Observation during field trips		
	Baseline to be locally established in year 1	Provincial report 2009 before intervention of the CSAM			
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	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	Procurement report Record and report from provincial programme Provincial report 2009 before intervention of the CSAM	Procurement records Records of therapeutic feeding products received by the programme provinces		

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibility	Responsibility Risks & assumptions
Outcome 5: Improvements in availability, access and consumption of a more diverse food supply in the highland and mountainous regions in Vietnam 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) 5.2 Improved homestead food production including animal sourced foods (small livestock, poultry, fisheries and aquaculture), processing and preservation, and mutrition education	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.	Minutes of meetings; Reports of field surveys and studies	Specific studies Questionnaires Research and field surveys; Anmual and quarterly progress reports; Mid term review and final evaluation report	Output 5.1: FAO Output 5.2: FAO Output 5.3: FAO	Existing extension network can reach farmers of targeted communities and involve food insecure communities; Extension workers allowed and encouraged to participate fully in training provided under the project; Appropriate technologies identified and successful methodological approaches applied. Lack of strong commitment, ownership, and active participation by stakeholders; NGOs/IPs fail to meet targets

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

Period: First 12

JP Outcome 1: Imprestrategies and actions UN organization-	roved monitorin	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- UN organization- PLANNED BUDGET	nutrition sta	on status of mother	s and children us	sed to guid	e health and nutrition-	related policies,
specific Annual targets	organization		01	03 04	Partner	Source	Budget Description	Amount
			, ,	,) }		of Funds		
JP Output 1.1: Techr	nical support f	JP Output 1.1: Technical support for strengthening the existing nutrition data collection and utilization system on food-health-nutrition	nutrition	data collectio	n and utilization	system o	in food-health-nutriti	ion
Updated nutrition	МНО	Activity 1.1.1	×	×	NIN	MDG-F	Training	2,000
indicators and		i. Technical assistance to			мсн/мон		Contracts	12,000
official data		review/update of the					Personnel	11,100
works for nutrition		indicators and data					Supplies	0 0
developed		collection framework at					Other direct costs	2,000
		national level					Indirect costs (%)	2,317
Health staff of NIN		ii. Workshops on agreement						
and MCH/MOH		of nutrition programme					Sub-Total	35,417
trained on updated		indicators and data						
nutrition indicators		collection framework						
collection		national level on updated						
frameworks		nutrition programme						
		indicators and data collection frame						
New data framework	UNICEF	Activity 1.1.2	×	×	NIN, MCH	MDG-F	Training	5,000
and indicators		i. Technical assistance to					Contracts	0 0
applied in anitual		carry out aminual nutrition surveillance					Supplies	006,2
20009-2010		ii. Update indicators and					Travel	1,500
		data collection framework					Other direct costs	1,345
		iii. Training at national level					Indirect costs (%)	724
		data collection methods					Sub-Total	11,069
								•

5,000 15,000 18,042 1,000 2,740 41,882	6,000 4,000 5,000 2,290 1,378 21,068
Training Contracts Personnel Supplies Other direct costs Indirect costs (%) Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total Total for Output
MDG-F	MDG-F
NIN, MCH,	N I
×	×
×	×
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 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	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
O H N	UNICE
Updated data on IDD and iron anaemia available	Updated data on IDD and USI status available

	20,000 10,000 10,000 2,500 3,500 3,500	10,000 17,000 10,000 1,000 1,000 1,000 2,800	10,000 17,000 10,000 1,000 1,000 1,000 2,800	5,000 7,000 5,000 5,000 3,000 1,750 26,750
vincial and local levels	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total
onal, pro	MDG-F	MDG-F	MDG-F	MDG-F
et prices at nati	DCP, MARD	DCP, MARD	DLP, MARD	DCP, MARD
and mark		×		×
lability a		× ×	×	×
ks, avai	×		×	
JP Output 1.2: Improved information on food production, stocks, availability and market prices at national, provincial and local levels	Activity 1.2.1 i. Conduct training needs assessment and develop capacity building plans ii. Develop crop production survey methods, sampling frame for crop production estimations and develop and print training manuals iii. Carry out training at provincial and district levels in crop monitoring in targeted areas iv. Organize decentralized training for sample surveys measuring area planted, yield and production of major crops, including data processing	Activity 1.2.2 i. Develop and print training manual for monitoring market prices ii. Provide training in climate and market price monitoring and analysis iii. Monthly data collection of market prices	Activity 1.2.3 i. Develop and print training manual for livestock production estimates ii. Training at provincial and district levels in animal production estimates in targeted areas	Activity 1.2.4 i. Assess current monitoring capabilities, identify needs and establish GIEWS Workstation at national level ii. Develop capacity building in the use of the GIEWS Workstation
oved informat	PAO 6	FAO	FAO	FAO
JP Output 1.2: Impre	Training needs identified; Capacity building plan prepared and training initiated; Survey equipment, hardware and software provided; GIEWS Workstation established at national level			

	4,000	0	2,900	1,000	2 444	477,7	t7/	11,068	000'6	0	3,800	2,000	0	4,888	1,378	21,066		2,000	5,000	5,000	5,000 0 1,900 1,000	5,000 1,900 1,000	5,000 1,900 1,000 2,44,4	5,000 0 1,900 1,000 2,444 724	5,000 0 1,900 1,000 2,444 724	5,000 0 1,900 1,000 0 2,444 724	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068	5,000 0 1,900 1,000 0 2,444 724 11,068
stem to monitor the impact of the food crisis on nutrition status of mothers and children	Training	Contracts	Personnel	Supplies	Other direct costs	Todirect costs	ומוופרר רספרפ (יס)	Sub-Total	Training	Contracts	Personnel	Supplies	Travel	Other direct costs	Indirect costs (%)	Sub-Total		Training	Training Contracts	Training Contracts Personnel	Training Contracts Personnel Supplies	Training Contracts Personnel Supplies Travel	Training Contracts Personnel Supplies Travel Other direct costs	Training Contracts Personnel Supplies Travel Other direct costs	raining contracts ersonnel upplies ravel ther direct costs ndirect costs	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs	raining Contracts ersonnel Lupplies ravel Ather direct costs ndirect costs oub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs adirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs adirect costs (%) ub-Total	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total otal for Output	raining ontracts ersonnel upplies ravel ther direct costs ndirect costs (%) ub-Total otal for Output	raining ontracts ersonnel upplies ravel wher direct costs ndirect costs (%) ub-Total otal for Output
ition status	MDG-F T	0	<u>. (</u>	<i>n</i> F	<u> </u>	<u>ــ</u> ر	-		MDG-F T	0	<u>a.</u>	O)	<u> </u>		<u> </u>	v		MDG-F																			
crisis on nut	NIN	мсн/мон							NIN, MCH								. :	ZIZ	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
of the food	Z	Σ							×									×																			
the impact	×								×																												
able tracking system to monitor	Activity 1.3.1 ×	i. Technical assistance to	develop a tracking system	ori tile IIIIpatt of tile 1000	mother and children	ii Drovide training on use of	this system		Activity 1.3.2	 Provide training on rapid 	nutrition assessment in	emergencies for responsible	government staff in natural		ii. Review and update the forms for data collection in	rapid nutrition assessment	Activity 1.3.3).).+ ,,,,,,,	Provide support to NIN to	Provide support to NIN to conduct joint nutrition rapid	Provide Support to NIN to conduct joint nutrition rapid assessment in selected	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie	Provide support to NIN to conduct joint nutrition rapid assessment in selected affected populations in emergencie
ish a sustaina	UNICEF								UNICEF								LL()!!	ONICE	ONICET	UNICET	UNICET	UNICE		ONICE	ONICE	ONICE	ONICE E	ONICE E	ONICE THE PROPERTY OF THE PROP	ONICE THE PROPERTY OF THE PROP	ON CELL						
JP Output 1.3: Establish a sustainable tracking sy		selective province to	monitor affects of	ioon cilisis neveloped					Government staff	trained on rapid	nutrition assessment																										

JP Output 1.4: Improved food and nutrition inform (FIVIMS)	roved food an	d nutrition information throu	gh updat	ed Food	Insec	urity and Vulner	ability Info	mation through updated Food Insecurity and Vulnerability Information Mapping System	item
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 willowability.	× ×	×	×	S	ADQ T-	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	10,000 2,000 1,000 1,000 1,000 1,050 1,050
	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	×	×	×	D D	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	20,000 5,000 2,000 1,000 1,000 2,100 32,100

10,000 2,000 1,000 1,000 1,050	20,000 5,000 2,000 1,000 1,000 2,100 32,100	8,500 0 12,000 5,025 3,510 2,032 31,067
Training Contracts Personnel Supplies Travel Other direct costs Indirect costs	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total
MDG-F	MDG-F	MDG-F
D _P C	D _P C	Government of Vietnam
×	×	× ×
		× × ×
		× ×
Activity 1.4.3 i. Produce food insecurity map and of vulnerability factors resulting in undernutrition and food insecurity	Activity 1.4.4 i. Provide training for dissemination and follow up on analytical tools and information management capacities	s. strategies and actions relating to protecting and promoting the nutrition of infants, children, pregnant women plemented i. Review the existing in actional plan of action (NPAN) for nutrition and the media to address the private sector and the media to address the private sector and the prevailing nutritional problems and identify solutions; iii. Propare 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
PAO	FAO	National policies, sveloped and imple for a local loca
		and mothers developed and implemented The first draft The first draft The first draft The first draft UNICEF I. Reviend in Revien action blan for nutrition (2010-2020) and the 5 year action plan for nutrition (2011-2015) developed Solution Solution III. Prep Budget activitie propler gencie gencie financial implem

10,000 5,550 0 0 1,000 1,159	10,000 3,450 1,566 1,051	10,000 5,550 0 0 1,000 1,159	10,000 0 3,450 1,566 1,051
Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)
MDG-F	MDG-F	MDG-F	MDG-F
NIN MCH/MOH	НОМ	NIN, MOH	НΟΣ
×	×	×	×
×		×	×
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	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	Activity 1.5.4 i. Review current national guideline for vitamin A, iron anemia and Iodine and vitamin K deficiency control; ii. Revise guidelines; iii. Provide Comments; iv. Finalize guideline; v. Submit to MOH for approval	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
ОНМ	UNICEF	ОНЖ	UNICEF
The first IYCF action plan for 2010-2015 is drafted	New legislation on maternities leave formulated	Draft guidelines for vitamin A, iron anaemia, vitamin K and iodine deficiency controls have been developed	Draft guidelines on use of zinc and ORS new format in treatment of acute diarrhea have been developed

5,000 2,775 0 0 600 586 8,961		20,000 20,000 5,000 2,500 4,200 64,200	15,000 5,000 5,000 2,500 2,500 2,100 32,100
Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total		Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output
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NIN, MCH, MOH	es for better nutr	IPSARD, MARD	RUDEC, IPSARD, MARD
×	nent policie	×	× ×
×	al develop	×	×
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	JP Output 1.6: Implementation of pro-poor agriculture and rural development policies for better nutrition	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	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
O H M	ementati	FAO	FAO
Micronutrient deficiency control activities have been promoted	JP Output 1.6: Impl	Capacity building activities initiated; Policy dialogue and advocacy initiatives; Training materials and technical guidelines produced	

astfeeding		Amount	essionals	14,018 0 0 0 0 0	14,999	17,700 16,000 0 0 4,680 2,687	41,067	10,000 5,550 0 0,1,000 1,159
uidelines on exclusive bre	PLANNED BUDGET	Budget Description	es and for medical prof	Training Contracts Personnel Supplies Travel Other direct costs	Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs	Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total
EF/WHO g		Source of Funds	ed activiti	MDG-F		MDG-F		MDG-F
ance with the UNIC	Implementing Partner		community-base	мсн, мон		НОМ		МСН-СНЕ/МОН
complia		Q4	lia and			×		×
reased	TIME FRAME	63	ss med	×				
ing inc		02	gh ma	×				
includ		Q1	throu					
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	Activities		JP Output 2.1: Intensive BF promotion/advocacy campaigns through mass media and community-based activities and for medical professionals	Activity 2.1.1 i. Support to salary of full- time national coordinator and full-time programme assistant; ii. Support to administration of TVC Spering Committee		Activity 2.1.2 i. Contract mass media ii. Organize national level mass media events on IYCF iii. Produce brochures/calendars and etc.		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
oved infant and	UN organization		sive BF promo	МНО		UNICEF		ОНМ
JP Outcome 2: Impr from 0-6 months and	UN organization-	specific Annual targets	JP Output 2.1: Inten	IYCF committee in MOH is fully functional		National mass media communication campaign organized		BF promoted through mass media events

17,600 0 0 2,088 1,378	10,000 5,550 0 0 1,000 1,159	17,600 0 0 2,088 1,378	10,000 0 5,550 0 1,000 1,159 17,709
Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total
MDG-F	MDG-F	MDG-F	MDG-F
НОМ	National Assembly and Ideology Committee	НОМ	MOH, Pediatric and Midwifery association
		×	×
×	×	×	×
Activity 2.1.4 i. Develop advocacy package for promoting BF ii. Make available the advocacy package to the high ranking level decision makers	Activity 2.1.6 i. Support to Central Committee for Ideology to conduct propaganda activities on BF	Activity 2.1.7 i. Identify one national professional association ii. Contract this association to work on BF promotion and protection	Activity 2.1.8 i. Organize a workshop for journalists ii. Support to Pediatrics Association to promote BF iii. Support to Midwives/nurses Association to promote BF
UNICEF	ОНМ	UNICEF	МНО
Revised National Decree 21 positively received by the government	Political and financial commitment from policy makers for BF	One national professional association champions BF protection and promotion	One national Professional association is working on BF

10,000 30,000 22,200 3,000 600 4,606	1,068 1,068 1,044 1,044 1,068	24,000 8,325 0 2,000 2,403 36,728 258,457
Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total Total for Output
MDG-F	MDG-F	
Η Ο Σ	Η Ο Σ	
×	×	
×		
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	Activity 2.1.10 i. Develop, print and distribute IEC materials on BF counseling	Activity 2.1.11 i. Support function of provincial PMUs in WHO programme provinces
ОНМ	UNICEF	OHM
BF counseling training materials produced and training provided to the health workers	IEC materials on BF printed and made available to communal BFHI	WHO PMU office is functional

JP Output 2.2 Integr professionals	rated BF promo	JP Output 2.2 Integrated BF promotion with ANC, FP and delivery and postpartum care media and community-based activities and for medical professionals	ry and post	partum car	e media and cor	nmunity-b	ased activities and for m	edical
IYCF ToT training programme have been developed Five provincial and all district IYCF-TOT teams trained	UNICEF	Activity 2.2.1 i. Develop ToT programme for IYCF ii. Select ToT trainers and provide training on IYCF iii. Develop and make available the IYCF ToT materials	×	×	MCH, NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	4,000 2,000 3,300 0 1,044 724
ToT on IYCF training carried out	ОНМ	Activity 2.2.2 i. Revise training materials and programme ii. Conduct TOT training programme for IYCF trainer team of 32 provinces on IYCF	×	×	MCH, NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	2,000 8,000 5,550 0 1,000 1,159
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	×	×	NIN	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	5,000 2,000 0 2,300 1,044 724
Training materials produced; Training on counseling on BF carried out	ОНЖ	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	×	×	НОМ	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 1,169 17,869

	5,000 2,000 2,300 0 1,044 724	3,000 12,000 8,325 0 0 1,500 1,738	10,000 10,000 24,420 0 3,000 1,500 3,424	9,000 4,800 7,200 3,429 1,710 26,139
ties introduced to Mother-Baby Friendly Hospital Initiative and granted MBFH certificate	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	t costs	t costs sts (%)	ct costs sts (%)
ative and g	MDG-F	MDG-F	MDG-F	MDG-F
riendly Hospital Initi	Η Ο Μ	мсн, мон	HOW ×	ΗΟΣ
ther-Baby Fr	×	×	×	×
ed to Moi				
Increased number of health facilities introduc	Activity 2.3.1 i. Establish self assessment team ii. Provide training on internal self assessment	Activity 2.3.3 i. Revise training materials and programme ii. Conduct Refresh training courses on BFHI for the staff of 57 BFHI certificated provincial hospitals	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	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
eased numb	UNICEF	МНО	ОНМ	UNICEF
JP Output 2.3 Incr	BFHI self- assessment team is established and self-assessment being carried out	Training materials on BFHI developed; Refresher training organized	CHC conduct 10 steps of BFHI	Communal Baby Friendly Health Centers follow the 10 steps of BFHI

	4,000 2,000 3,300 0 1,044 724	10,000 5,550 0 500 650 1,169	4,000 2,000 3,300 0 1,044 724	3,000 1,665 0 500 362 5,527
	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total Total for Output
titutes	MDG-F	MDG-F	MDG-F	MDG-F
breast milk subs	НОМ	НОМ	НОМ	НОМ
trading			×	×
ing and	×	×		
marketi				
Enhanced implementation of national code for marketing and trading breast milk substitutes	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	Activity 2.4.2 Monitor activities of the National Decree 21 in selected provinces	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	Activity 2.4.4 Production of "Code Watch" bulletin
hanced impler	UNICEF	ОНМ	UNICEF	ОНМ
JP Output 2.4 Enl	Code on BF monitoring carried out	National Decree 21 monitoring carried out in 5 selected provinces	Annual review meeting being organized	Code Watch bullets available

Supplies of vitamin A capsules, iron folic tablets, zinc and de-worming drugs are available to all targeted children and women ramme area
Activity 3.1.1
Procure vitamin A, iron folic tablets, de-worming drugs
and sprinkles, multiple
women and children in
targeted areas
Activity 3.1.2 Procure Zinc and ORS with
low osmority
Activity 3.1.3 Support the social marketing
activity to promote the usage
r the ORS
Activity 3.1.4

and Talenes are programe for for provincial and stained so mational for the source of micronitient of micronitient of efficiencies control deficiencies control described by the stain workers on hatlonal guarden for micronitient deficiencies control described by the stain workers of materials on micronitient deficiencies control is montronitient deficiencies control is montrol is montrol in disadvantage localities of the deficiencies of management of children with severe acute malnutrition and improved and treatment of children with severe acute malnutrition and improved and treatment of children with severe acute malnutrition of Contracts in the montrol and management of children with severe acute malnutrition and microsis (% Contracts) and with special management of CSAM in and with severe acute malnutrition of CSAM in and with severe acute malnutrition of CSAM in and with severe acute malnutrition and improved and microsis (% Contracts) in the microsis (% Contracts) in the microsis (% Contracts) in the microsis (% Contra	Table by Contracted Personne available and Contracted Personne available and Contracted Personne available and Contracted Personne available and Contracted Personne available to the Contracte Control Personne available to the Control Personne available to the Control Personne C	Activity 3.1.2 Activity 3.2.5 Activity 3.2.5 Activity 3.2.5 Activity 3.2.5 Activities Activities	WHO CATON 7.2.2. Caronical WHO CATON 7.2.2. Caronical	and Trainers are available IEC materials develop and made available to the health workers IFC materials BY Outcome 4: Improved care children in emergency situation. UN organization-specific Annual targets Two provinces of targets Two provinces of targets Two provinces of targets evere have Inpatient child acute severe	Activity 3.2.2			1		•
The following state of the provincial patients are programed and endered control of the provincial patients are programed and endered control of the direct costs (%) and the patient workers on national patients and entruly 3.2.5 micronutrient deficiencies control of the direct costs (%) and patient costs of the provincial patient costs of the	Travellable and treatment services for provincial personnel person	Organized to trop provincial personnel personnel 2,500 deficiencies control for provincial personnel personnel 2,500 deficiencies control for national deficiencies control for national personnel 2,500 deficiencies control for national deficiencies control to the micronutrient deficiencies control to the deficiencies control to the micronutrient deficiencies control to the micronutrient of vitamin A monitorion for vitamin A monitorion for the micronutrient of CSAM management of CS	Trainers are presented to the provisional place for inconditient deficiences of the provisional place for inconditient deficiences control and place for inconditional deficiences control and place for provide financial and control inconditional deficiences for young control inconditional deficience for young control inconditional deficiences for young con	EC materials levelop and made lealth workers IP Outcome 4: Improved care children in emergency situation UN organization- specific Annual targets IP Output 4.1 Capacity of he community and hospital syste Two provinces of IWOCEF programme INDICEF programme INDI	Leidelian Tot for provide	×	ZIZ	MDG-F	Training	4,000
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WHO Activities of the supplementation for children P Outcome 4: Improved care and treatment services for young children in emergency situations Indice to state the final proved care and treatment services for young children with severe malnutrition and improved nutrition service from transfer costs (% Sub-Total Source Budget Description or children with severe acute malnutrition (SAM) and with specure severe care the inpatient therapeutic mits at the recovered management of CSAM ma	MHO Activity 3.1.2 P Outcome 4: Improved care and treatment services for young children in emergency situations Supplies P Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition Brown and post partum workers of the provide financial and programme areas Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition Brown and treatment services for young children with severe malnutrition and improved nutrition Fourth 4: I Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and working and provinces of the impatient therapeutic cute severe acute malnutrition (SAM) and working and provinces of the impatient therapeutic motive selected the impatient of CSAM Travel Total for provinces of or activities at the impatient therapeutic motive selected motive selected motive selected. Travel indirect programme areas Activities at the mostival based more and treatment of CSAM Travel indirect programme areas Activities at the mostival based more and treatment of CSAM Travel indirect programme areas Activities at the mostival based more and treatment of CSAM Travel indirect programme areas Travel indirect progr	, , , , , , , , , , , , , , , , , , ,	- M = H	P Outcome 4: Improved care hildren in emergency situation specific Annual targets P Output 4.1 Capacity of he community and hospital system we programme lave Inpatient child cute severe	nealth care network				Sub-Total	37,98
Supplementation for children and programme areas and treatment services for young children in emergency situations Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition service in the severe acute malnutrition of children with severe acute malnutrition (SAM) and with specure acute malnutrition (SAM) and with specurate care in the inpatient therapeutic care units for hospital based care units for hospital based care units for hospital based care units for hospital cost in the care in the inpatient of CSAM in the severe care malnutrition (SAM) and with specurate acute malnutrition (SAM) and with specific care units for hospital based care units for hospital based management of CSAM in the severe care malnutrition (SAM) and with specific cost indirect cost of the inpatient child care units for hospital based management of CSAM management of CSAM in the severe care malnutrition (SAM) and with specific care units for hospital based management of CSAM indirect cost (SAM) and with specific care units for hospital based management of CSAM indirect cost (SAM) and with specific cost (SAM) and with specific cost (SAM) and with specific cost (SAM) indirect	Poutcome 4: Improved care and treatment services for young children in emergency situations Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved targets Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved and improved and improved and improved are and treatment of children with severe acute malnutrition (SAM) and wo provinces of the inpatient children care units for hospitals as severe at the impatient therapeutic and two selected are units for hospital based and two selected and two selected are integers and post particular and proper to contracts and provinces of an anagement of CSAM Institutes Contracts	· · · · · · · · · · · · · · · · · · ·	, v , l 3 E H	P Outcome 4: Improved care hildren in emergency situation UN organization-specific Annual targets P Output 4.1 Capacity of he ommunity and hospital syste ommunity and hospital systematical systematica	Activity 3.2.6	×	Z		Training	
monitoring of vitamin A monitoring of vitamin A supplementation for children and post parturn women in a disadvantage localities of the programme areas programmes programme	Poutcome 4: Improved care and treatment services for young children in emergency situations in programme areas Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition in emergency situations Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition in emergency situations Foutput 4:1. Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers of technical support to contracts and the inpatient therapeutic into care units for hospitals and agreement of CSAM Management of CSAM Poutput 4:1. Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care units for hospital based care units for hospital based management of CSAM Management of CSAM Section 1	- 72 L	5. 12. E H	P Outcome 4: Improved care hildren in emergency situation Specific Annual targets P Output 4.1 Capacity of he ommunity and hospital syste ommunity and hospital syste ave Inpatient child cute severe	Support the integrated				Contracts	5,00
Supplies Supplies Supplies Tarvel Gisadvantage localities of the direct cost programme areas Poutcome 4: Improved care and treatment services for young children in emergency situations Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition service for young children with severe malnutrition and improved nutrition service severe targets Poutcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition service for young children with severe acute malnutrition (SAM) and with specific Annual nor provinces of provide financial and the impatient therapeutic care units for hospital based management of CSAM Institutes Supplies Total for Output To	Supplies and post partum women in disadvantage localities of the programme areas Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition hildren in emergency situations UN organization- targets Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition hildren in emergency situations UN organization- targets P Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition P Outcome 4: Improved nutrition and improved nutrition and improved nutrition provide financial and provide financial and treatment of children with severe acute malnutrition (SAM) and won provinces of the inpatient therapeutic care units for hospital based management of CSAM Make inpatient children with severe acute malnutrition (SAM) and won provincial hospitals care units for hospital based management of CSAM Make inpatient therapeutic care units for hospital based management of CSAM Make inpatient children with severe acute malnutrition (CSAM) and won provincial hospitals care units for hospital based management of CSAM Make inpatient therapeutic care units for hospital based management of CSAM Make inpatient children with severe acute malnutrition (CSAM) and won provincial hospitals care units for hospital based care in institutes care units for hospital care in institutes care units for hospital care in institutes care units for hospital care in institutes care		, , , , , , , , , , , , , , , , , , ,	P Outcome 4: Improved care hildren in emergency situation UN organization-specific Annual targets targets P Output 4.1 Capacity of he community and hospital syste involved Invicer programme cute severe	monitoring of vitamin A				Personnel	3.00
P Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition service for young children with severe malnutrition and improved nutrition services for young children with severe malnutrition and improved nutrition services for young children with severe malnutrition and improved nutrition services for young children with severe malnutrition and improved nutrition services for young children with severe malnutrition and improved nutrition services for young children with severe malnutrition and improved nutrition services for young children with severe acute malnutrition (SAM) and with special systems improved Wo provinces of NUICEF programme areas P Outcome 4: Improved care and treatment services for young children with severe acute malnutrition (SAM) and with special systems improved and treatment of children with severe acute malnutrition (SAM) and with special systems improved the inpatient therapeutic care units for hospital based rownical hospitals management of CSAM I management of CSAM Sub-Total Total for Output FOURDE FRAME PHANNED BU PLANNED BU PLANNED BU RACTIVITY 4:1.1 A X X X X MOH, Regional MDG-F Training support to revitalize, establishment of revitalize, establishment of care units for hospital based rownical hospitals The impatient therapeutic mits for hospital based rownical hospitals The impatient therapeutic mits for hospital based rownical hospitals The impatient therapeutic management of CSAM The impatient provided care and treatment of CSAM The impatient provided care and treatment of CSAM The impatient provided a	P Outcome 4: Improved care and treatment services for young children in emergency situations No organization targets P Outcome 4: Implementing and insproved nutrition and improved n			P Outcome 4: Improved care hildren in emergency situatio UN organization- specific Annual targets targets P Output 4.1 Capacity of he community and hospital syste wo provinces of Wo provinces of INICEF programme ave Inpatient child cute severe	cupolementation for children				Simplifie	20/2
Activities of the programme areas Contracts of the programme areas Contracts of the programme areas	Poutcome 4: Improved care and treatment services for young children in emergency situations Norganization-specific Annual targets Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition Specific Annual targets Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition Specific Annual targets Outcome 4: Implementing Autorities Formula targets Poutput 4.1. Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care units for hospital based the inpatient therapeutic care units for hospital based management of CSAM Travel notice the care and treatment of CSAM MOH, Regional MDG-F Training CSAM Travel notice the care units for hospital based management of CSAM Targets Activity 4.1.1 Total for training or a care and treatment of children with severe acute malnutrition (SAM) and workers or and the inpatient therapeutic management of CSAM Travel notice the care units for hospital based management of CSAM Targets Trime FRAME Trime FRAME Trime FRAME Triming Activity 4.1.1 Partiner Source Budget D Of ACTIVITY 4.1.1 Funds Funds Funds Source Budget D Of COT OC			P Outcome 4: Improved care hildren in emergency situatic un organization-specific Annual targets P Output 4.1 Capacity of he community and hospital system we provinces of MICEF programme rave Inpatient child cute severe	adplementation in children				Supplies Travol	
Poutcome 4: Improved care and treatment services for young children in emergency situations Note that the severe maintain and improved nutrition and improved nutrition service for young children with severe maintaining and hospital systems improved maintaining and hospital support to care units for hospital source maintaining management of CSAM Poutcome 4: Improved care and treatment services for young children with severe maintaining and improved nutrition and improved nutrition service and treatment of children with severe acute maintaining and hospital systems improved NUCEF Poutch flant workers on care and treatment of children with severe acute maintaining and hospital systems improved NUCEF Poutch flant workers on care and treatment of children with severe acute maintaining (SAM) and with specure acute maintaining (SAM) and with special acute acute maintaining (SAM) and with specure acute maintaining (SAM) and with	Programme areas Provide financial and area Provide financial and area Provide financial and area Provide financial and area Provide financial area P			P Outcome 4: Improved care hildren in emergency situation UN organization-specific Annual targets P Output 4.1 Capacity of he ommunity and hospital syste we programme ave Inpatient child cute severe	allu post partulli wollleri III				ו מאפו	Ţ
Indirect costs (% Outcome 4: Improved care and treatment services for young children in emergency situations	Poutcome 4: Improved care and treatment services for young children in emergency situations UN organization- targets Doutcome 4: Implementing organization- targets UN organization- targets Doutcout 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and wo provinces of NINCEF programme are improved the inpatient therapeutic cute severe technical support to care units for hospital care units for hospital management of CSAM Doutcource severe technical support to care units for hospital based care units for hospital selected Doutcome 4: Implementing and improved nutrition and improved nutrition and improved nutrition (SAM) and wo provinces of provided information (CSAM) and wo provinces of the inpatient therapeutic nuts for hospital based care units for hospital based nuts selected Dutout 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and wo provinces of provinces of the inpatient therapeutic nuts for hospital based care units for hospital based nuts selected Dutout 6.2 Q3 Q4 Partner Cannor Budget D Off Contracts Partner Institutes Support to Contracts Support to Care units for hospital based nuts for hospital based D Off CANNOR D OFF D O			P Outcome 4: Improved care hildren in emergency situation Specific Annual targets P Output 4.1 Capacity of he ommunity and hospital syste ommunity and hospital syste ave Inpatient child cute severe	disadvantage localities of the				Other direct costs	9
Poutcome 4: Improved care and treatment services for young children in emergency situations UN organization- by Corporations targets UN organization- corporate targets Doutput 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special systems improved Output 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with specure ac	P Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition hildren in emergency situations UN organization- Specific Annual targets UN organization- Specific Annual targets Output 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and womunity and hospital systems improved Wo provinces of UNICEF programme to cute severe malnutrition (CSAM) and the inpatient therapeutic malnutrition (CSAM) Training the inpatient therapeutic management of CSAM Management of CSAM Difference malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of CSAM Wo provinces of the inpatient therapeutic management of CSAM Management of CSAM Travel Trave	N		P Outcome 4: Improved care hildren in emergency situation UN organization-specific Annual targets P Output 4.1 Capacity of he community and hospital syste we provinces of UNICEF programme lave Inpatient child cute severe	programme areas				Indirect costs (%)	09
P Outcome 4: Improved care and treatment services for young children with severe malnutrition and improved nutrition service for young children with severe malnutrition and improved nutrition service in the impact of care and treatment of children with severe malnutrition and improved nutrition service acute malnutrition (SAM) and with special systems improved were not to be a contract of care units for hospital based management of CSAM P Outcome 4: Improved and improved nutrition services for young children with severe acute malnutrition (SAM) and with special systems improved and treatment of children with severe acute malnutrition (SAM) and with special severe acute malnutrition (SAM) and with severe acute malnutrition (SAM) and with special severe acute mal	P Outcome 4: Improved care and treatment services for young children in emergency situations UN organization- targets UN organization- targets UN organization- targets UN organization- targets P Output 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care and treatment of children with severe acute malnutrition (SAM) and workers on care units for hospital based management of CSAM MOH, Regional MDG-F Travel Care units for hospital based management of CSAM Management of CSAM Mothy Regional Institutes Travel Care units for hospital based management of CSAM Mothy Regional Institutes A ctivity 4.1.1 Funds	2 2 2	1	P Outcome 4: Improved care hildren in emergency situation to vice a specific Annual targets P Output 4.1 Capacity of he community and hospital system we provinces of town Inpatient child have Inpatient child have Inpatient child hospital systemate.					Sub-Total	9,25
P Outcome 4: Improved care and treatment services for young children in emergency situations UN organization targets Largets P Output 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with specure acute malnutrition (SAM) and with specific cost the inpatient therapeutic care units for hospitals workinglabased management of CSAM P Outcome 4: Implementing and improved nutrition service parties P Cource Partner Source Budget Description of Partner Source Budget Description of Partner Source Budget Description of Partner Frunds Frunds Frunds Frunds Fourtacts Contracts Contracts Contracts Contracts Contracts Supplies Travel Contracts Institutes Supplies Indirect costs (% Indirect (Costs (% Indi	P Outcome 4: Improved care and treatment services for young children in emergency situations UN organization- Specific Annual organization UN organization- Largets P Output 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and woo provinces of management of CSAM Wo provinces of the integration (SAM) and the integration of CSAM Dutput 4.1 Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and workers are acute malnutrition (SAM) and workers are acute malnutrition (SAM) and workers are acute malnutrition (SAM) and workers are units for hospital based acute acute malnutrition (SAM) and workers acute malnutrition (SAM) and workers acute malnutrition (SAM) and workers are an units for hospital based acute acute malnutrition (SAM) and workers acu	i		P Outcome 4: Improved care hildren in emergency situation. UN organization-specific Annual targets P Output 4.1 Capacity of he community and hospital system. We provinces of UNICEF programme lave Inpatient child hospital system.					Total for Output	60 74
Time Frame 4: Improved care and treatment services for young children in emergency situations	UN organization- targets UNICEF programme technical support to care units for hospital based numbally at the inpatient therapeutic numbanement of CSAM Management of CSAM Specific Annual Partner Source Budget D Funds Funds Budget D Of Funds Funds Source Budget D Of Funds Funds Budget D Of Funds F	- I I I E I I I I I I I I I I I I I I I	- I I I I I I I I I I I I I I I I I I I	indren in emergency situation organization specific Annual targets P Output 4.1 Capacity of he community and hospital syste Wo provinces of WICEF programme have Inpatient child include severe					Total Iol Output	20,10
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Capacity of health workers on care and hospital systems improved of hospital systems improved or care child child child revitalize, established systems improved financial and hospital systems improved financial and hospital systems improved financial and	capacity of health workers on care and hospital systems improved of UNICEF Activity 4.1.1 Provide financial at technical support revitalize, establisticals and care units for hospitals and c	Activities TIME FRAME Implementing Partner On care and treatment of children with severe acute malnutrition (SAM) and with special needs in support to su	Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in provide financial and technical support to revitalize, establishment of CSAM management of CSAM management of CSAM sequences acute malnutrition (SAM) and with special needs in partner	or no de la						
Capacity of health workers on care deposited systems improved The hospital systems improved Of UNICEF Activity 4.1.1 Provide financial a provide financial a provide financial are technical support technical support technical support technical support care units for hospitals Management of C	Capacity of health workers on care and hospital systems improved of UNICEF Activity 4.1.1 Provide financial a technical support revitalize, establis there in patient there is a management of Care units for hospitals	on care and treatment of children with severe acute malnutrition (SAM) and with special needs in Funds 1.1.1 2.1.1 2.2 Q3 Q4 Of Funds Funds Funds Funds Fonds Fontracts Fontracts Fontracts Fontracts Fonds Fonds Fonds Fontracts Fontra	Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in and hospital systems improved ONICEF Activity 4.1.1 Care units for hospital based management of CSAM MOH, Regional MDG-F Training Contracts Institutes SAM) Care units for hospital based management of CSAM Sub-Total Sub-Total Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in contracts Contracts Contracts Travel Cother direct costs Indirect costs Indirect costs Indirect costs Sub-Total Sub-Total	chus de la		TIME FRAME	Implementing		PLANNED BUDGET	
Capacity of health workers on care d hospital systems improved of UNICEF Activity 4.1.1 Provide financial a technical support revitalize, establish there is care units for hospitals management of C	Capacity of health workers on care and hospital systems improved of UNICEF Activity 4.1.1 mme child rechnical support revitalize, establis there in patient there is a management of C management of C	on care and treatment of children with severe acute malnutrition (SAM) and with special needs in Funds 4.1.1 **Table Pasteur*** **Training Contracts Personnel Supplies Institutes Supplies Indirect costs (%) **Table Pasteur** **Travel Other direct costs (%) **Table Pasteur** **Table Past	Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in and hospital systems improved Of UNICEF Activity 4.1.1 Provide financial and rechilacial support to revitalize, establishment of revitalize, establishment of care units for hospital based management of CSAM Institutes SAM) AMOH, Regional MDG-F Training Contracts Personnel Supplies Travel Other direct costs (%) Indirect costs (%) Sub-Total 1 Sub-Total 1 Sub-Total 1	g ng g	ation					
Capacity of health workers on care and hospital systems improved of UNICEF Activity 4.1.1 Provide financial a provide financial a technical support technical support technical support technical support care units for hospitals itals management of C	Capacity of health workers on care Id hospital systems improved of UNICEF Activity 4.1.1 Provide financial a technical support revitalize, establis there is care units for hospitals id management of C	on care and treatment of children with severe acute malnutrition (SAM) and with special needs in Funds 4.1.1 4.1.1 5. establishment of samples in the special needs in the spe	Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in definition of children with severe acute malnutrition (SAM) and with special needs in and hospital systems improved of UNICEF Activity 4.1.1	교 등 등 5		Q2 Q3		Source	Budget Description	Amount
Capacity of health workers on care id hospital systems improved of mme child rechnical support rechild revitalize, establis the inpatient there care units for hospitals management of C	Capacity of health workers on care id hospital systems improved of UNICEF Activity 4.1.1 Provide financial a technical support revitalize, establis the inpatient there in the inpatient there is a management of C	On care and treatment of children with severe acute malnutrition (SAM) and with special needs in the special need	Capacity of health workers on care and treatment of children with severe acute malnutrition (SAM) and with special needs in and hospital systems improved of UNICEF Activity 4.1.1 Training Contracts Contracts Contracts Contracts Contracts Fersonnel Supplies Travel Care units for hospital based itals management of CSAM Sab-Total Travel Sub-Total Taining Contracts Con	ᅌᆿᇦᆝ				Finds		
nd hospital systems improved of nme child child child revitalize, establish care units for hospitals and an anagement of C	nd hospital systems improved of UNICEF Activity 4.1.1 mme child Provide financial at technical support revitalize, establist the inpatient there in a care units for hospitals itals management of C	4.1.1 Inancial and Single Formula Training Contracts Support to Stablishment of Sarablishment of CSAM Support to Sarablishment of Same Institutes Supplies Travel Other direct costs Indirect costs (%) Sub-Total 1 Sub-Total 1	hd hospital systems improved of UNICEF Activity 4.1.1 mme technical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM std of UNICEF Activity 4.1.1 Provide financial and technical support to revitalize, establishment of care units for hospital based management of CSAM std of UNICEF Activity 4.1.1 Praining Contracts Indirect costs (%) Sub-Total Indirect costs (%) Sub-Total Indirect costs (%)	م الم الم		ent of children with s	evere acute malni	itrition (S	AM) and with special	needs in
UNICEF Activity 4.1.1	UNICEF Activity 4.1.1	x x x x MOH, Regional MDG-F Training Contracts Pasteur Institutes Supplies Travel Other direct costs Indirect costs Indirect costs Indirect costs (%) Sub-Total 1	UNICEF Activity 4.1.1 Provide financial and technical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM MOH, Regional MDG-F Training Contracts Prasteur Personnel Supplies Supplies Travel Other direct costs (%) Sub-Total 1 Sub-Total 1	is of ramme it child						
UNICEF Activity 4.1.1	UNICEF Activity 4.1.1	x x x x MOH, Regional MDG-F Training Pasteur Contracts Institutes Personnel Supplies Travel Other direct costs Indirect costs (%) Sub-Total 1	UNICEF Activity 4.1.1	is of ramme nt child		-	_			
rechnical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	Institutes Contracts Personnel Supplies Travel Other direct costs Indirect costs Sub-Total	Provide financial and technical support to technical support to revitalize, establishment of revitalize, establishment of care units for hospital based management of CSAM Sub-Total 1	JNICEF programme lave Inpatient child cute severe		×	MOH, Regional	MDG-F	Training	3,00
rechnical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	reciplical support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM	Institutes Supplies Travel Other direct costs Indirect costs Sub-Total	reconnical Support to revitalize, establishment of the inpatient therapeutic care units for hospital based management of CSAM Sub-Total	lave Inpatient child icute severe	Provide financial and		Fasteur		Contracts	05,0
revitalize, establishment or the inpatient therapeutic care units for hospital based management of CSAM	revitalize, establishment or the inpatient therapeutic care units for hospital based management of CSAM	Supplies Travel Other direct costs Indirect costs Sub-Total	revitalize, establishment or the inpatient therapeutic the inpatient therapeutic care units for hospital based management of CSAM Sub-Total	cute severe	technical support to		Institutes		Personnel	
the inpatient therapeutic care units for hospital based management of CSAM	the inpatient therapeutic care units for hospital based management of CSAM	Other direct costs Indirect costs Sub-Total	the inpatient therapeutic care units for hospital based care units for hospital based management of CSAM Sub-Total		revitalize, establishment of				Supplies	
care units for hospital based sected care units for hospital based management of CSAM sected	care units for hospital based management of CSAM ected	Other direct costs Indirect costs (%) Sub-Total	care units for hospital based care units for hospital care units for hos	naInutrition (CSAM)	the inpatient therapeutic				Travel	,
management of CSAM	management of CSAM	Indirect costs (%) Sub-Total	management of CSAM Indirect costs (%) Sub-Total	ınits at the	care units for hospital based				Other direct costs	1,04
		Sub-Total	Sub-Total	provincial hospitals	management of CSAM				Indirect costs (%)	72
				nd two selected					Sub-Total	11,06
ISUICE INSPIRAIS	Istrict hospitals			listrict hospitals						

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

JP Output 4.2 Provision of key supplies to supposupplements and ready to eat therapeutic foods	of key sur to eat ther	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	ervices for selected p	ovinces and l	ocalities at hig	jh risk, including micron	utrient
Two provinces of UN:	UNICEF	Activity 4.2.1	×	МОН	MDG-F	Training	0
UNICEF programme		Procurement of medical				Contracts	0
have inpatient CSAM		equipment for treatment				Personnel	17,350
Units at provincial		and care of child severe				Supplies	0
hospitals and two		acute malnutrition for				Travel	0
selected district		selected rehabilitation units				Other direct costs	2,340
hospitals						Indirect costs (%)	1,378
						Sub-Total	21,068
	UNICEF	Activity 4.2.2	×	мон, мсн	MDG-F	Training	ő
Plumpynut, and		Inerapeutic reeding				Contracts	17 350
feeding products to		serve the CSAM of two				Supplies	0
serve the CSAM		selected UNICEF provinces				Travel	0
						Other direct costs	2,340
						S. b. Total	0.6/1
		Activity 4 2 2	;	MIN	[] []	Jun-Total	21,000
All fillcrondcrients ON.		Activity 4.2.3 Shipping cost	×	2	F-50F	Contracts	5.000
transported from		, , , , , , , , , , , , , , , , , , ,				Personnel	0
supplier to users in						Supplies	0
UNICEF programme						Travel	0
provinces						Other direct costs	1,072
						Indirect costs (%)	425
						Sub-Total	707 9
					1	Sub-Iotal	0,497
All micronutrients WHO and equipments are transported from supplier to users in WHO programme provinces		Activity 4.2.7 Shipping cost	×	Π Ο Ο Σ	4- 90 W	Training Contracts Personnel Supplies Travel Other direct costs	7,000 0 0 0
						Indirect costs (%)	490
						Sub-Total	7,490
						Total for Output	65,379

UN organization-	NO	Activities	TIME FRAME	Implementing		PLANNED BUDGET	
specific Annual targets	organization			Q4 Partner	Source of Funds	Budget Description	Amount
JP Output 5.1: Increased efficiencies in rice pintegrated crop management systems (RICM)	eased efficiencing	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)	e highland and moun	tainous regions in	Vietnam t	hrough building capacity	in rice
Training needs identified; Training materials produced; Agriculture inputs purchased and distributed; Training initiated	PAO	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	×	DCP, MARD	MDG-F	Training Contracts Personnel Supplies Travel Other direct costs Indirect costs (%)	20,000 5,000 3,000 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	× ×	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 2,100 32,100 64,200
1P Qutput 5 2: Impr	oved homestea	10 Output 5 2: Improved homesteed food production including	in animal courced foods (small livestock noultry fisheries			Grand noting	

NGOs/IPs selected	FAO	Activity 5.2.1	×				DCP, MARD	MDG-F	Training	25.500
and contracted to		i. Build capacity of							Contracts	8,049
support homestead		NGOs/IPs to support							Personnel	5,000
food production		homestead food							Supplies	1,000
activities at the		production – crops,							Travel	2,000
community and		livestock and fish;							Other direct costs	1,000
household levels;		ii. Develop and print							Indirect costs (%)	2,978
Training materials		training manuals;							- 10 H 4::0	100
produced;	•	III. Conduct training							Sub-lotal	170'04
Production inputs	FAO	Activity 5.2.2	×	×	×	×	DCP, MARD	MDG-F	Training	20,000
purchased and		i. Support crop and small							Contracts	10,000
distributed;		livestock production							Personnel	2,000
Nutrition education		activities;							Supplies	1,000
activities initiated		ii. Support household and							Travel	1,000
		group aquaculture							Other direct costs	1,000
At least 18 NGOs		production activities							Indirect costs (%)	2,450
and IPs trained and									•	
active in the									Sub-Total	37,450
homestead food	FAO	Activity 5.2.3	×		×	×	DCP, MARD		Training	20.000
production, small)	i Support training and	()		Contracts	10,000
livestock raising.		demonstration activities							Derconnel	200/2-
and adjacilitine		for small-scale food							Supplies	7,000
מיים מקממים כ		Total State Took							Supplies	, t
practices		processing and							Travel Othor direct confi	1,000
-F-1-1-000		preservation and in							Other direct costs	000'T
900 households		nutrition education							Indirect costs (%)	2,450
engaged in										
improved production									Sub-Total	37,450
practices;										
300 households									Total for Output	120.427
engaged in livestock									L	<u>.</u>
raising improved										
aduaculture										
production										
practices:										
900 households										
engaged in										
improved post-										
harvest practices:										
1200 households										
receive Indition										
Hotel Discool Budge	(""") 1									1000
Total Planned budget (Tirst year)	t (IIIst year)									1,045,055
lotal FAO										543,077
Total UNICEF										449.400
Total WHO										551,358