



EVALUATION OF THE UNITED
NATIONS JOINT PROGRAMME
ON INTEGRATED NUTRITION
AND FOOD SECURITY
STRATEGIES FOR CHILDREN
AND VULNERABLE GROUPS IN
VIET NAM (PHASE II)

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August 10, 2017

FINAL REPORT TO FAO- VIET NAM

Table of Contents

Executive Summary	i
I. Introduction.....	1
II. Methodology.....	2
A. Evaluation Questions	2
B. Data Collection.....	4
III. Objectives and Theory Behind the JP	5
JP Theory of Change	7
IV. Programme Implementation	11
A. Financial Contributions.....	11
B. Programme Structures and National Ownership.....	13
C. Implementation of Programme Activities by UN Entities	14
i. FAO.....	15
ii. WHO	17
iii. UNICEF.....	18
iv. UN Women.....	22
v. Organization of Activities	23
V. Results.....	25
A. Policy Environment.....	25
B. Assessment of JP's Impact on Child Feeding Practices	26
C. Assessment of Health Outcomes	29
D. Impact on Food Availability	31
VI. Conclusions.....	33
VII. Recommendations	35
Appendix A: List of Documents Reviewed.....	36
Appendix B: List of Stakeholders and Key Informants	39

List of Tables

Table 1: Timeline of Specific Activities.....	24
Table 2: Policy Outcomes	25
Table 3: Lao Cai Mothers' Knowledge of Appropriate Breastfeeding Practices, Baseline vs. Endline	26

Table 4: Ninh Thuan Mothers' Knowledge of Appropriate Breastfeeding Practices, Baseline vs. Endline.....	28
Table 5: Nutrition Status of Children < 5 Years of Age in Two Ninh Thuan Communities	29
Table 6: Anthropometric Measures of Children Younger than 5 Years of Age in Two Communes in Lao Cai Province.....	30
Table 7: Sources of Cash Used for Purchasing Food in Surveyed Households.....	31
Table 8: Household Gardening in Two Ninh Thuan Communes.....	32
Table 9: Applied Seed Quantity by Commune in JP.....	32

List of Figures

Figure 1: Joint Programme Implementation Areas and Communes Visited	4
Figure 2: Levinson and Balarajan's Conceptual Framework for Child Malnutrition.....	7
Figure 3: JP Theory of Change	8
Figure 4: Child Feed Clubs, Structure and Theory.....	11
Figure 5: Implementation Timeline	14

Acknowledgments

The evaluation team would like to thank a number of people and entities that made this programme and its evaluation possible. The UN Country Team in Viet Nam organized the evaluation. We thank parents who participated in the Child Feeding Clubs for sharing their experiences with the team. The staff at communes visited were also generous with their time. The provincial level officials in both Lao Cai and Ninh Thuan were very forthcoming and gracious. Staff at the Ministry of Health, the Ministry of Agriculture and Rural Development, the National Institute of Nutrition, the Department of Maternal and Child Health at the Ministry of Health and Department of Crops Production at the Ministry of Agriculture and Rural Development were also generous with their time. The team also thanks the staff of the United Nations entities involved, including Ms. Chu Kim Oanh and especially Mr. Nguyen Minh Nhat for organizing the evaluation.

Executive Summary

Evaluation of the United Nations Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (Phase II)

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August 2017

Decreasing childhood stunting remains a challenge for Viet Nam. Despite considerable progress in addressing malnutrition, national nutrition surveillance data show that in 2015, among Vietnamese children under the age of 5, 24.6% had stunted growth and 14.1% were underweight.¹ As Viet Nam continues on its development path, the height of its people becomes symbolic of progress made. “Nutrition indicators, particularly the rate of stunting, should be considered a socioeconomic development indicator for the nation, as well as each locality.”²

To improve child nutrition and increase the food security of vulnerable populations in Viet Nam, the United Nations designed the Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (Phase II), hereafter referred to as the Joint Programme (JP). The overall objective of the JP is to support the development and implementation of integrated nutrition and food security strategies, policies, and data to meet the equitable targets set in the National Nutrition Strategy and National Food Security Strategy. Principles of the National Nutrition Strategy include that “Nutrition activities should involve multiple sectors...” and “Priority should be given to poor, disadvantaged areas and ethnic minority groups, and for mothers and small children.”³ The JP specifically focuses on such populations and stresses policy and advocacy for globally recommended nutrition-specific and nutrition-sensitive policies and standards, development of institutional capacity and systems, and generating evidence about effectiveness and progress.

The JP built on the evolution of joint programming that has occurred between UN entities⁴ and particularly on the experience and recommendations from the final evaluation of the previous MDG-F supported joint programmes on Integrated Nutrition and Food Security strategies in Viet Nam (Phase I).

The JP’s total programme budget was \$3.33 million, with 45% of the budget provided by the Sustainable Development Goals Fund (SDG-F). The JP started in earnest on September 2015 under the framework of the One Plan 2012-2016, with the Vietnamese government’s decision number

¹ <http://viendinhduong.vn/viewpdf.aspx?n=/2016/TL%20SDD%202015.pdf>

² Prime Minister, Socialist Republic of Viet Nam. February 2012. *National Nutrition Strategy for 2011-2020, With a Vision Toward 2030*. Medical Publishing House: Hanoi, Viet Nam. P. 5.

³ *National Nutrition Strategy for 2011-2020*, p. 1.

⁴ Include examples of other joint programmes.

1275/QĐ-TT on 7 August 2015 endorsing a program on integrated nutrition and food security strategies for children and vulnerable groups in Viet Nam. In decision number 3943/QĐ - BYT (22 September 2015), the Minister of Health (MOH) approved the JP and its two- year work plan.

The JP focused on three levels of activities. Nationally, it aimed to support improvements in the food security policy framework. Using two heterogeneous provinces with minority populations and high levels of stunting (Lao Cai, a mountainous province in the northeast and Ninh Thuan, a coastal province in south central Viet Nam) the JP piloted activities aimed to ultimately improve the nutritional status of participating communities. The activities can be characterized broadly under the rubrics of agriculture and health. The results of the pilots are to increase knowledge around best practices in reducing food insecurity and child malnutrition.

To evaluate the JP, the FAO created an evaluation team consisting of an international evaluator and a national nutrition expert. The evaluation is intended “to promote accountability, organizational learning, stocktaking of achievements, performance, impacts, good practices and lessons learnt from implementation towards SDGs.” Specifically, the evaluation:

- a. Informs about the extent to which the joint programme contributed to solving the needs and problems identified in the design phase;
- b. Determines the joint programme’s degree of implementation, efficiency, and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised;
- c. Determines the extent to which the JP attained the results originally foreseen in project documents;
- d. Informs on the JP’s impact or potential impact on the achievement of the SDGs; and
- e. Identifies and documents substantive lessons learned and good practices on thematic areas and crosscutting issues including gender, sustainability and public-private partnerships.

The evaluation found that because the amount of time it took for the governmental decisions to be made and the structures to be built exceeded the time allocated for such in the JP’s plans, the time for JP implementation was shorter than anticipated. Rather than there being in excess of 18 months for implementation, in practice, there were only 18 months in which the programme could possibly be implemented. The period of implementation at the provincial level, though, in Lao Cai and Ninh Thuan for the agricultural model was 13 months and for the nutrition intervention (Child Feeding Club) was only 12 months. On the positive side, the JP was able to reduce some start-up time because it relied upon an existing PMU that had existed for UNICEF activities in Lao Cai and Ninh Thuan provinces. These pre-existing PMUs contributed to the rationale for selecting these two provinces in the JP.

The JP was to “be implemented as part of the One UN Plan and coordinated within the framework of the UN Joint Programming Groups on Health and Climate Change and Environment/UN Disaster Risk Management Team. The programme priorities have been determined by the National Strategies for Nutrition and Food Security and will be further guided by the multi-sectoral strategies

Viet Nam has committed to with the recent membership of the Scaling-Up Nutrition (SUN) Movement in 2014.”⁵

The JP was very well designed and its implementation was thorough. From the start, by having a strong, inclusive programme planning process, the programme seemed to earn respect and be a priority of national, regional, and local officials. The JP’s Programme Document was well-written and clearly explained aspects of the programme and the responsibilities of participating organizations. Having a detailed programme document allowed organizations to see how their role would be implemented and the importance of their role.

The programme’s Theory of Change is strong and it is likely that given time, the programme’s effects will ripple throughout the population, both through formal channels such as MARD providing farmers who have implemented innovations with opportunities to present their experiences to other farmers, and through informal social networks. The programme’s joint focus on health and food production is appropriate and ultimately will have an impact on child stunting.

The evaluation team examined what each UN-entity delivered on in comparison with what it was obligated to do. Examining the activities that FAO performed, the evaluation team found that FAO successfully delivered on all activities delineated in the Programme Document. Also, the sum of WHO’s activities show that WHO delivered on all of the activities promised in the Programme Document. There is evidence that UNICEF successfully fulfilled its JP role and expectations. UNICEF’s work occurred both nationally (e.g., at the policy level) and locally (e.g., at the programme level in communes). The evaluation team found that UN Women successfully delivered on most of its obligated JP activities. However, it faced challenges with respect to the gender assessment.

With respect to sustainability, the programme built organizational structures that will last. In supporting policy development and convening different actors, the programme created an environment that will allow for further policy development, both in the food security arena, but also likely extending to other social support initiatives. In the training arena, local officials informed the evaluation team that the development of materials, both on the health and the agricultural side, will allow regional and local governments to continue to offer training after the JP’s cessation. The creation of curriculum that can be shared and tweaked to allow for local differences contributes to the sustainability of the impact of the JP.

One learning aspect of the JP was the amount of time it took to actually launch the programme. Governmental approvals, which are necessary, took longer than anticipated, causing the programme to have a more condensed timeline than originally anticipated.

The timing of the evaluation had two sides. On one hand, it allowed for the evaluators to observe aspects of the programme prior to the programme’s complete dissolution. While the evaluators were able to visit two Child Feeding Clubs, it was clear that the meetings of those clubs were done

⁵ Programme Document, p. 9.

on a special basis, making it unclear to the evaluation team whether they in fact were observing the programme as it was delivered to beneficiaries. However, what the team observed was an effective way of delivering information to and encouraging change among participants. The evaluation team visited some homes that received intensive training. One challenge that the team faced was the unavailability of some documents in English. Having a national evaluator on the evaluation team was critical in overcoming this challenge.

Determining the true impact of the JP is difficult in some respects. Certainly, the impact on policies and planning was realized. In many respects, the JP buttressed the role and activities of government. In the absence of the JP, it is unclear how effective government may have been in addressing the food security of households in the targeted areas.

However, events and interventions occurred concurrent to the JP. For example, there had been a drought in Ninh Thuan province that may have masked the impact of the JP. Also, in Viet Nam, there are other organizations working on similar issues. Food security and improving child nutrition in Viet Nam is a priority of some international NGO's. It may not be possible to strictly delineate the capacity-building that may have occurred through the efforts of others from those of the JP. One great benefit of the JP and the UN team's involvement in it was the JP's ability to utilize existing structures and encourage them to prioritize the nutritional needs of young children. Certainly, having the UN behind the JP brings clout to the issue that other NGOs do not have.

Quantitative survey results highlighted in the report suggest that the JP had an impact on the populations in communes in the two targeted with respect to nutritional status, food security, and child anthropometric measures. While the JP focused on communities with high levels of child stunting, rural communities that have high levels of borrowing money to purchase food are also in high need of assistance in increasing food security. It is likely that such communities would benefit greatly from the agricultural interventions that the JP offered. To improve future programming, the evaluation team makes the following recommendations.

Recommendations

1. IN FUTURE JOINT PROGRAMMES IN VIET NAM, APPROPRIATE BACKPLANNING SHOULD OCCUR TO ALLOW TIME FOR ALL OF THE NECESSARY GOVERNMENTAL DECISIONS AND STRUCTURES TO BE FORMED AND TO CREATE A WORKPLAN WITH A REALISTIC TIMELINE.
2. THE PROGRAMME SHOULD BE SCALED UP TO MORE RURAL COMMUNITIES THAT HAVE HIGH LEVELS OF CHILD STUNTING.
3. FAO SHOULD ADVOCATE THAT THE AGRICULTURAL INTERVENTIONS THAT THE JP OFFERED BE OFFERED TO ALL RURAL COMMUNITIES THAT HAVE HIGH LEVELS OF HOUSEHOLDS BORROWING MONEY TO PURCHASE FOOD.
4. THE UN COUNTRY TEAM SHOULD TRY TO FIND SUPPORT TO CONTINUE INVOLVEMENT IN THE INITIATIVE.

5. FAO AND LOCAL GOVERNMENT SHOULD ASSURE THAT THE PILOT HOUSEHOLDS THAT RECEIVED THE INTENSIVE AGRICULTURAL INTERVENTIONS ARE SUPPORTED IN DISSEMINATING THEIR EXPERIENCES AND KNOWLEDGE TO OTHER FARMERS.
6. UNICEF SHOULD ASSURE THAT THERE IS FOLLOW-UP WITH CHILD FEEDING CLUB PARTICIPANTS SO THAT THOSE WHO WANT TO SHARE THEIR EXPERIENCE AND KNOWLEDGE WITH OTHER WOMEN ARE SUPPORTED IN DOING SO.
7. THE CHILD FEEDING CLUBS SHOULD TARGET AND DO OUTREACH TO PERSONS WHO CARE FOR CHILDREN BEYOND MOTHERS. THERE SHOULD ALSO BE MORE TRAINING ON COMMUNICATION AND TRAINING SKILLS TO CHILD FEED CLUB INSTRUCTORS.
8. GENDER TRAINING SHOULD OCCUR EARLY IN A PROGRAMME'S TIMESPAN AND THERE SHOULD BE FOLLOW-UP ON HOW A GENDER EQUITY PERSPECTIVE IMPACTED THE PROGRAMME DESIGN.
9. THERE SHOULD BE MORE FOCUS ON PUBLIC-PRIVATE PARTNERSHIPS TO ASSURE THE SUSTAINABILITY OF THE PROGRAMME.
10. THE GOOD PRACTICES OBSERVED IN THE JOINT PROGRAMME, INCLUDING UNCT SUPPORT TO ALL LEVELS AND SUPPORT FROM THE NATIONAL TO REGIONAL AND LOCAL GOVERNMENT SHOULD BE REPLICATED IN OTHER PROGRAMMES.

Evaluation of the United Nations Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (Phase II)

August 8, 2017

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I. Introduction

Decreasing childhood stunting remains a challenge for Viet Nam. Despite considerable progress in addressing malnutrition, national nutrition surveillance data show that in 2015, among Vietnamese children under the age of 5, 24.6% had stunted growth and 14.1% were underweight.⁶ Child malnourishment not only impacts individuals' life possibilities but its presence impacts national pride. As Viet Nam continues on its development path, the height of its people becomes symbolic of progress made. "Nutrition indicators, particularly the rate of stunting, should be considered a socioeconomic development indicator for the nation, as well as each locality."⁷

To improve child nutrition and increase the food security of vulnerable populations in Viet Nam, the United Nations designed the Joint Programme on Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Viet Nam (Phase II), hereafter referred to as the Joint Programme (JP). The JP is supported in part by the Sustainable Development Goals Fund (hereafter SDGF) and builds on the evolution of joint programming that has occurred between UN entities⁸ and particularly on the experience and recommendations from the final evaluation of the previous MDG-F supported joint programmes on Integrated Nutrition and Food Security strategies in Viet Nam (Phase I). One clear lesson learned from Phase I was the value of the UN-team working jointly and building on the value-added of each UN entity.

The JP started in earnest on September 2015 under the framework of the One Plan 2012-2016, with the Vietnamese government's decision number 1275/QĐ-TT on 7 August 2015 endorsing a program on integrated nutrition and food security strategies for children and vulnerable groups in Viet Nam. In decision number 3943/QĐ - BYT (22 September 2015), the Minister of Health (MOH) approved the JP and its two-year work plan.

The overall objective of the JP is to support the development and implementation of integrated nutrition and food security strategies, policies, and data to meet the equitable targets set in the National Nutrition Strategy and National Food Security Strategy. Principles of the National Nutrition Strategy include that "Nutrition activities should involve multiple sectors..." and "Priority should be given to poor, disadvantaged areas and ethnic minority groups, and for mothers and small children."⁹ The JP specifically focuses on such populations and stresses policy and advocacy for globally recommended nutrition-specific and nutrition-

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⁷ Prime Minister, Socialist Republic of Viet Nam. February 2012. *National Nutrition Strategy for 2011-2020, With a Vision Toward 2030*. Medical Publishing House: Hanoi, Viet Nam. P. 5.

⁸ Include examples of other joint programmes.

⁹ *National Nutrition Strategy for 2011-2020*, p. 1.

sensitive policies and standards, development of institutional capacity and systems, and generating evidence about effectiveness and progress.

The JP focused on three levels of activities. Nationally, it aimed to support improvements in the food security policy framework. Using two heterogeneous provinces with minority populations and high levels of stunting (Lao Cai, a mountainous province in the northeast and Ninh Thuan, a coastal province in south central Viet Nam) the JP piloted activities aimed to ultimately improve the nutritional status of participating communities. The activities can be characterized broadly under the rubrics of agriculture and health. The results of the pilots are to increase knowledge around best practices in reducing food insecurity and child malnutrition.

The JP's evaluation assesses the progress to date on its planned activities using available information regarding tentative progress towards the JP's goals. The JP's evaluation concurs with the SDGF's principle of full transparency and accountability. The evaluation reviews the JP's accomplishments and provides recommendations on how future work on food security and child malnutrition could be better designed and implemented. The lessons learned from the JP should allow for the creation of more practical and effective national policies.

II. Methodology

To carry out the evaluation, the FAO created an evaluation team consisting of an international evaluator and a national nutrition expert. The evaluation is intended “to promote accountability, organizational learning, stocktaking of achievements, performance, impacts, good practices and lessons learnt from implementation towards SDGs.” Specifically, the evaluation is to:

- f. Inform about the extent to which the joint programme contributed to solving the needs and problems identified in the design phase;
- g. Determine the joint programme's degree of implementation, efficiency, and quality delivered on outputs and outcomes, against what was originally planned or subsequently officially revised;
- h. Determine the extent to which the JP attained the results originally foreseen in project documents;
- i. Inform on the JP's impact or potential impact on the achievement of the SDGs; and
- j. Identify and document substantive lessons learned and good practices on thematic areas and crosscutting issues including gender, sustainability and public-private partnerships.

A. Evaluation Questions

The evaluation considers the following questions which are grouped under the broader evaluation criteria of relevance, effectiveness, efficiency, impact, and sustainability.

Relevance: The extent to which the objectives of a development intervention are consistent with the needs and interest of the people, the needs of the country and achieving the SDGs.

- i. How has the joint programme contributed to solving the needs and problems identified in the design phase, in particular with reference to the baseline situation?
- ii. To what extent was the joint programme aligned with national development strategies and the UNDAF/UNDAP?
- iii. To what extent was joint programming the best option to respond to development challenges described in the programme document?

- iv. To what extent are the objectives of the joint programme still valid in the context of national policy objectives and SDGs?
- v. To what extent have the implementing partners participating in the joint programme contributed added value to solve the development challenges stated in the programme document?

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

- vi. To what extent did the joint programme attain the development outputs and outcomes described in the programme document?
- vii. What good practices, success stories, lessons learnt and replicable experiences have been identified?
- viii. To what extent has the joint programme contributed to the advancement and the progress of fostering national ownership processes and outcomes (the design and implementation of National Development Plans, Public Policies, UNDAF, etc.)
- ix. To what extent did the joint programme help to increase stakeholder/citizen dialogue and or engagement on development issues and policies?

Efficiency: Extent to which resources/inputs (funds, time, human resources, etc.) have been turned into results.

- x. To what extent was the joint programme’s management model (governance and decision- making structure, i.e. lead agency, Joint Programme Coordinator, Programme Management Committee and National Steering Committee, financial management and allocation of resources, i.e. one work plan, one budget) efficient in comparison to the development results attained?
- xi. To what extent were joint programme’s outputs and outcomes synergistic and coherent to achieve better results when compared to single-agency interventions? What efficiency gains/losses were there as a result?
- xii. What type of work methodologies, financial instruments, and business practices did the implementing partners use to promote/improve efficiency?
- xiii. What type of (administrative, financial and managerial) obstacles did the joint programme face and to what extent have these affected its efficiency?

Impact – Positive and negative effects of the intervention on development outcomes, SDGs.

- xiv. To what extent and in what ways did the joint programme contribute to the SDGs?
- xv. To what extent and in what ways did the joint programme contribute to the targeted cross- cutting issues: gender mainstreaming and women’s empowerment, public private partnerships (PPPs), sustainability at the local and national levels and delivery as one approach in Viet Nam (DAO)?
- xvi. What impact did the matching funds have in the design, implementation and results of the joint programme?
- xvii. To what extent did the joint programme have an impact on the targeted beneficiaries? Were all targeted beneficiaries reached? Which were left out?
- xviii. What unexpected/unintended effects did the joint programme have, if any?

Sustainability: Probability of the benefits of the intervention continuing in the long term.

- xix. Which mechanisms already existed and which have been put in place by the joint programme to ensure results and impact, i.e. policy, policy coordination mechanisms, partnerships, networks?

- xx. To what extent has the capacity of beneficiaries (institutional and/or individual) been strengthened such that they are resilient to external shocks and/or do not need support in the long term?
- xxi. To what extent will the joint programme be replicated or scaled up at local or national levels?

Results from the evaluation should be considered by the Government when formulating Viet Nam’s next Socioeconomic Development Plan.

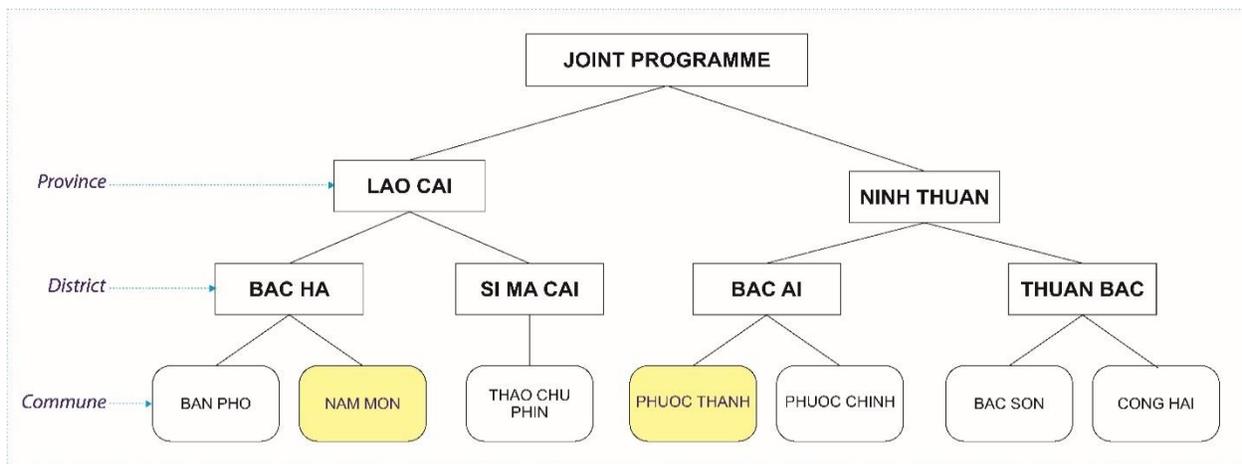
B. Data Collection

To carry out the evaluation, the evaluation team first became familiar with the programme by conducting a desk review of programme documents (see Appendix A for list). The Programme Document issued jointly by the United Nations, the Socialist Republic of Vietnam, and the Sustainable Development Fund titled “Programme Document, United Nations-Government of Vietnam: Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Vietnam (Phase II), 0091516” describes the JP in detail.

The desk review of documents included reports of baseline and endline surveys, programme implementation reports, curriculum of training courses, brochures, leaflets, etc. In total, more than 50 documents were reviewed. Many documents from the Ministry of Agricultural and Rural Development (MARD) were only available in Vietnamese.

In addition to desk review of documents, the team conducted a data collection mission in Viet Nam. Interviews and focus groups were held in Hanoi at the UN House, and also at the MOH and MARD (May 24 and 25, 2017). The team traveled to Lao Cai province (May 26 and 27, 2017) to conduct site visits, interviews, and focus groups. The team met with provincial officials from the provincial Department of Health Department of Agriculture and Rural Developments in Lao Cai and visited rural sites in Nam Mon commune where two of the agricultural modules (chicken farming and banana trees) were being implemented. It also visited a Child Feeding Club and interviewed mothers who attended.

Figure 1: Joint Programme Implementation Areas and Communes Visited



On May 29 and 30, 2017, the team traveled to Ninh Thuan province (south coastal Viet Nam) and conducted a meeting with provincial officials similar as it had in Lao Cai province. In Ninh Thuan, the team visited the commune of Phuoc Thanh. The team also conducted site visits of agricultural models being implemented--pigeon farming, fish farming, chicken raising, and vegetable gardening. The team observed a Child Feeding Club in Ninh Thuan and interviewed mothers at the club. In Ninh Thuan, translation from the language of

Ra Glai to Kinh was provided by local MOH staff. Appendix B includes a full list of persons interviewed or who participated in focus groups.

Food and Agriculture Organisation of the United Nations (FAO) and the MOH/MARD provided considerable logistical support to the evaluation team. Further, in the field, staff from United Nations (UN) entities (e.g., FAO, United Nations Children’s Fund (UNICEF)) and the MOH/MARD were present, though not intrusive, for the focus groups and site visits. Their presence was motivated by necessity (because of the substantial logistical and social considerations) and a desire to observe for themselves what the evaluation team observed. This may have impacted on the willingness of respondents to be critical of the program. To address this possibility, the evaluation team asked considerable follow-up questions, triangulated information, and conducted a subset of private interviews when possible. Copious notes were collected from the interviews and focus groups. Further, while on mission the evaluation team collected additional documents, included documents on government decisions and provincial and commune-level documents on programme activities and related data. The evaluation team feels that the field presence of FAO, MOH, and UNICEF ultimately had no impact on the evaluation of the JP in the field.

III. Objectives and Theory Behind the JP

The JP’s overall objective is to support development and implementation of integrated nutrition and food security strategies to meet the equitable targets set in the National Nutrition Strategy and National Food Security Strategy. Overall, the evaluation team found that JP successfully anticipated country needs and provided highly relevant support to the government.

To ultimately improve nutritional status of vulnerable persons, the program took three approaches.

1. Impact the policy environment and policy infrastructure around food security.
2. Improve the health status of the population through the sharing of information about nutrition, child feeding practices, and sanitation.
3. Increase the food supply available to households and communities that are food insecure or at risk of food insecurity.

The three approaches combined top-down with bottom-up strategies. Considering top-down, developing the policy environment at the national level was to impact the policy environment at the regional level and thus the commune and village levels. For the bottom-up strategy, communes in two regions were identified as exemplar places to target. The lessons learned from the experiences in these communes would impact future policy making.

The JP was expected to produce 3 outcomes which would ultimately lead to better nutritional status of the Vietnamese children:

- Outcome 1: Development and coordinated enforcement of globally recommended maternal, infant and young child nutrition, agriculture, and food security policies and standards
- Outcome 2: Development of institutional and local capacities and systems for innovative and sustainable expansion of stunting reduction and household food security interventions to enhance community resilience, particularly addressing rural women in selected provinces
- Outcome 3: Generation of evidence for policy and advocacy and climate and disaster risk informed programming.

The JP operationalizes many aspects of the UN's support to Viet Nam, as specified in the One Plan 2012-2016. First, its focus on improving food security of vulnerable sub-populations operationalizes the One Plan's emphasis on decreasing inequality and improving the well-being of minority groups. Second, the One Plan stresses mitigating the impact of climate change through diversification. The JP's dissemination of various agricultural models so farmers can diversify operationalizes this aspect of the One Plan. Third, the JP's emphasis on increasing food security among the vulnerable concurs with the emphasis of the One Plan to decrease poverty, especially multidimensional poverty.

The design of the JP concurs with best practices found elsewhere. For example, in an influential examination of nutrition interventions and their results in Peru, Brazil, and Bangladesh, Levinson and Balarajan¹⁰ drew the following conclusions:

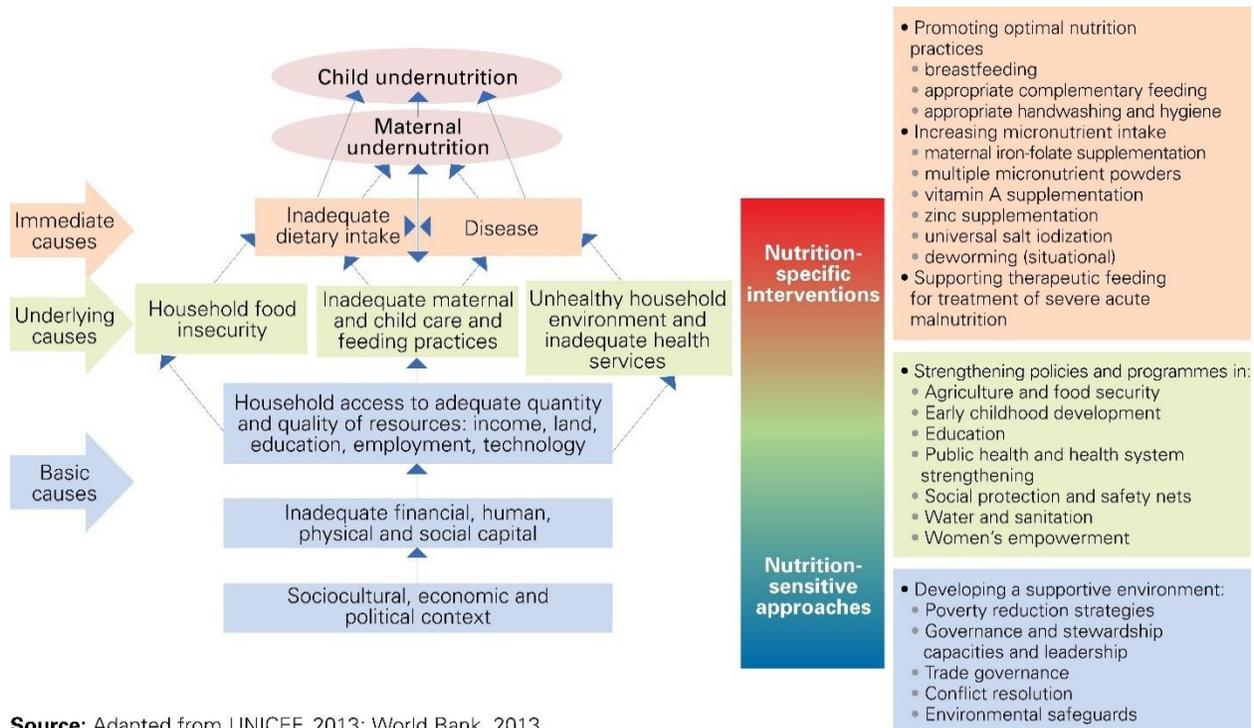
- A convergence approach, where combined nutrition-specific and nutrition-sensitive interventions are jointly targeted to vulnerable geographic areas and populations with them, yields high value;
- To encourage more proactivity and accountability at the sub-national level, it is important to have a structure of results-based incentives and accountability for local officials.
- It is important to have active and sustained involvement of civil society in malnutrition reduction efforts.

Their research “confirms the principle of ‘Plan multisectorally, implement sectorally, review multisectorally.’”¹¹ Indeed, the JP seems to have followed this principle. The JP was planned as a multisectoral approach, bringing a combination of health-oriented and agricultural-oriented interventions to different levels of society. The programme's structure of the Programme Executive Committee (PEC) and Programme Management Unit (PMU) brought together governmental actors from the MOH and MARD. Further, having a programme document that clearly specifies the role and value-added of actors and entities, including UN entities was valuable in assuring that efforts were not duplicated and the programme implementation and delivery were efficiently organized.

¹⁰ Levinson, F. James, Arline Balarajan with Alessandra Marini. August 2013. “Addressing Malnutrition Multisectorally: What Have We Learned from Recent International Experience?” UNICEF Working Paper, UNICEF and MDG Achievement Fund, New York.

¹¹ Levinson and Balarajan 2013, p. vii.

Figure 2: Levinson and Balarajan’s Conceptual Framework for Child Malnutrition



Source: Adapted from UNICEF, 2013; World Bank, 2013.

Levinson and Balarajan (2013) created a conceptual framework for child undernutrition. The JP is nearly an exemplar of their conceptual framework. According to it, the sociocultural, economic, and political contexts are positively associated with the financial, human, physical and social capital found in a population. Various forms of capital in turn are associated with household access to resources, including land, education, employment, and technology. Household resources are associated with household food security, maternal and child care and feeding practices, and the healthiness of the household environment and the household’s access to and use of health services. These factors impact both diet quality and disease prevalence and severity, which in turn impact both maternal and child nutritional status, which are directly related to stunting.

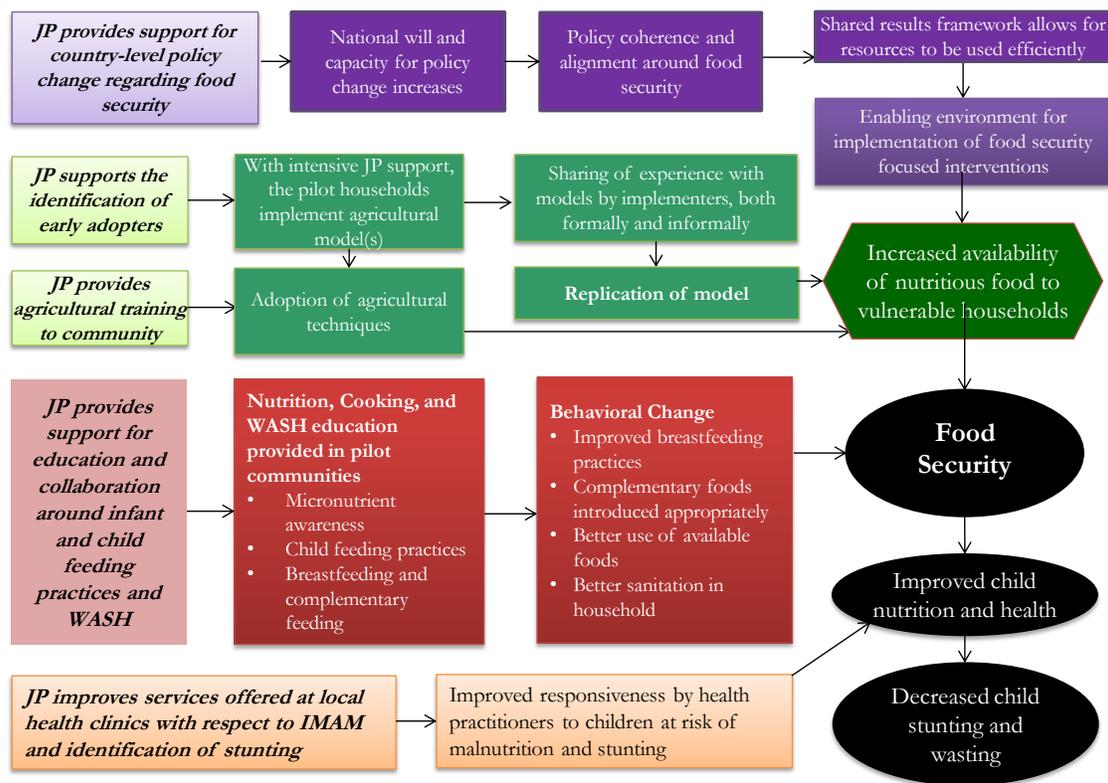
JP Theory of Change

The evaluation Team developed a Theory of Change specific to the JP based on programme documents, observation, interviews, and focus groups. In the JP’s Theory of Change, the programme operates using three approaches-- policy, agriculture, and health represented by violet, green, and red, respectively. In addition, the JP aimed to influence the quality of services and responsiveness to children who presented at risk of stunting, represented by the orange boxes at the bottom.

The JP directly provided support for policy change as well as training and support about nutrition and agricultural practices and opportunities at the regional and local levels. With respect to **policy change**, the program operates under the theory that by providing country-level support for policy change on issues that impact food security, the national will and capacity for policy change will increase, leading to greater policy coherence and alignment around food security. This will result in a shared results framework that will allow for resources directed towards food security to be used efficiently, which will result in an enabling environment for implementation of food security-focused interventions. The enabling environment will

contribute to the increased availability of nutritious food to vulnerable households, which will increase their food security.

Figure 3: JP Theory of Change



The **agricultural interventions** can be grouped in two categories-- broad training open to members of the two provinces, and targeted intensive support to persons who the JP identified as early adopters and who have the necessary resources to implement at least one of the seven agricultural models offered (intensive cultivating of maize, growing annual fruit (banana), local chicken breeding, system of rice intensification, vegetable cultivation model, soybean cultivation model, and agricultural dryers). The broad training will lead to some trainees adopting new approaches or techniques which will ultimately increase the supply of food to vulnerable households.

The intensive training and support is targeted at persons identified as early innovators. With intensive JP support, these pilot households implement the agricultural models that they are taught and supported. This will lead to them adopting the agricultural techniques and continue with them, even without JP continuous support. For those households, that will increase the availability of nutritious food.

The pilot households will share their success and experience in adopting the models formally in organized presentations, and informally with neighbors observing the success of the early innovators and wanting to replicate it themselves. The sharing by the pilot households will result in an increased availability of nutritious foods beyond the targeted households.

The JP also provides support for education and collaboration around infant and child (and infant) feeding practices and WASH. The programme assumes that this support will allow for education around nutrition, cooking, and WASH education be provided to communities that are used in the pilot. These activities increase information sharing, demonstrations, and demonstration sites in the piloted communities. For example, the Child Feeding Clubs are one way that the information is shared. It is expected that the information sharing will result in behavioral change, specifically in the areas of breastfeeding practices, the introduction of complementary foods to infants, increasing the nutrition value of foods offered to infants, toddlers, and young children, and sanitation practices in the households. All these factors will increase the food security of vulnerable households.

According to the Theory of Change, an increase in food security will improve child nutrition and health, and ultimately decrease child wasting and child stunting. This aspect of the Theory of Change is certainly borne out by the literature (e.g., WHO. 2014. Global Nutrition Targets 2025: Stunting Policy Brief (WHO/NMH/NHD/14.3). Geneva: World Health Organization.).

In addition, the JP's approach of improving local health facilities' responsiveness and treatment (including IMAM) of children and infants who are at risk of malnutrition and stunting would directly contribute to improvements in child health. The improvement of child health among such vulnerable will ultimately reduce child stunting and wasting.

The evaluation team finds the Theory of Change strong and affirmed by the literature. Certainly, having access to more food increases household food security.¹² The agricultural aspect of the programme aims to increase food availability. On the health side, improving the use of available food also increases household food security. Both the increase of food availability and improvements in the use of available food impact food security.¹³ With respect to policy, there is some literature that suggests that focusing on one area of policy change with support has positive spillover effects.¹⁴

For two reasons this evaluation emphasizes the implementation of the programme. First, since the theoretical aspects of the model show a procession of changes that one is reasonably certain will occur, and this is affirmed by the literature, one should not devote much if any evaluation resources examining questions that evolve from the second half of the Theory of Change. Second, the evaluation perhaps is being conducted prematurely (particularly for Ninh Thuan province, where program activities at the provincial level started approximately 6 months after those in Lao Cai province). That is, it is being conducted before the time that could reasonably be expected for the second half of the chain of changes to completely occur. Thus, the evaluation team relies on the literature to support the right half of the Theory of Change and relies on primary data collection to determine whether the left half of the Theory of Change occurred.

The long-term success of both the health and agricultural components of the JP relies on Innovation Diffusion Theory. Rogers' Innovation Diffusion Theory (introduced in 1962, later updated in subsequent revisions) describes the process of the adoption of innovations. People are naturally risk-averse to change,

¹² The literature on this point is vast. See, for example, FAO. "An Introduction to the Basic Concepts of Food Security."

¹³ Ibid.

¹⁴ E.g., UNDP. 2009. Supporting Capacity Development: The UNDP Approach." http://www.undp.org/content/dam/aplaws/publication/en/publications/capacity-development/support-capacity-development-the-undp-approach/CDG_Brochure_2009.pdf. Accessed June 14, 2017.

unless they can overcome information barriers and determine that implementing an innovation will bring a strong likelihood of benefit to them—the assessed benefits need to outweigh the risk.

There are some people who are prone to be early adopters of innovations. After they have successfully adopted an innovation, the innovation will spread through social networks. Five steps are involved in a person's decision to adopt an innovation:

- 1) Knowledge – awareness of the innovation and how it functions;
- 2) Persuasion – formation of an attitude (positive or negative) toward the innovation,
- 3) Decision – choice to adopt or reject the innovation,
- 4) Implementation – putting the innovation into use,
- 5) Confirmation – determining whether to continue use of the innovation.

For most, the innovation decision depends heavily on the innovation decisions of other members of their social system. After about 10-25% of social system members adopt an innovation, there is a tipping point and remaining members of the social system rapidly adopt the innovation.¹⁵

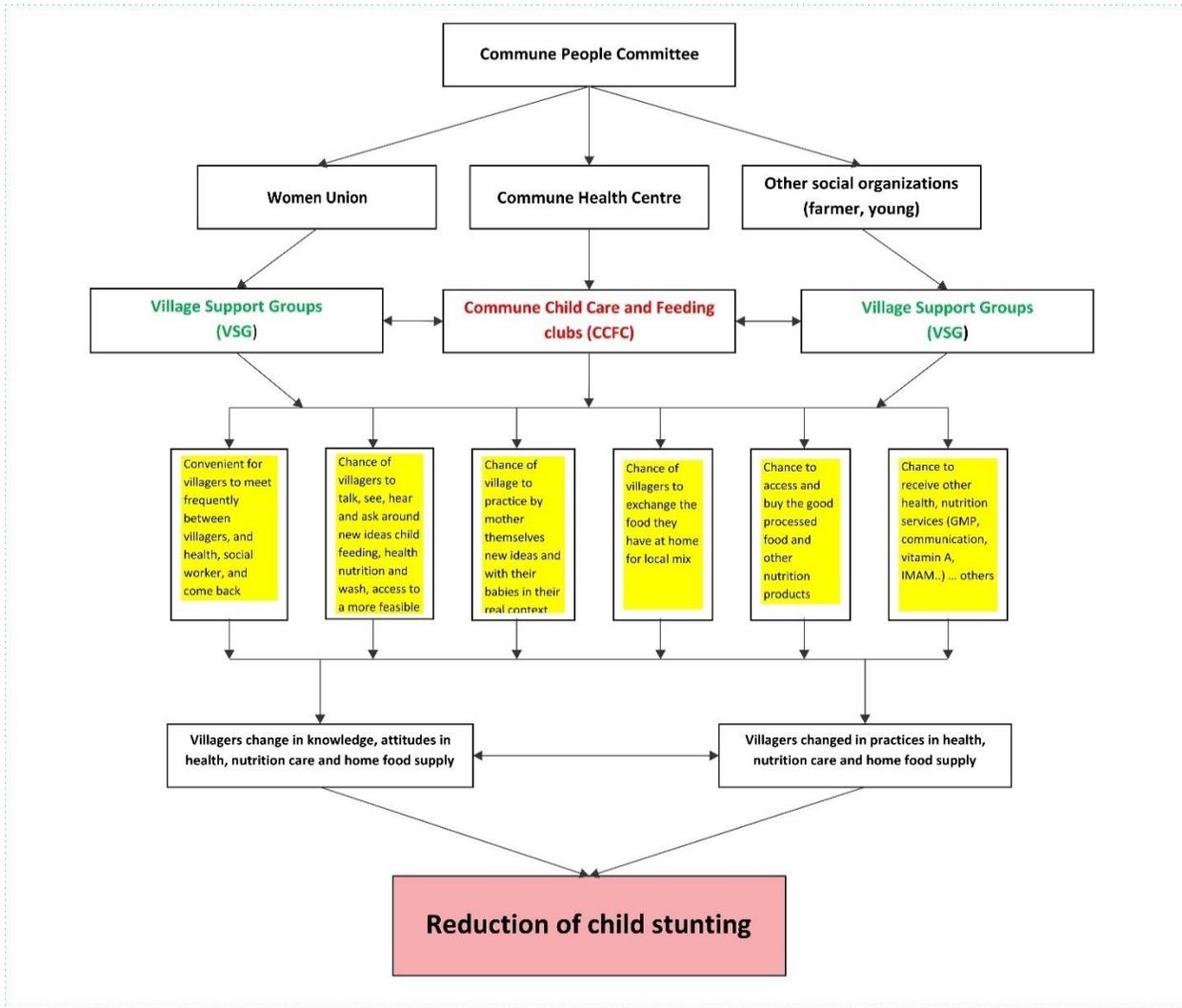
In its health initiatives, the JP applies this theory by providing information through the Child Feeding Clubs. The clubs provided information and demonstrations to participants. The information provided included topics such as how to make the best use of available food, breastfeeding strategies, the information of foods complementary to breastmilk, cooking skills, making nutritious foods for young children, and sanitation in the household. The Feeding Clubs also provided an opportunity for participants to bring in rice and other nutrients to be ground to create fortified rice flour.

In its agricultural initiatives, information was shared in two ways-- large trainings and individualized coaching to a select few farmers who were selected for an intensive intervention. The hope was that by assuring that a few farmers in communities adopted agricultural techniques, word would spread and other farmers would also be willing to adopt new techniques. Innovation diffusion theory suggests that the model that FAO used in this respect was appropriate.

With respect to the five stages of innovation adoption, depending on how involved a participant wanted to be, the Child Feeding Clubs would could simply offer knowledge and to some degree, persuasion to parents, to get them to improve the feeding practices and nutritional offerings to their child(ren). With the agricultural interventions, the broad training also could be considered knowledge and persuasion. The decision to innovate, the implementation, and the confirmation would be outside the realm of the JP. However, the intensive support for the few farmers in each JP community brought the farmers through all five stages of innovation adoption.

¹⁵ Rogers, Everett. 2003. *The Diffusion of Innovations, Fifth Edition* (original in 1962). Free Press: New York, NY.

Figure 4: Child Feed Clubs, Structure and Theory

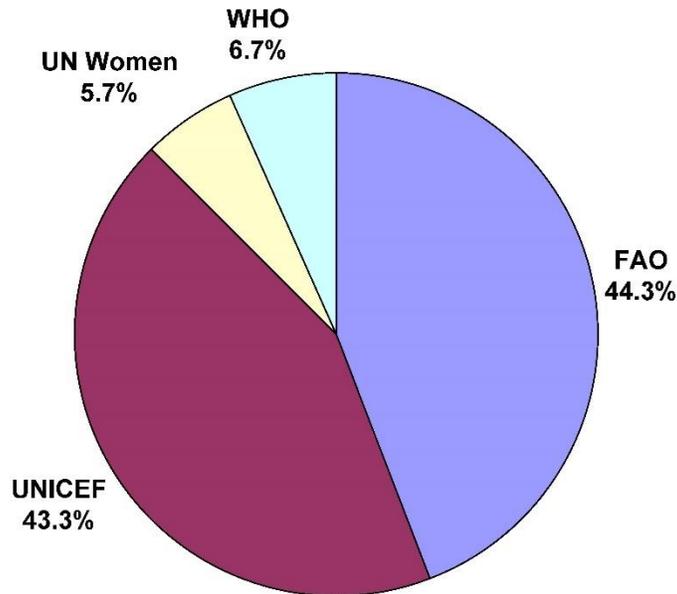


IV. Programme Implementation

A. Financial Contributions

Four UN entities contributed to the JP's implementation-- FAO, UNICEF, WHO, and UN Women. Each UN entity contributed resources. The JP also had national implementing partners. Lead national partners from the Ministry of Health (MOH) were the Department of Maternal and Child Health and the National Institute of Nutrition, and from the Ministry of Agriculture and Rural Development (MARD) was the Department of Crop Production. Other national partners include the Provincial Health and Agriculture Departments and provincial Peoples Committees.

Figure 5: Budget Contribution from SDG-F through UN Entities



Budget contribution (in Cash)	
	Budget (\$1,000,000s)
FAO	0.6644
UNICEF	0.6500
UN Women	0.0856
WHO	0.1000
Total	1.5000

The JP’s total programme budget was \$3.33 million, with 45% of the budget provided by the Sustainable Development Goals Fund (SDGF). The SDGF’s financial contribution to the JP was the largest of any entity. Globally, food security and nutrition comprise 57% of the support that the SDGF provides.¹⁶ Food security and nutrition is one of three sectorial areas of investment for the SDGF, the others being inclusive economic growth and poverty eradication; and water and sanitation. The SDGF “operates at the country level through joint programmes implemented by specialized UN agencies in collaboration with national counterparts and other stakeholders in order to bring integrated and holistic approaches to national and local development challenges.”¹⁷ The SDGF supports joint programmes that are designed incorporating the SDGF’s cross-cutting principles of gender equality, sustainability, and public-private partnerships. In supporting the JP, the SDGF’s “programme objective is to support development and implementation of integrated nutrition and food security strategies.”¹⁸ The SDGF also intended to support capacity

¹⁶ www.sdgfund.org/financial-information, accessed June 1, 2017.

¹⁷ www.sdgfund.org/faq-page, accessed June 1, 2017.

¹⁸ www.sdgfund.org/integrated-nutrition-and-food-security-strategies-children-and-vulnerable-groups-viet-nam, accessed June 1, 2017.

development of local institutions, organizations and policymakers managing and implementing nutrition and food security programmes. Thus, the JP represented an excellent fit for the SDGF.

The SDGF's investment was matched by the Vietnamese government and UN agencies. That the SDGF's proportion of the financial contribution was 45% rather than the 57% average globally suggests a greater commitment to the JP within Viet Nam to the programme than is typical in other initiatives that the SDGF supports. The MOH contributed \$800,000 and the MARD \$200,000 to the JP.

SDG-F contributed through UN agencies a total of \$1.5 million USD to the JP. In addition, FAO contributed \$664,400 USD, UNICEF contributed \$650,000, the World Health Organization (WHO) contributed \$100,000, and UN Women contributed \$85,600. On the UN side, FAO was the lead UN implementing agency. Matching funds from UN agencies to the JP were \$830,000 USD-- FAO contributed \$80,000, UNICEF contributed \$630,000, the World Health Organization (WHO) contributed \$100,000, and UN Women contributed \$20,000

B. Programme Structures and National Ownership

Because the JP was intended to be an initiative *of* Vietnam rather than *for* Vietnam, national ownership and building national capacity was paramount throughout the programme's implementation. Engagement with the government naturally took time. The initiation of government engagement was operationalized through official decisionmaking and creating the organizational apparatus for the programme to function with government ownership.

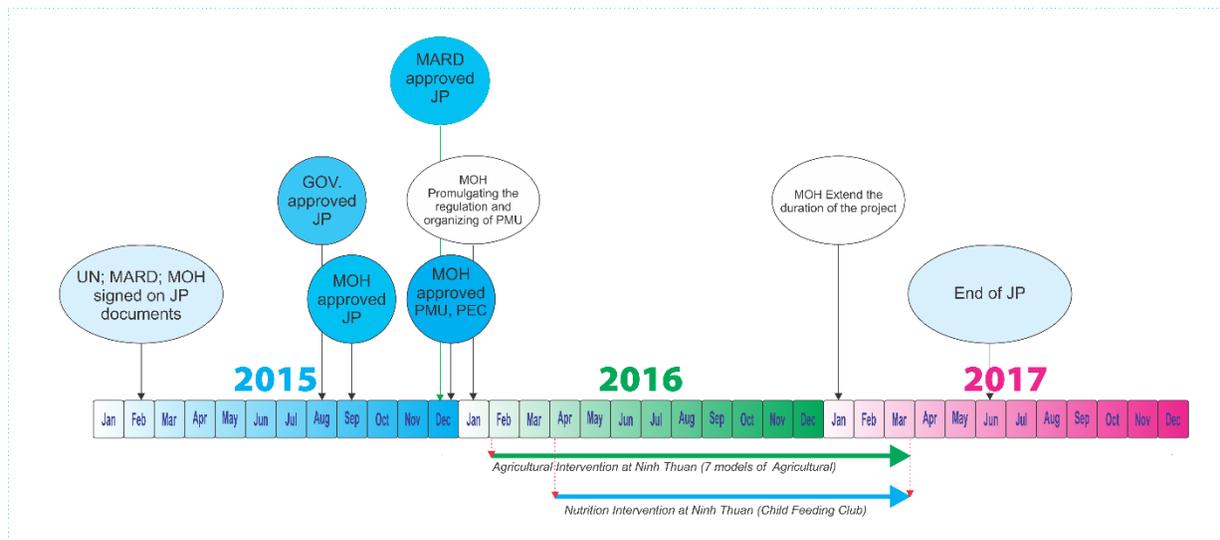
With respect to the timing of the official decision making, the JP was initially designed to run from March 6, 2015 to July 5, 2017. UN agencies (FAO, UNICEF, WHO, and UN Women) signed off on the programme in February 2015, as did national counterparts in the MOH and MARD. The Prime Minister approved (Decision 1275/QD-TTg) the programme as of August 7, 2015. Thus, the programme could not officially start until after August 7, 2015. However, some activities started prior to August 2015. After the approval from the Prime Minister, MOH (3943/QD-BYT), the lead of the Programme Management Unit (PMU) created the Detailed Operation Plan for the programme which was approved on September 22, 2015.

On December 3, 2015, MOH (5177/QD-BYT) formally appointed the **Programme Management Unit (PMU)** which was comprised of 4 MOH and 2 MARD staff members. On December 9, 2015, MOH (5259/QD-BYT) created the **Programme Executive Committee (PEC)**, which included as Chairman the Vice-Minister of Health (Professor Nguyen Thanh Long), the Director of the Department of Reproductive Health in MOH (Dr. Nguyen Duc Vinh) and the Director of the Department of Crop Production in MARD (Mr. Ma Van Chung). At the provincial level, in both Lao Cai and Ninh Thuan, rather than establishing new PMU's, both provinces found it efficient to add the task of the JP implementation onto an existing structure-- that of the Child Friendly Executive Committee.

On January 8, 2016 (60/QD-BYT), the MOH created a document which is essentially a Memorandum of Understanding and describes in detail the organization structure and the function of each partner for the course of the project. This document also describes the reporting mechanisms, the report flows, and how governments at the national, provincial and local levels would collaborate. This document assured that the JP's structure and the expectations of each partner and entity involved with it was clear and the document was instrumental in assuring that the programme delivered results.

Initially, the programme was to end December 31, 2016. On January 11, 2017 (MOH session # 71/QD-BYT), MOH allowed for the programme to be extended until June 30, 2017. The timeline below shows critical dates in the programme's implementation.

Figure 5: Implementation Timeline



Because the amount of time it took for the governmental decisions to be made and the structures to be built exceeded the time allocated for such in the JP's plans, the time for JP implementation was shorter than anticipated. Rather than there being in excess of 18 months for implementation, in practice, there were only 18 months in which the programme could possibly be implemented. The period of implementation at the provincial level, though, in Lao Cai and Ninh Thuan for the agricultural model was 13 months and for the nutrition intervention (Child Feeding Club) was only 12 months. On the positive side, the JP was able to reduce some start-up time because it relied upon an existing PMU that had existed for UNICEF activities in Lao Cai and Ninh Thuan provinces. These pre-existing PMUs contributed to the rationale for selecting these two provinces in the JP.

C. Implementation of Programme Activities by UN Entities

A document titled “Programme Document” describes the role of each UN entity in the JP. Both the UN and the Vietnamese government signed off on the document. The JP was to “be implemented as part of the One UN Plan and coordinated within the framework of the UN Joint Programming Groups on Health and Climate Change and Environment/UN Disaster Risk Management Team. The programme priorities have been determined by the National Strategies for Nutrition and Food Security and will be further guided by the multi-sectoral strategies Viet Nam has committed to with the recent membership of the Scaling-Up Nutrition (SUN) Movement in 2014.”¹⁹

The appendix to the document shows the specific activities that each UN entity was to deliver. From that appendix, one arrives at the following intended activities, grouped by responsible UN entity.

¹⁹ Programme Document, p. 9.

i. **FAO**

FAO was the lead UN partner in the JP. It coordinated the JP and was to conduct the following activities:

- F1.** Recruit the joint program coordinator, conduct launching and holding annual national and provincial planning workshops, baseline survey and assessment, finalization of M&E framework and conduct a Midterm Program Review and a final evaluation of the joint programme.
- F2.** Working with MARD and DARDs for Lao Cai and Ninh Thuan,
 - a. Support the models on homestead food production including animal sourced foods (fisheries and aquaculture), processing and preservation, and nutrition education;
 - b. Support the process of restructuring of crop production in response to the impact of climate change for sustainable livelihoods of communities;
- F3.** Working with MARD, improve food security through restructuring the crop production;
- F4.** Support the increased availability, access and consumption of food in the mountainous regions;
- F5.** Improve and develop livelihood intervention and practices of small households;
- F6.** With the MOH and MARD, promote the use of available food in family nutrition practice;
- F7.** Demonstration and training in rice seed production using RICM, with MARD; and
- F8.** With UNICEF, develop and roll out of an online output monitoring system for the National Targeted Programme for Nutrition matching with the global reporting requirements for programme performance.

With respect to activity F1, FAO fulfilled its obligations very well. In part, as a result of the planning workshops held, national, regional, and local partners believed that they were truly partners in the JP and that the programme was not imposed on them. There is every indication that the Vietnamese government at all levels was fully engaged with the programme and took appropriate ownership of it.

To start, planning meetings were held at the provincial level in July 2015 (Ninh Thuan province with 60 participants from the national and provincial levels) and August 2015 (Lao Cai province with 60 participants from the national and provincial level). Further, in October 5, 2015 a programme launch and national planning workshop was held with 90 participants from the national and provincial levels. Further, there were numerous consultations held on specific topics. For example, in October 2015, a national consultation workshop was held by MARD with FAO support to finalize the Rice Restructuring Project, with 150 participants from MARD and the provincial level. At the local level there were meetings on the designing and planning of activities at the commune level. In Lao Cai, the meeting was attended by 50 local participants.

In focus groups and in interviews, the evaluation team asked whether the JP was imposed on entities, the extent to which implementers felt that they had contributed to the design of the programme, and whether they considered themselves partners in the programme rather than simply implementers. Feedback included:

- *“From the beginning, it was a shared plan. We focused on the implementation of our national nutrition strategy.”* (National Institute of Nutrition)
- *“It was an effective activity based on the needs of the community. It responded to the need of the people, it wasn’t top down. We were involved in the process. But the time for implementing was too short.”* (Provincial authorities in Ninh Thuan province)

Thus, it seems that because of the outreach to national, provincial, and local level officials, the JP/ FAO was successful in achieving a true partnership with the government.

FAO achieved the F2 activities of supporting models on homestead food production and supporting the process of restructuring of crop production by offering training courses to farmers in both provinces. For example, it supported training in rice produce using Rice Integrated Crops Management (RICM), which was attended by 450 farmers (210 male and 240 female) from 3 communes in Ninh Thuan. The training in RICM specifically fulfilled activity F7.

Project progress reports show that a tremendous amount of training occurred on various agricultural models, and that the courses were very well attended. For example, in Ninh Thuan, 8 training courses on maize cultivation were attended by a total of 400 farmers from 4 communes.

In total, the number of attendees at the sessions that were trained in or shared information on agricultural techniques amounted to 5,466. In that figure, though can be a duplication of farmers. Adding the attendance of courses in each province that had the largest attendance suggests that **at a minimum, 1,350 farmers received training, with the maximum being 5,466**. If the number reached is 1,350, then they would have received training in more topics than the unduplicated 5,466 figure.

Because of the reach and likely intensity of the training received by farmers, it is likely that activities F3 (restructuring crop production) and F4 (support the increased availability, access, and consumption of food in the mountainous regions) were also in line to be achieved. A household survey conducted is used to observe changes in communes in Ninh Thuan and Lao Cai with respect to measure associated with food security. Results show that the proportion of rice consumed versus produced decreased, the amount spent on protein increased, and households were less likely to resort to borrowing for food.²⁰ All of these indicators suggest that in the areas the programme targeted, food security increased.

Perhaps most importantly, the proportion who stated that a lack of technical awareness was a difficulty in agricultural production decreased precipitously. For example, in Lao Cai, the decrease was from 73% of farmers to 43%, and in Ninh Thuan from 64% to 49%. Thus, the training initiative seems to have impacted the technical knowledge of a substantial proportion of farmers in a short period of time.

The Child Feeding Clubs that were implemented with UNICEF, discussed below, fulfilled FAO's obligation F6 (promote the use of available food in family nutrition practice). Also, some trainings covered the topic of diversification of nutrition sources.

FAO supported MARD in providing intensive support to select households in assuring that adopt and implement agricultural models that are new to them. In Lao Cai province, the agricultural models through intensive support were rice, maize, bananas, green beans, other vegetables, and chicken breeding and raising. The models were implemented by 12 households in the Ban Pho commune and 11 households in the Bac Ha commune of Bac Ha district, and 10 households in the Thao Chu Phin commune of the Si Ma Cai district.

In Ninh Thuan province, the models implemented were rice, maize, green beans, and other vegetables. In addition, chicken and pigeon breeding and raising, and fresh water fish farming were also introduced in Ninh Thuan. In the Thuan Bac district, 12 households in the Bac Son commune and 17 households in the Cong Hai commune implemented models new to them with intensive support from the FAO and MARD, as did 12 households in the Phuon Chinh commune and 11 households in the Phuon Thanh commune of the Bac Ai district of the Ninh Thuan province. There is some observational evidence that even without JP support, households neighboring those who implemented the new models replicated new models themselves. That is, the intervention appears to have spillover effects within communes. The households that received JP support

²⁰ Executive summary, Final report on the Food Security Component in Ninh Thuan and Lao Cai (by FAO).

spread the knowledge, both formally through JP-organized events, and informally within their own social networks.

Examining the activities that FAO performed, **the evaluation team finds that FAO successfully delivered on all activities delineated in the Programme Document.**

ii. WHO

WHO had a limited though important role in the JP. Its involvement was critical in achieving the health-oriented policy change that occurred. According to the Programme Document, WHO was to limit its participation in the JP to a few activities:

W1A. With UNICEF, support application of the National Hospital Quality Criteria for public and private hospitals with focus on the new standard on Baby Friendly Hospitals and Clinical Nutrition Services;

W1B. With UNICEF, address compliance of revised Decree 21 and Decree 100 on marketing of young child nutrition products;

W2. Scaling-up Early Essential Newborn Care and Breastfeeding (EENC); and

W3. Working with the National Institute of Nutrition, develop the Food Pyramid Guides for pregnant, lactating women and under-five children;

The evaluation team found that WHO provided valuable technical support and advocacy in the arena of national-level policy changes. WHO either independently or in collaboration with UNICEF, fulfilled all of its obligations with respect to specific activities.

Activity W1B, which WHO conducted in collaboration with UNICEF (see below), was achieved by supporting the government which resulted in Decree No 09/2016/ND-CP, the Policy on Mandatory Food Fortification, being approved by the Prime Minister on January 28, 2016 (effective March 15, 2016). This policy included mandatory micronutrient fortification of foods, including salt iodization and fortification of foods with iron, zinc, and Vitamin A. Previously, in 2006, the Prime Minister approved the National Decree 100 on marketing of breast milk substitute and complementary food for young children. However, over the years this decree had been weakly enforced. WHO and UNICEF worked with country officials to create an updated decree that would be more enforceable than the former decree. Thus, on November 6, 2016, the Prime Minister issued decree number 100/2014/ND-CP, “Compliance of Revised Decree 100 on Trading and Use of Young Child Nutrition Products.” WHO and UNICEF raised awareness about this decree and with relevant counterparts. Under the JP, WHO and UNICEF held two consultation workshops (in Hanoi and Ho Chi Minh City) on mechanism for better implementation of Decree No100.

Those consultations also included discussions on the promotion of breastfeeding at health facilities including Early Essential Newborn Care (EENC) within context of implementation of Assessment Criteria on Quality of Hospital Assessment. At the consultations, relevant departments of the MOH (Maternal and Child Health (MCH), Medical Service Administration (MSA), Department of Legislation) and leaders of Provincial Health Department and hospitals developed and agreed on an implementation plan and specific enforcement mechanisms-- the DOH would issue directives for implementation; the provincial reproductive health centers would be the focal points to provide training, supervision and technical support; hospitals would establish management boards for self-monitoring and conduct annual self-assessments of hospital quality criteria; and annually, the DOH would report the list of Baby Friendly-Hospitals to MOH (MSA, MCH) for

review and random inspection. Having a specific implementation and enforcement plan is expected to increase the quality of services and assure that activities are coordinated.

In May 2014, WHO and UNICEF launched the Action plan for Healthy Newborn infants in the Western Pacific Region (2014-2020). The action plan outlines an approach for implementing and scaling-up evidence-based EENC interventions by improving the quality, reach and demand for maternal and newborn services, which help significantly reduce newborn mortality. In 10 November 2014, the Vietnamese Ministry of Health issued the Guideline on Early Essential New Born Care during and after birth for normal delivery. The Guideline on Early Essential New Born Care during and after birth for caesarian section was issued in 15 November 2016. These action plans made the Western Pacific Region's action plan country-specific.

With the support of the JP, four provinces (Lao Cai, Ninh Thuan, Thua Thien Hue, and Khanh Hoa) were selected to assess the actual situation of EENC in hospitals using adapted tools for EENC implementation review. This assessment yielded recommendations and solutions for improving EENC implementation and breastfeeding specific to these provinces. The JP also supported Training of Trainers on EENC self-assessment for Quality assessment of Hospital Performance in 12 provinces (Da Nang, Thien Hue, Quang Tri, Thanh Hoa, Nghe An, Ha Tinh, Quang Binh, Quang Nam, Quang Ngai, Binh Dinh, Phu Yen, and Khanh Hoa). After the training, in each province, a team of EENC assessors and EENC assessment trainers was formed with the expectation that they would assist in the evaluation, planning and improvement of EENC implementation.

Finally, in 2016, the **Food Pyramid Guides** for pregnant, lactating women and under-five children were developed and issued. Prior to this, no food pyramid that addressed the specific nutritional needs of these groups had existed. Thus, WHO successfully completed a planned activity (Activity W3).

The sum of WHO's activities show that WHO delivered on all of the activities promised in the Programme Document.

iii. UNICEF

UNICEF was very involved in both the policy and field aspects of the project. According to the Programme Document, UNICEF was to:

- U1.** Support the operationalization of Ninh Thuan and Lao Cai provincial integrated maternal, newborn, child health and nutrition plans;
- U2.** Lead the work with WHO in supporting application of the National Hospital Quality Criteria for public and private hospitals with focus on the new standard on Baby Friendly Hospitals and Clinical Nutrition Services; compliance of revised Decree 21 on marketing of young child nutrition products;
- U3.** Support the coordinated scale-up of Integrated Management of Acute Malnutrition (IMAM) services with transfer of the management to the National Targeted Programme for Nutrition;
- U4.** Working with MOH and NIN, develop decrees and legal documentation on: fortification of foods, including mandatory salt iodisation and flour and oil fortification with micro-nutrients; legislation on the benefit package for children covered by the National Health Insurance Scheme; guidelines on social marketing of nutrition products; guidelines on social marketing of sanitation products; and guidelines on early newborn care (focusing on early breastfeeding);

- U5.** Integrate modeling of contextualized community- based stunting reduction models, including breastfeeding and complementary feeding support networks, community approaches to total sanitation and hygiene, drinking water safety, community-based management of acute malnutrition and social marketing of nutrition and sanitation products with the establishment of local public-private partnership models;
- U6.** Working with MOH, roll out an integrated behavior change communication plan for stunting reduction, including promotion of iron folic acid supplementation for pregnant women, breastfeeding, complementary feeding and hand-washing with soap;
- U7.** Working with the National Institute of Nutrition (NIN), consolidate nutrition and food security profiles to guide national and provincial planning and programming;
- U8.** Support innovative application of cell phone technology to track malnutrition and link with service delivery;
- U9.** Support water quality and water system sustainability surveillance systems and community-based household sanitation coverage surveillance;
- U10.** With FAO, develop and roll out of an online output monitoring system for the National Targeted Programme for Nutrition matching with the global reporting requirements for programme performance; and
- U11.** Conduct joint supervisory monitoring trips to identify bottlenecks and corrective actions.

Evidence shows that UNICEF successfully fulfilled its JP role and expectations. UNICEF's work occurred both nationally (e.g., at the policy level) and locally (e.g., at the programme level in communes).

With respect to U1, (support the operationalization of Ninh Thuan and Lao Cai provincial integrated maternal, newborn, child health and nutrition plans), UNICEF supported the two provinces in implementing the Provincial Plan of Action which supported integrated interventions for reducing child stunting. While both provinces developed their plans in 2013, JP funds supported quarterly monitoring meetings and the annual review meeting on the plans' implementation. The annual meeting reviewed lessons learned and best practices and was reported to improve coordination between sectors, resulting in better implementation.

UNICEF was the lead agency of activity U2, which is also WHO activity W1B, as discussed above. This activity was successfully accomplished.

Activity U3 focuses on the early detection and early treatment of children with severe acute malnutrition (hereafter IMAM). UNICEF successfully accomplished U3 by shepherding through the Ministry of Health's approval of technical guidelines on IMAM. These new guidelines allowed for consensus on the identification of children with IMAM and how resources should be devoted to them. UNICEF also organized a national workshop on IMAM, offered a training course on IMAM to provincial staff, and developed an IMAM document. The national guidelines on IMAM which were approved in 2016 and were based in part on lessons learned in Ninh Thuan both from the Child Friendly initiative and from the JP, Phase I.

Further, with financial support from JP, UNICEF recruited an international consultant to assist NIN with the Nutrition Action Plan's mid-term review (2011-2015). Based on this assessment, the MOH held a National Review Conference on the Nutrition Action Plan 2011-2015 and Orientation for Implementation to 2020. A

revised National Plan of Action for Nutrition 2016-2020 was formulated and as of writing is in the process of finalization and awaiting government approval. The costing study for this next 5-year nutrition plan of action is also ongoing and will provide evidence for a new round of government investment for nutrition period 2017-2020.

With respect to U4 (mandatory salt iodization, children's coverage in National Health Insurance, social marketing, and early newborn care), there is evidence that UNICEF indeed supported MOH and NIN technically and advocated to the government and related policy makers (e.g., at the ministry level). To fulfill U4, UNICEF supported the MOH in carrying out the 10-year implementation of the national decree on salt iodisation. UNICEF also supported the process of developing a new national decree on mandatory food fortification. In that process, UNICEF's work emphasized the technical and financial aspects of salt iodisation, while the government's efforts focused on the fortification of flour and oils. A critical aspect of UNICEF's support was in supporting rounds of national consultations on the new national decree on mandatory food fortification. UNICEF also provided support to persons and groups who advocated to central government for the decree. UNICEF provided support to develop the document.

Much of UNICEF's participation in accomplishing U5 occurred through its support of Child Feeding Clubs. UNICEF guided the establishment of the communal Child feeding Club by supporting selection of club members, helping to create club regulations and by building capacity for all core members by offering a basic training. It also provided equipment and facilities for the clubs. UNICEF provided some financial support for running clubs, such as supported the club's weekly activity, refreshments, and the session's key facilitator's fee. In this community-based model, UNICEF leveraged existing community-based health structures to offer child feeding clubs which became a platform for effectively communicating best practices to improve mother, infant, and child nutrition. Communal health workers would share information at the clubs which usually met weekly, typically at the home of the head of the commune.

Support that UNICEF provided for the clubs included guiding the establishment of the communal Child feeding Club and building capacity for all core members by providing a basic training; and providing simple equipment and facilities for the clubs. UNICEF also assured that the JP provided a budget for the club's weekly activities (e.g., refreshments, fee for the session's key facilitator).

Typically, each session at a club would include 16-17 targeted women who came from 12-15 households in the respective commune. Most brought their young child(ren) to the club. Observation was that clubs were very social and provided a chance for the young children as well as their parents to know each other in an enriching context. Typically, of the 16-17 women who participated, only 4 or 5 were new to the club with the others being repeat participants. In addition to the women, about 3-5 men (e.g., household heads, fathers) would also attend weekly. The clubs met once per week at the home of the village head. During times when the club was not meeting, club members could use the grinding machine at the club location to create fortified flour.

The clubs used the approaches of lecturing, demonstrating, and participation to relay information to participants. The clubs that the evaluation team observed had a community health worker providing a short lecture on a topic (e.g., making more nutritious porridge for infants), demonstrating the making, and giving participants the opportunity to make it themselves and feed it to their child(ren). The evaluation team believes, based on observation, that the clubs should have less emphasis on lecturing and more emphasis on demonstration and participation to be effective.

Other child feeding clubs supported by other entities (e.g., NGOs) have similar goals. However, the feeding clubs supported by the JP have the endorsement and participation of local and provincial government and leverage existing resources and programming, which could contribute to them being successful and sustainable.

With respect to U6, UNICEF was the lead UN agency with respect to a communication plan. The team found that UNICEF led other UN agencies in organizing an annual national media campaign during national breastfeeding week (first week of August) and contributed to the key messaging on the importance of exclusive and non-exclusive breastfeed. At the national level, in 2016 UNICEF carried out a social media communication campaign to deliver key messages around breastfeeding promotion and the prevention of micro-nutrient deficiencies.

Supplemented by funding sources outside of the JP, UNICEF also worked jointly with other UN agencies to develop UN messaging on nutrition and WASH. The nutrition messaging focused on infant and young child feeding, preventing iron deficiency anemia for pregnant women, and the use of micro-nutrient supplements for young children and pregnant women in emergency and non-emergency settings. That strategy document was shared with Ninh Thuan and Lao Cai provinces, as well as others, to guide the messaging at the provincial level.

Supported by JP funding, in Lao Cai and Ninh Thuan provinces in 2015-16 UNICEF arranged for materials (e.g., brochures, leaflets) on infant, youth, and maternal nutrition and WASH to be modified and printed to make them more culturally and socially appropriate locally. JP funds were also used to support a basic training session on face-to-face communication and instruction skills, which was a part of the 5-day basic training programme provided to all village health and nutrition collaborators.

To accomplish U7 (nutrition and food security profiles), UNICEF supported NIN in strengthening the quality of nutrition data that is annually collected. Further, it helped NIN in selecting indicators to focus on and standardizing indicators. UNICEF supported an audit of data collection procedures. UNICEF also advocated to NIN to widely share the nutrition annual report by including it on NIN's website.

The JP, primarily UNICEF, provided technical support for improvement of the nutrition surveillance system to create national and provincial nutrition profiles. Interviews reflected that this work occurred and is ongoing. Interviews also indicated that UNICEF made monitoring trips to determine the quality of the rollout of the JP.

With respect to U8 (support innovative application of cell phone technology to track malnutrition and link with service delivery), UNICEF provided funds to support NIN to pilot two software projects that use mobile phone technology to monitor malnutrition. One project uses SMS while the other uses a USSD system. This project was completed. The evaluation team found that U9 was not a priority in UNICEF's JP work.

UNICEF accomplished U10 (an on-line output monitoring system for the National Targeted Programme for Nutrition) by supporting NIN in standardizing a reporting form with 25 indicators that meet international nutrition surveillance standards. UNICEF also supported the collection and submission of Viet Nam nutrition data to the global on-line report in 2015 and 2016 (Nutri-Dashboard).

To achieve U11 (supervisory monitoring trips of the JP), UNICEF participated in all joint UN field trips, and liaised with government officials at both the national and local levels.

In summary, the evaluation team finds that **UNICEF fulfilled its JP roles and obligations**. UNICEF worked well with other UN agencies in assuring that the UN delivered as one. Its warm collaboration with FAO and government officials at all levels as demonstrated during field visits was noted by the evaluation team. UNICEF proved to be a vital contributor to the JP.

iv. UN Women.

The Programme Document shows that UN Women was to “participate fully in the JP ensuring that all key initiatives are gender-sensitive, and key concerns of women are addressed.” Further, “UN Women’s technical cooperation primary task will be to create awareness among stakeholders of the rationale for integration of gender equity issues in the programme and the benefits of integrating this dimension. The specialist agency will also help ensure locally appropriate targeting and participatory processes to engage primary and key stakeholders throughout the programme.” Also, “UN Women will... ensure... a gender dimension is integrated in all aspects of design, implementation and management of the new JP including: the use of specific, measurable outcomes, outputs, activities and indicators related to gender equality and women’s empowerment; age and sex-disaggregated data and gender statistics for the programme development and implementation; the programme is rated with the Gender Marker; and the proportion of core and non-core funds are clearly indicated for gender equality and/or the empowerment women.” In the results matrix, UN Women was to lead the gender assessment of nutrition and food security policy and programs to identify gaps women and girls’ access to nutrition and food security and provide recommendation for policy advocacy.

The evaluation team found UN Women did not deliver on the gender assessment on a timely basis. The gender assessment was not completed until October 2016, which was too late for it to be used for planning. According to UN Women, the gender assessment was delayed due to issues identifying qualified consultants who could produce a high quality assessment. In addition, UN Women reported that it never received a finalized report that addressed its comments and concerns with the draft report. The delay in the delivery of the gender assessment²¹ made its utility for the purposes of the JP unclear. The evaluation team found the draft gender assessment that was delivered highlighted issues regarding the empowerment of women that ultimately impact the nutritional status of children.

In addition to the gender assessment, UN Women contracted with the Institute on Family and Gender Study to conduct a study titled “Formative Research to Identify Barriers and Enablers for Behavioral Change Related to Maternal Nutrition Care among Ethnic Minority Women in Nutritionally Vulnerable Regions – A Case Study in Ha Giang.” The study uses qualitative interviews, focus groups, and a survey to develop a better understanding of the practices in minority groups that result in child malnutrition. The study was done to provide evidence on barriers and enablers for behavioral change related to maternal nutrition care among ethnic minority women in nutritionally vulnerable regions. Having this evidence should allow for better implementation of evidence-based stunting reduction and food security interventions in line with the 2011-2020 National Nutrition Strategy and 2010-2020 National Food Security Strategy. This study was not to have been completed until late June 2017, which is too late for it to be of direct use to the JP.

UN Women delivered four training courses on gender mainstreaming in nutrition and food security for local partners in Lao Cai and Ninh Thuan province. Two courses were offered in each province- one to government officials, and the other to village health and agriculture extension collaborators. Each lasted

²¹ Watanabe, Koichiro and Pham Quang Nam. October 2016. “Desk Review for Gender in Nutrition and Food Security Policies and Practices in Viet Nam.” Report for UN Women, Viet Nam.

approximately 1½ days and sessions were offered in April and May 2017. In Lao Cai, a total of 43 people participated in the training and in Ninh Thuan, a total of 51 persons participated. The training seemed appropriate in content. However, for the training to have had an impact on the delivery of the JP, the training should have occurred in early 2016 rather than close to the end of the programme. As one interviewee said, *“UN Women tried a lot to put the gender issues in the program. But it was difficult to walk in the same pitch. For the nutrition intervention, UN women came in later, training on how gender is important. UN women would come in a little later.”*

In addition to the trainings, UN Women partnered with the Viet Nam Women’s Union (VWU) at the central level to develop formal training material on communication on gender mainstreaming in nutrition and FS. This training material is to be used for the whole VWU system beyond the JP. This partnership demonstrates how JP funds were used to develop materials that could be used beyond the time and direct scope of the JP, which speaks to the JP’s sustainable impact.

v. Organization of Activities

One challenge that faced the UN entities pertained to harmonizing the processes and procedures that each entity has. One interviewee explained that to overcome the challenge, the JP created a detailed program operation document (DPO). The interviewee said that *“after the DPO was approved, all together worked out the workplan. The same thing happened at the field as well. Worked together to develop the provincial workplan. Unpacked the issue going down. Minimized the overlap, and also shared the effort.”*

The timing of the specific activities was as indicated in the above table which shows a systematic review of the JP’s main activities. The time of programme implementation was almost 2 years, including the 6-month extension of the JP into 2017. However, the full government approvals and the setting up of the implementation mechanisms did not occur until December 2015. Provincial level activities did not start until February 2016 and they ended in March 2017, except for the training course on gender which occurred after March 2017. However, in some cases, activities began before December 2015.

With respect to Item 16, NPAN approval has not yet occurred-- it is ongoing as of writing. Also, the 5-year Action Plan on Nutrition has also not yet been approved by the government.

V. Results

A. Policy Environment

The JP emphasized creating a **policy environment and materials that could be used for advocacy** in Viet Nam that would be conducive to better nutritional practices and increasing food security. The following policies resulted during the period of the JP.

Table 2: Policy Outcomes

N0.	JP's Outcome	Time endorsed
	Policy and Advocacy at national level (outcome 1)	
1	Development of Decree No. 85/2015/ND-CP (1st Oct. 2015) detailing a number of articles the Labor Code in terms of policies for female employees.	October.2015
2	The Food Pyramid Guides for pregnant, lactating women and children 3-5year-old was developed.	2015-2016
3	Reinforcement of implementing the Decree No. 100/2014/NĐ-CP (issued on 6 Nov. 2014): To Organise national workshops on dissemination and support a training programme for all provinces on enforcement this decree.	July 2015
4	Decree No 09/2016/ND-CP on Mandatory food fortification including mandatory salt iodization formulated and approved by Prime Minister on 28/1/2016, effective from 15/3/2016.	January 2016
5	Mid-term review (2011-2015) of the implementation of NNS/NPANon strategy 2010-20120 was conducted. New national plan of action for nutrition period 2016-2020 formulated.	March 2016
	Two National Conference on NNS/NPAN MTR was holding at NIN (18.03.2016 and 28.12.2016)	December 2016
6	MARD issued Decision 1898/QĐ-BNN-TT dated May 23, 2016 on “Restructuring strategy for Vietnam’s rice sector up to 2020 and vision to 2030“	May. 2016
7	Restructuring Proposal on Rice sector under finalization process endorsed in June 2016 and disseminated for nation-wide application.	June 2016
8	Technical guidelines on early detection and early treatment of children with severe acute malnutrition (IMAM) were approved by MOH (Decision No. 4487 / QĐ-BYT dated 18/8/2016 of the Ministry of Health promulgating guidelines for the diagnosis and treatment of acute malnutrition in children aged 0 to 72 months)	August 2016
9	Costing study for next 5-year nutrition plan of action is ongoing to provide evidence for a new round of government investment for nutrition period 2017-2020	2016-2017

The change in the policy environment was important in two ways. First, by working with the and supporting the government, the JP built governmental capacity and lowered barriers for future policy change, not only in the food security arena, but in the arena of other social policies. As one interviewee explained, the support of UN entities brought international expertise to the government and the UN team supported the government to meet international standards. An interviewee from MARD said

“The program helped institute the Restructuring Agriculture Programme. At the central level, we built relationships, especially between the Crop Production Department and the other MARD departments, also between MARD and research institutes and policy research institutes and universities. We learned between the vertical and horizontal roles during the JP.” The experience of working both vertically and horizontally on issues and resolving them by constructing policies created sustainable change in terms of the mode of operation between organizations and agencies.

Another official plainly stated *“This program played an important role in changing the policy on rice in our country.”* This feedback supports the premise that the JP’s work on policy change was important and had a lasting impact.

B. Assessment of JP’s Impact on Child Feeding Practices

An important result of the JP is the degree to which families learn better feeding practices. In Lao Cai, interviewees who were mothers and attended Child Feeding Clubs told the evaluation team that they learned at the child feeding clubs to feed babies and toddlers nutritious porridge, using fortified rice flour as porridge base.

Table 3: Lao Cai Mothers' Knowledge of Appropriate Breastfeeding Practices, Baseline vs. Endline

COMMUNE:	Thao Chu Phin		Ban Pho	
	Baseline [N=58]	Endline [N=84]	Baseline [n=92]	Endline [n=111]
MOTHER’S KNOWLEDGE OF WHEN BREASTFEEDING SHOULD BE INITIATED AFTER CHILDBIRTH				
Within the first hour	31.0%	39.3%	33.0%	42.9%
< 24 hours	15.5%	55.9%	12.1%	52.3%
>24 hours	19.0%	0.5%	7.7%	1.0%
No response	34.5%	4.3%	47.3%	3.8%
Total	100.0%	100.0%	100.1%	100.0%
Breastfeed only and do not feed child anything else, including water	3.5%	59.7%	7.7%	70.6%
Other	22.4%	5.2%	18.7%	3.7%
No response	74.1%	35.1%	73.6%	25.7%
Total	100.0%	100.0%	100.0%	100.0%

PERCENT OF MOTHERS THAT RESPONDED THAT THEY BEGAN COMPLEMENTARY FEEDING AFTER THEIR CHILD REACHED 6 MONTHS OF AGE				
Total	12.2%	98.6%	10.6%	96.0%
MOTHER'S KNOWLEDGE OF FOODS NECESSARY FOR COMPLEMENTARY FEEDING				
Starchy food group	67.2%	89.1%	51.7%	68.9%
Animal protein source foods	84.5%	93.2%	59.3%	83.8%
Vegetables	50.0%	98.2%	33.0%	84.3%
Dairy foods	27.6%	25.0%	23.1%	9.3%
Did not know	31.0%	30.8%	39.6%	10.0%
Total	100.00%	100.00%	100.1%	100.0%

In addition, baseline and endline surveys were conducted in early 2014 and March 2017. Two Lao Cai communes were chosen to be surveyed because they have a high proportion of minority populations. Table 3 shows that in the two Lao Cai province communes, knowledge of appropriate breastfeeding and complementary feeding practices increased. For example, the proportion of mothers who thought breastfeeding should begin within 1 hour of birth increased by nearly 10 percentage points in both communes. However, the proportion remained at less than half of mothers surveyed, indicating that there is still room for improvement in this indicator.

The proportion of mothers in Lao Cai province who believed that breastfeeding is sufficient for an infant dramatically increased-- in Thua Chu Phin from 3.5% to 60%, and in Ban Pho from 8% to 71%. The proportion of mothers surveyed in Lao Cai who believed that complementary feeding should begin after their infant was 6 months of age increased from about 11% to nearly universal—approximately 97%.

Table 4: Child's Age at which Complementary Feeding was Initiated, Lao Cai Province

AGE OF CHILD WHEN COMPLEMENTARY FEEDING WAS INITIATED	THAO CHU PHIN		BAN PHO		TOTAL	
	BASELINE [N=58]	ENDLINE [N=84]	BASELINE [N=92]	ENDLINE [N=111]	BASELINE [N=150]	ENDLINE [N=195]
1 - ≤3 months	1.3	3.2	19.5	3.6	16.7	3.4
3 - ≤6 months	62.5	27.0	64.6	56.0	63.8	43.5
7 months	10.7	52.4	1.1	36.9	10.9	43.5
>7 months	14.3	17.5	4.8	3.6	8.7	9.5

Table 4 shows that an improvement in complementary feeding practices occurred from the time the JP began. Before the program began, for 80.5% of infants in the two communes in Lao Cai province, complementary feeding began when they were younger than 7 months of age-- 16.7% when they were 1-3 months of age and 63.8% when they were 3-6 months of age. Endline data show that starting complementary

feeding at this inappropriately early age decreased to 46.9%. That is, rather than 18.6% starting complementary feeding at the appropriate age of 7 months or older, 53% did so at the end of the JP.

Not only was complementary feeding started at an appropriate age for more than half of infants, but more mothers reported having knowledge about appropriate foods necessary for complementary feeding, with the percentage thinking that vegetables are necessary doubling-- from half to 98% in one commune, and from 33% to 84% in the other. Starting complementary feeding at an appropriate rather than early age and providing infants with appropriate complementary foods (e.g., porridge, gruel) is a major factor in preventing child stunting.

Table 5: Ninh Thuan Mothers' Knowledge of Appropriate Breastfeeding Practices, Baseline vs. Endline

	Cong Hai		Phuoc Chinh	
	Baseline [N=190]	Endline [N=194]	Baseline [N=69]	Endline [N=72]
MOTHERS' KNOWLEDGE OF WHEN BREASTFEEDING SHOULD BE INITIATED AFTER CHILDBIRTH				
Immediately	58.9%	36.8%	23.2%	57.1%
As soon as possible	17.9%	55.3%	17.4%	32.9%
Within the first hour	11.1%	2.0%	44.9%	5.7%
1 - <24 h	3.2%	1.5%	1.4%	0%
1 day	1.6%	1.0%	0%	2.9%
Don't know	6.3%	7.3%	10.1%	1.4%
WHAT MOTHERS THOUGHT THEY SHOULD DO WITH COLOSTRUM				
Took off colostrum	8.4%	4.6%	13.0%	9.0%
Gave colostrum soon after the birth	53.7%	55.7%	43.5%	79.1%
Don't know	37.9%	39.7%	42.0%	11.9%

Source: *Report on nutrition status among children under five years old in Phuoc Chinh and Cong Hai commune (Bac Ai and Thuan Bac district, Ninh Thuan province (NIN-UNICEF, 2017).*

In the two communes in Ninh Thuan where a similar survey was conducted, results also showed an increase in correct knowledge about breastfeeding. In Cong Hai, the proportion who thought breastfeeding should occur either immediately or as soon as possible after birth increased from 78% to 92%, and in Phuoc Chinh the proportion increased from 41% to 90%. While in Cong Hai mothers' correct knowledge on colostrum barely shifted, the figure increased substantially in Phuoc Chinh from 43.5% to 79%.

Unfortunately, surveys do not ask other caretakers of children, including fathers and grandparents, about their knowledge of child feeding practices. At one of the Child Feeding Clubs visited in Lao Cai, a father was actively participating in the cooking demonstration and very interested in the growth of his child.

C. Assessment of Health Outcomes

The primary motivation for the JP was to decrease the high prevalence of childhood stunting. In addressing child under-nutrition, Viet Nam has shifted from efforts to reduce underweight prevalence (inadequate weight for age) to prevention of stunting (inadequate length/height for age). For example, Resolution No. 63/NQ-CP of December 23, 2009 on national food security clearly states the Government’s on-going commitment to improve the nutrition situation in the country using food-based approaches. It aimed to raise the average daily calorie consumption to 2,600-2,700 kilocalorie/person and reduce malnutrition among children younger than 5 years by 2020. The latest National Nutrition Strategy 2011-2020 and Action Plans recognize the need to focus on reducing stunting and intensify interventions which address stunting before birth and in the first 1,000 days of a child’s life.

While Viet Nam has made great strides in childhood malnutrition with rates of stunting among children under 5 years of age decreasing from 35.2% in 2006 to 26.7% in 2012 (National Nutrition Survey 2012), great differences remain between groups and areas. In 2011, in Lao Cai province 40% of children under age 5 (U5) were stunted and in Ninh Thuan, 30% were stunted. These rates are tremendously high when compared to that of Ho Chi Minh city, which had fewer than 8% with stunted growth. The JP aimed to reduce the inequity of accomplishment in decreasing childhood stunting.

Table 6: Nutrition Status of Children < 5 Years of Age in Two Ninh Thuan Communities

Nutrition status	Cong Hai		Phuoc Chinh	
	Baseline	Endline	Baseline	Endline
Weight (average)	9.4	11.3	7.3	11.1
Height (average)	72.4	86.6	68.3	91.5
Underweight (%)	27%	22%	31%	32%
Stunting (%)	29%	26%	39%	44%
Wasting (%)	15%	8%	14%	11%
Overweight, obesity (%)	.5%	3%	0	1%
Total [N]	[522]	[529]	[149]	[189]

Surveys and measurements of children in select communes were conducted to determine the impact of the JP. The baseline was conducted in November 2015 and the endline in March 2017. The baseline consisted of 298 households and the endline 309 households. Preliminary results for two communes in Ninh Thuan²² province suggest that no statistically significant change in the weight or height of young children occurred between the baseline and endline measurements. Confounding the results is a severe drought that affected all of Ninh Thuan province, which impacted Phuon Chinh moreso than Cong Hai. Bac Ai and Thuan Bac (two UN JP locations) were the drought’s most affected districts.

²² N.a. 2017. “Report on Nutrition Status Among Children Under Five Years Old in Phuoc Chinh and Cong Hai Commune)Bac Ai and Thuan Bac District).”

Surveys in Lao Cai showed that the proportion underweight, stunted, and/or wasted generally decreased in the two communes in which the surveys had occurred.²³ In all but one area results went in the direction as expected. However, in Thau Chu Phin, there was an increase in wasting.

It is likely premature to detect any significant impact on child stunting within the year of the program. Children who are stunted need time as well as good nutrition, hygiene, and medical care to catch up to their peers and depending on the severity of past stunting, they may never do so. Further, the intervention could have an impact on future births to the same mothers who directly participated in the programme or to families who received knowledge that the JP disseminated. Thus, the full impact of knowing of better breastfeeding and child feeding practices would not be detected within the year of the intervention.

Table 7: Anthropometric Measures of Children Younger than 5 Years of Age in Two Communes in Lao Cai Province

Indicator	Baseline (N=150)	Endline (N=195)	p
Percent Underweight			
Total	24.2	16.6	<0.05
Ban Pho	20.7	13.6	<0.05
Thao Chu Phin	29.2	20.5	<0.05
Percent Stunted			
Total	64.9	47.9	<0.01
Ban Pho	59.2	43.9	<0.01
Thao Chu Phin	73.3	53.0	<0.01
Percent with Wasting			
Total	2.4	3.1	>0.05
Ban Pho	2.6	0.9	>0.05
Thao Chu Phin	2.1	6.0	>0.05

Capacity-Building on Health. The JP’s activities are very likely to have achieved capacity-building at the intersection of health and nutrition. Specifically, the following activities occurred:

- A five-day training for capacity building for 40 commune and village health worker in Lao Cai on IYCF (25 males and 15 female)
- A sensitization workshop on community-based models for reducing child stunting conducted with 40 participants (20M and 20F) from district, commune people committee and local sectors (one for Bac Ha, other for Simacai district)

²³ National Institute of Nutrition, UNICEF, and Lao Cai Department of Health. 2017. “Report for Improvement of Breastfeeding and Complementary Feeding Practice in Ban Pho Commune, Bac Ha District, and Thao Chu Phin Commune, Simacai District, Lao Cai Province.

- Sensitization planning workshop for health and agriculture sector conducted for 40 participants (20M and 20F) from province, district, commune people committee and local sectors
- Consultation workshop on improvement of implement the Decree No 100 and mechanism of 10 steps of breastfeeding at health facilities including early essential newborn care (EENC): (137 health workers: 68 male and 69 female)
- Adaptation of WHO tools for health facility strengthening focusing on EENC implementation; and conducting assessment of EENC implementation in selected provinces (Ninh Thuan, Lao Cai, Khanh Hoa, Hue)
- Training of Trainers on EENC/Criteria on Hospital Performance Quality Assessment (45 health workers: 25 female, 20 male)

By increasing the capacity of health workers and strengthening health facilities, the programme would have affected sustainable change that would ultimately impact the well-being of young children and the health and breastfeeding practices of mothers.

D. Impact on Food Availability

Households were surveyed regarding the supply of food and food security measures. The endline survey was conducted with 309 households in March 2017. Numerous indicators were collected in the surveys. Below, the evaluation team draws on a few of the most relevant indicators. Reports of the baseline and endline surveys suggest that food security in the targeted areas increased substantially.

An important aspect of food accessibility is whether a household has money to purchase food. Differences between a baseline and endline survey show that the proportion of households borrowing money to spend on food substantially decreased. For many households, increased income came from selling crops and livestock. In Ninh Thuan province, the proportion of households who borrowed money to purchase food decreased-- in Cong Hai commune the rate decreased from 15.7% to 4.6%, in Phuon Chinh commune from 30% to 9.1%, in Bac Son commune from 27.2% to 9.3%, and in Phuoc Thanh from 29.4% to 10.8%. In Lao Cai province, the rate also decreased-- in Ban Pho, the rate decreased from 12.5% to 0%, in Nam Mon from 15.4% to 11.5%, and in Thao Chu Phin from 16.7% to 4.8%.

At the commune level, food self-sufficiency of households increased. Rice production not only met household demand but also met the demand for other uses such as trading and feed. Per capita rice consumption in the endline survey declined from the baseline. In Ninh Thuan province, rice production per capita was 315 kg and rice consumption per capita was 123 kg. In Ninh Thuan province, the rate of rice consumption/production decreased from 49% (baseline) to 39% (endline). In Lao Cai, the rate of consumption/production also declined from 89.7% to 59.2%.

The reduction is positive since the reduction in per capita rice consumption was offset by an increase in the nutrition diversification in food consumption. The substitution of more nutritionally diverse foods for rice can signal improved food security in the project areas.

Food utilization was also enhanced, with evidence of increased household expenditures on protein products including meat, fish, and eggs. In Ninh Thuan province, spending on protein per capita doubled in 3 of the 4 communes surveyed and increased significantly in the 4th. In Lao Cai, increases in expenditures on protein were also significant.

Table 8: Sources of Cash Used for Purchasing Food in Surveyed Households

Commune	Selling crop products (%)		Selling Livestock (%)		Borrowing (%)		Per Capita Monthly Expenditures on Protein (1,000 VND)	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
NINH THUAN PROVINCE								
Bac Son	13.6	12.5	18.1	15.6	27.2	9.3	243	517
Cong Hai	10.5	52.2	5.2	18.1	15.7	4.5	246	553
Phuoc Thanh	41.1	35.1	5.8	10.8	29.4	10.8	145	320
Phuoc Chinh	10.0	52.2	35	13.6	30.0	9.1	194	245
LAO CAI PROVINCE								
Ban Pho	16.67	45.45	25.00	54.55	12.5	0.00	185	200
Nam Mon	23.08	46.15	7.69	53.85	15.38	11.54	114	285
Thao Chu Phin	16.67	57.14	25.00	71.43	16.67	4.76	140	211

Another way of meeting food demand in the household is through gardening. The proportion of households with gardens in one commune in Ninh Thuan, Cong Hai, substantially increased from 14.7% to 82.4%. However, in the commune of Phuoc Chinh, the results were the opposite, with gardens used to grow vegetables less common at the endline than at the baseline. The results in Phuon Chinh may be a result of a severe drought that was experienced during the programme period.

Table 9: Household Gardening in Two Ninh Thuan Communes

		Cong Hai		Phuoc Chinh	
		Baseline	Endline	Baseline	Endline
Have garden to grow vegetables	Yes	28 (14.7)	154 (82.4)	51 (73.9)	21 (29.6)
	No	162 (85.3)	33 (17.6)	18 (26.1)	50 (70.4)
Garden type	With fence	15 (53.6)	14 (73.7)	11 (21.6)	2 (4.8)
	No fence	13 (46.4)	5 (26.3)	40 (78.4)	40 (95.2)
Poultry	Yes	105 (55.3)	73 (46.2)	49 (71.0)	8 (11.4)
	No	85 (44.7)	85 (53.8)	20 (29.0)	62 (88.6)

There were also improvements in food production efficiency between the baseline and endline surveys. The reduction in quantity of seed application and optimization in fertilizer use, particular, nitrate, phosphate, and kali, are a clear impact of the project on agricultural production in the project areas. Following recommendations on seed and fertilizer use from extension and application of good practices contributes significantly to the increase in rice yield and production quantity. All communes surveyed in the two provinces showed significant reductions in the applied seed quantity.

Table 10: Applied Seed Quantity by Commune in JP

Commune	Applied Seed Quantify (kg/Ha)	
	Baseline	Endline
NINH THUAN PROVINCE		
Bac Son	179	152
Cong Hai	140	133
Phuoc Thanh	186	151
Phuoc Chinh	217	173
LAO CAI PROVINCE		
Ban Pho	97	58
Nam Mon	106	62
Thao Chu Phin	84	55

Households are often more attracted to rice production than extensive farming because of rice production's relatively high profit margin. However, raising livestock can provide a reliable source of protein to households, though it can be less profitable than rice production. Results also show an increased scale of livestock production during the programme period.

In summary, during the period of the JP, food availability, food accessibility, and food utilization improved in targeted areas. Further, improvements in production efficiency and diversification of income source will contribute to the increased income of agriculturally reliant households and lay a foundation for sustainable livelihoods.

VI. Conclusions

The JP was very well designed and its implementation was thorough. From the start, by having a strong, inclusive programme planning process, the programme seemed to earn respect and be a priority of national, regional, and local officials. The JP's Programme Document was well-written and clearly explained aspects of the programme and the responsibilities of participating organizations. Having a detailed programme document allowed organizations to see how their role would be implemented and the importance of their role.

The programme's Theory of Change is strong and it is likely that given time, the programme's effects will ripple throughout the population, both through formal channels such as MARD providing farmers who have implemented innovations with opportunities to present their experiences to other farmers, and through informal social networks. The programme's joint focus on health and food production is appropriate and ultimately will have an impact on child stunting.

With respect to sustainability, the programme built organizational structures that will last. In supporting policy development and convening different actors, the programme created an environment that will allow

for further policy development, both in the food security arena, but also likely extending to other social support initiatives. In the training arena, local officials informed the evaluation team that the development of materials, both on the health and the agricultural side, will allow regional and local governments to continue to offer training after the JP's cessation. The creation of curriculum that can be shared and tweaked to allow for local differences contributes to the sustainability of the impact of the JP.

The programme's focus on gender was perhaps weaker than anticipated, due to the unanticipated lack of timely availability of consultants with expertise in both gender and food security. This delayed the gender assessment to the extent that its results could not be fully integrated into programme activities as was anticipated.

One learning aspect of the JP was the amount of time it took to actually launch the programme. Governmental approvals, which are necessary, took longer than anticipated, causing the programme to have a more condensed timeline than originally anticipated.

The timing of the evaluation had two sides. On one hand, it allowed for the evaluators to observe aspects of the programme prior to the programme's complete dissolution. While the evaluators were able to visit two Child Feeding Clubs, it was clear that the meetings of those clubs were done on a special basis, making it unclear to the evaluation team whether they in fact were observing the programme as it was delivered to beneficiaries. However, what the team observed was an effective way of delivering information to and encouraging change among participants. The evaluation team visited some homes that received intensive training. One challenge that the team faced was the unavailability of some documents in English. Having a national evaluator on the evaluation team was critical in overcoming this challenge.

Determining the true impact of the JP is difficult in some respects. Certainly, the impact on policies and planning was realized. In many respects, the JP buttressed the role and activities of government. In the absence of the JP, it is unclear how effective government may have been in addressing the food security of households in the targeted areas.

However, events and interventions occurred concurrent to the JP. For example, there had been a drought in Ninh Thuan province that may have masked the impact of the JP. Also, in Viet Nam, there are other organizations working on similar issues. Food security and improving child nutrition in Viet Nam is a priority of some international NGO's. It may not be possible to strictly delineate the capacity-building that may have occurred through the efforts of others from those of the JP. One great benefit of the JP and the UN team's involvement in it was the JP's ability to utilize existing structures and encourage them to prioritize the nutritional needs of young children. Certainly, having the UN behind the JP brings clout to the issue that other NGOs do not have.

Quantitative survey results highlighted in the report suggest that the JP had an impact on the populations in communes in the two targeted with respect to nutritional status, food security, and child anthropometric measures. While the JP focused on communities with high levels of child stunting, rural communities that have high levels of borrowing money to purchase food are also in high need of assistance in increasing food security. It is likely that such communities would benefit greatly from the agricultural interventions that the JP offered. To improve future programming, the evaluation team makes the following recommendations.

VII. Recommendations

11. IN FUTURE JOINT PROGRAMMES IN VIET NAM, APPROPRIATE BACKPLANNING SHOULD OCCUR TO ALLOW TIME FOR ALL OF THE NECESSARY GOVERNMENTAL DECISIONS AND STRUCTURES TO BE FORMED AND TO CREATE A WORKPLAN WITH A REALISTIC TIMELINE.
12. THE PROGRAMME SHOULD BE SCALED UP TO MORE RURAL COMMUNITIES THAT HAVE HIGH LEVELS OF CHILD STUNTING.
13. FAO SHOULD ADVOCATE THAT THE AGRICULTURAL INTERVENTIONS THAT THE JP OFFERED BE OFFERED TO ALL RURAL COMMUNITIES THAT HAVE HIGH LEVELS OF HOUSEHOLDS BORROWING MONEY TO PURCHASE FOOD.
14. THE UN COUNTRY TEAM SHOULD TRY TO FIND SUPPORT TO CONTINUE INVOLVEMENT IN THE INITIATIVE.
15. FAO AND LOCAL GOVERNMENT SHOULD ASSURE THAT THE PILOT HOUSEHOLDS THAT RECEIVED THE INTENSIVE AGRICULTURAL INTERVENTIONS ARE SUPPORTED IN DISSEMINATING THEIR EXPERIENCES AND KNOWLEDGE TO OTHER FARMERS.
16. UNICEF SHOULD ASSURE THAT THERE IS FOLLOW-UP WITH CHILD FEEDING CLUB PARTICIPANTS SO THAT THOSE WHO WANT TO SHARE THEIR EXPERIENCE AND KNOWLEDGE WITH OTHER WOMEN ARE SUPPORTED IN DOING SO.
17. THE CHILD FEEDING CLUBS SHOULD TARGET AND DO OUTREACH TO PERSONS WHO CARE FOR CHILDREN BEYOND MOTHERS. THERE SHOULD ALSO BE MORE TRAINING ON COMMUNICATION AND TRAINING SKILLS TO CHILD FEED CLUB INSTRUCTORS.
18. GENDER TRAINING SHOULD OCCUR EARLY IN A PROGRAMME'S TIMESPAN AND THERE SHOULD BE FOLLOW-UP ON HOW A GENDER EQUITY PERSPECTIVE IMPACTED THE PROGRAMME DESIGN.
19. THERE SHOULD BE MORE FOCUS ON PUBLIC-PRIVATE PARTNERSHIPS TO ASSURE THE SUSTAINABILITY OF THE PROGRAMME.
20. THE GOOD PRACTICES OBSERVED IN THE JOINT PROGRAMME, INCLUDING UNCT SUPPORT TO ALL LEVELS AND SUPPORT FROM THE NATIONAL TO REGIONAL AND LOCAL GOVERNMENT SHOULD BE REPLICATED IN OTHER PROGRAMMES.

Appendix A: List of Documents Reviewed

Folder	Document Title	Date
AGENDA		
FAO 01	AGENDA OF program evaluation in May 2017_final draft .doc	2017 May.
Baseline		
FAO 02	Base-line assessment in the two selective communes of Lao Cai - final May 2015 (EN).pdf	2015 May.
FAO 03	Baseline report food security Lao Cai and Ninh Thuan(Jun 2016).doc	2016 Jun.
FAO 04	Baseline assessment report -Ninh Thuan (July 2016) (EN).pdf	2016 Jun.
Project Documents		
FAO 05	JPD (EN) Annex 1- Results framework and budget (revised) (Sep 2015) EL.docx	2015 Jan.
FAO 06	JPD (EN) Main text (Final) PROGRAMME DOCUMENT (Jan 2015).docx	2015 Sept.
FAO 07	SDG-F Phase II Performance Monitoring Framework Final (Oct 2015).docx	2015 Oct.
Progress Reports		
FAO 08	JP-Progress report 2015_final_ 9 Nov 2015.docx	2015 Nov.
FAO 09	JP-Progress report final_ April 2016.docx	2016 Apr.
FAO 10	Presentation - Program MTR 11 July 2016_English_final.ppt	2016 Jul.
FAO 11	JP-Progress report Nov 2016_final.docx	2016 Nov.
FAO 12	JP-Progress report May 2017_final.docx	2017 May.
TERMS OF REFERENCE		
FAO 13	SDG-F-ToRs.pdf	2017 Apr
FAO 14	TOR evaluation SDGF Final Evaluation (Final 20Apr2017).doc	2017 May.
FAO 15	TOR for Beth.docx	2017 May.
FAO 16	TOR for Mr. Trinh Hong Son.docx	2017 May.
FAO 17	UNEG Norms Standards for Evaluation 2016.pdf	2016 m

Folder	Document Title	Date
FINAL DOCUMENTS		
FAO 18	Final Nutrition survey (Ninh Thuan 2017) EL.docx	2017 m
FAO 19	Final Nutrition survey (Lao Cai 2017) EL.docx	2017 m
FAO 20	IYCF model development for Lao Cai - PDF file.pdf	
FAO 21	Viet Nam JP SDG Fund (Monitoring Report 3) (Phase 2).pdf	
FAO 22	UNICEF Annual Report 2015.pdf	
FAO 23	SDG Fund Viet Nam Joint Programme (Vietnam ProDoc for JP).pdf	
FAO 24	JP for Food security and Nutrition_MDG_F-Final links.pdf	
FAO 25	A toolkit for strengthening partnerships-UNDP books 2006.pdf	
National Institute of Nutrition Documents		
FAO 26	Nutrition surveillance _questionnaire.pdf	
FAO 27	Nutrition Surveillance -Methodology.pdf	
MOH Documents		
FAO 28	(Y2015 M08 D07) QD-TTg (GOV Approved JP doc).pdf	
FAO 29	(Y2015 M09 D22) QD3943-BYT (MOH Approved JP doc).pdf	
FAO 30	(Y2015 M12 D03) QD5177-BYT (MOH Approved PMU).pdf	
FAO 31	(Y2015 M12 D09) QD5259-BYT (MOH Approved PEC).pdf	
FAO 32	(Y2016 M01 D08) QD60-BYT (Mechanism of JP) Decision.pdf	
FAO 33	(Y2016 M01 D08) QD60-BYT (Mechanism of JP) Full text.pdf	
FAO 34	(Y2017 M01 D11) QD71-BYT (MOH extension time for JP).pdf	
Lao Cai documents		

Folder	Document Title	Date
FAO 35	(Lao cai) Training course agenda for gender equity - UN Women - Lao Cai.docx	
FAO 36	(Lao cai) Report at Lao Cai to evaluator (presentation on Nutrition and Agricultural)-Thoa.ppt	
FAO 37	(Lao cai) Office letter from FAO to Lao cai Health Department for Gender equity training.pdf	
FAO 38	(Lao cai) Invitation Training course for Gender equity for province and district (Lao Cai).docx	
FAO 39	(Lao cai) Invitation Training course for Gender equity for commune (Lao Cai).docx	
Ninh Thuan documents		
FAO 40	(Ninh Thuan) Agriculture evaluation report VN (Final) Ninh Thuan Province (2017).doc	
FAO 41	(Ninh Thuan) Agriculture report EL (Final) Ninh Thuan Province (30.5.2017).doc	
FAO 42	(Ninh Thuan) Agriculture report VN (Final) Ninh Thuan Province (30.5.2017).doc	
FAO 43	(Ninh Thuan) FAO Ninh Thuan.mp4	
FAO 44	(Ninh Thuan) Nutrition Report Ninh Thuan province VN (29.5.2017).doc	
FAO 45	(Ninh Thuan) Nutrition Report Phuoc Thanh commune VN (30.5.2017).doc	
Field notes		
FAO 46	(Lao Cai) List of participants and target people visited+Case study	
FAO 47	(Ninh Thuan) List of participants and target people visited+Case study	
UN Woman		
FAO 48	Agenda for Gender equity training course at Lao Cai.doc	
FAO 49	Agenda for Gender equity training course at Ninh Thuan.docx	
FAO 50	Report summary on Gender-Ha Giang.doc	

Appendix B: List of Stakeholders and Key Informants

Order	Name	Office	Position	Note
1	Nong Dinh Hung	Provincial Department of Health	Vice-Director	Lao Cai
2	Duong Thai Hiep	Provincial Department of Health	Staff	Lao Cai
3	Nguyen T.Kim Ngan	Provincial Department of Planning and Investment	Vice-Director	Lao Cai
4	Nguyen Thi Nga	Branch of Crop production and Plant protection (provincial Department of Agricultural and Rural development)	Vice-head of Crop production unit	Lao Cai
5	Bui Van Thao	Provincial Center of Reproductive health	Vice-Director	Lao Cai
6	Nguyen T. Huyen Trang	Provincial Center of Reproductive health	Officer	Lao Cai
7	Nguyen Dac Chinh	Provincial Center of Reproductive health	Officer	Lao Cai
8	Pham Thi Hong Tam	Provincial Centers for Disease Control (provincial Department of Health)	Reporter	Lao Cai
9	Nguyen Van Hung	Branch of Crop production and Plant protection (provincial Department of Agricultural and Rural development)	Giam doc	Lao Cai
10	To Manh Tien	Provincial Department of Agricultural and Rural development	Pho Giam Doc	Lao Cai
11	Nguyen Thi Thom	Provincial Agricultural Extension Center	Pho Giam Doc	Lao Cai
12	Nguyen Trung Thanh	Branch of Crop production and Plant protection of Bac Ha district	Head	Lao Cai
13	Then Van Dong	Nam Mon's Commune Agricultural Extension Center	Staff	Lao Cai
14	Vang Thi Thoi	Nam Mon's commune Youth Union	Commune Youth Union Secretary	Lao Cai
15	Vang T. Hiep Thu	Nam Mon's commune people committee	Vice-Chairman	Lao Cai
16	Dang Thi Nhu Nguyet	Health Center of Bac Ha's district	Nutrition in charge	Lao Cai
17	Vu Thi Huong	Health Center of Bac Ha's district	Reproductive health in charge	Lao Cai

Order	Name	Office	Position	Note
18	Vang Thi Tuyen	Nam mon's commune health center	Nutrition in charge	Lao Cai
19	Le Minh Dinh	Provincial Health Department	Director	Ninh Thuan
20	Vo Cong Ha	Provincial Department of Planning and Investment	PMU	Ninh Thuan
21	Huynh Thang Son	Provincial Center of Reproductive health	Director	Ninh Thuan
22	Nguyen Nhi Linh	Provincial Centers for Disease Control (provincial Department of Health)	Director	Ninh Thuan
23	Vo Thi Thu Trang	Provincial Woman Union	Officer	Ninh Thuan
24	Tran Quang Trung	Provincial Department of Health	Officer	Ninh Thuan
25	Nguyen Thi Kim Yen	Provincial Department of Agricultural and Rural development	Vice-head of Science and Technology Unit	Ninh Thuan
26	Le Hoang Son	Provincial Center for Water management and Environmental Sanitation	Head of water analysis division	Ninh Thuan
27	Duong Ba Sinh Huy	Provincial Center of Reproductive health	Head of Planning and Finance Unit	Ninh Thuan
28	Pham Phan	Health Center of Bac Ai's district	Giam doc TTYT Bac Ai	Ninh Thuan
29	Tran Xuan Phuong	Provincial Centers for Disease Control (provincial Department of Health)	Head of Health communication and education unit	Ninh Thuan
30	Nguyen Thi Bich Tram	Provincial Centers for Disease Control (provincial Department of Health)	Staff of Health communication and education unit	Ninh Thuan
31	Nguyen Thi Yen Huy	Provincial Center of Reproductive health	Accountant	Ninh Thuan
32	Trinh Thi Dinh	Bac Ai's district Health department	Officer	Ninh Thuan
33	Pi nang Thi Uy	Bac Ai's district Health Center	Nutrition in charge	Ninh Thuan
34	Chamalea Thien	Bac Ai's district Health Center	Vice-Director	Ninh Thuan
35	Thach My Anh Hong	Bac Ai's district Health Center	Reproductive health in charge	Ninh Thuan

Order	Name	Office	Position	Note
36	Chamalea Nieu	Phuoc Thanh's commune people committee (Bac Ai district)	Vice-Chairmen	Ninh Thuan
37	Nguyen Canh Tai	Phuoc Thanh's commune people committee (Bac Ai district)	Vice-Chairmen	Ninh Thuan
38	Chamalea Vuong	Phuoc Thanh's commune health center	Head of commune health center	Ninh Thuan
39	Su The Kim Loan	Phuoc Thanh's commune health center	Nutrition in charge	Ninh Thuan
40	Pi nang Thi Huyen	Phuoc Thanh's commune Women Union	Vice-Chairwomen	Ninh Thuan
41	Nguyen Chau Tuan	Phuoc Thanh's commune people committee (Bac Ai district)	Officer	Ninh Thuan
42	Nguyen Thi Bich Tram	Provincial Centers for Disease Control (provincial Department of Health)	Officer	Ninh Thuan
43	Nguyen Mai Huong	Department of Maternal and Child Health (Ministry of Health)	Officer	MOH
44	Nguyen Duc Vinh	Department of Maternal and Child Health (Ministry of Health)- (DMC-MOH)	Head of DMC	MOH
45	Nguyen Song Tu	Planning Unit, National Institute of Nutrition (NIN)	Head of Planning Unit	NIN
46	Nguyen Viet Luan	Surveillance and Nutrition policy department (NIN)	Head of department	NIN
47	Tran Thanh Do	Surveillance and Nutrition policy department (NIN)	Staff	NIN
48	Huynh Nam Phuong	Food and Nutrition Training Center (NIN)	Vice-Director	NIN
49	Tran Khanh Van	Micronutrient Department	Vice-head of department	NIN
50	Hoang Thi Duc Ngan	Protein Energy Malnutrition Control Programme (PEM)-NIN	Staff	NIN
51	Tran Thi Thuy Anh	UN Woman	Officer	UN
52	Nguyen Dinh Quang	UNICEF	Officer	UN
53	Nguyen Minh Nhat	FAO	Officer	UN
54	SangHyun In	FAO	Officer	UN

Order	Name	Office	Position	Note
55	Pham Thi Quynh Nga	WHO	Officer	UN
56	Nguyễn Vane Vương	Food Crops Division, Department of Crop Production - MARD	Food Crops Division Head of	MARD
57	Pham Van Thuyet	Food Crops Division, Department of Crop Production - MARD	Officer	MARD
58	Pham Vu Bao	Agricultural Science Institute for Southern Coastal Centre of Viet Nam	Division Head	MARD
59	Doan Cong Nghiem	Agricultural Science Institute for Southern Coastal Centre of Viet Nam	Division Vice Head	MARD