FINAL EVALUATION

Vietnam

Thematic window
Children, Food Security and Nutrition

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

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Prologue

This final evaluation report has been coordinated by the MDG Achievement Fund joint programme in an effort to assess results at the completion point of the programme. As stipulated in the monitoring and evaluation strategy of the Fund, all 130 programmes, in 8 thematic windows, are required to commission and finance an independent final evaluation, in addition to the programme's mid-term evaluation.

Each final evaluation has been commissioned by the UN Resident Coordinator's Office (RCO) in the respective programme country. The MDG-F Secretariat has provided guidance and quality assurance to the country team in the evaluation process, including through the review of the TORs and the evaluation reports. All final evaluations are expected to be conducted in line with the OECD Development Assistant Committee (DAC) Evaluation Network "Quality Standards for Development Evaluation", and the United Nations Evaluation Group (UNEG) "Standards for Evaluation in the UN System".

Final evaluations are summative in nature and seek to measure to what extent the joint programme has fully implemented its activities, delivered outputs and attained outcomes. They also generate substantive evidence-based knowledge on each of the MDG-F thematic windows by identifying best practices and lessons learned to be carried forward to other development interventions and policy-making at local, national, and global levels.

We thank the UN Resident Coordinator and their respective coordination office, as well as the joint programme team for their efforts in undertaking this final evaluation.

MDG-F Secretariat

UNITED NATIONS - GOVERNMENT OF VIET NAM
Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (MDG-F 2010-2013)

Final evaluation report

Thematic Window for
Children, Food Security and Nutrition (CFSN).

June 22, 2013
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Abbreviations and Acronyms

A&T	Alive and Thrive
BF	Breastfeeding
BFHI	Baby Friendly Hospital Initiative
DHS	Demographic and Health Survey
EBF	Exclusive Breastfeeding
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FIVIM	Food Insecurity and Vulnerability Information Mapping
GIEW	Global Information and Early Warning System
IEC	Information, Education and Communication
IDD	Iodine Deficiency Disorders
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
LGU	Local Government Unit
INGO	International Non-Governmental Organization
ICM	Integrated Crop Management
HTP	Harmonized Training Package
JAT	Joint Assessment Team
JP	Joint Programme
MARD	Ministry of Agriculture and Rural Development
MD	Medical Doctor
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDG-F	MDG-Fund
MICS	Multi-Indicator Cluster Survey
MIYCN	Maternal, Infant and Young Child Nutrition
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids and Social Affairs
MUAC	Mid-Upper Arm Circumference
NNS	National Nutrition Survey
NGO	Non-Governmental Organization
NiE	Nutrition in Emergency
NOMAFSI	Northern Mountainous Agriculture and Forestry Science Institute
NIN	National Institute of Nutrition
PMU	Programme Management Unit
RICM	Rice Integrated Crop Management
RUTF	Ready to Use Therapeutic Food
RDC	Rural Development Center
SAM	Severe Acute Malnutrition
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United National Population Fund
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assistance Framework

VHW Village Health Worker
WHO World Health Organization

1. Executive summary

The MDG Achievement Fund aimed at accelerating progress towards the achievement of the MDGs in selected countries. In particular, the Children, Food Security and Nutrition Thematic Window of this Fund aimed at accelerating progress towards the hunger target of MDG 1 where actions should be nationally owned and built upon/add value to existing initiatives and processes.

In line with that the joint programme *"Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam"* a three-year programme was approved (2009-2012) to support the Government of Viet Nam in addressing the continuing prevalence of malnutrition among the most vulnerable and in preventing future malnutrition.

Viet Nam has an estimated total population of 88 million, 1.5 million births a year; and a total of 7186000 under-five years of age. In 2009, underweight and stunting rates among under-five children were 19% and 32% respectively and it has been estimated that 27% of mothers with under-five children suffer from chronic energy deficiency.

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 Viet Nam.

The first outcome was implemented at the national level; the second outcome at the national and provincial levels; and the other outcomes undertaken in the provinces of Cao Bang, Dak Lak, Dien Bien, An Giang, Ninh Thuan and Kon Tum, covering a total of 19 Districts and 171 Communes.

Among the key agencies leading and supervising the programme were the Ministry of Health, Ministry of Agriculture and Rural Development and the Food and Agriculture Organization, the United Nations Children's Fund and the World Health Organization. Several national and local partners contributed during the implementation of the programme.

The evaluation combines the Results-Based Evaluation Framework with the Appreciative Inquiry approach to conduct an evidence-based assessment of the joint programme.

The final evaluation aimed at:

1. Measuring to what extent the joint programme has fully implemented their activities, delivered outputs and attained outcomes and specifically measuring development results.
2. Generating substantive evidence based knowledge, on one or more of the MDG-F thematic windows by identifying best practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability).

The Evaluation utilized both qualitative and quantitative methods to gather relevant information and to analyze the inputs, processes and the results of the interventions implemented through the joint programme.

The JP Viet Nam design, proposed key strategic development interventions that were meant to contribute to the achievement of the five JP outcomes, among which we have the following 1) Development of Legislation, Policy, Guidelines and National Plans 2) Strengthening the Management Information System for Nutrition and Food Security 3) Revitalization of the Baby Friendly Hospital Initiative 4) Development and support of an integrated communication plan for MIYCN/IYCF 5) Integrated Management of Acute Malnutrition, for the first time since 2010 Vie Nam has introduced a treatment protocol for malnourished children 6) Anemia prevention for pregnant women and 7) demonstration model on agriculture/aquaculture and livestock.

Modeling of key interventions focused in six (6) provinces, 19 districts and 171 communes. Among the initial key results, it worth mentioning a recorded increased in early initiation of breastfeeding in the six (6) BFHI hospitals, from a baseline of 70% to 97%, in one province, increased exclusive breastfeeding from 0% baseline to 12%, at the same time IMAM is now being implemented in nine (9) hospitals and 28 Commune Health Centers, and helped detect and treat 741 severely malnourished children.

More than 1600 farmers have been supported in the implementation of the Rice Integrated Crop Management models (8), and others specific models were also supported beans (3) , sticky corn (2) fruits (2) , vegetables(1) as well as aquaculture models (3) and livestock (7).

For the RICM, it was recorded between 30%-50% reduction of fertilizer used and an increased production between 15%-20%. The vegetable model, generated an additional income of 100,000 dong (US$%) per day for the farmer, while the aquaculture model, recorded an additional US$ 350/year income for the farmer as well.

The evaluation identified key lessons learned through the implementation of the Joint Programme, and that should form a solid platform that contributes to the goal of building a "One-UN"

1. The Policy Coherence of the three (3) agencies, as key facilitating factor in the government buy-in process into the re-visiting and revitalizing key national health and non-health strategies that would not have been possible in the given timeframe;

2. Combining resources and interventions led to a stronger UN presence as compared to several smaller independent UN agencies presence;

3. National and Sub-national partners called for a simplified coordination – instead of dealing with three UN Agencies separately, dealing with one "UN agency" under the consolidation of plans, joint implementation, joint monitoring, review, and reporting, and joint management may increase effectiveness and reduce transactions costs of the government as well as for the UN agencies;

4. The JP surfaced some structural and organizational situation that needs to be overcome so to work as "One-UN". For example the contracting, disbursement mechanisms, reporting used were peculiar to each agency. Agencies have historically experience working together, for example supporting common interventions, but working as One UN is still a learning curve that each agency is facing. Agencies are still guided by their own priorities and targets, individual analysis of what is relevant or not.

5. In some aspects the JP has shown the value added of working as “One UN”, reflecting the different expertise and contributions that each agencies can contribute in a more coordinated, systematic and cost-effective way to achieve results and eventually set outcomes (e.g. passage of legislations, integration of food security and nutrition).

6. Creating synergies, for example with Alive and Thrive, created a united front in support of the IYCF national and sub-national efforts, the A&T partnership and technical and financial support was critical for: 1. national legislations, IYCF Plan, IYCF Integration in NNS, Integrated Communication Plan, National Nutrition Strategy “leveraging of resources” (A&T) and additional funding mobilized by UNICEF and WHO. The synergy avoided duplications, conflict in policy directions, increased the reach of the strategic interventions provided a stronger platform to engage other local players;

7. Fostering strategic partnerships with key national agencies Molisa, Institute of Legislative Studies and others that have facilitated the successful passage of the improved maternity protection legislation and the advertising law.

8. The UN policy coherence had a mirror effect in the way Ministry of Health and the Ministry of Agriculture and Rural Development collaborated at the national and provincial level. Identification of agricultural demonstration projects contributing to the improvement of the health and nutrition of women and children as well as the development and production of a locally acceptable Ready to Use Therapeutic Food (RUTF) are just few of the concrete outputs of these collaboration; At the Government level, the partnership and collaboration, to be sustained as a scaling up strategy.

The following is a set of concrete and long term recommendations, based on the findings of the desk and the field evaluation:

Central Government:

1. Conduct an impact assessment by 2014/2015 to measure outcomes of the interventions in the different provinces and disseminate results to policy makers;
2. Prioritize the most vulnerable provinces/districts as data on needs are becoming available, with targeted programmes;

3. National Government and UN agencies, help in translate National/Provincial consensus in resources necessary to implement plans and policies (identify new funding mechanisms to support nutrition programmes like the national health insurance system, social marketing);
4. Ensure broad participation and consensus in the finalization of national guidelines/policies/mechanisms (e.g. IMAM, BFHI, IYCF, GIEWs, others);
5. Sustain synergies among international and national players, in particular review and agree on best approaches for UN Agencies to work as ONE-UN, learning from the MDG-Experience; and

UN agencies:

1. Support government in Devising/Reviewing/Setting up a monitoring/tracking/documentation system to capture outcomes/results/ of interventions at each level (national, local) including enforcement of national laws and policies, that will help identify gaps that need to be addressed to propose scaling up mechanism;
2. Help in translate National/Provincial consensus in resources necessary to implement plans and policies (identify new funding mechanisms to support nutrition programmes like the national health insurance system, social marketing);
3. Continue building on combining expertise of participating UN Agencies to deliver high quality programming – each UN agency shall amplify, complement and augment each other's specialization leading to more holistic and integrated programmes for implementation and replication;
4. Work towards consolidating a common vision and message, this will lead to a stronger voice and influence – Heads of Agencies shall jointly engage national, regional and local stakeholders in advocating for policies, programmes and budgets, promoting evidence-based interventions, and raising awareness on key issues and solutions;

UN-Resident Coordinator's office:

1. Future Joint Programmes shall utilize a joint planning mechanism wherein the output is a joint work plan and not a consolidation of individual agency initiatives. The aim should be the one to a "joint" work plan that include matched priorities, unified direction, complementing initiatives, harmonized targets and pooled resources.

MDG-F Secretariat:

1. Requiring the creation of specific, new management structures may not always be necessary, in countries where there are/may be effective management and coordinating mechanism. Adding structures in countries may not always result in improved efficiency and effectiveness of the programme, and in reality may create/add burden to national and international agencies. Would be interesting to recommend structures in case they do not exist or build on existing mechanisms (e.g. nutrition and health clusters, UN coordinating mechanism) but suggesting/providing some specific terms of reference for them to follow, and concrete deliverables;

2. Introduction

The MDGF Thematic Window

The MDGF Thematic Window was developed as a timely intervention when countries are falling short of meeting the MDG targets on poverty and hunger reduction. This situation is challenged even further with the expected food and energy price hikes which undermine progress and threaten to cause irreversible damages on health and nutrition. At least 3.5 M under-five deaths annually and more than 105 of the global disease burden can be attributed to under-nutrition. Among target countries of the Thematic Window, Viet Nam belongs to those "on track" to meet the goal if strategic actions are taken and, thus, the rationale for the Joint Programme.

Some key challenges and opportunities confronted by target countries like Viet Nam include rising food prices, fragmented efforts and weak coordination at national levels, disparities and vulnerability, gender, school-based approaches, knowledge management for capacity building and planning, protection and promotion of biodiversity and food safety, advocacy and community-based management of malnutrition.

The MDG Achievement Fund aims to accelerate progress towards the achievement of the MDGs in select countries by supporting policies and programmes, financing the testing and/or scaling up of effective models, catalyzing innovations in development practice and adopting mechanisms that improve the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness. In particular, the Children, Food Security and Nutrition Thematic Window of this Fund aims to accelerate progress towards the hunger target of MDG 1 where actions should be nationally owned and built upon/add value to existing initiatives and processes.

The Outcome Areas are: 1) Promotion of integrated approaches for alleviating child hunger and under-nutrition; 2) Advocacy and mainstreaming of access to food and nutrition of children into relevant policies, and; 3) Assessment, monitoring and evaluation. Ultimately – underweight prevalence among under-fives and the proportion of the population below the minimum level of dietary energy intake will be the key indicators to assess impact, as well as complementary nutrition indicators like stunting prevalence, anemia prevalence and wasting rates above the emergency threshold of 10% and outcome and process indicators related to coverage of key programmes an status of national policies and programmes relevant to the abovementioned outcome areas.

Background: The Viet Nam Joint Programme

Viet Nam has an estimated total population of 88 million, 1.5 million births a year; and a total of 7186000 under-five years of age (UNICEF 2010).

In 2009, underweight and stunting rates among under-five children were 19% and 32% respectively (National Nutrition Survey 2009) and it has been estimated that 27% of mothers with under-five children suffer from chronic energy deficiency. However there were important differences in food patterns between highlands, midlands and mountainous areas, urban and rural and between ethnic groups. Food consumption data were shoring little improvement in energy intake and only a slight increase in the intake of protein and lipids between 1990 and 2000 (1931 kcal/day).

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.

In line with that the joint programme ***"Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam"*** a three-year programme was approved to support the Government of Viet Nam in addressing the continuing prevalence of malnutrition among the most vulnerable and in preventing future malnutrition. In accordance with the National Project for Food Security to 2020 with a Vision to 2030 - the ongoing strategy for support and protection of vulnerable groups through better nutrition - and the national approach to agriculture, farmers and rural development, the programme worked at both the national and provincial level, targeting several selected provinces, including Cao Bằng, Điện Biên, Đắk Lắk, Kon Tum, Ninh Thuận and An Giang (Figure 1). These provinces were selected based on their high levels of stunting (prevalence rates and numbers) as well as the presence of related on-going activities and the capacity of agencies at the field level to implement programme activities. According to UNICEF, they had a a joint programme with UNFPA and UNDP in Kon Tum Province in the previous programme cycle ending in 2011, and continue working in the same province with UNFAP since 2012. UNICEF also has a joint programme with UNFPA in Ninh Thuan Province since 2006. The programme included 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. At the same time modeling of key nutrition and food security interventions was also supported in the different participating provinces. Capacity building for health workers and strengthening of the health care system and community based system to support key nutrition interventions have been supported.

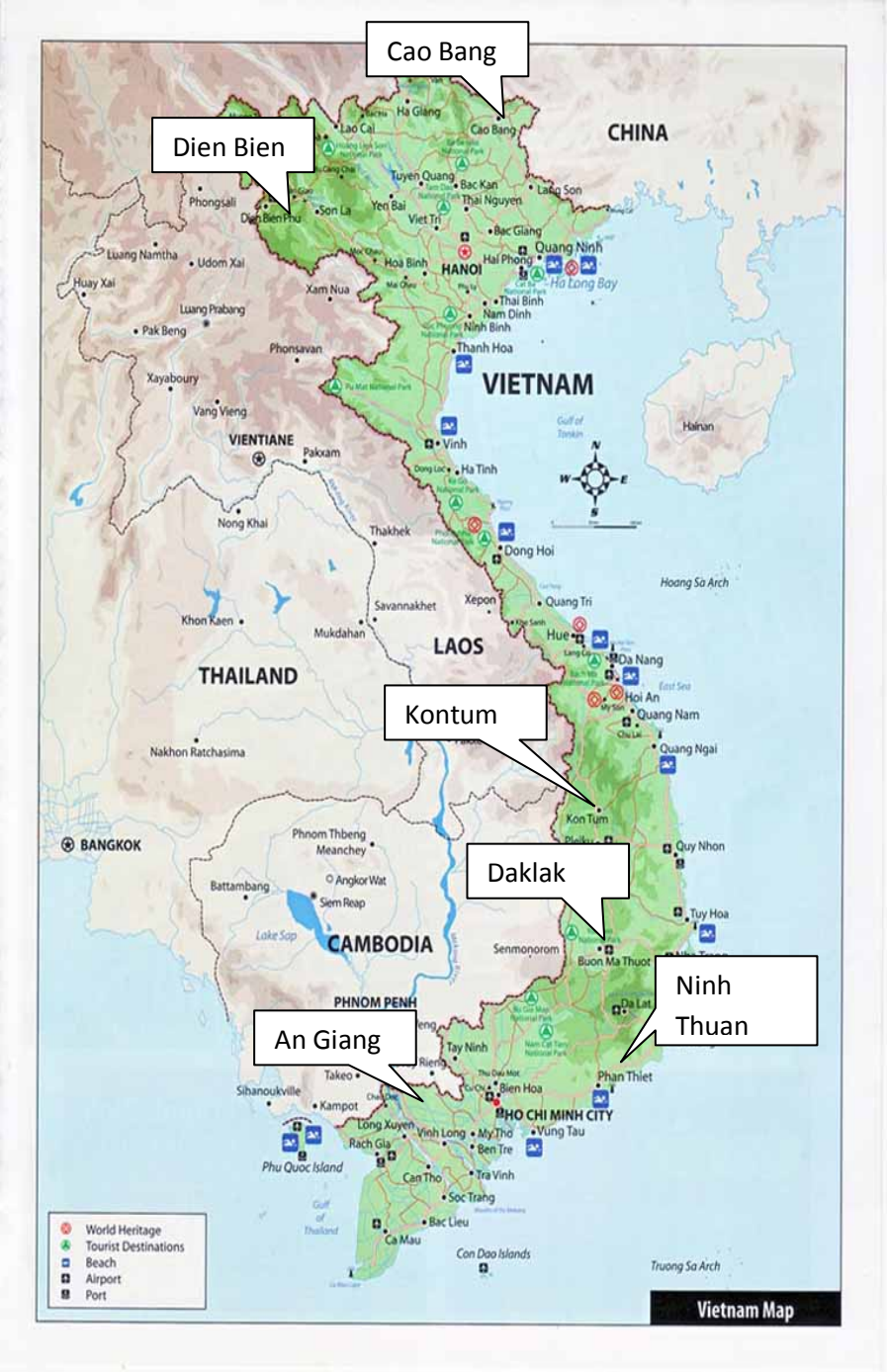


Figure1: Map of Viet Nam with participating provinces

It contributed directly to the UNDAF and UN 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 programme, implemented in 2010 to 2013 with a six-month no-cost extension (up to June 2013) at a total cost of US$ 3,550,000, received a grant of US$ 3,500,000 from the MDG-F. Total Delivery Rate as of March 2013 was 93.2%. As per discussions with UNICEF/WHO and FAO the remaining balance was allocated for final activities (e.g. evaluation)

The joint programme has the following five outcomes (see figure 2):

6. 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;
7. 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;
8. Reduction of micronutrient deficiencies in targeted children and women;
9. Improved care and treatment for children with severe malnutrition and improved nutrition services for young children in emergency situations;
10. Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions in Viet Nam.

The first outcome was implemented at the national level; the second outcome at the national and provincial levels; and the other outcomes undertaken in the provinces of Cao Bang, Dak Lak, Dien Bien, An Giang, Ninh Thuan and Kon Tum, covering a total of 19 Districts and 141 Communes.

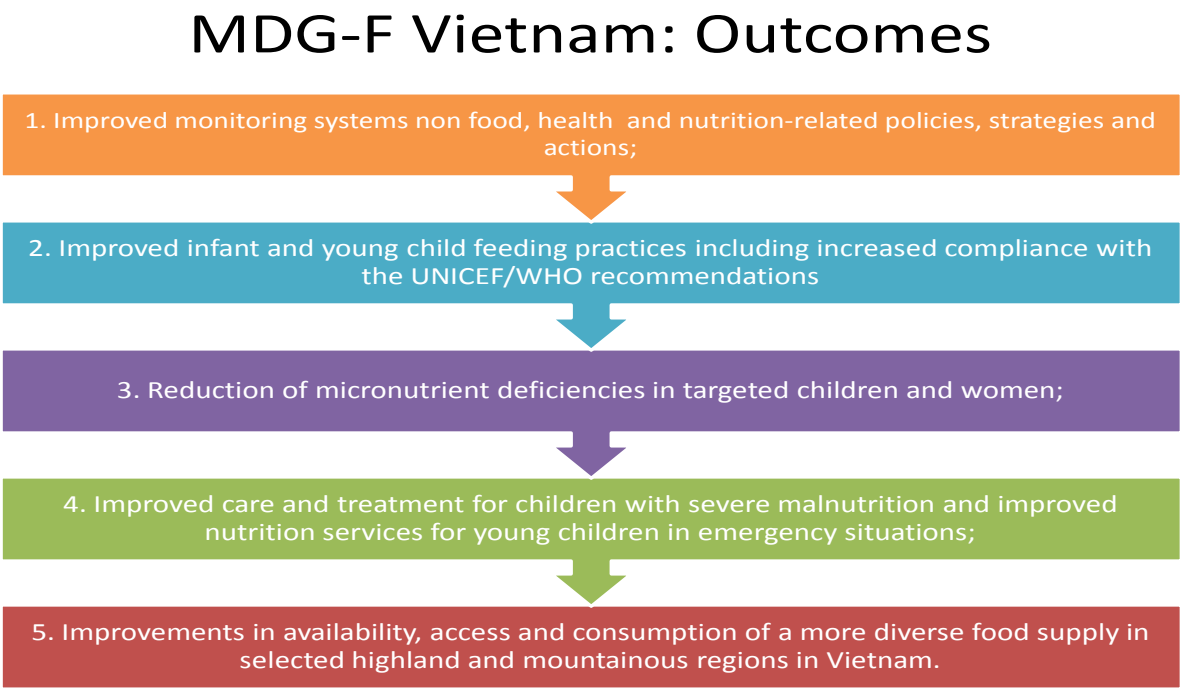


Figure 2: Outcomes MDG-F Viet Nam

The first outcome was implemented at the national level; the second outcome at the national and provincial levels; and the other outcomes undertaken in the provinces of Cao Bang, Dak Lak, Dien Bien, An Giang, Ninh Thuan and Kon Tum, covering a total of 19 Districts and 141 Communes. 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.

The programme combines both short-term strategies such as breastfeeding protection, promotion and support 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 improve crops and animal source foods (meat, milk and fish).

The most recent statistics show a slow but steady decline in malnutrition rates that remains a burden in the country and may account to 45%[1] of total under-five deaths. 12.5% of children under five are underweight, 23.3% are stunted and 5.3% are wasted (MICS 2011). More than 5% of births are low birth weight, and require special attention to ensure appropriate feeding practices. This is a government priority (*National Nutrition Strategy 2011 to 2020, with a vision toward 2030*, 2012).

The IYCF National Plan of Action (2006-2010) targeted initiation of breastfeeding within the first hour of 90% by 2010. However, two existing surveys show different directions, a steep increase recorded by the General Nutrition Survey in 2009-2010 (from 57% to 76.2%) and a steep decreased (table 1). Initiation within 24 hours also decreased according to MICS 2011.

Table 1: BF Initiation Rate 2002, 2009-2010 and 2011

Indicator (s)	**DHS 2002**	**General Nutrition Survey (2009-2010)**	**MICS 2011**
Initiation w/in 1 st hour	57%	76.2%	40%
Initiation w/in 24 hours	87%		80%

The IYCF National Plan of Action (2006-2010) targeted 25% exclusive breastfeeding of infants under 6 months of age (EBF) by 2010. An increased has been measured by the General Nutrition Survey in 2009-2010 (from 15.4% to 19.6% as well as by the MICS survey (from 15.4% to 17% (Table 2).

Table 2: Infant feeding practices below 6 months of age in Viet Nam (2002, 2009-10 and 2011)

[1] Taylor et al, Only collective action will end undernutrition, The Lancet, June 2013 (online publication), June 6, 2013

Indicator (s)	DHS 2002	General Nutrition Survey 2009-2010	MICS 2011
EBF < 6 months	15.4%	19.6%	17%
BF with water only <6 months	30.7%		22.4%
BF with supplements (solids, semisolids, other liquids) < 6 months'	50.1%		55%
Not Breastfeeding < 6months	3.8%		5.6%

BF and given only water decreased 8.3%; however, introduction of other solids, semi-solids and liquids increased 4.9%; and those not breastfeeding increased 1.8% (DHS 2002; MICS 2011). 41.5% for infants <6 months of age bottle-feed (MICS 2011).

The JP aimed at addressing the situation, with key interventions at the national, provincial and local levels.

Implementing agencies and partners:

The Main Partner Agencies were the following:

Government of Viet Nam:

- Ministry of Health (MOH) , Maternal and Child Health Department
- Ministry of Agricultural and Rural Development (MARD)
- Rural Development Center (RDC)
- Health Education Centre of MOH (IEC)

United Nations (UN):

- Food and Agriculture Organization (FAO)
- United Nations Children's Fund (UNICEF)
- World Health Organization (WHO)

The main responsibilities of the government agencies were:

1. MOH, MCH: overall chair of the Programme Steering Committee (PSC) and the Programme Management Unit (PMU), reporting to the National Steering Committee (NSC), coordination, monitoring and supervision of programme implementation.
2. MARD, member of the PSC and the PMU, coordination, supervision and monitoring of all programme implementation.

3. RDC, collaborate with MARD in providing technical assistance in the programme implementation.
4. Health Education Centre of MOH; contributed in the development of the communication plan for Infant and Young Child Feeding.

The main responsibilities of the UN Agencies:

1. FAO, Programme lead agency, liaison with the MDG-secreatariat and UN resident Coordinator, lead agency of the programme and in the evaluation missions (mid-term and end of programme evaluation), member of the programme steering committee (PMU) coordination, monitoring and supervision of all FAO related activities, identification with MARD of technical assistance for the implementation of the programme;
2. UNICEF, member of the PSC, coordination, monitoring and supervision of all UNICEF related activities; identification. Selection, recruitment/contracting with national counterparts of technical assistance for the implementation of the programme;
3. WHO, member of the PSC, coordination, monitoring and supervision of all UNICEF related activities; Selection, recruitment/contracting with national counterparts of technical assistance for the implementation of the programme;

The other Partners and Implementing Agencies included the following:

- Ministry of Labor, Invalids and Social Affairs (MOLISA)
- Institute of Legislative Studies of the National Assembly
- Alive and Thrive
- Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI)
- Legal Department, MOH
- Viet Nam Food Administration, MOH
- Health Inspection Division, MOH
- National Institute of Nutrition
- Hospital of Endocrinology
- Provincial Health Department of six (6) provinces

Evaluation Framework

This evaluation combines the Results-Based Evaluation Framework with the Appreciative Inquiry approach to conduct an evidence-based assessment of the joint programme "Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam." Briefly, the Results-Based framework stresses both the process (input-activity-output) and the results (outcome and impact) of the intervention. It reviews the programme design, examines the implementation process, and compares the results and outcomes as against the baseline and targets. The inquiry relies on clear evidence and scientific analysis using both qualitative and quantitative methods. A set of recommendations is offered to improve the intervention.[2]

The Appreciative Inquiry approach seeks to discover the positive aspect, the strengths and the potential of the intervention and to learn well from the experience so that innovations and enhancements are introduced into the Programme.[3]

The evaluation has been guided by the following principles:

- uphold an independent, objective and impartial assessment
- facilitate participation and consultation with all stakeholders
- promote gender sensitive and non-discriminatory research process
- ensure evidence-based and verifiable findings and outcome.

The evaluation framework emphasizes the promotion of knowledge, learning and accountability, and the improvement in decision-making and programme development. The evaluation incorporated the stakeholders analysis to map the roles/strengths and potentials of the different actors/players in the joint programme.

[2] The Results-based monitoring and evaluation framework or system is used by the World Bank, the OECD, UN agencies (ILO, UNICEF, UNDP, among others), international NGOs and private organizations. Please see reference section.

[3] The Appreciative Inquiry approach started in the 1980s as a tool for organization development but has become a popular approach to strategic planning, assessment and evaluation. It is more qualitative in approach and seeks to identify the positive attributes to strengthen organisations and processes. Please see reference section.

Overall Goal of the Evaluation

The final evaluation aims to:

3. Measure to what extent the joint programme has fully implemented their activities, delivered outputs and attained outcomes and specifically measuring development results.
4. Generate substantive evidence based knowledge, on one or more of the MDG-F thematic windows by identifying best practices and lessons learned that could be useful to other development interventions at national (scale up) and international level (replicability).

This final evaluation has the following specific objectives:

1. Measure to what extent the joint programme has contributed to solve the needs and problems identified in the design phase.
2. To measure joint programme's degree of implementation, efficiency and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised.
3. Measure to what extent the joint programme has attained development results to the targeted population, beneficiaries, participants whether individuals, communities, institutions, etc.
4. To measure the joint programme contribution to the objectives set in their respective specific thematic windows as well as the overall MDG fund objectives at local and national level. (MDGs, Paris Declaration and Accra Principles and UN reform).
5. To identify and document substantive lessons learned and good practices on the specific topics of the thematic window, MDGs, Paris Declaration, Accra Principles and UN reform with the aim to support the sustainability of the joint programme or some of its components.

As specified in the Terms of Reference (TOR), the evaluation looked at the following levels of analysis:

<u>Design level</u>

- Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country and the Millennium Development Goals.

<u>Process level</u>

- Efficiency: Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results
- Ownership in the process: Effective exercise of leadership by the country's national/local partners in development interventions

<u>Results level</u>

- Effectiveness: Extent to which the objectives of the development intervention have been achieved.

<u>Sustainability</u>:

- Probability of the benefits of the intervention continuing in the long term.

Methodology

The Evaluation utilized both qualitative and quantitative methods to gather relevant information and to analyze the inputs, processes and the results of the interventions implemented through the joint programme. The inquiry relied on both primary and secondary sources to gather data and generate the information needed to assess the project processes and results.

The evaluation conducted a comprehensive ***desk review*** of available documents covering project documents, programme design, plans, and provincial reports, agency reports, monitoring reports, mid-term evaluation, programme completion reports and other relevant documents. Valuable information from key stakeholders, implementers and informants at national, provincial, district and commune levels were collected through ***focus group discussions (FGDs)*** and ***interviews***. Further insights were also gathered through ***field observations*** during visits to programme areas. A ***small survey*** was conducted among stakeholders at the different levels – from national to commune. Protocols for facilitating the data-gathering process were designed and translated into the Vietnamese language for easier understanding. A database grid was constructed to organize data gathered from the desk reviews and to solicit additional information from the concerned UN agencies. The grid provides a simple matrix that can easily track the baseline, targets, indicators, input, accomplishments and outcome. A provincial mapping grid was also constructed to present the key results and the area coverage of the programme.

Profile sheets for key stakeholders and for field implementers were also developed and used for the conduct of the small survey among these project actors. The profile sheets inquired about their role, functions, level of participation, planning processes, reporting system, perceived outcomes and obstacles in project implementation.

Guidelines for interviews and focused group discussions were prepared to help facilitate the meetings with key stakeholders at the national level and the field visits/discussions with provincial implementers. The guidelines covered the project concept and design, the implementation process, the roles of agencies, the coordination mechanisms, the planning process, the reporting system and forms used, the trainings conducted, the accomplishments, gains, problems, facilitating factors and lessons learned from the project.

The evaluation was conducted in close consultation with members of the Program Management Unit (PMU), the Ministry of Health, The Ministry of Agriculture and Rural Development and under the supervision of the Programme leader, The Food and Agriculture Organization with the assistance and support of the national consultant. Consultations, meetings and discussions were organized with key staff of UNICEF and WHO country offices. Meetings with other government agencies like the National Nutrition Institute (NIN), Ministry of Labor and Social Services and the Institute for Legislative Studies were carried out as well as discussions with the director of the Alive and Thrive programme.

The evaluation team was composed by the following: FAO as lead evaluator, one member from MOH- MCH department, one member from the MARD, one (1) International Consultant and one (1) national consultant.

The programme partners (government and UN agencies) prepared the itinerary of the field visit. The following were the areas visited during the field work:

1. Four out of the six provinces participating in the MDG-F programme were visited from May 19 to June 3, 2013, (Cao Bang, Dien Bien, Ninh Thuan and Dak Lak). ; The other two (2) provinces, Kon Tum and An Giang were visited during the Mid Term Evaluation.
2. Two (2) Baby Friendly Hospital Iinitiative (BFHI) hospitals (Cao Bang and Dak Lak Provincial General Hospital);
3. One (1) model Hospital for Integrated Management Acute Malnutrition (IMAM) (Provincial Hospital Dien Bien);
4. Two (2) Commune Health Centers with IMAM and Infant and Young Child Feeding (IYCF) counseling (Dien Bien and Ninh Thuan);
5. Four (4) Agricultural (w/livestock) models[4] (rice, beans, vegetables and fruits) (4 provinces);
6. One (1) Aquaculture model (Dak Lak)
7. One (1) Global Information and Early Warning System (GIEWS) Station (Dak Lak)
8. Meetings with FAO, UNICEF, WHO, Programme Management Uni (PMU), National Institute for Nutrition (NIN), Ministry of Labor Invalids and Social Affairs (MOLISA), Institute for Legislative Studies and Alive & Thrive (A&T)

The partners selected only four of the six provinces to visits, because the other two (2) were visited during the mid-term evaluation. The specific sites within a province were selected to provide an opportunity to appreciate all the different models implemented.

At the national level, the evaluation team interviewed with key stakeholders of the national agencies participating in the implementation of the programme. At the provincial level the evaluation team, met key management and direct implementers like: 1) provincial teams from the health and agricultural department, 2) district health and agricultural staff, 3) hospital and commune health center staff, 4) farmers and 5) pregnant women and mothers.

The programme outcomes were reviewed, the outputs, the corresponding indicators and the baseline. It compared the actual results with the baseline and targets for each of the indicated output. It relied on the project documents and validated by FGDs, interviews and field observations. It used concrete evidence and measurable indicators to assess the progress and results of the programme.

Triangulation with available data, reports and the report of the Mid Term Evaluation were used to validate information provided by the different stakeholders and implementers.

[4] For the purpose of this evaluation the consultant adopted the definition of **system model** as the conceptual model that describes and represents a system and its expected results/products. In the case of MDG-F Vietnam, modeling at the was meant to show how the different interventions were working, inputs, processes and outputs, and eventually for scaling up. Modelling was done at the commune, hospital, commune health center, farmers level.

Output of the evaluation

1. Final Evaluation Report
2. Database presenting the programme indicators and results matrix; and key health indications - national and covered provincial areas
3. Summary Report of the FGDs, Interviews and Profile Sheets

Constraints and Limitations

The time for site visits and interaction with local stakeholders, implementers and beneficiaries was a clear limitation of this evaluation. The time allotted for FGDs and interviews were definitely inadequate to get the full information from the local actors.

Language was a constraint even as the evaluator took extra effort to communicate and ensure accuracy of interpretation and translation with the help and assistance of the national consultant. Interpretation also took away time that could have been used for more interaction.

It was not possible to conduct Focus Group Discussions (FGDs), with key stakeholders in the different provinces, due to time and language/translation issues. Semi structured interviews limited to staff at the national level.

Documents and data from the local areas were generally inadequate to provide the fuller picture of how the project was designed, implemented and assessed. These may be due to both language issue and shortcomings in monitoring and reporting.

Visits were conducted only in four of the six provinces were model are being implemented, as per discussion with implementing partners, level of implementation, stage and results vary in the different sites.

5. Description of the development interventions carried out

The review of documentation coupled with the field work (interviews, discussions and observations), suggests that the life cycle approach (figure 1) has been the main approach used in the identification and design of the development interventions.

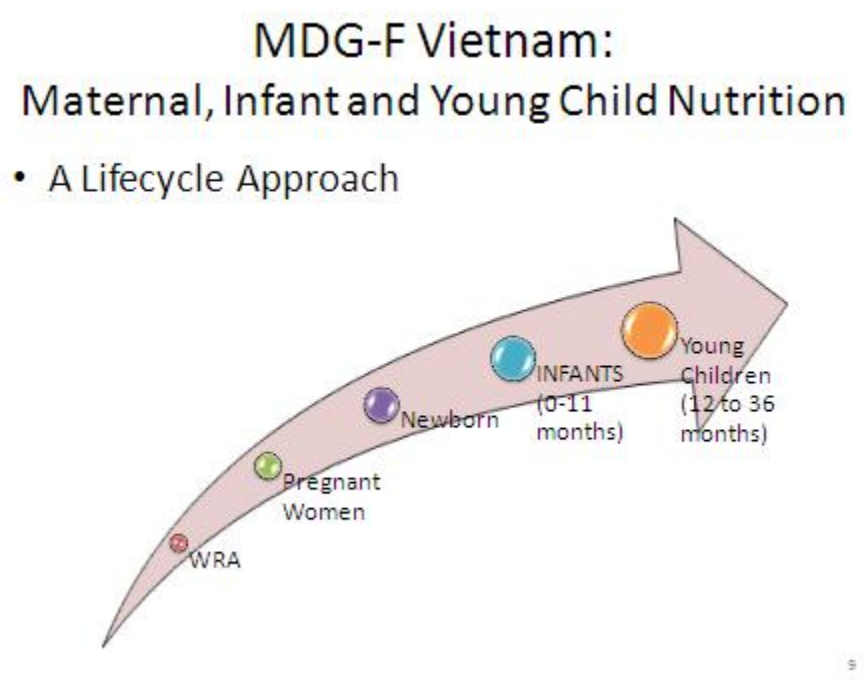


Table 3: JP Viet Nam strategic approach

The MDG_F Vietnam, aimed at improving the nutritional status of women and children, addressing key issues and concerns during the different phases of the life cycle. Figure 3, shows the different phases addressed by the MDG-F, providing a continuum of interventions for women of reproductive age, pregnant women and eventually the child in his specific ages.

Based on the review of the documentation and the discussion with key national and provincial stakeholders, surfaced that the theory of change proposed by the JP in Viet Nam is that reducing malnutrition of women and children requires national level interventions (health and non-health related) targeting at addressing the root cause of the problems, coupled with proposing demonstration projects that will serve as a platforms for national government and developmental partners investments. The JP design, proposed key strategic development interventions that were meant to contribute to the achievement of the five JP outcomes (figure 2), among which we have the following 1) Development of Legislation, Policy, Guidelines and National Plans 2) Strengthening the Management Information System for Nutrition and Food Security 3) Revitalization of the Baby Friendly Hospital Initiative 4) Development and support of an integrated communication plan for MIYCN/IYCF 5) Integrated Management of Acute Malnutrition 6) Anemia prevention for pregnant women and 7) demonstration model on agriculture/aquaculture and livestock.

Table 4: MDG-F Viet Nam strategies implemented

National Level development interventions

Outcome 1: improved monitoring systems on food, health and nutrition status of mothers and children used to guide policies, strategies and actions

Legislation/Policy and Guidelines Development

During the duration of the JP, key national policy efforts were supported and fully completed in line with proposed plan, bringing Viet Nam in the forefront of the global effort to curb maternal and infant and young child malnutrition. Among the major national level results of the JP are the following:

Advertising Law

Breastfeeding protection, promotion and support, it's a key intervention to prevent mortality and malnutrition. Since 1981, the World Health Assembly in the endorsed the International Code of Marketing of Breast milk Substitutes and article 5.1 states that adverting and promotion of breast milk substitutes should not be allowed. Thanks to the technical assistance and resources provided by the JP, last June 2012, after more than two (2) years, the National Assembly with the support of the JP partners and agencies approved the Advertising Law, prohibiting the advertising of Breast milk Substitutes products for children up to 2 years of age.

Based on the interviews with the key informants in Ministry of Health, the Institute of Legislative Studies of the National Assembly, UNICEF, WHO and the Alive and Thrive (A&T) programme director, this represents an example of policy coherence among the UN agencies, that have supported the legislative process until its final approval, at the same time, provides a concrete examples wherein the UN agencies, specifically WHO (scientific evidence) and UNICEF (policy dialogue and legal assistance), have played complementary roles during the whole process. For the advertising law it's important to note that UNICEF Vietnam mobilized the intervention of Legal Experts from UNICEF New York as well as the support from the IBFAN- International Code Documentation Center, Penang Malaysia (IBFAN_ICDC). It was also noted the importance of the synergy created with the A&T programme, a plus factor created by the JP intervention.

Maternity Protection

A second milestone supported by the JP programme with A&T has been the extension of the maternity leave from 4 to 6 months. Based on interviews with national government (MOLISA, MOH), the extension of maternity leave will provide all eligible women with the opportunity to sustain the recommended Infant and Young Child Feeding practices, specifically exclusive breastfeeding during the first six months of life of the child. Vietnam is the only country in Asia that provides for six months paid maternity leave.

National Nutrition Strategy 2011-2020 [5]

A third policy document developed thanks to the JP support is the National Nutrition Strategy 2011-2020, that integrates new recommendations related to 1) Integrated Management of Acute Malnutrition (community and hospital based), 2) Infant and Young Child Feeding Recommendations and 3) Anemia prevention and control. The main objectives of the strategy are to reduce stunting, improve the diet of Vietnamese people and managed obesity/overweight. Inequities and gaps will be addressed using the disaggregated data from the General Nutrition Survey.

The development process, finalization and publication were supported by the JP, UNICEF took a lead from the UN agencies, and the National Institute of Nutrition took the lead from the government side.

Based on the discussion with the JP partners (government and UN agencies), for the first time the National Nutrition Strategy links nutrition to food security, with a component specifically designed for Programme for household food and nutrition security and nutrition following emergencies.

A National Plan of Action on Nutrition was approved and signed by the Minister of Health in June 2013, with the objective to guide the implementation of the strategy.

National IYCF Plan 2012-2015

The JP supported the development of the second National Plan of Action on Infant and Young Child Feeding (IYCF) 2012-2015. The IYCF Plan was approved in January 2013, and based on the review of the document is aligned with the WHO/UNICEF Global Strategy for Infant and Young Child Feeding and Comprehensive Implementation Plan endorsed by the World Health Assembly in 2012. Based on interviews with MOH, WHO and A&T, the leadership in the JP has led and provided the majority of the resources (funds and technical assistance) necessary for the development process, while A&T provided additional resources for wider consultations and refinement of the document.

[5] National Nutrition Stratgey 2011-2020 http://www.unicef.org/Viet Nam/national_nutrition_strategy_2011_2020.pdf

Strengthening of the Management Information System

National Nutrition Survey

A major milestone of the JP has been the updating of the National Nutrition Surveillance System with the integration of global IYCF indicators and micronutrients indicators. Eight (8) core indicators for IYCF, three (3) indicators for Iodine Deficiencies and other related to communication and information sources were reviewed and integrated. Key indicators integrated in the surveillance system include, inter alia, the following: 1) early breastfeeding within 1 hour after birth; 2) Exclusive .Breastfeeding for first 6 month of life; 3) Timely introduction of complementary feeding; 4) Duration of Breastfeeding ;5) Continued Breastfeeding until 1 year of age; 6) Minimum frequency of complementary feeding; 7) Minimum diversity of complementary food used and 8) Minimum acceptable quality of complementary feeding; The National Nutrition Institute was able to conduct a first national survey (2009-2010) using the new indicators and thanks to the technical assistance and the financial support provided by the JP it was possible to generate nutrition profiles for all 63 provinces.

Global Information and Early Warning System (GIEWS)

The installation, training and set up of GIEWS stations at the national and in the participating provinces has been a major milestone of the food security component of the JP. Interviews with the Ministry of Agriculture, discussions and reports from the provincial level, responses from the quick survey conducted, all suggests the importance of this new system supported by the JP. The Government of Viet Nam is planning to use GIEWS to as an effective system to monitor the food supply/demand situation under continuous review, and generate early warnings of impending food crises in individual provinces and districts.

The system is still in an early stage, data available in the systems are limited to one district per province and major resources (as also indicated in the mid-term report) are necessary to: 1) scale up the intervention within the participating provinces and 2) scale up the GIEWS system to the all the other provinces.

Based on the interview with Ministry of Agriculture and Rural Development (MARD) and FAO the government has invested $50,000 for data collection in its effort to scale up the utilization of the system and include data from all the remaining provinces.

On the other hand the support to the set-up of FIVIM (food insecurity and vulnerability information mapping system) was not sustained during the implementation and actually was stopped despite the initial activities supported.

Integrated MIYCN /IYCF Communication Plan

The JP programme has been able to leverage resources for the development of one communication plan in relation to Maternal, Infant and Young Child Nutrition. Interviews with the MOH, UNICEF, WHO and A&T surface how this is recognized as one major example of collaboration among all partners. The "One" communication plan, with key standard messages and materials was meant to ensure that standard messages are supposed to be used when promoting appropriate maternal and child nutrition. Among the communication materials developed with the support of the JP are the following: 1) posters 2) fliers 3) IEC and flip charts 4) support to the world breastfeeding week 5) TV ads. Issues still remains, in relation to 1) 2/4 participating provinces did not receive the "common" materials, but were using other materials developed by individual agencies 2) IEC and communication materials intended to reach minority groups are in Vietnamese language, and may not be as effective, considering that the target population may not be able to read/interpret/understand the messages shared.

Other on-going national level efforts:

The following are the key results/products that were targeted with the support (technical assistance and budget) of the JP, based on discussions with the MOH, NIN, JP partners and A&T will be completed within the current year. These are the following:

1. Revision of Decree 21 on the trade and use of Breast milk Substitutes (4th draft): Final draft available and to be submitted to Prime Minister for approval in 2013);

2. Finalization of the National Nutrition Plan of Action (for signature of the Minister of Health, June 2013);

3. National Guidelines for Integrated Management of Acute Malnutrition (December 2013);

4. Dialogues on Integration of BFHI into existing hospital quality standards (on going with-no definite date); and

5. Development of National Guidelines on Micronutrient Supplementation 3rd draft, (September 2013 for approval).

Provincial Level Modeling

The JP has supported modeling of key interventions that were designed to contribute to the attainment of Outcome 2, 3, 4 and 5. One of the findings based on the review of the documents and discussions with government and UN agencies, six provinces were selected for the implementation of the JP, but only FAO worked in all the six provinces, while UNICEF in 4 and WHO in 2. At the same time, another important element to be able to analyze the available data, is that that JP was designed so that

UNICEF was leading the modeling of key interventions like IMAM, Micronutrient supplementation for women and children, integrated communication in four (4) provinces, while WHO led the modeling of BFHI, micronutrients supplementation for pregnant women communication and the establishment of 6 Kangaroo Mother Care units in two (2) provinces. Both agencies (UNICEF and WHO) supported community based breastfeeding programs, with the training of community volunteers and the conduct of mothers classes. Table 5 and 6 summarizes the no. of provinces, districts and communes participating in the JP programme with direct interventions.

Table 5: Coverage of modeling

Total # of provinces	Total # Participating Provinces	Total # Districts in participating provinces	Total # of Participating Districts	Total No. of Communes in participating provinces	Total # of Participating Communes
63	6	65	19	834	171

Table 6: Breakdown coverage of modeling

Participating Provinces	Total No. of Districts	Total No. of participating districts	Total No. of Communes in the province	Total No. of Communes participating at the district level
An giang	11	4	156	65
Cao bang	13	2	199	6
Dien Bien	10	4	130	24
Ninh Thuan	7	3	65	46
Dak Lak	15	2	187	4
Kon Tum	9	4	97	26

Outcome 2: Improving infant and young child feeding practices (exclusive breastfeeding and safe complementary feeding)

Outcome 3: Reduction of micronutrient deficiencies in targeted children and women

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

For Outcome 2, 3 and 4 the following were the key interventions supported by the JP:

Maternal, Infant and Young Child Nutrition (MIYCN):

According to UNICEF reports provincial Plan of Actions for maternal Child Health and Nutrition with focus on reduction of child stunting (5 year plan) developed in 2013 have been developed in An Giang, Ninh Thuan, Dien Bien, Kon Tum); The Action Plan of Ninh Thuan was already approved by the Provincial People's Committee. In the other four (4) remaining provinces, the finalization process is on-going.

According to WHO reports, thanks to the technical assistance and the funding provided by the JP program, nutrition is integrated in the Integrated Package of Services for Women and Children developed by UN and MOH to reduce inequities in health and nutrition outcomes in the most vulnerable districts. In one of the provinces visited (Dak Lak) the provincial Child Survival Strategy 2010-2015 will help sustain the initial gains and interventions supported by the JP. The same province shared that the provincial Child Survival Strategy will also support mobilization and integration with other resources to support the BF Programme and increase pregnant women's knowledge on BF, improve the monitoring and evaluation of Decree 21 and the implementation, 10 steps of BFHI. In Cao Bang all districts have developed a plan to expand the coverage of the Integrated Package for 2013 and 2014.

Breastfeeding Protection, Promotion and Support

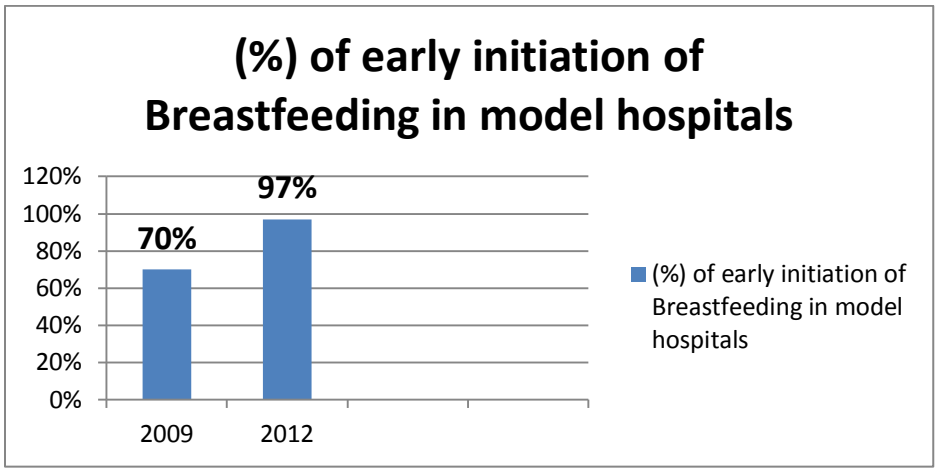
More than 90% of births occurred in health facilities and almost 60% of pregnant women completed four prenatal visits (MICS, 2011). Thus, ensuring the health system provides effective counseling and support services are critical to ensure every newborn receives optimal feeding.

Staff was trained to support and address BF difficulties as well as increased awareness of the mothers and community.

Six (6) BFHI hospitals were established and supported by the management of MoH, Provincial Health Departments and Hospitals. Initial results show average reported increase of early initiation of BF

from 70.5% in 2009 to 97% in 2012 (Figure 3) provide a favorable platform for the future of BFHI. The commune radios in 10 communes tested during the JP as an information channel can be maximized for BFHI, as in the case of Dien Bien province.

Table 7 Initial results of BFHI implementation in six hospitals. WHO Vietnam Report, May 2013



There has been encouraging results in the implementation of BFHI, but still a limited reach versus the original plan. Problems surfaced during the discussions and interviews with the health workers in the hospitals, are that Infant formula is widely promoted, even just outside the hospitals, also hospitals practices like C-sections, may need to be reviewed, and good practices on early breastfeeding can be initiated even after a C-section, may need to be documented and shared for a larger implementation. BFHI budget was only good for the training and no budget for follow up actions and monitoring.

Table 8: BF/IYCF modeling initial results, WHO Report May 2013

Infant and Young Child Feeding:	Accomplishment
Breastfeeding Clubs	66
IYCF Trainer Teams established	6
Health workers trained on BF/IYCF Counseling	1236
# of Village Health Workers (VHWs) supported to provide BF counseling services	783
# of visits to mothers reached/counseled by VHW	15814
All communal BFHI clinics provided with handy IEC on BF	All communal BFHI sites provided with leaflets on BF after training

Based on reports and data provided by UNICEF, a major contribution of the JP has been the support for the creation of Village based breastfeeding support groups. In one province (An Giang) they

were able to measure an important change of breastfeeding knowledge and practices. Base on the data provided by UNICEF, the knowledge of mothers on the benefits of breastfeeding increased from 70% to 94%, and increase in mothers' breastfeeding from 80% to 92% was recorded. In An Giang, the proportion of mother's breastfeeding after the first hour increased from 52%- to 70% and the proportion of exclusive breastfeeding rates for six months from 0% to 12% according to UNICEF report.

Provincial interviews and the results of the survey suggest that frequent-redeployment of district- and commune-level health workers and lack of doctors (MD) specialized in reproductive health and nutrition made project implementation difficult.

According to the field visit, village health workers knowledge of maternal health is dated and too many of them are male (79.8%). There is also general lack of doctors and nurses at the district/commune levels, affecting coverage of all the communes, since village health workers cannot do everything that is needed. There is also lack of incentives (e.g. allowances) for nutrition peer educators, depressing their enthusiasm and creativity.

The MCH department of the MOH has also decided to develop a ministerial guideline to be issued in 2013 to ensure that all delivery rooms will implement four key practices, including skin-to-skin care at birth and early and exclusive breastfeeding.

Micronutrient Supplementation for Pregnant Women:

Based on reports from WHO and two of the four provinces visited (Cao Bang and Dak La), the JP programme has supported the procurement and distribution of iron-folic acid for pregnant women (Table 9).

Table 9: Iron-Folic Acid Supplementation for Pregnant Women: WHO Report May 2013

No. of pregnant women that receive iron-folic acid	Period	Coverage
5798	2012 (12 months) and 2013 (6 months)	100% coverage of the participating districts.

Also, data received from UNICEF show that about 3 million tablets of Iron folic were provided for 22,000 pregnant women of 12 project districts of Dien Bien, Ninh Thuan, An Giang and Kon Tum during 2009-2010, but not funded by the JP programme.

The challenge of resources for micronutrient supplementation for women is that it is not covered yet by the national government budget; hence the advocacy/push should be also done at the provincial level to ensure that Local Government Units (LGUs) allocates their funds to support the intervention or identify alternative funding mechanisms such inclusion in the national health insurance or social marketing.

Micronutrient Supplementation for children:

The JP has contributed to the training of 338 local health workers in implementing micronutrient deficiency control activities (Vitamin A, iron anaemia and IDD).

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: data from UNICEF show that the agency provided 50 per cent of the needed Vitamin A supplements (for 7,241,000 children and women) in 2010 and 30 per cent (for 3,000,000 children + emergency stock to cover 1.8 million children) in 2011 through other funding sources; however freight costs were covered by MDG-F.

Based on interviews and discussions with UNICEF and the MOH, the government is now procuring 100% of the Vitamin A requirements for the country.

Integrated Management of Acute Malnutrition (IMAM):

The JP has been instrumental supporting for the first time in the history of Vietnam the introduction and development of the national guidelines for the Integrated Management of Acute Malnutrition (IMAM). UNICEF has been leading the effort in support to the national and provincial governments, from the tech nical assistance, support to the government in the development and production of a locally produced Re ady to Use Therapeutic food (RUTF) to be used in the treatment of the detected cases (Hebi).

The JP programme funded the implementation of the models in four (4) of the six (6) provinces participa ting in the MDG-F. The main objective of the IMAM modeling was to generate evidence for national rep lication/scale up as there was no quality treatment service for children with Severe Acute Malnutrition b efore 2010.

Based on interviews with UNICEF and NIN, documents and reports reviewed, the intervention has alrea dy showed some results in relation to the following 1) The training for IMAM has been integrated into t he training package by the National Targeted Programme/ Protein-Energy-Malnutrition Control Program me with special focus on vulnerable districts and communes in 22 provinces. 2) Costing study has been c ompleted to guide the inclusion of therapeutic products (RUTF/HEBI and Therapeutic Milk F75 and F100) and services into the National Health Insurance Scheme. MoH has agreed to include in the draft Health I nsurance Law to be handed over to National Assembly for approval in 2014).

As stated earlier, the national guidelines are still being developed, based on the field visits, attention sho uld be given to the development/design of mechanism for tracking/following up defaulters.

Table 10: IMAM Model initial results, UNICEF Report May 2013

Integrated Management of A cute Malnutrition (IMAM)	Coverage
National Training of Trainers on IMAM	40
# of commune health center practicing IMAM	28
# of hospitals practicing IMAM (Inpatient SAM Management Units)	9
# of Severely malnourished children detected using MUAC	741
# of children treated/being treated using the RUTF (Hebi)	741

The model was also expanded through partner NGOs in 8 additional provinces in 2013 showing the importance of the intervention, its potential for replication and scaling up.

A road map to expand IMAM services to 93 communes (of 19 districts) for 2013 has been formulated in collaboration with NIN, UN & INGO like Plan International, Samaritan and PEMC. The target is to screen more than 53,000 children under five (90% of the total).

It is still in very early stage in some provinces, with one district finished only with screening without start ing on the treatment. Challenges include monitoring, tracking and documentation including mechanism for tracing/following up defaulters, supportive supervision, procurement and distribution of supplies an d resources.

Nutrition in Emergency: Preparedness and Response

Based on the review of available documentation the JP has been able to support 25 nutrition rapid assessments at commune level where conducted in response to typhoon and flood emergencies in 15 districts and 6 provinces. At the same time UNICEF technical staff took part in 8 provincial initial rapid assessments as member of the Joint Assessment Team (JAT) under the National Disaster Management Working Group.

At the same time The National Institute of Nutrition (NIN) identified the need for training on key principles in response to Nutrition in Emergencies as one of the priorities for the 14 Provinces that are at highest risk of natural disasters.

The newly developed Harmonized Training Package (HTP) on Nutrition in Emergencies (NiE) was used.

The overall purpose of the training was to strengthen the technical knowledge and understanding of selected personnel from National Institute of Nutrition and 14 Provinces most prone to natural

disasters on best practices in Emergency Nutrition response and Emergency Nutrition tools for effective response to Humanitarian Nutrition (in line with the Cluster Approach).

One of the main recommendations for the roll-out of the training program is the need to adapt the materials to country contexts

Food Security:

The food security component supported by the JP, supported demonstration projects to improve the capacity of farmers and households in crop management, as well as to introduce new products that would contribute to the generation of additional income and provision of foods necessary to help diversify the family diet. The aim was to improve food security at local level, i.e. food self-sufficiency at household level through introduction of advanced technology saving inputs materials and protect environment and human health. The conservation of indigenous seeds was also introduced to sustain the source of the seed so that local people, not able to buy from the market or from distributors, would have stock and sustain their farms.

Outcome 5: "Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions"

Reports from FAO show that there were 1622 farmers that were supported by the JP, and that participated in the Rice demonstration intervention (Rice Integrated Crop Management).

Table 11: Farmers participating in RICM Model: Food and Agriculture Organization, May 2013

Province	Total No. of Farmers	Total No. of Farmers that participated to RICM
Ninh Thuan	2297	525
Kon Tum	2170	345
Dak Lak	1568	400
Cao Bang	3308	110
Dien Bien	3115	60
An Giang	2563	182

The provincial reports and the interviews with the stakeholders suggest that the models supported by the JP, have been successful in improving capacity/ skills on nutrition and food security of

project officers and officers at all levels, improved living conditions through improving production level, economic efficiency and environment protection cooperation with health sector in determining food products to meet the needs of local population. See Table 12 for summary of models and initial documented results.

According to interviews with MARD focal person and discussions at the provincial level (Cao Bang), the existence of many implementers made coordination extremely difficult. MARD focal person emphasized that reporting requirements were too heavy (from 5 agencies within MARD, from 6 provinces, too frequent (monthly, quarterly, semestral, annual) and quite bureaucratic (since some implementers were already dealing directly with FAO).

Coordination between NOMAFSI and the provincial department of agriculture also still has to be developed. Some project officers at districts and communes were not enthusiastic, as in Cao bang.

Table 12: Summary Food security models, Food and Agriculture Organization, May 2013

Models	# of districts with the model	Initial Results/Outputs
Rice demonstration (RICM)	8	The RICM demonstrations guided the farmers in applying new technics, reduced rice seed quantity from 300kg/ha to 200-120kg/ha, saved 50-60% seed quantity. The fertilizer and chemical using in demonstration reduced from 30-50% compare with traditional cultivation. The yield increase from 15-20% (from 4.5 ton/ha to 5.0 - 6.0 ton/ha. One traditional variety were recovered in Dien Bien, it increased the yield of this variety from 3.0 ton/ha to 4.5 ton/ha.
Soy bean/bean	3	The soybean, green bean, and sticky corn, fruit, vegetable demonstrations were made diversity crop (diversity food) for farmers and to generate income. No quantitative data are available to show the initial results.
Sticky Corn	2	The soybean, green bean, and sticky corn, fruit, vegetable demonstrations were made diversity crop (diversity food) for farmers and to generate income. No quantitative data are available to show the initial results.
Fruit gardening	2	The soybean, green bean, and sticky corn, fruit, vegetable demonstrations were made diversity crop (diversity food) for farmers and to generate income. Due to the seasonality of the fruits and the time required to bear fruits, (2-3 years), it will take some more time before the farmers can harvest and benefit from the model.
Vegetable	1	Limited acceptability among farmers. In the only model, earnings generated estimated at 100,000 dong/day
Aquaculture	3	Twelve (12) aquaculture demonstration, 48 satellite model and 60 households in Dien Bien, DakLak and Kon Tum using techniques trained by project's experts. As a result, 10 demonstration (83%) and

Models	# of districts with the model	Initial Results/Outputs
		38 satellite model (79%) and some households culture fish and contributed to their daily food consumption. Furthermore, they gave fish to their relatives or their neighbors without charge. Some demonstration sold commercial fish in small market to generate money to use to buy other food or household items. Size of commercial fish is usually 2 - 3 fish/1kg and 7 - 10kg for each harvest. An additional US$ 350/year income was documented by the owner of the fish pond interviewed.
Livestock	7	The chicken demonstration to help the farmers apply new techniques in livestock production with local varieties to save money and protect the environment. The chicks in the demonstration grew in only 2 months get 2-2.5kg/head. Variations in sustainability according to province where implemented.

6. Levels of Analysis

6.1 Relevance

Interviews with the three UN agencies reveal that programme design has been the result of the joint collaboration of the UN agencies. According to interviewed national and provincial level officials, majority (19 of 35) said that they participated in the design; 4 of 35 said that they were consulted, and 11 (6 were not yet around/came after) of 35 said that they did not participate at all. At the same time based on survey conducted the interviews with government agencies (MOH and MARD) they were consulted and involved only towards the end/finalization of the process. While the three agencies took the leadership on specific components of the programme (as per project plan), the Project Management Committee (PMC) structure, as well as other existing structures like the Nutrition Cluster and Partnership Group, and ad hoc meetings, were used as a venue to review progress, concerns, issues and set directions in relation to programme implementation. Two joint monitoring visits were organized and supported by the JP, in addition to the regular monitoring and supervision efforts supported by the individual leading agencies.

Review of the available documentation and discussions with the MOH and MARD, outcomes, objectives and targets for Nutrition and Food Security are aligned with the national target programs (Protein-Energy Deficiency, National Nutrition Strategy, Infant and Young Child Feeding Plan, as well as international strategies and frameworks like the Global Strategy for Infant and Young Child Feeding and the Comprehensive Plan for Maternal, Infant and Young Child Nutrition. The JP aimed at creating capacities of national and sub-national stakeholders, and in some cases strengthening the existing ones.

All development interventions aimed at improving the nutritional level of women, children and communities as identified by the National Nutrition Survey of 2009/2010.

Objectives of all development intervention aligned to National Target Programs, National Laws and Policies, and responsive to national needs. The outcomes agreed in the JP, are contributing to the attainment of MDG#1, #4 and #5, suggesting a strong link between Health and Nutrition (MDG#4 and #5) and Food Security (MDG#1).

It's important to note that the design suggests longer term solutions and the outcomes indicated are strategic in the way they were crafted, suggesting that these are more outcomes for a continued and sustained work in addressing nutrition and food security issues and not necessarily limited to the implementation of the JP.

While the UN partners, specifically UNICEF and WHO agreed to work in different provinces (UNICEF 4 provinces and WHO 2 provinces), supporting a different set of interventions as discussed earlier, the national level work has provided glimpse of the value added that joint efforts of the UN can provide to a development intervention. The policy coherence supported by the UN in relation to the maternity protection and advertising law that spoke with one voice and supported a unified position. At the same time, the complementary expertise (WHO providing scientific evidence, UNICEF leading policy dialogue and advocacy efforts) that based on the discussions and interviews has been key for a successful result in relation to the laws, plans and policies approved by the national government. At the same time, the JP value added has been the one to link health and nutrition with food security, and the coordination and again the policy coherence of the UN has ensured that the new national nutrition strategy would integrate key food security measures and strategies.

According to the review of the available documentation, findings from the field and the discussions with the different stakeholders, the JP has been a main contributor in ensuring the re-shaping the national legislations, policies, plans and information systems that would address the issues related to food security and maternal and child nutrition and provided venues to strengthen the collaboration between MOH and MARD, a first experience for these two government agencies.

The review of the JP reports, surface some limitation of the M&E system supported by the JP, in general data available are related to processes supported (e.g. # of trained, # of trainings, no. of workshops etc.) but the JP reports do not contain/reflect initial effects/results of the different interventions supported (e.g. for BF support at the community level, how many mothers were assisted? What were their baseline feeding practices? What were the feeding practices after 6 months? After 1 year?). Additional data were requested that could provide more substance and help appreciate the work being supported.

WHO is conducting the end line survey (June 2013) in the tow (2) provinces where it led the interventions. , but the data are not yet available for writing the report. Delay has been caused by the late arrival of microcuvettes for assessing changes in hemoglobin level.

4.2 Process level

4.2.1 Efficiency

The JP in Vietnam had four levels of coordination and management. FAO has been the Lead Coordinating Agency for the UN agencies. But as stated in the mid-term evaluation, there is no clear terms of reference spelled out in the JP document and the DPO approved.

The National Steering Committee (NSC) for MDG-F has been established to provide oversight and strategic guidance to the three MDG-F Joint Programmes that were implemented in Vietnam. As per documentation reviewed, the NSC consists of a Senior Representative of the Government (Ministry of Planning and Investment –MPI- co-chair), the UN Resident Coordinator (Co-chair) and the General Coordinator of the Technical Office for Cooperation of Spain in Vietnam.

Based on the discussions with the government and the UN agencies, the NSC met semi-annually and focused on review progress reports, approve and endorse semi-annual plans that will be submitted to the MDG-F.

A Programme Management Committee (PMC) was established for the coordination of the programme implementation. Based on the mid-term evaluation the representatives of the Government at the PMC are the Vice-Ministers of Health and Agriculture. The mid-term evaluation suggested that the participants in these meeting were not from the RCO or the Vice minister levels, but the members of the PMU plus the UN agencies involved.

The JP required that for daily project management issues a Programme Management Unit (PMU) should have been created, and this was chaired by the Ministry of Health-Maternal and Child Health and with a representative from MOH, one from MARD and two secretarial/accounting assistants.

The central PMU is replicated at the Provincial level wherein all representatives of the key participating agencies are members and contribute to the overall management of the programme.

The evaluation surfaces that prescribing structures may not be conducive to efficiency and support on going national processes aim at strengthening existing coordinating mechanism that indeed existed prior to the JP and will exist after the JP. The discussion with the government agencies and the UN agencies, clarified that there was indeed a tiny line between PMU and PMC structures and that the main goal in gathering agencies and people have been to optimize the opportunity, time and availability of the concerned agencies. At the same time evaluation brought up valuable thoughts for importance for programmes like MDG-F, to help national government and international partners to build and strengthen existing coordinating and management mechanisms and eventually reporting and monitoring tools .

From the Financial point of view, the three UN agencies, FAO, UNICEF and WHO assumed individual responsibility and accountability for the disbursement of the funds and followed their agency' contractual and financial regulations. And this has been recorded as a one of the difficulties faced by the national and provincial governments, working in a joint programme but eventually dealing with three different set of procedures and requirements.

As stated in the mid-term review, the release of funds was subject to meeting a minimum commitment threshold of 70% of the previous fund release. If an agency did not meet the goal, new funds could not be released to any organization.

Table 13, shows that as of March 2013, the JP had a 93.2% delivery rate, with WHO (91%), UNICEF (95.1%) and FAO (95.4%). As stated earlier and based on the review of the different documentation, generally the approved plan of action has been implemented by the different JP partners, and key outputs achieved (national and modeling at the provincial level). On the other hand, it's important to note that UNICEF has leveraged additional resources to be able to complete processes started and activities that were not originally assigned to the agency (e.g. some activities related to the Integrated Management of Acute Malnutrition and the updating of Decree 21) as well as to cover for the costs of the staff supporting such activities. At the same time WHO leveraged additional resources in relation to the provision of micronutrients supplementation to pregnant women.

Table 13: Financial Summary* **All figures include indirect costs (7%)* Source: Joint Programme Monitoring Report, March 2013

		Total Transferred Budget			Estimated Total Cumulative Commitment amount to date (2010 to 2012)	Estimated Total Cumulative Disbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
		Year 2010*	Year 2011*	Year 2012**			
FAO	Programme Cost	507,549	285,000	208,971	934,045	934,045	
	Indirect Support Cost	35,528	19,950	15,729	70,120	70,120	
	Formulation Advance	20,000			20,000	20,000	

		Total Transferred Budget			Estimated Total Cumulative Commitment amount to date (2010 to 2012)	Estimated Total Cumulative Disbursement to date (2010 to 2012)	Estimated Cumulative Delivery Rate against Total transferred Budget (2010 to 2012)
		Year 2010*	Year 2011*	Year 2012**			
		563,077	**304,950**	**224,700**	**1,024,165**	**1,024,165**	**95.47%**
UNICEF	Programme Cost	420,000	416,000	84,583	872,270	872,270	
	Indirect Support	29,400	29,120	6,367	65,420	65,420	
		449,400	**445,120**	**90,950**	**937,690**	**937,690**	**95.15%**
WHO	Programme Cost	515,288	635,000	177,625	1,229,064	1,199,511	
	Indirect Support Cost	36,070	44,450	13,370	100,415	99,691	
		551,358	**679,450**	**190,995**	**1,329,479**	**1,299,201**	**91.38%**
	Programme Cost	1,461,529	1,336,000	471,179	3,035,379	3,025,029	
	Indirect Support Cost	102,307	93,520	35,466	237,263	236,538	
Total		**1,563,836**	**1,429,520**	**506,644**	3,272,642	3,261,567	**93.19%**

In general the Programme has been able to utilize the available resources accordingly, but has been able to "leverage" additional resources and as part of its strength and in fulfillment of the MDG-F principles, created synergies among all stakeholders working on nutrition.

During the interviews with the Country Representatives of the UN agencies and the discussion with the members of the PMU the consultant asked about their assessment of the financing modality used for the MDF-Programme ("passing through") mechanism. Both UN agencies and the government members of the PMU stated that they did not have any problem with the modality. The government members

stated that their main concern has been that each UN agency had different contracting and disbursement mechanisms and they had to adjust to the three (3) agencies' procedures.

The partnership with Alive and Thrive, created a united front in support of the IYCF national and sub-national efforts. The A&T partnership and technical and financial support critical for national legislations, IYCF Plan, IYCF Integration in NNS, Integrated Communication Plan, and the National Nutrition Strategy.

4.2.2. Ownership in the process

The field work, interviews and the quick survey, has been the main source of information on this specific critical aspect.

The assessment surfaced that there is a high degree of ownership in relation to the key policies and legislative results, Nutrition Surveillance system, GIEWS. Local government units (LGUs) also provided guidance, consulted beneficiaries and provided support (Ninh Thuan Provincial Agricultural and Rural Devt). LGUs were not only committed but also had ownership and know-how of the agriculture, livestock and aquaculture models**.** Staffs were enthusiastic at all levels, including project officers and participants. Technical staff in addition has good skills and experience on technology transfer to farmers and were onsite at models.

There was good collaboration with all agencies/stakeholders from province to communes. Cao Bang highlighted the good collaboration and cooperation between the health and agriculture sectors, while Ninh Thuan Provincial Agricultural and Rural Development highlighted good collaboration of all agencies (provincial health department, agricultural and rural development department, Reproductive health center and plant protection center).

There seems to be a moderate level of ownership specifically in relationship to BFHI/IMAM, considering that MOH has to decide what position to take on these important interventions, how to sustain and scale them up. The same moderation has been surfaced at the local level.

Another element surfaced by the evaluation has been the accountability mechanisms promoted by the JP. The evaluation thanks to the meetings at the provincial level, discussions and the commune level and interaction with direct beneficiaries (farmers and mothers for example) noted that programme information flow has been generally in place and consistent from project sites (different local stakeholders) to the partners and the central level (upward). All provinces shared their consistent effort to provide information, share progress, surface issues as their way of engaging the programme management level. At the same time, thanks to the interviews with the different UN agencies and MOH and MARD monitoring and supportive supervisions have been constant all throughout the implementation of the JP. The supportive supervision was used as main channel for the national agencies to communicate, interact, review and share progress with the provincial level partners.

Direct beneficiaries have been (when possible) an additional source of valuable information for the evaluation exercise. Farmers, mothers, garden owners, fish-pond owners valued what the JP provided them through the different agencies involved.

The evaluation was not able to note or record the level of appreciation of the general population of the JOP messages and objectives.

4.3 Results level

4.3.1 Effectiveness

Generally *"Majority"* of the activities were carried out. Initial results suggest that there is high potential for the objectives of the development interventions to be achieved, considering that most of the outcome suggested in the planning document can't be measured within the timeframe of the JP.

As discussed earlier, the policy coherence supported by the UN in relation to the maternity protection and advertising law that spoke with one voice and supported a unified position. Based on interviews with the UN agencies, the complementary expertise (WHO providing scientific evidence, UNICEF leading the policy dialogue and advocacy efforts) that based on the discussions and interviews has been key for a successful result in relation to the laws, plans and policies approved by the national government. At the same time, the JP value added has been the one to link health and nutrition with food security, and the coordination and again the policy coherence of the UN has ensured that the new national nutrition strategy would integrate key food security measures and strategies.

The issue surfaced is that there was/is a need for a Monitoring/Tracking/Documentation system that has to capture the outcome/results of the interventions at each level and help identify gaps that needs to be addressed to propose a scaling up mechanism

Also two areas of the planned work were noted as not having reached the initial target, like BFHI intervention was planned to reach 56 hospitals and not just 6, and the FIVIM (Food Insecurity and Vulnerability Information Mapping System) that was started but eventually not sustained during the implementation.

4.3.2 Sustainability

The results, the commitment and ownership shown by the different stakeholders, suggest that the all the agricultural models are highly technically sustainable, considering the "know-how" of the national, sub-national governments and field implementers, the investment of the government and the integration of the same in national target plans.

The JP has contributed in setting up the conditions necessary for the different strategies to be sustained in the long term, with the development and approval of key national plans, policies and strategies.
The Integrated Package of Services for Women's and Children's Health, a result of UN coordinated efforts, ensure that the needs of the most vulnerable districts/groups (the package includes:

breastfeeding, complementary feeding, Vit A, Vit K, Iron and Folic, nutrition education, IMAM, growth monitoring) are addressed.

On the other those interventions where more work is required, like the GIEWS, requires (substantial resources), national decision, IMAM, BFHI and Community based IYCF counseling, are considered potentially sustainable, and there is an urgent need to ensure the "Buy-In" of all concerned agencies.

Specific challenges on sustainability:

- In line with that is the implementation of the BFHI programme. Historically the programme has produced important results, but failed because governments did not sustain and the programme was not anchored on structures/systems supported/existing within the National Health Care System. Even now, with JP the BFHI component has been reintroduced using the old principles;
- UNICEF/WHO models: still very early stage, protocols are generally new, and introduced thru a top-down approach. Ownership of BFHI/IMAM Models at the national, provincial, district level, is still a work in progress, for now they implemented what was asked them to implement; MOH has still to decide if and how to support and scale up such models, the way they were implemented;
- Some of the national guidelines are still for finalization, so key interventions/strategies will still rely on external support and donors push for their implementation and mostly will be limited to areas/provinces covered by the interested/concerned donors;
- Several interventions and strategies are still in an very early stage on implementation, there is a need of systematic supportive supervision and guidance, training alone can't ensure implementation and success (e.g. in one commune healthy center staff did not know how to use IMAM forms, but they were trained, or VHW did not know how to use its flip charts, but he was trained… etc);
- Micronutrients for women: Dien Bien Provincial Health Programme mentioned that resources and investment mechanism had been approved by the local government in addition to other resources from Central Government (e.g. National Targeted Programme, State Bond, ODA for Health) and from foreign donors;

7. Conclusions and lessons learned

The evaluation identified key lessons learned through the implementation of the Joint Programme, and that should form a solid platform that contributes to the goal of building a "One-UN"

9. The Policy Coherence of the three (3) agencies, as key facilitating factor in the government buy-in process into the re-visiting and revitalizing key national health and non-health strategies that would not have been possible in the given timeframe;

10. In Vietnam, combining resources and interventions led to a stronger UN presence as compared to several smaller independent UN agencies presence;

11. National and Sub-national partners called for a simplified coordination – instead of dealing with three UN Agencies separately, dealing with one "UN agency" under the consolidation of plans, joint implementation, joint monitoring, review, and reporting, and joint management may increase effectiveness and reduce transactions costs of the government as well as for the UN agencies;

12. The JP surfaced some structural and organizational situation that needs to be overcome so to work as "One-Un". For example the contracting, disbursement mechanisms, reporting used were peculiar to each agency. Agencies have historically experience working together, for example supporting common interventions, but working as One UN is still a learning curve that each agency is facing. Agencies are still guided by their own priorities and targets, individual analysis of what is relevant or not.

13. In some aspects the JP has shown the value added of working as “One UN”, reflecting the different expertise and contributions that each agencies can contribute in a more coordinated, systematic and cost-effective way to achieve results and eventually set outcomes (e.g. passage of legislations, integration of food security and nutrition).

14. Creating synergies, for example with Alive and Thrive, created a united front in support of the IYCF national and sub-national efforts, the A&T partnership and technical and financial support was critical for: 1. national legislations, IYCF Plan, IYCF Integration in NNS, Integrated Communication Plan, National Nutrition Strategy “leveraging of resources” (A&T) and additional funding mobilized by UNICEF and WHO. The synergy avoided duplications, conflict in policy directions, increased the reach of the strategic interventions provided a stronger platform to engage other local players;

15. Another key lesson learned importance of fostering strategic partnerships with key national agencies Molisa, Institute of Legislative Studies and others that have facilitated the successful passage of the improved maternity protection legislation and the advertising law.

16. The UN policy coherence had a mirror effect in the way Ministry of Health and the Ministry of Agriculture and Rural Development collaborated at the national and provincial level. Identification of agricultural demonstration projects contributing to the improvement of the health and nutrition of women and children as well as the development and production of a locally acceptable Ready to Use Therapeutic Food (RUTF) are just few of the concrete outputs of these collaboration; At the Government level, the partnership and collaboration, to be sustained as a scaling up strategy.

8. Recommendations

The following is a set of concrete and long term recommendations, based on the findings of the desk review and the field evaluation.

Central Government:

6. Conduct an impact assessment by 2014/2015 to measure outcomes of the interventions in the different provinces and disseminate results to policy makers;

7. Prioritize the most vulnerable provinces/districts as data on needs are becoming available, with targeted programmes;

8. National Government and UN agencies, help in translate National/Provincial consensus in resources necessary to implement plans and policies (identify new funding mechanisms to support nutrition programmes like the national health insurance system, social marketing);

9. Ensure broad participation and consensus in the finalization of national guidelines/policies/mechanisms (e.g. IMAM, BFHI, IYCF, GIEWs, others);

10. Sustain synergies among international and national players, in particular review and agree on best approaches for UN Agencies to work as ONE-UN, learning from the MDG-Experience; and

11. The partners should review and ensure that the Sustainability Plan is based on the findings/results/outcome from the implementation, and should reflect "costs" for sustaining/scaling up the model interventions;

    a. The Final evaluation, the data collected and feedbacks, the additional inputs from the field, should help the partners review the originally developed "sustainability plan", update where necessary and it is strongly recommended that costing (estimates) be made on what human and financial resources will be necessary to implement the plan.

12. The final protocol and guidelines for IMAM should be endorsed by the Minister of Health. A simplified manual should then be abstracted from the full guidelines and sufficient copies printed and distributed;

13. It is essential that the IMAM Programme be integrated into IMCI. EPI, MCH and other services in the communities, health centers and hospitals and that it should not be a simple vertical Programme. The materials and tools used must be integrated so as to minimize the reporting and workload of the front line health worker;

14. It might be appropriate to suggest to the highest decision making body in Viet Nam that the policies and guidelines of the various technical ministries should automatically be incorporated into the curricular of students in various disciplines (medicine, agriculture, law etc) that will be working with those ministries after graduation;

15. Continue the process of integrating BFHI standards/protocols into the health system development programme of the country, linking it with financing mechanism that will ensure its sustainability and national scale up; and

16. Review the Integrated and Joint Communication Plan for MIYCN/IYCF and identify more effective approaches and communication techniques to reach out to minority groups/disadvantage groups.

UN agencies:

5. Support government in Devising/Reviewing/Setting up a monitoring/tracking/documentation system to capture outcomes/results/ of interventions at each level (national, local) including enforcement of national laws and policies, that will help identify gaps that need to be addressed to propose scaling up mechanism;

6. Help in translate National/Provincial consensus in resources necessary to implement plans and policies (identify new funding mechanisms to support nutrition programmes like the national health insurance system, social marketing);

7. Continue building on combining expertise of participating UN Agencies to deliver high quality programming – each UN agency shall amplify, complement and augment each other's specialization leading to more holistic and integrated programmes for implementation and replication;

8. Work towards consolidating a common vision and message, this will lead to a stronger voice and influence – Heads of Agencies shall jointly engage national, regional and local stakeholders in advocating for policies, programmes and budgets, promoting evidence-based interventions, and raising awareness on key issues and solutions;

9. Focusing and concentrating on common sites at different level may lead to improved programme effectiveness and efficiency;

10. Combining resources and interventions of the three UN Agencies will reach more beneficiaries as compared to doing it individually;

11. Ensure that JPs provides for unified systems towards a more integrated and cohesive programming – together with the Government, the participating agencies shall ensure there is jointness

throughout the entire programme cycle – planning/programme design, implementation, review and reporting. joint work plans and not only individual activities in one plan;

UN-Resident Coordinator's office:

2. Future Joint Programmes shall utilize a joint planning mechanism wherein the output is a joint work plan and not a consolidation of individual agency initiatives. The aim should be the one to a "joint" work plan that include matched priorities, unified direction, complementing initiatives, harmonized targets and pooled resources.

3. Joint Programmes offer the opportunity to strengthen the mediating, supervisory and political role of the UN-RC, for example JP management issues needing resolution among UN Agencies, can be used as opportunity by the UN-RC to engage Heads of Agencies, facilitate discussions and ensure coherence and cooperation;

4. To look into the possibility wherein JPs shall work under the principle of geographic convergence where each agency's entry point is their technical expertise and coordinative roles.

5. One of the critical role of the UN-RC office is to help UN agencies minimize/eliminate/ competition and duplication among them.

MDG-F Secretariat:

2. Requiring the creation of specific, new management structures may not always be necessary, in countries where there are/may be effective management and coordinating mechanism. Adding structures in countries may not always result in improved efficiency and effectiveness of the programme and in reality may create/add burden to national and international agencies. Would be interesting to recommend structures in case they do not exist or build on existing mechanisms (e.g. nutrition and health clusters, UN coordinating mechanism) but suggesting/providing some specific terms of reference for them to follow, and concrete deliverables;

2. Develop reporting format and reporting mechanism that would contribute to enhancing monitoring and evaluation of the programme. Ensure that reporting mechanism are flexible and be adapted to the specific country's context. Align reporting to standard UN agencies indicators and reporting schemes to prevent/reduce the risk of double burden of reporting.

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2. Annexes

Annex 1: Terms of Reference

Annex 2: Calendar of field visits with meetings conducted

Annex 3: Documentation reviewed

Annex 4: Summary profiles

Annex 5: Database results (profile national/provincial and key field implementers)

Annex 6: Power Point Presentation June 3, 2013 debriefing