

# **Vietnam**

## **Mid-Term Evaluation**

**Thematic window: Children, Food security  
& Nutrition**

**Programme Title: Integrated Nutrition and Food Security  
Strategies for Children and Vulnerable  
Groups**

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## Prologue

The current mid-term evaluation report is part of the efforts being implemented by the Millennium Development Goal Secretariat (MDG-F), as part of its monitoring and evaluation strategy, to promote learning and to improve the quality of the 128 joint programs in 8 development thematic windows according to the basic evaluation criteria inherent to evaluation; relevance, efficiency, effectiveness and sustainability.

The aforementioned mid-term evaluations have been carried out amidst the backdrop of an institutional context that is both rich and varied, and where several UN organizations, working hand in hand with governmental agencies and civil society, cooperate in an attempt to achieve priority development objectives at the local, regional, and national levels. Thus the mid-term evaluations have been conducted in line with the principles outlined in the Evaluation network of the Development Assistant Committee (DAC) - as well as those of the United Nations Evaluation Group (UNEG). In this respect, the evaluation process included a reference group comprising the main stakeholders involved in the joint programme, who were active participants in decisions making during all stages of the evaluation; design, implementation, dissemination and improvement phase.

The analysis contained in the mid-term evaluation focuses on the joint program at its mid-term point of implementation- approximately 18 months after it was launched. Bearing in mind the limited time period for implementation of the programs (3 years at most), the mid-term evaluations have been devised to serve as short-term evaluation exercises. This has limited the scope and depth of the evaluation in comparison to a more standard evaluation exercise that would take much longer time and resources to be conducted. Yet it is clearly focusing on the utility and use of the evaluation as a learning tool to improve the joint programs and widely disseminating lessons learnt.

This exercise is both a first opportunity to constitute an independent “snapshot” of progress made and the challenges posed by initiatives of this nature as regards the 3 objectives being pursued by the MDG-F; the change in living conditions for the various populations vis-à-vis the Millennium Development Goals, the improved quality in terms of assistance provided in line with the terms and conditions outlined by the Declaration of Paris as well as progress made regarding the reform of the United Nations system following the “Delivering as One” initiative.

As a direct result of such mid-term evaluation processes, plans aimed at improving each joint program have been drafted and as such, the recommendations contained in the report have now become specific initiatives, seeking to improve upon implementation of all joint programs evaluated, which are closely monitored by the MDG-F Secretariat.

Conscious of the individual and collective efforts deployed to successfully perform this mid-term evaluation, we would like to thank all partners involved and to dedicate this current document to all those who have contributed to the drafting of the same and who have helped it become a reality (members of the reference group, the teams comprising the governmental agencies, the joint program team, consultants, beneficiaries, local authorities, the team from the Secretariat as well as a wide range of institutions and individuals from the public and private sectors). Once again, our heartfelt thanks.

The analysis and recommendations of this evaluation report do not necessarily reflect the views of the MDG-F Secretariat.

**MID-TERM EVALUATION OF THE PROGRAM**  
Integrated Nutrition and Food Security Strategies  
for Children and Vulnerable Groups in Vietnam  
**Final Report**



The Independent Mid-term evaluation team is pleased to submit the attached draft Report for comments.

The team thanks for the support received from numerous people that have participated in this evaluation exercise among the government and the people of Vietnam and the UN agencies involved in MDG-F programme.

The team hopes that the findings and recommendations of this evaluation will be useful for the MDG-F and for the implementation of the JP in Vietnam.

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## List of abbreviations

BF	Breast Feeding
BFHI	Baby-Friendly Hospital Initiative
DARD	Department of Agriculture and Rural Development
FAO	Food and Agriculture Organization of the United Nations
FFS	Farm Field School
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
GAVI	Global Alliance for Vaccines and Immunisation
GIEWS	Global Information and Early Warning System
HEBI	Locally produced ready-to-use therapeutic food
ICM	Integrated Crop Management
IEC	Information, Education and Communication
IMAM	Integrated Management Acute Malnutrition
IP	Implementing Partners
IYCF	Infant and Young Child Feeding
JP	Joint Program
MARD	Ministry of Agriculture and Rural Development
MCHD	Maternal and Child Health Department
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NIN	National Institution of Nutrition
NNS	National Nutrition Strategy
NNSS	National Nutrition Surveillance System
NOMAFSI	Northern Mountainous Agriculture and Forestry Science Institute
NSC	National Steering Committee
PCG	Programme Coordination Groups
PMC	Programme Management Committee
PMU	Programme Management Unit
RUDEC	Rural Development Centre
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring Assessment of Relief and Transition
ToT	Training-of-Trainers
UNCT	United Nations Country Team
UNDAF	UN Development Assistance Framework
UNICEF	United Nations Children's Fund
VAC	Garden, Fishpond and Livestock integrated system (acronyms in Vietnamese)
WHO	World Health Organization

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## Executive Summary

1. The Joint Program 'Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Vietnam' was approved and signed by UN agencies (FAO, UNICEF and WHO) and the Government of Vietnam in December 2009. The JP started the implementation in January 2010 and will last until December 2012 (three years) with a budget of USD 3,500.000.

2. National Implementing partners are the Department of Maternal and Child Health - Ministry of Health as the responsible agency and agencies such as the Department of Crop Production in the Ministry of Agriculture and Rural Development (MARD), the National Institute of Nutrition, the Health Education and Communication Centre, the Ministry of Health and also Provincial Health Department of 6 provinces in Cao Bang, Dien Bien, Kon Tum, Ninh Thuan, Dak Lak, and An Giang.

3. A mid-term evaluation was organized between the 16<sup>th</sup> and the 28<sup>th</sup> of October 2011 in Hanoi and two Vietnamese provinces where the Joint Program is being implemented: Cao Bang in the North and An Giang in the South. The objectives of the mid-term evaluation are: to discover the programme's design quality and coherence and national ownership, to understand how the joint programme operates and assess the efficiency of its management model and to identify the programme's degree of effectiveness.

4. According to the information of the last JP results framework the amount already transferred for the programme has been USD 1,563,836 for the first year and USD 1,429,520 for the second year. The total amount already transferred is USD 2,993,356 (85% of the total JP budget).

5. Despite some delays at the beginning (7 months until the government formally approved the JP national document) and the lack of a PMU coordinator in the first year of implementation, the JP made significant progress in budget delivery: nearly USD 2 million or 57% of the total budget (USD 3.5 million) in 18 months (66.7% of the amount disbursed). In July 2011 FAO had executed 85% of the budget disbursed, UNICEF 65% and WHO 54%.

6. In this period, the JP has achieved important results supporting the improvement of the national nutrition surveillance systems and advocating for progress in policies related with nutrition. At province level, the JP focused on raising capacity building of health staff on IYCF (mainly breast feeding) and BFHI, and on the elaboration and dissemination of IEC materials to support the effectiveness of these trainings. The JP has also achieved relevant results on the implementation of strategies and methodologies at pilot level on breastfeeding at commune level, IMAM, Farm field schools and VAC systems, supported by actions at national level for political advocacy and up-scaling.

7. Still, actions should be accelerated (mainly on micronutrient deficiencies with 21% of delivery), the strategies for scaling up should be reinforced and the linkages between the agriculture and nutrition components should be significantly improved.

8. In monitoring and policies on food security and nutrition (Outcome 1), the JP advanced in training on information systems (NNS, GIEWS and FIVIMS) and in providing significant support in the construction of a comprehensive and participated National Nutrition Strategy. Advocacy and technical assistance on nutrition laws and strategies (maternity leave, milk substitutes,

IYCF National Plan of Action, nutrition in emergencies, etc.) has also been one of the most interesting results achieved.

9. Relevant advances have been made in training health staff on Breast Feeding (BF) counselling for pre-parto and post-parto mothers and in provincial and district hospital certification on BFHI (outcome 2). A successful pilot methodology on “Village Breastfeeding Mum Support Groups” has also been implemented. IEC materials have been an important tool for more effective BF counselling. The JP has developed a complete pack of IEC materials and supported BF national communication campaigns.

10. A fortification chapter has been introduced in the Food Safety Law, but still a common strategy and harmonised approach to micronutrient deficiencies is needed, and the definition of the micronutrient guidelines (Outcome 3).

11. Advances have been made in training at the national level and piloting IMAM (Outcome 4) at the local level in Hanoi, Ho Chi Minh and Kon Tum, as well as advances in testing RUTF, defining a strategy based on HEBI and funding through other donors. Advancement in activities is still limited because the MoH has not approved national guidelines, and a cost analysis for the implementation of these actions at the national level is needed.

12. In agriculture and food security (Outcome 5), JP actions have provided inputs to feed the methodologies and technologies of MARD extension services. Concerns were raised during the evaluation about the vertical technical assistance provided, the effectiveness of the ToT, the limited role of the agricultural staff at district levels and the absence of a gender approach. MARD has produced booklets and audio-visuals on these methodologies for extension workers.

13. In general terms, the results framework has been well designed, where there is logic in the construction and relationship between activities, outputs, outcomes and indicators. However, the final objectives are either not measurable/feasible or they do not represent the dimensions of the JP. Some adjustments should be also made in the definition of the output 3.2 (micronutrient supplementation), the finalization of the uncompleted baseline and the definition of beneficiaries in some of the actions proposed (e.g. training).

14. The formulation of the JP responds to the needs of the government and to the priorities of the country in order to fight stunting and chronic malnutrition (*relevance*). The government of Vietnam is committed to, supportive of and engaged with the JP at all levels – national, provincial, district and commune (*ownership*); however, uneven participation of governmental institutions at the local level in the formulation process and a non-systematic inception phase has resulted in incomplete understanding of the JP, which affects ownership.

15. *Coherence* is one of the weakest points of the design. Integration between agriculture and nutrition outcomes is very weak. For example, in micronutrient deficiencies, a more comprehensive analysis in the JP’s design might have revealed some of the causes linked to food intake and provided some solutions to be implemented through the MARD. Outputs/activities to improve food security in outcomes 1 and 5 are too wide, ambitious and diverse and are not directly focused on mother and child food security and nutrition. Also, a clearer definition of criteria for the selection of geographical areas of intervention would have given more coherence to the JP.



16. The JP's design employs comparative advantages among UN agencies, avoiding duplication of efforts amongst provinces and complementing themes where each agency has more expertise. Its design also avoids bureaucracies using UN pre-established financial arrangements for the operation of other programmes (*efficiency*). The adopted system is agile and facilitates delivery, although health officials request a greater leadership role of the government at the central level for the management of financial resources.

17. The JP *Management model* is based on the orientations of the MDG-F documents. UN agencies are working together under FAO as the Lead Coordinating Agency (however, this leading role is not detailed in the JP document approved):

- A National Steering Committee (NSC) has been established to provide oversight and strategic guidance to MDG-F Joint Programmes. The JP on nutrition has participated in three NSC meetings. The NSC role has been focused on endorsing monitoring reports and annual plans.
- A Programme Management Unit (PMU), has been established, which consists in one representative from MoH, one from MARD, a Coordinator and two assistants.
- A Programme Management Committee (PMC) has been created for the operational coordination of the programme conformed by the PMU plus representatives of the three UN agencies involved.

18. The roles and responsibilities of PMU and PMC are not clearly defined and understood. PMU depends on the MoH and MARD has a marginal role in the management unit. With FAO being the leading agency, this management model brings about some balance between agriculture/food security and nutrition in the decision-making. NSC's dimensions (3 JPs) and busy agenda limit its usefulness in suggesting strategy or facing implementation problems. PMC should play this role.

19. UN agencies have different financial and administrative arrangements: WHO and UNICEF work through a decentralised system and they play also the role of IPs, while FAO works through the MARD. The coordinating role of the PMU is weak at central and local levels: On one side more information exchange is needed from WHO and UNICEF's decentralised activities to the PMU. On the other side more coordination of agricultural activities is needed at local levels. UN staff and technical support working with the JP differ widely among UN agencies.

20. *Coordination* between UN and national partners have resulted in the construction of a national nutrition cluster with a significant role in the NNS, the elaboration and implementation of a common communication framework strategy for nutrition and the replication of actions in other geographical areas through other partners (NGOs, private foundations). Some concerns were raised about the lack of coordination of the FIVIMS with the NNS, the limited cross-action between UN agencies through on-going methodologies, the limited effort in matching methodologies (each agency provides different tools for similar goals) and the reduced joint-piloting at the commune level by FAO-UNICEF-WHO.

21. About *planning and monitoring*, through a planning process at the end of each year, UN agencies and national institutions elaborate an annual work plan submitted to the MDG Secretariat for approval. Four UN joint visits have been organized and monitoring reports provide the information needed to understand the levels of achievement. Monitoring on the effectiveness of the trainings and about the benefits obtained is needed. The *reporting* process is complicated: WHO and UNICEF, as IPs in the JP, have to report to the government about advances, but the government also has to report to the UN as "donor" agencies. The JP should assess if the existing number of reports is really needed. Report feedback received by the JP

from different institutions is scarce. Reporting indicators required by the MDG-F window are also complicated to measure and report upon them (defined once the JP in Vietnam had already started).

22. JP actions considered *sustainability* from the beginning. Piloted interventions are integrated into the government national targeted programs. The dense network of health workers and rural extension workers and the government's commitment will facilitate the maintenance of training; however, the health sector staff still demands training to the JP for the new staff and agricultural demonstrations and training will require funds to maintain and disseminate knowledge. Sustainability of the GIEWS system is questionable and an estimation of investment costs and a strategy for maintaining and replicating the system is needed.

23. The main *lessons learned* from this JP are:

- A comprehensive approach appropriately focused on advocating at the policy level for changes in legislation and national strategies at the end of a planning cycle: the JP has been formulated to feed policies and strategies for the next cycle (five years): (i) Piloting successful "models" for up-scaling, (ii) providing ToT to build capacities/in-service training, (iii) supporting the actions through communication, (iv) advocating on policies at different levels, and (v) contributing in defining strategies and planning.
- The coordination of One voice in nutrition through the elaboration and implementation of a comprehensive framework in communication for nutrition (same strategy, same messages and same delivery strategy) among UN agencies and government institutions. This framework has contributed in extending the participation to other stakeholders (e.g. Alive & Thrive) and in scaling out the efforts of the JP (this strategy already operates in 22 provinces).
- Monitoring visits have proved to be an excellent tool, providing spaces for improving the exchange of information and methods among UN agencies, and enhance the relationship between UN agencies and government officials at provincial and local levels.
- Changes in the MDG-F regulations and guidelines are difficult to encompass once the JP has started.

24. The main *recommendations* of the mid-term evaluation are:

- JP Results framework should be adjusted / completed based on the findings reported
- Outputs and activities on agriculture/production (outcomes 1 and 5) should be reoriented into actions focused on nutrition for mothers and children, especially vulnerable households with stunting or micronutrient deficiencies.
- Activities in outcomes 2 and 3 should be accelerated or funds should be reallocated.
- Further action should be taken on legislation approval on maternity leave, also promoting communication actions on marginal rural areas (e.g. through farmers' unions).
- Further work is recommended in adaptation of communication materials to conditions at commune level (languages, font size, simplified messages, etc.), including the use of ethnic languages. Enough training materials should be produce and disseminate in the selected provinces. Visibility of the JP, logos of the national institutions and donor presence should be enhanced.
- PMC should play a more programmatic and strategic/technical role, looking for a greater balance between and integration of agriculture and health. PMU should strengthen the role of the agricultural sector at district levels
- On monitoring/reporting, a definition of indicators on effectiveness and benefits of the trainings is required. An analysis of the reporting process (amount, frequency and feedback) is also needed

- Disseminating and up-scaling promoted actions requires cost-analysis and budget compromises from the government (e.g. to allocate funds for inputs on demonstration activities and for future training and communication materials).

25. MoH, NIN and MARD should promote linkages between household food security and nutrition indicators (NNSS, UNICEF/WHO baselines with FIVISM). MARD should analyse and increase the effectiveness of the ToT and the implications of the vertical technical assistance provided, enhance the role of the agricultural staff at district levels and promote a gender approach to facilitate access to training for women.

26. UN agencies should promote sharing and matching ongoing methodologies (e.g. FFS and BF mother groups) and harmonize actions (e.g. IEC equipment). WHO and UNICEF should provide PMU with punctual information about implementation of activities at the decentralised level. FAO needs to reinforce technical support through more staff and technical assistance (consolidation GIEWS and household food security).

27. An extension from January 2013 to June 2013 (six months) is recommended, centred in consolidating actions in the selected provinces and advocating for the extension of actions to other provinces. An impact evaluation 2 to 3 years after the conclusion of the JP is also advisable to program

## **1. Background and objectives of the evaluation**

### **1.1.- The MDG-F and the 'Children, Food Security and Nutrition' thematic window**

28. In 2006, UNDP and the Government of Spain signed an agreement to commit €528 million over the next four years through the UN system, towards key Millennium Development Goals in selected sectors and countries. This agreement paved the way for the establishment of the UNDP/Spain MDG Achievement Fund (MDG-F), which was launched in the first quarter of 2007. In September 2008 a complementary agreement was signed, in which Spain pledged €90 million towards the launch of a thematic window on Children, Food Security and Nutrition.

29. The MDG-F operates through thematic windows and is implemented by the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries.

30. The 'Children, Food Security and Nutrition' thematic window is the most important of the MDG-F themes in amount of funds. The MDG-F has allocated for this window US\$134.5 million distributed in 24 joint programmes. It is expected that with this funds the MDG-F will contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

31. The 24 joint programmes address a wide range of subjects and results with two similar underlying objectives: (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to understand food insecurity and nutrition problems and define policies to fight against it .

32. Within these two general issues, there exists a wide range of interventions as for example: increasing the supply of nutritious foods with agricultural interventions, improving policies on food security, either through mainstreaming into general policies or through the revision of current policies on food security, supporting the government, at the national and/or local levels, or benefit the health sector through the promotion of nutrition for mothers and children.

### **1.2.- Objectives of the Mid-term evaluation**

33. The Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the MDG-F stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

34. Mid-term evaluations are formative in nature and seek to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation. As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

35. The specific objectives of the Mid-term evaluation are:

- To discover the programme's design quality and internal coherence (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the Millennium Development Goals, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
- To understand how the joint programme operates and assess the efficiency of its management model in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the One UN framework.
- To identify the programme's degree of effectiveness among its participants, its contribution to the objectives of the Children Food Security and Nutrition thematic window, and the Millennium Development Goals at the local and/or country level.

### **1.3.- Approach and Methodology of the mid-term evaluation**

36. The mid-term evaluation was organized between the 16<sup>th</sup> and the 28<sup>th</sup> of October 2011 in Hanoi and two Vietnamese provinces where the Joint Program is being implemented: Cao Bang in the North (mountain provinces) and An Giang in the South (Mekong Delta provinces).

37. The evaluation process followed a mixed methodology, with a combination of deductive and inductive approaches. Questions about effectiveness and efficiency were analysed by a deductive approach, in which several hypothesis were formulated based on information available and verified during the mission. Impacts and sustainability were analysed through observation and analysis during the mission in a more inductive approach. The consultant facilitated opening spaces of dialogue with managers, technicians, government officials and beneficiaries to analyse issues that might not be considered in the design, but are critical in the process of implementation and achievement of results in the long run.

38. The methodology used to provide information for the analysis included:

- Revision of bibliography and documentation. The consultant analysed the available information of the JP: Reports about the inception process, implementation guidelines, annual working plans, monitoring reports and communication strategy. The consultant revised the strategic and policy proposals and actions framing Government priorities at national and provincial levels.
- Interviews. The consultation process with different stakeholders was prioritized, in which different actors could provide information about the strengths and weaknesses of the programme and contribute to confirm or reject the hypothesis formulated. Through different meetings and the provision of spaces for dialogue, the evaluator dedicated the time available to discover and provide inputs for the evaluation. Interviews were semi-structured, single and/or collective. When required the interviews were held on focal groups.
- Direct observation. The consultant visited two provinces, some districts and communities that participate in the JP. These visits were an excellent opportunity to get an idea of the people livelihoods and life conditions of the population. Visits to health centres, hospitals, government institutions at central (MARD, MoH) and local levels, and farm field schools provided additional information for the evaluation.

## 1.4.- Limitations for the mid-term evaluation

39. Limitations for the implementation of the mid-term evaluation were the reduce time available for interviews and field visits (2 weeks) and the lack of understanding of Vietnamese language of the international consultant. The JP is implemented in 6 provinces and the visits of the mid-term evaluators could only be held in two provinces, therefore some of the methodologies and systems promoted by the JP could not be assessed, as for example the IMAM, VAC and the GIEWS station central level.

## 2. Program description

40. This section briefly describes the JP objectives, outcomes and budget and also the institutional arrangements defined for the management and coordination of the JP.

### 2.1.- Program description

41. The Joint Program 'Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Vietnam' was approved and signed by UN agencies and the Government of Vietnam in December 2009. The JP started the implementation in January 2010 and will last until December 2012 (three years). The amount approved for the JP is USD 3,500.000 plus a commitment of USD50.000 and other resources such as human resources, facilities from the Government of Vietnam.

42. Participating UN agencies are FAO, UNICEF and WHO. Their shares in the budget are the following:

Agency	Budget (USD)	%
WHO	1.421.803	40,63
FAO	1.092.727	31,22
UNICEF	985.470	28,15
Total	3.500.000	100,00

Source: Joint Program document

43. National Implementing partners are the Department of Maternal and Child Health - Ministry of Health as the responsible agency and agencies such as the Department of Crop Production in the Ministry of Agriculture and Rural Development (MARD), the National Institute of Nutrition, the Health Education and Communication Centre, the Ministry of Health and also Provincial Health Department of 6 provinces in Cao Bang, Dien Bien, Kon Tum, Ninh Thuan, Dak Lak, and An Giang.

44. The JP has not defined a general objective of the programme. The JP is defined as an initiative to support the Government of Vietnam in addressing the continuing prevalence of malnutrition among the most vulnerable groups and in preventing future malnutrition. With this aim, the JP has the following five outcomes:

- Improved monitoring systems on food, health and nutrition status of mothers and children used to guide food, health and nutrition-related policies, strategies and actions;
- 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;

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

45. The first outcome will be implemented at national level, the second outcome at national and at provincial levels and the other outcomes are to be undertaken at province level. The 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.

46. In order to achieve these outcomes, the JP has defined a strategy and activities with specific budget allotments, defined in the results framework.

47. According to the information of the last JP results framework the amount already transferred for the programme has been USD 1,563,836 for the first year and USD 1,429,520 for the second year. The total amount already transferred is USD 2,993,356 (85% of the total JP budget).

## **2.2.- Institutional arrangements**

48. The following sections illustrate how the institutional arrangements were conceptualized in the design and implementation of the JP.

### **The JP in the ONE UN context in Viet Nam**

49. Since the Hanoi Core Statement on Aid Effectiveness – Ownership, Harmonization, Alignment and Managing for Results in 2005, the UN agencies with the support and interest of the Government of Vietnam have promoted the implementation of the One UN including five pillars of One Plan, One Budget, One Leader, One set of Management Practices and Green One UN House and an added pillar of One Voice (in Viet Nam). In 2007, six agencies (UNICEF, UNFPA and UNDP, UNAIDS, UNV and UNIFEM) adopted the first One Plan (One Plan I) to proceed with the first steps of integration. In 2008, and due to the interest of several specialized UN agencies a second One Plan (One Plan II) was agreed, involving 14 UN agencies with the focus on harmonization (not unification) and Delivering as ONE (instead of ONE UN). These Plans were reformulations of the UN Development Assistance Framework (UNDAF) 2006-2010 that was already in place.

50. Five Joint Programmes (three of them under MDG Achievement Fund) started operations under this second One Plan. 2011 is the transition year for the current One Plan and early 2011, a Joint Programme Review was conducted to provide analysis of the implementation of these five JPs (more on the operational side of five JPs) and also provide lessons learned for more strategic and effectiveness of the UN One Plan 2012-2016 in Viet Nam. The Joint Programme Review was held between January and March 2011 to analyse the mechanisms and practices under the Joint Programme modality. Some of the results of the conclusions of this evaluation will be re-visited in the present report for the case of the MDG-F window for nutrition, children and food security.

51. The JP on children, nutrition and food security can also provide important inputs for the definition of the One Plan 2012-2016, mainly reflected in the Focus area 1 (Inclusive, equitable and sustainable growth) and Focus area 2 (Access to quality essential services and social protection). These are the main elements that this JP provides through the experience of 21 months of implementation:

- The JP brings together the vast experience and successful methodologies of 3 UN Agencies
- Through the JP it is possible to have a better understanding about the efforts and implications that involves the joint implementation
- This programme has proven that close UN agencies that in other circumstances might be competing on the same areas of expertise have complemented their actions not duplicating efforts
- Although at the beginning a lot of resources and efforts have been used to facilitate the joint action, some of activities showed that it is feasible to reduce transaction costs.
- The JP is playing a catalytic role in the harmonization process of ONE UN
- In this regard, one of the main outputs of this JP is the coordination of ONE voice in nutrition and Food security through advocacy and communication.

52. Under the One UN Plan, there are three Programme Coordination Groups (PCG Health and Reproductive Rights, PCG Sustainable Development, and PCG Natural Disasters and Emergencies) where the JP has a relevant space of work in health rights, sustainable development and emergencies. The JP provides information of the actions in process in each of these PGC, promoting the sharing of information with other UN Agencies involved. Although the designed JP describes that PCGs will ensure the necessary oversight of the programme on behalf of the UNCT and the Resident Coordinator by regularly monitoring progress at its regular meetings, the role of the PGCs has mainly been related with sharing of actions and providing information to the reports of the UN.

### **Management and Coordination Arrangements**

53. As the Detailed Programme Outline (DPO)<sup>1</sup> of the JP approved by the Government of Vietnam describes, the governing agencies of the JP are the Ministry of Health (MOH), National Institute of Nutrition, Ministry of Agriculture and Rural Development (MARD) Provincial People Committee and Provincial Health Department, Provincial Department of Agriculture and Rural Development of Cao Bang, Dien Bien, Ninh Thuan, Dac Lac, Kon Tum, An Giang provinces.

54. The UN agencies (UNICEF, FAO and WHO) that participate in the JP are responsible for the execution of the program with government institutions as implementing partners. The National implementing partners are numerous at national and provincial levels:

- The Ministry of Health (MOH) - The line-ministerial departments within MOH involved in implementation are the Department of Maternal and Child Health (DMCH), the Centre of Health education, the Department of Legislation, the Health Inspection Unit, and the Food Safety Administration.
- The National Institute of Nutrition (NIN) – Belong to MoH and the leading institution on research, collaboration and education on nutrition of the country

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<sup>1</sup> [The Detailed Programme Outline \(DPO\)](#) is an internal document based on the JP document to submit for approval of Prime Minister



- The Ministry of Agriculture and Rural Development (MARD) - The line-ministerial departments within MARD involved in implementation are the Department of Crop Production, the Department of Livestock, the Research Institute of Aquaculture No.1 (RIA1), the Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI) and the Rural Development Center (RUDEC).
- The Provincial Health Departments and provincial agriculture departments of the six provinces of Cao Bang, Dien Bien, Kon Tum, Ninh Thuan, Dak Lak, and An Giang

55. Management and coordination arrangements designed in the JP are based on the orientations of the MDG-F documents. In this regard, the JP signed describes that it will reply on the UN Resident Coordinator that will facilitate collaboration between participating UN Organizations to ensure that the programme is on track and that promised results are being delivered.

56. According to the first monitoring report, within the JP on Nutrition and Food Security, UN agencies are working together under the coordinating role of FAO as the Lead Coordinating Agency. However, this leading role of FAO is not clearly evidenced in the JP document approved, where no mention is made to a leading agency, and therefore no description is made about the role of the leading agency.

57. A National Steering Committee (NSC) for MDG-F has been established to provide oversight and strategic guidance to the three MDG-F Joint Programmes in Vietnam. 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 AECID - Spanish Agency for International Cooperation and Development under Embassy of Spain in Vietnam, and involves the three JP being implemented in Vietnam.

58. Core UN agencies and Government representatives directly involved in the JPs financed are invited to the meetings. Other agencies from UN and Government side can attend as well. NSC reports state the participation of 5 different national institutions and 11 UN agencies, around 40 participants. The NSC meets semi-annually to approve and endorse semi-annual plans and reports to be submitted to the MDG-F. In the information consulted, three NSC have been reported in which there has been participation of the JP on nutrition. In addition to some brief suggestions, the NSC has been mainly focused on endorsing the monitoring reports and annual plans.

59. In the design of the JP, it is described that a Programme Management Committee (PMC) has to be established for the operational coordination of the programme. UN Resident Coordinator with the participation of UN agencies, donors, government partners and technical experts will chair the PMC (civil society representatives can attend if needed). According to the PMU Director the representatives of the Government at the PMC are the Vice-Ministers of Health and Agriculture. The minutes revised of these meetings show that the participants in these meeting are not from the RCO or the Vice minister levels, but the members of the PMU plus the UN agencies involved. The discussions are mainly centred on programmatic issues and not on aspects of strategy and focus of the JP.

60. Also, the JP prescribes that daily project management will be ensured by a Programme Management Unit (PMU), which consists in one representative from MOH, one from MARD and two secretarial/accounting assistants. According to the minutes of the January meeting of the NSC, there is a PMU set up by Ministry of Health and a common working rule has been endorsed, but this has not be used to full extent and there is space for strengthening coordination, planning and reporting by FAO, WHO and UNICEF. After a long procedure of

recruitment, since March 2011 the PMU has contracted a coordinator that will face the limitations reported in the monitoring reports about constraints in the coordination between different agencies for the implementation of the programme.

61. The JP also describes that at province level the Vice Chairman of the Provincial Peoples Committee will be asked to assign focal contact points from the Department of Health and the Department of Agriculture and Rural Development. These focal points at provincial level have been already appointed and they are aware and understand the characteristics of the JP.

62. According to the JP, FAO, UNICEF and WHO will take overall responsibility and accountability for each of their outputs. To strengthen synergies and complementarities, each agency has to work in close cooperation with other key UN agencies and partners that have significant experience in the given or related components to ensure the maximum impact and the dissemination of lessons learned.

63. In programmatic and financial terms, FAO, UNICEF and WHO assume the responsibility for the funds disbursed to it by the UNDP Administrative Agent (AA) and can decide on the execution process with its partners and counterparts following the organization's own applicable regulations. In any case, the release of funds has been subjected to meeting a minimum commitment threshold of 70% of the previous fund release. If this goal is not met for the programme as a whole, funds cannot be released to any other organization regardless of that organization's performance. Instalments will be released in accordance with annual work plans approved by the NSC.

### **3. Levels of analysis**

64. This section is dedicated to analysing the JP's progress in its five outcomes and budget delivery by outcome and UN agency. The subsequent sections will analyse the program's design and implementation process in order to identify the main factors that contributed to the JP's success or have limited its achievements.

#### **3.1.- Main results achievement and emerging issues**

65. Once the JP was approved in December 2009, it took 7 months before the government approved the Detailed Programme Outline (DPO). Due to changes in the Vice-Minister of Health, no decision could be made during the first 6 months of implementation.

66. In this period, however, UN Agencies started working on issues related to the programme, including analysing comparative advantages for implementation, discussing mechanisms for implementation with the Ministry of Health (MoH), sharing information on programme management procedures with staff from the other two MDG-F JPs, revising and harmonising the National Steering Committee's (NSC) terms of reference and discussing the JP with provincial-level staff. As UNICEF and WHO were already working at the provincial level, this facilitated first contacts and consultations with government officials at the beginning of the programme. Despite delays at the beginning, the JP made significant progress in budget delivery in its first year.

67. Once government approved the DPO, the Programme Management Unit (PMU) organised a JP launching seminar at the national level in July 2010. According to interviews in two

provinces visited during the mid-term evaluation, the national orientation workshop was held in Hanoi and there should have been representation from the Department of Health (DoH) and Department of Agriculture from each of the six provinces. Unfortunately, Cao Bang did not have a representative of the Department of Agriculture and Rural Development (DARD) in this workshop.

68. Next, a series of non-systematic provincial orientation workshops (for instance, there was no workshop in An Giang) were organised. Most of the workshops occurred in October 2010. District staff participated at provincial orientation workshops.

69. While the health system's structure contributed to disseminating the JP at district and commune levels, the inception activities for the agricultural sector at the provincial level did not necessarily transfer to district and commune levels, as evidenced during the evaluation visit in the Hoa An district in Cao Bang. In general, there was no replication of the provincial-level inception workshop at the district level. This had important consequences on comprehensive understanding of the JP's agricultural and food security activities at local levels.

70. Also, as the JP's district-level focal point was the health system, most JP agriculture activities were planned and organised from the central to the commune level. District staff did not have coordination roles, or knowledge about the JP; they were simply asked to participate in training and report about the activities. Staff from district and commune levels attended different training at provincial and national levels, but there was no coordination and replication of the training content at district and commune levels, thereby significantly reducing the effectiveness and expected achievement of any training-of-trainers (ToT) activity.

71. According to information collected in the three biannual monitoring reports and the field visit interviews, there has been substantial progress in some of the expected outcomes and moderate progress in other outcomes.

72. In general, the JP has achieved relevant improvement at national level in supporting the nutrition surveillance systems and advocating for relevant progress in policies related with nutrition. The most relevant progress at province level has been evidenced in the capacity building of health staff on IYCF (mainly breast feeding) and BFHI, and on the elaboration and dissemination of IEC materials to support the effectiveness of these trainings. The JP has also achieved relevant results on the implementation of strategies and methodologies at pilot level on breastfeeding at commune level, IMAM, Farm field schools and VAC systems, supported by actions at national level for political advocacy and up-scaling.

73. Still, actions on micronutrient deficiencies and severe malnutrition should be accelerated, the strategy for scaling up should be reinforced, the JP should improve the linkages between the agriculture and nutrition components and a reorientation of agriculture support to household food security and nutrition will be needed.

74. These are the main results achieved by the JP in the different outcomes:

**Outcome 1: "improved monitoring systems on food, health and nutrition status of mothers and children used to guide policies, strategies and actions"**. This outcome's main achievements are:

75. JP nutrition Baseline: A baseline data survey was implemented to measure the JP's impact in two provinces, Cao Bang and Dak Lak. Available data were used at national and provincial levels. The baseline was elaborated with the support of WHO (WHO hired a national

consultant and provided a training), covering all the communes in two JP-selected districts in each province. Three villages were selected in Cao Bang and six villages in Dak Lak. In each village, seven children under 5 years old and seven mothers (15–49 years old) with children under 5 were interviewed, focusing on breastfeeding, complementary feeding and micronutrient deficiencies, such as anaemia. In the implementation of the baseline, several health workers participated and acquired useful knowledge for future replication of this action. UNICEF used National Nutrition Surveillance System (NNSS) information in the other four provinces and previous baseline surveys (2009) on the nutritional state of pregnant women and anaemia for baseline proposes.

76. National Nutrition Surveillance System (NNSS) : The JP has provided technical assistance to improve the NNSS at the NIN, updating it with global indicators and national and provincial level data collection. One of the most relevant actions is the increasing use of NNSS outputs as an advocacy and planning tool at provincial and national levels. The introduction of the global SMART methodology (Standardized Monitoring Assessment of Relief and Transition) using ENA software (Emergency Nutrition Assessment) facilitates crosschecking and verification of data submitted by the provinces. The improved NNSS has guided the National Nutrition Strategy (NNS).

77. Food crisis monitoring GIEWS/FIVIMS system (market prices, risks): Training need assessments have been made on monitoring food production, market prices and climate risks. Training courses have been developed for local, district and provincial staff on methodologies to identify priority interventions in agriculture and on the use of GIEWS and FIVIMS. At least two training courses were provided to collect and analyse data on the communes, districts and provinces prioritised.

78. It is expected that 2/3 of provincial-level officials will be responsible for the GIEWS station in each province. At the national level, the GIEWS station already has the infrastructure to work with data submitted by the six provinces. According to officials trained in the use of GIEWS at the provincial level, it is useful to estimate seasonal rice production at the provincial level, and to provide this data to Hanoi. The monitoring system seems more reliable because different levels supply the information (wholesaler, production, distribution) regarding several products (inputs and outputs), such as rice seed, fertiliser, corn, sweet potato, chicken, beef, fish and shrimp.

79. In this regard, the concerns highlighted in the evaluation are:

- The differences between GIEWS and FIVISM are still not clear at the MARD, Department of Agriculture at provincial level and district levels.
- Extension workers that received training did not retain much information or were not very enthusiastic about what they had learned. The JP should analyse the reason for this lack of interest, and identify if a more comprehensive feedback system at all levels would improve the involvement of local staff.
- There are still questions about information needed and costs of collection/analysis of data. System sustainability should be considered.
- Food crisis monitoring is not integrated into NNSS.
- More technical assistance is needed from FAO.

80. National policies, strategies and plans:

- The Labour Standing Committee approved the draft Labour Code amendment for the extension of maternity leave from 4 to 6 months in October 2011 and submitted it to the National Assembly. Advocacy actions directed at Parliament members are needed to approve this amendment.

- The revision of Decree 21 on milk substitutes in June 2011 provides evidence of violations of the protection of breastfeeding. The JP has worked with international legislation to increase the capacity of health inspectors on this issue at national and provincial levels.
- The Infant and Young Child Feeding (IYCF) National Plan of Action review is in progress.
- The JP has already started to support NIN for the development of the Micronutrient Guidelines. First draft was going to be ready by the end of the 2011/beginning 2012.

81. After a wide consultation process (87 consultations, with at least one consultation per province), the MoH has approved the NNS 2010-2020 and has submitted it for the Prime Minister's approval. According to the MoH and the NIN, the benefit of the new NNS is based on the following:

- The NNS is focused on reducing stunting, linking stunting with the nutrition of pregnant mothers and baby-feeding practices in the first years.
- Micronutrient deficiency in mothers and children is one of the main foci.
- The new NNS considers the differences between provinces and focuses on reducing disparities between urban and rural contexts.
- It prioritises emerging malnutrition problems in urban areas (obesity).
- It includes measures related to the implications of climate change on nutrition.

82. The JP is already involved in developing a National Plan of Action 2011-2015 for implementation of the NSS.

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

83. Two ToT have been conducted for the six provinces on breast-feeding and integrated Mother-Baby-Friendly Hospital Initiative (MBFHI). These were held in Hanoi for 2 weeks (for each ToT) directed to the JP for provincial staff. At the provincial level, the ToT approach followed in WHO provinces (Cao Bang and Dak Lak) has been different from the UNICEF provinces. In Cao Bang and Dak Lak, all of the district, commune and village health workers from the two districts selected in each province were trained; however, in the four UNICEF provinces, JP training was provided to health workers in only 4 districts and 16 communes.

84. The mid-term evaluation visits to the provinces provided the following input:

- In Cao Bang (WHO), 90% of health workers at all levels were trained on BF and 65% on BFHI. According to the Cao Bang provincial hospital, 346 health workers were trained on IYCF and BF. At the district level (Hoa An), BF training started in June 2011, when district hospital staff received a ToT. In September, they received communication materials, and training on counselling health workers starts in October 2011. The director considered that more study tours are needed on BFHI.
- In An Giang (UNICEF), the provincial hospital started breastfeeding programmes in 1997. The JP has refreshed staff training on counselling pre-parto and post-parto mothers. Since June 2009, UNICEF provided BF training in the Phu Tan district and in two communes, where breastfeeding groups were created. With the JP, the district hospital has reinforced these activities; therefore, in 2011, the hospital had counselling for 3,708 mothers and organised 85 counselling groups.
- In Phu Tan district (An Giang province), the JP has also supported the "Village Breastfeeding Mum Support Group" model in two communes. This training model allows a group of mothers to work with pregnant women and newborn families on BF counselling. Through these BF groups, the JP is trying to increase breast-feeding at the commune level in a more effective way. According to the BF mother groups in the Phu

Tan district, there are already interesting results: “while in 2009, only 0.5% of mothers gave exclusive breast-feeding, in October 2010 breast-feeding raised by 13% and in 2011 has reached 19%”. According to health staff, BF work at the commune level is one of the most relevant of the JP’s actions, but the JP’s scope in just two communes is very limited. Regarding scaling up this experience, the BF group could not communicate about the experiences to nearby communes, but they brought health staff from other provinces to see the model (including directors of reproductive health centres, provincial education/communication centres and NIN professionals at the national level). It is expected that the experience will be presented in an MoH regional meeting in the South of Vietnam (32 provinces).

- Regarding the implementation of Decree 21 in hospitals:
  - In Cao Bang, provincial hospital has prohibited the use of formula milk. Any contact by hospital staff with formula milk companies is also forbidden. Both prohibitions are clearly stated, with specific and visible notices in the hospital corridors.
  - According to UNICEF, JP monitoring of Decree 21 implementation in An Giang hospitals had effective results; however, although formula milk advertisement is forbidden, it is difficult to change behaviours, mainly at the provincial level, because of the strong intervention of formula milk companies.

85. Information, Education and Communication (IEC) on YCFP: JP efforts have focused on supporting national communication campaigns in line with the joint communication plans of the MoH and UN. Communication materials have been translated and adapted for Vietnam and a set of materials have been specifically developed for Vietnam settings. Health staff has been trained in the use of these materials. Some IEC materials are not adapted for the situations and knowledge of mothers in rural areas of Vietnam (for example, lengthy text, small font, sophisticated wording, etc.).

- In Cao Bang, posters helped in counselling on breastfeeding practices. According to the comments received from the director of the Cao Bang provincial hospital, translation of some of these posters to ethnic languages is advisable, and more frequent spots on the radio are also suggested. At the district hospital in Hoa An, the health staff suggested that the quantity of distributed IEC materials is not enough, and there is demand for a video system and a projector for the counselling room.
- In the An Giang provincial hospital, staff suggested that the training materials are enough for training at the hospital level, but they need more leaflets for distribution. In the Phu Tan district hospital, they had support from the JP in receiving equipment (TV) to facilitate training.

86. In both provinces, health staff has reported that training and IEC materials are important tools for more effective BF counselling. Both provinces also requested more funding for training new commune and village health workers and more communication materials. This shows that more effort should be made to institutionalise the ToT and elaborate IEC materials to ensure sustainability and replication of actions in the future.

87. About the provision of IEC equipment, the response of the JP to the demands of the hospitals is not harmonized yet. While UNICEF is providing with IEC equipment for breast feeding counselling rooms, WHO is not considering it as a priority.

88. As a conclusion, effort must be made: to adapt IEC materials to the situations and knowledge of mothers in rural areas of Vietnam (text, wording, etc.) including the use of ethnic languages, to increase the availability of IEC materials, to harmonise actions to provide IEC

equipment and to strengthen the strategy for scaling up the Village Breastfeeding Mum Support Group.

### **Outcome 3: “Reduction of micronutrient deficiencies in targeted children and women”**

89. This outcome has made little advance and some strategic issues still have to be defined. The most relevant actions are the following:

- The JP has been involved in the introduction of a specific chapter on food fortification in the Food Safety Law.
- The JP has been delayed in elaborating the national micronutrient guidelines because there has been a change in the global guidelines that still needs to be adapted for local standards. JP has already started to support NIN for the development of these guidelines.
- The JP has advocated for the introduction in the national social security system of the prevention and treatment of micronutrient deficiencies in pregnant and lactating mothers. JP supplementing component through tablets distribution has been provided in certain situations.
- Research held by different institutions provides different conclusions about anaemia situation in the Vietnamese population.
  - Before the JP, In Cao Bang, anaemia was considered a priority, but the WHO baseline concluded that the prevalence of anaemia in this province was very low.
  - In An Giang, UNICEF supported anaemia control through the distribution of iron tablets to pregnant women in all the communes of the Phu Tan district. According to UNICEF, anaemia now proves to be very low.
- A common strategy and harmonised approach to micronutrient deficiencies based on scientific evidence is needed. This strategy should consider the role of agricultural production in the reduction of micronutrient deficiency prevalence.

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

90. This outcome has also made limited advances. The main achievements have been:

- Health workers have been trained at the national level on Severe Acute Malnutrition (SAM) treatment through an Integrated Management Acute Malnutrition (IMAM) strategy. Training was provided by prestigious international expert Dr. Michael Golden, with the participation of health staff from Laos and the Philippines.
- IMAM training for piloting was done at the local level in Hanoi, Ho Chi Minh and the Kon Tum province.
- Piloting involved Mid-Upper Arm Circumference (MUAC) implementation, which allows cheaper and wider measurements, and trials of international Ready-to-Use Therapeutic Food (RUTF), which did not provide good results in consumption in Vietnam. One of the processes in the piloting process was promotion of the national production of RUTFs (HEBI), their international certification and their distribution and use at commune level (nine communes in Kon Tum). Although this action is expensive, in that it requires investment in infrastructure, donors like Norway will provide funds for financing national production.
- In the two provinces visited, there have been no activities related to SAM. The NNS and interviews with health staff in An Giang and Cao Bang showed that the prevalence of SAM in these provinces is low.
- The MoH has not approved national guidelines yet. An analysis of costs for the implementation of these actions at a national level will be done in the next months.

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

91. The main achievements in Vietnam evidenced by the evaluator related to this outcome are:

- The MARD has established a consistent approach in which assessments at the beginning of the process have facilitated the identification of training needs and have focused the creation of training materials. Three different steps have been identified in the process:
  - Assessments of the MARD/DARD staff and farmer training needs.
  - ToT and training of farmers on issues about integrated crop management (ICM), livestock, and fruit trees.
  - Manuals on ICM and livestock.
- In Cao Bang, DARD reported that the JP had trained 30 district or commune extension workers and 150 farmers. Interviews with agricultural staff at the provincial level suggest there is a clear understanding of the methodologies proposed (for example, Farm Field Schools [FFS]). Staff also appreciated the improvement in extension services with these methodologies because they promote exchanges of experiences, thereby increasing farmers’ knowledge and attitudes towards the adoption of new technologies. In this region, the JP has promoted the use of fruit trees (plums, grapefruit, etc.) and corn seed.
- At district and commune levels, the evaluator raised some concerns related to:
  - The vertical technical assistance provided and the inefficiency of the ToT. A technician from NOMAFSI has to travel 8 hours to Cao Bang every time that technical assistance is needed on fruit-trees. About the ToT, from the report provided by MARD only 450 producers were trained by 90 trainees (a very low rate of 5 producers per trainer...).
  - The limited information and role of the agricultural staff at district levels. In fact, an extension worker in Le Chung (Cao Bang) only received training for one day to manage a fruit tree demonstration site, and was not expected to receive more training. This extension worker’s relationship with other extension agents in the area was also limited. For example, other extension workers from other communes in the same district commented, “We will be invited to a training course, but we do not know very much about it”.
- In July 2010, the JP started in An Giang with a survey about farmers’ training needs in aquaculture, livestock, rice seed production and crop production. The first training received in 2010 was about ICM and small livestock production. DARD organised in 2011 two FFS-Rice ICM (RICM) models in two communes (nine households each). In these FFS, farmers met every week for field visit demonstrations with the extension worker, and once a month for more specific on-site training. Fifty farmers, mostly men, participated in the training, visiting demonstration sites in different households. During the mid-term evaluation field visit, the farmers showed great motivation and interest, not only in rice, but also in other subjects, such as aquaculture or livestock.
- Regarding training materials, the JP has created and disseminated training booklets and audio-visuels for extension workers. At field level, it was difficult to find these materials and a strategy for disseminating them in the selected six provinces. It would be also advisable to disseminate to other provinces in Vietnam.
- A general concern raised by the evaluator in both provinces was the absence of a gender approach. In a programme focused on women, the JP should analyse, discuss and increase the participation of women.
- The activities’ focus has been mainly on agriculture production and diversification, and not a specific focus on nutrition deficiencies in vulnerable groups, such as women and children. Although some advances have been reported to the evaluator regarding



soybeans (Cao Bang) and fish raising (Dak Lak), the focus of this outcome should be reoriented to consider household food security and nutrition.

- More technical support from the FAO is needed to overcome these limitations and better focus the agricultural intervention on nutrition.

### 3.2.- Financial execution

92. The table 1 shows the percentages of budget delivery (disbursed funds) by component/outcome in 2010 and 2011 (until July 2011) over the budget already transferred.

Table 1. Total delivery over transferred funds

	Total Budget USD Signed JP January 2010	Budget transferred USD JP results framework July 2011	Total amount disbursed	% Delivery rate
<b>Outcome 1</b> - 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	851.585	847.257	737.090	87,0%
<b>Outcome 2</b> - 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	1.138.278	1.504.720	562.321	37,4%
<b>Outcome 3</b> - Reduction of micronutrient deficiencies in targeted children and women	293.340	196.695	42.089	21,4%
<b>Outcome 4</b> - Improved care and treatment for children with severe malnutrition and improved nutrition services for young children in emergency situations	415.256	260.789	192.580	73,8%
<b>Outcome 5</b> - Improvements in availability, access and consumption of a more diverse food supply in selected highland and mountainous regions in Vietnam	432.548	302.549	244.234	80,7%
<b>Formulation -</b>	20.000	20.000	18.692	93,5%
<b>Support costs -</b>	228.972	194.518	194.518	100,0%
<b>Differences detected -</b>	120.021	-333.172	5.761	
	<b>3.500.000</b>	<b>2.993.356</b>	<b>1.997.285</b>	<b>66,7%</b>

Source: MDG-F Monitoring Report Joint Programme Results Framework with Financial Information (July 2011)

93. Outcomes 1, 4 and 5 show high delivery rates (from 87% in output 1 to 73% in output 4), while outcomes 2 and 3 show a very low percentage of delivery (outcome 2 reaches 37% while outcome 3 stands with a limited 21% of execution). The average level of delivery in July 2011 for the whole programme was 66.7%.

94. It is advisable to analyse differences detected in the reports concerning budgets and transfers. For example, the JP does not explain the USD 120,021 difference between the total budget and the budget allocated for the different actions. Also, the sum of the reported partial budgets that have been transferred to each of the outcomes in July 2011 exceeds the total amount really transferred (USD 2,993,356) by USD 333,172.

95. Regarding the UN agency delivery, the table 2 shows the percentage of execution by the three agencies involved – FAO, UNICEF and WHO. FAO executed 85% of the budget transferred and UNICEF used 65%. WHO had the lowest delivery, with 54% execution of the amount transferred.

Table 2. UN agencies delivery over transferred budget

Agency	Total budget USD	Transferred budget USD	Total amount disbursed July 2011 USD	% Delivery rate
UNICEF	985.470	936.250	608.147	65,0%
FAO	1.092.727	868.027	741.746	85,5%
WHO	1.421.803	1.189.078	647.391	54,4%
<b>Total</b>	<b>3.500.000</b>	<b>2.993.355</b>	<b>1.997.284</b>	<b>66,7%</b>

Source: MDG-F Monitoring Report Joint Programme Results Framework with Financial Information (July 2011)

96. The main difficulties detected in the first half of the JP's implementation, based on the three monitoring reports available (two in 2010 and one in the first semester of 2011), were:

- Constraints on coordination between FAO, UNICEF and WHO with different operational approaches and geographical priorities.
- PMU difficulties in coordinating, planning and reporting between the three UN agencies and in accessing updated information on activities.
- Pilot activities always require relevant support and strategies are needed to scale up these experiences at provincial and national levels.

### 3.3.- Program design

#### Results framework

97. The results defined in the design of the JP results framework are either not measurable/feasible or they do not represent the dimensions of the JP. Two results have been considered. First, "Reduction of malnutrition and stunting among under-five children in program provinces" is not realistic because stunting figures will not change during the implementation of the JP. In 3 years time it will not be possible to detect these type of changes. Second, "Increased micronutrients supplementation to under-five children and women at reproductive age, pregnant and lactating women" only represents a small part of the JP (part of the third outcome). Also, micronutrient supplementation is still highly debatable in the JP, which focuses the implementation on long-term and sustainable actions more than on the distribution of micronutrient supplements.

98. It is also quite ambitious to focus the results on such a wide age range (under 5), when most of the actions have been designed for mothers and children under 2. These results should be adjusted to be more accurate in relation to the activities, outputs and outcomes defined.

99. Some of the outputs of the results framework should also be revised, as in the case of output 3.2 about providing micronutrient supplementation.

100. Most indicators are well defined, but it is necessary to define the number of beneficiaries in some of the actions proposed. The baseline is still incomplete and needs to be better defined and harmonised between provinces and UN agencies.

101. The PMU and UN agencies consider the MDG-F layout defined for the definition of activities, outputs and outcomes to be too rigid. Changes in MDG-F regulations and guidelines are difficult to encompass once the JP has started. For example, MDG-F indicator guidelines changed 6 months after the beginning of the JP, therefore it is complicated to adapt and respond to MDG-F needs.

### **Relevance**

102. The JP was designed to respond to the Vietnamese people's needs and the government's interests. It focuses on the specific and urgent problems of mothers and children. As it was designed at the end of a planning cycle, it has been formulated to improve policies and strategies for the next cycle (five years). For this reason, the JP's design covers a wide range of actions from policy to implementation at local, district, provincial and national levels.

103. In this regard, outcome 1 is highly relevant. Government officials stated that an early warning system is presently a priority to manage future food crises, bearing in mind the problems faced during a 2007 food crisis where there was no system available. For this reason, the creation of a GIEWS system is a priority, and in this regard, the JP's formulation responds to the government's needs.

104. Outcome 2 is also very relevant as it addresses young infant feeding through BF, BFHI and complementary feeding as a comprehensive strategy to face stunting and chronic malnutrition, one of the most relevant nutritional problems in Vietnam and a priority of the government. Also, focusing on protein and energy malnutrition early on will have results on hidden hunger. Before the JP, health centres and hospitals in Vietnam used to monitor pregnant women but did not counsel on breastfeeding. The JP is therefore providing a more than relevant support to the health sector in breastfeeding.

105. About outcome 3, anaemia prevalence data on mothers and children is variable depending on the source. According to the Global Alliance for Vaccines and Immunisation - GAVI's most recent reports and WHO baseline data, anaemia prevalence in women is much lower and is not such a nutrition problem in Vietnam. In 2009, however, a UNICEF survey reported high prevalence of anaemia during pregnancy in An Giang, where 65% of pregnant women had anaemia. UNICEF responded providing iron tablets and counselling for pregnant women and with actions on social marketing to ensure that mothers would buy tablets in the future.

106. Regarding analysis or study of the causes of anaemia related to food intake and availability, in the formulation of this action, the JP's potential in terms of linkage between agriculture and health was not considered.

107. Iron tablets distribution by the JP can be an excellent short-term solution but not a sustainable long-term solution. Also, it is easy to provide tablets at the urban level, but it is more complicated in rural areas, and even more challenging for the poorest households. A

more comprehensive analysis with the participation of the MARD might have revealed some of the causes linked with food intake and provided some solutions through the MARD; however, more research is needed and should have been considered in the JP's design.

108. Outcome 4 on severe malnutrition is relevant as Vietnam has a high level of acute malnutrition (around 8%), and there is no defined strategy for the reduction of this figure.

109. Outcome 5, coordinated by MARD, focuses on building government staff capacities at central, provincial, district and commune levels, and elaborating guidelines needed for training and demonstrations at field level with farmers through useful methodologies still not widely known, such as FFS and VAC (garden, fishpond and livestock). This outcome is very relevant because it responds to a clear extension services demand in Vietnam. According to officials in Cao Bang, MARD has more than 30 years of experience in subsidised agricultural extension, during which the government provided all basic materials needed by the farmers. Since 2009, MARD started a process to reduce subsidies and encourage technological improvements focused on linking agricultural production with the markets. In the case of Cao Bang, MARD has identified that more than 30% of producers were interested in innovation and technology, while others stayed in subsidised agriculture. In this regard, the use of methodologies such as FFS or VAC is directed towards innovating producers. Linking these methodologies with the diversification of food intake can contribute to better nutrition and fight against stunting in children.

110. One of the main concerns in analysing the JP's relevance is that criteria focused on mother and child nutrition were not necessarily the priority in the final selection of the intervention areas.

#### **Selection of provinces, districts and communes**

111. According to the JP design, the province selection criteria were based on the provinces' high levels of stunting (prevalence rates and numbers), as well as the presence of on-going activities and the capacity of UN agencies to implement these activities at field level, based on the presence of UNICEF and WHO in certain provinces before the JP started. This second criteria explains why, for example, a richer province like An Giang was selected.

112. The MoH prioritised two districts in each of these provinces, and MARD selected two communes in which to work on agriculture/food security issues in each province – one per selected district. The selection criteria for districts and communes were not clear. For example, in the case of Cao Bang, the main criteria for the selection of districts (Hoa An and Trung Khanh) at the provincial level were stunting prevalence and the possibilities for developing the agricultural component of the JP (for example, through the presence of farmer associations). According to NNSS, however, average stunting, underweight and wasting indexes in some selected districts, like Hoa An, are better than the average in Cao Bang.<sup>2</sup> According to annual surveys, other districts in the province (Bai Lan, Bai Lac, etc.) with more difficult access and larger ethnic minority populations show worse figures. During the mid-term evaluation, health staffs at Hao An stated that criteria followed were:

- Good conditions in hospitals with separate units for obstetrics and paediatrics.
- Good capacity of health workers.
- Most populated districts.

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<sup>2</sup> Provincial data were collected in 2008 and district data in 2010; therefore, data are not comparable, but they can give an idea for comparing at district and province levels.

- Possibilities to expand the activities to other districts where hospitals are in worse conditions.

113. Also, the criteria for the selection of communes were not clearly defined depending on the characteristics of the districts. Some of the criteria reported in the meetings with MARD at the central level were availability of land, poverty and ethnicity. The criteria defined for the selection of the commune Le Chung in the Hoa An district for the implementation of models on rice and fruit trees were: easy access (near the city), balance with other interventions, good soil for fruit trees, low capacities and knowledge of farmers and innovative, interested farmers. Although malnutrition was not mentioned among the criteria for the selection of communes, in the case of Le Chung, the Hoa An district hospital director stated that Le Chung was one of the places with higher levels of malnutrition.

114. A clearer definition of criteria for the selection of geographical areas of intervention would have given more coherence to the JP.

### **JP national ownership (design)**

115. The JP design was formulated based on Vietnam's national policies and interests. According to the Maternal and Child Health Department, the activities formulated in the JP focused on fulfilling government objectives and priorities on nutrition and food security. The Vietnam government is committed to, supportive of and engaged with the JP at all levels – national, provincial, district and commune; however, participation of public institutions in the formulation process and inception phase has been uneven at local levels, resulting in incomplete understanding of the JP.

116. As stated in the UNICEF evaluation report (2006-2010), "When the philosophy of the program is well understood and integrated with the local leadership, then opportunities for the diffusion and sustainability of new ways of working are greatly enhanced". In the case of the JP, gaps in participation in the JP's first steps might affect the ownership of the JP. For example, the interview with PMU in An Giang concluded that no agriculture or health official at the provincial level participated in the formulation process. Government officials attended the first exercise of planning but did not participate in the definition of the JP strategy.

### **Design of activities/outputs/outcomes**

#### **Coherence**

117. The approach of the JP's design is comprehensive to achieve the expected outcomes. The approach follows five main steps:

- Piloting successful "models" for up-scaling.
- ToT to build capacities/in-service training.
- Communication to change behaviours.
- Advocating at policy level (national/provincial/district/commune).
- Contributing in defining strategies and planning.

118. The training approach has been coherent, centred on updating the training package already available and promoting the introduction of methodologies and replicating them through communication strategies. The design of the intervention has appropriately focused on advocating at policy level for changes in legislation and national strategies (NNS, guidelines to fight against micronutrient deficiencies, etc.).

119. Despite this coherence, the integration of nutrition and household food security is very weak. As stated by the NSC in January 2011, “the design of this JP from the beginning is not perfect and the issue of food security is not well and fully understood and put on top in this JP”. In fact, there is a wide range of ambitious outputs/activities focusing on relevant changes in information systems, methodologies and technologies to improve food security in outcomes 1 and 5 implemented by the MARD, but they are not directly focused on mother and child food security and nutrition. Consultations with UN staff concluded that the design of the outcomes related to FAO-supported agriculture/food security was formulated independently from the design of WHO- and UNICEF-supported nutrition and health outcomes.

120. The JP should have integrated nutrition and agriculture for the most vulnerable. The design is not coherent when the outcomes, outputs and activities to be implemented by MARD with the support of FAO are not clearly defined with a focus on children, but on general food security. In An Giang, for example, a large proportion of the population eat rice and fish in the flooded season. Instead of focusing the JP support on increasing rice productivity, the focus should have been on improving food intake through vegetables. Here, VAC might have helped to face the causes of anaemia.

121. According to MARD officials, the value of the JP in relation to previous actions is the focus on ethnic groups and the links between agriculture and nutrition. Some provincial-level staff understands the joint vision of the programme and has tried to propose agricultural activities that might contribute to the nutrition of mothers and children; however, linking agriculture and nutrition is not considered in the JP implementation, and the suggested activities do not reflect aspects of food security linked to nutrition. Even though some activities emphasise questions related to food conservation and food consumption, these actions are still not reflected in the implementation.

122. In order to promote the implementation of these actions, it is suggested to reinforce the agricultural extension workers’ knowledge on questions related to food conservation, crop nutritional properties and nutritional balance, through a more food-biased approach. These activities would merge the knowledge of the UN agencies involved in the JP. As social protection is one of the three focus areas of the One UN, and also a priority for the government, a focus on social protection, in which public services distribute produced food, might have been a more coherent focus, uniting the government’s interests with the three UN agencies and linking agriculture and nutrition.

123. On the other hand, divergences noticed in activities related to health and nutrition in different provinces reflects the fact that the JP’s design in UNICEF provinces was focused to reinforce the work UNICEF was already doing in the provinces. In fact, most of the activities on breastfeeding had already started when the JP was approved in 2009.

#### Efficiency

124. The JP design applies comparative advantages among UN agencies, avoiding duplication of efforts while working in different provinces and looking for complementation of themes where each agency has more expertise. For example, UN agencies and the government follow WHO guidelines on BF and UNICEF methodologies promoting IMAM for SAM. Having WHO in two provinces and UNICEF in the other four is an interesting approach, as both institutions being in all the six provinces would raise costs significantly. Both agencies have close approaches approved at the global level and one can complement the absence of the other, thereby avoiding losing efficiency due to duplication of efforts.

125. Another important issue is avoiding bureaucracies using the financial arrangements already established by the UN agencies for the operation of other programmes. The adopted system is agile and facilitates delivery, although some government officials from the health sector showed discomfort with the fact that WHO and UNICEF manage the JP resources instead of transferring the management of financial resources directly to the government at the central level.

### **3.4.- Implementation process**

#### **Management (model)**

126. UN agencies in Vietnam recognise that a benefit of this JP is that it forces them to work together.

127. The Management structure of the JP in Vietnam adds a PMU to the standard management institutions of the JP (NSC and the Programme Management Committee [PMC]). In reality, the PMU represents the MoH and MARD; these representatives plus the three UN agencies compose the PMC. Still, the roles of these institutions (PMU and PMC) and their different responsibilities are not clearly defined and understood.

128. The PMU depends on the MoH; therefore, the MARD has a marginal role in the management unit. The limited linkages in the JP design between agriculture/food security and nutrition actions make it very difficult to find common spaces of technical coordination between MARD and MoH. However, FAO being the leading agency, this management model brings about some balance between agriculture/food security and nutrition in the decision-making.

129. The NSC is not very useful in suggesting strategy or facing implementation problems. In the bi-annual NSC meetings, more than 10 national institutions and UN agencies discuss three very different JPs, where different specialisations and expertise are needed, and where debates and recommendations cannot reach the detail needed. For this reason, it is suggested to centre the NSC's role on advocacy of national policies and strategies, and to exchange experiences between the JPs to understand the lessons learned related to the coordination process and management between ministries and UN agencies, thereby strengthening the advisory role of the One UN.

130. Management decentralisation/centralisation. Management is centralised for agriculture outcomes, and decentralised for the health sector. For agriculture activities, FAO allocates funds through the Department of Food Production – the managing institution at the central level. Several MARD departments (aquaculture, livestock, production, information systems, etc.) and other institutions, such as the Northern Mountainous Agriculture and Forestry Science Institute (NOMAFSI) and the Rural Development Centre (RUDEC), give technical assistance.

131. For the health sector, UNICEF and WHO directly coordinate their activities at the provincial level, either as implementing agencies or through their implementing partners (IPs) at provincial or district levels (DoH and hospitals). These UN agencies also implement actions at the national level through national implementing institutions (Centre of Education and Communication and the DMCH). In practice, with these decentralised arrangements, the DMCH's role is limited to that of an implementing institution, with a similar role to NIN, DoH, etc. Although DMCH leads the PMU, it cannot fully manage the JP at the government level. The

JP reports reflect this situation in stating that a more fluid information exchange is needed for strengthening the coordinating role of the PMU.

132. According to health officials, although annual plans are elaborated and approved on a year-to-year basis, and UN agencies report every 3 months, the PMU is not fully aware of the actions that UNICEF, WHO and FAO are directly implementing at the provincial level.

133. In the case of UNICEF, there is also a risk of duplicating the efforts of the UNICEF-PMUs for the implementation of the Provincial Child Friendly Programme established at provincial level before the JP. If the PMU is substituted by the Steering Committee of the Provincial Child Friendly Programme, where agriculture is not represented, the possibilities of developing joint actions diminish dramatically.

134. This communication/managing deficit might have consequences on several levels:

- On one side, the DMCH as the PMU representative of MoH at central level might not be aware of the actions promoted in the provinces by UNICEF and WHO. Therefore, activities at central and provincial levels can be disconnected or not sufficiently articulated. Cases were reported in which UN agencies implemented actions not in agreement with the DMCH.
- UNICEF and WHO give different priorities financing different activities, and therefore do not contribute to harmonising the actions of the DMCH/MoH at the national level. For example, UNICEF finances equipment in An Giang but WHO does not finance equipment in Cao Bang.
- Lack of shared information about provincial-level activities at central levels reduces the ownership of the JP at the MoH. Also, this lack of communication might reduce the possibilities that different methodologies can be adopted, sustained and up-scaled by the MoH.

135. It is recommended to reinforce the PMU's management role. At this stage of the JP, however, it is not advisable to change the decentralised management led by UNICEF and WHO. At least, UN agencies should provide punctual information about the start or state of advance of activities implemented or in the process of implementation.

136. For the agricultural sector, centralisation of management when the inception phase has been weak has implications on fully understanding the characteristics and objectives of the JP and on lack of coordination at local levels. For example, agricultural staff at the district level stated, "We attend the trainings but we do not know what the trainings are for". Technical assistance is provided at the commune level by the central levels with very limited participation by agriculture staff at the district level, and there is limited communication about the JP's actions between different areas of work (for example, in An Giang, between crop production, aquaculture or livestock). Agricultural staff has a marginal role in the PMU at district levels. In this regard, solutions may include:

- A formal definition of focal points for agricultural and food security activities at the district level.
- Participation in the district PMU by the district management official for agriculture, the responsible of extension services at the district level and the extension worker responsible for the commune where the models/demonstration sites are placed.
- The promotion of a wide understanding of JP training as ToT, in which training needs to be replicated and coordinated at the local level by local staff.

137. Staff support from UN agencies. UN staff working with the JP and technical support widely differs among UN agencies. A task force that supports its own Provincial Child Friendly



Programme in 10 provinces constitutes UNICEF's technical assistance for the JP. WHO counts on three part-time technical staff members who support the JP. The UN JP leading agency, FAO, has only one staff member coordinating the JP and is surprisingly not funded by the JP.

### **JP national ownership (implementation)**

138. Vietnam government institutions lead the implementation of the JP and the actions are considered as part of the strategies defined for the country. Vietnamese institutions are interested and follow up on the progress of pilot actions in order to adopt them in the national strategies.

139. As it has been noticed in the previous section the lack of shared information about provincial-level activities at central levels might reduce the ownership of the JP at the MoH. In the agricultural sector, centralisation of management has implications on the ownership of the JP at district and commune levels.

### **Coordination**

140. The coordination role of the PMU and PMC has been limited in the first year of implementation. Some reasons for the restrictions in coordination are:

- The PMU coordinator was not recruited until March 2011, after 6 months of a recruitment process through the WHO system, and also after an additional 8-month delay during 2010.
- In Vietnam, the JP required a large effort in time and resources by government and UN agencies that were not used to cross-sectorial actions.
- UN agencies have their own procedures, experiences and own inertias working with ministries.

141. Government officials and UN staff agree that the JP has been a relevant opportunity to bring together different ministries and UN agencies, to promote a better knowledge among UN agencies, having a catalytic role through convergence of agencies in advocacy, and to strengthen policies and strategies and contribute to maximise the impact of UN-led actions.

142. Within the JP, the planning process is also an important opportunity for coordinating actions. At the end of each implementing year, UN agencies and national institutions at national and provincial level participate in the planning process, elaborating an annual work plan that is submitted for the subsequent year to the MDG Achievement Secretariat for fund approval.

143. The JP has already evidenced the effects of coordination in four main areas:

- Contributing in the formation and consolidation of the nutrition cluster. – This cluster is co-chaired by NIN and UNICEF. It coordinates advocacy actions at the national level, involves other important donors in nutrition and promotes coordination between them at the provincial level. It involves government departments (MoH, MADR, Labour), UN agencies (WHO, UNICEF, UNWomen, FAO, UNDP) and a wide representation of NGOs, meeting every month. Among the most relevant achievements, this cluster submitted coordinated comments for the elaboration of the new NSS.
- Defining a common communication framework strategy for nutrition, and implementing it, with the added value of different partners (see chapter on communication/advocacy for more information).

- Complementing expertise and reducing transaction costs in training: WHO-supports JP training on IYCF and BFHI at the central level to be applied to UNICEF provinces, and UNICEF-supports JP training on IMAM at the central level to be applied to WHO provinces. UNICEF pilot initiatives on IMAM and BF support groups at the commune level will be the reference point for replicating these experiences in the other provinces.
- Coordinating with other partners for the replication of these actions in other geographical areas. The UN agencies involved in the JP have defined ways of coordination with the Bill and Melinda Gates initiative, Alive & Thrive that is implementing a nutrition initiative in 15 provinces in Vietnam.

144. Some important gaps still exist:

- There is no evidence of coordination between the NNSS and FIVISM. The JP has not promoted any action to facilitate this important coordination.
- There is limited cross-action through on-going methodologies. Each UN agency has different methodologies for introducing and replicating different JP actions; however, the same methodology could be used for different actions, for example, the FFS for introducing nutrition messages and trainings, or BF mother groups for introducing food security activities (food conservation, transformation, etc.).
- Different methodologies can be applied for similar goals. If effort is not made in matching methodologies, and each agency provides different tools for similar goals, it will be more difficult for these methodologies to be adopted by national institutions, thereby reducing the possibilities of up-scaling.
- Limited joint-piloting at the commune level, FAO-UNICEF-WHO, persists. Although, for example, the MARD selects communes among the most vulnerable areas, as defined by UNICEF, the communes where UNICEF is doing BF groups are different from the communes where agriculture is working.

### **Communication/advocacy**

145. UN agencies support the government's communication strategy where the UN communication team set up by the One UN plays a key role. The JP contributed to the creation and implementation of a comprehensive communication for nutrition framework (2011–2012) that operates in 22 provinces: same strategy, same messages and same delivery strategy. The institutions involved have divided areas of work according to their comparative advantages and the geographical areas of intervention. For example, UNICEF focuses more on mass media (press conferences, broadcasting videos and radio spots) and advocacy, while WHO focuses on policy advocacy. Some relevant achievements in this framework are:

- The BF week celebrated in August 2011.
- Creation and dissemination of communication materials such as posters, leaflets, DVDs and four radio spots (mainly focused on breastfeeding).

146. Regarding the communication materials, the evaluator suggests more efforts be made in adapting them to the conditions and needs at the commune level – languages, pictures, bigger font, and simplified messages. It is also advisable to have enough materials for dissemination in the selected provinces, and even in other provinces where a replicating action is feasible due to the presence of other partners interested in the methodologies and proposals of the JP.

147. The JP has a strong component on advocacy at the policy level, with successful results. In some cases, this component should be reinforced, as in the case of advocating parliamentarians to approve legislation on 6-month maternity leaves and advocating on the marketing of formula milk. Specific communication actions should focus on women in the

informal sector and in rural areas, where legislation on maternity leave may not be considered and whose rights are not as protected as in the formal sector and urban contexts. Working with farmers' unions for these campaigns may be done with the joint action of the MoH and MARD.

148. Visibility of the JP and MDG-F donor is still limited. In general, beneficiaries, trainees and government officials do not differentiate the origin of funds and believe that they come from the UN agency that implements each of the components, and not necessarily from a JP. Visibility of national IPs is sometimes not well balanced compared to the visibility of UN agencies.

### **Monitoring tools**

149. *Relevance of monitoring trips.* The JP has established joint monitoring trips to the provinces, with a frequency of two joint trips per year. In March 2011, WHO and FAO made a joint trip to Cao Bang for the first time. Until now, there have been four joint monitoring trips in the six provinces. These trips gave UN agencies the opportunity to see the work of the other UN agencies. In some cases, as in the case of the Hoa An district hospital, staff showed interest in having more joint trips from central levels with the participation of MoH and MARD.

150. *Adequate focus on strengthening monitoring of national institutions.* Efforts in monitoring have focused on building the capacities of national, provincial and local institutions for follow-up on the nutritional situation in the selected provinces. In this regard, the Cao Bang health staff, for example, reported that the DoH counts with figures about BF practices that are useful to identify advances or drawbacks in this activity. The focal group with BF mothers in An Giang showed that they are monitoring the advances on BF themselves.

151. *Follow up of the effectiveness of the trainings.* Many of the actions of this JP are focused on building capacities through ToT and the implementation of further trainings at different levels (provincial, district and commune). In some cases it has been reported a lack of effectiveness of these ToT. A better follow up about the effectiveness of these trainings will be needed and this follow up should be part of the monitoring of the JP.

152. *The complicated process of reporting.* The PMU has to produce reports using different layouts and timing. Also, UN agencies, as IPs, have to report to the PMU. The process is quite complicated, because UN as implementing agencies in the JP has to report to the government about advances, and the government institutions also have to report to the UN as donor agencies.

153. Reports required by Government side:

- UN agencies report to the PMU quarterly
- PMU has to produce a quarterly report to the Department of Planning and Finance, MoH and Ministry of Planning and Investment. This report details the progress of activities and disbursement during 3 months and accumulated figures to date. To have this information, the PMU needs to request figures from all stakeholders.
- PMU produces a semi-annual report to the Department of Planning and Finance and MoH (both development assistance funds and government budget).

154. Reports required by MDG Achievement Fund Secretariat (donor)/UN agencies side:

- MoH IPs report quarterly to WHO and UNICEF. MARD reports every 6 months to FAO. Both reports are narrative and financial, responding on annual plans.

- PMU reports quarterly to WHO.
- PMU reports semi-annually to the NSC.
- PMU reports a semi-annual monitoring report to MDG-F.

155. It is not clear if this number of reports is really needed. Report feedback received by the JP from the different institutions is also scarce. The JP should analyse the possibility of producing reports with less frequency; instead of quarterly, one report every 6 months would be enough for adequate monitoring, thereby optimising time and providing a more systematic process (where report feedback is done on a regular basis). According to the NSC in 2011, effort should be made to report shared objectives instead of focusing the reporting on individual components by agency.

156. Reporting indicators required by the MDG-F window are considered complicated, and the formats changed after the JP had already started; therefore, it is difficult to report on these indicators, as the JP had defined indicators that are difficult to assimilate to the MDGF ones. As baseline is not well defined and there is little reference to the number of beneficiaries, the monitoring process is complex.

### **Articulation of administrative and financial issues**

157. Different UN agencies have different administrative and financial processes:

158. **WHO** finances activities at the provincial level through the presentation of quarterly planning proposals, and finances activities at the central level upon request of funding for each of the activities, when it is necessary. Both procedures require a heavy bureaucratic administrative procedure through the participation of WHO regional offices, with delays in fund disbursement (2 months, on average). According to WHO officials, this delay does not have implications on implementation, because WHO asks for funds in advance.

159. **UNICEF** allocates funds to the IPs once the UNICEF Annual Working Plan has been approved (activities and budget), advancing funds on quarterly basis upon request from the IPs. These IPs have already been assessed through the Harmonized Approach to Cash Transfers (HACT). The IPs send quarterly financial and narrative reports that have to be approved before allotment of funds.

160. **WHO and UNICEF** chose this decentralised procedure instead of disbursement of funds to the different IPs through the PMU at the MoH, avoiding difficulties that might occur when IPs financed by the PMU or the MoH have delays in disbursement. **FAO** administrative and financial arrangements with the IP (MARD) are defined formally through different Letters of Agreement (LoA). The LoA reflect the activities prioritised in the annual plan.

### **3.5.- Sustainability**

161. In general, JP actions consider sustainability from the beginning. Piloted models and interventions in both health and agricultural components are integrated into the development and intervention of government-run national targeted programs. Advocacy activities support the inclusion of main activities and piloting processes in policies, strategies, plans and social security systems (for example, micronutrients, IMAM, etc.).

162. Underlying each outcome is the idea of up-scaling and long-term actions. For example, in the case of micronutrient deficiencies, although UN agencies decided to distribute iron tablets to pregnant women for 1 year, the goal is to explicitly include iron tablets in the social security care package for the poorest households (insurance for the poor).

163. The wide network of health workers and rural extension workers and the government's commitment will facilitate the maintenance and up-scaling of training. For example, the DoH in the Cao Bang province believes it is possible to upscale and maintain JP activities through training and provided materials. Health officials in Cao Bang reported that there would be resources from the government for this issue. Nutrition health workers at the commune level in Cao Bang considered that they have the skills needed to maintain the training in BF.

164. Some staff from the health sector is still demanding more training. For example, officials from the provincial hospital in Cao Bang reported that they would need refreshment on BF training, and new training for new staff. At district level, the director of the Hoa An hospital asked for funds for more training (refreshment) and training for new workers. Subsequently, training should be included as part of the national and provincial programmes on health and agriculture, understanding that there must be enough human resources to provide training, so that the health system will not depend on external funds for training in the future.

165. On the agricultural side, up-scaling and sustainability of actions is based on the fact that the MARD has a wide network of rural extension workers and technicians, and that, through the elaboration of guidelines and with the knowledge generated through training, the knowledge stays in the system and the capacity and materials for replicating this knowledge are available.

166. The cost of each demonstration, however, including seed, fertiliser and others, is USD 1,250. Once the JP finishes, other sources will have to finance the inputs for the demonstration. Also, in order to contribute to the sustainability of agricultural practices, training should be provided at the local level on the production of fruit tree seedlings and seeds to guarantee the availability of quality inputs and to allow for the dissemination of agricultural technologies. In the future, the MARD will have to allocate funds for these activities and for training if they want to maintain and disseminate this knowledge.

167. Although some activities are a priority for the government, costs can be too high to upscale them, as in the case of the GIEWS and FIVIMS. The costs for implementing and maintaining the system was predicted as more than USD 7,500/province per year, including the computer system (computers at commune, district and provincial levels), communication system (internet), training and salaries of the staff responsible for the stations. Although the MARD showed interest in replicating this experience in 63 provinces, it would involve investing more than USD 450,000 per year. The sustainability of the GIEWS system implementation is therefore questionable and an estimation of investment costs and a strategy for maintaining and replicating the system will be needed.

168. Finally, the wide range of activities in progress and the outcomes expected need time to ensure sustainability. Three years is too short of a period for such an endeavour, and at least 2 more years would be needed to consolidate actions in the selected provinces and disseminate them for implementation through approved policies and strategies in other regions.

#### 4.- Conclusions

169. About delivery: Despite delays at the beginning and the lack of a PMU coordinator in the first year of implementation, the JP has made significant progress in budget delivery: nearly USD 2 million or 57% of the total budget (USD 3.5 million) in 18 months. Outcomes 1, 4 and 5 show high delivery rates over amounts disbursed (from 87% in output 1 to 73% in output 4), while outcomes 2 and 3 show a very low percentage of delivery (outcome 2 reached 37% while outcome 3 stands with a limited 21% of execution).

##### JP Achievements:

170. The JP has had important achievements at national level in supporting the nutrition surveillance systems and advocating for relevant progress in policies related with nutrition. The most relevant progress has been in outcomes 1, 2 and 5 where it can be considered that the outcome is up to date and can be achieved in the remaining timeframe of the JP. Actions on micronutrient deficiencies (outcome 3) should be accelerated in order to be achieved.

171. *Monitoring and policies on nutrition (Outcome 1)*. The JP made relevant improvements in the NNSS and on the definition of the nutrition situation, advanced in training on GIEWS and FIVIMS and provided important support to the approval of a comprehensive and participated NNS. Furthermore, the JP showed adequate progress in advocacy on nutrition laws and strategies (maternity leave, milk substitutes, IYCF National Plan of Action, nutrition in emergencies, etc.).

172. *IYCF (Outcome 2)*. Relevant advances have been made in training health staff on BF counselling for pre-parto and post-parto mothers and on the process of provincial and district level hospital certification on BFHI. Most of the efforts have been on BF and some only some actions related to complementary feeding. There was successful implementation of “Village Breastfeeding Mum Support Groups” at the pilot level, but the strategy for scaling up needs to be strengthened.

173. *IEC (Outcome 2)*.

- Important efforts in national communication campaigns in line with the joint communication plan between MoH and UN.
- A complete pack of materials translated and adapted for Vietnam and training in the use of these materials.
- IEC materials evidenced as an important tool for more effective BF counselling.

174. *Micronutrient deficiencies (Outcome 3)*. A fortification chapter has been introduced in the Food Safety Law. A common strategy and harmonised approach to micronutrient deficiencies based on scientific evidence is needed. This strategy should consider the role of agricultural production in the reduction of micronutrient deficiencies.

175. *Severe malnutrition (Outcome 4)*. Advances have been made in training at the national level and piloting IMAM at the local level in Hanoi, Ho Chi Minh and Kon Tum, as well as advances in testing RUTF, defining a strategy based on HEBl and funding through other donors. Advancement in activities is still limited because the MoH has not approved national guidelines, and a cost analysis for the implementation of these actions at the national level is needed.

176. *Food security (Outcome 5)*. The defined MARD approach is consistent and staff appreciate improvements in the extension services through the methodologies proposed by the JP. Concerns were raised related to the vertical technical assistance provided, the effectiveness of the ToT, the limited role of the agricultural staff at district levels and the absence of a gender approach. With the training, MARD has produced booklets and audio-visuals for extension workers.

177. The focus of the activities in this outcome has been mainly on agriculture production and diversification, rather than a specific focus on nutrition deficiencies in vulnerable groups, such as women and children. It should be reoriented to household food security and nutrition. Greater technical support from the FAO will be needed to overcome these limitations and to focus the agricultural intervention on nutrition.

#### JP design

178. *Results framework*. The results defined in the results framework are either not measurable/feasible or they do not represent the dimensions of the JP. Results should be adjusted to be more accurate in relation to the activities, outputs and outcomes defined. Also, output 3.2 should be revised. Outcome and output indicators, their relationship and hierarchie are well defined, but it is necessary to define the number of beneficiaries in some of the actions proposed. The baseline is still incomplete and needs to be better defined.

179. *Relevance*. The formulation of the JP responds to the needs of the government and to priorities on nutrition:

- The creation of a GIEWS system is a priority to face food crises.
- The JP is providing more than relevant support to the health sector in breastfeeding to face stunting and chronic malnutrition, one of the most relevant nutritional problems in Vietnam.
- On micronutrient deficiencies, supplements cannot be considered the sole solution. A more comprehensive analysis in the JP's design might have revealed some of the causes linked to food intake and provided some solutions to be implemented through the MARD.
- The design's consideration of SAM is a very valuable aspect because prevalence is high in several provinces and action is urgently needed.
- Outcome 5 responds to a clear demand for extension services in Vietnam in MARD's decision to change the paradigm of farmer support from a subsidised system to market-centred technical assistance.

180. *Ownership*. The government of Vietnam is committed to, supportive of and engaged with the JP at all levels – national, provincial, district and commune; however, uneven participation of governmental institutions at the local level in the formulation process and inception phase has resulted in incomplete understanding of the JP, which affects ownership.

181. *Coherence*. Integration between nutrition and household food security is very weak. Outputs/activities to improve food security in outcomes 1 and 5 are too wide, ambitious and diverse and are not directly focused on mother and child food security and nutrition. Also, linking agriculture and nutrition is not considered in the implementation of the JP and the activities do not reflect aspects of food security linked to nutrition. A social protection approach might have been a more coherent focus, therein responding to government interests with the support of the three UN agencies, and linking agriculture and nutrition (that is, linking protection of the most vulnerable with food production at local levels).

182. *Efficiency.* The JP's design employs comparative advantages among UN agencies, thereby avoiding duplication of efforts in certain provinces and complementing themes where each agency has more expertise. Its design also avoids bureaucracies using UN pre-established financial arrangements for the operation of other programmes. The adopted system is agile and facilitates delivery, although health officials request a greater leadership role of the government at the central level for the management of financial resources.

#### Implementation process

183. *Management Model.* The management structure of the JP in Vietnam adds a PMU to the standard management institutions of the JP (NSC and PMC), but the roles and responsibilities of PMU and PMC are not clearly defined and understood.

184. PMU depends on the MoH; therefore, the MARD has a marginal role in the management unit. However, with FAO being the leading agency, this management model brings about some balance between agriculture/food security and nutrition in the decision-making.

185. The NSC's dimensions and busy agenda limit its usefulness in suggesting strategy or facing implementation problems when different specialisations and expertise are needed, and where debates and recommendations cannot reach the detail needed.

186. UN agencies have different financial and administrative arrangements. While WHO and UNICEF decided to work through a decentralised system where they are also IPs, FAO works through the MARD at the central level through LoA signatures.

187. WHO and UNICEF's decentralised arrangement for implementation means that the DMCH's role is limited to that of an IP, with a role similar to NIN, DoH, etc.; therefore, although DMCH leads the PMU, it cannot fully manage the JP from the central level. This management deficit might have consequences on the follow-up and ownership of the JP activities at central level and make more difficult the adoption and up-scaling of methodologies by the MoH.

188. For agricultural activities, the centralisation of management has implications on coordinating and fully understanding the characteristics of the JP and at district levels.

189. UN staff and technical support working with the JP differ widely among UN agencies. The UN JP-leading agency, FAO, needs to reinforce technical support through more staff and specific technical assistance.

190. *Coordination.* JP coordination has been relevant in:

- Contributing to the conformation and consolidation of the nutrition cluster.
- Defining a common communication framework strategy for nutrition and implementing it, with the added value of different partners.
- Complementing expertise and reducing transaction costs in training.
- Coordinating with other partners for the replication of actions in other geographical areas.

191. But there are concerns related to:

- Lack of coordination of the FIVIMS with the NNSS.
- Limited cross-action between UN agencies through on-going methodologies.
- Limited effort in matching methodologies (each agency provides different tools for similar goals), reducing the possibilities of adoption by national institutions.
- Limited joint-piloting at the commune level by FAO-UNICEF-WHO.



192. *Communication/advocacy.*

- There are already important achievements made in communication, mainly the coordination of campaigns and elaboration of communication materials. More efforts should be made to adapt the materials for conditions at commune level.
- The JP has a strong component on advocacy at the policy level with successful results. In some cases, this advocacy should be reinforced, and specific actions should be focused on women in the informal sector and in rural areas.
- Visibility of the JP and of the donor is still limited, and the activities are mainly considered at the provincial level as led by UNICEF, WHO or FAO. In general, beneficiaries, trainees and government officials do not differentiate the origin of funds.

193. *Monitoring/reporting.*

- As of October 2011, there have been four joint monitoring visits, which have enhanced the relationship between UN agencies and government officials at provincial and local levels.
- Monitoring on the effectiveness of the trainings and about the benefits obtained is needed
- The reporting process is complicated, because UN IPs in the JP have to report to the government about advances, but the government also has to report to the UN as “donor” agencies. It is not clear if the existing number of reports is really needed. Also, report feedback received by the JP from different institutions is scarce.
- According to the NSC in 2011, an effort should be made to report on shared objectives instead of focusing reports on individual agency components.
- The JP baseline needs to be better defined. There is little reference to the number of beneficiaries, which makes the monitoring process more complex. Reporting indicators required by the MDG-F window are also complicated, when have been defined once the JP had started.

194. *Sustainability.* JP actions consider sustainability from the beginning. Piloted models and interventions in both health and agricultural components are integrated into the development and intervention of government national targeted programs. However, training, communication and demonstrations (agriculture) will require funds to maintain and disseminate knowledge. The sustainability of the implementation of the GIEWS system is questionable and an estimation of investment costs and a strategy for maintaining and replicating the system will be needed.

## **5.- Lessons learned**

195. The JP on children, nutrition and food security is providing relevant inputs for the definition of the new UN One Plan (in progress), playing a catalytic role in the harmonisation process of the One UN and proving that UN agencies, which might otherwise compete in the same areas of expertise, have complemented actions without duplicating efforts. The JP has involved a lot of efforts and resources, but has also showed that it is feasible to reduce transaction costs.

196. A very important feature is that this JP has been designed at the end of a planning cycle, and therefore has been formulated to feed policies and strategies for the next cycle (five years). In this regard, it has been appropriately focused on advocating at the policy level for

changes in legislation and national strategies. The approach of the JP's design has been comprehensive, following five steps:

- Piloting successful "models" for up-scaling.
- ToT to build capacities/in-service training.
- Communication to change behaviours.
- Advocating on policies at different levels.
- Contributing in defining strategies and planning.

197. JP design should have been more narrowly focused (on mother and child food security and nutrition), avoiding a multiplicity of actions not clearly oriented to a common objective. JP design should have taken care on the overall coherence of the program and the linkages between different components (e.g. linking agriculture/food security and nutrition). A clearer definition of criteria for the selection of geographical areas of intervention would have also given more coherence to the JP.

198. The launching process was a series of non-systematic provincial orientation workshops, not replicated at the district level. This limitation has had consequences on understanding of the JP's agriculture and food security activities at provincial and local levels.

199. The roles and responsibilities of PMU and PMC should have been clearly defined and understood by all stakeholders from the beginning of the program, with a leading coordinating and implementating role of the national institutions and ensuring exchange of information needed for decision making at central and province level.

200. One of the main results of this JP is the coordination of One voice in nutrition and food security through advocacy and communication. The elaboration and implementation of a comprehensive framework in communication for nutrition (same strategy, same messages and same delivery strategy) among UN agencies and government institutions has contributed in extending the participation to other stakeholders (e.g. Alive & Thrive) and in scaling out the efforts of the JP (already operating in 22 provinces).

201. Monitoring visits have proved to be an excellent tool, providing spaces for improving the exchange of information and methods among UN agencies, and enhance the relationship between UN agencies and government officials at provincial and local levels.

202. The focus defined by the JP on improving monitoring tools and processes in national and provincial institutions on nutrition and food security is adequate.

203. Changes in the MDG-F regulations and guidelines are difficult to encompass once the JP has started.

204. Three years is too short of a period for the wide range of activities design in the JP and the outcomes expected. More time is needed to ensure sustainability of these programs.

## **6.- Recommendations**

### General recommendations

205. Promote discussion between involved UN agencies and the government about the meaning of the JP, and provide a better understanding of the JP at provincial, district and commune levels (that is, JP as integration of nutrition, food security and agricultural issues

focused on mothers and children). As the staff from the health sector in An Giang stated, “UNICEF, FAO, WHO should sit together and discuss about the meaning of a Joint Programme”.

206. JP design: Results should be adjusted to respond to activities, outputs and outcomes. Output 3.2 should be revised according to the strategy defined for micronutrient deficiencies. The JP baseline should be completed and the number of beneficiaries should be defined, when possible.

207. Activities/outputs/outcomes:

- Activities focused on agriculture/production (outcomes 1 and 5) should be reoriented into actions focused on household food security and nutrition for mothers and children, especially vulnerable households with stunting or micronutrient deficiencies.
- GIEWS system piloting is not needed to be implemented at the commune level (too costly), but focused on district, provincial and national levels.
- Activities in outcomes 2 and 3 should be accelerated or funds should be reallocated.
- A definition of a strategy for up-scaling BF mother groups at district level is needed.
- Up-scaling promoted actions would require cost analysis.

208. Management: PMU should play an operational role, and the PMC should play a programmatic and strategic/technical role, looking for a greater balance between and integration of agriculture and health (for example, providing technical advice and analysing the lessons learned), and greater overall coherence of the JP.

209. Communication/advocacy:

- Further work is recommended in the adaptation of communication materials for the conditions and needs at commune level (languages, pictures, font size, simplified messages, etc.), including the use of ethnic languages, to increase the availability of IEC materials and to strengthen the strategy for scaling up the Village Breastfeeding Mum Support Group.
- Regarding advocacy on maternity leave, further action should be taken on legislation approval and specific communication actions should be focused on marginal and rural areas. Working with farmers’ unions for these campaigns may be possible with the joint action of the MoH and the MARD.
- Visibility of the JP, logos of the national institutions and donor presence should be enhanced.

210. Monitoring/reporting:

- Indicators on rates of trainees per trainer in the ToT activities, and about the training developed at grassroot level by the trainees would help to understand the effectiveness and benefits of the trainings and to define measures to improve the training.
- The JP should analyse the possibility of producing reports with less frequency. Instead of quarterly, one report every 6 months would be enough for an adequate monitoring, optimising time and potential feedback from different institutions.
- Reports should always highlight how different agencies work towards shared objectives.

211. Sustainability: As MDG-F overall framework ends by end of June 2013, it is recommended an extension from January 2013 to June 2013 (six months), centred in consolidating actions in the selected provinces and advocating for the extension of actions to other provinces. An impact evaluation 2 to 3 years after the conclusion of the JP is recommended.

#### 212. Specific recommendations to the Government

- MoH, NIN and MARD should promote linkages between household food security and nutrition indicators (NNSS, UNICEF/WHO baselines with FIVISM).
- MARD should:
  - Analyse and increase the effectiveness of the ToT.
  - Analyse the implications of the vertical technical assistance provided.
  - Enhance the role of the agricultural staff at district levels.
  - Promote a gender approach to facilitate access to training for women.
  - Allocate funds to provide inputs on demonstration activities and on training in order to maintain and disseminate knowledge (JP sustainability).
- It is recommended to strengthen the role of the agricultural sector in the PMU at district levels in coordinating actions, and up-scaling them through:
  - A formal definition of focal points for agriculture.
  - Participation in district-level decisions by the district manager official for agriculture, the responsible extension service and the relevant commune-level extension workers.
  - A wider understanding of JP training as ToT, in which training needs to be replicated and coordinated at the local level by local staff.
- Training and communication materials should be included as part of MoH and MARD national and provincial programmes on health and agriculture, understanding that there must be enough human resources to provide the training, so that in the future, the health system will not depend on external resources for training (JP sustainability).
- It is advisable to produce enough materials and disseminate them in the selected provinces in the JP, and even in other provinces where a replicating action is feasible due to the presence of other partners interested in the methodologies and proposals of the JP.

#### 213. Specific recommendations to UN Agencies

In order to improve coordination, UN agencies should promote:

- Sharing ongoing methodologies among UN agencies to introduce messages and training (for example, nutrition in FFS or food conservation in BF mother groups).
- Matching different methodologies used for the same goals (harmonising baselines, nutritional deficiencies analysis, geographical scopes, etc.).
- Promoting joint piloting by UN agencies working in the same communes.
- Harmonise actions to provide IEC equipment

214. WHO and UNICEF should provide PMU with punctual information about the start or state of advance of the activities implemented or in the process of implementation at the decentralised level.

215. FAO needs to reinforce its technical support through more staff and technical assistance. FAO should dedicate resources needed for supporting the JP and provide assistance for the re-orientation of outcomes 1 and 5 and promote, jointly with UNICEF and WHO, the integration of the health and nutrition outcomes.

216. In this regard, FAO technical assistance is needed to focus agriculture/production activities to food security/nutrition for mothers and children. FAO should also provide direct technical assistance to the GIEWS system, prioritising concerns regarding replication and sustainability (to be included in future terms of reference for technical assistance).

## Annex I

### Revised documents

- UNDP/Spain Millennium Development Goals Achievement Fund Framework Document
- MDGF Monitoring and Evaluation System
- MDGF Generic Terms of Reference for the mid-term evaluation of Children Food Security and Nutrition joint programmes
- Vietnam JP signed
- Monitoring report 1<sup>st</sup> semester 2010
- Monitoring report 2<sup>nd</sup> semester 2010
- Monitoring report 1<sup>st</sup> semester 2011
- Report JP Results Framework with Financial Information(July 2011)
- Mission report F-ODM October 2009
- MDGF Advocacy and communication strategy
- MDGF Advocacy Action Plan Guidance
- MDGF Monitoring and Evaluation Strategy
- Letter of Agreement between FAO and the Research Institute for Aquaculture for improvement of aquaculture practices at small households
- Minutes Nutrition Cluster: March, June, October, 2011.
- Report on General Nutrition Survey 2009-2010 NIN.
- Report UNICEF on IMAM Training Michael Golden and Yvonne Grellety. July 2010
- Nutrition Profile for Trung Khanh and for Hoa An in Cao Bang
- Final report on results Department Livestock production April 2011
- Final report NOMAFSI on the implementation of the Agricultural Sub-component in Cao Bang and Dien Bien provinces, December 2010
- UNICEF Provincial Child Friendly Program (2006 to 2011) Independent Evaluation Report, May 2011.
- UN Vietnam Annual Report 2010
- Final Report of the Independent Review of Joint Programmes under Delivering as One in Viet Nam
- Technical report of the MCH department of the Trainer of Trainers for the Baby Friendly Hospital Initiative.
- Report of the National consultant Dr. Tran Than Do on the Baseline survey in Cao Bang and Dak Lak target districts

**Annex II**  
**Agenda Mid-term evaluation**  
**17-28/10/2011**

Time	Content/Activity	Collaborating agencies	Location
<b>16/10/2011</b>			
Morning	Arrive in Vietnam	Picked up from the airport by the car PALOMA Hotel: 21 USD/1 way.	<b>PALOMA Hotel:</b> 70 Xuan Dieu Str., Hanoi Tel: (+84-4) 37184861 – 37184862
<b>17/10/2011</b>			
Morning	<b>8:30</b> Meeting with national consultant, JP coordinator	FAO Representation in Vietnam office	No. 3 Nguyen Gia Thieu Str., Hanoi
	<b>10:00</b> Meeting with FAO and working with the team in charge of the JP Meeting FAO Representative	FAO Representation in Vietnam office	No. 3 Nguyen Gia Thieu Str., Hanoi
Afternoon	<b>14:00</b> Meeting of representatives of PMU and UN implementing agencies (WHO, UNICEF, FAO)	PMU office	3rd Floor, Bloc D, 138A Giang Vo St., Hanoi
<b>18/10/2011</b>			
Morning	<b>9:00</b> Visit National Institute of Nutrition and working with the team in charge of the JP: - National Nutrition Surveillance System, - National Nutrition Strategy (NSS) - Training of health workers on nutrition deficiencies at national level - Child Acute Severe Malnutrition (CSAM) units	National Institute on Nutrition (NIN)	48B Tang Bat Ho St., Hanoi  Accompanied by: WHO, UNICEF, PMU

Afternoon	<b>2:00</b> Meeting with other relevant departments from MOH: - Maternal and Child Health Department on Infant Young Child Feeding National Action plan and National Nutrition Strategy (NSS) - Center on Health Education and communication (CHE)		3rd Floor, Bloc D, 138A Giang Vo St., Hanoi  Accompanied by WHO, UNICEF, PMU
<b>19/10/2011</b>			
Morning	<b>8:30</b> Visit Department of Crop Production and working with the team in charge	Crop Production Dept.	No. 2 Ngoc Ha Str., Hanoi
	<b>10:00</b> Meeting with other FAO implementing partners (Department of Crop Production, Department of Livestock Production, NOMAFSI, RUDEC, RIA1) on National GIEWS Workstation and FIVIMS	Crop Production Dept.	Participants: Dr. Nguyen Tri Ngoc, General direction of Crop Production Dept. (Member of NSC), representatives from DCP, DLP, NOMAFSI, RUDEC, RIA1. Accompanied by: Huong (FAO), Oanh (PMU)
Afternoon	<b>13:30-14:00</b> Courtesy meeting with UN Residential Coordinator, Mr. Eamonn	UN Resident Coordinator	UNDP 25 – 29 Phan Boi Chau Street, Hanoi
	<b>14:00</b> Departure for Cao Bang by car		Accompanied by: Oanh (PMU), WHO, National consultant
<b>20/10/2011</b>			
Morning	<b>8:30</b> Meeting with provincial PMU and stakeholders	Department of Health/Reproductive health care center/Dept. of Agriculture and rural development	Office of Department of Health, 31 Hien Giang, Hop Giang, Cao Bang Town
	Meeting with the Vice president of the Provincial People's committee		
Afternoon	<b>14:00</b> Visit provincial general hospital; - Interviews with the department responsible of Baby Friendly Hospital Initiative, <b>16:00</b> Visit Le Chung commune	Provincial general hospital  Visit to health center at Le Chung Commune  Extension worker at Le Chung Commune	Na Phia, Tan Giang Ward, Cao Bang Town
<b>21/10/2011</b>			

Morning	Visit Hoa An district general hospital	Health staff of District and commune health centers/Office of Agriculture of the district	
	Debriefing with Health / Agriculture department at district level	District level in Hoa An	
Afternoon	Back to Hanoi		
<b>22/10/2011: Saturday</b>			
<b>23/10/2011: Sunday</b>			
	<b>11:30</b> Travel from Hanoi to An Giang province		
<b>24/10/2011</b>			
Morning	<b>8:00</b> Meeting with provincial PMU and stakeholders	Department of Health/Reproductive health care center/ Center for Health Communication/Dept. of Agriculture and rural development	Accompanied by: Mr. Quang (UNICEF), 1 people from PMU, 2 people from FAO, National consultant
	Meeting with the Vice president of the Provincial People's committee	Provincial People's committee	
	<b>10:00</b> Visit of the provincial general hospital; - Interviews with the department responsible of: Baby Friendly Hospital Initiative	Provincial general hospital	No. 2, Le Loi St., My Binh ward, Long Xuyen Town, An Giang.
Afternoon	<b>13:30</b> Visit Phu Tan district Visit to district general hospital (Ob/Gyn department) and district health center	District health center/ district general hospital	
	<b>15:00</b> Collective meetings with farmers, local staffs trained and active in RICM at a farmer household at Vinh Truong commune	Vinh Truong commune	
<b>25/10/2011</b>			
Morning	<b>8:00</b> Visit An Phu district (Da Phuc and Vinh Truong Commune)	District general hospital	



	<b>9:00</b> Visit community-based Breast feeding Mother Support Group at Binh Thanh Dong commune		
Afternoon	<b>14:30</b> Fly back to Hanoi from An Giang		
<b>26/10/2011</b>			
Morning	<b>9:00</b> Visit of WHO and working with the team in charge of the JP	WHO	63 Tran Hung Dao St. Hanoi
Afternoon	<b>2:00</b> Visit of UNICEF and working with the team in charge of the JP Meeting with Deputy representative of UNICEF Hanoi	UNICEF	81A Tran Quoc Toan St., Hanoi
<b>27/10/2011</b>			
All day	- Finalization the draft evaluation report		
	- Meeting with FAO team and MARD JP Coordinator	FAO Representation	
	Preparation for Debriefing		
<b>28/10/2011</b>			
Morning	<b>8:30</b> Debriefing with all stakeholders		3rd Floor, Bloc D, 138A Giang Vo St., Hanoi
Afternoon	Departure	Back to Bangkok	

**Annex III**  
**The lists of participants with the names and roles (institutions)**

Morning, 18/10/2011:

Meeting with FAO

Ms. Nguyen Thi Huong, Programme Officer, FAO  
Mr. Vu Ngoc Tien, Assistant FAO Representative  
Ms. Yuriko Shoji, FAO Representative Vietnam.

Meeting with The National Institute of nutrition (NIN)

Dr. Le Danh Tuyen – Deputy Director of NIN  
Dr. Nguyen Lan – Director of Department of nutrition surveillance and nutrition policy  
Dr. Tran Thanh Do - Vice Director of Department of nutrition surveillance and nutrition policy  
Mr. Phan Van Huan – Secretariat of board of National Nutrition Strategy (NNS)  
Dr. Huynh Nam Phuong – Secretariat of IMAM intervention.

Afternoon, 18/10/2011:

Meeting with PMU at Maternal and children care department – MOH

Ms. Gil Julita – Health Officer, WHO  
Ms. Hoang Thi Bang – Programme Officer, WHO  
Mr. Roger Marthisen – Nutrition Specialist, UNICEF  
Ms. Do Hong Phuong – Health and Nutrition Officer, UNICEF  
Ms. Nguyen Thi Huong – JP Coordinator, FAO  
Dr. Nguyen Duc Vinh – Vice director, NPD, MCH, MOH  
Dr. Nguyen Thi Mai Huong – expert, MCH, PMU member, MOH  
Ms. Le Yen Oanh – project coordinator, PMU, MCH, MOH  
Ms. Nguyen Thi Kim Lien – Vice director, center on health education and communication, MOH  
Dr. Trinh Ngoc Quang, expert, center on health education and communication, MOH

Morning, 19/10/2011

Meeting with Crop Production Department (CPD), MARD

Dr. Nguyen Tri Ngoc – general director of CPD, member of NSC  
Mr. Nguyen Van Thanh – expert of CPD  
Mr. Nguyen Quoc Manh - expert of CPD, PMU member  
Nguyen Hong Duong – expert of CPD  
Ms. Pham Thi Sen – expert of NOMAFSI  
Ms. Nguyen Mai Huong – vice director of RUDEC  
Ms. Vu Thi Hoang Van – expert of RUDEC  
Mr. Tran Trong Tung – expert of LDP  
Mr. Vo Van Binh – expert of RIA1  
Ms. Nguyen Thi Huong – JP Coordinator, FAO

Afternoon 19/10/2011

Meeting Resident Coordinator's Office

Mr. Eamonn Murphy, UN Resident Coordinator a.i. (August to October 2011)

Ms. Nguyen Thi Nhu Nguyet, UN Coordination Analyst

**Cao Bang Province**

Morning, 20/10/2011

Meeting with provincial and stakeholders at Cao Bang province

Dr. Nguyen Van Le – vice director of Health Service of Cao Bang Province

Ms. Be Thi Bach – officer, expert of Health Service of Cao Bang Province

Mr. Nguyen Sinh Cung – vice director of DARD of Cao Bang Province

Ms. Nguyen Thi Chung – focal point for JP of DARD of Cao Bang Province

Ms. Tran Thi Sam Yen – Director of reproductive health department, vice director of provincial steering committee of JP.

Ms. Do Thi Chinh - Director of reproductive health department

Ms. Hoang Thi Huong – Accountant of reproductive health department

Afternoon, 20/10/2011

Meeting with commune health center of Le Chung commune

Ms. Chu Thi Hoan – chief of commune health center

Ms. Pham Thi Nho – nutrition facilitator of commune health center

Ms. Hoang Thi Sinh – village health worker

Ms. Doan Thi Oanh - village health worker

Ms. Hoang Thi Uoc – mother with 2 month old child

Ms. Tran Thi Toan – mother with 7 month old child

Meeting with agricultural extension worker of Le Chung commune

Mr. Le Van Truc – expert of NOMAFSI

Mr. Hoang Van Tuan – commune extension worker

Meeting with provincial hospital

Dr. Hoang Minh Nghia – director of provincial hospital

Dr. Bui Thi Trang – chief of pediatric Department

Dr. Nguyen Thi Dien – Chief of Obstetric Department

Morning, 24/10/2011

Meeting with district hospital Hoa An

Director of District Hospital

Representative Office agriculture district level

Extension worker

**An Giang Province**

Morning, 24/10/2011

Meeting with An Giang Health Department and stakeholders

Dr. Trinh Huu Tho – vice director of Health Service of An giang Province  
Dr. Pham Thi Son – officer, expert of Health Department of An giang Province  
Ms. Huynh Minh Trang – focal point for JP, expert of DARD of An giang Province  
Ms. Pham Thi Ngai – expert, crop protection department of DARD of An giang Province  
Mr. Le Minh Uy- Director of Food hygiene and food safety of Health Department of An giang Province  
Mr. Huynh Thao Truong – Vice Director of reproductive health department, vice director of provincial steering committee of JP.  
Mr. Huynh Van Nen - Director of health communication and education department

Meeting with An giang province hospital

Dr. Huynh Thi Cam Nhung – officer of planning department  
Dr. Tran Thi Phuong Loan – chief of obstetric department  
Ms. Do Thi Tuong Van – nurse of obstetric department

Meeting with vice chairman of people committee of An giang province

Mr. Huynh Van Hiep

Morning, 25/10/2011

Meeting with Phu Tan district hospital

Dr. Truong Tan Thanh – vice director of hospital  
Dr. Phan Kim Chung – chief of planning department  
Dr. Huynh Thi Bich Thuy – Chief of obstetric department  
Dr. Pham Thanh Tam – director of district health center  
Ms. Dinh Thi Bich Van – nurse, reproductive health unit of district health center

Meeting with BF support group at Binh Thanh Dong commune

Mr. Le Van Vinh – vice chairman of commune people committee  
Mr. Ngo Tuy Su – director of commune health center  
Dr. Nguyen Thi Ngoc Phuong – vice director of commune health center  
Ms. Vo Thi Hue – nurse of commune health center  
Ms. Bui Thi Diem Thuy – nurse of commune health center  
Group of mothers : 6 mothers  
Group of nutrition collaborators: 5 persons

Morning, 26/10/2011

Meeting with WHO team in JP

Ms. Omella Lincetto – Program Office  
Ms. Gil Julita – Health Officer, WHO  
Ms. Hoang Thi Bang – Programme Officer, WHO

Afternoon, 26/10/2011

Meeting with UNICEF team in JP

Mr. Roger Marthisen – Nutrition Specialist, UNICEF  
Ms. Do Hong Phuong – Health and Nutrition Officer, UNICEF

Dr. Nguyen Dinh Quang – officer, Angiang child friendly program  
Mr. Rajen Kumar Sharma – Chief of provincial child friendly programme  
Representative of Administrative and financial department

Meeting with Deputy representative of UNICEF Hanoi  
Mr. Jean Dupraz

Afternoon, 27/10/2011

Meeting with FAO team and MARD JP Coordinator  
Mr. Nguyen Quoc Manh - expert of CPD, PMU member  
Ms. Nguyen Thi Huong – JP Coordinator, FAO  
Mr. Vu Ngoc Tien, Assistant FAO Representative

**Annex IV**  
**GENERIC TERMS OF REFERENCE FOR THE MID-TERM EVALUATION OF CHILDREN FOOD SECURITY AND NUTRITION JOINT PROGRAMMES**

**General Context: The MDGF and the Children Food Security and Nutrition**

In December 2006, the UNDP and the Government of Spain signed a major partnership agreement for the amount of €528 million, with the aim of contributing to progress on the MDGs and other development goals through the United Nations System. In addition, on 24 September 2008 Spain pledged €90 million towards the launch of a thematic window on Childhood and Nutrition. The MDG Achievement Fund (MDGF) supports countries in their progress towards the Millennium Development Goals and other development goals by funding innovative programmes that have an impact on the population and potential for duplication. The MDGF operates through the UN teams in each country, promoting increased coherence and effectiveness in development interventions through collaboration among UN agencies. The Fund uses a joint programme mode of intervention and has currently approved 128 joint programmes in 49 countries. These reflect eight thematic windows that contribute in various ways towards progress on the MDGs.

With US\$134.5 million allocated to 24 joint programmes, this area of work represents almost 20% of the MDG-F's work. Our efforts contribute to achieving the MDG goals of reducing child mortality and eradicating extreme poverty and hunger.

Interventions range from providing low cost nutritional packages that can save lives and promote healthy development to engaging with pregnant and lactating mothers ensuring they are healthy and aware of key nutrition issues. Advocacy for mainstreaming children's right to food into national plans and policies is also a key element of the fight against under nutrition.

The 24 joint programmes encompass a wide range of subjects and results. Nevertheless, certain similar underlying characteristics can be identified across most of these joint programmes. The majority of the programmes in the window seek to contribute to (1) directly improving the nutrition and food security of the population, particularly children and pregnant women, and (2) strengthening the government's capacity to know about and plan for food security and nutrition problems. Most of the other outcomes fit in these two themes, broadly defined. For example, improving food security and increasing the supply of nutritious foods with agricultural interventions is directly related to the first outcome, reducing food insecurity and malnutrition. Similarly, many Joint Programs propose improving policies on foods security, either through mainstreaming into general policies or through the revision of current policies on food security.

The beneficiaries of the Joint Programs are of three main types. Virtually all joint programs involve supporting the government, at the national and/or local levels. Many programs also directly target children and/or pregnant women, who are the most vulnerable to malnutrition and food insecurity. Finally, many programs also benefit the health sector, which is at the forefront of the fight against, and treatment of, malnutrition.

**The following points should be provided by the joint programme team**

- Describe the joint programme, programme name and goals; include when it started, what outputs and outcomes are sought, its contribution to the MDGs at the local and national levels, its duration and current stage of implementation.

## 2. OVERALL GOAL OF THE EVALUATION

One of the roles of the Secretariat is to monitor and evaluate the MDGF. This role is fulfilled in line with the instructions contained in the Monitoring and Evaluation Strategy and the Implementation Guide for Joint Programmes under the Millennium Development Goals Achievement Fund. These documents stipulate that all joint programmes lasting longer than two years will be subject to a mid-term evaluation.

Mid-term evaluations are formative in nature and seek **to generate knowledge, identifying best practices and lessons learned and improve implementation of the programmes during their remaining period of implementation.** As a result, the conclusions and recommendations generated by this evaluation will be addressed to its main users: the Programme Management Committee, the National Steering Committee and the Secretariat of the Fund.

## 3. SCOPE OF THE EVALUATION AND SPECIFIC GOALS

The mid-term evaluation will use an expedited process to carry out a systematic, fast-paced analysis of the design, process and results or results trends of the **joint programme**, based on the scope and criteria included in these terms of reference. This will enable conclusions and recommendations for the joint programme to be formed within a period of approximately four months.

**The unit of analysis or object of study for this mid-term evaluation is the joint programme**, understood to be the set of components, outcomes, outputs, activities and inputs that were detailed in the joint programme document and in associated modifications made during implementation.

This mid-term evaluation has the following **specific objectives**:

1. To discover the programme's **design quality and internal coherence** (needs and problems it seeks to solve) and its external coherence with the UNDAF, the National Development Strategies and the **Millennium Development Goals**, and find out the degree of national ownership as defined by the Paris Declaration and the Accra Agenda for Action.
2. To understand how the joint programme **operates** and assess the **efficiency of its management model** in planning, coordinating, managing and executing resources allocated for its implementation, through an analysis of its procedures and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations in inter-agency tasks within the **One UN** framework.
3. To identify the programme's **degree of effectiveness** among its participants, its contribution to the objectives of the Children Food Security and Nutrition **thematic window**, and the Millennium Development Goals at the local and/or country level.

## 4. EVALUATION QUESTIONS, LEVELS AND CRITERIA

The main users of the evaluation represented in the evaluation reference group (Section 8 of the TOR), and specifically the coordination and implementation unit of the joint programme, are responsible for contributing to this section. Evaluation questions and criteria may be added or modified up to a reasonable limit, bearing in mind the viability and the limitations (resources, time, etc.) of a quick interim evaluation exercise.

The evaluation questions define the information that must be generated as a result of the evaluation process. The questions are grouped according to the criteria to be used in assessing

and answering them. These criteria are, in turn, grouped according to the three levels of the programme.

### **Design level**

- **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, the Millennium Development Goals and the policies of associates and donors.**
  - a) To what extent the identification of the problems, inequalities and gaps, with their respective causes, clear in the joint programme?
  - b) To what extent the Joint Programme take into account the particularities and specific interests of women, children in minorities and ethnic groups in the areas of intervention?
  - c) To what extent has the intervention strategy been adapted to the areas of intervention in which it is being implemented? What actions does the programme envisage, to respond to obstacles that may arise from the political and socio-cultural context?
  - d) To what extent were the monitoring indicators relevant and do they meet the quality needed to measure the outputs and outcomes of the joint programme?
  - e) To what extent has the MDG-F Secretariat contributed to raising the quality of the design of the joint programmes?
  
- **Ownership in the design: national social actors' effective exercise of leadership in the development interventions**
  - a) To what extent do the intervention objectives and strategies of the Joint Programme respond to national and regional plans?
  - b) To what extent have the country's national and local authorities and social stakeholders been taken into consideration, participated, or have become involved, at the design stage of the development intervention?

### **Process level**

- **Efficiency: The extent to which the resources/inputs (funds, time etc.) have been turned into results**
  - a) How well does the joint programme's management model – that is, its tools, financial resources, human resources, technical resources, organizational structure, information flows and management decision-making – contribute to generating the expected outputs and outcomes?
  - b) To what extent are the participating agencies coordinating with each other and with the government and civil society? Is there a methodology underpinning the work and internal communications that contributes to the joint implementation?
  - c) To what extent are there efficient mechanisms for coordination that prevent counterparts and beneficiaries from becoming overloaded?
  - d) To what extent does the pace of implementing programme outputs ensure the completeness of the joint programme's results? How do the different components of the joint programme interrelate?
  - e) To what extent work methodologies, financial tools etc. shared among agencies and among joint programmes are being used?
  - f) To what extent more efficient (sensitive) and appropriate measures been adopted to respond to the political and socio-cultural context identified?



- g) How conducive are current UN agency procedures to joint programming? How can existing bottlenecks be overcome and procedures further harmonized?

**- Ownership in the process: National social actors' effective exercise of leadership in the development interventions**

- a) To what extent have the target population and the participants taken ownership of the programme, assuming an active role in it?  
b) To what extent have national public/private resources and/or counterparts been mobilized to contribute to the programme's goals and impacts?

**Results level**

**- Efficacy: Extent to which the objectives of the development intervention have been met or are expected to be met, taking into account their relative importance.**

- a) To what extent is the joint programme contributing to the attainment of the development outputs and outcomes initially expected /stipulated in the programme document?
1. To what extent and in what ways is the joint programme contributing to the Millennium Development Goals at the local and national levels?
  2. To what extent and in what ways is the joint programme contributing to the goals set in the thematic window?
  3. To what extent (policy, budgets, design, and implementation) and in what ways is the joint programme contributing to improve the implementation of the principles of the Paris Declaration and Accra Agenda for Action?
  4. To what extent and in what ways is the joint programme contributing to the goals of delivering as one at country level?
- b) To what extent are joint programme's outputs and outcomes synergistic and coherent to produce development results?`
- c) To what extent is the joint programme having an impact on the targeted citizens?
- d) Are any good practices, success stories, lessons learned or transferable examples been identified? Please, describe and document them
- e) What types of differentiated effects are resulting from the joint programme in accordance with the sex, race, ethnic group, rural or urban setting of the beneficiary population, and to what extent?
- f) To what extent is the joint programme contributing to the advance and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc)
- g) To what extent is the joint programme helping to increase stakeholder/citizen dialogue and or engagement on development issues and policies?
- h) To what extent is the joint programme having an impact on national ownership and coordination among government entities?

**Sustainability: The probability that the benefits of the intervention will continue in the long term.**

- a) Are the necessary premises occurring to ensure the sustainability of the impacts of the joint programme?  
At local and national level:
- i. Is the programme supported by national and/or local institutions?
  - ii. Are these institutions showing technical capacity and leadership commitment to keep working with the programme and to repeat it?

- iii. Have operating capacities been created and/or reinforced in national and local partners?
- iv. Do the partners have sufficient financial capacity to keep up the benefits produced by the programme?
- v. Is the duration of the programme sufficient to ensure a cycle that will ensure the sustainability of the interventions?
- vi. have networks or network institutions been created or strengthened to carry out the roles that the joint programme is performing?
- b) To what extent are the visions and actions of partners consistent with or different from those of the joint programme?
- c) In what ways can governance of the joint programme be improved so as to increase the chances of achieving sustainability in the future?

#### **Country level**

- d) During the analysis of the evaluation, what lessons have been learned, and what best practices can be transferred to other programmes or countries?
- e) To what extent and in what way is the joint programme contributing to progress towards the Millennium Development Goals in the country?
- f) To what extent and in which ways are the joint programmes helping make progress towards United Nations reform? One UN
- g) How have the principles for aid effectiveness (ownership, alignment, managing for development results and mutual accountability) been developed in the joint programmes?
- h) To what extent is the joint programme helping to influence the country's public policy framework?

### **5. METHODOLOGICAL APPROACH**

The mid-term evaluation will use an international consultant, appointed by MDG-F, as the Evaluator to conduct the evaluation and a locally hired consultant who will support the Evaluator by providing information about local context such as institutions, protocol, traditions, etc. and assist with translation of key meetings/ interviews during the mission as needed. It is the sole responsibility of the Evaluator to deliver the inception, draft final and final reports.

The Evaluator will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR, the availability of resources and the priorities of stakeholders. In all cases, the Evaluator is expected to analyse all relevant information sources, such as annual reports, programme documents, internal review reports, programme files, strategic country development documents and any other documents that may provide evidence on which to form opinions. The Evaluator is also expected to use interviews as a means to collect relevant data for the evaluation.

The methodology and techniques to be used in the evaluation should be described in detail in the inception report and the final evaluation report, and should contain, at a minimum, information on the instruments used for data collection and analysis, whether these be documents, interviews, field visits, questionnaires or participatory techniques.

### **6. EVALUATION DELIVERABLES**

The Evaluator is responsible for submitting the following deliverables to the Secretariat of the MDGF:

**Inception Report** (to be submitted within seven days of the submission of all programme documentation to the Evaluator)

This report will be 5 to 10 pages in length and will propose the methods, sources and procedures to be used for data collection. It will also include a proposed timeline of activities and submission of deliverables. The inception report will propose an initial theory of change to the joint programme that will be used for comparative purposes during the evaluation and will serve as an initial point of agreement and understanding between the Evaluator and the evaluation managers. The Evaluator will also share the inception report with the evaluation reference group to seek their comments and suggestions.

**Draft Final Report** (to be submitted within 10 days of completion of the field visit)

The draft final report will contain the same sections as the final report (described in the next paragraph) and will be 20 to 30 pages in length. This report will be shared among the evaluation reference group. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The MDGF Secretariat will share the draft final report with the evaluation reference group to seek their comments and suggestions.

**Final Evaluation Report** (to be submitted within seven days of receipt of the draft final report with comments)

The final report will be 20 to 30 pages in length. It will also contain an executive report of no more than 5 pages that includes a brief description of the joint programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings, conclusions and recommendations. The MDGF Secretariat will send the final report to the evaluation reference group. This report will contain the following sections at a minimum:

1. Cover Page
2. Introduction
  - Background, goal and methodological approach
  - Purpose of the evaluation
  - Methodology used in the evaluation
  - Constraints and limitations on the study conducted
3. Description of interventions carried out
  - - Initial concept
  - - Detailed description of its development: description of the hypothesis of change in the programme.
4. Levels of Analysis: Evaluation criteria and questions
5. Conclusions and lessons learned (prioritized, structured and clear)
6. Recommendations
7. Annexes